

Facility Name & ID Number Alden Estates of Barrington

0046524 Report Period Beginning: 1/1/09 Ending: 12/31/09

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	150	Skilled (SNF)	150	54,750	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	150	TOTALS	150	54,750	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	5,799	3,918	17,351	27,068	8
9	SNF/PED					9
10	ICF	13,576	2,858	0	16,434	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	19,375	6,776	17,351	43,502	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.46%

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? 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 12/1/2003

J. Was the facility purchased or leased after January 1, 1978?
YES Date 12/1/2003 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 16,162

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 1/1/09 Ending: 12/31/09

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	741,120	41,333	10,800	793,253	1,674	794,927	3,988	798,915		1
2	Food Purchase		437,541		437,541	(41,829)	395,712	(114,625)	281,087		2
3	Housekeeping	193,317	62,196		255,513	1,320	256,833	3,862	260,695		3
4	Laundry	69,543	19,342		88,885	309	89,194		89,194		4
5	Heat and Other Utilities			209,611	209,611		209,611	(3,442)	206,169		5
6	Maintenance	46,750		200,004	246,754	(69)	246,685	67,617	314,302		6
7	Other (specify):* Related Party Benefit							7,512	7,512		7
8	TOTAL General Services	1,050,730	560,412	420,415	2,031,557	(38,595)	1,992,962	(35,088)	1,957,874		8
	B. Health Care and Programs										
9	Medical Director			85,500	85,500		85,500		85,500		9
10	Nursing and Medical Records	2,881,971	421,337	11,901	3,315,209	(91,707)	3,223,502	38,302	3,261,804		10
10a	Therapy	74,212	431	4,438	79,081		79,081		79,081		10a
11	Activities	93,881	2,772	7,492	104,145	161	104,306		104,306		11
12	Social Services	43,357			43,357		43,357		43,357		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefit							6,809	6,809		15
16	TOTAL Health Care and Programs	3,093,421	424,540	109,331	3,627,292	(91,546)	3,535,746	45,111	3,580,857		16
	C. General Administration										
17	Administrative	89,293			89,293		89,293	193,816	283,109		17
18	Directors Fees										18
19	Professional Services			866,174	866,174	(14,884)	851,290	(791,638)	59,652		19
20	Dues, Fees, Subscriptions & Promotions			129,581	129,581	(890)	128,691	(113,301)	15,390		20
21	Clerical & General Office Expenses	239,791	34,085	106,051	379,927	(10,985)	368,942	276,669	645,611		21
22	Employee Benefits & Payroll Taxes			757,630	757,630	30,393	788,023	(14,849)	773,174		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,066	3,066	890	3,956	2,802	6,758		24
25	Other Admin. Staff Transportation			7,930	7,930		7,930	10,092	18,022		25
26	Insurance-Prop.Liab.Malpractice			163,277	163,277		163,277	11,824	175,101		26
27	Other (specify):* Related Party Benefit			145,476	145,476		145,476	(86,183)	59,293		27
28	TOTAL General Administration	329,084	34,085	2,179,185	2,542,354	4,524	2,546,878	(510,768)	2,036,110		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,473,235	1,019,037	2,708,931	8,201,203	(125,617)	8,075,586	(500,744)	7,574,842		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:

1/1/09

Ending:

12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			65,975	65,975		65,975	403,472	469,447			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			65,167	65,167		65,167	829,317	894,484			32
33	Real Estate Taxes			316,972	316,972	(316,972)		365,035	365,035			33
34	Rent-Facility & Grounds			1,184,386	1,184,386	316,972	1,501,358	(1,501,358)				34
35	Rent-Equipment & Vehicles			18,959	18,959		18,959	33,719	52,678			35
36	Other (specify):* MIP							91,580	91,580			36
37	TOTAL Ownership			1,651,459	1,651,459		1,651,459	221,765	1,873,224			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	413,110	1,744,678	2,258,553	4,416,341	125,617	4,541,958	(456,950)	4,085,008			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			82,125	82,125		82,125		82,125			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	413,110	1,744,678	2,340,678	4,498,466	125,617	4,624,083	(456,950)	4,167,133			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,886,345	2,763,715	6,701,068	14,351,128		14,351,128	(735,930)	13,615,198			45

