

		FOR BHF USE					

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2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

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> <small>Number City Zip Code</small></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%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </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 type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <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>01/01/2017</u> to <u>12/31/2017</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%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;"> (Signed) _____ (Type or Print Name) <u>Randi Schlossberg-Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u> </td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;"> (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u> </td> </tr> </table> <p align="right"> 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) _____ (Type or Print Name) <u>Randi Schlossberg-Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schlossberg-Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>							

Facility Name & ID Number Alden Estates of Barrington

0046524 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	5,852	3,071	10,106	19,029	8
9	SNF/PED					9
10	ICF	22,035	2,548	1,022	25,605	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	27,887	5,619	11,128	44,634	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.52%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve 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 8,362

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: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	655,159	34,174	26,880	716,212	2,567	718,779	11,651	730,430		1
2	Food Purchase		489,803		489,803	(38,201)	451,602	(9,780)	441,823		2
3	Housekeeping	252,355	60,727		313,082	2,024	315,106	7,377	322,483		3
4	Laundry	56,368	41,140		97,508	474	97,982		97,982		4
5	Heat and Other Utilities			171,049	171,049		171,049	(142)	170,907		5
6	Maintenance	77,170		331,716	408,886	291	409,177	29,577	438,753		6
7	Other (specify):* related party/security			980	980		980	8,268	9,248		7
8	TOTAL General Services	1,041,051	625,843	530,625	2,197,519	(32,845)	2,164,674	46,951	2,211,625		8
	B. Health Care and Programs										
9	Medical Director			42,000	42,000		42,000		42,000		9
10	Nursing and Medical Records	3,550,737	430,594	17,516	3,998,847	(67,521)	3,931,326	66,950	3,998,277		10
10a	Therapy	95,185	3,578	103,342	202,105		202,105		202,105		10a
11	Activities	116,195	4,878	8,202	129,274	247	129,521		129,521		11
12	Social Services	79,648			79,648		79,648		79,648		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,000	8,000		15
16	TOTAL Health Care and Programs	3,841,764	439,050	171,059	4,451,874	(67,274)	4,384,600	74,950	4,459,550		16
	C. General Administration										
17	Administrative	207,159			207,159		207,159	164,751	371,910		17
18	Directors Fees										18
19	Professional Services			1,368,791	1,368,791		1,368,791	(1,231,452)	137,339		19
20	Dues, Fees, Subscriptions & Promotions			143,575	143,575		143,575	(120,055)	23,520		20
21	Clerical & General Office Expenses	323,325	21,532	199,669	544,526	1,238	545,764	123,988	669,752		21
22	Employee Benefits & Payroll Taxes			978,848	978,848	20,665	999,513	(17,407)	982,106		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,141	1,141		1,141	1,073	2,214		24
25	Other Admin. Staff Transportation			45	45		45	11,785	11,830		25
26	Insurance-Prop.Liab.Malpractice			227,335	227,335		227,335	10,393	237,728		26
27	Other (specify):* related party/ bad debt			97,756	97,756		97,756	(34,752)	63,004		27
28	TOTAL General Administration	530,484	21,532	3,017,160	3,569,176	21,903	3,591,079	(1,091,676)	2,499,403		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,413,300	1,086,426	3,718,844	10,218,570	(78,216)	10,140,354	(969,775)	9,170,579		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:

01/01/2017

Ending:

12/31/2017

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			60,617	60,617		60,617	413,484	474,101			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			108,400	108,400		108,400	338,464	446,864			32
33	Real Estate Taxes			396,734	396,734	(396,734)		580,739	580,739			33
34	Rent-Facility & Grounds			797,429	797,429	396,734	1,194,163	(1,194,163)				34
35	Rent-Equipment & Vehicles			16,343	16,343		16,343	32,173	48,516			35
36	Other (specify):* MIP							67,466	67,466			36
37	TOTAL Ownership			1,379,523	1,379,523		1,379,523	238,163	1,617,687			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	549,324	1,950,580	2,293,273	4,793,177	78,216	4,871,393	(526,851)	4,344,542			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			295,158	295,158		295,158		295,158			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	549,324	1,950,580	2,588,431	5,088,335	78,216	5,166,551	(526,851)	4,639,700			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,962,624	3,037,006	7,686,798	16,686,428		16,686,428	(1,258,463)	15,427,965			45

