



Facility Name & ID Number Alden Estates of Evanston

# 0040733 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

**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	52	Skilled (SNF)	52	19,032	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5	47	Sheltered Care (SC)	47	17,202	5
6		ICF/DD 16 or Less		0	6
7	99	TOTALS	99	36,234	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	400	1,823	8,249	10,472	8
9	SNF/PED					9
10	ICF	2,199	3,702	24	5,925	10
11	ICF/DD					11
12	SC		6,286		6,286	12
13	DD 16 OR LESS					13
14	TOTALS	2,599	11,811	8,273	22,683	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.60%

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 8,182

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name &amp; ID Number

Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

**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	425,378	25,020		450,398	5,478	455,876	2,286	458,162		1
2	Food Purchase		234,412		234,412	(31,620)	202,792	(6,059)	196,733		2
3	Housekeeping	86,837	43,770		130,607	1,480	132,087	2,556	134,643		3
4	Laundry	54,042	27,541		81,583	1,254	82,837		82,837		4
5	Heat and Other Utilities			153,015	153,015		153,015	(2,322)	150,693		5
6	Maintenance	92,433		182,666	275,099	1,061	276,160	26,940	303,100		6
7	Other (specify):* related party							3,384	3,384		7
8	<b>TOTAL General Services</b>	658,690	330,743	335,681	1,325,114	(22,347)	1,302,767	26,785	1,329,552		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,746,126	130,660	3,046	1,879,832	2,977	1,882,809	18,425	1,901,234		10
10a	Therapy		1,680	11,400	13,080		13,080		13,080		10a
11	Activities	83,298	1,408	7,193	91,899		91,899		91,899		11
12	Social Services	46,704			46,704		46,704		46,704		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							2,661	2,661		15
16	<b>TOTAL Health Care and Programs</b>	1,876,128	133,748	33,639	2,043,515	2,977	2,046,492	21,086	2,067,578		16
	<b>C. General Administration</b>										
17	Administrative	87,858			87,858		87,858	49,679	137,537		17
18	Directors Fees										18
19	Professional Services			554,591	554,591		554,591	(502,008)	52,583		19
20	Dues, Fees, Subscriptions & Promotions			71,966	71,966		71,966	(61,407)	10,559		20
21	Clerical & General Office Expenses	165,985	16,791	151,152	333,928	353	334,281	106,204	440,485		21
22	Employee Benefits & Payroll Taxes			423,626	423,626	19,017	442,643		442,643		22
23	Inservice Training & Education										23
24	Travel and Seminar			391	391		391	400	791		24
25	Other Admin. Staff Transportation			8,527	8,527		8,527	7,389	15,916		25
26	Insurance-Prop.Liab.Malpractice			104,270	104,270		104,270	8,490	112,760		26
27	Other (specify):* related party			1,021	1,021		1,021	22,436	23,457		27
28	<b>TOTAL General Administration</b>	253,843	16,791	1,315,544	1,586,178	19,370	1,605,548	(368,817)	1,236,731		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,788,661	481,282	1,684,864	4,954,807		4,954,807	(320,945)	4,633,862		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:

01/01/2012

Ending:

12/31/2012

## 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	
	<b>D. Ownership</b>											
30	Depreciation			42,479	42,479		42,479	220,627	263,106			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			95,032	95,032		95,032	377,105	472,137			32
33	Real Estate Taxes			118,278	118,278	(118,278)		121,426	121,426			33
34	Rent-Facility & Grounds			643,269	643,269	118,278	761,547	(761,547)				34
35	Rent-Equipment & Vehicles			21,169	21,169		21,169	22,334	43,503			35
36	Other (specify):* MIP							36,852	36,852			36
37	<b>TOTAL Ownership</b>			920,227	920,227		920,227	16,797	937,024			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		503,339	934,141	1,437,480		1,437,480	(49,453)	1,388,027			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			88,377	88,377		88,377		88,377			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		503,339	1,022,518	1,525,857		1,525,857	(49,453)	1,476,404			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,788,661	984,621	3,627,609	7,400,891		7,400,891	(353,601)	7,047,290			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  
 Report Period Beginning: 01/01/2012  
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IDPH Facility No. 0040733

