

Facility Name & ID Number Alden Estates of Evanston

0040733 Report Period Beginning: 1/1/09 Ending: 12/31/09

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	42	Skilled (SNF)	52	15,890	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	57	Sheltered Care (SC)	47	20,245	5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	1,327	1,777	8,209	11,313	8
9	SNF/PED					9
10	ICF		3,301		3,301	10
11	ICF/DD					11
12	SC		9,206		9,206	12
13	DD 16 OR LESS					13
14	TOTALS	1,327	14,284	8,209	23,820	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.92%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 3/15/96

J. Was the facility purchased or leased after January 1, 1978?
YES Date 3/15/96 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 42 and days of care provided 8,089

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/09 Ending: 12/31/09

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	446,020	17,196		463,216	2,603	465,819	2,864	468,683		1
2	Food Purchase		194,999		194,999	(27,703)	167,296	(6,220)	161,076		2
3	Housekeeping	59,294	34,433		93,727	761	94,488	2,115	96,603		3
4	Laundry	60,904	19,121		80,025	645	80,670		80,670		4
5	Heat and Other Utilities			174,805	174,805		174,805	(1,885)	172,920		5
6	Maintenance	83,315		148,653	231,968	325	232,293	24,760	257,053		6
7	Other (specify):* Security/Related Party Ben			38	38		38	3,017	3,055		7
8	TOTAL General Services	649,533	265,749	323,496	1,238,778	(23,369)	1,215,409	24,651	1,240,060		8
	B. Health Care and Programs										
9	Medical Director			95,000	95,000		95,000		95,000		9
10	Nursing and Medical Records	1,558,471	105,475	3,237	1,667,183	13,284	1,680,467	23,770	1,704,237		10
10a	Therapy										10a
11	Activities	55,579	1,101	5,561	62,241		62,241		62,241		11
12	Social Services	87,972			87,972		87,972		87,972		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Ben							3,729	3,729		15
16	TOTAL Health Care and Programs	1,702,022	106,576	103,798	1,912,396	13,284	1,925,680	27,499	1,953,179		16
	C. General Administration										
17	Administrative	75,917			75,917		75,917	45,869	121,786		17
18	Directors Fees										18
19	Professional Services			531,190	531,190	(11,754)	519,436	(465,808)	53,628		19
20	Dues, Fees, Subscriptions & Promotions			65,687	65,687		65,687	(59,069)	6,618		20
21	Clerical & General Office Expenses	149,091	25,931	135,365	310,387	401	310,788	104,059	414,847		21
22	Employee Benefits & Payroll Taxes			359,177	359,177	21,438	380,615		380,615		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,157	4,157		4,157	1,317	5,474		24
25	Other Admin. Staff Transportation			12,474	12,474		12,474	5,526	18,000		25
26	Insurance-Prop.Liab.Malpractice			107,763	107,763		107,763	6,508	114,271		26
27	Other (specify):* Related Party Ben			92,441	92,441		92,441	(67,217)	25,224		27
28	TOTAL General Administration	225,008	25,931	1,308,254	1,559,193	10,085	1,569,278	(428,815)	1,140,463		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,576,563	398,256	1,735,548	4,710,367		4,710,367	(376,665)	4,333,702		29

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

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

Facility Name & ID Number

Alden Estates of Evanston

#0040733

Report Period Beginning:

1/1/09

Ending:

12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			44,997	44,997		44,997	203,628	248,625			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			39,018	39,018		39,018	412,088	451,106			32
33	Real Estate Taxes			192,183	192,183	(192,183)		194,925	194,925			33
34	Rent-Facility & Grounds			634,761	634,761	192,183	826,944	(826,944)				34
35	Rent-Equipment & Vehicles			27,475	27,475		27,475	18,462	45,937			35
36	Other (specify):* MIP							38,294	38,294			36
37	TOTAL Ownership			938,434	938,434		938,434	40,452	978,886			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		399,613	858,640	1,258,253		1,258,253	(233,977)	1,024,276			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			23,833	23,833		23,833		23,833			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		399,613	882,473	1,282,086		1,282,086	(233,977)	1,048,109			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,576,563	797,869	3,556,455	6,930,887		6,930,887	(570,190)	6,360,697			45

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

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2009

Report Period Ending: 12/31/2009

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2	22	(27,703.04) 27,703.04	Employee Meals Employee Meals
22	10	(6,265.00) 1,530.00	Uniforms Uniforms
	1	2,603.00	Uniforms
	3	761.00	Uniforms
	4	645.00	Uniforms
	6	545.00	Uniforms
	11		Uniforms
	21	181.00	Uniforms
33	34	(192,183.00) 192,183.00	Rent - Real Estate Tax on associated landowner (Pg 6) Rent - Real Estate Tax on associated landowner (Pg 6)
21	6	220.22 (220.22)	Vendor Settlements (Cybor Fire Protection) Vendor Settlements (Cybor Fire Protection)
<u>Others, if any:</u>			
19	10	(11,754.40) 11,754.40	Reclass Clinical Coordinators to Ln 10 Reclass Clinical Coordinators to Ln 10