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

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2009

Report Period Ending: 12/31/2009

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(41,828.53)	Employee Meals
	22	41,828.53	Employee Meals
22		(11,150.00)	Uniforms
	10	6,800.00	Uniforms
	1	1,632.00	Uniforms
	3	1,287.00	Uniforms
	4	302.00	Uniforms
	6	185.00	Uniforms
	11	157.00	Uniforms
	21	787.00	Uniforms
10		(113,564.82)	Oxygen - to appropriate cost center
	39	113,564.82	Oxygen - to appropriate cost center
33		(316,972.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	316,972.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		259.28	Vendor Settlements
	6	(259.28)	Vendor Settlements (Cyber Fire Protection)
21		(12,052.36)	Vendor Settlements
	39	12,052.36	Vendor Settlements (MBS Envision, Inc.)
<u>Others, if any:</u>			
19		(14,883.96)	Clinical Coordinator (pathway billing)
	10	14,883.96	Clinical Coordinator (pathway billing)
20		(890.00)	ILL Healthcare Assn (IHCA Convention)
	24	890.00	ILL Healthcare Assn (IHCA Convention)
Net		-	

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				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	(23,604)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,229)	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	(1,997)	21		17
18	Fines and Penalties	(5,477)	32		18
19	Entertainment	(4,182)	20		19
20	Contributions	(7,120)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(17,179)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(145,476)	27		24
25	Fund Raising, Advertising and Promotional	(64,437)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (271,701)		\$	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)	(359,923)	various	34
35	Other- Attach Schedule	(104,306)	Page 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (464,229)		36
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (735,930)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Alden Estates of BarringtonID# 0046524Report Period Beginning: 1/1/09Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilites	\$ (5,794)	5	1
2	Other Nursing income (flu)	(150)	21	2
3	Intercompany interest not allowed	(56,393)	32	3
4				4
5	Misc Income (Med Record)	(3,306)	10	5
6	Misc Income (Vending Machine)	(273)	2	6
7	Misc Income (Food Rebate)	(1,404)	2	7
8	Misc Income (Donation)	(1,930)	21	8
9	Marketing Manager & Aides (GL#6701-100-009)	(95,772)	21	9
10	Employees Benefit for Marketing Manager	(14,849)	22	10
11	Back out 30% (2009) IHCA PAC Fees	(2,484)	20	11
12	Deming Leadership Training Adjustment 0.31%	(465)	24	12
13				13
14	Ungaretti & Harris - add back credit posted prior year for	398	19	14
15	Back out Barrington Chamber of Commerce	(1,295)	20	15
16				16
17	Back out Bank charges - Barrington LLC	(43)	21	17
18	Add back prior year 2005/2006 Objection tax refund	42,580	33	18
19				19
20	Reduce deprec exp on Pg 12 items < \$2,500 - Barrington	(4,333)	30	20
21	Reduce deprec exp on pg 12 items <\$2,500 - Barr, LLC	(891)	30	21
22				22
23	Expense capital items <\$2,500 on Pg 12 - Barrington	5,325	6	23
24	Expense capital items <\$2,500 on Pg 12 - Barr, LLC	10,147	6	24
25	Eliminate Depr exp < \$2,500 items on Pg 13	(9,643)	30	25
26	Expense capital item <\$2,500 on Pg 13	34,610	6	26
27	Expense Related Party Items <\$2,500 Pg 13	516	6	27
28	Expense Related Party Items <\$2,500 Pg 13	270	6	28
29				29
30	Adjustment Depreciation exp to Detail	913	30	30
31	Adj for ABC related party profit in '08 - PG 12	(33)	30	31
32	Adj for ABC related party profit in '09 - PG 12	(7)	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	(104,306)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	5,230	(1,242)	0	0	0	0	0	0	0	3,988	1
