



Facility Name & ID Number Alden Estates of Evanston

# 0040733 Report Period Beginning: 1/1/10 Ending: 12/31/10

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	<u>52</u>	Skilled (SNF)	<u>52</u>	<u>18,980</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5	<u>47</u>	Sheltered Care (SC)	<u>47</u>	<u>17,155</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>99</u>	TOTALS	<u>99</u>	<u>36,135</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	<u>2,017</u>	<u>1,938</u>	<u>8,243</u>	<u>12,198</u>		8
9	SNF/PED						9
10	ICF	<u>67</u>	<u>2,992</u>		<u>3,059</u>		10
11	ICF/DD						11
12	SC		<u>6,994</u>		<u>6,994</u>		12
13	DD 16 OR LESS						13
14	TOTALS	<u>2,084</u>	<u>11,924</u>	<u>8,243</u>	<u>22,251</u>		14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.58%

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 52 and days of care provided 8,109

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 1/1/10 Ending: 12/31/10

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	496,753	15,275		512,028	2,703	514,731	2,021	516,752		1
2	Food Purchase		225,714		225,714	(32,155)	193,559	(5,483)	188,076		2
3	Housekeeping	86,089	42,193		128,282	731	129,013	2,725	131,738		3
4	Laundry	63,135	17,140		80,275	619	80,894		80,894		4
5	Heat and Other Utilities			171,346	171,346	6,031	177,377	(949)	176,428		5
6	Maintenance	100,023		175,675	275,698	524	276,222	24,725	300,947		6
7	Other (specify):* <b>Related Party Ben</b>							3,293	3,293		7
8	<b>TOTAL General Services</b>	746,000	300,322	347,021	1,393,343	(21,547)	1,371,796	26,332	1,398,128		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			36,850	36,850		36,850		36,850		9
10	Nursing and Medical Records	1,604,044	101,426	4,284	1,709,754	14,180	1,723,934	24,685	1,748,619		10
10a	Therapy		244	6,750	6,994		6,994		6,994		10a
11	Activities	59,549	784	5,683	66,016		66,016		66,016		11
12	Social Services	47,949			47,949		47,949		47,949		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Related Party Ben</b>							3,451	3,451		15
16	<b>TOTAL Health Care and Programs</b>	1,711,542	102,454	53,567	1,867,563	14,180	1,881,743	28,136	1,909,879		16
	<b>C. General Administration</b>										
17	Administrative	76,586			76,586		76,586	45,504	122,090		17
18	Directors Fees										18
19	Professional Services			562,801	562,801	(12,711)	550,090	(503,767)	46,323		19
20	Dues, Fees, Subscriptions & Promotions			61,197	61,197		61,197	(51,092)	10,105		20
21	Clerical & General Office Expenses	155,260	17,229	155,609	328,098	(5,857)	322,241	107,627	429,868		21
22	Employee Benefits & Payroll Taxes			401,616	401,616	25,935	427,551		427,551		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,725	3,725		3,725	1,139	4,864		24
25	Other Admin. Staff Transportation			13,413	13,413		13,413	6,265	19,678		25
26	Insurance-Prop.Liab.Malpractice			103,944	103,944		103,944	7,024	110,968		26
27	Other (specify):* <b>Related Party Ben</b>			26,673	26,673		26,673	(1,887)	24,786		27
28	<b>TOTAL General Administration</b>	231,846	17,229	1,328,978	1,578,053	7,367	1,585,420	(389,187)	1,196,233		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,689,388	420,005	1,729,566	4,838,959		4,838,959	(334,719)	4,504,240		29

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

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

Facility Name &amp; ID Number

Alden Estates of Evanston

#0040733

Report Period Beginning:

1/1/10

Ending:

12/31/10

## 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			42,184	42,184		42,184	204,628	246,812			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			50,070	50,070		50,070	381,528	431,598			32
33	Real Estate Taxes			162,899	162,899	(162,899)		165,377	165,377			33
34	Rent-Facility & Grounds			622,887	622,887	162,899	785,786	(785,786)				34
35	Rent-Equipment & Vehicles			26,023	26,023		26,023	16,071	42,094			35
36	Other (specify):* MIP							37,972	37,972			36
37	<b>TOTAL Ownership</b>			904,063	904,063		904,063	19,790	923,853			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		441,079	864,244	1,305,323		1,305,323	(266,244)	1,039,079			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			28,470	28,470		28,470		28,470			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		441,079	892,714	1,333,793		1,333,793	(266,244)	1,067,549			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,689,388	861,084	3,526,343	7,076,815		7,076,815	(581,172)	6,495,643			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  
 Reclassifications on Pgs 3 & 4 - Column 5  
 Report Period Beginning:  
 Report Period Ending:

