

		FOR BHF USE					

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2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

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.

<p>I. IDPH License ID Number: <u>0046524</u></p> <p>Facility Name: <u>Alden Estates of Barrington</u></p> <p>Address: <u>1420 S Barrington Rd</u> <u>Barrington</u> <u>60010</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(847)382-6664</u> Fax # <u>(847)382-6395</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>12/1/03</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 286-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust	_____		<input type="checkbox"/> Other	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2015</u> to <u>12/31/2015</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td rowspan="2" style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Randi Schlossberg-Schullo</u></td> </tr> <tr> <td></td> <td>(Title) <u>President, Alden Management Services, Inc.</u></td> </tr> <tr> <td rowspan="4" style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> </tr> <tr> <td>(Firm Name & Address) _____</td> </tr> <tr> <td></td> <td>(Telephone) <u>()</u> Fax # <u>()</u></td> </tr> </table> <p>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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Randi Schlossberg-Schullo</u>		(Title) <u>President, Alden Management Services, Inc.</u>	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____		(Telephone) <u>()</u> Fax # <u>()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																					
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Facility Name & ID Number Alden Estates of Barrington

0046524 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	8,326	4,441	13,348	26,115	8
9	SNF/PED					9
10	ICF	17,795	1,964	500	20,259	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	26,121	6,405	13,848	46,374	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.70%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 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 11,868

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	614,901	39,180	26,700	680,781	2,686	683,467	2,026	685,493		1
2	Food Purchase		569,574		569,574	(49,513)	520,061	(82,846)	437,215		2
3	Housekeeping	212,142	62,085		274,227	2,118	276,345	8,996	285,341		3
4	Laundry	48,436	40,283		88,719	496	89,215		89,215		4
5	Heat and Other Utilities			183,993	183,993		183,993	(246)	183,747		5
6	Maintenance	56,285		372,302	428,587	305	428,892	51,920	480,812		6
7	Other (specify):* related party/security			912	912		912	8,051	8,963		7
8	TOTAL General Services	931,764	711,122	583,907	2,226,793	(43,908)	2,182,885	(12,098)	2,170,787		8
	B. Health Care and Programs										
9	Medical Director			48,000	48,000		48,000		48,000		9
10	Nursing and Medical Records	3,074,734	438,663	38,104	3,551,501	(89,718)	3,461,783	59,969	3,521,752		10
10a	Therapy	72,768	4,604	50,369	127,741		127,741		127,741		10a
11	Activities	178,853	4,857	4,593	188,303	259	188,562		188,562		11
12	Social Services	75,854			75,854		75,854		75,854		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,085	8,085		15
16	TOTAL Health Care and Programs	3,402,209	448,124	141,066	3,991,399	(89,459)	3,901,940	68,053	3,969,993		16
	C. General Administration										
17	Administrative	96,299			96,299		96,299	144,126	240,425		17
18	Directors Fees										18
19	Professional Services			1,363,948	1,363,948		1,363,948	(1,245,388)	118,560		19
20	Dues, Fees, Subscriptions & Promotions			107,258	107,258		107,258	(78,193)	29,065		20
21	Clerical & General Office Expenses	381,238	26,390	133,937	541,565	1,296	542,861	95,645	638,506		21
22	Employee Benefits & Payroll Taxes			903,893	903,893	31,161	935,054	(35,382)	899,672		22
23	Inservice Training & Education										23
24	Travel and Seminar			919	919		919	1,194	2,113		24
25	Other Admin. Staff Transportation			352	352		352	13,909	14,261		25
26	Insurance-Prop.Liab.Malpractice			235,011	235,011		235,011	13,175	248,186		26
27	Other (specify):* related party/ bad debt			290,090	290,090		290,090	(228,057)	62,033		27
28	TOTAL General Administration	477,537	26,390	3,035,408	3,539,335	32,457	3,571,792	(1,318,972)	2,252,820		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,811,510	1,185,636	3,760,381	9,757,527	(100,910)	9,656,617	(1,263,017)	8,393,600		29

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

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

Facility Name & ID Number Alden Estates of Barrington

#0046524

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

12/31/2015

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			69,105	69,105		69,105	464,811	533,916			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			113,612	113,612		113,612	224,356	337,968			32
33	Real Estate Taxes			555,863	555,863	(555,863)		561,555	561,555			33
34	Rent-Facility & Grounds			690,045	690,045	555,863	1,245,908	(1,245,908)				34
35	Rent-Equipment & Vehicles			12,635	12,635		12,635	46,342	58,977			35
36	Other (specify):* MIP							69,799	69,799			36
37	TOTAL Ownership			1,441,260	1,441,260		1,441,260	120,954	1,562,214			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	306,075	1,864,635	2,265,414	4,436,124	100,910	4,537,034	(231,063)	4,305,971			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			280,098	280,098		280,098		280,098			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	306,075	1,864,635	2,545,512	4,716,222	100,910	4,817,132	(231,063)	4,586,069			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,117,585	3,050,271	7,747,153	15,915,009		15,915,009	(1,373,125)	14,541,884			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
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0046524