2	Food Purchase	(3,906)	0	0	(110,719)	0	0	0	0	0	0	0	(114,625)	2
3	Housekeeping	0	0	3,862	0	0	0	0	0	0	0	0	3,862	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,794)	0	2,352	0	0	0	0	0	0	0	0	(3,442)	5
6	Maintenance	50,868	0	16,943	0	0	0	(194)	0	0	0	0	67,617	6
7	Other (specify):*	0	0	5,087	2,425	0	0	0	0	0	0	0	7,512	7
8	TOTAL General Services	41,168	0	33,474	(109,536)	0	0	(194)	0	0	0	0	(35,088)	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	(3,306)	0	40,972	1,195	(559)	0	0	0	0	0	0	38,302	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	6,809	0	0	0	0	0	0	0	0	6,809	15
16	TOTAL Health Care and Programs	(3,306)	0	47,781	1,195	(559)	0	0	0	0	0	0	45,111	16
	C. General Administration													
17	Administrative	0	0	193,816	0	0	0	0	0	0	0	0	193,816	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,781)	12,838	(787,695)	0	0	0	0	0	0	0	0	(791,638)	19
20	Fees, Subscriptions & Promotions	(79,518)	250	(34,033)	0	0	0	0	0	0	0	0	(113,301)	20
21	Clerical & General Office Expenses	(99,892)	43	219,612	56,235	100,671	0	0	0	0	0	0	276,669	21
22	Employee Benefits & Payroll Taxes	(14,849)	0	0	0	0	0	0	0	0	0	0	(14,849)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(465)	0	3,267	0	0	0	0	0	0	0	0	2,802	24
25	Other Admin. Staff Transportation	0	0	10,092	0	0	0	0	0	0	0	0	10,092	25
26	Insurance-Prop.Liab.Malpractice	0	11,682	142	0	0	0	0	0	0	0	0	11,824	26
27	Other (specify):*	(145,476)	0	45,373	6,973	6,947	0	0	0	0	0	0	(86,183)	27
28	TOTAL General Administration	(356,981)	24,813	(349,426)	63,208	107,618	0	0	0	0	0	0	(510,768)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(319,118)	24,813	(268,171)	(45,133)	107,059	0	(194)	0	0	0	0	(500,744)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Capital Expense	PAGES 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)	
	D. Ownership													
30	Depreciation	(13,995)	413,236	2,864	0	1,366	0	0	0	0	0	0	403,472	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(85,474)	853,308	56,597	0	4,886	0	0	0	0	0	0	829,317	32
33	Real Estate Taxes	42,580	316,972	4,471	0	1,012	0	0	0	0	0	0	365,035	33
34	Rent-Facility & Grounds	0	(1,501,358)	0	0	0	0	0	0	0	0	0	(1,501,358)	34
35	Rent-Equipment & Vehicles	0	0	33,719	0	0	0	0	0	0	0	0	33,719	35
36	Other (specify):*	0	91,580	0	0	0	0	0	0	0	0	0	91,580	36
37	TOTAL Ownership	(56,889)	173,738	97,651	0	7,264	0	0	0	0	0	0	221,765	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	(11,384)	(278,233)	(167,333)	0	0	0	0	0	(456,950)	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	(11,384)	(278,233)	(167,333)	0	0	0	0	0	(456,950)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(376,007)	198,551	(170,520)	(56,517)	(163,910)	(167,333)	(194)	0	0	0	0	(735,930)	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 1,501,358	Alden of Barrington, LLC	0.00%	\$	\$ (1,501,358)	1
2	V	32 Interest Income	240	Alden of Barrington, LLC			(240)	2
3	V	19 Accounting fees		Alden of Barrington, LLC		5,830	5,830	3
4	V	19 Legal Fees - Non Collection		Alden of Barrington, LLC		6,333	6,333	4
5	V	19 Professional Fees		Alden of Barrington, LLC		675	675	5
6	V	21 Bank charges		Alden of Barrington, LLC		43	43	6
7	V	20 Dues & Subscription		Alden of Barrington, LLC		250	250	7
8	V	33 Real Estates Tax Expense		Alden of Barrington, LLC		316,972	316,972	8
9	V	26 General Insurance Expense		Alden of Barrington, LLC		11,682	11,682	9
10	V	36 Mortgage Insurance Premium		Alden of Barrington, LLC		91,580	91,580	10
11	V	32 Interest - Mortgage		Alden of Barrington, LLC		826,706	826,706	11
12	V	30 Depreciation		Alden of Barrington, LLC		413,236	413,236	12
