FOR BHF USE

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0046524

Facility Name: Alden Estates of Barrington, Inc.

Address: 1420 South Barrington Road (Number) Barrington (City) 60010 (Zip Code)

County: Cook

Telephone Number: (847) 382-6664 **Fax #** (847) 382-6395

HFS ID Number:

Date of Initial License for Current Owners: 12/1/03

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 724-6622
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2011 to 12/31/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name) Joan Carl
(Title) Vice-President

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 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: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	12,102	4,523	17,855	34,480	8
9	SNF/PED					9
10	ICF	8,669	695	455	9,819	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	20,771	5,218	18,310	44,299	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.91%

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)
N/A

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 [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

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 [x] Date 12/1/2003 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 150 and days of care provided 16,818

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	750,804	46,147	22,800	819,751	3,366	823,117	(5,856)	817,261			1
2	Food Purchase		503,641		503,641	(51,317)	452,324	(52,738)	399,586			2
3	Housekeeping	211,692	62,187		273,879	2,654	276,533	7,311	283,844			3
4	Laundry	57,309	24,660		81,969	622	82,591		82,591			4
5	Heat and Other Utilities			157,265	157,265		157,265	(243)	157,022			5
6	Maintenance	51,458	80	286,908	338,446	382	338,828	9,422	348,250			6
7	Other (specify):* Related party			3	3		3	9,727	9,730			7
8	TOTAL General Services	1,071,263	636,715	466,976	2,174,954	(44,293)	2,130,661	(32,377)	2,098,284			8
	B. Health Care and Programs											
9	Medical Director			71,828	71,828	287	72,115		72,115			9
10	Nursing and Medical Records	3,286,228	385,042	4,050	3,675,320	(102,983)	3,572,337	33,668	3,606,005			10
10a	Therapy	82,307	2,852	11,400	96,559		96,559		96,559			10a
11	Activities	87,299	3,239	10,815	101,353	324	101,677		101,677			11
12	Social Services	67,014			67,014		67,014		67,014			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related party							5,758	5,758			15
16	TOTAL Health Care and Programs	3,522,848	391,133	98,093	4,012,074	(102,372)	3,909,702	39,426	3,949,128			16
	C. General Administration											
17	Administrative	161,453			161,453		161,453	88,794	250,247			17
18	Directors Fees											18
19	Professional Services			1,101,119	1,101,119	(12,812)	1,088,307	(1,034,956)	53,351			19
20	Dues, Fees, Subscriptions & Promotions			155,552	155,552	1,220	156,772	(141,059)	15,713			20
21	Clerical & General Office Expenses	294,981	32,531	92,107	419,619	2,322	421,941	343,857	765,798			21
22	Employee Benefits & Payroll Taxes			880,039	880,039	28,321	908,360	(7,662)	900,698			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,739	5,739	(1,498)	4,241	2,566	6,807			24
25	Other Admin. Staff Transportation			7,846	7,846		7,846	15,383	23,229			25
26	Insurance-Prop.Liab.Malpractice			159,976	159,976		159,976	12,438	172,414			26
27	Other (specify):* Related party			242,903	242,903		242,903	(183,195)	59,708			27
28	TOTAL General Administration	456,434	32,531	2,645,281	3,134,246	17,553	3,151,799	(903,834)	2,247,965			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,050,545	1,060,379	3,210,350	9,321,274	(129,112)	9,192,162	(896,785)	8,295,377			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, Inc. #0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			60,048	60,048		60,048	430,391	490,439			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			85,054	85,054		85,054	798,318	883,372			32
33	Real Estate Taxes			712,820	712,820	(712,820)		719,074	719,074			33
34	Rent-Facility & Grounds			1,167,988	1,167,988	712,820	1,880,808	(1,880,808)				34
35	Rent-Equipment & Vehicles			17,971	17,971		17,971	35,445	53,416			35
36	Other (specify):* M.I.P.							80,313	80,313			36
37	TOTAL Ownership			2,043,881	2,043,881		2,043,881	182,733	2,226,614			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	639,955	1,695,848	2,387,078	4,722,881	129,112	4,851,993	(443,389)	4,408,604			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	639,955	1,695,848	2,469,203	4,805,006	129,112	4,934,118	(443,389)	4,490,729			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,690,500	2,756,227	7,723,434	16,170,161		16,170,161	(1,157,441)	15,012,720			45

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

Alden Estates of Barrington, Inc. IDPH Facility No. 0046524
Report Period Beginning: 1/1/2011
Ending: 12/31/2011