**Reclassifications - Pages 3 & 4, Column 5**

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(31,620.34)	Employee Meals
	22	31,620.34	Employee Meals
22		(12,603.00)	Uniforms
	1	5,478.00	Uniforms
	3	1,480.00	Uniforms
	4	1,254.00	Uniforms
	6	1,061.00	Uniforms
	10	2,977.00	Uniforms
	11	0.00	Uniforms
	21	353.00	Uniforms
33		(118,278.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	118,278.00	Rent - Real Estate Tax on associated landowner (Pg 6)

Net

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Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(40)	2		4
5	Telephone, TV & Radio in Resident Rooms	(7,136)	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	(21,493)	30		9
10	Interest and Other Investment Income	(1,410)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,051)	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	(11,749)	21		17
18	Fines and Penalties	(1,430)	32		18
19	Entertainment	(210)	20		19
20	Contributions	(3,790)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(9,828)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,021)	27		24
25	Fund Raising, Advertising and Promotional	(17,674)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (78,832)		\$	30

<b>BHF USE ONLY</b>					
48		49		50	51
					52

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
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)	(120,578)	Various	34
35	Other- Attach Schedule	(154,191)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (274,769)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (353,601)		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
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>
38	Medically Necessary Transport.		x	\$	38
39			x		39
40	Gift and Coffee Shops		x		40
41	Barber and Beauty Shops		x		41
42	Laboratory and Radiology		x		42
43	Prescription Drugs		x		43
44			x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

## Alden Estates of Evanston

ID# 0040733

Report Period Beginning: 01/01/2012

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2	Elim Deprec Exp on Pg 12 items under \$2,500 -	(3,201)	30	2
3	Elim Deprec Exp on Pg 13 items under \$2500 -	(11,582)	30	3
4	Expense Pg 12 items under \$2,500 - curr yr purchs +	6,445	6	4
5	Expense Pg 13 items under \$2,500 - curr yr purchs +	11,912	6	5
6				6
7	Elim ABC Deprec Exp from Pg 12 series -	(460)	30	7
8	Adj for ABC Related Party Profit - Pg 13	(172)	30	8
9				9
10	Valet Cost	(54,723)	21	10
11	Late Fees on Utilities	(3,775)	5	11
12	Other Nursing Income (Flu, W/Chair,etc.)	(112)	21	12
13	Intercompany Interest Not Allowed	(92,099)	32	13
14				14
15				15
16	Miscellaneous Income - Medical Records	(1,759)	10	16
17	Miscellaneous Income - Jury Duty Receipt	(17)	21	17
18	Miscellaneous Income - Polling Site Usage	(200)	6	18
19				19
20	Back Out Bank Fees - Estates of Evanston II	(44)	19	20
21				21
22	Eliminate MIDCAP Actg Fees - 2012	(1,289)	19	22
23	Eliminate MIDCAP Legal Fees - 2012	(824)	19	23
24				24
25	Back Out 30%(2012) of PAC Fees from IHCA Bills	(1,267)	20	25
26	Back Out Evanston Chamber of Commerce	(1,025)	20	26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(154,191)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

## 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	2,286	0	0	0	0	0	0	0	0	2,286	1
2	Food Purchase	(3,091)	0	0	(2,968)	0	0	0	0	0	0	0	(6,059)	2
3	Housekeeping	0	0	2,556	0	0	0	0	0	0	0	0	2,556	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,775)	0	1,453	0	0	0	0	0	0	0	0	(2,322)	5
6	Maintenance	11,021	1,889	12,127	0	0	0	1,903	0	0	0	0	26,940	6
7	Other (specify):*	0	0	2,839	545	0	0	0	0	0	0	0	3,384	7
8	<b>TOTAL General Services</b>	<b>4,155</b>	<b>1,889</b>	<b>21,261</b>	<b>(2,423)</b>	<b>0</b>	<b>0</b>	<b>1,903</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26,785</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	(1,759)	0	18,235	84	1,865	0	0	0	0	0	0	18,425	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	2,661	0	0	0	0	0	0	0	0	2,661	15
16	<b>TOTAL Health Care and Programs</b>	<b>(1,759)</b>	<b>0</b>	<b>20,896</b>	<b>84</b>	<b>1,865</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21,086</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	49,679	0	0	0	0	0	0	0	0	49,679	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(11,985)	23,389	(513,412)	0	0	0	0	0	0	0	0	(502,008)	19
20	Fees, Subscriptions & Promotions	(23,966)	750	(38,191)	0	0	0	0	0	0	0	0	(61,407)	20
21	Clerical & General Office Expenses	(66,601)	72	115,742	9,820	47,171	0	0	0	0	0	0	106,204	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	0	0	400	0	0	0	0	0	0	0	0	400	24
25	Other Admin. Staff Transportation	0	0	7,389	0	0	0	0	0	0	0	0	7,389	25
26	Insurance-Prop.Liab.Malpractice	0	8,378	112	0	0	0	0	0	0	0	0	8,490	26
27	Other (specify):*	(1,021)	0	22,780	1,119	(442)	0	0	0	0	0	0	22,436	27
28	<b>TOTAL General Administration</b>	<b>(103,573)</b>	<b>32,589</b>	<b>(355,501)</b>	<b>10,939</b>	<b>46,729</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(368,817)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(101,176)</b>	<b>34,478</b>	<b>(313,344)</b>	<b>8,600</b>	<b>48,594</b>	<b>0</b>	<b>1,903</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(320,945)</b>	<b>29</b>

