

Facility Name & ID Number Alden Estates of Barrington

0046524 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	150	Skilled (SNF)	150	54,900	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	150	TOTALS	150	54,900	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	7,726	4,329	11,202	23,257	8
9	SNF/PED					9
10	ICF	18,955	2,152	1,117	22,224	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	26,681	6,481	12,319	45,481	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.84%

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 10,566

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: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	597,074	32,664	27,049	656,787	2,950	659,737	6,956	666,693		1
2	Food Purchase		498,816		498,816	(39,567)	459,249	(70,235)	389,014		2
3	Housekeeping	216,130	64,108		280,238	2,326	282,564	6,372	288,936		3
4	Laundry	58,536	33,419		91,955	545	92,500		92,500		4
5	Heat and Other Utilities			187,790	187,790		187,790	(3,590)	184,200		5
6	Maintenance	56,547		325,771	382,318	335	382,653	49,337	431,989		6
7	Other (specify):* related party/security			946	946		946	6,427	7,373		7
8	TOTAL General Services	928,287	629,008	541,555	2,098,850	(33,411)	2,065,439	(4,734)	2,060,705		8
	B. Health Care and Programs										
9	Medical Director			41,000	41,000		41,000		41,000		9
10	Nursing and Medical Records	3,484,360	457,433	18,241	3,960,034	(210,191)	3,749,843	66,846	3,816,690		10
10a	Therapy	93,538	4,661	113,677	211,876		211,876		211,876		10a
11	Activities	147,715	4,936	7,735	160,386	284	160,670		160,670		11
12	Social Services	77,889			77,889		77,889		77,889		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							6,382	6,382		15
16	TOTAL Health Care and Programs	3,803,502	467,030	180,653	4,451,185	(209,907)	4,241,278	73,228	4,314,507		16
	C. General Administration										
17	Administrative	124,080			124,080		124,080	251,974	376,054		17
18	Directors Fees										18
19	Professional Services			1,364,926	1,364,926		1,364,926	(1,272,036)	92,890		19
20	Dues, Fees, Subscriptions & Promotions			104,551	104,551	(391)	104,160	(76,703)	27,457		20
21	Clerical & General Office Expenses	417,844	19,714	219,020	656,578	1,423	658,001	74,040	732,041		21
22	Employee Benefits & Payroll Taxes			933,225	933,225	19,413	952,638	(37,485)	915,154		22
23	Inservice Training & Education										23
24	Travel and Seminar			937	937		937	1,255	2,192		24
25	Other Admin. Staff Transportation			321	321	391	712	12,269	12,981		25
26	Insurance-Prop.Liab.Malpractice			214,306	214,306		214,306	11,964	226,270		26
27	Other (specify):* related party/ bad debt			483,135	483,135		483,135	(431,426)	51,709		27
28	TOTAL General Administration	541,924	19,714	3,320,421	3,882,058	20,836	3,902,894	(1,466,148)	2,436,747		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,273,713	1,115,752	4,042,629	10,432,094	(222,482)	10,209,612	(1,397,653)	8,811,958		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:

01/01/2016

Ending:

12/31/2016

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			73,032	73,032		73,032	460,598	533,630			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			100,613	100,613		100,613	350,385	450,998			32
33	Real Estate Taxes			544,411	544,411	(544,411)	(0)	549,881	549,881			33
34	Rent-Facility & Grounds			763,940	763,940	544,411	1,308,351	(1,308,351)	(0)			34
35	Rent-Equipment & Vehicles			14,074	14,074		14,074	36,532	50,606			35
36	Other (specify):* MIP							68,648	68,648			36
37	TOTAL Ownership			1,496,070	1,496,070		1,496,070	157,693	1,653,763			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	385,873	1,917,941	2,272,033	4,575,847	222,482	4,798,329	(309,727)	4,488,602			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			289,932	289,932		289,932		289,932			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	385,873	1,917,941	2,561,965	4,865,779	222,482	5,088,261	(309,727)	4,778,534			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,659,586	3,033,693	8,100,664	16,793,943		16,793,943	(1,549,687)	15,244,256			45

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

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(39,567)	Employee Meals
	22	39,567	Employee Meals
22		(20,154)	Uniform Reclass
	1	2,950	Uniform Reclass
	3	2,326	Uniform Reclass
	4	545	Uniform Reclass
	6	335	Uniform Reclass
	10	12,291	Uniform Reclass
	11	284	Uniform Reclass
	21	1,423	Uniform Reclass
10		(222,482)	Oxygen Cost Reclass
	39	222,482	Oxygen Cost Reclass
33		(544,411)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	544,411	Rent - Real Estate Tax on associated landowner (Pg 6)
20		(391)	R/C Auto & Travel for G&A
	25	391	R/C Auto & Travel for G&A