13	V	32 Amortization		Alden of Barrington, LLC		26,842	26,842	13
14	Total		\$ 1,501,598			\$ 1,700,149	\$ * 198,551	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%	\$ 2,352	\$	2,352	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		3,267		3,267	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		10,092		10,092	17
18	V	26 Insurance		Alden Management Services, Inc.		142		142	18
19	V	20 Dues & Subscriptions	34,512	Alden Management Services, Inc.		479		(34,033)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864		2,864	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		4,471		4,471	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		33,719		33,719	22
23	V	32 Interest		Alden Management Services, Inc.		56,597		56,597	23
24	V	1 Dietary		Alden Management Services, Inc.		5,230		5,230	24
25	V	3 Housekeeping		Alden Management Services, Inc.		3,862		3,862	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		5,087		5,087	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		40,972		40,972	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		6,809		6,809	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		193,816		193,816	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		45,373		45,373	30
31	V	19 Professional Fees	823,976	Alden Management Services, Inc.		36,281		(787,695)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		219,612		219,612	32
33	V	6 Repair & Maint	14,478	Alden Management Services, Inc.		31,421		16,943	33
34	V			Alden Management Services, Inc.					34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 872,966			\$ 702,446	\$ *	(170,520)	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	1 Diet Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,711	\$ (8,089)
16	V	1 Dietary salary		Prism Health Care Services, Inc.		6,847	6,847
17	V	2 Tube Feeding	172,089	Prism Health Care Services, Inc.		61,370	(110,719)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195
19	V	39 Supplies	245,552	Prism Health Care Services, Inc.		140,261	(105,291)
20	V	39 Vent Rental		Prism Health Care Services, Inc.		93,907	93,907
21	V	21 Salary G & A		Prism Health Care Services, Inc.		36,489	36,489
22	V	27 Employee Benefit		Prism Health Care Services, Inc.		6,973	6,973
23	V	7 Employee Benefit		Prism Health Care Services, Inc.		2,425	2,425
24	V	21 G & A		Prism Health Care Services, Inc.		19,746	19,746
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		\$ 435,101			\$ 378,584	\$ * (56,517)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 650,718	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 892,179	\$ 241,461
16	V	39 <u>I.V. Drugs</u>	595,455	<u>Forum Extended Care Services II, Inc.</u>		78,555	(516,900)
17	V	39 <u>Wound care</u>	13,212	<u>Forum Extended Care Services II, Inc.</u>		10,418	(2,794)
18	V	10 <u>House stock</u>	29,062	<u>Forum Extended Care Services II, Inc.</u>		26,361	(2,701)
19	V	10 <u>Pharmacy Consultant</u>	3,749	<u>Forum Extended Care Services II, Inc.</u>		5,891	2,142
20	V	27 <u>Employee Vaccination</u>	3,690	<u>Forum Extended Care Services II, Inc.</u>		2,915	(775)
21	V	27 <u>Employee Benefit - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		7,722	7,722
22	V	21 <u>Salary G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		64,191	64,191
23	V	21 <u>General Administration</u>		<u>Forum Extended Care Services II, Inc.</u>		36,480	36,480
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		4,886	4,886
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		1,012	1,012
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>		1,366	1,366
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,295,886			\$ 1,131,976	\$ * (163,910)

