



Facility Name & ID Number Alden Estates of Barrington

# 0046524 Report Period Beginning: 1/1/10 Ending: 12/31/10

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	150	Skilled (SNF)	150	54,750	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	54,750	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	6,133	3,447	17,965	27,545	8
9	SNF/PED					9
10	ICF	12,576	2,136		14,712	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,709	5,583	17,965	42,257	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.18%

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 17,043

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 1/1/10 Ending: 12/31/10

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	719,262	58,385	21,800	799,447	1,899	801,346	(3,684)	797,662		1
2	Food Purchase		430,276		430,276	(45,216)	385,060	(79,968)	305,092		2
3	Housekeeping	208,187	63,980		272,167	1,595	273,762	5,175	278,937		3
4	Laundry	71,813	16,193	92	88,098	351	88,449		88,449		4
5	Heat and Other Utilities			162,626	162,626	6,958	169,584	(2,282)	167,302		5
6	Maintenance	49,001		274,484	323,485	216	323,701	42,661	366,362		6
7	Other (specify):* <b>Security/Related Party</b>			228	228		228	8,219	8,447		7
8	<b>TOTAL General Services</b>	1,048,263	568,834	459,230	2,076,327	(34,197)	2,042,130	(29,879)	2,012,251		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			90,650	90,650		90,650		90,650		9
10	Nursing and Medical Records	2,804,660	426,548	5,198	3,236,406	(106,703)	3,129,703	40,416	3,170,119		10
10a	Therapy	92,401	784	11,400	104,585		104,585		104,585		10a
11	Activities	88,235	3,163	9,637	101,035	183	101,218		101,218		11
12	Social Services	60,160			60,160		60,160		60,160		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Related Party</b>							6,553	6,553		15
16	<b>TOTAL Health Care and Programs</b>	3,045,456	430,495	116,885	3,592,836	(106,520)	3,486,316	46,969	3,533,285		16
	<b>C. General Administration</b>										
17	Administrative	81,854			81,854		81,854	216,757	298,611		17
18	Directors Fees										18
19	Professional Services			999,395	999,395	(14,959)	984,436	(897,225)	87,211		19
20	Dues, Fees, Subscriptions & Promotions			116,615	116,615		116,615	(102,774)	13,841		20
21	Clerical & General Office Expenses	273,501	38,647	98,015	410,163	(6,140)	404,023	330,150	734,173		21
22	Employee Benefits & Payroll Taxes			841,828	841,828	32,242	874,070	(7,621)	866,449		22
23	Inservice Training & Education										23
24	Travel and Seminar			9,053	9,053		9,053	1,785	10,838		24
25	Other Admin. Staff Transportation			8,733	8,733		8,733	11,898	20,631		25
26	Insurance-Prop.Liab.Malpractice			157,492	157,492		157,492	12,556	170,048		26
27	Other (specify):* <b>Related Party</b>			(6,103)	(6,103)		(6,103)	65,967	59,864		27
28	<b>TOTAL General Administration</b>	355,355	38,647	2,225,028	2,619,030	11,143	2,630,173	(368,507)	2,261,666		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,449,074	1,037,976	2,801,143	8,288,193	(129,574)	8,158,619	(351,417)	7,807,202		29

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

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

Facility Name &amp; ID Number

Alden Estates of Barrington

#0046524

Report Period Beginning:

1/1/10

Ending:

12/31/10

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			58,642	58,642		58,642	411,684	470,326			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			70,766	70,766		70,766	796,054	866,820			32
33	Real Estate Taxes			182,929	182,929	(182,929)		188,183	188,183			33
34	Rent-Facility & Grounds			1,191,289	1,191,289	182,929	1,374,218	(1,374,218)				34
35	Rent-Equipment & Vehicles			21,171	21,171		21,171	30,520	51,691			35
36	Other (specify):* <b>M.I.P.</b>							80,983	80,983			36
37	<b>TOTAL Ownership</b>			1,524,797	1,524,797		1,524,797	133,206	1,658,003			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	607,538	1,668,692	2,269,289	4,545,519	129,574	4,675,093	(469,533)	4,205,560			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	<b>TOTAL Special Cost Centers</b>	607,538	1,668,692	2,351,414	4,627,644	129,574	4,757,218	(469,533)	4,287,685			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,056,612	2,706,668	6,677,354	14,440,634		14,440,634	(687,744)	13,752,890			45