IDPH Facility ID Number: #0042010

1/1/2010  
 12/31/2010

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<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(32,154.70)	Employee Meals
	22	32,154.70	Employee Meals
22		(6,220.00)	Uniforms
	1	2,703.00	Uniforms
	3	731.00	Uniforms
	4	619.00	Uniforms
	6	524.00	Uniforms
	10	1,469.00	Uniforms
	11	-	Uniforms
	21	174.00	Uniforms
33		(162,899.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	162,899.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(6,031.45)	Vendor Settlements (Peoples Energy GAS)
	5	6,031.45	Vendor Settlements (Peoples Energy GAS)
<u>Others, if any:</u>			
19		(12,710.80)	Clinical Coordinators (Pathway Billing)
	10	12,710.80	Clinical Coordinators (Pathway Billing)
Net		-	



## Alden Estates of Evanston

ID# 0040733

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Valet Cost	\$ (53,690)	21	1
2	Late Fees on Utilities	(2,191)	5	2
3	Intercompany Interest Not Allowed	(45,467)	32	3
4				4
5				5
6	Miscellaneous Income - Misc	(898)	21	6
7	Miscellaneous Income - Medical Records	(142)	10	7
8	Miscellaneous Income - Jury Duty Receipt	(34)	21	8
9	Miscellaneous Income - Polling Site Usage	(100)	6	9
10	Miscellaneous Income - Donations	(6)	21	10
11				11
12	Back Out 30%(2010) of PAC Fees from IHCA Bills	(1,267)	20	12
13				13
14	Deming Related Costs	(473)	24	14
15				15
16				16
17				17
18	Reduce deprec exp on Pg 13 items under \$2,500	(10,298)	30	18
19	Reduce deprec exp on Pg 12 items under \$2,500	(2,124)	30	19
20	Expense capital itmes > \$2,500 on pg 13 items-CY	28,381	6	20
21	Expense capital itmes > \$2,500 on pg 13 items	320	6	21
22	Expense capital itmes > \$2,500 on pg 12 items-CY	2,487	6	22
23				23
24				24
25				25
26	Adj for ABC Related Party Profit - Pg 12D	(28)	30	26
27	Adj for ABC Related Party Profit - Pg 13	(19)	30	27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(85,548)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

1/1/10

Ending:

12/31/10

## 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	2,021	0	0	0	0	0	0	0	0	2,021	1
2	Food Purchase	(2,030)	0	0	(3,453)	0	0	0	0	0	0	0	(5,483)	2
3	Housekeeping	0	0	2,725	0	0	0	0	0	0	0	0	2,725	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,191)	0	1,242	0	0	0	0	0	0	0	0	(949)	5
6	Maintenance	25,796	4,231	(4,961)	0	0	0	(341)	0	0	0	0	24,725	6
7	Other (specify):*	0	0	2,768	525	0	0	0	0	0	0	0	3,293	7
8	<b>TOTAL General Services</b>	<b>21,575</b>	<b>4,231</b>	<b>3,795</b>	<b>(2,928)</b>	<b>0</b>	<b>0</b>	<b>(341)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26,332</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(142)	0	23,121	512	1,194	0	0	0	0	0	0	24,685	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	3,451	0	0	0	0	0	0	0	0	3,451	15
16	<b>TOTAL Health Care and Programs</b>	<b>(142)</b>	<b>0</b>	<b>26,572</b>	<b>512</b>	<b>1,194</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28,136</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	45,504	0	0	0	0	0	0	0	0	45,504	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(17,125)	5,930	(492,572)	0	0	0	0	0	0	0	0	(503,767)	19
20	Fees, Subscriptions & Promotions	(22,728)	99	(28,463)	0	0	0	0	0	0	0	0	(51,092)	20
21	Clerical & General Office Expenses	(54,664)	999	115,853	9,376	36,063	0	0	0	0	0	0	107,627	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	1,611	0	0	0	0	0	0	0	0	1,139	24
25	Other Admin. Staff Transportation	0	0	6,265	0	0	0	0	0	0	0	0	6,265	25
26	Insurance-Prop.Liab.Malpractice	0	6,959	65	0	0	0	0	0	0	0	0	7,024	26
27	Other (specify):*	(26,673)	0	23,792	1,229	(235)	0	0	0	0	0	0	(1,887)	27
28	<b>TOTAL General Administration</b>	<b>(121,662)</b>	<b>13,987</b>	<b>(327,945)</b>	<b>10,605</b>	<b>35,828</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(389,187)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(100,229)</b>	<b>18,218</b>	<b>(297,578)</b>	<b>8,189</b>	<b>37,022</b>	<b>0</b>	<b>(341)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(334,719)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Evanston# 0040733