## STATE OF ILLINOIS

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2012 Ending:

Summary B

12/31/2012

## 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	(36,908)	247,925	9,610	0	0	0	0	0	0	0	0	220,627	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(94,939)	398,235	73,514	0	295	0	0	0	0	0	0	377,105	32
33	Real Estate Taxes	0	118,278	2,717	0	431	0	0	0	0	0	0	121,426	33
34	Rent-Facility & Grounds	0	(761,547)	0	0	0	0	0	0	0	0	0	(761,547)	34
35	Rent-Equipment & Vehicles	0	0	22,334	0	0	0	0	0	0	0	0	22,334	35
36	Other (specify):*	0	36,852	0	0	0	0	0	0	0	0	0	36,852	36
37	<b>TOTAL Ownership</b>	<b>(131,847)</b>	<b>39,743</b>	<b>108,175</b>	<b>0</b>	<b>726</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16,797</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	(26,960)	(132,774)	110,281	0	0	0	0	0	(49,453)	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>(26,960)</b>	<b>(132,774)</b>	<b>110,281</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(49,453)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(233,023)</b>	<b>74,221</b>	<b>(205,169)</b>	<b>(18,360)</b>	<b>(83,454)</b>	<b>110,281</b>	<b>1,903</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(353,601)</b>	<b>45</b>

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 761,547	Alden Estates of Evanston II, Inc.		\$	\$ (761,547)	1
2	V	32 Investment Income - RR	62	Alden Estates of Evanston II, Inc.			(62)	2
3	V	6 R & M - Replacement Reseve		Alden Estates of Evanston II, Inc.		1,889	1,889	3
4	V	19 Actg Fees/Legal Fees:Non-Collections		Alden Estates of Evanston II, Inc.		23,345	23,345	4
5	V	21 Licenses & Inspections		Alden Estates of Evanston II, Inc.		72	72	5
6	V	19 Bank Charges		Alden Estates of Evanston II, Inc.		44	44	6
7	V	20 Dues & Subscriptions		Alden Estates of Evanston II, Inc.		750	750	7
8	V	33 RE Tax Expense		Alden Estates of Evanston II, Inc.		118,278	118,278	8
9	V	26 Property & Liability Insurance		Alden Estates of Evanston II, Inc.		8,378	8,378	9
10	V	36 Mortgage Insurance Premium		Alden Estates of Evanston II, Inc.		36,852	36,852	10
11	V	32 Interest on Mortgage Note		Alden Estates of Evanston II, Inc.		391,142	391,142	11
12	V	30 Depreciation		Alden Estates of Evanston II, Inc.		247,925	247,925	12
13	V	32 Amortization		Alden Estates of Evanston II, Inc.		7,155	7,155	13
14	Total		\$ 761,609			\$ 835,830	\$ * 74,221	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%	\$ 1,453	\$ 1,453 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		400	400 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		7,389	7,389 17
18	V	26 Insurance		Alden Management Services, Inc.		112	112 18
19	V	20 Dues/Subscriptions	39,348	Alden Management Services, Inc.		1,157	(38,191) 19
20	V	30 Depreciation		Alden Management Services, Inc.		9,610	9,610 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,717	2,717 21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		22,334	22,334 22
23	V	32 Interest		Alden Management Services, Inc.		73,514	73,514 23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		2,286	2,286 24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		2,556	2,556 25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		2,839	2,839 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		18,235	18,235 27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		2,661	2,661 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		49,679	49,679 29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		22,780	22,780 30
31	V	19 Professional Fees	530,655	Alden Management Services, Inc.		17,243	(513,412) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		115,742	115,742 32
33	V	6 Repairs & Maintenance	12,565	Alden Management Services, Inc.		24,692	12,127 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 582,568			\$ 377,399	\$ * (205,169) 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	\$ 10,020	Prism Health Care Services, Inc.	0.00%	\$ 7,052	\$ (2,968)
16	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		6,744	84
17	V	39 Supplies	49,258	Prism Health Care Services, Inc.		22,298	(26,960)
18	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		6,827	6,827
19	V	27 Employee Benefits		Prism Health Care Services, Inc.		1,119	1,119
20	V	7 Employee Benefits		Prism Health Care Services, Inc.		545	545
21	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		2,993	2,993
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		\$ 65,938			\$ 47,578	\$ * (18,360)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 223,285	Forum Extended Care Services II, Inc.	0.00%	\$ 285,251	\$ 61,966
16	V	39 I.V.	221,617	Forum Extended Care Services II, Inc.		27,525	(194,092)
17	V	39 Wound Care	3,150	Forum Extended Care Services II, Inc.		2,502	(648)
18	V	10 House Stock	6,875	Forum Extended Care Services II, Inc.		6,360	(515)
19	V	10 Pharmacy Consultant	2,376	Forum Extended Care Services II, Inc.		4,756	2,380
20	V	27 Employee Vaccinations	2,141	Forum Extended Care Services II, Inc.		1,699	(442)
21	V	21 Employee Benefit: G & A		Forum Extended Care Services II, Inc.		3,408	3,408
22	V	21 Salary: G & A		Forum Extended Care Services II, Inc.		24,896	24,896
23	V	21 General & Administrative		Forum Extended Care Services II, Inc.		18,867	18,867
24	V	32 Interest		Forum Extended Care Services II, Inc.		295	295
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		431	431
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		\$ 459,444			\$ 375,990	\$ * (83,454)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Therapy Revenue	\$ 907,346	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,017,627	\$	110,281	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		\$ 907,346			\$ 1,017,627	\$ *	110,281	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 30,821	Alden Bennett Construction Company, Inc.	0.00%	\$ 32,724	\$ 1,903	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		\$ 30,821			\$ 32,724	\$ *	1,903	39