Reclassifications - Pages 3 & 4, Column 5

From Line	To Line	Amount	Description
2		(51,317.00)	Employee Meals
	22	51,317.00	Employee Meals
22		(22,996.00)	Uniforms
	10	14,024.00	Uniforms
	1	3,366.00	Uniforms
	3	2,654.00	Uniforms
	4	622.00	Uniforms
	6	382.00	Uniforms
	11	324.00	Uniforms
	21	1,624.00	Uniforms
10		(129,112.00)	Oxygen - to appropriate cost center
	39	129,112.00	Oxygen - to appropriate cost center
33		(712,820.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	712,820.00	Rent - Real Estate Tax on associated landowner (Pg 6)
24		(1,498.00)	Restorative Nurse Certification
	21	1,498.00	Restorative Nurse Certification
21		(800.00)	Vendor Settlements
	10	800.00	Vendor Settlements (Medmizer)
19		(1,220.00)	Patient Background Check
	20	1,220.00	Patient Background Check
Others, if any:			
19		(11,305.00)	Clinical Coordinators (Pathway Billing)
	10	11,305.00	Clinical Coordinators (Pathway Billing)
19		(287.00)	Medical Consultation
	9	287.00	Medical Consultation
Net		-	

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 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	(11,013)	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	(15,200)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,716)	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	(14,321)	21		17
18	Fines and Penalties				18
19	Entertainment	(6,305)	20		19
20	Contributions	(22,736)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(28,000)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(242,903)	27		24
25	Fund Raising, Advertising and Promotional	(52,327)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(3,178)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (399,699)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 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)	(583,250)	Various	34
35	Other- Attach Schedule	(174,492)	Pg 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (757,742)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,157,441)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Alden Estates of Barrington, Inc.

ID# 0046524

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under $2,500 -	$ (6,548)	30	1
2	Elim Deprec Exp on Pg 13 items under $2500 -	(13,453)	30	2
3	Expense Pg 12 items under $2,500 - curr yr purchs +	0	6	3
4	Expense Pg 13 items under $2,500 - curr yr purchs +	7,062	6	4
5	Adjustment Depreciation exp to Detail	(3,990)	30	5
6	Elim ABC Deprec Exp from Pg 12 series -	(18)	30	6
7	Late fees on utilites	(2,891)	5	7
8	Intercompany interest	(82,970)	32	8
9	Miscellaneous income (Payroll)	(96)	21	9
10	Miscellaneous income (Jury Duty)	(120)	21	10
11	Miscellaneous income (Food Vendor Rebate)	(387)	2	11
12	Miscellaneous income (Medical Records)	(3,759)	10	12
13	Marketing Manager & Aides (6701-100-009)	(49,547)	21	13
14	Employee Benefit for Marketing Manager	(7,662)	22	14
15	Back out 30% (2010) IHCA PAC Fees	(2,484)	20	15
16	Deming Leadership Training Adjustment (20%)	(450)	24	16
17	Back out Barrington Chamber of Commerce	(1,295)	20	17
18	Back out Bank charges - Barrington LLC	(37)	21	18
19	Eliminate Legal fees for Group Midcap charge	(3,889)	19	19
20	Eliminate Acctg fees for Group Midcap charge	(1,958)	19	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				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**	(174,492)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 **Report Period Beginning:** 1/1/2011 **Ending:** 12/31/2011

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	4,907	(10,763)	0	0	0	0	0	0	0	(5,856)	1
2	Food Purchase	(4,103)	0	0	(48,635)	0	0	0	0	0	0	0	(52,738)	2
3	Housekeeping	0	0	7,311	0	0	0	0	0	0	0	0	7,311	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,891)	0	2,648	0	0	0	0	0	0	0	0	(243)	5
6	Maintenance	(3,951)	0	13,124	0	0	0	249	0	0	0	0	9,422	6
7	Other (specify):*	0	0	7,002	2,725	0	0	0	0	0	0	0	9,727	7
8	**TOTAL General Services**	(10,945)	0	34,992	(56,673)	0	0	249	0	0	0	0	(32,377)	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	(3,759)	0	37,996	34	(603)	0	0	0	0	0	0	33,668	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	5,758	0	0	0	0	0	0	0	0	5,758	15
16	**TOTAL Health Care and Programs**	(3,759)	0	43,754	34	(603)	0	0	0	0	0	0	39,426	16
	C. General Administration													
17	Administrative	0	0	88,794	0	0	0	0	0	0	0	0	88,794	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(33,847)	5,930	(1,007,039)	0	0	0	0	0	0	0	0	(1,034,956)	19
20	Fees, Subscriptions & Promotions	(88,325)	250	(52,984)	0	0	0	0	0	0	0	0	(141,059)	20
21	Clerical & General Office Expenses	(64,121)	84	237,992	63,893	106,009	0	0	0	0	0	0	343,857	21
22	Employee Benefits & Payroll Taxes	(7,662)	0	0	0	0	0	0	0	0	0	0	(7,662)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(450)	0	3,016	0	0	0	0	0	0	0	0	2,566	24
25	Other Admin. Staff Transportation	0	0	15,383	0	0	0	0	0	0	0	0	15,383	25
26	Insurance-Prop.Liab.Malpractice	0	12,301	137	0	0	0	0	0	0	0	0	12,438	26
27	Other (specify):*	(242,903)	0	46,232	6,818	6,658	0	0	0	0	0	0	(183,195)	27
28	**TOTAL General Administration**	(437,308)	18,565	(668,469)	70,711	112,667	0	0	0	0	0	0	(903,834)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(452,012)	18,565	(589,723)	14,072	112,064	0	249	0	0	0	0	(896,785)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 **Report Period Beginning:** 1/1/2011 **Ending:** 12/31/2011