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

0046524
 Period Beginning: 01/01/2017
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(38,201)	Employee Meals
	22	38,201	Employee Meals
22		(17,536)	Uniform Reclass
	1	2,567	Uniform Reclass
	3	2,024	Uniform Reclass
	4	474	Uniform Reclass
	6	291	Uniform Reclass
	10	10,695	Uniform Reclass
	11	247	Uniform Reclass
	21	1,238	Uniform Reclass
10		(78,216.00)	Oxygen Cost Reclass
	39	78,216.00	Oxygen Cost Reclass
33		(396,734)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	396,734	Rent - Real Estate Tax on associated landowner (Pg 6)

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	(901)	2		4
5	Telephone, TV & Radio in Resident Rooms	(15,841)	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	(10,349)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,581)	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	(19,982)	21		17
18	Fines and Penalties	(229)	32		18
19	Entertainment	(2,755)	20		19
20	Contributions	(4,615)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(9,784)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(97,756)	27		24
25	Fund Raising, Advertising and Promotional	(28,186)	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)	\$ (195,979)		\$	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)	(1,052,085)	Pg 6s	34
35	Other- Attach Schedule	(10,399)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,062,484)		36
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,258,463)		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	

Alden Estates of Barrington

ID# 0046524

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Late Fees on Utilities	\$ (3,196)	5	1
2	Intercompany Interest	(100,574)	32	2
3	Other nursing income (flu shots)	(632)	21	3
4	Misc Income-Jury Duty	(34)	21	4
5	Misc Income- Record Copies	(1,953)	10	5
6	Marketing Managers & Aides	(79,533)	21	6
7	Vendor Discounts	(261)	10	7
8	Collection Fees		21	8
9	Elim employee benefit for Marketing employees	(13,056)	22	9
10	Adj depreciation expense to detail	2,826	30	10
11	Elim Deprec Exp on Pg 12 items under \$2,500 -	(4,035)	30	11
12	Elim Deprec Exp on Pg 13 items under \$2500 -	(16,590)	30	12
13	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,766	6	13
14	Expense Pg 13 items under \$2,500 - curr yr purchs +	25,027	6	14
15	ABC Deprec Exp from Pg 12 series -	116	30	15
16	Elim Barrington Chamber of Commerce fee	(50)	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	180,443	33	21
22	AMS Depreciation Adj.		30	22
23	Reallocation of administrator costs	6,750	17	23
24	Adj depr for disposal of asset original to building	(7,400)	30	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	(10,399)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	2,516	9,135	0	0	0	0	0	0	0	11,651	1
2	Food Purchase	(6,482)	0	0	(3,298)	0	0	0	0	0	0	0	(9,780)	2
3	Housekeeping	0	0	7,377	0	0	0	0	0	0	0	0	7,377	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,196)	0	3,054	0	0	0	0	0	0	0	0	(142)	5
6	Maintenance	10,951	0	18,448	0	0	0	(45)	222	0	0	0	29,577	6
7	Other (specify):*	0	0	8,268	0	0	0	0	0	0	0	0	8,268	7
8	TOTAL General Services	1,273	0	39,663	5,837	0	0	(45)	222	0	0	0	46,951	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	(2,214)	0	53,057	19,836	(3,729)	0	0	0	0	0	0	66,950	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	8,000	0	0	0	0	0	0	0	0	8,000	15
16	TOTAL Health Care and Programs	(2,214)	0	61,057	19,836	(3,729)	0	0	0	0	0	0	74,950	16
	C. General Administration													
17	Administrative	6,750	0	158,001	0	0	0	0	0	0	0	0	164,751	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(9,784)	71,954	(1,293,622)	0	0	0	0	0	0	0	0	(1,231,452)	19
20	Fees, Subscriptions & Promotions	(35,606)	0	(84,449)	0	0	0	0	0	0	0	0	(120,055)	20
21	Clerical & General Office Expenses	(100,193)	319	223,862	0	0	0	0	0	0	0	0	123,988	21
22	Employee Benefits & Payroll Taxes	(13,056)	0	0	0	(4,351)	0	0	0	0	0	0	(17,407)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,073	0	0	0	0	0	0	0	0	1,073	24
25	Other Admin. Staff Transportation	0	0	11,785	0	0	0	0	0	0	0	0	11,785	25
26	Insurance-Prop.Liab.Malpractice	0	10,144	249	0	0	0	0	0	0	0	0	10,393	26
27	Other (specify):*	(97,756)	0	63,004	0	0	0	0	0	0	0	0	(34,752)	27