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (49,513.00)	Employee Meals
	22	\$ 49,513.00	Employee Meals
22		\$ (18,352.00)	Uniform Reclass
	1	\$ 2,686.00	Uniform Reclass
	3	\$ 2,118.00	Uniform Reclass
	4	\$ 496.00	Uniform Reclass
	6	\$ 305.00	Uniform Reclass
	10	\$ 11,192.00	Uniform Reclass
	11	\$ 259.00	Uniform Reclass
	21	\$ 1,296.00	Uniform Reclass
10		\$ (100,910.00)	Oxygen Cost Reclass
	39	\$ 100,910.00	Oxygen Cost Reclass
33		\$ (555,863.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 555,863.00	Rent - Real Estate Tax on associated landowner (Pg 6)

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(810)	2		4
5	Telephone, TV & Radio in Resident Rooms	(11,611)	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	(130,919)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,746)	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	(18,273)	21		17
18	Fines and Penalties	(3,990)	32		18
19	Entertainment	(1,296)	20		19
20	Contributions	(6,423)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,441)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(290,090)	27		24
25	Fund Raising, Advertising and Promotional	(44,065)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (519,664)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(647,564)		34
35	Other- Attach Schedule	(205,897)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (853,461)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,373,125)		37

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

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

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

Alden Estates of BarringtonID# 0046524Report Period Beginning: 01/01/2015Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (3,782)	5	1
2	Intercompany Interest	(100,688)	32	2
3	Other nursing income (flu shots)	(330)	21	3
4	Misc Income-Jury Duty	(17)	21	4
5	Misc Income- Record Copies	(1,444)	10	5
6	Marketing Managers & Aides	(168,031)	21	6
7	Vendor Discounts	(349)	10	7
8	Collection Fees	0	21	8
9	Elim employee benefit for Marketing employees	(29,678)	22	9
10	Adj depreciation expense to detail	2,190	30	10
11	Elim Deprec Exp on Pg 12 items under \$2,500 -	(6,077)	30	11
12	Elim Deprec Exp on Pg 13 items under \$2500 -	(16,540)	30	12
13	Expense Pg 12 items under \$2,500 - curr yr purchs +	6,693	6	13
14	Expense Pg 13 items under \$2,500 - curr yr purchs +	35,109	6	14
15	ABC Deprec Exp from Pg 12 series -	82	30	15
16	Elim Barrington Chamber of Commerce fee	(2,800)	20	16
17	Add back cr for prior year: Il Assoc of H.C.	0	20	17
18	Barrington Area Chamber - lunch fee	0	20	18
19	Marketing auto & travel	0	20	19
20	Back out Landowner Bank Charges	(12)	21	20
21	Back out R/E Tax Refund	80,018	33	21
22	AMS Depreciation Adj.	(241)	30	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		(205,897)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,705	(679)	0	0	0	0	0	0	0	2,026	1
2	Food Purchase	(6,556)	0	0	(76,290)	0	0	0	0	0	0	0	(82,846)	2
3	Housekeeping	0	0	8,996	0	0	0	0	0	0	0	0	8,996	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,782)	0	3,536	0	0	0	0	0	0	0	0	(246)	5
6	Maintenance	30,191	0	20,739	0	0	0	(102)	1,092	0	0	0	51,920	6
7	Other (specify):*	0	0	8,051	0	0	0	0	0	0	0	0	8,051	7
8	TOTAL General Services	19,853	0	44,028	(76,969)	0	0	(102)	1,092	0	0	0	(12,098)	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	(1,793)	0	50,964	12,457	(1,659)	0	0	0	0	0	0	59,969	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	8,085	0	0	0	0	0	0	0	0	8,085	15
16	TOTAL Health Care and Programs	(1,793)	0	59,049	12,457	(1,659)	0	0	0	0	0	0	68,053	16
	C. General Administration													
17	Administrative	0	0	144,126	0	0	0	0	0	0	0	0	144,126	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(6,441)	37,086	(1,276,033)	0	0	0	0	0	0	0	0	(1,245,388)	19
20	Fees, Subscriptions & Promotions	(54,584)	0	(23,609)	0	0	0	0	0	0	0	0	(78,193)	20
21	Clerical & General Office Expenses	(186,663)	262	282,046	0	0	0	0	0	0	0	0	95,645	21
22	Employee Benefits & Payroll Taxes	(29,678)	0	0	0	(5,704)	0	0	0	0	0	0	(35,382)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,194	0	0	0	0	0	0	0	0	1,194	24
25	Other Admin. Staff Transportation	0	0	13,909	0	0	0	0	0	0	0	0	13,909	25
26	Insurance-Prop.Liab.Malpractice	0	12,919	256	0	0	0	0	0	0	0	0	13,175	26
27	Other (specify):*	(290,090)	0	62,033	0	0	0	0	0	0	0	0	(228,057)	27
28	TOTAL General Administration	(567,456)	50,267	(796,079)	0	(5,704)	0	0	0	0	0	0	(1,318,972)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(549,396)	50,267	(693,003)	(64,512)	(7,363)	0	(102)	1,092	0	0	0	(1,263,017)	29