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

Facility Name &amp; ID Number

Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

## VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health Care	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Serv	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and Health Care	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Care	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health Care	Orland Park	Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Care	Chicago	Alden Bennett Construct	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health Care	Cicero	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health Care	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health Care	Skokie				17
18			Alden - Des Plaines Rehabilitation and Health Care	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

## 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	181,869	0.676	1.69	Salary	\$ 3,131	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,478	0.676	1.69	Salary	1,162	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,581	0.676	1.69	Salary	669	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	\$ 4,962		13

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

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

Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2012

Ending: 2/31/2012

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	1,340,098	35	\$ 85,836	\$ 22,683	\$ 1,453	1
2	24	Travel/Seminar	Patient Days	1,340,098	35	23,644	22,683	400	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530	22,683	7,389	3
4	26	Insurance	Patient Days	1,340,098	35	6,589	22,683	112	4
5	20	Dues/Subscriptions	Patient Days	1,340,098	35	68,371	22,683	1,157	5
6	30	Depreciation	No. of Providers/usage	35	35	340,112	1	9,610	6
7	33	Real Estate Tax	Patient Days/usage	1,340,098	35	184,769	22,683	2,717	7
8	35	Rent-Equip & Vehicles	Patient Days	1,340,098	35	1,319,497	22,683	22,334	8
9	32	Interest	Patient Days/usage	1,340,098	35	2,398,912	22,683	73,514	9
10	1	Dietary Salary	Patient Days	1,340,098	35	135,080	135,080	2,286	10
11	3	Housekeeping Salary	Patient Days	1,340,098	35	151,028	151,028	2,556	11
12	7	Employee Benef-Gen'l Servs	Patient Days	1,340,098	35	167,731	22,683	2,839	12
13	10	Nurs/Med Records Salary	Patient Days/usage	1,340,098	35	1,186,643	1,186,643	18,235	13
14	15	Employee Benef-Health Care	Patient Days	1,340,098	35	157,190	22,683	2,661	14
15	17	Administrative Salary	Patient Days/usage	1,340,098	35	3,283,025	3,283,025	49,679	15
16	27	Employee Benef-Administrative	Patient Days	1,340,098	35	1,345,837	22,683	22,780	16
17	19	Professional Fees	Patient Days	1,340,098	35	1,018,709	751,716	17,243	17
18	21	Gen'l & Administrative	Patient Days	1,340,098	35	6,837,958	6,125,097	115,742	18
19	6	Repairs & Maintenance	Patient Days	1,340,098	35	1,458,765	980,107	24,692	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 20,606,226	\$ 12,612,696	\$ 377,399	25