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(33,962)	237,041	1,549	0	0	0	0	0	0	0	0	204,628	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(52,924)	408,252	25,072	0	1,128	0	0	0	0	0	0	381,528	32
33	Real Estate Taxes	0	162,899	2,069	0	409	0	0	0	0	0	0	165,377	33
34	Rent-Facility & Grounds	0	(785,786)	0	0	0	0	0	0	0	0	0	(785,786)	34
35	Rent-Equipment & Vehicles	0	0	16,071	0	0	0	0	0	0	0	0	16,071	35
36	Other (specify):*	0	37,972	0	0	0	0	0	0	0	0	0	37,972	36
37	<b>TOTAL Ownership</b>	<b>(86,886)</b>	<b>60,378</b>	<b>44,761</b>	<b>0</b>	<b>1,537</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19,790</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(22,091)	(89,691)	(154,462)	0	0	0	0	0	(266,244)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(22,091)</b>	<b>(89,691)</b>	<b>(154,462)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(266,244)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(187,114)	78,596	(252,817)	(13,902)	(51,132)	(154,462)	(341)	0	0	0	0	(581,172)	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 Rental Income	\$ 785,786	Alden Estates of Evanston II, Inc.	0.00%	\$	\$ (785,786)	1
2	V	32 Investment Income - RR	155	Alden Estates of Evanston II, Inc.			(155)	2
3	V	6 R & M - Replacement Reseve		Alden Estates of Evanston II, Inc.		4,231	4,231	3
4	V	19 Accounting Fees		Alden Estates of Evanston II, Inc.		5,930	5,930	4
5	V	21 Licenses & Inspections		Alden Estates of Evanston II, Inc.		999	999	5
6	V	20 Dues & Subscriptions		Alden Estates of Evanston II, Inc.		99	99	6
7	V	33 RE Tax Expense		Alden Estates of Evanston II, Inc.		162,899	162,899	7
8	V	26 Property & Liability Insurance		Alden Estates of Evanston II, Inc.		6,959	6,959	8
9	V	36 Mortgage Insurance Premium		Alden Estates of Evanston II, Inc.		37,972	37,972	9
10	V	32 Interest on Mortgage Note		Alden Estates of Evanston II, Inc.		401,050	401,050	10
11	V	30 Depreciation		Alden Estates of Evanston II, Inc.		237,041	237,041	11
12	V	32 Amortization				7,357	7,357	12
13	V							13
14	Total		\$ 785,941			\$ 864,537	\$ * 78,596	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 1,242	\$ 1,242 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,611	1,611 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		6,265	6,265 17
18	V	26 Insurance		Alden Management Services, Inc.		65	65 18
19	V	20 Dues/Subscriptions	29,004	Alden Management Services, Inc.		541	(28,463) 19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549	1,549 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,069	2,069 21
22	V	35 Rent-Equip/Vehic		Alden Management Services, Inc.		16,071	16,071 22
23	V	32 Interest		Alden Management Services, Inc.		25,072	25,072 23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		2,021	2,021 24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		2,725	2,725 25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		2,768	2,768 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		23,121	23,121 27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		3,451	3,451 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		45,504	45,504 29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		23,792	23,792 30
31	V	19 Professional Fees	514,056	Alden Management Services, Inc.		21,484	(492,572) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		115,853	115,853 32
33	V	6 Repairs & Maintenance	23,053	Alden Management Services, Inc.		18,092	(4,961) 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 566,113			\$ 313,296	\$ * (252,817) 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	\$ 8,192	Prism Health Care Services, Inc.	0.00%	\$ 4,739	\$ (3,453)
16	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,172	512
17	V	39 Supplies	47,658	Prism Health Care Services, Inc.		25,567	(22,091)
18	V	21 Salary G & A		Prism Health Care Services, Inc.		6,582	6,582
19	V	27 Employee Benefits		Prism Health Care Services, Inc.		1,229	1,229
20	V	7 Employee Benefits		Prism Health Care Services, Inc.		525	525
21	V	21 G & A		Prism Health Care Services, Inc.		2,794	2,794
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		\$ 62,510			\$ 48,608	\$ * (13,902)