STATE OF ILLINOIS

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2015 Ending:

Summary B

12/31/2015

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(20,586)	481,193	4,204	0	0	0	0	0	0	0	0	464,811	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(235,597)	351,773	108,180	0	0	0	0	0	0	0	0	224,356	32
33	Real Estate Taxes	80,018	475,845	5,692	0	0	0	0	0	0	0	0	561,555	33
34	Rent-Facility & Grounds	0	(1,245,908)	0	0	0	0	0	0	0	0	0	(1,245,908)	34
35	Rent-Equipment & Vehicles	0	0	46,342	0	0	0	0	0	0	0	0	46,342	35
36	Other (specify):*	0	69,799	0	0	0	0	0	0	0	0	0	69,799	36
37	TOTAL Ownership	(176,165)	132,702	164,418	0	0	0	0	0	0	0	0	120,954	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	(50,965)	(40,855)	(139,243)	0	0	0	0	0	(231,063)	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	(50,965)	(40,855)	(139,243)	0	0	0	0	0	(231,063)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(725,561)	182,969	(528,585)	(115,477)	(48,218)	(139,243)	(102)	1,092	0	0	0	(1,373,125)	45

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 PG 6-Supp		See PG 6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 1,245,908	Alden of Barrington, LLC	0.00%	\$	\$ (1,245,908)	1
2	V	32 Interest Income Repl Reserve	49	Alden of Barrington, LLC			(49)	2
3	V	32 Interest Income		Alden of Barrington, LLC				3
4	V	6 Repairs & Maintenance		Alden of Barrington, LLC				4
5	V	19 Acct Fees/Legal Fees: Non-coll		Alden of Barrington, LLC		37,086	37,086	5
6	V	21 Misc Administrative Expenses		Alden of Barrington, LLC		262	262	6
7	V	19 Professional Fees		Alden of Barrington, LLC				7
8	V	33 Real Estate Tax Expense		Alden of Barrington, LLC		475,845	475,845	8
9	V	26 General Insurance Expense		Alden of Barrington, LLC		12,919	12,919	9
10	V	36 Mortgage Insurance Premium		Alden of Barrington, LLC		69,799	69,799	10
11	V	32 Interest- Mortgage		Alden of Barrington, LLC		349,010	349,010	11
12	V	30 Depreciation Expense		Alden of Barrington, LLC		481,193	481,193	12
13	V	32 Amortization Expense		Alden of Barrington, LLC		2,812	2,812	13
14	Total		\$ 1,245,957			\$ 1,428,926	\$ * 182,969	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%	\$ 3,536	\$	3,536	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,194		1,194	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		13,909		13,909	17
18	V	26 Insurance		Alden Management Services, Inc.		256		256	18
19	V	20 Dues & Subscriptions	27,817	Alden Management Services, Inc.		4,208		(23,609)	19
20	V	30 Depreciation		Alden Management Services, Inc.		4,204		4,204	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,692		5,692	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		46,342		46,342	22
23	V	32 Interest		Alden Management Services, Inc.		108,180		108,180	23
24	V	1 Dietary		Alden Management Services, Inc.		2,705		2,705	24
25	V	3 Housekeeping		Alden Management Services, Inc.		8,996		8,996	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		8,051		8,051	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		50,964		50,964	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		8,085		8,085	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		144,126		144,126	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		62,033		62,033	30
31	V	19 Professional Fees	1,320,856	Alden Management Services, Inc.		44,823		(1,276,033)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		282,046		282,046	32
33	V	6 Repair & Maint	35,209	Alden Management Services, Inc.		55,948		20,739	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,383,881			\$ 855,296	\$ *	(528,585)	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 Dietary Consultant	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 144	\$ (26,256)
16	V	1 Dietary Salary				13,230	13,230
17	V	2 Tube Feeding	195,315			79,854	(115,461)
18	V	10 Equipment Rental	6,660			8,809	2,149
19	V	39 Ancillary Supplies	379,249			174,732	(204,517)
20	V	39 Ventilator Rental				72,513	72,513
21	V	1 Gen'l & Admin & benefits				12,347	12,347
22	V	2 Gen'l & Admin & benefits				39,171	39,171
23	V	10 Gen'l & Admin & benefits				10,308	10,308
24	V	39 Gen'l & Admin & benefits				81,039	81,039
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		\$ 607,624			\$ 492,147	\$ * (115,477)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 703,811	Forum Extended Care Services II, Inc.	0.00%	\$ 679,284	\$ (24,527)
16	V	39 I.V.	607,163			586,003	(21,159)
17	V	39 Wound Care	19,313			18,640	(673)
18	V	10 House Stock	44,735			43,176	(1,559)
19	V	10 Pharm Consult.	2,880			2,780	(100)
20	V	22 Employ. Vaccin.	5,704				(5,704)
21	V	39 Employ. Vaccin.				5,505	5,505
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		\$ 1,383,606			\$ 1,335,388	\$ * (48,218)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 1,802,914	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,663,671	\$ (139,243)
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		\$ 1,802,914			\$ 1,663,671	\$ * (139,243)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 53,999	Alden Bennett Construction Company, Inc.	0.00%	\$ 53,897	\$	(102)	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		\$ 53,999			\$ 53,897	\$ *	(102)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 5,204	Alden Design Group, Inc.	0.00%	\$ 6,297	\$ 1,092	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		\$ 5,204			\$ 6,297	\$ *	1,092	39