Net (Should be zero) \$ -

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	(2,174)	2		4
5	Telephone, TV & Radio in Resident Rooms	(13,418)	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	(2,537)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(6,344)	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	(19,338)	21		17
18	Fines and Penalties	(318)	32		18
19	Entertainment	(985)	20		19
20	Contributions	(5,590)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,204)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(483,135)	27		24
25	Fund Raising, Advertising and Promotional	(26,822)	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)	\$ (568,865)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(736,395)		34
35	Other- Attach Schedule	(244,427)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (980,822)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,549,687)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Alden Estates of Barrington

ID# 0046524

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (6,758)	5	1
2	Intercompany Interest	(91,437)	32	2
3	Other nursing income (flu shots)		21	3
4	Misc Income-Jury Duty		21	4
5	Misc Income- Record Copies	(5,083)	10	5
6	Marketing Managers & Aides	(133,129)	21	6
7	Vendor Discounts	(434)	10	7
8	Collection Fees		21	8
9	Elim employee benefit for Marketing employees	(21,952)	22	9
10	Adj depreciation expense to detail	2,503	30	10
11	Elim Deprec Exp on Pg 12 items under \$2,500 -	(4,811)	30	11
12	Elim Deprec Exp on Pg 13 items under \$2500 -	(18,941)	30	12
13	Expense Pg 12 items under \$2,500 - curr yr purchs +	7,995	6	13
14	Expense Pg 13 items under \$2,500 - curr yr purchs +	28,655	6	14
15	ABC Deprec Exp from Pg 12 series -	82	30	15
16	Elim Barrington Chamber of Commerce fee	(1,400)	20	16
17	Add back cr for prior year: Il Assoc of H.C.		20	17
18	Barrington Area Chamber - lunch fee		20	18
19	Marketing auto & travel		20	19
20	Back out Landowner Bank Charges	(12)	21	20
21	Back out R/E Tax Refund	294	33	21
22	AMS Depreciation Adj.		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	(244,427)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	2,587	4,369	0	0	0	0	0	0	0	6,956	1
2	Food Purchase	(8,518)	0	0	(61,717)	0	0	0	0	0	0	0	(70,235)	2
3	Housekeeping	0	0	6,372	0	0	0	0	0	0	0	0	6,372	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(6,758)	0	3,168	0	0	0	0	0	0	0	0	(3,590)	5
6	Maintenance	23,232	0	25,477	0	0	0	(249)	877	0	0	0	49,337	6
7	Other (specify):*	0	0	6,427	0	0	0	0	0	0	0	0	6,427	7
8	TOTAL General Services	7,956	0	44,031	(57,349)	0	0	(249)	877	0	0	0	(4,734)	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	(5,517)	0	53,030	21,986	(2,653)	0	0	0	0	0	0	66,846	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	6,382	0	0	0	0	0	0	0	0	6,382	15
16	TOTAL Health Care and Programs	(5,517)	0	59,412	21,986	(2,653)	0	0	0	0	0	0	73,228	16
	C. General Administration													
17	Administrative	0	0	251,974	0	0	0	0	0	0	0	0	251,974	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,204)	22,858	(1,286,690)	0	0	0	0	0	0	0	0	(1,272,036)	19
20	Fees, Subscriptions & Promotions	(34,797)	0	(41,906)	0	0	0	0	0	0	0	0	(76,703)	20
21	Clerical & General Office Expenses	(152,479)	319	226,200	0	0	0	0	0	0	0	0	74,040	21
22	Employee Benefits & Payroll Taxes	(21,952)	0	0	0	(15,533)	0	0	0	0	0	0	(37,485)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,255	0	0	0	0	0	0	0	0	1,255	24
25	Other Admin. Staff Transportation	0	0	12,269	0	0	0	0	0	0	0	0	12,269	25
26	Insurance-Prop.Liab.Malpractice	0	11,723	241	0	0	0	0	0	0	0	0	11,964	26
27	Other (specify):*	(483,135)	0	51,709	0	0	0	0	0	0	0	0	(431,426)	27
28	TOTAL General Administration	(700,567)	34,900	(784,948)	0	(15,533)	0	0	0	0	0	0	(1,466,148)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(698,128)	34,900	(681,505)	(35,363)	(18,185)	0	(249)	877	0	0	0	(1,397,653)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(21,166)	478,227	3,537	0	0	0	0	0	0	0	0	460,598	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(94,292)	345,944	98,733	0	0	0	0	0	0	0	0	350,385	32
33	Real Estate Taxes	294	544,411	5,176	0	0	0	0	0	0	0	0	549,881	33
34	Rent-Facility & Grounds	0	(1,308,351)	0	0	0	0	0	0	0	0	0	(1,308,351)	34
35	Rent-Equipment & Vehicles	0	0	36,532	0	0	0	0	0	0	0	0	36,532	35
36	Other (specify):*	0	68,648	0	0	0	0	0	0	0	0	0	68,648	36
37	TOTAL Ownership	(115,164)	128,879	143,978	0	0	0	0	0	0	0	0	157,693	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	(63,296)	(73,654)	(172,777)	0	0	0	0	0	(309,727)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(63,296)	(73,654)	(172,777)	0	0	0	0	0	(309,727)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(813,292)	163,779	(537,527)	(98,659)	(91,839)	(172,777)	(249)	877	0	0	0	(1,549,687)	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 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. YES NO