\* 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>	\$ 195,458	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 274,876	\$ 79,418
16	V	39 <u>IV</u>	192,460	<u>Forum Extended Care Services II, Inc.</u>		23,865	(168,595)
17	V	39 <u>Wound Care</u>	2,443	<u>Forum Extended Care Services II, Inc.</u>		1,929	(514)
18	V	10 <u>House Stock</u>	5,417	<u>Forum Extended Care Services II, Inc.</u>		4,978	(439)
19	V	10 <u>Pharmacy Consultant</u>	2,376	<u>Forum Extended Care Services II, Inc.</u>		4,009	1,633
20	V	27 <u>Employee Vaccinations</u>	1,117	<u>Forum Extended Care Services II, Inc.</u>		882	(235)
21	V	21 <u>Employee Benefit: G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,557	2,557
22	V	21 <u>Salary: G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		20,534	20,534
23	V	21 <u>General &amp; Administrative</u>		<u>Forum Extended Care Services II, Inc.</u>		12,972	12,972
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,128	1,128
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		409	409
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	<b>Total</b>		\$ 399,271			\$ 348,139	\$ * (51,132)

\* 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: 1/1/10

Ending: 12/31/10

**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	\$ 847,866	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 693,404	\$ (154,462)
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	<b>Total</b>		\$ 847,866			\$ 693,404	\$ * (154,462)

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

Facility Name & ID Number Alden Estates of Evanston

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Ending: 12/31/10

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 Repairs & Maintenance	\$ 27,880	Alden Bennett Construction Company, Inc.	0.00%	\$ 27,539	\$ (341)
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	<b>Total</b>		\$ 27,880			\$ 27,539	\$ * (341)

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

Alden Estates of Evanston Alden Estates of Evanston

Provider No. 0040733

Report Period Beginning:

1/1/10

Ending: 12/31/10

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 Gardens of Bloomingdale, Inc.	Bloomingdale	Supportive Living Facility
Alden of Old Town East, Inc.	Bloomingdale	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.	Bloomingdale	Community Physical Therapy & Associates, Ltd.	Addison	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingdale	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.	Bloomingdale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingdale			
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.	Bloomingdale			
Alden Village North, Inc.	Chicago			
Alden Estates of Skokie, Inc.	Skokie			
Alden Estates of Countryside, Inc.	Jefferson, WI			

Facility Name &amp; ID Number

Alden Estates of Evanston

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## 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	181,793	0.692	1.73	Salary	\$ 3,207	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,450	0.692	1.73	Salary	1,190	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,835	0.692	1.73	Salary	685	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	\$ 5,082		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