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

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(45,216.00)	Employee Meals
	22	45,216.00	Employee Meals
22		(12,974.00)	Uniforms
	1	1,899.00	Uniforms
	3	1,497.00	Uniforms
	4	351.00	Uniforms
	6	216.00	Uniforms
	10	7,912.00	Uniforms
	11	183.00	Uniforms
	21	916.00	Uniforms
10		(129,574.00)	Oxygen - to appropriate cost center
	39	129,574.00	Oxygen - to appropriate cost center
33		(182,929.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	182,929.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(6,958.00)	Vendor Settlements
	5	6,958.00	Vendor Settlements (People's Energy)
21		(98.00)	Vendor Settlements
	3	98.00	Vendor Settlements (Chemcraft Industries)
<u>Others, if any:</u>			
19		(14,959.00)	Clinical Coordinators (Pathway Billing)
	10	14,959.00	Clinical Coordinators (Pathway Billing)
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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(2,965)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(22,051)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,607)	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	(3,738)	21		17
18	Fines and Penalties				18
19	Entertainment	(5,342)	20		19
20	Contributions	(18,522)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,390)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	6,103	27		24
25	Fund Raising, Advertising and Promotional	(48,137)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(563)	20		28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (107,212)		\$	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	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(464,093)	Various	34
35	Other- Attach Schedule	(116,439)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (580,532)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (687,744)		37

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

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

		1	2	3	4
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>
38	Medically Necessary Transport.		X	\$	38
39					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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