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

	Capital Expense D. Ownership	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)	
30	Depreciation	(24,009)	446,213	8,187	0	0	0	0	0	0	0	0	430,391	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(98,170)	828,905	64,099	0	3,484	0	0	0	0	0	0	798,318	32
33	Real Estate Taxes	0	712,820	4,750	0	1,504	0	0	0	0	0	0	719,074	33
34	Rent-Facility & Grounds	0	(1,880,808)	0	0	0	0	0	0	0	0	0	(1,880,808)	34
35	Rent-Equipment & Vehicles	0	0	35,445	0	0	0	0	0	0	0	0	35,445	35
36	Other (specify):*	0	80,313	0	0	0	0	0	0	0	0	0	80,313	36
37	**TOTAL Ownership**	(122,179)	187,443	112,481	0	4,988	0	0	0	0	0	0	182,733	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	(48,675)	(287,321)	(107,393)	0	0	0	0	0	(443,389)	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	(48,675)	(287,321)	(107,393)	0	0	0	0	0	(443,389)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(574,191)	206,008	(477,242)	(34,603)	(170,269)	(107,393)	249	0	0	0	0	(1,157,441)	45

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

VII. RELATED PARTIES

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

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

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	$ 1,880,808	Alden of Barrington, LLC		$	$ (1,880,808)	1
2	V	32	Interest Income	236	Alden of Barrington, LLC			(236)	2
3	V	19	Accounting fees		Alden of Barrington, LLC		5,930	5,930	3
4	V	33	Real Estates Tax Expense		Alden of Barrington, LLC		712,820	712,820	4
5	V	26	General Insurance Expense		Alden of Barrington, LLC		12,301	12,301	5
6	V	36	Mortgage Insurance Premium		Alden of Barrington, LLC		80,313	80,313	6
7	V	32	Interest - Mortgage		Alden of Barrington, LLC		813,569	813,569	7
8	V	30	Depreciation		Alden of Barrington, LLC		446,213	446,213	8
9	V	32	Amortization		Alden of Barrington, LLC		15,572	15,572	9
10	V	21	Bank Charges		Alden of Barrington, LLC		37	37	10
11	V	20	Corporate Annual Report Fee		Alden of Barrington, LLC		250	250	11
12	V	21	Licenses & Inspection		Alden of Barrington, LLC		47	47	12
13	V				Alden of Barrington, LLC				13
14	Total			$ 1,881,044			$ 2,087,052	$ * 206,008	14

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	$	Alden Management Services, Inc.	0.00%	$ 2,648	$ 2,648	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		3,016	3,016	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		15,383	15,383	17
18	V	26	Insurance		Alden Management Services, Inc.		137	137	18
19	V	20	Dues & Subscriptions	54,882	Alden Management Services, Inc.		1,898	(52,984)	19
20	V	30	Depreciation		Alden Management Services, Inc.		8,187	8,187	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		4,750	4,750	21
22	V	35	Rent-Equip & Vehicles		Alden Management Services, Inc.		35,445	35,445	22
23	V	32	Interest		Alden Management Services, Inc.		64,099	64,099	23
24	V	1	Dietary		Alden Management Services, Inc.		4,907	4,907	24
25	V	3	Housekeeping		Alden Management Services, Inc.		7,311	7,311	25
26	V	7	Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		7,002	7,002	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		37,996	37,996	27
28	V	15	Employee Benefits-Health Care		Alden Management Services, Inc.		5,758	5,758	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		88,794	88,794	29
30	V	27	Employee Benefits-Admin		Alden Management Services, Inc.		46,232	46,232	30
31	V	19	Professional Fees	1,045,649	Alden Management Services, Inc.		38,610	(1,007,039)	31
32	V	21	Gen'l & Admin		Alden Management Services, Inc.		237,992	237,992	32
33	V	6	Repair & Maint	32,117	Alden Management Services, Inc.		45,241	13,124	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,132,648			$ 655,406	$ * (477,242)	39

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Diet Consultant	$ 22,800	Prism Health Care Services, Inc.	0.00%	$ 380	$ (22,420)	15
16	V	1	Dietary salary				11,657	11,657	16
17	V	2	Tube Feeding	99,739			51,104	(48,635)	17
18	V	10	Equipment Rental	6,660			6,694	34	18
19	V	39	Supplies	225,637			97,097	(128,540)	19
20	V	39	Vent Rental				79,865	79,865	20
21	V	21	Salary G & A				40,868	40,868	21
22	V	27	Employee Benefit				6,818	6,818	22
23	V	7	Employee Benefit				2,725	2,725	23
24	V	21	G & A				23,025	23,025	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 354,836			$ 320,233	$ * (34,603)	39