28	TOTAL General Administration	(249,645)	82,417	(920,097)	0	(4,351)	0	0	0	0	0	0	(1,091,676)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(250,586)	82,417	(819,377)	25,673	(8,080)	0	(45)	222	0	0	0	(969,775)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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 TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(25,083)	435,785	2,782	0	0	0	0	0	0	0	0	413,484	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(111,152)	339,995	109,621	0	0	0	0	0	0	0	0	338,464	32
33	Real Estate Taxes	180,443	396,734	3,562	0	0	0	0	0	0	0	0	580,739	33
34	Rent-Facility & Grounds	0	(1,194,163)	0	0	0	0	0	0	0	0	0	(1,194,163)	34
35	Rent-Equipment & Vehicles	0	0	32,173	0	0	0	0	0	0	0	0	32,173	35
36	Other (specify):*	0	67,466	0	0	0	0	0	0	0	0	0	67,466	36
37	TOTAL Ownership	44,208	45,817	148,138	0	0	0	0	0	0	0	0	238,163	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	(158,582)	(93,548)	(274,721)	0	0	0	0	0	(526,851)	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	(158,582)	(93,548)	(274,721)	0	0	0	0	0	(526,851)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(206,378)	128,234	(671,239)	(132,908)	(101,628)	(274,721)	(45)	222	0	0	0	(1,258,463)	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	\$ 1,194,163	Alden of Barrington, LLC	0.00%	\$	\$ (1,194,163)	1
2	V	32 Interest Income Repl Reserve	70	Alden of Barrington, LLC			(70)	2
3	V	30 Gain on Sale of Assets	7,400	Alden of Barrington, LLC			(7,400)	3
4	V	6 Repairs & Maintenance		Alden of Barrington, LLC				4
5	V	19 Acct Fees/Legal Fees: Non-coll		Alden of Barrington, LLC		71,954	71,954	5
6	V	21 Misc Administrative Expenses		Alden of Barrington, LLC		319	319	6
7	V	19 Professional Fees		Alden of Barrington, LLC				7
8	V	33 Real Estate Tax Expense		Alden of Barrington, LLC		396,734	396,734	8
9	V	26 General Insurance Expense		Alden of Barrington, LLC		10,144	10,144	9
10	V	36 Mortgage Insurance Premium		Alden of Barrington, LLC		67,466	67,466	10
11	V	32 Interest- Mortgage		Alden of Barrington, LLC		337,346	337,346	11
12	V	30 Depreciation Expense		Alden of Barrington, LLC		443,185	443,185	12
13	V	32 Amortization Expense		Alden of Barrington, LLC		2,719	2,719	13
14	Total		\$ 1,201,633			\$ 1,329,867	\$ * 128,234	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%	\$ 3,054	\$ 3,054 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,073	1,073 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		11,785	11,785 17
18	V	26 Insurance		Alden Management Services, Inc.		249	249 18
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		1,135	(84,449) 19
20	V	30 Depreciation		Alden Management Services, Inc.		2,782	2,782 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,562	3,562 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		32,173	32,173 22
23	V	32 Interest		Alden Management Services, Inc.		109,621	109,621 23
24	V	1 Dietary		Alden Management Services, Inc.		2,516	2,516 24
25	V	3 Housekeeping		Alden Management Services, Inc.		7,377	7,377 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		8,268	8,268 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		53,057	53,057 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		8,000	8,000 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		158,001	158,001 29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		63,004	63,004 30
31	V	19 Professional Fees	1,331,832	Alden Management Services, Inc.		38,210	(1,293,622) 31
32	V	21 Gen'l & Admin	52,992	Alden Management Services, Inc.		276,854	223,862 32
33	V	6 Repair & Maint	24,048	Alden Management Services, Inc.		42,496	18,448 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,494,456			\$ 823,217	\$ * (671,239) 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%	\$	\$ (26,400)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,981	14,981
17	V	2 Tube Feeding	212,379	Prism Health Care Services, Inc.		138,794	(73,585)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		9,694	3,034
19	V	39 Ancillary Supplies	586,428	Prism Health Care Services, Inc.		190,420	(396,008)
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.		110,932	110,932
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		20,553	20,553
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		70,287	70,287
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		16,802	16,802
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		126,495	126,495
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		\$ 831,868			\$ 698,959	\$ * (132,908)

