

Facility Name & ID Number Alden Estates of Barrington# 0046524 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	150	Skilled (SNF)	150	54,900	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	150	TOTALS	150	54,900	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	7,398	3,382	16,045	26,825	8
9	SNF/PED					9
10	ICF	9,385	3,727	0	13,112	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,783	7,109	16,045	39,937	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 72.74%

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)
_____F. Does the facility maintain a daily midnight census? YesG. 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 12/1/03

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

YES Date 12/1/03 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number
of beds certified 150 and days of care provided 15,140Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/08 Fiscal Year: 12/31/08

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

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 1/1/08 Ending: 12/31/08

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	712,223	34,907	10,800	757,930	1,900	759,830	2,834	762,664		1
2	Food Purchase		430,442		430,442	(41,134)	389,308	(130,251)	259,057		2
3	Housekeeping	179,424	48,626		228,050	1,498	229,548	3,220	232,768		3
4	Laundry	61,717	16,253	2,048	80,018	351	80,369		80,369		4
5	Heat and Other Utilities			240,446	240,446		240,446	(6,652)	233,794		5
6	Maintenance	45,485		182,078	227,563	216	227,779	48,795	276,574		6
7	Other (specify):* Related Party							6,279	6,279		7
8	TOTAL General Services	998,849	530,228	435,372	1,964,449	(37,169)	1,927,280	(75,775)	1,851,505		8
	B. Health Care and Programs										
9	Medical Director			65,000	65,000		65,000		65,000		9
10	Nursing and Medical Records	2,289,541	363,518	6,732	2,659,791	(111,970)	2,547,821	37,166	2,584,987		10
10a	Therapy	21,288		4,519	25,807		25,807		25,807		10a
11	Activities	65,193	2,553		67,746	183	67,929		67,929		11
12	Social Services	37,037			37,037		37,037		37,037		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							6,189	6,189		15
16	TOTAL Health Care and Programs	2,413,059	366,071	76,251	2,855,381	(111,787)	2,743,594	43,355	2,786,949		16
	C. General Administration										
17	Administrative	138,093			138,093		138,093	58,670	196,763		17
18	Directors Fees										18
19	Professional Services			758,182	758,182	(7,228)	750,954	(678,810)	72,144		19
20	Dues, Fees, Subscriptions & Promotions			94,556	94,556		94,556	(74,510)	20,046		20
21	Clerical & General Office Expenses	187,403	31,108	94,469	312,980	917	313,897	221,563	535,460		21
22	Employee Benefits & Payroll Taxes			661,560	661,560	28,152	689,712	(12,372)	677,340		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,672	6,672		6,672	2,239	8,911		24
25	Other Admin. Staff Transportation			10,088	10,088		10,088	9,670	19,758		25
26	Insurance-Prop.Liab.Malpractice			164,041	164,041	(1,298)	162,743	11,703	174,446		26
27	Other (specify):* Bad debt/Related Party			314,633	314,633		314,633	(267,166)	47,467		27
28	TOTAL General Administration	325,496	31,108	2,104,201	2,460,805	20,543	2,481,348	(729,013)	1,752,335		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,737,404	927,407	2,615,824	7,280,635	(128,413)	7,152,222	(761,433)	6,390,789		29

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

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

Facility Name & ID Number Alden Estates of Barrington #0046524 Report Period Beginning: 1/1/08 Ending: 12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			65,845	65,845		65,845	412,686	478,531			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			71,625	71,625	1,298	72,923	849,135	922,058			32
33	Real Estate Taxes			339,946	339,946	(339,946)		352,542	352,542			33
34	Rent-Facility & Grounds			1,197,020	1,197,020	339,946	1,536,966	(1,536,966)				34
35	Rent-Equipment & Vehicles			15,937	15,937		15,937	30,300	46,237			35
36	Other (specify):* MIP							109,601	109,601			36
37	TOTAL Ownership			1,690,373	1,690,373	1,298	1,691,671	217,298	1,908,969			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	591,291	1,165,014	1,779,580	3,535,885	127,115	3,663,000	(230,727)	3,432,273			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			82,350	82,350		82,350		82,350			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	591,291	1,165,014	1,861,930	3,618,235	127,115	3,745,350	(230,727)	3,514,623			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,328,695	2,092,421	6,168,127	12,589,243		12,589,243	(774,862)	11,814,381			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 Barrington

IDPH Facility ID Number: #0046524

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2008

Report Period Ending: 12/31/2008

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(41,134.23)	Employee Meals
	22	41,134.23	Employee Meals
22		(12,981.33)	Uniforms
	10	7,916.78	Uniforms
	1	1,899.99	Uniforms
	3	1,498.23	Uniforms
	4	351.02	Uniforms
	6	215.75	Uniforms
	11	182.91	Uniforms
	21	916.65	Uniforms
26		(1,298.00)	Interest - old policy/curr yr portion
	32	1,298.00	Interest - old policy/curr yr portion
10		(127,115.00)	Oxygen - to appropriate cost center
	39	127,115.00	Oxygen - to appropriate cost center
33		(339,946.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	339,946.00	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>Others, if any:</u>			
19		(7,228.16)	Clinical Coordinator (pathway billing)
	10	7,228.16	Clinical Coordinator (pathway billing)