Facility Name &amp; ID Number

Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

## 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		8	9	10										
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	<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	\$ 7,310,911	7/2040	5.5000	\$ 391,142	1								
2												2								
3	Insurance Interest (GL 7053)		X	Medical Malpractice							1,502	3								
4	Amortiztn-Fin/Refin Fee(II7105)		X	Operations							7,155	4								
5												5								
	<b>Working Capital</b>																			
6	Related party-AMS		x	Working Capital							73,514	6								
7	Related party-FECII		x	Working Capital							295	7								
8												8								
9	<b>TOTAL Facility Related</b>				\$43,000.00		\$ 8,000,800	\$ 7,310,911			\$ 473,608	9								
	<b>B. Non-Facility Related*</b>																			
10	Interest Inc Repl Resrv(II4972)	X									(62)	10								
11	Interest inc(Corp)(4646/4975)	X									(1,410)	11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(1,472)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 8,000,800	\$ 7,310,911			\$ 472,137	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 36,852 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.)



## 2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Evanston, Inc. COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 004-0733  
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll  
 TELEPHONE 773-286-3883 FAX #: 773-286-8038

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>299,128.00</u>	\$ <u>2,717.00</u>
2. <u>See attached (Supplement)</u>	<u>Related party-FECII</u>	\$ <u>42,370.00</u>	\$ <u>431.00</u>
3. <u>10-10-200-077-0000</u>	<u>Nursing Home Facility</u>	\$ <u>154,077.98</u>	\$ <u>154,077.98</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>495,575.98</u></u>	\$ <u><u>157,225.98</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES        x   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

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

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2012 Ending:

12/31/2012

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	99	1995	1994	5,377,512	159,376	39	137,885	(21,491)	2,452,515	4
5	Building	1999		54,450	1,601	34	1,601		20,814	5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	Repair: boiler, valve, elect. Fixtures, heater, TV antenna	1995		17,311	470	10-20	470		16,777	9
10	Install lawn sprinkler system	1996		19,670		15			19,670	10
11	Demolition, excavating, electricalwork, masonry	1996		39,481	777	25	777	0	32,808	11
12	Sign	1996		745					745	12
13	Sink	1996		1,366	68	20	68		1,133	13
14	Motor repair	1996		3,300	165	20	165		2,805	14
15	Elevator remodeling	1996		3,018	151	20	151		2,452	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		53,636	23
24	Elm heating-cooler-hvac	1999		2,500		10			2,500	24
25	Aqua plumbing-water heater	1999		10,445	696	15	696		9,168	25
26	CSI-repair air maint. Handler unit	1999		1,855		10			1,855	26
27	New horizons-hook up phones	1999		1,827		10			1,827	27
28	Alden Bennett Const.	2000		7,160		10			7,160	28
29	The floor source-lobby & elevator carpeting	2000		3,652		5			3,652	29
30	Alden Bennett Const.-wallcovering	2000		1,350		5			1,350	30
31	DBS Contracting-repair lawn sprinkler	2000		2,281		10			2,281	31
32	CSI-install disposal	2000		2,341		5			2,341	32
33	Forx valley fire & safety-repair sprinkler system	2000		1,765	118	15	118		1,461	33
34	CSI-replace compressor	2000		1,770		10			1,770	34
35	Alden Bennett-seea/stripe parking lot, replace sidewalk	2000		5,582	246	5-15	246		4,906	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Capps plumbing repair for meter bypass line	2001	\$ 1,840	\$	5	\$	\$	\$ 1,840	37
38	The floor source - lobby & elevator carpet	2001	944		5			944	38
39	Sonja	2002	1,411					1,411	39
40	ABC (amtech lighting)	2002	2,202	110	20	110		1,101	40
41	New Horizon (replace main frame)	2002	1,745		5			1,745	41
42	ABC - parquet ffloor	2003	5,398	540	10	540		5,354	42
43	ABC - interior work - various - walls/bathroom	2003	8,703	870	10	870		8,557	43
44	ABC - replaced HID Ballasts (3) HID Lamp (1)	2003	2,870	287	10	287		2,822	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		5,697	46
47	ABC	2003	6,955	695	10	695		6,317	47
48	US Foods - steamer	2003	1,059					1,059	48
49	ABC-fence work	2004	1,875	19	8	19		1,875	49
50	ABC-interior work various walls/bathroom	2004	2,540	254	10	254		2,180	50
51	ABC-replaced HID ballasts	2004	1,406	70	20	70		592	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		5,195	53
54	ABC - Excelon VC Tile in PT room	2005	1,992	199	10	199		1,494	54
55	ABC - Excelon VC Tile in PT room	2006	3,300	330	10	330		2,173	55
56	GT Mechanical-replaced transformer & refrigerant for AC unit	2006	4,366	437	10	437		2,110	56
57	ABC - new smoke detectors, upgrade fire alarm software	2006	11,602		10			11,602	57
58	Top Notch Service-replaced 5 wells	2006	5,985	599	10	599		2,942	58
59									59
60	Therapy Room Expansion	2007	94,048	6,290	29	6,290		29,802	60
61	Hot Water Tank Replacement	2007	24,003	2,400	10	2,400		11,401	61
62	Repair air conditioner/Replace compressor	2007	37,488	2,499	10	2,499		11,455	62
63	Repair freezer door assembly	2007	3,945	395	10	395		1,808	63
64	Replace pump motor chiller	2007	5,544	554	10	554		2,540	64
65	Replace worn & torn cubicle curtains	2007	2,566	513	10	513		2,438	65
66	Charge Chiller	2007	5,773	385	10	385		1,764	66
67	Repair broken fence & driveway	2007	6,447	430	15	428	(2)	1,968	67
68	Replace worn & damaged window shades	2007	3,840	768	10	768		3,520	68
69	New boilers/hoses/Install	2007	5,580	279	20	279		1,535	69
70	TOTAL (lines 4 thru 69)		\$ 5,914,867	\$ 187,615		\$ 166,122	\$ (21,493)	\$ 2,809,870	70