* 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	\$ 917,028	Forum Extended Care Services II, Inc.	0.00%	\$ 846,474	\$ (70,554)
16	V	39 I.V.	320,146	Forum Extended Care Services II, Inc.		295,515	(24,631)
17	V	39 Wound Care Products	30,922	Forum Extended Care Services II, Inc.		28,543	(2,379)
18	V	10 House Stock	45,587	Forum Extended Care Services II, Inc.		42,080	(3,507)
19	V	10 Pharm Consult.	2,880	Forum Extended Care Services II, Inc.		2,658	(222)
20	V	22 Employ. Vaccin.	4,351	Forum Extended Care Services II, Inc.			(4,351)
21	V	39 Employ. Vaccin.		Forum Extended Care Services II, Inc.		4,016	4,016
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		\$ 1,320,914			\$ 1,219,286	\$ * (101,628)

* 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	\$ 1,583,065	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,308,344	\$ (274,721)
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		\$ 1,583,065			\$ 1,308,344	\$ * (274,721)

* 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	\$ 33,506	Alden Bennett Construction Company, Inc.	0.00%	\$ 33,461	\$	(45)	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		\$ 33,506			\$ 33,461	\$ *	(45)	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	\$ 1,014	Alden Design Group, Inc.	0.00%	\$ 1,236	\$ 222	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 1,014			\$ 1,236	\$ *	222	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:

01/01/2017

Ending:

12/31/2017

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 Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		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	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Hours	Percent	Description	Amount			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	178,746	1.352	3.38	Salary	\$ 6,254	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,619	1.352	3.38	Salary	3,381	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,619	1.352	3.38	Salary	3,381	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	111,013	1.352	3.38	Salary	3,884	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,830	1.352	3.38	Salary	2,128	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	178,746	1.014	3.38	Salary	6,254	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	\$ 25,282		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:

01/01/2017

Ending: 2/31/2017

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	1,320,269	35	\$ 90,340	\$ 44,634	\$ 3,054	1
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	44,634	1,073	2
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	44,634	11,785	3
4	26	Insurance	Patient Days	1,320,269	35	7,373	44,634	249	4
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	44,634	1,135	5
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	44,634	3,562	7
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	44,634	32,173	8
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	44,634	109,621	9
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	44,634	2,516
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	44,634	7,377
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	44,634	8,268	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	44,634	53,057
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	44,634	8,000	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	44,634	158,001
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	44,634	63,004	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	44,634	38,210
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	44,634	276,854
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	44,634	42,496
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 823,217	25

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 13,383,868	9/1/52	2.5000	\$ 337,346	1
2												2
3												3
4	Insurance Interest (GL7053)		x	Medical Malpractice							2,608	4
5	Amort of Fin Fees (GL 1918)		x	Refinancing							2,719	5
Working Capital												
6	Related party-AMS		x	Working Capital							109,621	6
7												7
8	Avaya/Marlin (GL 7030)		x	Capital Lease							4,989	8
9	TOTAL Facility Related				\$48,062.21		\$ 14,574,100	\$ 13,383,868			\$ 457,283	9
B. Non-Facility Related*												
10	Interest Income on R.R.		x								(70)	10
11	Int Income (GL#4975)		x								(10,349)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (10,420)	14
15	TOTALS (line 9+line14)						\$ 14,574,100	\$ 13,383,868			\$ 446,864	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 67,466 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 2016 report.			\$	554,700	1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	557,577	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	2,877	3
4.	Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	574,300	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.			\$	577,177	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	3,562	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	580,739	
Real Estate Tax Bill for Calendar Year:	2012	533,559	8	FOR BHF USE ONLY		
	2013	509,907	9	13	FROM R. E. TAX STATEMENT FOR 2016	\$
	2014	532,563	10	14	PLUS APPEAL COST FROM LINE 5	\$
	2015	538,505	11	15	LESS REFUND FROM LINE 6	\$
	2016	557,577	12	16	AMOUNT TO USE FOR RATE CALCULATION	\$

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.