* 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	\$ 2,179,207	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 2,011,874	\$ (167,333)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,179,207			\$ 2,011,874	\$ * (167,333)

* 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: 1/1/09

Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 Repair & Maintenance	\$ 14,667	Alden Bennett Construction Company, Inc.	0.00%	\$ 14,473	\$ (194)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 14,667			\$ 14,473	\$ * (194)

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

Facility Name & ID Number Alden Estates of Barrington

Provider No. 0046524

Report Period Beginning:

1/1/09

Ending: 12/31/09

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

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/09

Ending:

12/31/09

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	178,414	1.424	3.56	Salary	\$ 6,586	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	66,196	1.424	3.56	Salary	2,444	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,113	1.424	3.56	Salary	1,407	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	\$ 10,437		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:

1/1/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	patient days	31	\$ 66,061	\$	43,502	\$ 2,352	1
2	24	Trav & Seminar	patient days	31	91,753		43,502	3,267	2
3	25	Other Admin Travel	patient days	31	283,487		43,502	10,092	3
4	26	Insurance	patient days	31	3,990		43,502	142	4
5	20	Dues & Subscriptions	patient days	31	13,454		43,502	479	5
6	30	Depreciation	No. of providers	31	102,169		1	2,864	6
7	33	Real Estate Tax	patient days	31	139,876		43,502	4,471	7
8	35	Rent-Equip & Vehicles	patient days	31	947,116		43,502	33,719	8
9	32	Interest	patient days	31	1,339,694		43,502	56,597	9
10	1	Dietary Salary	patient days	31	146,892	146,892	43,502	5,230	10
11	3	Housekeeping Salary	patient days	31	108,487	108,487	43,502	3,862	11
12	7	Employee Benefits-Gen'l Servs	patient days	31	142,881		43,502	5,087	12
13	10	Nurs & Med Records Salary	patient days	31	1,259,741	1,259,741	43,502	40,972	13
14	15	Employee Benefits-Health Care	patient days	31	191,270		43,502	6,809	14
15	17	Administrative Salary	patient days	31	2,477,865	2,477,865	43,502	193,816	15
16	27	Employee Benefits-Admin	patient days	31	1,274,479		43,502	45,373	16
17	19	Professional Fees	patient days	31	1,019,103	624,209	43,502	36,281	17
18	21	Gen'l & Admin	patient days	31	6,168,666	5,291,904	43,502	219,612	18
19	6	Repair & Maint	patient days	31	882,577	685,666	43,502	31,421	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 16,659,561	\$ 10,594,764		\$ 702,446	25