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

**XI. OWNERSHIP COSTS (continued)**

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

1	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 12A, Carried Forward</b>		\$ 5,914,867	\$ 187,615		\$ 166,122	\$ (21,493)	\$ 2,809,870	1
2	ABC-New Cubicle Track/Curtains/New Control Pump Circuit	2008	6,029	603	10	603		2,763	2
3	ABC-New Sidewalk	2008	7,189	479	15	479		2,157	3
4	ABC-Replace Failed Centronic Door Closures to Patient Units	2008	2,911	291	10	291		1,431	4
5	ABC-New Shower	2008	2,572	129	20	129		590	5
6	ABC - New Sidewalk	2010	7,336	489	15	489		1,671	6
7	Washing Machine Repairs;Housing Trunnon/Gables-EQUINT	2010	3,608	722	5	722		1,804	7
8	New Compressor/Fan Motor - TOPNOT	2010	3,725	745	5	745		1,490	8
9	Boiler Skin Pipes and Tubes - ALDBEN	2011	7,159	418	10	418		537	9
10	Chimney Cap-Boiler Room Lift Sheetmetl Pipe Fings-GTMECH	2011	6,982	407	10	407		465	10
11	Fire Sprinkler;Bttrfly Valve,Antifreeze Loop,Hydrant Flushing-US	2012	6,104	122	25	122		122	11
12	Fire Protection System, Starter - ALDBEN	2012	7,454	186	10	186		186	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>		\$ 5,975,936	\$ 192,206		\$ 170,713	\$ (21,493)	\$ 2,823,086	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

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## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 5,975,936	\$ 192,206		\$ 170,713	\$ (21,493)	\$ 2,823,086	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25									25
26									26
27									27
28	Adjust for ABC Related Party Profit	2008	(107)	(5)		(5)		(27)	28
29	Adjust for ABC Related Party Profit	2009	(97)	(3)		(3)		(11)	29
30	Adjust for ABC Related Party Profit	2011	56	1		1		3	30
31	Adjust for ABC Related Party Profit	2012	460	12		12		12	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,062,538	\$ 193,711		\$ 172,218	\$ (21,493)	\$ 2,901,726	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 877,230	\$ 86,344	\$ 86,344	\$	various	\$ 574,917	71
72	Current Year Purchases	40,048	4,008	4,008		various	2,793	72
73	Fully Depreciated Assets	234,201	536	536		various	234,201	73
74								74
75	TOTALS	\$ 1,151,479	\$ 90,888	\$ 90,888	\$		\$ 811,911	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related Party - AMS	Various	98 - '02	\$ 3,911	\$	\$	\$	3	\$ 3,911	76
77										77
78										78
79										79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	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)	\$ 7,567,928	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 284,599	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 263,106	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)	\$ 3,717,549	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	Evanston Remodel	\$ 152,991	92
93			93
94			94
95		\$ 152,991	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: Related Party Cost is backed out