2016 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 2016 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 2016.

(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>105,372.00</u>	\$ <u>3,562.00</u>
2. <u>01-12-107-016-0000</u>	<u>Nursing facility</u>	\$ <u>557,577.00</u>	\$ <u>557,577.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>662,949.00</u></u>	\$ <u><u>561,139.00</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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:

01/01/2017 Ending:

12/31/2017

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: nursing facility, 2003, \$1,206,945. Row 2: (blank). Row 3: TOTALS, \$1,206,945.

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

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	\$	\$ 2,275,184	4
5	Renovation: interior: GL 1703/LLC		2007	4,351,504	111,577	39	111,577		1,199,453	5
6	Adj Value for D/T prior owners (LLC)		2003	204,498	5,244	39	5,244		73,851	6
7	Insur. Claim disposal		2017		(7,400)		(7,400)			7
8										8
	Improvement Type**									
9	ABC-Water Heater GL 1705/Inc.		2004	32,509		10			32,509	9
10	Oak Fire and Security-Fire alarm control panel GL 1705/Inc.		2004	6,400		10			6,400	10
11	Oak Fire and Security-Air handler shutdown GL 1705/Inc.		2004	3,120		10			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		10			4,189	23
24	Replace chiller controller: GL 1705/Inc.		2006	5,258		10			5,258	24
25	Install cable thru pipes in hallway to each wallplate:GL 1705/Inc.		2006	14,500	725	20	725		8,398	25
26	Replace boiler expansion tanks: GL 1705/Inc.		2006	4,607	230	20	230		2,645	26
27	New Roof: GL 1703/LLC		2006	138,536		10			138,536	27
28	ABC renovation/exterior/landscaping: GL 1703/LLC		2007	321,660	21,444	15	21,444		228,143	28
29										29
30	ABC-New corner guards for new wall coverings: GL 1704/Inc.		2007	2,645	40	10	40		2,645	30
31	ABC-New plumbing in Parlor Room: Inc.		2007	20,504	344	10	344		20,504	31
32	New Fire Sprinkler: GL 1705/Inc.		2007	2,791	24	10	24		2,791	32
33	Replace fire sprinklers: GL 1705/Inc.		2007	2,887	21	10	21		2,887	33
34	American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.		2007	2,955	70	10	70		2,955	34
35	ABC-Installed new windows: GL 1705/Inc.		2007	3,847	256	15	256		2,560	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:

01/01/2017 Ending: 12/31/2017

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	\$	\$ 5,966	37
38									38
39	ABC - repipe existing ansol system	2007	7,263	124	10	124		7,263	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		4,824	45
46	install new sprinkler heads	2007	5,063	214	10	214		5,063	46
47	installed new exhaust fan	2007	3,125	126	10	126		3,125	47
48	installed new landscaping	2007	18,391	920	10	920		18,391	48
49	installed new irrigation line & heads	2007	7,017	348	10	348		7,017	49
50	replaced new air compressor	2007	24,614	2,051	12	2,051		21,365	50
51	replaced drywall carpentry	2007	26,605	1,991	10	1,991		26,605	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	853	10	853		9,282	53
54	replaced broken kitchen equipment with new equipment	2007	4,473	413	10	413		4,473	54
55									55
56	Renovation Exterior Landscaping (LLC)	2007	7,938	529	15	529		5,334	56
57	Renovation Extras, change order (LLC)	2007	1,100	73	15	73		730	57
58	Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500	1,633	15	1,633		17,283	58
59									59
60									60
61	ABC - installed new internal paging system	2008	2,557	128	20	128		1,258	61
62	ABC - replaced broken shower faucet with new one	2008	3,780	378	10	378		3,749	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		2,882	64
65	Central States - removed & install new fire sprinkler	2008	8,330	333	25	333		3,136	65
66	CENSAU - replaced sprinkler	2008	6,085	243	25	243		2,188	66
67	GT Mechanical - repair ductwork	2008	3,062	307	10	307		2,758	67
68	Central States - Fire alarm repaired & replaced	2008	9,687	969	10	969		8,720	68
69	Renovation ABC Closing HUD statement (LLC)	2008	9,600	640	15	640		6,293	69
70	TOTAL (lines 4 thru 69)		\$ 12,326,980	\$ 301,085		\$ 301,085	\$	\$ 4,245,451	70