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

Alden Estates of BarringtonID# 0046524Report Period Beginning: 1/1/10Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilites	\$ (4,640)	5	1
2	Other nursing income (flu)	(37)	21	2
3	Intercompany interest	(68,889)	32	3
4	Miscellaneous income (WC class action sttlmnt)	(177)	22	4
5	Miscellaneous income (Vending machine receipts)	(460)	2	5
6	Miscellaneous income (Payroll)	(12)	21	6
7	Miscellaneous income (Donations)	(2,517)	21	7
8	Miscellaneous income (Jury Duty)	(17)	21	8
9	Miscellaneous income (Food Vendor Rebate)	(1,217)	2	9
10	Miscellaneous income (Medical Records)	(4,395)	10	10
11	Marketing Manager & Aides (6701-100-009)	(44,713)	21	11
12	Employee Benefit for Marketing Manager	(7,444)	22	12
13	Back out 30% (2010) IHCA PAC Fees	(2,484)	20	13
14	Deming Leadership Training Adjustment (30%)	(1,275)	24	14
15				15
16	Reduce deprec exp on Pg 12 items < \$2,500 - Barrington	(6,280)	30	16
17				17
18				18
19	Expense capital items <\$2,500 on Pg 12 - Barrington	13,144	6	19
20				20
21	Eliminate Depr exp < \$2,500 items on Pg 13	(12,128)	30	21
22	Expense capital item <\$2,500 on Pg 13	29,433	6	22
23	Expense Related Party Items <\$2,500 Pg 13	320	6	23
24				24
25				25
26	Adjustment Depreciation exp to Detail	(2,610)	30	26
27	Adj for ABC related party profit in '08 - PG 12	(22)	30	27
28	Adj for ABC related party profit in '09 - PG 12	(14)	30	28
29	Adj for ABC related party profit in '10 - PG 12	(5)	30	29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(116,439)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,838	(7,522)	0	0	0	0	0	0	0	(3,684)	1
2	Food Purchase	(5,284)	0	0	(74,684)	0	0	0	0	0	0	0	(79,968)	2
3	Housekeeping	0	0	5,175	0	0	0	0	0	0	0	0	5,175	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,640)	0	2,358	0	0	0	0	0	0	0	0	(2,282)	5
6	Maintenance	39,932	9,086	(6,122)	0	0	0	(235)	0	0	0	0	42,661	6
7	Other (specify):*	0	0	5,256	2,963	0	0	0	0	0	0	0	8,219	7
8	<b>TOTAL General Services</b>	<b>30,008</b>	<b>9,086</b>	<b>10,505</b>	<b>(79,243)</b>	<b>0</b>	<b>0</b>	<b>(235)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(29,879)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(4,395)	0	43,910	512	389	0	0	0	0	0	0	40,416	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	6,553	0	0	0	0	0	0	0	0	6,553	15
16	<b>TOTAL Health Care and Programs</b>	<b>(4,395)</b>	<b>0</b>	<b>50,463</b>	<b>512</b>	<b>389</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46,969</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	216,757	0	0	0	0	0	0	0	0	216,757	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,390)	29,588	(918,423)	0	0	0	0	0	0	0	0	(897,225)	19
20	Fees, Subscriptions & Promotions	(75,048)	250	(27,976)	0	0	0	0	0	0	0	0	(102,774)	20
21	Clerical & General Office Expenses	(51,034)	0	220,017	52,745	108,422	0	0	0	0	0	0	330,150	21
22	Employee Benefits & Payroll Taxes	(7,621)	0	0	0	0	0	0	0	0	0	0	(7,621)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,275)	0	3,060	0	0	0	0	0	0	0	0	1,785	24
25	Other Admin. Staff Transportation	0	0	11,898	0	0	0	0	0	0	0	0	11,898	25
26	Insurance-Prop.Liab.Malpractice	0	12,432	124	0	0	0	0	0	0	0	0	12,556	26
27	Other (specify):*	6,103	0	45,184	6,935	7,745	0	0	0	0	0	0	65,967	27
28	<b>TOTAL General Administration</b>	<b>(137,265)</b>	<b>42,270</b>	<b>(449,359)</b>	<b>59,680</b>	<b>116,167</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(368,507)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(111,652)</b>	<b>51,356</b>	<b>(388,391)</b>	<b>(19,051)</b>	<b>116,556</b>	<b>0</b>	<b>(235)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(351,417)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(21,059)	431,194	1,549	0	0	0	0	0	0	0	0	411,684	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(90,940)	835,731	47,614	0	3,649	0	0	0	0	0	0	796,054	32
33	Real Estate Taxes	0	182,929	3,930	0	1,324	0	0	0	0	0	0	188,183	33
34	Rent-Facility & Grounds	0	(1,374,218)	0	0	0	0	0	0	0	0	0	(1,374,218)	34
35	Rent-Equipment & Vehicles	0	0	30,520	0	0	0	0	0	0	0	0	30,520	35
36	Other (specify):*	0	80,983	0	0	0	0	0	0	0	0	0	80,983	36
37	<b>TOTAL Ownership</b>	<b>(111,999)</b>	<b>156,619</b>	<b>83,613</b>	<b>0</b>	<b>4,973</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>133,206</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	127	(276,662)	(192,998)	0	0	0	0	0	(469,533)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>127</b>	<b>(276,662)</b>	<b>(192,998)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(469,533)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(223,651)	207,975	(304,778)	(18,924)	(155,133)	(192,998)	(235)	0	0	0	0	(687,744)	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	\$ 1,374,218	Alden of Barrington, LLC	0.00%	\$	\$ (1,374,218)	1
2	V	32 Interest Income	296	Alden of Barrington, LLC			(296)	2
3	V	6 Repairs & Maintenance (R/R)		Alden of Barrington, LLC		9,086	9,086	3
4	V	19 Accounting fees		Alden of Barrington, LLC		5,930	5,930	4
5	V	19 Legal Fees - Non Collection		Alden of Barrington, LLC		20,158	20,158	5
6	V	19 Professional Fees		Alden of Barrington, LLC		3,500	3,500	6
7	V	20 Dues & Subscription		Alden of Barrington, LLC		250	250	7
8	V	33 Real Estates Tax Expense		Alden of Barrington, LLC		182,929	182,929	8
9	V	26 General Insurance Expense		Alden of Barrington, LLC		12,432	12,432	9
10	V	36 Mortgage Insurance Premium		Alden of Barrington, LLC		80,983	80,983	10
11	V	32 Interest - Mortgage		Alden of Barrington, LLC		820,327	820,327	11
12	V	30 Depreciation		Alden of Barrington, LLC		431,194	431,194	12
13	V	32 Amortization		Alden of Barrington, LLC		15,700	15,700	13
14	Total		\$ 1,374,514			\$ 1,582,489	\$ * 207,975	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%	\$ 2,358	\$ 2,358 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		3,060	3,060 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		11,898	11,898 17
18	V	26 Insurance		Alden Management Services, Inc.		124	124 18
19	V	20 Dues & Subscriptions	29,004	Alden Management Services, Inc.		1,028	(27,976) 19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549	1,549 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,930	3,930 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		30,520	30,520 22
23	V	32 Interest		Alden Management Services, Inc.		47,614	47,614 23
24	V	1 Dietary		Alden Management Services, Inc.		3,838	3,838 24
25	V	3 Housekeeping		Alden Management Services, Inc.		5,175	5,175 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		5,256	5,256 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		43,910	43,910 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		6,553	6,553 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		216,757	216,757 29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		45,184	45,184 30
31	V	19 Professional Fees	959,224	Alden Management Services, Inc.		40,801	(918,423) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		220,017	220,017 32
33	V	6 Repair & Maint	40,481	Alden Management Services, Inc.		34,359	(6,122) 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,028,709			\$ 723,931	\$ * (304,778) 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	\$ 21,800	Prism Health Care Services, Inc.	0.00%	\$ 3,091	\$ (18,709)
16	V	1 Dietary salary		Prism Health Care Services, Inc.		11,187	11,187
17	V	2 Tube Feeding	132,962	Prism Health Care Services, Inc.		58,278	(74,684)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Supplies	191,395	Prism Health Care Services, Inc.		111,723	(79,672)
20	V	39 Vent Rental		Prism Health Care Services, Inc.		79,799	79,799
21	V	21 Salary G & A		Prism Health Care Services, Inc.		37,150	37,150
22	V	27 Employee Benefit		Prism Health Care Services, Inc.		6,935	6,935
23	V	7 Employee Benefit		Prism Health Care Services, Inc.		2,963	2,963
24	V	21 G & A		Prism Health Care Services, Inc.		15,595	15,595
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		\$ 352,817			\$ 333,893	\$ * (18,924)