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning 4/01/2000

Ending 4/30/2020

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

Fiscal Year Ending                      Annual Rent

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

13. 12/31/14                      \$ 820,263

14. 12/31/15                      \$ 820,263

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: \$ 12,118 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>933.42</u>	\$ <u>11,201</u>	17
18					18
19	<u>Auto Lease GL 6890</u>	<u>various</u>	<u>756.00</u>	<u>9,072</u>	19
20					20
21	TOTAL		\$ #####	\$ 20,273	21

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

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

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

<p><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

- (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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	327,334	\$		\$	327,334	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				67,253				67,253	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				512,758				512,758	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 prescripts					285,252			285,252	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3										12
13	Other (specify): <u>See Pg 16A</u>						110,281	85,149			195,430	13
14	TOTAL			\$		\$	1,017,626	\$	370,401	\$	1,388,027	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	\$327,334.10
2.	ST	39-3	To Col 5	0.00	67,253.19
3.					
4.	PT	39-3	To Col 5	0.00	512,758.32
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL			0.00	223,284.64
	Manual Input from Related Party- Forum Drugs				61,967.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	0.00	285,251.64
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		110,281.00
Other		0.00	306,849.25
Manual Input: Related Party - Prism			(26,960.00)
Manual Input: Related Party Forum - I.V.			(194,092.00)
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)			(648.00)
13. Col 6: Supplies Total	To Col 6	0.00	85,149.25
13. Total Line 13, Column 8		0.00	195,430.25
14. Total		0.00	1,388,027.50

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2012

Ending:

12/31/2012

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$ 5,472	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 52,000 )	876,378	876,378	3
4	Supply Inventory (priced at )	794	794	4
5	Short-Term Investments			5
6	Prepaid Insurance		32,346	6
7	Other Prepaid Expenses	5,952	5,952	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	40,647	40,647	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 923,770	\$ 961,588	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	339,328	443,199	15
16	Equipment, at Historical Cost	376,542	1,307,518	16
17	Accumulated Depreciation (book methods)	(543,458)	(3,205,666)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		75,312	21
22	Other Long-Term Assets (spec CIP, MIP,Hazard Ins, RE Taxes)		280,442	22
23	Other(specify): Due from affiliates		132,973	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 172,412	\$ 6,291,913	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,096,182	\$ 7,253,501	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 516,227	\$ 534,172	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	125,572	125,572	28
29	Short-Term Notes Payable		116,392	29
30	Accrued Salaries Payable	271,857	271,857	30
31	Accrued Taxes Payable (excluding real estate taxes)	42,388	42,388	31
32	Accrued Real Estate Taxes(Sch.IX-B)		158,700	32
33	Accrued Interest Payable		33,508	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	Accr Exp,Due HFS,SalesTax,Etc.	54,208	336,218	36
37	Due to affiliates	1,089,265	1,089,265	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,099,517	\$ 2,708,072	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,194,518	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	Due to affiliates	5,235,092	5,184,187	43
44	S/holder loans, others			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 5,235,092	\$ 12,378,705	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 7,334,609	\$ 15,086,778	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (6,238,427)	\$ (7,833,277)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 1,096,182	\$ 7,253,501	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,949,630)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	28,926	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,920,704)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(317,723)	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)	\$ (317,723)	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)	\$ (6,238,427)	24 *

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

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2012

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 7,011,651	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 7,011,651	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	51,863	6
7	Oxygen	1,495	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 53,358	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	213	12
13	Barber and Beauty Care	83	13
14	Non-Patient Meals	40	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	10,333	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 10,669	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	1,410	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,410	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See PG19A	6,080	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 6,080	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 7,083,168	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,325,114	31
32	Health Care	2,043,515	32
33	General Administration	1,586,178	33
<b>B. Capital Expense</b>			
34	Ownership	920,227	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,437,480	35
36	Provider Participation Fee	88,377	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 7,400,891	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(317,723)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (317,723)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 431,145	44
45	Private Pay - Net Inpatient Revenue	1,616,790	45
46	Medicare - Net Inpatient Revenue	4,316,719	46
47	Other-(specify) Hospice/Charity/Sales Allowance	15,081	47
48	Other-(specify) Insurance	631,916	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 7,011,651	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? not yet 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# 0040733