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 1,308,351	Alden of Barrington, LLC	0.00%	\$	\$ (1,308,351)	1
2	V	32 Interest Income Repl Reserve	73	Alden of Barrington, LLC			(73)	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		19,358	19,358	5
6	V	21 Misc Administrative Expenses		Alden of Barrington, LLC		319	319	6
7	V	19 Professional Fees		Alden of Barrington, LLC		3,500	3,500	7
8	V	33 Real Estate Tax Expense		Alden of Barrington, LLC		544,411	544,411	8
9	V	26 General Insurance Expense		Alden of Barrington, LLC		11,723	11,723	9
10	V	36 Mortgage Insurance Premium		Alden of Barrington, LLC		68,648	68,648	10
11	V	32 Interest- Mortgage		Alden of Barrington, LLC		343,251	343,251	11
12	V	30 Depreciation Expense		Alden of Barrington, LLC		478,227	478,227	12
13	V	32 Amortization Expense		Alden of Barrington, LLC		2,766	2,766	13
14	Total		\$ 1,308,424			\$ 1,472,203	\$ * 163,779	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%	\$ 3,168	\$ 3,168 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,255	1,255 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		12,269	12,269 17
18	V	26 Insurance		Alden Management Services, Inc.		241	241 18
19	V	20 Dues & Subscriptions	44,437	Alden Management Services, Inc.		2,531	(41,906) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,537	3,537 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,176	5,176 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		36,532	36,532 22
23	V	32 Interest		Alden Management Services, Inc.		98,733	98,733 23
24	V	1 Dietary		Alden Management Services, Inc.		2,587	2,587 24
25	V	3 Housekeeping		Alden Management Services, Inc.		6,372	6,372 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		6,427	6,427 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		53,030	53,030 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		6,382	6,382 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		251,974	251,974 29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		51,709	51,709 30
31	V	19 Professional Fees	1,324,361	Alden Management Services, Inc.		37,671	(1,286,690) 31
32	V	21 Gen'l & Admin	52,992	Alden Management Services, Inc.		279,192	226,200 32
33	V	6 Repair & Maint	24,858	Alden Management Services, Inc.		50,335	25,477 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,446,648			\$ 909,121	\$ * (537,527) 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%	\$ 13	\$ (26,387)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2 Tube Feeding	231,687	Prism Health Care Services, Inc.		110,134	(121,553)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39 Ancillary Supplies	483,046	Prism Health Care Services, Inc.		208,992	(274,054)	19
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.		93,924	93,924	20
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		17,060	17,060	21
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		59,835	59,835	22
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		17,266	17,266	23
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		116,833	116,833	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		\$ 747,793			\$ 649,134	\$ * (98,659)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 925,263	Forum Extended Care Services II, Inc.	0.00%	\$ 860,726	\$ (64,537)
16	V	39 I.V.	312,644	Forum Extended Care Services II, Inc.		290,837	(21,807)
17	V	39 Wound Care Products	25,214	Forum Extended Care Services II, Inc.		23,455	(1,759)
18	V	10 House Stock	35,149	Forum Extended Care Services II, Inc.		32,697	(2,452)
19	V	10 Pharm Consult.	2,880	Forum Extended Care Services II, Inc.		2,679	(201)
20	V	22 Employ. Vaccin.	15,533	Forum Extended Care Services II, Inc.			(15,533)
21	V	39 Employ. Vaccin.		Forum Extended Care Services II, Inc.		14,449	14,449
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		\$ 1,316,682			\$ 1,224,843	\$ * (91,839)

* 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	\$ 1,726,761	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,553,984	\$ (172,777)
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		\$ 1,726,761			\$ 1,553,984	\$ * (172,777)

* 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	\$ 39,533	Alden Bennett Construction Company, Inc.	0.00%	\$ 39,283	\$ (249)
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		\$ 39,533			\$ 39,283	\$ * (249)