Net

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Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 1/1/08

Ending: 12/31/08

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,789)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(7,368)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,455)	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	(1,099)	21		17
18	Fines and Penalties				18
19	Entertainment	(1,075)	20		19
20	Contributions	(8,020)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(15,413)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(314,633)	27		24
25	Fund Raising, Advertising and Promotional	(33,336)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(4,018)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (389,206)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	560,692	Various	34
35	Other- Attach Schedule	(946,348)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (385,656)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (774,862)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Alden Estates of Barrington

ID# 0046524

Report Period Beginning: 1/1/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late fees on utilites	\$ (9,074)	5	1
2	Other Nursing income (flu)	(161)	21	2
3	Intercompany interest not allowed	(69,833)	32	3
4	Misc Income (Med Record)	(3,167)	10	4
5	Misc Income (Vending Machine)	(1,654)	2	5
6	Misc Income (Food Rebate)	(498)	2	6
7	Misc Income (Donation)	(670)	21	7
8	Marketing Manager & Aides (GL#6701-100-009)	(80,952)	21	8
9	Employees Benefit for Marketing Manager	(12,372)	22	9
10	Back out 32.30% (2008) IHCA PAC Fees	(2,674)	20	10
11	Deming Leadership Training Adjustment 0.21%	(578)	24	11
12	Back out Yellowpages advertising	(167)	20	12
13	Back out 2003 Prior Adjustment for Ken Fisch invoice	(20)	19	13
14				14
15				15
16	Reduce deprec exp on Pg 12 items <\$2,500 - Barrington	(3,188)	30	16
17	Reduce deprec exp on pg 12 items <\$2,500 - Barr, LLC	(227)	30	17
18				18
19	Expense capital items <\$2,500 on Pg 12 - Barrington	9,881	6	19
20	Expense capital items <\$2,500 on Pg 12 - Barr, LLC	0		20
21	Eliminate Depr exp < \$2,500 items on Pg 13	(6,786)	30	21
22	Expense capital item <\$2,500 on Pg 13	24,637	6	22
23	Adjustment Depreciation exp to Detail	1,671	30	23
24	Expense Related Party Items <\$2,500	774	6	24
25				25
26				26
27	Add back prior year 2003 tax refund	8,687	33	27
28	Loss on asset abandonment due to remodeling	(798,644)	36	28
29				29
30	Eliminate Americans Job for Security	(1,308)	20	30
31	Adj for ABC related party profit - Page 12	(11)	30	31
32	Adj for ABC related party profit - Page 13	(14)	30	32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(946,348)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	4,586	(1,752)	0	0	0	0	0	0	0	2,834	1
2	Food Purchase	(6,396)	0	0	(123,855)	0	0	0	0	0	0	0	(130,251)	2
3	Housekeeping	0	0	3,220	0	0	0	0	0	0	0	0	3,220	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(9,074)	0	2,422	0	0	0	0	0	0	0	0	(6,652)	5
6	Maintenance	35,292	0	13,632	0	0	0	(129)	0	0	0	0	48,795	6
7	Other (specify):*	0	0	4,344	1,935	0	0	0	0	0	0	0	6,279	7
8	TOTAL General Services	19,822	0	28,204	(123,672)	0	0	(129)	0	0	0	0	(75,775)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(3,167)	0	36,723	3,251	359	0	0	0	0	0	0	37,166	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	6,189	0	0	0	0	0	0	0	0	6,189	15
16	TOTAL Health Care and Programs	(3,167)	0	42,912	3,251	359	0	0	0	0	0	0	43,355	16
	C. General Administration													
17	Administrative	0	0	58,670	0	0	0	0	0	0	0	0	58,670	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(15,433)	11,757	(675,134)	0	0	0	0	0	0	0	0	(678,810)	19
20	Fees, Subscriptions & Promotions	(50,598)	250	(24,162)	0	0	0	0	0	0	0	0	(74,510)	20
21	Clerical & General Office Expenses	(82,882)	0	191,986	52,226	60,233	0	0	0	0	0	0	221,563	21
22	Employee Benefits & Payroll Taxes	(12,372)	0	0	0	0	0	0	0	0	0	0	(12,372)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(578)	0	2,817	0	0	0	0	0	0	0	0	2,239	24
25	Other Admin. Staff Transportation	0	0	9,670	0	0	0	0	0	0	0	0	9,670	25
26	Insurance-Prop.Liab.Malpractice	0	11,545	158	0	0	0	0	0	0	0	0	11,703	26
27	Other (specify):*	(314,633)	0	38,182	5,551	3,734	0	0	0	0	0	0	(267,166)	27
28	TOTAL General Administration	(476,496)	23,552	(397,813)	57,777	63,967	0	0	0	0	0	0	(729,013)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(459,841)	23,552	(326,697)	(62,644)	64,326	0	(129)	0	0	0	0	(761,433)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(8,555)	417,050	2,842	0	1,349	0	0	0	0	0	0	412,686	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(77,201)	843,296	78,095	0	4,945	0	0	0	0	0	0	849,135	32
33	Real Estate Taxes	8,687	339,946	3,624	0	285	0	0	0	0	0	0	352,542	33
34	Rent-Facility & Grounds	0	(1,536,966)	0	0	0	0	0	0	0	0	0	(1,536,966)	34
35	Rent-Equipment & Vehicles	0	0	30,300	0	0	0	0	0	0	0	0	30,300	35
36	Other (specify):*	(798,644)	908,245	0	0	0	0	0	0	0	0	0	109,601	36
37	TOTAL Ownership	(875,713)	971,571	114,861	0	6,579	0	0	0	0	0	0	217,298	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(28,596)	(110,034)	(92,097)	0	0	0	0	0	(230,727)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(28,596)	(110,034)	(92,097)	0	0	0	0	0	(230,727)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,335,554)	995,123	(211,836)	(91,240)	(39,129)	(92,097)	(129)	0	0	0	0	(774,862)	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	\$ 1,536,966	Alden Barrington, LLC		\$	\$ (1,536,966)	1
2	V	32 Interest Income	1,615	Alden Barrington, LLC			(1,615)	2
3	V	19 Accounting fees		Alden Barrington, LLC		10,620	10,620	3
4	V	19 Professional Fees		Alden Barrington, LLC		1,137	1,137	4
5	V	20 Dues & Subscription		Alden Barrington, LLC		250	250	5
6	V	33 Real Estates Tax Expense		Alden Barrington, LLC		339,946	339,946	6
7	V	26 General Insurance Expense		Alden Barrington, LLC		11,545	11,545	7
8	V	36 Mortgage Insurance Premium		Alden Barrington, LLC		109,601	109,601	8
9	V	32 Interest - Mortgage		Alden Barrington, LLC		833,975	833,975	9
10	V	30 Depreciation Expense		Alden Barrington, LLC		417,050	417,050	10
11	V	32 Amortization		Alden Barrington, LLC		10,936	10,936	11
12	V	36 Loss on Sales of Assets		Alden Barrington, LLC		798,644	798,644	12
13	V							13
14	Total		\$ 1,538,581			\$ 2,533,704	\$ * 995,123	14