Net _____
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VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(4,500)	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	(2,500)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,415)	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				17
18	Fines and Penalties				18
19	Entertainment	(601)	20		19
20	Contributions	(2,243)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(20,406)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(92,441)	27		24
25	Fund Raising, Advertising and Promotional	(20,461)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(136)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (167,194)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(317,144)	Various	34
35	Other- Attach Schedule	(85,852)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (402,996)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (570,190)		37

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

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

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		x	\$	38
39					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					44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY

48		49		50		51		52	
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Alden Estates of Evanston

ID# 0040733

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Valet Cost	\$ (52,968)	21	1
2	Late Fees on Utilities	(3,172)	5	2
3	Intercompany Interest Not Allowed	(39,018)	32	3
4				4
5	Miscellaneous Income - Misc	(11)	21	5
6	Miscellaneous Income - Medical Records	(545)	10	6
7	Miscellaneous Income - Jury Duty Receipt	(17)	21	7
8	Miscellaneous Income - Food Vendor Rebate	(1,141)	2	8
9	Miscellaneous Income - Polling Site Usage	(100)	6	9
10				10
11	Back Out 30%(2009) of PAC Fees from IHCA Bills	(1,188)	20	11
12				12
13				13
14				14
15	Reduce deprec exp on Pg 13 items under \$2,500	(7,744)	30	15
16	Reduce deprec exp on Pg 12 items under \$2,500	(2,041)	30	16
17	Expense capital itmes > \$2,500 on pg 13 items-CY	20,373	6	17
18	Expense capital itmes > \$2,500 on pg 13 items	516	6	18
19	Expense capital itmes > \$2,500 on pg 12 items-CY	0	6	19
20	Expense capital itmes > \$2,500 on pg 12 items	270	6	20
21	Expense Related Party Items < \$2,500	0	6	21
22				22
23				23
24				24
25	Adj for ABC Related Party Profit - Pg 12	(13)	30	25
26	Adj for ABC Related Party Profit - Pg 13	(18)	30	26
27				27
28	Deming Related Costs	(473)	24	28
29				29
30	Back Out Bank Fees - Estates of Evanston II	(49)	19	30
31				31
32				32
33	Eliminate legal invoice credit from prior year	398	19	33
34				34
35	Eliminate Risk Management Exoense	2,029	19	35
36				36
37	Back out Evanston Chamber of Commerce	(940)	20	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	(85,852)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,864	0	0	0	0	0	0	0	0	2,864	1
2	Food Purchase	(3,556)	0	0	(2,664)	0	0	0	0	0	0	0	(6,220)	2
3	Housekeeping	0	0	2,115	0	0	0	0	0	0	0	0	2,115	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,172)	0	1,287	0	0	0	0	0	0	0	0	(1,885)	5
6	Maintenance	16,559	0	8,457	0	0	0	(256)	0	0	0	0	24,760	6
7	Other (specify):*	0	0	2,785	232	0	0	0	0	0	0	0	3,017	7
8	TOTAL General Services	9,831	0	17,508	(2,432)	0	0	(256)	0	0	0	0	24,651	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	(545)	0	22,435	1,195	685	0	0	0	0	0	0	23,770	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	3,729	0	0	0	0	0	0	0	0	3,729	15
16	TOTAL Health Care and Programs	(545)	0	26,164	1,195	685	0	0	0	0	0	0	27,499	16
	C. General Administration													
17	Administrative	0	0	45,869	0	0	0	0	0	0	0	0	45,869	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(18,028)	18,022	(465,802)	0	0	0	0	0	0	0	0	(465,808)	19
20	Fees, Subscriptions & Promotions	(25,569)	750	(34,250)	0	0	0	0	0	0	0	0	(59,069)	20
21	Clerical & General Office Expenses	(52,996)	0	120,251	5,368	31,436	0	0	0	0	0	0	104,059	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(473)	0	1,789	0	0	0	0	0	0	0	0	1,317	24
25	Other Admin. Staff Transportation	0	0	5,526	0	0	0	0	0	0	0	0	5,526	25
26	Insurance-Prop.Liab.Malpractice	0	6,430	78	0	0	0	0	0	0	0	0	6,508	26
27	Other (specify):*	(92,441)	0	24,845	666	(287)	0	0	0	0	0	0	(67,217)	27
28	TOTAL General Administration	(189,506)	25,202	(301,694)	6,034	31,149	0	0	0	0	0	0	(428,815)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(180,220)	25,202	(258,022)	4,797	31,834	0	(256)	0	0	0	0	(376,665)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	(31,307)	230,705	2,864	0	1,366	0	0	0	0	0	0	203,628	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(41,518)	421,199	30,990	0	1,417	0	0	0	0	0	0	412,088	32
33	Real Estate Taxes	0	192,183	2,448	0	294	0	0	0	0	0	0	194,925	33
34	Rent-Facility & Grounds	0	(826,944)	0	0	0	0	0	0	0	0	0	(826,944)	34
35	Rent-Equipment & Vehicles	0	0	18,462	0	0	0	0	0	0	0	0	18,462	35
36	Other (specify):*	0	38,294	0	0	0	0	0	0	0	0	0	38,294	36
37	TOTAL Ownership	(72,826)	55,437	54,764	0	3,077	0	0	0	0	0	0	40,452	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	(12,183)	(87,566)	(134,228)	0	0	0	0	0	(233,977)	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	(12,183)	(87,566)	(134,228)	0	0	0	0	0	(233,977)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(253,046)	80,639	(203,258)	(7,386)	(52,655)	(134,228)	(256)	0	0	0	0	(570,190)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if 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 6K		See Pg 6K		

