

Facility Name & ID Number Alden Estate-Courts of Huntley, Inc.

005-4924 Report Period Beginning: 07/10/2018 Ending: 01/31/2019

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	170	Skilled (SNF)	170	35,020	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	170	TOTALS	170	35,020	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		1,071	2,268	3,339	8
9	SNF/PED					9
10	ICF		805		805	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS		1,876	2,268	4,144	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 11.83%

D. How many bed reserve days during this year were paid by the Department?
0 (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)

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 07/10/2018

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 170 and days of care provided 2,263

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Alden Estate-Courts of Huntley, Inc. # 005-4924 Report Period Beginning: 07/10/2018 Ending: 01/31/2019

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	255,290	30,916	120	286,326	2,259	288,585	640	289,225		1
2	Food Purchase		101,821		101,821	(9,723)	92,098	(1,069)	91,029		2
3	Housekeeping	71,900	39,578		111,478	1,034	112,512	469	112,981		3
4	Laundry	9,987	25,186	158	35,331	448	35,779	0	35,779		4
5	Heat and Other Utilities			143,153	143,153		143,153	(2,914)	140,239		5
6	Maintenance	82,532	3,379	168,887	254,798	283	255,081	(19,998)	235,083		6
7	Other (specify):* related party				0		0	431	431		7
8	TOTAL General Services	419,709	200,880	312,318	932,907	(5,699)	927,208	(22,441)	904,767		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000	0	12,000		9
10	Nursing and Medical Records	915,221	52,174	1,112	968,507	7,515	976,022	3,010	979,032		10
10a	Therapy		609		609		609	0	609		10a
11	Activities	20,742	7,323	3,097	31,162	227	31,389	0	31,389		11
12	Social Services	32,418			32,418		32,418	0	32,418		12
13	CNA Training				0		0	0	0		13
14	Program Transportation				0		0	0	0		14
15	Other (specify):* related party				0		0	442	442		15
16	TOTAL Health Care and Programs	968,381	60,106	16,209	1,044,696	7,742	1,052,438	3,452	1,055,890		16
	C. General Administration										
17	Administrative	85,007			85,007		85,007	13,299	98,306		17
18	Directors Fees				0		0	0	0		18
19	Professional Services			94,560	94,560		94,560	175,046	269,606		19
20	Dues, Fees, Subscriptions & Promotions			136,009	136,009		136,009	(124,266)	11,743		20
21	Clerical & General Office Expenses	124,781	15,352	242,899	383,032	545	383,577	19,376	402,953		21
22	Employee Benefits & Payroll Taxes			230,582	230,582	(2,588)	227,994	(2,133)	225,861		22
23	Inservice Training & Education				0		0	0	0		23
24	Travel and Seminar			125	125		125	99	224		24
25	Other Admin. Staff Transportation			5,860	5,860		5,860	935	6,795		25
26	Insurance-Prop.Liab.Malpractice			88,530	88,530		88,530	8,099	96,629		26
27	Other (specify):* related party			8,098	8,098		8,098	(18,315)	(10,217)		27
28	TOTAL General Administration	209,788	15,352	806,663	1,031,803	(2,043)	1,029,760	72,140	1,101,900		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,597,878	276,338	1,135,190	3,009,406	0	3,009,406	53,151	3,062,557		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 Estate-Courts of Huntley, Inc.

#005-4924

Report Period Beginning:

07/10/2018

Ending:

01/31/2019

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			92,242	92,242		92,242	590,611	682,853			30
31	Amortization of Pre-Op. & Org.				0		0	0	0			31
32	Interest			4,386	4,386		4,386	315,104	319,490			32
33	Real Estate Taxes			51,050	51,050	(51,050)	0	76,499	76,499			33
34	Rent-Facility & Grounds			904,223	904,223	51,050	955,273	(955,273)	0			34
35	Rent-Equipment & Vehicles			32,566	32,566		32,566	2,319	34,885			35
36	Other (specify):* MIP				0		0	113,354	113,354			36
37	TOTAL Ownership			1,084,467	1,084,467	0	1,084,467	142,614	1,227,081			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation				0		0	0	0			38
39	Ancillary Service Centers		131,914	257,990	389,904		389,904	18,781	408,685			39
40	Barber and Beauty Shops				0		0	0	0			40
41	Coffee and Gift Shops		40		40		40	(40)	0			41
42	Provider Participation Fee			61,169	61,169		61,169	0	61,169			42
43	Other (specify):*				0		0	0	0			43
44	TOTAL Special Cost Centers	0	131,954	319,159	451,113	0	451,113	18,741	469,854			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,597,878	408,292	2,538,816	4,544,986	0	4,544,986	214,506	4,759,492			45