* 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	\$ 3,076	Alden Design Group, Inc.	0.00%	\$ 3,954	\$ 877	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		\$ 3,076			\$ 3,954	\$ *	877	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:

01/01/2016

Ending:

12/31/2016

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	Rental property	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	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	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			Princeton Rehabilitation and Health Care Cent	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	(Skokie	Family Home Health S	Addison	Home health & hosp	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			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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.	Chairman-Board of D	Chairman	100.00	178,469	1.412	3.53	Salary	\$ 6,531	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,470	1.412	3.53	Salary	3,530	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,470	1.412	3.53	Salary	3,530	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	112,377	1.412	3.53	Salary	4,112	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,069	1.412	3.53	Salary	2,198	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	143,363	1.0237	3.53	Salary	5,246	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, 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	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 25,147		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:

01/01/2016

Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,288,358	34	\$ 89,742	\$ 45,481	\$ 3,168	1	
2	24	Trav & Seminar	Patient Days	1,288,358	34	35,559	45,481	1,255	2	
3	25	Other Admin Travel	Patient Days	1,288,358	34	347,560	45,481	12,269	3	
4	26	Insurance	Patient Days	1,288,358	34	6,826	45,481	241	4	
5	20	Dues & Subscriptions	Patient Days	1,288,358	34	71,705	45,481	2,531	5	
6	30	Depreciation	No of Providers/usage	34	34	140,451	1	3,537	6	
7	33	Real Estate Tax	Patient Days/usage	1,288,358	34	172,398	45,481	5,176	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,288,358	34	1,034,867	45,481	36,532	8	
9	32	Interest	Patient Days/usage	1,288,358	34	1,892,273	45,481	98,733	9	
10	1	Dietary Salary	Patient Days	1,288,358	34	73,278	73,278	45,481	2,587	10
11	3	Housekeeping Salary	Patient Days	1,288,358	34	180,508	180,508	45,481	6,372	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,288,358	34	182,054	45,481	6,427	12	
13	10	Nurs & Med Records Salary	Patient Days	1,288,358	34	1,519,466	1,519,466	45,481	53,030	13
14	15	Employee Benefits -Health Care	Patient Days	1,288,358	34	180,775	45,481	6,382	14	
15	17	Administrative Salary	Patient Days/usage	1,288,358	34	4,500,263	4,500,263	45,481	251,974	15
16	27	Employee Benefits - Admin	Patient Days	1,288,358	34	1,464,772	45,481	51,709	16	
17	19	Professional fees	Patient Days	1,288,358	34	1,094,912	881,977	45,481	37,671	17
18	21	Gen'I & Admin	Patient Days	1,288,358	34	7,908,785	6,929,587	45,481	279,192	18
19	6	Repair & Maint.	Patient Days	1,288,358	34	1,864,177	1,276,432	45,481	50,335	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,760,371	\$ 15,361,511	\$ 909,121	25	

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Interest Expense	10
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	Cambridge		x	Mortgage	\$48,062.21	10/1/12	\$ 14,574,100	\$ 13,622,771	9/1/52	2.5000	\$ 343,251	1
2												2
3												3
4	Insurance Interest (GL7053)		x	Medical Malpractice							2,366	4
5	Amort of Fin Fees (GL 1918)		x	Refinancing							2,766	5
Working Capital												
6	Related party-AMS		x	Working Capital							98,733	6
7												7
8	Avaya/Marlin (GL 7030)		x	Capital Lease							6,492	8
9	TOTAL Facility Related				\$48,062.21		\$ 14,574,100	\$ 13,622,771			\$ 453,609	9
B. Non-Facility Related*												
10	Interest Income on R.R.		x								(73)	10
11	Int Income (GL#4975)		x								(2,537)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (2,610)	14
15	TOTALS (line 9+line14)						\$ 14,574,100	\$ 13,622,771			\$ 450,998	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 68,648 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.)

2015 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 2015 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 2015.

(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>146,629.00</u>	\$ <u>5,176.00</u>
2. <u>01-12-107-016-0000</u>	<u>Nursing facility</u>	\$ <u>538,504.99</u>	\$ <u>538,504.99</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>685,133.99</u></u>	\$ <u><u>543,680.99</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

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>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 1,206,945	3