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	$ 655,935	Forum Extended Care Services II, Inc.	0.00%	$ 909,012	$ 253,077	15
16	V	39	I.V. Drugs	609,337			71,631	(537,706)	16
17	V	39	Wound care	12,885			10,193	(2,692)	17
18	V	10	House stock	36,913			34,153	(2,760)	18
19	V	10	Pharmacy Consultant	2,880			5,037	2,157	19
20	V	27	Employee Vacination	7,911			6,255	(1,656)	20
21	V	27	Employee Benefit - G & A				8,314	8,314	21
22	V	21	Salary G & A				66,785	66,785	22
23	V	21	General Administration				39,224	39,224	23
24	V	32	Interest				3,484	3,484	24
25	V	33	Real Estate Tax				1,504	1,504	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,325,861			$ 1,155,592	$ * (170,269)	39

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	$ 1,800,478	Community Physical Therapy & Associates, Ltd.	0.00%	$ 1,693,085	$ (107,393)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,800,478			$ 1,693,085	$ * (107,393)	39

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repair & Maintenance	$ 32,105	Alden Bennett Construction Company, Inc.	0.00%	$ 32,354	$ 249	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 32,105			$ 32,354	$ * 249	39

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	178,770	1.348	3.37	Salary	$ 6,230	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	66,328	1.348	3.37	Salary	2,312	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,189	1.348	3.37	Salary	1,331	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	$ 9,873		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, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 2/31/2011

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 [x] 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: (773-724-6622
Fax Number: (773-724-6622

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	patient days	1,315,389	34	$ 78,619	$	44,299	$ 2,648	1
2	24	Trav & Seminar	patient days	1,315,389	34	89,570		44,299	3,016	2
3	25	Other Admin Travel	patient days	1,315,389	34	456,762		44,299	15,383	3
4	26	Insurance	patient days	1,315,389	34	4,082		44,299	137	4
5	20	Dues & Subscriptions	patient days	1,315,389	34	56,361		44,299	1,898	5
6	30	Depreciation	No. of providers/usage	34	34	291,758		1	8,187	6
7	33	Real Estate Tax	patient days/usage	1,315,389	34	156,401		44,299	4,750	7
8	35	Rent-Equip & Vehicles	patient days	1,315,389	34	1,052,493		44,299	35,445	8
9	32	Interest	patient days/usage	1,315,389	34	1,368,621		44,299	64,099	9
10	1	Dietary Salary	patient days	1,315,389	34	145,718	145,718	44,299	4,907	10
11	3	Housekeeping Salary	patient days	1,315,389	34	217,102	217,102	44,299	7,311	11
12	7	Employee Benefits-Gen'l Servs	patient days	1,315,389	34	207,899		44,299	7,002	12
13	10	Nurs & Med Records Salary	patient days/usage	1,315,389	34	1,184,449	1,184,449	44,299	37,996	13
14	15	Employee Benefits-Health Care	patient days	1,315,389	34	170,963		44,299	5,758	14
15	17	Administrative Salary	patient days/usage	1,315,389	34	2,886,253	2,886,253	44,299	88,794	15
16	27	Employee Benefits-Admin	patient days	1,315,389	34	1,372,783		44,299	46,232	16
17	19	Professional Fees	patient days	1,315,389	34	1,146,467	654,108	44,299	38,610	17
18	21	Gen'l & Admin	patient days	1,315,389	34	7,066,809	5,970,419	44,299	237,992	18
19	6	Repair & Maint	patient days	1,315,389	34	1,343,350	1,077,524	44,299	45,241	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 19,296,460	$ 12,135,573		$ 655,406	25

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Cambridge		x	Mortgage		12/22/05	$ 14,574,100	$ 14,044,310	12/1/2046	5.7700	$ 813,569	1
2	Amortization - Refinancing fees		x								15,572	2
3												3
4	Insurance Reclass (Interest)		x	Medical malpractice							2,084	4
5												5
	Working Capital											
6	Related party-AMS		x	Working Capital							64,099	6
7	Related party-FECII		x	Working Capital							3,484	7
8												8
9	TOTAL Facility Related						$ 14,574,100	$ 14,044,310			$ 898,808	9
	B. Non-Facility Related*											
10	Interest Income Repl Reserve		x								(236)	10
11	Int Inc on other (gl 4975)		x								(15,200)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (15,436)	14
15	TOTALS (line 9+line14)						$ 14,574,100	$ 14,044,310			$ 883,372	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** 80,313 **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, Inc. # 0046524 **Report Period Beginning:** 1/1/2011 **Ending:** 12/31/2011