**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 12A, Carried Forward		\$ 12,326,980	\$ 301,085		\$ 301,085	\$	\$ 4,245,451	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		2,023	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		6,335	8
9	ABC - Corner guard	2010	5,076	508	10	508		3,641	9
10	ABC - Pond & Patio	2011	105,094	7,006	15	7,006		44,372	10
11	JM Allen - Gazebo Installation	2011	9,300	620	15	620		3,927	11
12	ABC - Pond & Patio Plumb & Electric	2011	19,299	1,287	15	1,287		8,043	12
13	ADG - Raised Planter Box	2011	5,559	556	10	556		3,475	13
14	ABC - Gazebo Landscaping	2011	46,222	3,081	15	3,081		19,000	14
15	ABC - Compressor Repair Overload Units	2011	5,727		5			5,727	15
16	Repair Fire Pump & Bearing Caps	2011	7,334	733	10	733		4,398	16
17	Repair leaks in pipes - USFIRE	2012	5,912	591	10	591		3,349	17
18	Window seals in resident rooms- - ALDBEN	2012	5,330	622	5	622		5,330	18
19	Attic repair - VALFIR	2012	5,818	580	5	580		5,818	19
20	Concrete work repairs- ALDBEN	2013	10,890	726	15	726		3,267	20
21	Sewer line rebuild, emergency-ALDBEN	2013	21,865	1,093	20	1,093		4,828	21
22	Concrete, sidewalk-ALDBEN	2013	8,479	565	15	565		2,448	22
23	Gutters and downspouts-ALDBEN	2013	4,956	496	10	496		2,108	23
24	Fire sprinklers-VALFIR	2013	6,574	329	20	329		1,316	24
25									25
26	Fire sprinklers-VALFIR	2014	7,991	400	20	400		1,600	26
27	Sidewalks - Alden Bennett	2014	4,131	275	15	275		917	27
28	Entrance wall rebuilt - Alden Bennett	2014	3,113	623	5	623		1,921	28
29	Flooring (new base), walk-in freezer area- ALDBEN	2015	6,086	304	20	304		811	29
30	Generator rebuilt - MarAMS-CITI-PATCAT	2015	6,456	646	10	646		1,884	30
31	Fire sprinkler system and drain valve - VALFIR	2015	9,924	1,985	5	1,985		5,459	31
32	Windows, Thermo Pane (5)-ALDBEN	2015	5,363	536	10	536		1,161	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,673,888	\$ 325,792		\$ 325,792	\$	\$ 4,407,568	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	\$ 325,792		\$ 325,792	\$	\$ 4,407,568	1
2	Pump, Rebuild-FebAMS-WRIEXP-Fluid Pump Service	2016	6,298	420	15	420		840	2
3	Boiler repair/new flame safeguard install -GTMECH	2016	5,186	1,037	5	1,037		1,123	3
4	Sprinklers, fire - CENSAU	2017	6,150	41	25	41		41	4
5	Landscaping, Courtyard work 2 of 2 -SEBLAN	2017	7,362	859	5	859		859	5
6	Parts, motor for chiller - NORMEC	2017	3,284	219	5	219		219	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,702,168	\$ 328,368		\$ 328,368	\$	\$ 4,410,650	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:

01/01/2017 Ending: 12/31/2017

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		\$ 12,702,168	\$ 328,368		\$ 328,368	\$	\$ 4,410,650	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17		17		60	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,781,122	\$ 329,408		\$ 329,408	\$	\$ 4,499,611	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		\$ 12,781,122	\$ 329,408		\$ 329,408	\$	\$ 4,499,611	1
2	Adj for ABC related profit	2008	(126)					(126)	2
3	Adj for ABC related profit	2009	(61)					(61)	3
4	Adj for ABC related profit	2010	(202)	(10)		(10)		(75)	4
5	Adj for ABC related profit	2011	1,372	56		56		364	5
6	Adj for ABC related profit	2012	329	54		54		297	6
7	Adj for ABC related profit	2013	622	16		16		72	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
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,783,005	\$ 329,524		\$ 329,524	\$	\$ 4,500,081	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:

01/01/2017

Ending:

12/31/2017

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	\$ 1,701,028	\$ 135,720	\$ 135,720	\$		\$ 1,136,132	71
72	Current Year Purchases	177,044	6,728	6,728			6,728	72
73	Fully Depreciated Assets	626,637	2,130	2,130			626,637	73
74								74
75	TOTALS	\$ 2,504,709	\$ 144,577	\$ 144,577	\$		\$ 1,769,497	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	3,911				3	3,911	77
78										78
79										79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	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)	\$ 16,498,570	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 474,101	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 474,101	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)	\$ 6,273,489	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: 01/01/2017

Ending: 12/31/2017

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party cost is backed out

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

If NO, see instructions. YES NO

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

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. 12/31/2018 \$ varies

13. 12/31/2019 \$ varies

14. 12/31/2020 \$ 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: \$ 27,083 Description: Copy Machine \$16,343.17 and Equipment Lease \$10,739.97

(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>14,365</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>14,365</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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 523,460	\$		\$ 523,460	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			104,885			104,885	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			806,360			806,360	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				850,490		850,490	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					49,532		49,532	12
13	Other (specify): <u>See Pg 16A</u>			549,324		471,042	989,449		2,009,815	13
14	TOTAL			\$ 549,324		\$ 1,905,746	\$ 1,889,472		\$ 4,344,542	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	\$523,459.83	
2.	ST	39-3	To Col 5	104,884.67	
3.					
4.	PT	39-3	To Col 5	806,359.75	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			917,028.18	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(66,537.69)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	850,490.49	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	49,532.14	
	Total Exceptional Care (Line 12, Col 8)			49,532.14	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(274,721.07)	From Page 6D
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	745,763.00	
13.	Col 3 Salary split:			549,324.00	
	Other			1,842,588.26	
	Manual Input: Related Party - Prism			(158,581.65)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(24,631.27)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(2,379.06)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			78,216.00	
	Reclasses to column 5 for Lines 12 & 13			(745,763.00)	
13.	Col 6: Supplies Total		To Col 6	989,449.28	
13.	Total Line 13, Column 8			2,009,815.21	
14.	Total			4,344,542.08	

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(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	\$	\$ 26,701	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (190,000))	2,972,831	2,972,831	3
4	Supply Inventory (priced at)	5,611	5,611	4
5	Short-Term Investments			5
6	Prepaid Insurance		58,552	6
7	Other Prepaid Expenses	39,770	39,770	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	52,907	346,745	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,071,119	\$ 3,450,210	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	79,510	79,510	12
13	Land		1,206,945	13
14	Buildings, at Historical Cost		10,597,773	14
15	Leasehold Improvements, at Historical Cost	360,531	1,247,998	15
16	Equipment, at Historical Cost	507,937	2,454,300	16
17	Accumulated Depreciation (book methods)	(628,240)	(6,103,748)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		91,453	21
22	Other Long-Term Assets (specify):		53,580	22
23	Other(specify): <u>Due from Affiliate</u>	7,463,534	7,463,534	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,783,272	\$ 17,091,345	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,854,391	\$ 20,541,555	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,031,939	\$ 1,031,939	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	451,371	451,371	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	687,440	687,440	30
31	Accrued Taxes Payable (excluding real estate taxes)	29,636	29,636	31
32	Accrued Real Estate Taxes(Sch.IX-B)		574,300	32
33	Accrued Interest Payable		27,883	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins, due to IDPA, Sales Tax</u>	96,049	96,049	36
37	<u>Due to Affiliates/ST portion of loan</u>	3,188,573	3,433,517	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,485,008	\$ 6,332,135	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	21,486	21,486	39
40	Mortgage Payable		13,138,924	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)	\$ 21,486	\$ 13,160,410	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,506,494	\$ 19,492,545	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,347,897	\$ 1,049,010	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,854,391	\$ 20,541,555	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,617,823	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)	\$ 5,617,823	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(269,926)	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)	\$ (269,926)	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)	\$ 5,347,897	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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	\$ 15,742,353	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,742,353	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	556,743	6
7	Oxygen	58,106	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 614,848	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	121	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	901	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	39,534	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 40,556	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	10,349	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 10,349	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	8,395	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,395	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,416,502	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,197,519	31
32	Health Care	4,451,874	32
33	General Administration	3,569,176	33
B. Capital Expense			
34	Ownership	1,379,523	34
C. Ancillary Expense			
35	Special Cost Centers	4,793,177	35
36	Provider Participation Fee	295,158	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,686,428	40
41	Income before Income Taxes (line 30 minus line 40)**	(269,926)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (269,926)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 7,276,799	44
45	Private Pay - Net Inpatient Revenue	1,215,470	45
46	Medicare - Net Inpatient Revenue	5,977,392	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,506,044	47
48	Other-(specify) <u>Charity/Sales Allow.</u>	(233,352)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,742,353	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# 0046524Report Period Beginning 01/01/2017 Ending:12/31/2017**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	\$ 34
	\$ 1,952
Adjustment to prior year expense	
Vendor Discounts	\$ 261
Gain on Sale of Assets	\$ 6,148
Line 28 Total:	<u><u>8,395</u></u>