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	Rent Income	\$ 826,944	Alden Estates of Evanston II, Inc.	0.00%	\$	\$ (826,944)	1
2	V	32	Investment Income - RR	134	Alden Estates of Evanston II, Inc.			(134)	2
3	V	19	Accounting Fees		Alden Estates of Evanston II, Inc.		5,830	5,830	3
4	V	19	Professional Fees		Alden Estates of Evanston II, Inc.		12,150	12,150	4
5	V	19	Bank Charges		Alden Estates of Evanston II, Inc.		42	42	5
6	V	20	Dues & Subscriptions		Alden Estates of Evanston II, Inc.		750	750	6
7	V	33	RE Tax Expense		Alden Estates of Evanston II, Inc.		192,183	192,183	7
8	V	26	Property & Liability Insurance		Alden Estates of Evanston II, Inc.		6,430	6,430	8
9	V	36	Mortgage Insurance Premium		Alden Estates of Evanston II, Inc.		38,294	38,294	9
10	V	32	Interest on Mortgage Note		Alden Estates of Evanston II, Inc.		405,480	405,480	10
11	V	30	Depreciation		Alden Estates of Evanston II, Inc.		230,705	230,705	11
12	V	32	Amortization				15,853	15,853	12
13	V								13
14	Total		\$ 827,078			\$	907,717	\$ * 80,639	14

* 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: 1/1/09

Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 1,287	\$ 1,287 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,789	1,789 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		5,526	5,526 17
18	V	26 Insurance		Alden Management Services, Inc.		78	78 18
19	V	20 Dues/Subscriptions	34,512	Alden Management Services, Inc.		262	(34,250) 19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864	2,864 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,448	2,448 21
22	V	35 Rent-Equip/Vehic		Alden Management Services, Inc.		18,462	18,462 22
23	V	32 Interest		Alden Management Services, Inc.		30,990	30,990 23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		2,864	2,864 24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		2,115	2,115 25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		2,785	2,785 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		22,435	22,435 27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		3,729	3,729 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		45,869	45,869 29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		24,845	24,845 30
31	V	19 Professional Fees	485,668	Alden Management Services, Inc.		19,866	(465,802) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		120,251	120,251 32
33	V	6 Repairs & Maintenance	8,748	Alden Management Services, Inc.		17,205	8,457 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 528,928			\$ 325,670	\$ * (203,258) 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	2 Tube Feeding	\$ 6,616	Prism Health Care Services, Inc.	0.00%	\$ 3,952	\$ (2,664)
16	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195
17	V	39 Supplies	28,254	Prism Health Care Services, Inc.		16,071	(12,183)
18	V	21 Salary G & A		Prism Health Care Services, Inc.		3,483	3,483
19	V	27 Employee Benefits		Prism Health Care Services, Inc.		666	666
20	V	7 Employee Benefits		Prism Health Care Services, Inc.		232	232
21	V	21 G & A		Prism Health Care Services, Inc.		1,885	1,885
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 41,530			\$ 34,144	\$ * (7,386)

* 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 <u>Drugs</u>	\$ 184,654	Forum Extended Care Services II, Inc.	0.00%	\$ 253,173	\$ 68,519
16	V	39 <u>IV</u>	179,681	Forum Extended Care Services II, Inc.		23,704	(155,977)
17	V	39 <u>Wound Care</u>	512	Forum Extended Care Services II, Inc.		404	(108)
18	V	10 <u>House Stock</u>	7,247	Forum Extended Care Services II, Inc.		6,574	(673)
19	V	10 <u>Pharmacy Consultant</u>	2,376	Forum Extended Care Services II, Inc.		3,734	1,358
20	V	27 <u>Employee Vaccinations</u>	1,365	Forum Extended Care Services II, Inc.		1,078	(287)
21	V	21 <u>Employee Benefit: G & A</u>		Forum Extended Care Services II, Inc.		2,239	2,239
22	V	21 <u>Salary: G & A</u>		Forum Extended Care Services II, Inc.		18,617	18,617
23	V	21 <u>General & Administrative</u>		Forum Extended Care Services II, Inc.		10,580	10,580
24	V	32 <u>Interest</u>		Forum Extended Care Services II, Inc.		1,417	1,417
25	V	33 <u>Real Estate Tax</u>		Forum Extended Care Services II, Inc.		294	294
26	V	30 <u>Depreciation</u>		Forum Extended Care Services II, Inc.		1,366	1,366
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 375,835			\$ 323,180	\$ * (52,655)