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 280,700	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 489,420	2
3. Under or (over) accrual (line 2 minus line 1).		$ 208,720	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 504,100	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 712,820	7
	Plus: Related Party Taxes (2) - See Pg RE_Tax	6,254	
		$ 719,074	

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	370,057	8
	2007	364,896	9
	2008	359,552	10
	2009	272,529	11
	2010	489,415	12

The current year accrual is based on an estimated 3% increase of the prior year tax.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Barrington, Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0046524

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 724-6622 FAX #: (773-283-3997

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

Enter the tax index number and real estate tax assessed for 2010 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	See attached supplement	Related Party-Alden Management Ser	$ 300,377.00	$ 4,750.00
2.	See attached supplement	Related Party-Forum Extended Care	$ 42,023.00	$ 1,504.00
3.	01-12-107-016-0000	Nursing Home Facility	$ 489,414.95	$ 489,414.95
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 831,814.95	$ 495,668.95

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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 [x] (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? [x] (a) Own the Equipment [x] (b) Rent equipment from a Related Organization. [x] (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 [x] NO
If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	150 Bed Facility		2003	$ 1,206,945	1
2					2
3	TOTALS			$ 1,206,945	3

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Building Acquisition: GL 1702/LLC			2003	6,933,811	154,917	39	154,917		1,345,642	4
5	Renovation: interior: GL 1703/LLC			2007	4,351,504	111,577	39	111,577		529,991	5
6	Adj Value For D/T prior owners (LLC)			2003	204,498	5,244	39	5,244		42,387	6
7											7
8											8
	Improvement Type**										
9	ABC-Water Heater GL 1705/Inc.			2004	32,509	3,251	10	3,251		17,157	9
10	Oak Fire and Security-Fire alarm control panel GL 1705/Inc.			2004	6,400	640	10	640		3,308	10
11	Oak Fire and Security-Air handler shutdown GL 1705/Inc.			2004	3,120	312	10	312		1,612	11
12	ABC-37 gallon water heater GL 1705/Inc.			2004	7,274	606	12	606		5,212	12
13	Top Notch: Compressor: Kitchen GL 1705/Inc.			2004	1,603	160	10	160		1,135	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		9,604	15
16	CSAS-replace dry spinkler: GL 1705/Inc.			2005	3,495	349	10	349		2,386	16
17	CSAS-replace dry spinkler: GL 1705/Inc.			2005	1,843	184	10	184		1,243	17
18	GT Mechanical-replace fans: GL 1705/Inc.			2005	1,681	168	10	168		1,148	18
19	Top Notch-dishwasher(pump/impe GL 1705/Inc.			2005	4,490	449	10	449		2,769	19
20	ABC Repair damaged sewer line: GL 1705/Inc.			2005	11,445	1,144	10	1,144		6,960	20
21											21
22	Projector Screen Installation: GL 1705/Inc.			2006	3,674	247	5	247		3,674	22
23	Replace blower wheel/air handler: GL 1705/Inc.			2006	4,189	419	10	419		2,235	23
24	Replace chiller controller: GL 1705/Inc.			2006	5,258	526	10	526		2,805	24
25	Install cable thru pipes in hallway to each wallplate:GL 1705/Inc.			2006	14,500	725	20	725		4,048	25
26	Replace boiler expansion tanks: GL 1705/Inc.			2006	4,607	230	20	230		1,265	26
27	New Roof: GL 1703/LLC			2006	138,536	13,854	10	13,854		69,535	27
28	ABC renovation/exterior/landscaping: GL 1703/LLC			2007	321,660	21,444	15	21,444		99,479	28
29											29
30	ABC-New corner guards for new wall coverings: GL 1704/Inc.			2007	2,645	265	10	265		1,280	30
31	ABC-New plumbing in Parlor Room: Inc.			2007	20,504	2,050	10	2,050		9,910	31
32	New Fire Sprinkler: GL 1705/Inc.			2007	2,791	279	10	279		1,372	32
33	Replace fire sprinklers: GL 1705/Inc.			2007	2,887	289	10	289		1,421	33
34	American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.			2007	2,955	296	10	296		1,405	34
35	ABC-Installed new windows: GL 1705/Inc.			2007	3,847	256	15	256		1,024	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, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	
37	Install new door & hollow metal hardward	2007	$ 11,096	$ 555	20	$ 555	$	$ 2,636	37
38									38
39	ABC - repipe existing ansol system	2007	7,263	726	10	726	(0)	3,509	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		2,023	45
46	install new sprinkler heads	2007	5,063	506	10	506		2,319	46
47	installed new exhaust fan	2007	3,125	313	10	313		1,434	47
48	installed new landscaping	2007	18,391	1,839	10	1,839		8,276	48
49	installed new irrigation line & heads	2007	7,017	702	10	702		3,159	49
50	replaced new air compressor	2007	24,614	2,051	12	2,051		9,059	50
51	replaced drywall carpentry	2007	26,605	2,661	10	2,661		11,309	51
52	replaced broken door closer with new closer worn ceiling	2007	2,976	595	5	595		2,529	52
53	replaced broken kitchen equipment with new equipment	2007	9,282	928	10	928		3,789	53
54	relaced broken kitchen equipment with new equipment	2007	4,473	447	10	447		1,825	54
55									55
56	Renovation Exterior Landscaping (LLC)	2007	7,938	529	15	529		2,160	56
57	Renovation Extras, change order (LLC)	2007	1,100	73	15	73		292	57
58	Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500	1,633	15	1,633		7,485	58
59									59
60									60
61	ABC - installed new internal paging system	2008	2,557	128	20	128		490	61
62	ABC - replaced broken shower faucet with new one	2008	3,780	378	10	378		1,481	62
63	ABC - replaced broken footboard with new footboard	2008	6,128	1,226	5	1,226		4,699	63
64	Top Notch - replaced broken condenser with new condenser	2008	4,475	298	15	298		1,093	64
65	Central States - removed & install new fire sprinkler	2008	8,330	333	25	333		1,138	65
66	CENSAU - replaced sprinkler	2008	6,085	243	25	243		729	66
67	GT Mechanical - repair ductwork	2008	3,062	306	10	306		918	67
68	Central States - Fire alarm repaired & replaced	2008	9,687	969	10	969		2,907	68
69	Renovation ABC Closing HUD statement (LLC)	2008	9,600	640	15	640		2,453	69
70	TOTAL (lines 4 thru 69)		$ 12,326,980	$ 339,798		$ 339,798	$ (0)	$ 2,255,108	70