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

005-4924
 Period Beginning: 07/10/2018
 Period Ending: 01/31/2019

IDPH License No. 46-2998472

Page 4A

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(9,723)	Employee Meals
	22	9,723	Employee Meals
22		(12,311)	Uniform Reclass
	1	2,259	Uniform Reclass
	3	1,034	Uniform Reclass
	4	448	Uniform Reclass
	6	283	Uniform Reclass
	10	7,515	Uniform Reclass
	11	227	Uniform Reclass
	21	545	Uniform Reclass
10		-	Oxygen Cost Reclass
	39	-	Oxygen Cost Reclass
33		(51,050)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	51,050	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				4
5	Telephone, TV & Radio in Resident Rooms	(20,845)	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
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,701)	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	(451)	21		17
18	Fines and Penalties	(43)	32		18
19	Entertainment	(5,604)	20		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(22,922)	27		24
25	Fund Raising, Advertising and Promotional	(112,954)	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)	\$ (164,520)		\$ 0	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)	356,097	Pg 6s	34
35	Other- Attach Schedule	22,929	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 379,026		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 214,506		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 Estate-Courts of Huntley, Inc.

ID# 005-4924

Report Period Beginning: 07/10/2018

Ending: 01/31/2019

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilites	\$ (3,144)	5	1
2	Valet Cost	(1,000)	21	2
3	Gift Shop Expenses	(40)	41	3
4	Food Rebate	(248)	2	4
5	Adj. 2017 Accr. RE Tax	24,950	33	5
6	Bank Fees	(264)	21	6
7				7
8	Adj for 2018 ABC related party profit	1	30	8
9				9
10	Depreciation Adjustment	2,949	30	10
11				11
12	Huntley Chamber of Commerce	(275)	20	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				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	22,929		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estate-Courts of Huntley, Inc.

005-4924 Report Period Beginning:

07/10/2018

Ending: 01/31/2019

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	176	464	0	0	0	0	0	0	0	640	1
2	Food Purchase	(1,949)	0	0	880	0	0	0	0	0	0	0	(1,069)	2
3	Housekeeping	0	0	469	0	0	0	0	0	0	0	0	469	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,144)	0	230	0	0	0	0	0	0	0	0	(2,914)	5
6	Maintenance	(20,845)	0	1,442	0	0	0	65	(660)	0	0	0	(19,998)	6
7	Other (specify):*	0	0	431	0	0	0	0	0	0	0	0	431	7
8	TOTAL General Services	(25,938)	0	2,748	1,344	0	0	65	(660)	0	0	0	(22,441)	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	0	0	3,106	389	(485)	0	0	0	0	0	0	3,010	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	442	0	0	0	0	0	0	0	0	442	15
16	TOTAL Health Care and Programs	0	0	3,548	389	(485)	0	0	0	0	0	0	3,452	16
	C. General Administration													
17	Administrative	0	0	13,299	0	0	0	0	0	0	0	0	13,299	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	243,596	(68,550)	0	0	0	0	0	0	0	0	175,046	19
20	Fees, Subscriptions & Promotions	(118,833)	1,581	(7,014)	0	0	0	0	0	0	0	0	(124,266)	20
21	Clerical & General Office Expenses	(1,715)	(200)	21,291	0	0	0	0	0	0	0	0	19,376	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,133)	0	0	0	0	0	0	(2,133)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	99	0	0	0	0	0	0	0	0	99	24
25	Other Admin. Staff Transportation	0	0	935	0	0	0	0	0	0	0	0	935	25
26	Insurance-Prop.Liab.Malpractice	0	8,079	20	0	0	0	0	0	0	0	0	8,099	26
27	Other (specify):*	(22,922)	0	4,607	0	0	0	0	0	0	0	0	(18,315)	27
28	TOTAL General Administration	(143,470)	253,056	(35,313)	0	(2,133)	0	0	0	0	0	0	72,140	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(169,408)	253,056	(29,017)	1,733	(2,618)	0	65	(660)	0	0	0	53,151	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estate-Courts of Huntley, Inc.