* 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: 1/1/09

Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy Revenue	\$ 824,611	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 690,383	\$ (134,228)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 824,611			\$ 690,383	\$ * (134,228)

* 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	\$ 19,421	Alden Bennett Construction Company, Inc.	0.00%	\$ 19,165	\$ (256)	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		\$ 19,421			\$ 19,165	\$ *	(256)	39

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

Facility Name & ID Number Alden Estates of Evanston

Provider No. 0040733

Report Period Beginning:

1/1/09

Ending: 12/31/09

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
		The Forum Professional Center, LP	Chicago	Home Office rental
Heather Health Care Center, Inc.	Harvey			
Alden-Long Grove Rehabilitation and Health Care Center, Inc.	Long Grove	Forum Extended Care Services II, Inc.	Chicago	Pharmacy
Alden-Lincoln Park Rehabilitation and Health Care Center, Inc.	Chicago	Alden Management Services, Inc.	Chicago	Management
Alden-Northmoor Rehabilitation and Health Care Center, Inc.	Chicago			
Alden-Lakeland Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town East, Inc.	Bloomingtondale	Alden Garden Courts of DesPlaines, LLC	DesPlaines	Assisted Living/Alzheimers Facility
Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	McHenry	Alden Courts of Waterford, LLC	Aurora	Alzheimers Facility
Alden - Wentworth Rehabilitation and Health Care Center, Inc.	Chicago	Alden Gardens of Waterford, LLC	Aurora	Assisted Living
Alden Estates of Naperville, Inc.	Naperville	Prism Health Care Services, Inc.	Schaumburg	Nursing and Durable Equipment
Alden - Valley Ridge Rehabilitation and Health Care Center, Inc.	Bloomingtondale	Community Physical Therapy & Associates, Ltd.	Wood Dale	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingtondale	Alden Bennett Construction Company, Inc.	Chicago	General Contractor
Alden - Orland Park Rehabilitation and Health Care Center, Inc.	Orland Park			
Alden - Princeton Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town West, Inc.	Bloomingtondale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingtondale			
Alden - Poplar Creek Rehabilitation and Health Care Center, Inc.	Hoffman Estates			
Alden - North Shore Rehabilitation and Health Care Center, Inc.	Skokie			
Alden - Des Plaines Rehabilitation and Health Care Center, Inc.	Des Plaines			
Alden Estates of Evanston, Inc.	Evanston			
Alden - Alma Nelson Manor, Inc.	Rockford			
Alden - Park Strathmoor, Inc.	Rockford			
Alden - Meadow Park Health Care Center, Inc.	Clinton, WI			
Alden Estates of Barrington, Inc.	Barrington			
Alden of Waterford, LLC	Aurora			
Alden Springs, Inc.	Bloomingtondale			
Alden Village North, Inc.	Chicago			
Alden Estates of Skokie, Inc.	Skokie			

Facility Name & ID Number

Alden Estates of Evanston

0040733

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	President	CEO	100.00	181,394	0.78	1.95	Salary	\$ 3,606	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,302	0.78	1.95	Salary	1,338	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,750	0.78	1.95	Salary	770	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 5,714		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:

1/1/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-8038

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,221,923	31	\$ 66,061	\$ 23,820	\$ 1,287	1
2	24	Travel/Seminar	Patient Days	1,221,923	31	91,753	23,820	1,789	2
3	25	Other Admin Travel	Patient Days	1,221,923	31	283,487	23,820	5,526	3
4	26	Insurance	Patient Days	1,221,923	31	3,990	23,820	78	4
5	20	Dues/Subscriptions	Patient Days	1,221,923	31	13,454	23,820	262	5
6	30	Depreciation	No. of Providers	1,221,923	31	102,169	1	2,864	6
7	33	Real Estate Tax	Patient Days	1,221,923	31	139,876	23,820	2,448	7
8	35	Rent-Equip & Vehicles	Patient Days	1,221,923	31	947,116	23,820	18,462	8
9	32	Interest	Patient Days	1,221,923	31	1,339,694	23,820	30,990	9
10	1	Dietary Salary	Patient Days	1,221,923	31	146,892	146,892	2,864	10
11	3	Housekeeping Salary	Patient Days	1,221,923	31	108,487	108,487	2,115	11
12	7	Employee Benef-Gen'l Servs	Patient Days	1,221,923	31	142,881	23,820	2,785	12
13	10	Nurs/Med Records Salary	Patient Days	1,221,923	31	1,259,741	1,259,741	22,435	13
14	15	Employee Benef-Health Care	Patient Days	1,221,923	31	191,270	23,820	3,729	14
15	17	Administrative Salary	Patient Days	1,221,923	31	2,477,865	2,477,865	45,869	15
16	27	Employee Benef-Administrative	Patient Days	1,221,923	31	1,274,479	23,820	24,845	16
17	19	Professional Fees	Patient Days	1,221,923	31	1,019,103	624,209	19,866	17
18	21	Gen'l & Administrative	Patient Days	1,221,923	31	6,168,666	5,291,904	120,251	18
19	6	Repairs & Maintenance	Patient Days	1,221,923	31	882,577	685,666	17,205	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,659,561	\$ 10,594,764	\$ 325,670	25