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 1/1/08

Ending: 12/31/08

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%	\$ 2,422	\$ 2,422	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		2,817	2,817	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		9,670	9,670	17
18	V	26 Insurance		Alden Management Services, Inc.		158	158	18
19	V	20 Dues & Subscriptions	24,600	Alden Management Services, Inc.		438	(24,162)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,842	2,842	20
21	V	32 Amortization		Alden Management Services, Inc.		49	49	21
22	V	33 Real Estate Tax		Alden Management Services, Inc.		3,624	3,624	22
23	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		30,300	30,300	23
24	V	32 Interest		Alden Management Services, Inc.		78,046	78,046	24
25	V	1 Dietary		Alden Management Services, Inc.		4,586	4,586	25
26	V	3 Housekeeping		Alden Management Services, Inc.		3,220	3,220	26
27	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		4,344	4,344	27
28	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		36,723	36,723	28
29	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		6,189	6,189	29
30	V	17 Administrative Salary		Alden Management Services, Inc.		58,670	58,670	30
31	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		38,182	38,182	31
32	V	19 Professional Fees	707,258	Alden Management Services, Inc.		32,124	(675,134)	32
33	V	21 Gen'l & Admin		Alden Management Services, Inc.		191,986	191,986	33
34	V	6 Repair & Maint	13,664	Alden Management Services, Inc.		27,296	13,632	34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 745,522			\$ 533,686	\$ * (211,836)	39

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 1/1/08

Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7		8 Difference: Adjustments for Related Organization Costs (7 minus 4)
		Item	4 Amount	Name of Related Organization	Operating Cost of Related Organization				
15	V	1	Diet Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,733	\$ (8,067)	15
16	V	1	Dietary salary		Prism Health Care Services, Inc.		6,315	6,315	16
17	V	2	Tube Feeding	175,816	Prism Health Care Services, Inc.		51,961	(123,855)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		9,911	3,251	18
19	V	39	Supplies	237,422	Prism Health Care Services, Inc.		130,090	(107,332)	19
20	V	39	Vent Rental		Prism Health Care Services, Inc.		78,736	78,736	20
21	V	21	Salary G & A		Prism Health Care Services, Inc.		31,382	31,382	21
22	V	27	Employee Benefit		Prism Health Care Services, Inc.		5,551	5,551	22
23	V	7	Employee Benefit		Prism Health Care Services, Inc.		1,935	1,935	23
24	V	21	G & A		Prism Health Care Services, Inc.		20,844	20,844	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			\$ 430,698			\$ 339,458	\$ * (91,240)	39