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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		$ 12,326,980	$ 339,798		$ 339,798	$ (0)	$ 2,255,108	1
2									2
3	CENSAU - Repaired frozen damage pipe	2009	4,297	859	5	859		2,506	3
4	CENSAU - Repaired sprinkler system	2009	4,190	838	5	838		2,444	4
5	ABC - repaired corner guards	2009	4,621	924	5	924		2,387	5
6	GT Mech - repair compressor	2009	3,339	668	5	668		1,670	6
7									7
8	ABC - Window replaced	2010	2,610	261	10	261		457	8
9	AMS/Washburn Machinery - Laundry machine repair	2010	2,512	502	5	502		753	9
10	ABC - Ceiling repairs	2010	8,842	884	10	884		1,031	10
11	ABC - Corner guard	2010	5,076	508	10	508		593	11
12									12
13	ABC - Pond & Patio	2011	105,094	2,335	15	2,335		2,335	13
14	JM Allen - Gazebo Installation	2011	9,300	207	15	207		207	14
15	ABC - Pond & Patio Plumb & Electric	2011	19,299	322	15	322		322	15
16	ADG - Raised Planter Box	2011	5,559	139	10	139		139	16
17	ABC - Gazebo Landscaping	2011	46,222	514	15	514		514	17
18	ABC - Compressor Repair Overload Units	2011	5,727	382	5	382		382	18
19	Repair Fire Pump & Bearing Caps	2011	7,334		10				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)		(77)	26
27	Adj for ABC related profit for 2009	2009	(61)	(14)		(14)		(35)	27
28	Adj for ABC related profit for 2010	2010	(202)	(10)		(10)		(15)	28
29	Adj for ABC related profit for 2011	2011	1,372	28		28		28	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 12,561,984	$ 349,123		$ 349,123	$ (0)	$ 2,270,748	34

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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 12C, Carried Forward		$ 12,561,984	$ 349,123		$ 349,123	$ (0)	$ 2,270,748	1
2	Forum Prof Ctr: Remodeling	1979	13,418		20			13,418	2
3	Forum Prof Ctr: Build Improv - multiple	1980	26,131		15			26,131	3
4	Forum Prof Ctr: Tennant Improv	1986	824		13			824	4
5	Forum Prof Ctr: AMS remodel	1990	5,604		10			5,604	5
6	Forum Prof Ctr: Roof	1994	2,956		16			2,956	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,042	65	16	65		1,039	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,646	13	10	13		1,605	8
9	Forum Prof Ctr: Remodel/electrical	2001	641	24	7	24		595	9
10	Forum Prof Ctr: bathroom remodel	2002	567	53	5	53		527	10
11	Forum Prof Ctr: remodel suites/etc.	2003	729	74	9	74		657	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,245	104	7	104		1,954	12
13	Forum Prof Ctr: Suite renovation	2005	453	27	10	27		537	13
14	Forum Prof Ctr: Superior installations, etc.	2006	108	3	4	3		108	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	435	68	7	68		294	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	374	54	7	54		208	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	761	73	7	73		162	17
18	Forum Prof Ctr: Building Renovations	2010	1,296	263	7	263		340	18
19	Forum Prof Ctr: Building Renovations	2011	5,684	137	7	137		137	19
20	Alden Mgt Servs: Remodel suites	1993	6,963		7			6,963	20
21	Alden Mgt Servs: Remodel suites	2002	290		7			290	21
22	Alden Mgt Servs: Remodel suites	2003	6,295		7			6,295	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)		$ 12,640,447	$ 350,081		$ 350,081	$ (0)	$ 2,341,392	34