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VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,283,623	33	\$ 71,628	\$ 22,251	\$ 1,242	1
2	24	Travel/Seminar	Patient Days	1,283,623	33	92,957	22,251	1,611	2
3	25	Other Admin Travel	Patient Days	1,283,623	33	361,409	22,251	6,265	3
4	26	Insurance	Patient Days	1,283,623	33	3,773	22,251	65	4
5	20	Dues/Subscriptions	Patient Days	1,283,623	33	31,234	22,251	541	5
6	30	Depreciation	No. of Providers	33	33	64,513	1	1,549	6
7	33	Real Estate Tax	Patient Days	1,283,623	33	135,456	22,251	2,069	7
8	35	Rent-Equip & Vehicles	Patient Days	1,283,623	33	927,091	22,251	16,071	8
9	32	Interest	Patient Days	1,283,623	33	1,179,658	22,251	25,072	9
10	1	Dietary Salary	Patient Days	1,283,623	33	116,597	116,597	2,021	10
11	3	Housekeeping Salary	Patient Days	1,283,623	33	157,195	157,195	2,725	11
12	7	Employee Benef-Gen'l Servs	Patient Days	1,283,623	33	159,672	22,251	2,768	12
13	10	Nurs/Med Records Salary	Patient Days	1,283,623	33	1,369,902	1,369,902	23,121	13
14	15	Employee Benef-Health Care	Patient Days	1,283,623	33	199,071	22,251	3,451	14
15	17	Administrative Salary	Patient Days	1,283,623	33	2,862,453	2,862,453	45,504	15
16	27	Employee Benef-Administrative	Patient Days	1,283,623	33	1,372,540	22,251	23,792	16
17	19	Professional Fees	Patient Days	1,283,623	33	1,239,391	672,679	21,484	17
18	21	Gen'l & Administrative	Patient Days	1,283,623	33	6,683,349	5,909,984	115,853	18
19	6	Repairs & Maintenance	Patient Days	1,283,623	33	1,043,713	824,986	18,092	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 313,296	25

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Alden Estates of Evanston

# 0040733

Report Period Beginning:

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**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			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Cambridge (GL 2505/7055)		x	Mortgage	\$43,000.00	06/2005	\$ 8,000,800	\$ 7,525,382	7/2040	5.5000	\$ 401,050	1							
2												2							
3	Insurance Interest (GL 7053)		X	Medical Malpractice							1,239	3							
4	Amortization-Fin/Refin Fee(1918)		X	Operations							7,357	4							
5												5							
<b>Working Capital</b>																			
6	Related party-AMS		X	Working Capital							25,072	6							
7	Related party-FECH		X	Working Capital							1,128	7							
8												8							
9	<b>TOTAL Facility Related</b>				<b>\$43,000.00</b>		<b>\$ 8,000,800</b>	<b>\$ 7,525,382</b>			<b>\$ 435,846</b>	<b>9</b>							
<b>B. Non-Facility Related*</b>																			
10	Interest Inc Repl Reserve(4972)	X									(155)	10							
11	Interest inc(Corp)(4646/4975)	X									(4,093)	11							
12												12							
13												13							
14	<b>TOTAL Non-Facility Related</b>						<b>\$</b>	<b>\$</b>			<b>\$ (4,249)</b>	<b>14</b>							
15	<b>TOTALS (line 9+line14)</b>						<b>\$ 8,000,800</b>	<b>\$ 7,525,382</b>			<b>\$ 431,598</b>	<b>15</b>							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 37,972 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.)





Facility Name & ID Number Alden Estates of Evanston

# 0040733

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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	<b>TOTALS</b>	<u>53,277</u>		<u>\$ 350,000</u>	<u>3</u>

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# 0040733

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**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)	2,176,745	4
5	Building		1999		54,450	1,601	34	1,601		17,612	5
6											6
7											7
8	Related Party-Forum			1978	13,669		25			13,669	8
	<b>Improvement Type**</b>										
9		Repair: boiler, valve, elect. Fixtures, heater, TV antenna		1995	17,311	470	10-20	470		15,838	9
10		Install lawn sprinkler system		1996	19,670	1,311	15	1,311		18,832	10
11		Demolition, excavating, electricalwork, masonry		1996	39,481	2,114	25	2,114		32,188	11
12		Sign		1996	745					745	12
13		Sink		1996	1,366	68	20	68		995	13
14		Motor repair		1996	3,300	165	20	165		2,475	14
15		Elevator remodeling		1996	3,018	151	20	151		2,151	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	3,764	15	3,764		46,108	23
24		Elm heating-cooler-hvac		1999	2,375		10			2,375	24
25		Aqua plumbing-water heater		1999	10,445	696	15	696		7,774	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	228	10	228		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	118	15	118		1,227	33
34		CSI-replace compressor		2000	1,770	177	10	177		1,770	34
35		Alden Bennett-seea/stripe parking lot, replace sidewalk		2000	5,582	246	5-15	246		4,415	35
36		Service on Elliot Will -CSI Coker		2001	5,205	521	10	521		4,166	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