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	\$ 123,177	\$ 59.22	1
2	Assistant Director of Nursing	5,063	5,191	196,269	37.81	2
3	Registered Nurses	37,472	39,874	1,382,889	34.68	3
4	Licensed Practical Nurses	27,709	29,694	843,796	28.42	4
5	CNAs & Orderlies	66,251	70,091	1,152,569	16.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,347	1,389	20,590	14.82	8
9	Activity Director	2,080	2,080	45,310	21.78	9
10	Activity Assistants	6,231	6,568	70,884	10.79	10
11	Social Service Workers	3,723	3,763	79,648	21.16	11
12	Dietician					12
13	Food Service Supervisor	2,072	2,072	50,907	24.57	13
14	Head Cook	5,273	5,378	114,972	21.38	14
15	Cook Helpers/Assistants	37,970	40,692	489,279	12.02	15
16	Dishwashers					16
17	Maintenance Workers	2,129	2,610	77,170	29.56	17
18	Housekeepers	18,741	20,225	252,355	12.48	18
19	Laundry	3,992	4,309	56,368	13.08	19
20	Administrator	1,848	1,991	114,855	57.69	20
21	Assistant Administrator	2,728	2,835	92,304	32.56	21
22	Other Administrative	12,048	12,165	343,958	28.27	22
23	Office Manager					23
24	Clerical	6,390	6,762	84,299	12.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	5,312	5,312	218,226	41.08	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit manager	7,308	7,692	152,797	19.87	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	257,764	272,771	\$ 5,962,624 *	\$ 21.86	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	2,240/month	\$ 26,880	1-3	35
36	Medical Director	3,500/month	42,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	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	67	3,700	11-3	44
45	Social Service Consultant	10	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	77	\$ 76,020		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	848	14,420	10-3	52
53	TOTAL (lines 50 - 52)	848	\$ 14,420		53

Alden Estates of Barrington
 Legal Fee Support
 2017

Legal Fees Reported on Pg 21, Section C:	\$ 57,886.25
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(9,783.56)
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>\$ 2,910.69</u>

In Detail:

Vendor Name	Invoice Date	Amount
Von Briesen & Roper S.C	5/24/17- 10/31/17	848.56
MidCap Legal	1/1/17- 12/31/17	2,062.13
TOTAL ALLOWABLE LEGAL FEES		<u><u>2,910.69</u></u>

Vendor Name	Invoice Date	Amount
Ariana Fisch	8/1/16-12/31/16	9.00
Chicago Title Company	6/22/2017	60.00
Stone Poggrund & Korey	1/1/16- 12/31/16	9,714.56
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u><u>9,783.56</u></u>

Vendor Name	Invoice Date	Amount
AMS Allocated Legal Fees	1/1/17- 12/31/17	45,192.00

TOTAL Allocated Legal Fees 45,192.00

Total Legal Cost 57,886.25

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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. \$ 57,081 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. \$ 295,158
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. \$ 38,201 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