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/09

Ending:

12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Cambridge		x	Mortgage		12/22/05	\$ 14,574,100	\$ 14,278,038	12/1/2046	5.7700	\$ 826,706	1							
2	Amortization - Refinancing fees										26,842	2							
3												3							
4	Insurance Reclass (Interest)		x								3,297	4							
5												5							
Working Capital																			
6	Related party-AMS		X	working capital							56,597	6							
7	Related party-FECH		X	working capital							4,886	7							
8												8							
9	TOTAL Facility Related						\$ 14,574,100	\$ 14,278,038			\$ 918,328	9							
B. Non-Facility Related*																			
10	Interest Income Repl Reserve										(240)	10							
11	Int Income on others (GL4646 & 4975)										(23,604)	11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (23,844)	14							
15	TOTALS (line 9+line14)						\$ 14,574,100	\$ 14,278,038			\$ 894,484	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 91,580 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/09

Ending:

12/31/09

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>150 Bed Facility</u>		<u>2003</u>	<u>\$ 1,206,945</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 1,206,945	3

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/09

Ending:

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Building Acquisition: GL 1702/LLC		2003	6,933,811	154,917	39	154,917		1,035,808	4
5	Renovation: interior: GL 1703/LLC		2007	4,351,504	111,577	39	111,577		306,837	5
6	Adj Value For D/T prior owners (LLC)		2003	204,498	5,244	39	5,244		31,899	6
7										7
8	Related Party-Forum		1978	13,669		25			13,669	8
	Improvement Type**									
9	ABC-Water Heater GL 1705/Inc.		2004	32,509	2,167	10	2,167		11,739	9
10	Oak Fire and Security-Fire alarm control panel GL 1705/Inc.		2004	6,400	427	10	427		2,241	10
11	Oak Fire and Security-Air handler shutdown GL 1705/Inc.		2004	3,120	208	10	208		1,092	11
12	ABC-37 gallon water heater GL 1705/Inc.		2004	7,274	727	12	727		3,879	12
13	Top Notch: Compressor: Kitchen GL 1705/Inc.		2004	1,603	160	10	160		815	13
14	Polina Landscape(sod, soil and clay) GL 1704/Inc.		2004	7,388		3			7,388	14
15	Central Sprinklers Auto-repair sprinkler system: GL 1705/Inc.		2005	13,721	1,372	10	1,372		6,860	15
16	CSAS-replace dry spinkler: GL 1705/Inc.		2005	3,495	349	10	349		1,688	16
17	CSAS-replace dry spinkler: GL 1705/Inc.		2005	1,843	184	10	184		875	17
18	GT Mechanical-replace fans: GL 1705/Inc.		2005	1,681	168	10	168		812	18
19	Top Notch-dishwasher(pump/impe GL 1705/Inc.		2005	4,490	449	10	449		1,871	19
20	ABC Repair damaged sewer line: GL 1705/Inc.		2005	11,445	1,144	10	1,144		4,672	20
21										21
22	Projector Screen Installation: GL 1705/Inc.		2006	3,674	734	5	734		2,693	22
23	Replace blower wheel/air handler: GL 1705/Inc.		2006	4,189	419	10	419		1,397	23
24	Replace chiller controller: GL 1705/Inc.		2006	5,258	526	10	526		1,753	24
25	Install cable thru pipes in hallway to each wallplate:GL 1705/Inc.		2006	14,500	725	20	725		2,598	25
26	Replace boiler expansion tanks: GL 1705/Inc.		2006	4,607	230	20	230		805	26
27	New Roof: GL 1703/LLC		2006	138,536	13,854	10	13,854		41,827	27
28	ABC renovation/exterior/landscaping: GL 1703/LLC		2007	321,660	21,444	15	21,444		56,591	28
29										29
30	ABC-New corner guards for new wall coverings: GL 1704/Inc.		2007	2,645	265	10	265		750	30
31	ABC-New plumbing in Parlor Room: Inc.		2007	20,504	2,050	10	2,050		5,810	31
32	New Fire Sprinkler: GL 1705/Inc.		2007	2,791	279	10	279		814	32
33	Replace fire sprinklers: GL 1705/Inc.		2007	2,887	289	10	289		843	33
34	American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.		2007	2,955	296	10	296		813	34
35	ABC-Installed new windows: GL 1705/Inc.		2007	3,847	256	15	256		512	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:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Install new door & hollow metal hardware	2007	\$ 11,096	\$ 555	20	\$ 555	\$	\$ 1,526	37
38									38
39	ABC - repipe existing ansol system	2007	7,263	726	10	726	(0)	2,057	39
40									40
41									41
42									42
43									43
44									44
45	install new electric for door & food tray line	2007	6,998	467	15	467		1,089	45
46	install new sprinkler heads	2007	5,063	506	10	506		1,307	46
47	installed new exhaust fan	2007	3,125	313	10	313		808	47
48	installed new landscaping	2007	18,391	1,839	10	1,839		4,598	48
49	installed new irrigation line & heads	2007	7,017	702	10	702		1,755	49
50	replaced new air compressor	2007	24,614	2,051	12	2,051		4,957	50
51	replaced drywall carpentry	2007	26,605	2,661	10	2,661		5,987	51
52	replaced broken door closer with new closer worn ceiling	2007	2,976	595	5	595		1,339	52
53	replaced broken kitchen equipment with new equipment	2007	9,282	928	10	928		1,933	53
54	replaced broken kitchen equipment with new equipment	2007	4,473	447	10	447		931	54
55									55
56	Renovation Exterior Landscaping (LLC)	2007	7,938	529	15	529		1,102	56
57	Renovation Extras, change order (LLC)	2007	1,100	73	15	73		146	57
58	Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500	1,633	15	1,633		4,219	58
59									59
60									60
61	ABC - installed new internal paging system	2008	2,557	128	20	128		234	61
62	ABC - replaced broken shower faucet with new one	2008	3,780	378	10	378		725	62
63	ABC - replaced broken footboard with new footboard	2008	6,128	1,226	5	1,226		2,247	63
64	Top Notch - replaced broken condenser with new condenser	2008	4,475	298	15	298		497	64
65	Central States - removed & install new fire sprinkler	2008	8,330	333	25	333		472	65
66	CENSAU - replaced sprinkler	2008	6,085	243	25	243		243	66
67	GT Mechanical - repair ductwork	2008	3,062	306	10	306		306	67
68	Central States - Fire alarm repaired & replaced	2008	9,687	969	10	969		969	68
69	Renovation ABC Closing HUD statement (LLC)	2008	9,600	640	15	640		1,173	69
70	TOTAL (lines 4 thru 69)		\$ 12,340,649	\$ 339,005		\$ 339,005	\$ (0)	\$ 1,589,972	70