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## 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	\$	\$ 1,840	37
38	The floor source - lobby & elevator carpet	2001	944	31	5	31		818	38
39	Sonja	2002	1,411					1,411	39
40	ABC (amtech lighting)	2002	2,202	110	20	110		881	40
41	New Horizon (replace main frame)	2002	1,745		5			1,541	41
42	ABC - parquet floor	2003	5,398	540	10	540		4,274	42
43	ABC - interior work - various - walls/bathroom	2003	8,703	870	10	870		6,817	43
44	ABC - replaced HID Ballasts (3) HID Lamp (1)	2003	2,870	287	10	287		2,248	44
45	Csi-Coker - door gasket/safety switch	2003	2,480					2,480	45
46	ABC - sewage ejector pump - install	2003	6,104	610	10	610		4,475	46
47	ABC	2003	6,955	695	10	695		4,925	47
48	US Foods - steamer	2003	1,059					1,059	48
49	ABC-fence work	2004	1,875	234	8	234		1,620	49
50	ABC-interior work various walls/bathroom	2004	2,540	254	10	254		1,672	50
51	ABC-replaced HID ballasts	2004	1,406	70	20	70		450	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	649	10	649		3,895	53
54	ABC - Excelon VC Tile in PT room	2005	1,992	199	10	199		1,095	54
55	ABC - Excelon VC Tile in PT room	2006	3,300	330	10	330		1,513	55
56	GT Mechanical-replaced transformer & refrigerant for AC unit	2006	4,366	437	10	437		1,237	56
57	ABC - new smoke detectors, upgrade fire alarm software	2006	11,602	2,320	10	2,320		9,281	57
58	Top Notch Service-replaced 5 wells	2006	5,985	599	10	599		1,745	58
59									59
60	Therapy Room Expansion	2007	94,048	6,290	29	6,290		17,242	60
61	Hot Water Tank Replacement	2007	24,003	2,400	10	2,400		6,601	61
62	Repair air conditioner/Replace compressor	2007	37,488	2,499	10	2,499		6,456	62
63	Repair freezer door assembly	2007	3,945	395	10	395		1,019	63
64	Replace pump motor chiller	2007	5,544	554	10	554		1,432	64
65	Replace worn & torn cubicle curtains	2007	2,566	513	10	513		1,411	65
66	Charge Chiller	2007	5,773	385	10	385		994	66
67	Repair broken fence & driveway	2007	6,447	430	15	428		1,110	67
68	Replace worn & damaged window shades	2007	3,840	768	10	768		1,984	68
69	New boilers/hoses/Install	2007	5,580	279	20	279		977	69
70	TOTAL (lines 4 thru 69)		\$ 5,933,616	\$ 194,121		\$ 172,628	\$ (21,491)	\$ 2,492,581	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	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,933,616	\$ 194,121		\$ 172,628	\$ (21,493)	\$ 2,492,581	1
2	ABC-New Cubicle Track/Curtains/New Control Pump Circuit	2008	6,029	603	10	603		1,557	2
3	ABC-New Sidewalk	2008	7,189	479	15	479		1,198	3
4	ABC-Replace Failed Centronic Door Closures to Patient Units	2008	2,911	291	10	291		849	4
5	ABC-New Shower	2008	2,572	129	20	129		332	5
6									6
7	ABC - New Sidewalk	2009	7,336	489	15	489		693	7
8									8
9	Washing Machine Repairs;Housing Trunnon/Gables-EQUINT	2010	3,608	541	5	541		601	9
10	New Compressor/Fan Motor - TOPNOT	2010	3,725	248	5	248		248	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,966,985	\$ 196,901		\$ 175,408	\$ (21,493)	\$ 2,498,060	34

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

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

1/1/10

Ending:

12/31/10

## 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	<b>Totals from Page 12C, Carried Forward</b>		\$ 5,966,985	\$ 196,901		\$ 175,408	\$ (21,493)	\$ 2,498,060	1
2	Forum Prof Ctr: Remodeling	1979	12,778		20			12,778	2
3	Forum Prof Ctr: Build Improv - multiple	1980	24,885		15			24,885	3
4	Forum Prof Ctr: Tennant Improv	1986	785		13			785	4
5	Forum Prof Ctr: AMS remodel	1990	5,337		10			5,337	5
6	Forum Prof Ctr: Roof	1994	2,815	175	16	175		2,815	6
7	Forum Prof Ctr: Build Improv-multiple	1995	993	62	16	62		927	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,568	112	10	112		1,517	8
9	Forum Prof Ctr: Remodel/electrical	2001	611	33	7	33		544	9
10	Forum Prof Ctr: bathroom remodel	2002	540	50	5	50		452	10
11	Forum Prof Ctr: remodel suites/etc.	2003	694	70	9	70		555	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,138	104	7	104		1,762	12
13	Forum Prof Ctr: Suite renovation	2005	432	62	10	62		432	13
14	Forum Prof Ctr: Superior installations, etc.	2006	85	12	4	12		85	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	415	65	7	65		215	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	346	60	7	60		142	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	715	68	7	68		82	17
18	Forum Prof Ctr: Building Renovations	2010	1,161	330	7	330		330	18
19	Alden Mgt Servs: Remodel suites	1993	7,174	23	7	23		7,163	19
20	Alden Mgt Servs: Remodel suites	2002	299		7			299	20
21	Alden Mgt Servs: Remodel suites	2003	6,486	161	7	161		6,474	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	Adjust for ABC Related Party Profit	2008	(107)	(11)		(11)		(16)	30
31	Adjust for ABC Related Party Profit	2009	(97)	(3)		(3)		(5)	31
32	Adjust for ABC Related Party Profit	2010							32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,037,039	\$ 198,276		\$ 176,783	\$ (21,493)	\$ 2,565,617	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:

1/1/10

Ending:

12/31/10

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	\$ 742,371	\$ 63,101	\$ 63,101	\$		\$ 448,833	71
72	Current Year Purchases	126,967	6,357	6,357			6,357	72
73	Fully Depreciated Assets	180,113	571	571			180,113	73
74								74
75	TOTALS	\$ 1,049,451	\$ 70,029	\$ 70,029	\$		\$ 635,303	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	4,148				3	4,148	79
80	TOTALS			\$ 4,148	\$	\$	\$		\$ 4,148	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)	\$ 7,440,638	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 268,305	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 246,812	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)	\$ 3,205,069	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	Architectual Engineering	\$ 13,410	92
93			93
94			94
95		\$ 13,410	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: \$ 11,858 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>911.67</u>	\$ <u>10,940</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>#####</u>	<u>14,723</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>25,663</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. 12/31/2011 \$ 820,263

13. 12/31/2012 \$ 820,263

14. 12/31/2013 \$ 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	\$		\$ 365,733	\$		\$ 365,733	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			35,905			35,905	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			446,228			446,228	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				274,877		274,877	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>					(154,462)	70,798		(83,664)	13
14	TOTAL			\$		\$ 693,404	\$ 345,675		\$ 1,039,079	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$0.00	\$365,733.09
2.	ST	39-3	To Col 5	0.00	35,904.98
3.					
4.	PT	39-3	To Col 5	0.00	446,228.01
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL			0.00	195,457.98
	Manual Input from Related Party- Forum Drugs				79,418.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	0.00	274,875.98
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		(154,462.00)
	Other			0.00	261,998.84
	Manual Input: Related Party - Prism				(22,092.00)
	Manual Input: Related Party FECII - I.V.				(168,595.00)
	Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)				(514.00)
13.	Col 6: Supplies Total		To Col 6	0.00	70,797.84
13.	Total Line 13, Column 8			0.00	(83,664.16)
14.	Total			0.00	1,039,077.90

Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 1/1/10

Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$ 558	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>106,000</u> )	483,150	483,150	3
4	Supply Inventory (priced at )	794	794	4
5	Short-Term Investments			5
6	Prepaid Insurance		32,258	6
7	Other Prepaid Expenses	3,318	3,318	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	76,972	76,972	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 564,234	\$ 597,050	10
<b>B. Long-Term Assets</b>				
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	326,468	427,851	15
16	Equipment, at Historical Cost	380,534	1,160,096	16
17	Accumulated Depreciation (book methods)	(468,012)	(2,632,977)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		125,935	21
22	Other Long-Term Assets (spe <u>CIP,ReplResrvs,S/Hol</u> )	13,481	139,231	22
23	Other(specify): <u>Refinance Fee</u>		136,387	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 252,471	\$ 6,614,659	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 816,705	\$ 7,211,709	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 525,315	\$ 525,315	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	158,515	158,515	28
29	Short-Term Notes Payable		104,294	29
30	Accrued Salaries Payable	227,359	227,359	30
31	Accrued Taxes Payable (excluding real estate taxes)	39,688	39,688	31
32	Accrued Real Estate Taxes(Sch.IX-B)		179,200	32
33	Accrued Interest Payable		34,491	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	22,676	241,259	36
37	<u>Due to Affiliates (Short Term)</u>	861,536	861,536	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,835,089	\$ 2,371,658	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,421,088	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates (Long Term)</u>	4,779,239	4,650,190	43
44	<u>S/holder loans, Others</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 4,779,239	\$ 12,071,278	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,614,328	\$ 14,442,936	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (5,797,623)	\$ (7,231,227)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 816,705	\$ 7,211,709	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,898,881)	1
2	Restatements (describe):		2
3	External Audit Adjustments made after 2007 cost report	2,028	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)	\$ (5,896,854)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	99,230	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)	\$ 99,230	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (5,797,623)	24 *

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

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 1/1/10

Ending: 12/31/10

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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 7,114,594	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 7,114,594	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	45,624	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 45,624	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	12	12
13	Barber and Beauty Care	99	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	688	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,429	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 4,227	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	4,093	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 4,093	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Page 19A	7,507	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 7,507	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 7,176,045	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,393,343	31
32	Health Care	1,867,563	32
33	General Administration	1,578,053	33
<b>B. Capital Expense</b>			
34	Ownership	904,063	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,305,323	35
36	Provider Participation Fee	28,470	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 7,076,815	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	99,230	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 99,230	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.

## STATE OF ILLINOIS

Facility Name & ID Number      Alden Estates of Evanston, Inc.      # 0040733      Report Period Beginning: 1/1/10      Ending: 12/31/10

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**Details of Page 19, Line 28**

Gain on Sale of Assets	6,326.33
Misc Income/Medical Records	141.65
Misc Income/Jury Duty	34.40
Misc Income/Polling Site Usage	100.00
Misc Income/Donations	6.39
Miscellaneous Income/Garnishment	22.00
Miscellaneous Income	875.77
<b>Total Page 19A</b>	<b>7,506.54</b>

Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	2,133	2,133	\$ 93,688	\$ 43.92	1
2	Assistant Director of Nursing					2
3	Registered Nurses	13,552	14,481	507,610	35.05	3
4	Licensed Practical Nurses	12,481	13,253	382,888	28.89	4
5	CNAs & Orderlies	39,327	41,730	527,891	12.65	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	35,469	17.05	9
10	Activity Assistants	2,866	2,902	24,080	8.30	10
11	Social Service Workers	1,992	2,252	47,949	21.29	11
12	Dietician					12
13	Food Service Supervisor	2,632	2,711	60,565	22.34	13
14	Head Cook	8,641	9,058	131,657	14.53	14
15	Cook Helpers/Assistants	27,657	29,256	304,532	10.41	15
16	Dishwashers					16
17	Maintenance Workers	2,583	2,783	100,023	35.94	17
18	Housekeepers	8,937	9,452	86,089	9.11	18
19	Laundry	4,512	5,347	63,135	11.81	19
20	Administrator	1,840	2,034	76,586	37.65	20
21	Assistant Administrator					21
22	Other Administrative	4,208	4,216	103,982	24.66	22
23	Office Manager	2,080	2,080	30,391	14.61	23
24	Clerical	2,489	2,505	20,888	8.34	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,053	2,053	58,524	28.51	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	2,191	2,326	33,441	14.38	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	144,254	152,652	\$ 2,689,388 *	\$ 17.62	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 36,850	10-3	36
37	Medical Records Consultant			37
38	Nurse Consultant		10-3	38
39	Pharmacist Consultant	Monthly 2,376		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 1,072	11-3	44
45	Social Service Consultant	Monthly 276	11-3	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 40,574		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-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Plumbing repairs	11/96	\$ 1,897	15	\$ 126	\$ 126	\$ 126	\$ 126	\$ 126	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 1,897		\$ 126	\$ 126	\$ 126	\$ 126	\$ 126	\$	\$	\$	\$

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 1/1/10

Ending: 12/31/10

**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=\$2,957 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. \$ 18,511 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. \$ 28,470  
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. \$ 32,155 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? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.