005-4924

Report Period Beginning:

07/10/2018

Ending:

01/31/2019

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	2,950	580,562	7,099	0	0	0	0	0	0	0	0	590,611	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(43)	314,452	695	0	0	0	0	0	0	0	0	315,104	32
33	Real Estate Taxes	24,950	51,050	499	0	0	0	0	0	0	0	0	76,499	33
34	Rent-Facility & Grounds	0	(955,273)	0	0	0	0	0	0	0	0	0	(955,273)	34
35	Rent-Equipment & Vehicles	0	0	2,319	0	0	0	0	0	0	0	0	2,319	35
36	Other (specify):*	0	113,354	0	0	0	0	0	0	0	0	0	113,354	36
37	TOTAL Ownership	27,857	104,145	10,612	0	0	0	0	0	0	0	0	142,614	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	(9,503)	(2,542)	30,826	0	0	0	0	0	18,781	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(40)	0	0	0	0	0	0	0	0	0	0	(40)	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	(40)	0	0	(9,503)	(2,542)	30,826	0	0	0	0	0	18,741	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(141,591)	357,201	(18,405)	(7,770)	(5,160)	30,826	65	(660)	0	0	0	214,506	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 Revenue	\$ 955,273	Huntley Investments LLC		\$	\$ (955,273)	1
2	V	32 Replacement Reserve Interest/Interest	914	Huntley Investments LLC			(914)	2
3	V	19 Accounting/Bank Fees		Huntley Investments LLC		27,764	27,764	3
4	V	33 Real estate taxes		Huntley Investments LLC		51,050	51,050	4
5	V	26 Property/liability insurance		Huntley Investments LLC		8,079	8,079	5
6	V	36 Mortgage insurance premium		Huntley Investments LLC		113,354	113,354	6
7	V	32 Mortgage interest		Huntley Investments LLC		277,232	277,232	7
8	V	30 Depreciation		Huntley Investments LLC		580,562	580,562	8
9	V	19 Professional Fees		Huntley Investments LLC		215,832	215,832	9
10	V	20 Dues & Subscriptions		Huntley Investments LLC		1,581	1,581	10
11	V	21 Miscellaneous Costs		Huntley Investments LLC		(200)	(200)	11
12	V	32 Amortization Expenses		Huntley Investments LLC		38,134	38,134	12
13	V							13
14	Total		\$ 956,187			\$ 1,313,388	\$ * 357,201	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%	\$ 230	\$	230	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		99		99	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		935		935	17
18	V	26 Insurance		Alden Management Services, Inc.		20		20	18
19	V	20 Dues/Subscriptions	7,132	Alden Management Services, Inc.		118		(7,014)	19
20	V	30 Depreciation		Alden Management Services, Inc.		7,099		7,099	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		499		499	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		2,319		2,319	22
23	V	32 Interest		Alden Management Services, Inc.		695		695	23
24	V	1 Diet. Salary		Alden Management Services, Inc.		176		176	24
25	V	3 Housekeeping Salary		Alden Management Services, Inc.		469		469	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		431		431	26
27	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		3,106		3,106	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		442		442	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		13,299		13,299	29
30	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		4,607		4,607	30
31	V	19 Professional Fees	69,180	Alden Management Services, Inc.		630		(68,550)	31
32	V	21 Gen'l & Administrative		Alden Management Services, Inc.		21,291		21,291	32
33	V	6 Repairs & Mainten.	1,568	Alden Management Services, Inc.		3,010		1,442	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 77,880			\$ 59,475	\$ *	(18,405)	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	2 Tube Feeding	\$ 1,215	Prism Health Care Services, Inc.	0.00%	\$ 660	\$ (555)
16	V	39 Ancillary Supplies	17,166	Prism Health Care Services, Inc.		4,858	(12,308)
17	V	1 Gen & Admin & Benefits		Prism Health Care Services, Inc.		464	464
18	V	2 Gen & Admin & Benefits		Prism Health Care Services, Inc.		1,435	1,435
19	V	10 Gen & Admin & Benefits		Prism Health Care Services, Inc.		389	389
20	V	39 Gen & Admin & Benefits		Prism Health Care Services, Inc.		2,805	2,805
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		\$ 18,381			\$ 10,611	\$ * (7,770)