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,699,840	$ 132,206	$ 132,206	$		$ 727,184	71
72	Current Year Purchases	99,544	5,314	5,314			5,314	72
73	Fully Depreciated Assets	111,974	2,838	2,838			111,974	73
74								74
75	TOTALS	$ 1,911,358	$ 140,358	$ 140,358	$		$ 844,472	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related Party - AMS	Various	'98 - '02	$ 4,026	$	$	$	3	$ 4,026	76
77										77
78										78
79										79
80	TOTALS			$ 4,026	$	$	$		$ 4,026	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)	$ 15,762,776	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 490,439	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 490,439	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)	$ 3,189,890	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.

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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 [x] 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 [x] NO Terms: *

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.	12/31/2012	$ varies
13.	12/31//2013	$ varies
14.	12/31//2014	$ varies

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

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO
16. Rental Amount for movable equipment: $ 31,041 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	related party- Pg 6A	various	$ #######	$ 24,076	17
18					18
19	Auto lease GL 6890	various	183.33	2,200	19
20					20
21	TOTAL		$ #######	$ 26,276	21

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

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [x] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   Skilled nursing on site

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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.

Facility Name & ID Number Alden Estates of Barrington, Inc. STATE OF ILLINOIS # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

	1	2	3	4	5	6	7	8	
	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	$		$ 696,972	$		$ 696,972	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			143,653			143,653	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			934,653			934,653	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				909,012		909,012	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Except Care Prgrm	39-1,39-3, if any					150,059		150,059	12
13	Other (specify): See Pg 16A			639,955		448,068	486,232		1,574,255	13
14	TOTAL			$ 639,955		$ 2,223,346	$ 1,545,303		$ 4,408,604	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.

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XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	Col 5: PT,OT, & ST	Col 6: Supplies
1.	OT	39-3	To Col 5	$696,972.44	
2.	ST	39-3	To Col 5	143,652.79	
3.					
4.	PT	39-3	To Col 5	934,652.68	
5.					
6.					
7.					
8.					
	Phamacy Supplies per GL				655,935.18
	Manual Input from Related Party- Forum Drugs				253,077.00

9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6		909,012.18

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		150,058.57

	Total Exceptional Care (Line 12, Col 8)				150,058.57

13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(107,393.00)
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		555,461.00
13.	Col 3. Salary Split				639,955.00
	Other				1,501,653.93
	Manual Input: Related Party - Prism				(48,675.00)
	Manual Input: Related Party FECII - I.V.				(537,706.00)
	Manual Input: Related Party FECII - Wound Care				(2,692.00)
	Oxygen, from reclass worksheet (Pg 4A)				129,112.00
	Reclasses to column 5 for Lines 12 & 13				(555,461.00)

13.	Col 6: Supplies Total		To Col 6		486,231.93

13.	Total Line 13, Column 8				1,574,254.93

14.	Total				4,408,603.59
					==========

STATE OF ILLINOIS

Facility Name & ID Number Alden Estates of Barrington, Inc. **#** 0046524 **Report Period Beginning:** 1/1/2011 **Ending:** 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2011 **(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	$	$ 495	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 100,000)	3,782,881	3,782,881	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		11,902	6
7	Other Prepaid Expenses	16,808	16,808	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	95,560	610,024	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,895,249	$ 4,422,110	10
	B. Long-Term Assets			
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	316,687	1,911,473	15
16	Equipment, at Historical Cost	315,316	624,646	16
17	Accumulated Depreciation (book methods)	(317,389)	(2,986,002)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		85,698	21
22	Other Long-Term Assets (spe Refinancing fees		358,369	22
23	Other(specify): Due from affiliates	2,712,716	2,712,716	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,027,330	$ 14,990,431	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,922,579	$ 19,412,541	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,238,897	$ 1,263,035	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	281,793	281,793	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	442,049	442,049	30
31	Accrued Taxes Payable (excluding real estate taxes)	86,327	86,327	31
32	Accrued Real Estate Taxes(Sch.IX-B)		504,100	32
33	Accrued Interest Payable		67,530	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp,Due HFS,SalesTax,Etc.	77,115	77,115	36
37	Due to Affiliates / ST portion of note	2,993,122	3,120,472	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 5,119,303	$ 5,842,421	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		13,916,959	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates			43
44	S/holder loans, others			44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 13,916,959	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 5,119,303	$ 19,759,380	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,803,276	$ (346,839)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,922,579	$ 19,412,541	48

***(See instructions.)**

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 **Report Period Beginning:** 1/1/2011 **Ending:** 12/31/2011

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 985,395	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 985,395	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	817,881	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)**	$ 817,881	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,803,276	24 *