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$	\$ 2,120,267	4
5	Renovation: interior: GL 1703/LLC		2007	4,351,504	111,577	39	111,577		1,087,876	5
6	Adj Value for D/T prior owners (LLC)		2003	204,498	5,244	39	5,244		68,607	6
7										7
8										8
	Improvement Type**									
9	ABC-Water Heater GL 1705/Inc.		2004	32,509	2,348	10	2,348		32,509	9
10	Oak Fire and Security-Fire alarm control panel GL 1705/Inc.		2004	6,400	532	10	532		6,400	10
11	Oak Fire and Security-Air handler shutdown GL 1705/Inc.		2004	3,120	260	10	260		3,120	11
12	ABC-37 gallon water heater GL 1705/Inc.		2004	7,274		12			7,274	12
13	Top Notch: Compressor: Kitchen GL 1705/Inc.		2004	1,603		10			1,603	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		10			13,721	15
16	CSAS-replace dry spinkler: GL 1705/Inc.		2005	3,495		10			3,495	16
17	CSAS-replace dry spinkler: GL 1705/Inc.		2005	1,843		10			1,843	17
18	GT Mechanical-replace fans: GL 1705/Inc.		2005	1,681		10			1,681	18
19	Top Notch-dishwasher(pump/impe GL 1705/Inc.		2005	4,490		10			4,490	19
20	ABC Repair damaged sewer line: GL 1705/Inc.		2005	11,445		10			11,445	20
21										21
22	Projector Screen Installation: GL 1705/Inc.		2006	3,674		5			3,674	22
23	Replace blower wheel/air handler: GL 1705/Inc.		2006	4,189	278	10	278		4,189	23
24	Replace chiller controller: GL 1705/Inc.		2006	5,258	349	10	349		5,258	24
25	Install cable thru pipes in hallway to each wallplate:GL 1705/Inc.		2006	14,500	725	20	725		7,673	25
26	Replace boiler expansion tanks: GL 1705/Inc.		2006	4,607	230	20	230		2,415	26
27	New Roof: GL 1703/LLC		2006	138,536	13,585	10	13,585		138,536	27
28	ABC renovation/exterior/landscaping: GL 1703/LLC		2007	321,660	21,444	15	21,444		206,699	28
29										29
30	ABC-New corner guards for new wall coverings: GL 1704/Inc.		2007	2,645	265	10	265		2,605	30
31	ABC-New plumbing in Parlor Room: Inc.		2007	20,504	2,050	10	2,050		20,160	31
32	New Fire Sprinkler: GL 1705/Inc.		2007	2,791	279	10	279		2,767	32
33	Replace fire sprinklers: GL 1705/Inc.		2007	2,887	289	10	289		2,866	33
34	American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.		2007	2,955	296	10	296		2,885	34
35	ABC-Installed new windows: GL 1705/Inc.		2007	3,847	256	15	256		2,304	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$	\$ 5,411	37
38									38
39	ABC - repipe existing ansol system	2007	7,263	726	10	726		7,139	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		4,357	45
46	install new sprinkler heads	2007	5,063	506	10	506		4,849	46
47	installed new exhaust fan	2007	3,125	313	10	313		2,999	47
48	installed new landscaping	2007	18,391	1,839	10	1,839		17,471	48
49	installed new irrigation line & heads	2007	7,017	702	10	702		6,669	49
50	replaced new air compressor	2007	24,614	2,051	12	2,051		19,314	50
51	replaced drywall carpentry	2007	26,605	2,661	10	2,661		24,614	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		8,429	53
54	replaced broken kitchen equipment with new equipment	2007	4,473	447	10	447		4,060	54
55									55
56	Renovation Exterior Landscaping (LLC)	2007	7,938	529	15	529		4,805	56
57	Renovation Extras, change order (LLC)	2007	1,100	73	15	73		657	57
58	Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500	1,633	15	1,633		15,650	58
59									59
60									60
61	ABC - installed new internal paging system	2008	2,557	128	20	128		1,130	61
62	ABC - replaced broken shower faucet with new one	2008	3,780	378	10	378		3,371	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		2,584	64
65	Central States - removed & install new fire sprinkler	2008	8,330	333	25	333		2,803	65
66	CENSAU - replaced sprinkler	2008	6,085	243	25	243		1,945	66
67	GT Mechanical - repair ductwork	2008	3,062	307	10	307		2,451	67
68	Central States - Fire alarm repaired & replaced	2008	9,687	969	10	969		7,751	68
69	Renovation ABC Closing HUD statement (LLC)	2008	9,600	640	15	640		5,653	69
70	TOTAL (lines 4 thru 69)		\$ 12,326,980	\$ 331,650		\$ 331,650	\$	\$ 3,936,966	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:

01/01/2016 Ending: 12/31/2016

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	\$ 331,650		\$ 331,650	\$	\$ 3,936,966	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		5			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		1,762	6
7	AMS/Washburn Machinery - Laundry machine repair	2010	2,512		5			2,512	7
8	ABC - Ceiling repairs	2010	8,842	884	10	884		5,451	8
9	ABC - Corner guard	2010	5,076	508	10	508		3,133	9
10	ABC - Pond & Patio	2011	105,094	7,006	15	7,006		37,366	10
11	JM Allen - Gazebo Installation	2011	9,300	620	15	620		3,307	11
12	ABC - Pond & Patio Plumb & Electric	2011	19,299	1,287	15	1,287		6,756	12
13	ADG - Raised Planter Box	2011	5,559	556	10	556		2,919	13
14	ABC - Gazebo Landscaping	2011	46,222	3,081	15	3,081		15,919	14
15	ABC - Compressor Repair Overload Units	2011	5,727	765	5	765		5,727	15
16	Repair Fire Pump & Bearing Caps	2011	7,334	733	10	733		3,665	16
17	Repair leaks in pipes - USFIRE	2012	5,912	591	10	591		2,758	17
18	Window seals in resident rooms- - ALDBEN	2012	5,330	1,066	5	1,066		4,708	18
19	Attic repair - VALFIR	2012	5,818	1,164	5	1,164		5,238	19
20	Concrete work repairs- ALDBEN	2013	10,890	726	15	726		2,541	20
21	Sewer line rebuild, emergency-ALDBEN	2013	21,865	1,093	20	1,093		3,735	21
22	Concrete, sidewalk-ALDBEN	2013	8,479	565	15	565		1,883	22
23	Gutters and downspouts-ALDBEN	2013	4,956	496	10	496		1,612	23
24	Fire sprinklers-VALFIR	2013	6,574	329	20	329		987	24
25									25
26	Fire sprinklers-VALFIR	2014	7,991	400	20	400		1,200	26
27	Sidewalks - Alden Bennett	2014	4,131	275	15	275		642	27
28	Entrance wall rebuilt - Alden Bennett	2014	3,113	623	5	623		1,298	28
29	Flooring (new base), walk-in freezer area- ALDBEN	2015	6,086	304	20	304		507	29
30	Generator rebuilt - MarAMS-CITI-PATCAT	2015	6,456	646	10	646		1,238	30
31	Fire sprinkler system and drain valve - VALFIR	2015	9,924	1,985	5	1,985		3,474	31
32	Windows, Thermo Pane (5)-ALDBEN	2015	5,363	536	10	536		625	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,673,888	\$ 358,150		\$ 358,150	\$	\$ 4,074,376	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 12B, Carried Forward		\$ 12,673,888	\$ 358,150		\$ 358,150	\$	\$ 4,074,376	1
2	Pump, Rebuild-FebAMS-WRIEXP-Fluid Pump Service	2016	6,298	420	15	420		420	2
3	Boiler repair/new flame safeguard install -GTMECH	2016	5,186	86	5	86		86	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,685,372	\$ 358,656		\$ 358,656	\$	\$ 4,074,882	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 12C, Carried Forward	\$ 12,685,372	\$ 358,656		\$ 358,656	\$	\$ 4,074,882	1	
2	Forum Prof Ctr: Remodeling	1979 15,638		20			15,638	2	
3	Forum Prof Ctr: Build Improv - multiple	1980 30,457		15			30,457	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		10			1,919	8	
9	Forum Prof Ctr: Remodel/electrical	2001 748		7			748	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		7			2,616	12	
13	Forum Prof Ctr: Suite renovation	2005 528	(45)	10	(45)		528	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		7			436	16	
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009 887	95	10	95		626	17	
18	Forum Prof Ctr: Building Renovations	2010 1,511		5			1,511	18	
19	Forum Prof Ctr: Building Renovations	2011 6,625	532	10	532		3,327	19	
20	Forum Prof Ctr: Building Renovations	2012 288	39	15	39		195	20	
21	Forum Prof Ctr: Building Renovations	2013 432	62	7	62		175	21	
22	Forum Prof Ctr: Elect Install/sewer excavation	2014 440	44		44		100	22	
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015 455	121	10	121		172	23	
24	Alden Mgt Servs: Remodel suites	1993 6,963		13			6,963	24	
25	Alden Mgt Servs: Remodel suites	2002 290		11			290	25	
26	Alden Mgt Servs: Remodel suites	2003 6,295					6,295	26	
27	Alden Mgt Servs: Motor Controller PC Board	2014 86	17		17		44	27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)	\$ 12,776,284	\$ 359,521		\$ 359,521	\$	\$ 4,161,220	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	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 12D, Carried Forward		\$ 12,776,284	\$ 359,521		\$ 359,521	\$	\$ 4,161,220	1
2	Adj for ABC related profit	2008	(126)	(22)		(22)		(187)	2
3	Adj for ABC related profit	2009	(61)	(12)		(12)		(97)	3
4	Adj for ABC related profit	2010	(202)	(10)		(10)		(65)	4
5	Adj for ABC related profit	2011	1,372	56		56		308	5
6	Adj for ABC related profit	2012	329	54		54		243	6
7	Adj for ABC related profit	2013	622	16		16		56	7
8	Adj for ABC related profit	2014	(29)	(0)		(0)		(0)	8
9	Adj for ABC related profit	2015	(22)	(0)		(0)		(1)	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)		\$ 12,778,167	\$ 359,603		\$ 359,603	\$	\$ 4,161,477	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:

01/01/2016

Ending:

12/31/2016

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	\$ 1,745,517	\$ 140,450	\$ 140,450	\$	varies	\$ 1,071,203	71
72	Current Year Purchases	92,784	2,748	2,748		varies	2,485	72
73	Fully Depreciated Assets	569,232	30,830	30,830		varies	569,232	73
74								74
75	TOTALS	\$ 2,407,534	\$ 174,027	\$ 174,027	\$		\$ 1,642,920	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)	\$ 16,396,672	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 533,630	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 533,630	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)	\$ 5,808,424	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: 01/01/2016

Ending: 12/31/2016

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.	<u>12/31/2017</u>	\$ <u>varies</u>
13.	<u>12/31/2018</u>	\$ <u>varies</u>
14.	<u>12/31/2019</u>	\$ <u>varies</u>

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 24,177 Description: Copy machine \$14,074.39 and equipment lease \$10,102.36

(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>14,349</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>14,349</u>	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		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	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs				\$ 546,401			\$ 546,401	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				105,266			105,266	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39-3	hrs				929,721			929,721	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					875,175		875,175	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						100,247		100,247	12
13	Other (specify): <u>See Pg 16A</u>				385,873		417,196	1,128,724		1,931,793	13
14	TOTAL				\$ 385,873		\$ 1,998,584	\$ 2,104,145		\$ 4,488,602	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.			
1.	OT	39-3	To Col 5	-	\$546,401.24	
2.	ST	39-3	To Col 5	-	105,265.60	
3.						
4.	PT	39-3	To Col 5	-	929,720.68	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL			-	925,262.73	
	Manual Input from Related Party- Forum Drugs				(50,087.96)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	875,174.77	
10.						
11.						
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	100,246.90	
	Total Exceptional Care (Line 12, Col 8)			-	100,246.90	
13.	Other:	See Pg 16A				
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(172,777.00)	From Page 6D
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		589,973.00	
13.	Col 3 Salary split:				385,873.00	
	Other			-	1,583,076.93	
	Manual Input: Related Party - Prism				(63,296.21)	From Page 6B
	Manual Input: Related Party FECII - I.V.				(21,806.92)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products				(1,758.67)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)				222,481.66	
	Reclasses to column 5 for Lines 12 & 13				(589,973.00)	
13.	Col 6: Supplies Total		To Col 6	-	1,128,723.79	
13.	Total Line 13, Column 8			-	1,931,792.79	
14.	Total			-	4,488,601.98	

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(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	\$	\$ 21,286	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 385,000)	3,520,763	3,520,763	3
4	Supply Inventory (priced at)	5,611	5,611	4
5	Short-Term Investments			5
6	Prepaid Insurance		60,185	6
7	Other Prepaid Expenses	42,296	42,296	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	193,624	483,711	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,762,294	\$ 4,133,851	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	90,724	90,724	12
13	Land		1,206,945	13
14	Buildings, at Historical Cost		10,597,773	14
15	Leasehold Improvements, at Historical Cost	348,230	1,229,974	15
16	Equipment, at Historical Cost	515,219	2,396,516	16
17	Accumulated Depreciation (book methods)	(584,576)	(5,629,111)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		84,118	21
22	Other Long-Term Assets (spe <u>RR, S/H loan</u>)		56,299	22
23	Other(specify): <u>Due from Affiliate</u>	7,959,455	7,959,455	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,329,052	\$ 17,992,692	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,091,346	\$ 22,126,543	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,179,446	\$ 1,179,446	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	525,094	525,094	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	657,169	657,169	30
31	Accrued Taxes Payable (excluding real estate taxes)	29,665	29,665	31
32	Accrued Real Estate Taxes(Sch.IX-B)		554,700	32
33	Accrued Interest Payable		28,381	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Ins, Exps, IDPA, Sales Tax, etc.</u>	154,186	154,186	36
37	<u>Due to Affiliates/ST portion of loan</u>	3,890,099	4,129,001	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,435,659	\$ 7,257,642	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	37,864	37,864	39
40	Mortgage Payable		13,383,868	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)	\$ 37,864	\$ 13,421,732	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,473,523	\$ 20,679,375	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,617,823	\$ 1,447,168	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,091,346	\$ 22,126,543	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,686,195	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,686,195	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(68,372)	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)	\$ (68,372)	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)	\$ 5,617,823	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 16,085,129	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,085,129	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	529,197	6
7	Oxygen	40,503	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 569,701	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	512	12
13	Barber and Beauty Care	259	13
14	Non-Patient Meals	2,174	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	52,281	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 55,226	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,537	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,537	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	12,978	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 12,978	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,725,571	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,098,850	31
32	Health Care	4,451,185	32
33	General Administration	3,882,058	33
B. Capital Expense			
34	Ownership	1,496,070	34
C. Ancillary Expense			
35	Special Cost Centers	4,575,847	35
36	Provider Participation Fee	289,932	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,793,943	40
41	Income before Income Taxes (line 30 minus line 40)**	(68,372)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (68,372)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 6,623,573	44
45	Private Pay - Net Inpatient Revenue	1,240,503	45
46	Medicare - Net Inpatient Revenue	6,465,377	46
47	Other-(specify) <u>Hospice/Insurance</u>	2,042,507	47
48	Other-(specify) <u>Charity/Sales Allow.</u>	(286,831)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,085,129	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.