\* 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>	\$ 639,271	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 899,018	\$ 259,747
16	V	39 <u>I.V. Drugs</u>	609,174	<u>Forum Extended Care Services II, Inc.</u>		75,537	(533,637)
17	V	39 <u>Wound care</u>	13,169	<u>Forum Extended Care Services II, Inc.</u>		10,397	(2,772)
18	V	10 <u>House stock</u>	24,414	<u>Forum Extended Care Services II, Inc.</u>		22,435	(1,979)
19	V	10 <u>Pharmacy Consultant</u>	3,445	<u>Forum Extended Care Services II, Inc.</u>		5,813	2,368
20	V	27 <u>Employee Vaccination</u>	2,505	<u>Forum Extended Care Services II, Inc.</u>		1,977	(528)
21	V	27 <u>Employee Benefit - G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		8,273	8,273
22	V	21 <u>Salary G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		66,446	66,446
23	V	21 <u>General Administration</u>		<u>Forum Extended Care Services II, Inc.</u>		41,976	41,976
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		3,649	3,649
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		1,324	1,324
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 1,291,978			\$ 1,136,845	\$ * (155,133)

\* 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: 1/1/10

Ending: 12/31/10

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 1,956,871	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,763,873	\$ (192,998)
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		\$ 1,956,871			\$ 1,763,873	\$ * (192,998)

\* 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: 1/1/10

Ending: 12/31/10

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair & Maintenance	\$ 19,222	Alden Bennett Construction Company, Inc.	0.00%	\$ 18,987	\$	(235)	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	<b>Total</b>		\$ 19,222			\$ 18,987	\$ *	(235)	39

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

Alden Estates of Barrington Alden Estates of Barrington

Provider No. 0046524

Report Period Beginning:

1/1/10

Ending: 12/31/10

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

Facility Name &amp; ID Number

Alden Estates of Barrington

#

0046524

Report Period Beginning:

1/1/10

Ending:

12/31/10

## 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	178,910	1.316	3.29	Salary	\$ 6,090	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	66,380	1.316	3.29	Salary	2,260	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,219	1.316	3.29	Salary	1,301	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	\$ 9,651		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:

1/1/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	patient days	1,283,623	33	\$ 71,628	\$ 42,257	\$ 2,358	1
2	24	Trav & Seminar	patient days	1,283,623	33	92,957	42,257	3,060	2
3	25	Other Admin Travel	patient days	1,283,623	33	361,409	42,257	11,898	3
4	26	Insurance	patient days	1,283,623	33	3,773	42,257	124	4
5	20	Dues & Subscriptions	patient days	1,283,623	33	31,234	42,257	1,028	5
6	30	Depreciation	No. of providers	33	33	64,513	1	1,549	6
7	33	Real Estate Tax	patient days	1,283,623	33	135,456	42,257	3,930	7
8	35	Rent-Equip & Vehicles	patient days	1,283,623	33	927,091	42,257	30,520	8
9	32	Interest	patient days	1,283,623	33	1,179,658	42,257	47,614	9
10	1	Dietary Salary	patient days	1,283,623	33	116,597	116,597	3,838	10
11	3	Housekeeping Salary	patient days	1,283,623	33	157,195	157,195	5,175	11
12	7	Employee Benefits-Gen'l Servs	patient days	1,283,623	33	159,672	42,257	5,256	12
13	10	Nurs & Med Records Salary	patient days	1,283,623	33	1,369,902	1,369,902	43,910	13
14	15	Employee Benefits-Health Care	patient days	1,283,623	33	199,071	42,257	6,553	14
15	17	Administrative Salary	patient days	1,283,623	33	2,862,453	2,862,453	216,757	15
16	27	Employee Benefits-Admin	patient days	1,283,623	33	1,372,540	42,257	45,184	16
17	19	Professional Fees	patient days	1,283,623	33	1,239,391	672,679	40,801	17
18	21	Gen'l & Admin	patient days	1,283,623	33	6,683,349	5,909,984	220,017	18
19	6	Repair & Maint	patient days	1,283,623	33	1,043,713	824,986	34,359	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 723,931	25

Facility Name & ID Number

Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/10

Ending:

12/31/10

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Cambridge		x	Mortgage		12/22/05	\$ 14,574,100	\$ 14,164,536	12/1/2046	5.7700	\$ 820,327	1							
2	Amortization - Refinancing fees		x								15,700	2							
3												3							
4	Insurance Reclass (Interest)		x	Medical malpractice							1,877	4							
5												5							
<b>Working Capital</b>																			
6	Related party-AMS		x	Working capital							47,614	6							
7	Related party-FECH		x	Working capital							3,649	7							
8												8							
9	<b>TOTAL Facility Related</b>						\$ 14,574,100	\$ 14,164,536			\$ 889,167	9							
<b>B. Non-Facility Related*</b>																			
10	Interest Income Repl Reserve		x								(296)	10							
11	Int Inc on other (gl 4646/4975)		x								(22,051)	11							
12												12							
13												13							
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (22,347)	14							
15	<b>TOTALS (line 9+line14)</b>						\$ 14,574,100	\$ 14,164,536			\$ 866,820	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 80,983 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:

1/1/10

Ending:

12/31/10

**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).

None

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

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

Nature of Costs:

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

**XI. OWNERSHIP COSTS:**

A. Land.

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

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

1	2	3	4	5	6	7	8	9		
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		1,190,725	4
5	Renovation: interior: GL 1703/LLC		2007	4,351,504	111,577	39	111,577		418,414	5
6	Adj Value For D/T prior owners (LLC)		2003	204,498	5,244	39	5,244		37,143	6
7										7
8										8
	<b>Improvement Type**</b>									
9	ABC-Water Heater GL 1705/Inc.		2004	32,509	2,167	10	2,167		13,906	9
10	Oak Fire and Security-Fire alarm control panel GL 1705/Inc.		2004	6,400	427	10	427		2,668	10
11	Oak Fire and Security-Air handler shutdown GL 1705/Inc.		2004	3,120	208	10	208		1,300	11
12	ABC-37 gallon water heater GL 1705/Inc.		2004	7,274	727	12	727		4,606	12
13	Top Notch: Compressor: Kitchen GL 1705/Inc.		2004	1,603	160	10	160		975	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		8,232	15
16	CSAS-replace dry spinkler: GL 1705/Inc.		2005	3,495	349	10	349		2,037	16
17	CSAS-replace dry spinkler: GL 1705/Inc.		2005	1,843	184	10	184		1,059	17
18	GT Mechanical-replace fans: GL 1705/Inc.		2005	1,681	168	10	168		980	18
19	Top Notch-dishwasher(pump/impe GL 1705/Inc.		2005	4,490	449	10	449		2,320	19
20	ABC Repair damaged sewer line: GL 1705/Inc.		2005	11,445	1,144	10	1,144		5,816	20
21										21
22	Projector Screen Installation: GL 1705/Inc.		2006	3,674	734	5	734		3,427	22
23	Replace blower wheel/air handler: GL 1705/Inc.		2006	4,189	419	10	419		1,816	23
24	Replace chiller controller: GL 1705/Inc.		2006	5,258	526	10	526		2,279	24
25	Install cable thru pipes in hallway to each wallplate:GL 1705/Inc.		2006	14,500	725	20	725		3,323	25
26	Replace boiler expansion tanks: GL 1705/Inc.		2006	4,607	230	20	230		1,035	26
27	New Roof: GL 1703/LLC		2006	138,536	13,854	10	13,854		55,681	27
28	ABC renovation/exterior/landscaping: GL 1703/LLC		2007	321,660	21,444	15	21,444		78,035	28
29										29
30	ABC-New corner guards for new wall coverings: GL 1704/Inc.		2007	2,645	265	10	265		1,015	30
31	ABC-New plumbing in Parlor Room: Inc.		2007	20,504	2,050	10	2,050		7,860	31
32	New Fire Sprinkler: GL 1705/Inc.		2007	2,791	279	10	279		1,093	32
33	Replace fire sprinklers: GL 1705/Inc.		2007	2,887	289	10	289		1,132	33
34	American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.		2007	2,955	296	10	296		1,109	34
35	ABC-Installed new windows: GL 1705/Inc.		2007	3,847	256	15	256		768	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Install new door & hollow metal hardware	2007	\$ 11,096	\$ 555	20	\$ 555	\$	\$ 2,081	37
38									38
39	ABC - repipe existing ansol system	2007	7,263	726	10	726	(0)	2,783	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		1,556	45
46	install new sprinkler heads	2007	5,063	506	10	506		1,813	46
47	installed new exhaust fan	2007	3,125	313	10	313		1,121	47
48	installed new landscaping	2007	18,391	1,839	10	1,839		6,437	48
49	installed new irrigation line & heads	2007	7,017	702	10	702		2,457	49
50	replaced new air compressor	2007	24,614	2,051	12	2,051		7,008	50
51	replaced drywall carpentry	2007	26,605	2,661	10	2,661		8,648	51
52	replaced broken door closer with new closer worn ceiling	2007	2,976	595	5	595		1,934	52
53	replaced broken kitchen equipment with new equipment	2007	9,282	928	10	928		2,861	53
54	replaced broken kitchen equipment with new equipment	2007	4,473	447	10	447		1,378	54
55									55
56	Renovation Exterior Landscaping ( LLC)	2007	7,938	529	15	529		1,631	56
57	Renovation Extras, change order ( LLC)	2007	1,100	73	15	73		219	57
58	Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500	1,633	15	1,633		5,852	58
59									59
60									60
61	ABC - installed new internal paging system	2008	2,557	128	20	128		362	61
62	ABC - replaced broken shower faucet with new one	2008	3,780	378	10	378		1,103	62
63	ABC - replaced broken footboard with new footboard	2008	6,128	1,226	5	1,226		3,473	63
64	Top Notch - replaced broken condenser with new condenser	2008	4,475	298	15	298		795	64
65	Central States - removed & install new fire sprinkler	2008	8,330	333	25	333		805	65
66	CENSAU - replaced sprinkler	2008	6,085	243	25	243		486	66
67	GT Mechanical - repair ductwork	2008	3,062	306	10	306		612	67
68	Central States - Fire alarm repaired & replaced	2008	9,687	969	10	969		1,938	68
69	Renovation ABC Closing HUD statement (LLC)	2008	9,600	640	15	640		1,813	69
70	TOTAL (lines 4 thru 69)		\$ 12,326,980	\$ 339,005		\$ 339,005	\$ (0)	\$ 1,915,309	70