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 1/1/08

Ending: 12/31/08

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	\$ 382,110	Forum Extended Care Services II, Inc.	0.00%	\$ 555,544	\$ 173,434	15
16	V	39	I.V. Drugs	329,988	Forum Extended Care Services II, Inc.		48,113	(281,875)	16
17	V	39	Wound care	7,857	Forum Extended Care Services II, Inc.		6,264	(1,593)	17
18	V	10	House stock	15,812	Forum Extended Care Services II, Inc.		14,914	(898)	18
19	V	10	Pharmacy Consultant	2,950	Forum Extended Care Services II, Inc.		4,207	1,257	19
20	V	27	Employee Vaccination	2,447	Forum Extended Care Services II, Inc.		1,952	(495)	20
21	V	27	Employee Benefit - G & A		Forum Extended Care Services II, Inc.		4,229	4,229	21
22	V	21	Salary G & A		Forum Extended Care Services II, Inc.		36,413	36,413	22
23	V	21	General Administration		Forum Extended Care Services II, Inc.		23,820	23,820	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		4,945	4,945	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		285	285	25
26	V	30	Depreciation		Forum Extended Care Services II, Inc.		1,349	1,349	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		\$ 741,164				\$ 702,035	\$ * (39,129)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 1,731,391	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,639,294	\$ (92,097)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,731,391			\$ 1,639,294	\$ * (92,097)	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	Repair & Maintenance	\$ 22,486	Alden Bennett Construction Company, Inc.	0.00%	\$ 22,357	\$	(129)	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			\$ 22,486			\$ 22,357	\$ *	(129)	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			\$			\$		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			\$			\$ 0	\$ *	0	39

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

STATE OF ILLINIOS

Facility Name & ID Number Alden Estates of Barrington

Provider No. 0046524

Report Period Beginning:

1/1/08

Ending: 12/31/08

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

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	174,091	1.312	0.03	Salary	\$ 5,909	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,999	1.312	0.03	Salary	2,206	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,816	1.312	0.03	Salary	1,283	6-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	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.										7
8	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.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 9,398		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 Barrington

0046524

Report Period Beginning: 1/1/08

Ending: 12/31/08

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	1,216,590	30	\$ 73,771	\$ 39,937	\$ 2,422	1
2	24	Trav & Seminar	patient days	1,216,590	30	85,812	39,937	2,817	2
3	25	Other Admin Travel	patient days	1,216,590	30	294,582	39,937	9,670	3
4	26	Insurance	patient days	1,216,590	30	4,828	39,937	158	4
5	20	Dues & Subscriptions	patient days	1,216,590	30	13,344	39,937	438	5
6	30	Depreciation	patient days	30	30	98,652	1	2,842	6
7	31	Amortization	patient days	1,216,590	30	1,500	39,937	49	7
8	33	Real Estate Tax	patient days	1,216,590	30	125,958	39,937	3,624	8
9	35	Rent-Equip & Vehicles	patient days	1,216,590	30	923,032	39,937	30,300	9
10	32	Interest	patient days	1,216,590	30	1,783,086	39,937	78,046	10
11	1	Dietary	patient days	1,216,590	30	139,689	139,689	4,586	11
12	3	Housekeeping	patient days	1,216,590	30	98,076	98,076	3,220	12
13	7	Employee Benefits-Gen'l Servs	patient days	1,216,590	30	132,325	39,937	4,344	13
14	10	Nurs & Med Records Salary	patient days	1,216,590	30	1,256,694	1,256,694	36,723	14
15	15	Employee Benefits-Health Care	patient days	1,216,590	30	188,531	39,937	6,189	15
16	17	Administrative Salary	patient days	1,216,590	30	2,118,865	2,118,865	58,670	16
17	27	Employee Benefits-Admin	patient days	1,216,590	30	1,163,122	39,937	38,182	17
18	19	Professional Fees	patient days	1,216,590	30	978,599	605,253	32,124	18
19	21	Gen'l & Admin	patient days	1,216,590	30	5,848,424	5,104,656	191,986	19
20	6	Repair & Maint	patient days	1,216,590	30	831,505	644,276	27,296	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,160,395	\$ 9,967,509	\$ 533,686	25

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/08

Ending:

12/31/08

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10												
												Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
													YES	NO				Original	Balance			
	A. Directly Facility Related																					
	Long-Term																					
1	Cambridge		X	Mortgage		12/22/05	\$ 14,574,100	\$ 14,385,191	12/1/2046	5.7700	\$ 833,975	1										
2	Amortization - Refinancing fees		X								10,985	2										
3												3										
4												4										
5	Insurance Reclass (Interest)										3,090	5										
	Working Capital																					
6	Related Party-CPT											6										
7	Related Party-AMS		X	working capital							78,046	7										
8	Related Party-FECII		X	working capital							4,945	8										
9	TOTAL Facility Related						\$ 14,574,100	\$ 14,385,191			\$ 931,041	9										
	B. Non-Facility Related*																					
10	Interest Income Repl Reserve										(537)	10										
11	Int Income on others (GL4646 & 4975)										(1,076)	11										
12	Int Income on other Corp										(7,368)	12										
13												13										
14	TOTAL Non-Facility Related						\$	\$			(8,982)	14										
15	TOTALS (line 9+line14)						\$ 14,574,100	\$ 14,385,191			\$ 922,058	15										

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 109,601 Line # 36* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>																																
1. Real Estate Tax accrual used on 2007 report.		\$ 571,592	1																													
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 549,925	2																													
3. Under or (over) accrual (line 2 minus line 1).		\$ (21,667)	3																													
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 370,300	4																													
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5																													
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6																													
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 348,633	7																													
	Plus: Related Party Taxes - See Pg 10A	\$ 3909																														
Real Estate Tax History:		\$ 352,542																														
Real Estate Tax Bill for Calendar Year:	<table border="1"> <tr> <td>2003</td> <td>n/a</td> <td>8</td> </tr> <tr> <td>2004</td> <td>377,187</td> <td>9</td> </tr> <tr> <td>2005</td> <td>359,330</td> <td>10</td> </tr> <tr> <td>2006</td> <td>370,057</td> <td>11</td> </tr> <tr> <td>2007</td> <td>364,896</td> <td>12</td> </tr> </table>	2003	n/a	8	2004	377,187	9	2005	359,330	10	2006	370,057	11	2007	364,896	12	<table border="1"> <tr> <td colspan="2">FOR BHF USE ONLY</td> <td></td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2007</td> <td>\$</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td>\$</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6</td> <td>\$</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td>\$</td> </tr> </table>	FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2007	\$	14	PLUS APPEAL COST FROM LINE 5	\$	15	LESS REFUND FROM LINE 6	\$	16	AMOUNT TO USE FOR RATE CALCULATION	\$
2003	n/a	8																														
2004	377,187	9																														
2005	359,330	10																														
2006	370,057	11																														
2007	364,896	12																														
FOR BHF USE ONLY																																
13	FROM R. E. TAX STATEMENT FOR 2007	\$																														
14	PLUS APPEAL COST FROM LINE 5	\$																														
15	LESS REFUND FROM LINE 6	\$																														
16	AMOUNT TO USE FOR RATE CALCULATION	\$																														
The current year accrual is based on an estimated 3% increase of the prior year tax.																																

NOTES:

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Barrington COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0046524

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 2007 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 2007.

(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 Serv</u>	<u>\$ 295,853.00</u>	<u>\$ 3,624.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	<u>\$ 28,917.00</u>	<u>\$ 285.00</u>
3. <u>01-12-107-106-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 359,532.87</u>	<u>\$ 359,532.87</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ 684,302.87	\$ 363,441.87

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 & 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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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

Facility Name & ID Number Alden Estates of Barrington

0046524 Report Period Beginning:

1/1/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,500 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

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).

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>150 Bed Facility</u>		<u>2003</u>	<u>\$ 1,206,945</u>	1
2					2
3	TOTALS			\$ 1,206,945	3

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/08

Ending:

12/31/08

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		Building Acquisition: GL 1702/LLC		2003	6,933,811	154,917	39	154,917		880,891	4
5		Renovation: interior: GL 1703/LLC		2007	4,351,504	111,577	39	111,577		195,260	5
6		Adj Value For D/T prior owners (LLC)		2003	204,498	5,244	39	5,244		26,655	6
7											7
8		Related Party-Forum		1978	14,056		25			14,056	8
		Improvement Type**									
9		ABC-Water Heater GL 1705/Inc.		2004	32,509	2,167	10	2,167		9,572	9
10		Oak Fire and Security-Fire alarm control panel GL 1705/Inc.		2004	6,400	427	10	427		1,814	10
11		Oak Fire and Security-Air handler shutdown GL 1705/Inc.		2004	3,120	208	10	208		884	11
12		ABC-37 gallon water heater GL 1705/Inc.		2004	7,274	727	12	727		3,152	12
13		Top Notch: Compressor: Kitchen GL 1705/Inc.		2004	1,603	160	10	160		655	13
14		Polina Landscape(sod, soil and clay) GL 1704/Inc.		2004	7,388	2,052	12	2,052		9,440	14
15		Central Sprinklers Auto-repair sprinkler system: GL 1705/Inc.		2005	13,721	1,372	10	1,372		5,488	15
16		CSAS-replace dry spinkler: GL 1705/Inc.		2005	3,495	349	10	349		1,339	16
17		CSAS-replace dry spinkler: GL 1705/Inc.		2005	1,843	184	10	184		691	17
18		GT Mechanical-replace fans: GL 1705/Inc.		2005	1,681	168	10	168		644	18
19		Top Notch-dishwasher(pump/impe GL 1705/Inc.		2005	4,490	449	10	449		1,422	19
20		ABC Repair damaged sewer line: GL 1705/Inc.		2005	11,445	1,144	10	1,144		3,528	20
21							10				21
22		Projector Screen Installation: GL 1705/Inc.		2006	3,674	734	5	734		1,959	22
23		Replace blower wheel/air handler: GL 1705/Inc.		2006	4,189	419	10	419		978	23
24		Replace chiller controller: GL 1705/Inc.		2006	5,258	526	10	526		1,227	24
25		Install cable thru pipes in hallway to each wallplate:GL 1705/Inc.		2006	14,500	725	20	725		1,873	25
26		Replace boiler expansion tanks: GL 1705/Inc.		2006	4,607	230	20	230		575	26
27		New Roof: GL 1703/LLC		2006	138,536	13,854	10	13,854		27,973	27
28		ABC renovation/exterior/landscaping: GL 1703/LLC		2007	321,660	21,444	15	21,444		35,147	28
29		ABC-New doors/frames: GL 1703/Inc.		2007	11,096	740	15	740		1,156	29
30		ABC-New corner guards for new wall coverings: GL 1704/Inc.		2007	2,645	265	10	265		485	30
31		ABC-New plumbing in Parlor Room: Inc.		2007	20,504	1,025	20	1,025		2,734	31
32		New Fire Sprinkler: GL 1705/Inc.		2007	2,791	279	10	279		535	32
33		Replace fire sprinklers: GL 1705/Inc.		2007	2,887	289	10	289		554	33
34		American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.		2007	2,955	296	10	296		517	34
35		ABC-Installed new windows: GL 1705/Inc.		2007	3,847	256	15	256		256	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/08

Ending:

12/31/08

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	Install new door & hollow metal hardward	2007	\$ 11,096	\$ 555	20	\$ 555	\$	\$ 971	37
38					10				38
39	ABC - repipe existing ansol system	2007	7,263	726	10	726	(0)	1,331	39
40									40
41									41
42									42
43									43
44									44
45	install new electric for door & food tray line	2007	6,998	272	15	272		739	45
46	install new sprinkler heads	2007	5,063	506	10	506		801	46
47	installed new exhaust fan	2007	3,125	313	10	313		495	47
48	installed new landscaping	2007	18,391	1,839	10	1,839		2,759	48
49	installed new irrigation line & heads	2007	7,017	702	10	702		1,053	49
50	replaced new air compressor	2007	24,614	2,051	12	2,051		2,906	50
51	replaced drywall carpentry	2007	26,605	2,661	10	2,661		3,326	51
52	replaced broken door closer with new closer worn ceiling	2007	2,976	595	5	595		744	52
53	replaced broken kitchen equipment with new equipment	2007	9,282	928	10	928		1,005	53
54	relaced broken kitchen equipment with new equipment	2007	4,473	447	10	447		484	54
55									55
56	Renovation Exterior Landscaping (LLC)	2007	7,938	529	15	529		573	56
57	Renovation Extras, change order (LLC)	2007	1,100	73	15	73		73	57
58	Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500	1,633	15	1,633		2,586	58
59									59
60									60
61	ABC - installed new internal paging system	2008	2,557	107	20	107		107	61
62	ABC - replaced broken shower faucet with new one	2008	3,780	347	10	347		347	62
63	ABC - replaced broken footboard with new footboard	2008	6,128	1,021	5	1,021		1,021	63
64	Top Notch - replaced broken condenser with new condenser	2008	4,475	199	15	199		199	64
65	Central States - removed & install new fire sprinkler	2008	8,330	139	25	139		139	65
66	CENSAU - replaced sprinkler	2008	6,085		25				66
67	GT Mechanical - repair ductwork	2008	3,062		10				67
68									68
69	Renovation ABC Closing HUD statement (LLC)	2008	9,600	533	15	533		533	69
70	TOTAL (lines 4 thru 69)		\$ 12,342,445	\$ 338,402		\$ 338,402	\$ (0)	\$ 1,253,652	70