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,340,649	\$ 339,005		\$ 339,005	\$ (0)	\$ 1,589,972	1
2	Adj for ABC related profit	2008	(126)	(22)		(22)		(33)	2
3	CENSAU - Repaired frozen damage pipe	2009	4,297	788	5	788		788	3
4	CENSAU - Repaired sprinkler system	2009	4,190	768	5	768		768	4
5	ABC - repaired corner guards	2009	4,621	539	5	539		539	5
6	GT Mech - repair compressor	2009	3,339	334	5	334		334	6
7									7
8									8
9									9
10	Adj for ABC related profit for 2009	2009	(61)	(7)		(7)		(7)	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,356,908	\$ 341,405		\$ 341,405	\$ (0)	\$ 1,592,360	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:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,356,908	\$ 341,405		\$ 341,405	\$ (0)	\$ 1,592,360	1
2	Forum Prof Ctr: Remodeling	1979	16,169		20			16,169	2
3	Forum Prof Ctr: Build Improv - multiple	1980	10,322		15			10,322	3
4	Forum Prof Ctr: Tennant Improv	1986	836		13			836	4
5	Forum Prof Ctr: AMS remodel	1990	5,681		10			5,681	5
6	Forum Prof Ctr: Roof	1994	2,997	187	16	187		2,811	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,057	66	16	66		921	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,669	152	10	152		1,496	8
9	Forum Prof Ctr: Remodel/electrical	2001	650	36	7	36		543	9
10	Forum Prof Ctr: bathroom remodel	2002	575	54	5	54		427	10
11	Forum Prof Ctr: remodel suites/etc.	2003	739	75	9	75		516	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,275	244	7	244		1,765	12
13	Forum Prof Ctr: Suite renovation	2005	460	83	10	83		450	13
14	Forum Prof Ctr: Superior installations, etc.	2006	91	23	4	23		77	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	432	67	7	67		155	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	368	64	7	64		87	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	762	15	7	15		15	17
18	Alden Mgt Servs: Remodel suites	1993	5,555		7			5,555	18
19	Alden Mgt Servs: Remodel suites	2002	318	42	7	42		309	19
20	Alden Mgt Servs: Remodel suites	2003	8,987	1,238	7	1,238		8,765	20
21									21
22	Forum Ext Care, LLC-Building	1998	6,067	152	40	152		1,732	22
23	Forum Ext Care, LLC-Build Improv	1999	4,689	117	40	117		1,230	23
24	Forum Extended Care-Maj Eq Repair	2002	31		3			31	24
25	Forum Extended Care-Maj Plumbing Repair	2003	29		3			29	25
26	Forum Extended Care-Compressor	2004	20		3			20	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,427,687	\$ 344,020		\$ 344,020	\$ (0)	\$ 1,652,303	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:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,545,727	\$ 115,133	\$ 115,133	\$		\$ 469,821	71
72	Current Year Purchases	91,910	4,961	4,961			4,926	72
73	Fully Depreciated Assets	109,557	5,333	5,333			109,557	73
74								74
75	TOTALS	\$ 1,747,194	\$ 125,427	\$ 125,427	\$		\$ 584,304	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	Related Party - AMS	Various	98-02	\$ 4,415	\$	\$	\$	3	\$ 4,415	76
77										77
78										78
79										79
80	TOTALS			\$ 4,415	\$	\$	\$		\$ 4,415	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 15,386,241	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 469,447	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 469,447	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)	\$ 2,241,022	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		\$	92
93			93
94			94
95		\$	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is back out

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

If NO, see instructions.

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

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 55,649 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>21,051</u>	17
18					18
19	<u>Auto - Business</u>	<u>various</u>	<u>600.00</u>	<u>7,200</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>28,251</u>	21

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. 12/31/2010 \$ varies

13. 12/31/2011 \$ varies

14. 12/31/2012 \$ varies

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 614,415	\$		\$ 614,415	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			140,395			140,395	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			830,301			830,301	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				892,179		892,179	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1, 39-3, if any		3,287		4,727	149,396		157,410	12
13	Other (specify): <u>See Pg 16A</u>			409,823		422,037	618,448		1,450,308	13
14	TOTAL			\$ 413,110		\$ 2,011,875	\$ 1,660,023		\$ 4,085,008	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)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$614,415.06
2. ST	39-3	To Col 5	140,394.87
3.			
4. PT	39-3	To Col 5	830,301.07
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			650,717.86
Manual Input from Related Party- Forum Drugs			241,461.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	892,178.86
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	3,287.00
12. Exceptional Care-Salaries:	See pg 16A	To Col. 5	4,727.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	149,397.60
Total Exceptional Care (Line 12, Col 8)			157,411.60
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(167,332.00)
13. Col 5: Manual Input: Related Party - CPT		To Col 5	589,369.00
13. Col 3. Salary Split			409,823.00
Other			1,618,005.00
Manual Input: Related Party - Prism			(11,383.00)
Manual Input: Related Party FECII - I.V.			(516,900.00)
Manual Input: Related Party FECII - Wound Care			(2,794.00)
Oxygen, from reclass worksheet			113,564.00
Vendor Settlement - MB Envision (Part A outpatient service) from reclass worksheet			12,052.00
Reclasses to column 5 for Lines 12 & 13			(594,096.00)
13. Col 6: Supplies Total		To Col 6	618,448.00
13. Total Line 13, Column 8			1,450,308.00
14. Total (should equal to PG 4, LN 39, Col 8.			4,085,009.46