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

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alz	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 A.	President	CEO	100.00	178,145	1.484	3.71	Salary	\$ 6,855	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,295	1.484	3.71	Salary	3,705	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,295	1.484	3.71	Salary	3,705	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	105,103	1.484	3.71	Salary	4,044	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,200	1.484	3.71	Salary	2,316	21-7	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	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12											12
13								TOTAL	\$ 20,626		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:

01/01/2015

Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient days	34	\$ 95,438	\$	46,374	\$ 3,536	1
2	24	Travel & Seminar	Patient days	34	32,213		46,374	1,194	2
3	25	Other Admin Travel	Patient days	34	375,370		46,374	13,909	3
4	26	Insurance	Patient days	34	6,897		46,374	256	4
5	20	Dues/Subscriptions	Patient days	34	113,573		46,374	4,208	5
6	30	Depreciation	No. of providers	34	156,306		1	4,204	6
7	33	Real Estate Tax	Patient days/usage	34	176,959		46,374	5,692	7
8	35	Rent-Equip/Vehicles	Patient days	34	1,250,701		46,374	46,342	8
9	32	Interest	Patient days/usage	34	2,158,573		46,374	108,180	9
10	1	Dietary Aide Coordinator Salary	Patient days	34	72,994	72,994	46,374	2,705	10
11	3	Housekeeping Coordinator Salary	Patient days	34	242,795	242,795	46,374	8,996	11
12	7	Employee Benef % -Gen'l Servs	Patient days	34	217,281		46,374	8,051	12
13	10	Nurs/Med Records Salary	Patient days/usage	34	1,562,220	1,562,220	46,374	50,964	13
14	15	Employee Benef % - Health Care	Patient days	34	218,198		46,374	8,085	14
15	17	Administrative Salary	Patient days/usage	34	4,332,153	4,332,153	46,374	144,126	15
16	27	Employee Benef %-Administrativ	Patient days	34	1,674,148		46,374	62,033	16
17	19	Professional Fees	Patient days	34	1,213,223	909,774	46,374	44,823	17
18	21	Gen'l & Admin	Patient days/usage	34	7,611,926	6,744,406	46,374	282,046	18
19	6	Repairs & Maintenance	Patient days	34	1,835,211	1,239,870	46,374	55,948	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 23,346,179	\$ 15,104,212		\$ 855,296	25

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	Name of Lender	2		3	4	5	6		8	9	10	Reporting Period Interest Expense					
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO											Original	Balance		
A. Directly Facility Related																	
Long-Term																	
1	Cambridge		X	Mortgage	\$48,062.21	10/1/12	\$ 14,574,100	\$ 13,855,780	9/1/52	2.5000	\$ 349,010	1					
2												2					
3												3					
4	Insurance Interest (GL07053)		X	Medical Malpractice							8,934	4					
5	Amort of Fin Fees (GL 1918)		X	Refinancing							2,812	5					
Working Capital																	
6	Related party-AMS		X	Working Capital							108,180	6					
7												7					
8												8					
9	TOTAL Facility Related				\$48,062.21		\$ 14,574,100	\$ 13,855,780			\$ 468,936	9					
B. Non-Facility Related*																	
10	Interest Income on R.R.		X								(49)	10					
11	Int Income (GL#4975)		X								(130,919)	11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (130,968)	14					
15	TOTALS (line 9+line14)						\$ 14,574,100	\$ 13,855,780			\$ 337,968	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 69,799 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2014 report.		\$	<u>525,200</u>		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.)		\$	<u>532,563</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>7,363</u>		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>548,500</u>		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.		\$	<u>555,863</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>5,692</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>561,555</u>
Real Estate Tax Bill for Calendar Year:	2010	<u>489,415</u>	8	FOR BHF USE ONLY	
	2011	<u>497,835</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>533,559</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>509,907</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>532,563</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
The current year accrual is based on an estimated 3% increase of the prior year tax					