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,342,445	\$ 338,402		\$ 338,402	\$ (0)	\$ 1,253,652	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	10,666		15			10,666	4
5	Leasehold Improvement-Remodeling	1980	16,708		20			16,708	5
6	Leasehold Improvement-Tenant Improvement	1987	864		13			864	6
7	Leasehold Improvement-AMS Remodel	1988	13,861		10			13,861	7
8	Leasehold Improvement-Roof	1994	3,097	194	16	194		2,711	8
9	Leasehold Improvement-Build.Improv.	1996	1,092	68	16	68		884	9
10	Leasehold Improvement-Asphalting	2000	85		3			85	10
11	Leasehold Improvement-DAI	2001	149	15	10	15		107	11
12	Leasehold Improvement-Bathrooms	2002	645	58	7	58		436	12
13	Leasehold Improvement-Suite Renovation	2003	1,583	157	10	157		950	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,982	375	7	375		1,546	14
15	Leasehold Improvement-sidewalks-City of Chic.	2007	102	20	5	20		41	15
16	Leasehold Improvement-Carpet: Superior Install.	2007	94	19	5	19		37	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	813	116	5	116		232	17
18	Leasehold Improvement-Add-on Improvement, fixture base	1980	69		23			69	18
19	Leasehold Improvement-Add-on Improvement, lighting base	2001	119		5			119	19
20	Leasehold Improvements-fire extinguishers	2007	22	4	5	4		6	20
21	Leasehold Improvements-paving/glasswork/hvac/carpet	2008	392	24	5	24		24	21
22									22
23									23
24	Related Party-AMS:								24
25	Leasehold Improvement-Remodeling	1993	5,740		7			5,740	25
26	Leasehold Improvement-Remodeling	2002	4,699	671	7	671		3,944	26
27	Leasehold Improvement-Remodeling	2003	4,915	702	7	702		4,110	27
28									28
29									29
30	Forum Extended Care, LLC-building/building improv	1999	9,295	232	30	232		2,372	30
31	Adj for ABC related party profit	2008	(126)	(11)		(11)		(11)	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,419,312	\$ 341,046		\$ 341,046	\$ (0)	\$ 1,319,152	34

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

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 1,590,602	\$ 132,625	\$ 132,625	\$	various	\$ 392,234	71
72	Current Year Purchases	61,447	4,449	4,449		various	4,449	72
73	Fully Depreciated Assets	66,129	411	411		various	66,129	73
74								74
75	TOTALS	\$ 1,718,178	\$ 137,485	\$ 137,485	\$		\$ 462,812	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	98-04	4,563					4,563	79
80	TOTALS			\$ 4,563	\$	\$	\$		\$ 4,563	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)	\$ 15,348,998	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 478,531	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 478,531	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (0)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,786,527	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	Renovation (GL#1802)	\$ 6,370	92
93			93
94			94
95		\$ 6,370	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 back 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 12/31/03

Ending 11/30/2013

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2009</u>	\$ <u>varies</u>
13.	<u>12/31/2010</u>	\$ <u>varies</u>
14.	<u>12/31/2011</u>	\$ <u>varies</u>

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: \$ 41,609 Description: Copy Machine lease/other various office equipment

(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 - AMS</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>17,407</u>	17
18					18
19					19
20	<u>AUTO - Business</u>	<u>various</u>	<u>892.00</u>	<u>10,704</u>	20
21	TOTAL		\$ <u>#####</u>	\$ <u>28,111</u>	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.

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 nurses 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	\$		\$ 443,564	\$		\$ 443,564	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			124,677			124,677	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			682,320			682,320	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				555,544		555,544	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care Prog</u>	39-1, 39-3, if any		45,522		37,019	132,156		214,697	12
13	Other (specify): <u>See Pg 16A</u>			545,768		351,716	513,989		1,411,472	13
14	TOTAL			\$ 591,290		\$ 1,639,294	\$ 1,201,689		\$ 3,432,273	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)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$443,563.57
2. ST	39-3	To Col 5	124,676.62
3.			
4. PT	39-3	To Col 5	682,319.58
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			382,110.42
Manual Input from Related Party- Forum Drugs			173,434.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	555,544.42
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	45,522.00
12. Exceptional Care-Salaries:	See pg 16A	To Col. 5	37,019.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	132,155.82
Total Exceptional Care (Line 12, Col 8)			214,696.82
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(92,097.00)
13. Col 5: Manual Input: Related Party - CPT		To Col 5	443,812.62
13. Col 3. Salary Split			545,768.00
Other			1,179,768.60
Manual Input: Related Party - Prism			(28,595.00)
Manual Input: Related Party FECII - I.V.			(281,875.00)
Manual Input: Related Party FECII - Wound Care			(1,593.00)
Oxygen, from reclass worksheet			127,115.00
Reclasses to column 5 for Lines 12 & 13			(480,832.00)
13. Col 6: Supplies Total		To Col 6	513,988.60
13. Total Line 13, Column 8			1,411,472.22
14. Total (should equal to PG 4, LN 39, Col 8.			3,432,273.23