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

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,326,980	\$ 339,005		\$ 339,005	\$ (0)	\$ 1,915,309	1
2									2
3	CENSAU - Repaired frozen damage pipe	2009	4,297	859	5	859		1,647	3
4	CENSAU - Repaired sprinkler system	2009	4,190	838	5	838		1,606	4
5	ABC - repaired corner guards	2009	4,621	924	5	924		1,463	5
6	GT Mech - repair compressor	2009	3,339	668	5	668		1,002	6
7									7
8	ABC - Window replaced	2010	2,610	196	10	196		196	8
9	AMS/Washburn Machinery - Laundry machine repair	2010	2,512	251	5	251		251	9
10	ABC - Ceiling repairs	2010	8,842	147	10	147		147	10
11	ABC - Corner guard	2010	5,076	85	10	85		85	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	Adj for ABC related profit for 2008	2008	(126)	(22)		(22)		(55)	26
27	Adj for ABC related profit for 2009	2009	(61)	(14)		(14)		(21)	27
28	Adj for ABC related profit for 2010	2010	(202)	(5)		(5)		(5)	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,362,078	\$ 342,933		\$ 342,932	\$ (0)	\$ 1,921,625	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 12,362,078	\$ 342,933		\$ 342,932	\$ (0)	\$ 1,921,625	1
2	Forum Prof Ctr: Remodeling	1979	12,778		20			12,778	2
3	Forum Prof Ctr: Build Improv - multiple	1980	24,885		15			24,885	3
4	Forum Prof Ctr: Tennant Improv	1986	785		13			785	4
5	Forum Prof Ctr: AMS remodel	1990	5,337		10			5,337	5
6	Forum Prof Ctr: Roof	1994	2,815	175	16	175		2,815	6
7	Forum Prof Ctr: Build Improv-multiple	1995	993	62	16	62		927	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,568	112	10	112		1,517	8
9	Forum Prof Ctr: Remodel/electrical	2001	611	33	7	33		544	9
10	Forum Prof Ctr: bathroom remodel	2002	540	50	5	50		452	10
11	Forum Prof Ctr: remodel suites/etc.	2003	694	70	9	70		555	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,138	104	7	104		1,762	12
13	Forum Prof Ctr: Suite renovation	2005	432	62	10	62		485	13
14	Forum Prof Ctr: Superior installations, etc.	2006	85	12	4	12		85	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	415	65	7	65		215	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	346	60	7	60		142	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	715	68	7	68		82	17
18	Forum Prof Ctr: Building Renovations	2010	1,161	330	7	330		330	18
19	Alden Mgt Servs: Remodel suites	1993	7,174	23	7	23		7,163	19
20	Alden Mgt Servs: Remodel suites	2002	299		7			299	20
21	Alden Mgt Servs: Remodel suites	2003	6,486	161	7	161		6,474	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,432,335	\$ 344,320		\$ 344,320	\$ (0)	\$ 1,989,256	34

\*\*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	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		\$ 12,432,335	\$ 344,320		\$ 344,320	\$ (0)	\$ 1,989,256	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 12,432,335	\$ 344,320		\$ 344,320	\$ (0)	\$ 1,989,256	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:

1/1/10

Ending:

12/31/10

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,591,921	\$ 121,541	\$ 121,541	\$		\$ 596,923	71
72	Current Year Purchases	136,103	4,442	4,442			4,442	72
73	Fully Depreciated Assets	98,251	23	23			98,251	73
74								74
75	TOTALS	\$ 1,826,275	\$ 126,006	\$ 126,006	\$		\$ 699,616	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	\$ 4,148	\$	\$	\$	3	\$ 4,148	76
77										77
78										78
79										79
80	TOTALS			\$ 4,148	\$	\$	\$		\$ 4,148	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 15,469,703	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 470,326	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 470,326	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)	\$ 2,693,020	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 backed out

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

If NO, see instructions.  YES  NO

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

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: \$ 46,385 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- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>20,776</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>487.50</u>	<u>5,850</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>26,626</u>	21

10. Effective dates of current rental agreement:

Beginning 12/31/2003

Ending 11/30/2013

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

Fiscal Year Ending Annual Rent

12. 12/31/2011 \$ varies

13. 12/31/2012 \$ varies

14. 12/31/2013 \$ 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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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	\$		\$ 642,601	\$		\$ 642,601	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			157,796			157,796	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			900,697			900,697	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				899,018		899,018	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					139,215		139,215	12
13	Other (specify): <u>See Pg 16A</u>			607,538		309,142	549,553		1,466,233	13
14	TOTAL			\$ 607,538		\$ 2,010,236	\$ 1,587,786		\$ 4,205,560	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)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$642,600.66
2.	ST	39-3	To Col 5	157,796.43
3.				
4.	PT	39-3	To Col 5	900,697.19
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			639,270.79
	Manual Input from Related Party- Forum Drugs			259,747.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	899,017.79
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 5	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	139,214.75
	Total Exceptional Care (Line 12, Col 8)			139,214.75
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(192,998.00)
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	502,140.00
13.	Col 3. Salary Split			607,538.00
	Other			1,458,401.59
	Manual Input: Related Party - Prism			128.00
	Manual Input: Related Party FECII - I.V.			(533,638.00)
	Manual Input: Related Party FECII - Wound Care			(2,772.00)
	Oxygen, from reclass worksheet (Pg 4A)			129,574.00
	Reclasses to column 5 for Lines 12 & 13			(502,140.00)
13.	Col 6: Supplies Total		To Col 6	549,553.59
13.	Total Line 13, Column 8			1,466,233.59
14.	Total			4,205,560.41