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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Barrington COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0046524
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll
 TELEPHONE (773)286-3883 FAX #: (773)286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 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 2014.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>153,627.00</u>	\$ <u>5,692.36</u>
2. <u>01-12-107-016-0000</u>	<u>Nursing facility</u>	\$ <u>532,562.82</u>	\$ <u>532,562.82</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>686,189.82</u></u>	\$ <u><u>538,255.18</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 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>nursing facility</u>		<u>2003</u>	<u>\$ 1,206,945</u>	1
2					2
3	TOTALS			\$ 1,206,945	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	Building Acquisition: GL 1702/LLC		2003	\$ 6,933,811	\$ 154,917	39	\$ 154,917	\$	\$ 1,965,350
5	Renovation: interior: GL 1703/LLC		2007	4,351,504	111,577	39	111,577		976,299
6	Adj Value for D/T prior owners (LLC)		2003	204,498	5,244	39	5,244		63,363
7									
8									
Improvement Type**									
9	ABC-Water Heater GL 1705/Inc.		2004	32,509	3,251	10	3,251		30,161
10	Oak Fire and Security-Fire alarm control panel GL 1705/Inc.		2004	6,400	640	10	640		5,868
11	Oak Fire and Security-Air handler shutdown GL 1705/Inc.		2004	3,120	312	10	312		2,860
12	ABC-37 gallon water heater GL 1705/Inc.		2004	7,274	244	12	244		7,274
13	Top Notch: Compressor: Kitchen GL 1705/Inc.		2004	1,603		10			1,603
14	Polina Landscape(sod, soil and clay) GL 1704/Inc.		2004	7,388		3			7,388
15	Central Sprinklers Auto-repair sprinkler system: GL 1705/Inc.		2005	13,721	1	10	1		13,721
16	CSAS-replace dry spinkler: GL 1705/Inc.		2005	3,495	62	10	62		3,495
17	CSAS-replace dry spinkler: GL 1705/Inc.		2005	1,843	48	10	48		1,843
18	GT Mechanical-replace fans: GL 1705/Inc.		2005	1,681	29	10	29		1,681
19	Top Notch-dishwasher(pump/impe GL 1705/Inc.		2005	4,490	374	10	374		4,490
20	ABC Repair damaged sewer line: GL 1705/Inc.		2005	11,445	1,053	10	1,053		11,445
21									
22	Projector Screen Installation: GL 1705/Inc.		2006	3,674		5			3,674
23	Replace blower wheel/air handler: GL 1705/Inc.		2006	4,189	419	10	419		3,911
24	Replace chiller controller: GL 1705/Inc.		2006	5,258	526	10	526		4,909
25	Install cable thru pipes in hallway to each wallplate:GL 1705/Inc.		2006	14,500	725	20	725		6,948
26	Replace boiler expansion tanks: GL 1705/Inc.		2006	4,607	230	20	230		2,185
27	New Roof: GL 1703/LLC		2006	138,536	13,854	10	13,854		124,951
28	ABC renovation/exterior/landscaping: GL 1703/LLC		2007	321,660	21,444	15	21,444		185,255
29									
30	ABC-New corner guards for new wall coverings: GL 1704/Inc.		2007	2,645	265	10	265		2,340
31	ABC-New plumbing in Parlor Room: Inc.		2007	20,504	2,050	10	2,050		18,110
32	New Fire Sprinkler: GL 1705/Inc.		2007	2,791	279	10	279		2,488
33	Replace fire sprinklers: GL 1705/Inc.		2007	2,887	289	10	289		2,577
34	American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.		2007	2,955	296	10	296		2,589
35	ABC-Installed new windows: GL 1705/Inc.		2007	3,847	256	15	256		2,048
36									