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 1/1/08 Ending: 12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/08 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>355,000</u>)	2,603,962	2,603,962	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		10,644	6
7	Other Prepaid Expenses	1,867	11,831	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties</u>	67,782	260,915	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,673,611	\$ 2,887,352	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,231,445	13
14	Buildings, at Historical Cost		11,076,586	14
15	Leasehold Improvements, at Historical Cost	354,167	1,620,469	15
16	Equipment, at Historical Cost	336,065	435,633	16
17	Accumulated Depreciation (book methods)	(174,869)	(1,552,839)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		228,335	21
22	Other Long-Term Assets (spe CIP)	6,370	6,370	22
23	Other(specify): <u>Refinance fees, net</u>		416,482	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 521,733	\$ 13,462,480	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,195,344	\$ 16,349,832	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,130,069	\$ 1,133,515	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	189,903	189,903	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	324,519	324,519	30
31	Accrued Taxes Payable (excluding real estate taxes)	61,830	61,830	31
32	Accrued Real Estate Taxes(Sch.IX-B)		370,300	32
33	Accrued Interest Payable		69,169	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Acc ins, exps, idpa, sales tax</u>	154,876	154,876	36
37	<u>Short term portion of long term debt</u>		107,154	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,861,197	\$ 2,411,265	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,278,038	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Dues to Affiliates</u>	2,516,585	2,589,706	43
44	<u>Shareholder Loans/Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,516,585	\$ 16,867,744	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,377,782	\$ 19,279,010	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,182,438)	\$ (2,929,178)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,195,344	\$ 16,349,832	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,535,510)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2006 cost report was	(7,618)	3
4	submitted. These have no effect on prior year's report:		4
5	Bad debt, Medicare revenue (non-allowable)		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,543,128)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	360,690	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)	\$ 360,690	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,182,438)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Barrington# 0046524Report Period Beginning: 1/1/08Ending: 12/31/08**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,644,327	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,644,327	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	69,912	6
7	Oxygen	210,995	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 280,908	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	664	12
13	Barber and Beauty Care	1,456	13
14	Non-Patient Meals	1,789	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,380	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	6,053	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 11,342	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	7,368	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 7,368	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Pg 19A</u>	5,988	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,988	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,949,933	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,964,449	31
32	Health Care	2,855,381	32
33	General Administration	2,460,805	33
B. Capital Expense			
34	Ownership	1,690,373	34
C. Ancillary Expense			
35	Special Cost Centers	3,535,885	35
36	Provider Participation Fee	82,350	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,589,243	40
41	Income before Income Taxes (line 30 minus line 40)**	360,690	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 360,690	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 Barrington

0046524

Report Period Beginning:

1/1/08

Ending:

12/31/08

Details of Page 19, Line 28

Misc Income (Med Record)	3,167
Misc Income (Vending Machine)	1,654
Misc Income (Food Rebate)	498
Misc Income (Donation)	670
Total	<u><u>5,989</u></u>

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 1/1/08

Ending:

12/31/08

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	2,092	2,092	\$ 93,631	\$ 44.76	1
2	Assistant Director of Nursing	658	658	23,106	35.12	2
3	Registered Nurses	35,058	37,469	1,170,152	31.23	3
4	Licensed Practical Nurses	16,896	17,705	438,769	24.78	4
5	CNAs & Orderlies	70,193	75,095	1,003,898	13.37	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	27,437	13.19	9
10	Activity Assistants	4,110	4,205	37,756	8.98	10
11	Social Service Workers	1,969	1,969	37,037	18.81	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	76,432	36.75	13
14	Head Cook	6,224	6,224	126,895	20.39	14
15	Cook Helpers/Assistants	44,071	46,818	508,895	10.87	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	45,485	21.87	17
18	Housekeepers	15,582	16,448	179,425	10.91	18
19	Laundry	5,778	6,248	61,717	9.88	19
20	Administrator	2,080	2,080	70,541	33.91	20
21	Assistant Administrator	2,056	2,056	67,552	32.86	21
22	Other Administrative	6,626	6,676	159,588	23.90	22
23	Office Manager	2,144	2,217	29,934	13.50	23
24	Clerical	2,278	2,306	19,169	8.31	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,264	2,362	73,639	31.18	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,375	1,375	18,827	13.69	31
32	Other Health Care Unit Director	4,200	4,223	58,810	13.93	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	231,894	244,466	\$ 4,328,695 *	\$ 17.71	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	Monthly	\$ 10,800	1-3	35
36	Medical Director	Monthly	65,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,880	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	Varies	1,780	11-3	44
45	Social Service Consultant	Varies	495	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 80,955		49

C. CONTRACT NURSES

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

Alden Estates of Barrington	PG 21A
Legal Fee Support 2008	
Legal Fees Reported on Pg 21, Section C:	\$ 22,599.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(15,413.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	(20.00) -
Allowable Legal Fees	\$ 7,166.00

Facility Name & ID Number Alden Estates of Barrington

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. Il. Health Care Assoc. \$5,606
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 23,795 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. \$ 82,350
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. \$ 41,134 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. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. Audit is of The Alden Group, LTD
- (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.