Facility Name & ID Number

Alden Estates of Evanston

0040733

Report Period Beginning:

1/1/09

Ending:

12/31/09

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										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Cambridge (GL2505/7055)		X	Operations	\$43,000.00	06/2005	\$ 8,000,800	\$ 7,624,107	7/2040	5.5000	\$ 405,480	1							
2												2							
3												3							
4	Amortization-Fin/Refin Fee		X	Operations							15,853	4							
5												5							
Working Capital																			
6	Related party-AMS		X	Working Capital							30,990	6							
7	Related party-FECH		X	Working Capital							1,417	7							
8												8							
9	TOTAL Facility Related				\$43,000.00		\$ 8,000,800	\$ 7,624,107			\$ 453,740	9							
B. Non-Facility Related*																			
10	Interst Inc Repl Reserve(4972)	X									(134)	10							
11	Interst Inc(Corp)(4646/4975)	X									(2,500)	11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (2,634)	14							
15	TOTALS (line 9+line14)						\$ 8,000,800	\$ 7,624,107			\$ 451,106	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 38,294 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

1. Real Estate Tax accrual used on 2008 report.		\$	182,900	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.)		\$	184,783	2
3. Under or (over) accrual (line 2 minus line 1).		\$	1,883	3
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	190,300	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.		\$	192,183	7
			Plus: Related Party Taxes (2) - See Pg 10A	
Real Estate Tax History:		\$	194,925	
Real Estate Tax Bill for Calendar Year:	2004	191,787	8	
	2005	193,521	9	
	2006	197,263	10	
	2007	177,582	11	
	2008	184,783	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.				
			FOR BHF USE ONLY	
	13	FROM R. E. TAX STATEMENT FOR 2008	\$	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.

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

1/1/09

Ending:

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X. BUILDING AND GENERAL INFORMATION:

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>SNF/Assisted Living</u>	<u>53,277</u>	<u>1995</u>	<u>\$ 350,000</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	<u>53,277</u>		<u>\$ 350,000</u>	<u>3</u>