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 1/1/09

Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

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

		1 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>)	2,747,890	2,747,890	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		11,413	6
7	Other Prepaid Expenses	8,586	8,586	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	123,714	336,644	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,880,190	\$ 3,104,533	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	290,510	1,636,142	15
16	Equipment, at Historical Cost	335,437	472,366	16
17	Accumulated Depreciation (book methods)	(213,058)	(2,004,264)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		224,308	21
22	Other Long-Term Assets (spe <u>Refinance fees, net</u>)		389,640	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 412,889	\$ 13,026,222	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,293,079	\$ 16,130,755	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,282,372	\$ 1,262,267	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	175,978	175,978	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	377,393	377,393	30
31	Accrued Taxes Payable (excluding real estate taxes)	62,907	62,907	31
32	Accrued Real Estate Taxes(Sch.IX-B)		370,300	32
33	Accrued Interest Payable		68,654	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	50,715	50,715	36
37	<u>Short term portion of long term debt</u>		113,502	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,949,365	\$ 2,481,715	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		14,164,536	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	1,676,444	1,553,367	43
44	<u>S/holder loans, Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,676,444	\$ 15,717,904	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,625,809	\$ 18,199,618	46
47	TOTAL EQUITY(page 18, line 24)	\$ (332,731)	\$ (2,068,863)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,293,079	\$ 16,130,755	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,182,438)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2006 cost report was	(3,073)	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)	\$ (1,185,511)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	852,780	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)	\$ 852,780	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)	\$ (332,731)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 1/1/09

Ending: 12/31/09

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,688,301	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,688,301	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	185,713	6
7	Oxygen	256,321	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 442,034	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	681	12
13	Barber and Beauty Care	941	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	6,849	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	6,863	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 15,333	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	23,604	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 23,604	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	34,637	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 34,637	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,203,908	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,031,557	31
32	Health Care	3,627,292	32
33	General Administration	2,542,354	33
B. Capital Expense			
34	Ownership	1,651,459	34
C. Ancillary Expense			
35	Special Cost Centers	4,416,341	35
36	Provider Participation Fee	82,125	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,351,128	40
41	Income before Income Taxes (line 30 minus line 40)**	852,780	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 852,780	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, Inc

0046524

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

Details of Page 19, Line 28

Misc Income (Med Record)	3,306
Misc Income (Vending Machine)	273
Misc Income (Food Rebate)	1,404
Misc Income (Donation)	1,930
Misc Income (Meal)	515
Prior year adjustment	842
Gain on Sale of Assets	26,367
Total	<u>34,637</u>

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	2,080	2,080	\$ 98,135	\$ 47.18	1
2	Assistant Director of Nursing	1,648	1,648	64,160	38.93	2
3	Registered Nurses	41,088	44,006	1,397,340	31.75	3
4	Licensed Practical Nurses	19,178	20,718	512,888	24.76	4
5	CNAs & Orderlies	76,928	81,418	1,052,797	12.93	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	851	851	10,730	12.61	8
9	Activity Director	2,080	2,080	30,201	14.52	9
10	Activity Assistants	6,129	6,288	63,680	10.13	10
11	Social Service Workers	1,984	2,042	43,357	21.23	11
12	Dietician					12
13	Food Service Supervisor	1,520	1,680	64,152	38.19	13
14	Head Cook	6,640	6,664	136,522	20.49	14
15	Cook Helpers/Assistants	46,802	49,433	540,446	10.93	15
16	Dishwashers					16
17	Maintenance Workers	2,083	2,083	46,750	22.44	17
18	Housekeepers	15,696	16,893	193,317	11.44	18
19	Laundry	5,953	6,579	69,543	10.57	19
20	Administrator					20
21	Assistant Administrator	2,552	2,592	89,293	34.45	21
22	Other Administrative	10,200	10,200	251,225	24.63	22
23	Office Manager	2,064	2,080	26,699	12.84	23
24	Clerical	2,922	2,964	25,349	8.55	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,553	2,589	87,555	33.82	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	6,248	6,278	82,206	13.09	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	257,199	271,166	\$ 4,886,345 *	\$ 18.02	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	85,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	Monthly	2,880		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	3,039	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 102,219		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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/09

Ending: 12/31/09

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA=\$5796 Il. Assoc. of HC=\$1,800
- (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. \$ 20,767 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. \$ 82,125
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. \$ 41,829 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. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.