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Install new door & hollow metal hardware	2007	\$ 11,096	\$ 555	20	\$ 555	\$	\$ 4,856	37
38									38
39	ABC - repipe existing ansol system	2007	7,263	726	10	726		6,413	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		3,890	45
46	install new sprinkler heads	2007	5,063	506	10	506		4,343	46
47	installed new exhaust fan	2007	3,125	313	10	313		2,686	47
48	installed new landscaping	2007	18,391	1,839	10	1,839		15,632	48
49	installed new irrigation line & heads	2007	7,017	702	10	702		5,967	49
50	replaced new air compressor	2007	24,614	2,051	12	2,051		17,263	50
51	replaced drywall carpentry	2007	26,605	2,661	10	2,661		21,953	51
52	replaced broken door closer with new closer worn ceiling	2007	2,976		5			2,976	52
53	replaced broken kitchen equipment with new equipment	2007	9,282	928	10	928		7,501	53
54	relaced broken kitchen equipment with new equipment	2007	4,473	447	10	447		3,613	54
55									55
56	Renovation Exterior Landscaping (LLC)	2007	7,938	529	15	529		4,276	56
57	Renovation Extras, change order (LLC)	2007	1,100	73	15	73		584	57
58	Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500	1,633	15	1,633		14,017	58
59									59
60									60
61	ABC - installed new internal paging system	2008	2,557	128	20	128		1,002	61
62	ABC - replaced broken shower faucet with new one	2008	3,780	378	10	378		2,993	62
63	ABC - replaced broken footboard with new footboard	2008	6,128		5			6,128	63
64	Top Notch - replaced broken condenser with new condenser	2008	4,475	298	15	298		2,286	64
65	Central States - removed & install new fire sprinkler	2008	8,330	333	25	333		2,470	65
66	CENSAU - replaced sprinkler	2008	6,085	243	25	243		1,702	66
67	GT Mechanical - repair ductwork	2008	3,062	307	10	307		2,144	67
68	Central States - Fire alarm repaired & replaced	2008	9,687	969	10	969		6,782	68
69	Renovation ABC Closing HUD statement (LLC)	2008	9,600	640	15	640		5,013	69
70	TOTAL (lines 4 thru 69)		\$ 12,326,980	\$ 335,111		\$ 335,111	\$	\$ 3,605,316	70

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,326,980	\$ 335,111		\$ 335,111	\$	\$ 3,605,316	1
2	CENSAU - Repaired frozen damage pipe	2009	4,297		5			4,297	2
3	CENSAU - Repaired sprinkler system	2009	4,190		5			4,190	3
4	ABC - repaired corner guards	2009	4,621	(1)	5	(1)		4,621	4
5	GT Mech - repair compressor	2009	3,339		5			3,339	5
6	ABC - Window replaced	2010	2,610	261	10	261		1,501	6
7	AMS/Washburn Machinery - Laundry machine repair	2010	2,512	253	5	253		2,512	7
8	ABC - Ceiling repairs	2010	8,842	884	10	884		4,567	8
9	ABC - Corner guard	2010	5,076	508	10	508		2,625	9
10	ABC - Pond & Patio	2011	105,094	7,006	15	7,006		30,360	10
11	JM Allen - Gazebo Installation	2011	9,300	620	15	620		2,687	11
12	ABC - Pond & Patio Plumb & Electric	2011	19,299	1,287	15	1,287		5,469	12
13	ADG - Raised Planter Box	2011	5,559	556	10	556		2,363	13
14	ABC - Gazebo Landscaping	2011	46,222	3,081	15	3,081		12,838	14
15	ABC - Compressor Repair Overload Units	2011	5,727	1,145	5	1,145		4,962	15
16	Repair Fire Pump & Bearing Caps	2011	7,334	733	10	733		2,932	16
17	Repair leaks in pipes - USFIRE	2012	5,912	591	10	591		2,167	17
18	Window seals in resident rooms- - ALDBEN	2012	5,330	1,066	5	1,066		3,642	18
19	Attic repair - VALFIR	2012	5,818	1,164	5	1,164		4,074	19
20	Concrete work repairs- ALDBEN	2013	10,890	726	15	726		1,815	20
21	Sewer line rebuild, emergency-ALDBEN	2013	21,865	1,093	20	1,093		2,642	21
22	Concrete, sidewalk-ALDBEN	2013	8,479	565	15	565		1,318	22
23	Gutters and downspouts-ALDBEN	2013	4,956	496	10	496		1,116	23
24	Fire sprinklers-VALFIR	2013	6,574	329	20	329		658	24
25									25
26	Fire sprinklers-VALFIR	2014	7,991	400	20	400		800	26
27	Sidewalks - Alden Bennett	2014	4,131	275	15	275		367	27
28	Entrance wall rebuilt - Alden Bennett	2014	3,113	623	5	623		675	28
29	Flooring (new base), walk-in freezer area- ALDBEN	2015	6,086	203	20	203		203	29
30	Generator rebuilt - MarAMS-CITI-PATCAT	2015	6,456	592	10	592		592	30
31	Fire sprinkler system and drain valve - VALFIR	2015	9,924	1,489	5	1,489		1,489	31
32	Windows, Thermo Pane (5)-ALDBEN	2015	5,363	89	10	89		89	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,673,888	\$ 361,145		\$ 361,145	\$	\$ 3,716,226	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:

01/01/2015 Ending: 12/31/2015

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,673,888	\$ 361,145		\$ 361,145	\$	\$ 3,716,226	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,764,798	\$ 362,417		\$ 362,417	\$	\$ 3,801,697	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12D, Carried Forward		\$ 12,764,798	\$ 362,417		\$ 362,417	\$	\$ 3,801,697	1
2	Adj for ABC related profit	2008	(126)	(22)		(22)		(165)	2
3	Adj for ABC related profit	2009	(61)	(12)		(12)		(85)	3
4	Adj for ABC related profit	2010	(202)	(10)		(10)		(55)	4
5	Adj for ABC related profit	2011	1,372	56		56		252	5
6	Adj for ABC related profit	2012	329	54		54		189	6
7	Adj for ABC related profit	2013	622	16		16		40	7
8	Adj for ABC related profit	2014	(29)	(0)		(0)		(0)	8
9	Adj for ABC related profit	2015	(22)	(0)		(0)		(0)	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	TOTAL (lines 1 thru 33)		\$ 12,766,682	\$ 362,499		\$ 362,499	\$	\$ 3,801,872	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,891,915	\$ 153,756	\$ 153,756	\$	varies	\$ 1,226,614	71
72	Current Year Purchases	214,491	15,484	15,484		varies	15,484	72
73	Fully Depreciated Assets	229,302	2,177	2,177		varies	229,302	73
74								74
75	TOTALS	\$ 2,335,708	\$ 171,417	\$ 171,417	\$		\$ 1,471,400	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				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	4,026				3	4,026	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)	\$ 16,313,360	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 533,916	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 533,916	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,277,298	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

0046524

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning 12/1/12

Ending 12/31/21

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

Fiscal Year Ending Annual Rent

12. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ varies

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: \$ 23,416 Description: Copy machine \$11,590.60 & equipment lease \$11,825.65

(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>14,304</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>87.00</u>	<u>1,044</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>15,348</u>	21

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

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

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 01/01/2015 Ending: 12/31/2015
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	1 Schedule V Line & Column Reference	2		3		4		5	6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)		
			Staff		Outside Practitioner (other than consultant)									
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist	39-3	hrs	\$			\$	572,989	\$			\$	572,989	1
2	Licensed Speech and Language Development Therapist	39-3	hrs					133,680					133,680	2
3	Licensed Recreational Therapist		hrs											3
4	Licensed Physical Therapist	39-3	hrs					1,018,419					1,018,419	4
5	Physician Care		visits											5
6	Dental Care		visits											6
7	Work Related Program		hrs											7
8	Habilitation		hrs											8
9	Pharmacy	See Pg 16A	# of prescripts						684,789				684,789	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs											10
11	Academic Education		hrs											11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any							94,143				94,143	12
13	Other (specify): <u>See Pg 16A</u>				306,075			290,282	1,205,594				1,801,951	13
14	TOTAL			\$	306,075		\$	2,015,370	\$	1,984,526		\$	4,305,971	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

XIV. Special Services (Direct Cost)

Page 16
Col 5: PT,OT, & ST
Col 6: Supplies

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	-	\$572,989.43
2.	ST	39-3	To Col 5	-	133,680.26
3.					
4.	PT	39-3	To Col 5	-	1,018,418.80
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			-	703,811.24
	Manual Input from Related Party- Forum Drugs & Vaccinations				(19,022.49)

9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	684,788.75

10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	94,142.94

	Total Exceptional Care (Line 12, Col 8)			-	94,142.94

13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(139,243.00)
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		429,525.00

From Page 6C

From Page 6D

13. Col 3 Salary split:			306,075.00	
Other		-	1,607,006.10	
Manual Input: Related Party - Prism			(50,965.00)	From Page 6B
Manual Input: Related Party FECII - I.V.			(21,159.23)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)			(673.05)	From Page 6C
Reclasses to column 5 for Lines 12 & 13			100,910.00	
			(429,525.00)	