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	99		1995	1994	5,377,512	159,376	39	137,885	(21,491)	2,038,860	4
5	Building		1999		54,450	1,601	34	1,601		16,011	5
6											6
7											7
8	Related Party-Forum			1978	13,669		25			13,669	8
	Improvement Type**										
9		Repair: boiler, valve, elect. Fixtures, heater, TV antenna		1995	17,311	470	10-20	470		15,368	9
10		Install lawn sprinkler system		1996	19,670	1,311	15	1,311		17,521	10
11		Demolition, excavating, electricalwork, masonry		1996	39,481	2,114	25	2,114		30,075	11
12		Sign		1996	745	52	12	52		745	12
13		Sink		1996	1,366	68	20	68		927	13
14		Motor repair		1996	3,300	165	20	165		2,310	14
15		Elevator remodeling		1996	3,018	151	20	151		2,000	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	128	10	128		1,926	21
22		Replace freezer compressor		1998	3,457	230	10	230		3,457	22
23		Replace fire alarm sys		1998	56,459	3,764	15	3,764		42,344	23
24		Elm heating-cooler-hvac		1999	2,375	63	10	63		2,438	24
25		Aqua plumbing-water heater		1999	10,445	696	15	696		7,078	25
26		CSI-repair air maint. Handler unit		1999	1,855	32	10	32		1,855	26
27		New horizons-hook up phones		1999	1,827	76	10	76		1,827	27
28		Alden Bennett Const.		2000	7,160	716	10	716		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	228	10	228		2,166	31
32		CSI-install disposal		2000	2,341		5			2,341	32
33		Forx valley fire & safety-repair sprinkler system		2000	1,765	118	15	118		1,109	33
34		CSI-replace compressor		2000	1,770	177	10	177		1,667	34
35		Alden Bennett-seea/stripe parking lot, replace sidewalk		2000	5,582	246	5-15	246		4,169	35
36		Service on Elliot Will -CSI Coker		2001	5,205	521	10	521		3,645	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:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Capps plumbing repair for meter bypass line	2001	\$ 1,840	\$ 368	5	\$ 368	\$	\$ 1,780	37
38	The floor source - lobby & elevator carpet	2001	944	189	5	189		787	38
39	Sonja	2002	1,411	223	10	223		1,633	39
40	ABC (amtech lighting)	2002	2,202	110	20	110		771	40
41	New Horizon (replace main frame)	2002	1,745		5			1,541	41
42	ABC - parquet floor	2003	5,398	540	10	540		3,734	42
43	ABC - interior work - various - walls/bathroom	2003	8,703	870	10	870		5,947	43
44	ABC - replaced HID Ballasts (3) HID Lamp (1)	2003	2,870	287	10	287		1,961	44
45	Csi-Coker - door gasket/safety switch	2003	2,480	290	5	290		2,480	45
46	ABC - sewage ejector pump - install	2003	6,104	610	10	610		3,865	46
47	ABC	2003	6,955	695	10	695		4,230	47
48	US Foods - steamer	2003	1,059	18	5	18		1,059	48
49	ABC-fence work	2004	1,875	234	8	234		1,386	49
50	ABC-interior work various walls/bathroom	2004	2,540	254	10	254		1,418	50
51	ABC-replaced HID ballasts	2004	1,406	70	20	70		380	51
52	New Horizons - move phone extensions between floors	2005	1,358	271	5	271		1,358	52
53	ABC - Shaw Malabar carpet for 1st floor	2005	6,493	649	10	649		3,246	53
54	ABC - Excelon VC Tile in PT room	2005	1,992	199	10	199		896	54
55	ABC - Excelon VC Tile in PT room	2006	3,300	330	10	330		1,183	55
56	GT Mechanical-replaced transformer & refrigerant for AC unit	2006	4,366	437	10	437		801	56
57	ABC - new smoke detectors, upgrade fire alarm software	2006	11,602	2,320	10	2,320		6,961	57
58	Top Notch Service-replaced 5 wells	2006	5,985	599	10	599		1,147	58
59									59
60	Therapy Room Expansion	2007	94,048	6,290	29	6,290		10,972	60
61	Hot Water Tank Replacement	2007	24,003	2,400	10	2,400		4,200	61
62	Repair air conditioner/Replace compressor	2007	37,488	2,499	10	2,499		3,957	62
63	Repair freezer door assembly	2007	3,945	395	10	395		625	63
64	Replace pump motor chiller	2007	5,544	554	10	554		878	64
65	Replace worn & torn cubicle curtains	2007	2,566	513	10	513		898	65
66	Charge Chiller	2007	5,773	385	10	385		609	66
67	Repair broken fence & driveway	2007	6,447	430	15	428		681	67
68	Replace worn & damaged window shades	2007	3,840	768	10	768		1,216	68
69	New boilers/hoses/Install	2007	5,580	279	20	279		698	69
70	TOTAL (lines 4 thru 69)		\$ 5,933,616	\$ 196,377		\$ 174,884	\$ (21,491)	\$ 2,320,751	70

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 5,933,616	\$ 196,377		\$ 174,884	\$ (21,493)	\$ 2,320,751	1
2									2
3	ABC-New Cubicle Track/Curtains/New Control Pump Circuit	2008	6,029	603	10	603		955	3
4	ABC-New Sidewalk	2008	7,189	479	15	479		719	4
5	ABC-Replace Failed Centronic Door Closures to Patient Units	2008	2,911	291	10	291		558	5
6	ABC-New Shower	2008	2,572	129	20	129		204	6
7									7
8	ABC - New Sidewalk	2009	7,336	204	15	204	0	204	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,959,652	\$ 198,082		\$ 176,589	\$ (21,493)	\$ 2,323,390	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:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 5,959,652	\$ 198,082		\$ 176,589	\$ (21,493)	\$ 2,323,390	1
2	Forum Prof Ctr: Remodeling	1979	16,169		20			16,169	2
3	Forum Prof Ctr: Build Improv - multiple	1980	10,322		15			10,322	3
4	Forum Prof Ctr: Tennant Improv	1986	836		13			836	4
5	Forum Prof Ctr: AMS remodel	1990	5,681		10			5,681	5
6	Forum Prof Ctr: Roof	1994	2,997	187	16	187		2,811	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,057	66	16	66		921	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,669	152	10	152		1,496	8
9	Forum Prof Ctr: Remodel/electrical	2001	650	36	7	36		543	9
10	Forum Prof Ctr: bathroom remodel	2002	575	54	5	54		427	10
11	Forum Prof Ctr: remodel suites/etc.	2003	739	75	9	75		516	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,275	244	7	244		1,765	12
13	Forum Prof Ctr: Suite renovation	2005	460	83	10	83		450	13
14	Forum Prof Ctr: Superior installations, etc.	2006	91	23	4	23		77	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	432	67	7	67		155	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	368	64	7	64		87	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	762	15	7	15		15	17
18	Alden Mgt Servs: Remodel suites	1993	5,555		7			5,555	18
19	Alden Mgt Servs: Remodel suites	2002	318	42	7	42		309	19
20	Alden Mgt Servs: Remodel suites	2003	8,987	1,238	7	1,238		8,765	20
21									21
22	Forum Ext Care, LLC-Building	1998	6,067	152	40	152		1,732	22
23	Forum Ext Care, LLC-Build Improv	1999	4,689	117	40	117		1,230	23
24	Forum Extended Care-Maj Eq Repair	2002	31		3			31	24
25	Forum Extended Care-Maj Plumbing Repair	2003	29		3			29	25
26	Forum Extended Care-Compressor	2004	20		3			20	26
27									27
28									28
29									29
30									30
31									31
32	Adj for ABC Related Party Profit	2008	(107)	(11)		(11)		(11)	32
33	Adj for ABC Related Party Profit	2009	(97)	(3)		(3)		(3)	33
34	TOTAL (lines 1 thru 33)		\$ 6,030,227	\$ 200,684		\$ 179,191	\$ (21,493)	\$ 2,383,319	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:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 762,039	\$ 66,564	\$ 66,564	\$		\$ 404,481	71
72	Current Year Purchases	27,155	1,061	1,061			1,061	72
73	Fully Depreciated Assets	177,980	1,809	1,809			177,980	73
74								74
75	TOTALS	\$ 967,174	\$ 69,434	\$ 69,434	\$		\$ 583,522	75