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## Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Gain on Sale of Assets (related to prior yr, Not o/s on Sch ')	4,104
Miscellaneous Income - Medical Records	1,759
Miscellaneous Income - Jury Duty Receipt	17
Miscellaneous Income - Polling Site Usage	200
Line 28 Total:	<u><u>6,080</u></u>

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Facility Name & ID Number Alden Estates of Evanston

# 0040733

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Ending:

12/31/2012

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	2,040	2,234	\$ 91,712	\$ 41.05	1
2	Assistant Director of Nursing					2
3	Registered Nurses	19,030	20,231	682,113	33.72	3
4	Licensed Practical Nurses	11,701	12,439	354,306	28.48	4
5	CNAs & Orderlies	39,769	42,037	526,776	12.53	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	3,473	3,565	60,674	17.02	9
10	Activity Assistants	2,604	2,665	22,624	8.49	10
11	Social Service Workers	2,080	2,080	46,704	22.45	11
12	Dietician					12
13	Food Service Supervisor	2,899	2,923	69,060	23.63	13
14	Head Cook	6,311	6,632	100,157	15.10	14
15	Cook Helpers/Assistants	22,641	24,103	256,161	10.63	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	92,433	44.44	17
18	Housekeepers	8,010	8,548	86,837	10.16	18
19	Laundry	3,885	4,317	54,042	12.52	19
20	Administrator	1,816	1,816	87,858	48.38	20
21	Assistant Administrator					21
22	Other Administrative	4,160	4,160	107,878	25.93	22
23	Office Manager	1,856	1,925	35,642	18.52	23
24	Clerical	2,362	2,474	22,464	9.08	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,744	1,744	53,170	30.49	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	2,324	2,500	38,050	15.22	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	140,785	148,473	\$ 2,788,661 *	\$ 18.78	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 12,000	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 1,528	11-3	44
45	Social Service Consultant	Monthly 280	11-3	45
46	Other(specify) <u>Psycho-Social Consul</u>	Monthly 280	11-3	46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 16,464		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	
Dorney-Cao, Katherine	Administrator	0	\$ 87,858	Workers' Compensation Insurance	\$ 83,439	IDPH License Fee	\$	
		0		Unemployment Compensation Insurance	27,306	Advertising: Employee Recruitment	947	
		0		FICA Taxes	206,333	Health Care Worker Background Check		
		0		Employee Health Insurance	75,676	(Indicate # of checks performed 56 )	560	
		0		Employee Meals	31,620	Patient Background Checks	2,080	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees/Corp Ann Fee	480	
		0		Dental Insurance/Life Insurance	3,065	IL Healthcare Association	3,957	
				Misc Payroll Costs/401K Match	2,369	Chicago Title/Collaborative Healthcare	1,377	
				Employee Drug Tests/Vaccinations	2,877			
				Employee Relations /Tuition Reibursement	9,959	Related party - AMS	1,157	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 87,858	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 442,643		\$ 10,559		
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	400
C. Professional Services							Seminar Expense	
Vendor/Payee	Type	Amount						
Alden Management Services, Inc.	Consulting Fees	\$ 492,843						
BDO Seidman/AMS	Accounting Fees	1,465						
Virchow Kruase/KPMG	Accounting Fees	3,449						
Ava P Daley	Accounting Fees	109						
MIDCAP (Eliminated)	Accounting Fees	1,289						
MIDCAP (Eliminated)	Legal Fees: Non-Collections	824						
AMS (Eliminated)	Allocated Legal Fees	37,812						
CICENT First Adv Corp	Tax Consultants	576						
Risk Management/Applegate & Thoi	Consulting Fees/Bldg Rehab Con	5,847						
Linda Roberts & Assoc	Food Service Audit	420						
Databank/Markeley Investigations	Information Systems	131						
Kenneth Fisch	Legal Fees: Collections	9,828						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 554,591	TOTAL		\$	Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	
							\$ 791	

\* 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	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	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	\$	\$	\$

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# 0040733

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

## 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. Illinois Healthcare Association - \$3,956.80
- (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. \$ 21,194 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. \$ 88,377  
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. \$ 31,620 Has any meal income been offset against related costs? No Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 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.** \$ \_\_\_\_\_
- (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.