13. Col 6: Supplies Total	To Col 6	-	1,205,593.82	

13. Total Line 13, Column 8		-	1,801,950.82	

14. Total		-	4,305,970.99	
			=====	

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 98,855	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 265,000)	2,537,867	2,537,867	3
4	Supply Inventory (priced at)	5,611	5,611	4
5	Short-Term Investments			5
6	Prepaid Insurance		62,488	6
7	Other Prepaid Expenses	39,979	39,979	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	153,636	419,069	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,737,093	\$ 3,163,869	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	101,939	101,939	12
13	Land		1,206,945	13
14	Buildings, at Historical Cost		10,597,773	14
15	Leasehold Improvements, at Historical Cost	352,848	1,215,474	15
16	Equipment, at Historical Cost	466,734	2,308,504	16
17	Accumulated Depreciation (book methods)	(527,952)	(5,094,259)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		71,891	21
22	Other Long-Term Assets (spec RR, S/H loan)	188	59,253	22
23	Other(specify): Due from Affiliate	8,187,867	8,187,867	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,581,624	\$ 18,655,384	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,318,717	\$ 21,819,254	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,076,751	\$ 1,076,752	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	486,685	486,685	28
29	Short-Term Notes Payable	16,725	16,725	29
30	Accrued Salaries Payable	531,141	531,141	30
31	Accrued Taxes Payable (excluding real estate taxes)	25,822	25,822	31
32	Accrued Real Estate Taxes(Sch.IX-B)		548,500	32
33	Accrued Interest Payable		28,866	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accr Ins, Exps, IDPA, Sales Tax, etc.	182,401	182,401	36
37	Due to Affiliates/ST portion of loan	3,260,431	3,493,441	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,579,956	\$ 6,390,333	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	52,566	52,566	39
40	Mortgage Payable		13,622,771	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 52,566	\$ 13,675,337	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,632,522	\$ 20,065,669	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,686,195	\$ 1,753,585	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,318,717	\$ 21,819,254	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,308,869	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(2)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,308,867	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,377,328	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)	\$ 1,377,328	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)	\$ 5,686,195	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 16,724,952	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,724,952	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	352,879	6
7	Oxygen	34,917	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 387,796	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	92	12
13	Barber and Beauty Care	694	13
14	Non-Patient Meals	810	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,992	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	36,870	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 41,458	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	130,919	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 130,919	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	7,213	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,213	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,292,337	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,226,793	31
32	Health Care	3,991,399	32
33	General Administration	3,539,335	33
B. Capital Expense			
34	Ownership	1,441,260	34
C. Ancillary Expense			
35	Special Cost Centers	4,436,124	35
36	Provider Participation Fee	280,098	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,915,009	40
41	Income before Income Taxes (line 30 minus line 40)**	1,377,328	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,377,328	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,210,811	44
45	Private Pay - Net Inpatient Revenue	970,494	45
46	Medicare - Net Inpatient Revenue	7,907,395	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,834,913	47
48	Other-(specify) <u>Charity/Sales Allow.</u>	(198,661)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,724,952	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet avail. 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.

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	
Misc. income - Jury Duty	\$ 17
Misc. income - Record Copies	\$ 1,444
Vendor Discounts	\$ 349
Gain on Sale of Assets	\$ 5,402
Line 28 Total:	<u><u>7,213</u></u>

Ending: 12/31/2015

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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	\$ 101,875	\$ 48.98	1
2	Assistant Director of Nursing	1,898	1,898	76,118	40.11	2
3	Registered Nurses	37,702	40,339	1,408,922	34.93	3
4	Licensed Practical Nurses	21,802	22,852	608,056	26.61	4
5	CNAs & Orderlies	70,957	77,023	1,007,596	13.08	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	91	103	1,150	11.17	8
9	Activity Director	1,640	1,640	30,753	18.75	9
10	Activity Assistants	13,048	13,540	148,099	10.94	10
11	Social Service Workers	3,576	3,608	75,854	21.02	11
12	Dietician					12
13	Food Service Supervisor	2,000	2,000	50,206	25.10	13
14	Head Cook	5,607	5,948	125,689	21.13	14
15	Cook Helpers/Assistants	39,606	42,957	439,005	10.22	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	56,285	27.06	17
18	Housekeepers	16,525	17,840	212,142	11.89	18
19	Laundry	3,776	4,137	48,436	11.71	19
20	Administrator	1,920	1,920	84,513	44.02	20
21	Assistant Administrator	400	400	11,786	29.46	21
22	Other Administrative	7,899	8,036	239,349	29.79	22
23	Office Manager					23
24	Clerical	9,190	9,554	123,277	12.90	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,032	3,032	114,216	37.67	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit manager	3,725	3,735	64,027	17.14	32
33	Other(specify) TransitCareNurse	2,080	2,080	90,230	43.38	33
34	TOTAL (lines 1 - 33)	250,633	266,799	\$ 5,117,585 *	\$ 19.18	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	2,225/month	\$ 26,700	1-3	35
36	Medical Director	4,000/month	48,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	240/month	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	44	2,420	11-3	44
45	Social Service Consultant	14	780	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	58	\$ 80,780		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides	603	10,250	10-3	52
53	TOTAL (lines 50 - 52)	603	\$ 10,250		53

Alden Estates of Barrington
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$	76,089.93
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(6,441.37)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u>22,740.56</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Nixon Peabody	12/10/15	21,221.54
MidCap Legal	1/1/15- 12/31/15	1,519.02
		-
TOTAL ALLOWABLE LEGAL FEES		<u><u>22,740.56</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Stone Pogrund & Korey	1/1/15- 12/31/15	5,315.72
Ariana Fisch	1/1/15- 12/31/15	26.00
Clerk of the Circuit Court	2/26/2015-4/14/2015	736.00
Sheriff of Cook County	2/26/2015	60.00
Sheriff of McHenry County	2/26/2015	47.65
Markley Investigations	6/23/2015-8/31/2015	256.00

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Painting	2014	\$ 992	3	\$	\$	\$	\$	\$	\$	\$ 220	\$ 331
2	Painting	2014	622	3							121	207
3	Painting	2014	1,535	3							298	512
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 3,149		\$	\$	\$	\$	\$	\$	\$ 640	\$ 1,050

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes; RN/LPN: No (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
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of IL \$14,400
- (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. \$ 43,578 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. \$ 280,098
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.
- (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. \$ 49,513 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.