D. Vehicle Depreciation (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										77
78										78
79	Related Party - AMS	Various	98 - '02	4,415				3	4,415	79
80	TOTALS			\$ 4,415	\$	\$	\$		\$ 4,415	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 7,351,816	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 270,118	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 248,625	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (21,493)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,971,256	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	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 backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

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

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

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

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 13,487 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>960.58</u>	\$ <u>11,527</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>#####</u>	<u>17,908</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>29,435</u>	21

10. Effective dates of current rental agreement:

Beginning 4/1/2000

Ending 4/30/2020

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

Fiscal Year Ending Annual Rent

12. 12/31/2010 \$ 820,263

13. 12/31/2011 \$ 820,263

14. 12/31/2012 \$ 820,263

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

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

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 370,483	\$		\$ 370,483	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			22,082			22,082	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			433,466			433,466	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				253,173		253,173	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>					(134,228)	79,300		(54,928)	13
14	TOTAL			\$		\$ 691,803	\$ 332,474		\$ 1,024,276	14

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

XIV. Special Services (Direct Cost)

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

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$0.00	\$370,483.39
2.	ST	39-3	To Col 5	0.00	22,081.77
3.					
4.	PT	39-3	To Col 5	0.00	433,465.64
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			0.00	184,654.40
	Manual Input from Related Party- Forum Drugs				68,519.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	0.00	253,173.40
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00	0.00
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(134,228.00)
	Other			0.00	247,567.72
	Manual Input: Related Party - Prism				(12,182.45)
	Manual Input: Related Party FECII - I.V.				(155,977.00)
	Manual Input: Related Party FECII - Wound Care				(108.00)
	Oxygen, from reclass worksheet (Pg 4A)				
13.	Col 6: Supplies Total		To Col 6	0.00	79,300.27
13.	Total Line 13, Column 8			0.00	(54,927.73)
14.	Total			0.00	1,024,276.47

Facility Name & ID Number Alden Estates of Evanston

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Report Period Beginning: 1/1/09

Ending:

12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>98,000</u>)	440,889	440,889	3
4	Supply Inventory (priced at)	794	794	4
5	Short-Term Investments			5
6	Prepaid Insurance		31,754	6
7	Other Prepaid Expenses	5,059	5,059	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	72,667	72,667	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 519,409	\$ 551,163	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		980,000	13
14	Buildings, at Historical Cost		6,278,135	14
15	Leasehold Improvements, at Historical Cost	334,137	428,185	15
16	Equipment, at Historical Cost	357,154	1,067,315	16
17	Accumulated Depreciation (book methods)	(432,028)	(2,359,952)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		151,291	21
22	Other Long-Term Assets (spe <u>MIP,Haz Ins</u>)		89,126	22
23	Other(specify): <u>Refinance Fee</u>		143,744	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 259,263	\$ 6,777,843	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 778,672	\$ 7,329,007	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 628,583	\$ 603,573	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	117,196	117,196	28
29	Short-Term Notes Payable	677	99,402	29
30	Accrued Salaries Payable	206,718	206,718	30
31	Accrued Taxes Payable (excluding real estate taxes)	31,787	31,787	31
32	Accrued Real Estate Taxes(Sch.IX-B)		190,300	32
33	Accrued Interest Payable		34,944	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	25,512	259,455	36
37	<u>Due to Affiliates</u>			37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,010,473	\$ 1,543,375	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,525,382	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	5,667,080	5,514,145	43
44	<u>S/holder loans, Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,667,080	\$ 13,039,527	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,677,553	\$ 14,582,902	46
47	TOTAL EQUITY(page 18, line 24)	\$ (5,898,881)	\$ (7,253,895)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 778,672	\$ 7,329,007	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,979,169)	1
2	Restatements (describe):		2
3	External Audit Adjustments made after 2007 cost report	(10,670)	3
4	was submitted. These have no effect on prior years report:		4
5	Bad Debt, Medicare Revenues (Non-Allowables)		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,989,839)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	90,958	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)	\$ 90,958	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)	\$ (5,898,881)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning: 1/1/09