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 16,418,459	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 16,418,459	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	183,085	6
7	Oxygen	343,350	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 526,435	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	905	12
13	Barber and Beauty Care	148	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,356	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	13,296	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 15,705	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	15,200	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 15,200	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Page 19A	12,243	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 12,243	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 16,988,042	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,174,954	31
32	Health Care	4,012,074	32
33	General Administration	3,134,246	33
	B. Capital Expense		
34	Ownership	2,043,881	34
	C. Ancillary Expense		
35	Special Cost Centers	4,722,881	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)***	$ 16,170,161	40
41	**Income before Income Taxes (line 30 minus line 40)****	817,881	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 817,881	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.**

Facility Name & ID Number **Alden Estates of Barrington, Inc.** **# 001-7319** **Report Period Beginning: 1/1/2011** **Ending: 12/31/2011**

Details of Page 19, Line 28

Description	Amount
Misc Income (Med Record)	3,759
Misc Income (Food Rebate)	387
Misc Income (Donation)	2,654
Misc Income (Payroll)	96
Misc Income (Jury Duty)	120
Gain on Sale of Assets	5,340
Prior year adjustment	(113)
Line 28 Total:	12,243

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,080	$ 108,520	$ 52.17	1
2	Assistant Director of Nursing	1,032	1,102	43,226	39.23	2
3	Registered Nurses	49,464	52,147	1,703,388	32.67	3
4	Licensed Practical Nurses	21,504	22,795	576,646	25.30	4
5	CNAs & Orderlies	90,342	96,438	1,254,110	13.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,630	1,778	24,313	13.67	8
9	Activity Director	2,080	2,080	30,368	14.60	9
10	Activity Assistants	5,256	5,444	56,931	10.46	10
11	Social Service Workers	4,240	4,240	67,014	15.81	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	36,770	17.68	13
14	Head Cook	6,280	6,280	145,303	23.14	14
15	Cook Helpers/Assistants	50,224	53,660	568,731	10.60	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	51,458	24.74	17
18	Housekeepers	16,476	17,554	211,691	12.06	18
19	Laundry	5,197	5,533	57,309	10.36	19
20	Administrator	2,080	2,080	130,357	62.67	20
21	Assistant Administrator	1,040	1,040	31,096	29.90	21
22	Other Administrative	12,872	12,910	300,600	23.28	22
23	Office Manager	1,888	1,888	23,671	12.54	23
24	Clerical	3,143	3,236	28,704	8.87	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,063	4,217	146,063	34.64	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	800	800	16,015	20.02	31
32	Other Health C: Unit Manager	6,288	6,312	78,216	12.39	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	292,139	307,774	$ 5,690,500 *	$ 18.49	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 22,800	1-3	35
36	Medical Director	Monthly	71,828	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	2,695	11-3	44
45	Social Service Consultant	Varies	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 101,323		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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 & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Nienaber, Gregory	Administrator	0	$ 130,357
Wirtz, Evangelia	Assistant Adm	0	11,960
Woebbeking, Lorrie	Assistant Adm	0	19,136
		0	
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 161,453

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services, Inc.	Consulting	$ 1,009,649
AMS (Eliminated)	Allocated Legal Fees	36,000
Janet L. Herman	Legal fees - Non Collection	(1,685)
MidCap Legal Fees (Eliminated)	Legal fees - Non Collection	3,888
Pathway Billing - Reclassed to nursir	Clinical Consultant	11,305
Pt. Background Check	Professional Fees	1,220
Medifax/EDI	Billing Consultants	343
Zein Bertacchi-Reclassed to Med. Co	Medical Consultation	287
Virchow Kraus/Ava Daley/BDO Seid	Accounting Fees	10,154
MidCap Fees (Eliminated)	Accounting Fees	1,958
Ken Fisch	Legal fees - Collection	28,000
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 1,101,119

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 119,447
Unemployment Compensation Insurance	50,437
FICA Taxes	424,986
Employee Health Insurance	96,967
Employee Meals	51,317
Illinois Municipal Retirement Fund (IMRF)*	
Union, Health, Welfare	106,413
Pension	37,593
Dental & Life Insurance	2,401
Misc empl costs/empl relations	5,585
Vaccinations/drug tests	10,391
401k	2,823
Marketing employ. Benefit deduction	(7,662)
TOTAL (agree to Schedule V, line 22, col.8)	$ 900,698

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	25
Health Care Worker Background Check	
(Indicate # of checks performed 163)	1,630
Patient Background Checks 462	4,620
Surety Bond	338
IL Health Care Assc (less PAC portion)	5,796
IL Assc of Health Care	900
Corp. Annual Report/Newspaper	506
Related parties	1,898
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,713

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Related parties	3,016
Seminar Expense	
Leadership Training (Deming)	1,800
Seminar/IHCA convention	1,472
Skills/Other training	519
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 6,807

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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=$900**

(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. $ **23,045** 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. $ **51,317** 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? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.