Facility Name & ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning: 1/1/10

Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 2,550	\$ 3,087	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>150,000</u> )	1,981,747	1,981,747	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		11,219	6
7	Other Prepaid Expenses	3,618	3,618	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	139,241	430,911	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,127,156	\$ 2,430,582	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,206,945	13
14	Buildings, at Historical Cost		11,076,586	14
15	Leasehold Improvements, at Historical Cost	295,002	1,699,027	15
16	Equipment, at Historical Cost	308,357	545,887	16
17	Accumulated Depreciation (book methods)	(262,681)	(2,485,082)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		214,524	21
22	Other Long-Term Assets (spe <u>Refinancing fees</u> )		373,940	22
23	Other(specify): <u>Due from Affiliates</u>	3,540,171	3,540,171	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,880,849	\$ 16,171,998	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,008,005	\$ 18,602,580	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,255,506	\$ 1,280,845	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	241,240	241,240	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	421,320	421,320	30
31	Accrued Taxes Payable (excluding real estate taxes)	72,247	72,247	31
32	Accrued Real Estate Taxes(Sch.IX-B)		280,700	32
33	Accrued Interest Payable		68,107	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	116,135	116,135	36
37	<u>Due to Affiliates / ST portion of note</u>	2,916,162	3,036,389	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,022,610	\$ 5,516,983	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable		14,044,310	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>			43
44	<u>S/holder loans, Others</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 14,044,310	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,022,610	\$ 19,561,293	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 985,395	\$ (958,713)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 6,008,005	\$ 18,602,580	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (332,731)	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)	\$ (329,658)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	1,315,053	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)	\$ 1,315,053	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 985,395	24 *

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

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning: 1/1/10

Ending: 12/31/10

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 15,211,501	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 15,211,501	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	180,261	6
7	Oxygen	312,467	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 492,728	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	645	12
13	Barber and Beauty Care	482	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,843	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	8,625	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 11,594	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	22,051	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 22,051	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Page 19A	17,813	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 17,813	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,755,687	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,076,327	31
32	Health Care	3,592,836	32
33	General Administration	2,619,030	33
<b>B. Capital Expense</b>			
34	Ownership	1,524,797	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	4,545,519	35
36	Provider Participation Fee	82,125	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 14,440,634	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,315,053	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,315,053	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: 1/1/2010 Ending: 12/31/2010

---

**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><u>34,637</u></u>

Facility Name & ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/10

Ending:

12/31/10

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 103,357	\$ 49.69	1
2	Assistant Director of Nursing	2,080	2,080	81,413	39.14	2
3	Registered Nurses	39,938	42,868	1,377,643	32.14	3
4	Licensed Practical Nurses	19,819	20,972	523,046	24.94	4
5	CNAs & Orderlies	79,758	84,881	1,097,500	12.93	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,575	2,614	26,555	10.16	8
9	Activity Director	2,016	2,096	31,108	14.84	9
10	Activity Assistants	5,601	5,803	57,128	9.84	10
11	Social Service Workers	3,776	3,851	60,160	15.62	11
12	Dietician					12
13	Food Service Supervisor	1,840	1,840	32,125	17.46	13
14	Head Cook	6,120	6,128	130,177	21.24	14
15	Cook Helpers/Assistants	50,199	53,466	556,960	10.42	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	49,001	23.56	17
18	Housekeepers	16,229	17,546	208,187	11.87	18
19	Laundry	5,830	6,596	71,813	10.89	19
20	Administrator					20
21	Assistant Administrator	2,080	2,080	81,855	39.35	21
22	Other Administrative	11,388	11,633	286,137	24.60	22
23	Office Manager	1,936	2,107	31,074	14.75	23
24	Clerical	2,526	2,609	22,135	8.48	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,980	4,084	138,063	33.81	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	7,032	7,128	91,175	12.79	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	268,883	284,542	\$ 5,056,612 *	\$ 17.77	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	\$ 21,800	1-3	35
36	Medical Director	Monthly	90,650	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	2,940	11-3	44
45	Social Service Consultant	Varies	552	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 118,822		49

C. CONTRACT NURSES

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





Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning: 1/1/10

Ending: 12/31/10

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IHCA=\$5,106 Il. Assoc. of HC=\$1,860
- (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. \$ 24,899 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. \$ 45,216 Has any meal income been offset against related costs? \_\_\_\_\_ Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
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.