Ending: 12/31/09

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	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,937,690	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,937,690	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	78,897	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 78,897	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	400	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	360	15
16	Rental of Facility Space		16
17	Sale of Drugs	608	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(552)	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 816	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,500	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,500	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Page 19A	1,942	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,942	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,021,845	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,238,778	31
32	Health Care	1,912,396	32
33	General Administration	1,559,193	33
B. Capital Expense			
34	Ownership	938,434	34
C. Ancillary Expense			
35	Special Cost Centers	1,258,253	35
36	Provider Participation Fee	23,833	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,930,887	40
41	Income before Income Taxes (line 30 minus line 40)**	90,958	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 90,958	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done 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

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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	1,976	1,976	\$ 81,960	\$ 41.48	1
2	Assistant Director of Nursing					2
3	Registered Nurses	12,994	14,264	493,349	34.59	3
4	Licensed Practical Nurses	12,976	13,612	395,007	29.02	4
5	CNAs & Orderlies	35,085	40,217	498,150	12.39	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,032	2,032	33,010	16.25	9
10	Activity Assistants	2,655	2,671	22,568	8.45	10
11	Social Service Workers	4,136	4,144	87,973	21.23	11
12	Dietician					12
13	Food Service Supervisor	2,185	2,185	42,040	19.24	13
14	Head Cook	6,994	7,676	115,794	15.09	14
15	Cook Helpers/Assistants	25,819	27,675	288,187	10.41	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	83,315	40.06	17
18	Housekeepers	6,328	6,546	59,294	9.06	18
19	Laundry	4,879	5,384	60,904	11.31	19
20	Administrator	2,072	2,080	75,917	36.50	20
21	Assistant Administrator					21
22	Other Administrative	4,152	4,160	100,390	24.13	22
23	Office Manager	2,112	2,133	33,001	15.47	23
24	Clerical	1,920	1,932	15,700	8.13	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,004	2,004	54,188	27.04	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Director	2,343	2,478	35,816	14.45	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	134,742	145,249	\$ 2,576,563 *	\$ 17.74	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$	1-3	35
36	Medical Director	Monthly 95,000	10-3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	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	Monthly 2,296	11-3	44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 99,672		49

C. CONTRACT NURSES

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

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	
Colleen E Rodney	Administrator	0	\$ 75,917	Workers' Compensation Insurance	\$ 62,003	IDPH License Fee	\$	
				Unemployment Compensation Insurance	13,680	Advertising: Employee Recruitment	79	
				FICA Taxes	190,355	Health Care Worker Background Check	380	
				Employee Health Insurance	74,111	(Indicate # of checks performed 38)		
				Employee Meals	27,703	Patient Background Checks	212 2,120	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	225	
				Dental Insurance/Life Insurance	1,226	IL Healthcare Association	2,772	
				Misc Payroll Costs/401K Match	4,305	City of Evanston/Chicago Title Land Trust	780	
				Employee Drug Tests/Vaccinations	2,085			
				Employee Relations	5,147	Related Party-AMS	262	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 75,917	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 380,615		\$ 6,618		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
	\$					\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Related Party - AMS	1,789
				TOTAL			Seminar Expense	
				\$			Leadership/Deming Training	2,250
							IHCA/IL Council Seminar	1,907
							Deming Related Charges	(472)
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 531,190				TOTAL	\$ 5,474

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	5-13 Amount of Expense Amortized Per Year								
					6 FY2006	7 FY2007	8 FY2008	9 FY2009	10 FY2010	11 FY2011	12 FY2012	13 FY2013	14 FY2014
					1	Plumbing repairs	11/96	\$ 1,897	15	\$ 126	\$ 126	\$ 126	\$ 126
2													
3													
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19													
20	TOTALS		\$ 1,897		\$ 126	\$ 126	\$ 126	\$ 126	\$ 126	\$ 126	\$	\$	\$

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XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA=\$2,772 Il. Assoc. of HC=\$0
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 15,875 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. \$ 23,833
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. \$ 27,703 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
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. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.