Facility Name & ID Number Alden Estates of Barrington# 0046524

Report Period Beginning 01/01/2016 Ending:

12/31/2016**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	\$ -
Misc. income - Record Copies	\$ 5,083
Adjustment to prior year expense	\$ 1,218
Vendor Discounts	\$ 434
Gain on Sale of Assets	\$ 6,244
Line 28 Total:	<u><u>12,978</u></u>

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

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	\$ 117,088	\$ 56.29	1
2	Assistant Director of Nursing	2,560	2,560	105,555	41.23	2
3	Registered Nurses	33,416	35,480	1,360,591	38.35	3
4	Licensed Practical Nurses	33,966	35,305	989,079	28.02	4
5	CNAs & Orderlies	66,017	70,069	1,065,348	15.20	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,689	1,840	34,695	18.86	8
9	Activity Director	1,816	1,851	38,968	21.06	9
10	Activity Assistants	9,141	9,780	108,747	11.12	10
11	Social Service Workers	3,682	3,682	77,889	21.15	11
12	Dietician					12
13	Food Service Supervisor	1,520	1,520	39,420	25.93	13
14	Head Cook	4,856	4,898	106,281	21.70	14
15	Cook Helpers/Assistants	38,279	40,633	451,373	11.11	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	56,547	27.19	17
18	Housekeepers	16,602	17,324	216,130	12.48	18
19	Laundry	4,742	5,086	58,536	11.51	19
20	Administrator	760	760	42,926	56.48	20
21	Assistant Administrator	2,400	2,400	81,154	33.81	21
22	Other Administrative	8,003	8,101	245,391	30.29	22
23	Office Manager					23
24	Clerical	12,022	12,729	175,826	13.81	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,872	3,912	160,938	41.14	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit manager	4,206	4,206	71,633	17.03	32
33	Other(specify) TransitCareNurse	1,280	1,280	55,471	43.34	33
34	TOTAL (lines 1 - 33)	254,988	267,574	\$ 5,659,586 *	\$ 21.15	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	2,254/month	\$ 27,049	1-3	35
36	Medical Director	3,417/month	41,000	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	48	2,640	11-3	44
45	Social Service Consultant	20	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	68	\$ 74,689		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	547	9,302	10-3	52
53	TOTAL (lines 50 - 52)	547	\$ 9,302		53

Alden Estates of Barrington, Inc.
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$ 62,895.99
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(8,204.30)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(45,192.00)
Allowable Legal Fees	<u>\$ 9,499.69</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Gozdecki LLP	12/24/15	144.08
Sheriff of Cook County	05/16/16	60.00
Tina Dave Thaker	06/14/16	138.76
Agnes Grossman	07/27/16	2,012.50
Law Offices of Chicago Kent	09/15/16	4,448.94
Flagstaff Financial	09/30/16	297.80
The Law Office of Eduard A Glavinskaskas	11/18/16	1,125.00
MidCap Legal	1/1/16- 12/31/16	1,272.61
TOTAL ALLOWABLE LEGAL FEES		<u><u>9,499.69</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Ariana Fisch	12/31/2015	6.00
Chicago Title Company	5/11/2016	120.00
Clerk of the Circuit Court	6/28/2016-8/30/2016	510.00
Stone Pogrud & Korey	1/1/16- 12/31/16	7,568.30
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u><u>8,204.30</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Allocated Legal Fees	1/1/16- 12/31/16	45,192.00
TOTAL Allocated Legal Fees		<u><u>45,192.00</u></u>

Total Legal Cost 62,895.99

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes; RN/LPN: No
- (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? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 39,280 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. \$ 289,932
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. \$ 39,567 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