* 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	\$ 54,701	Forum Extended Care Services II, Inc.	0.00%	\$ 50,355	\$ (4,346)
16	V	39 IV	1,904	Forum Extended Care Services II, Inc.		1,753	(151)
17	V	39 Wound Care Products	106	Forum Extended Care Services II, Inc.		98	(8)
18	V	10 House Stock	5,632	Forum Extended Care Services II, Inc.		5,185	(447)
19	V	10 Pharmacy Consultant	480	Forum Extended Care Services II, Inc.		442	(38)
20	V	22 Employee Vaccin.	2,133	Forum Extended Care Services II, Inc.			(2,133)
21	V	39 Employee Vaccination		Forum Extended Care Services II, Inc.		1,963	1,963
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		\$ 64,956			\$ 59,796	\$ * (5,160)

* 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	\$ 149,595	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 180,421	\$	30,826	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		\$ 149,595			\$ 180,421	\$ *	30,826	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	\$ 21,542	Alden Bennett Construction Company, Inc.	0.00%	\$ 21,607	\$	65	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		\$ 21,542			\$ 21,607	\$ *	65	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	\$ 1,002	Alden Design Group, Ltd.	0.00%	\$ 342	\$ (660)
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		\$ 1,002			\$ 342	\$ * (660)

* 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		\$			\$	\$	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		\$			\$	0	\$ *

* 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		\$			\$	\$	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		\$			\$	0	\$ *

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

Facility Name & ID Number

Alden Estate-Courts of Huntley, Inc.

005-4924

Report Period Beginning:

07/10/2018

Ending:

01/31/2019

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 F	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/Alz	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	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	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 Estate-Courts of Huntley, Inc. # 005-4924 Report Period Beginning: 07/10/2018 Ending: 01/31/2019

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	184,608	0.084	0.21	Salary	\$ 392	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	99,788	0.084	0.21	Salary	212	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	99,788	0.084	0.21	Salary	212	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	116,588	0.084	0.21	Salary	247	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	62,999	0.084	0.21	Salary	134	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	184,608	0.0735	0.21	Salary	392	6-7, 17-7	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	\$ 1,589		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 Estate-Courts of Huntley, Inc.

005-4924

Report Period Beginning:

07/10/2018

Ending: 1/31/2019

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	1,345,058	36	\$ 93,217	\$ 4,144	\$ 230	1
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	4,144	99	2
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	4,144	935	3
4	26	Insurance	Patient Days	1,345,058	36	7,901	4,144	20	4
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	4,144	118	5
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	7,099	6
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	4,144	499	7
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	4,144	2,319	8
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	4,144	695	9
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	176	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	469	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	4,144	431	12
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	3,106	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	4,144	442	14
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	4,144	13,299	15
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	4,607	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	630	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	21,291	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	3,010	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 59,475	25

Facility Name & ID Number

Alden Estate-Courts of Huntley, Inc.

005-4924

Report Period Beginning:

07/10/2018

Ending:

01/31/2019

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	CAPFUN		x	Mortgage	\$126,544.84	11/1/2016	\$ 26,584,000	\$ 25,111,582	4/1/2058	3.6800	\$ 277,232	1						
2												2						
3	Amort of Fin Fees (GL 1920)		x	Financing							38,134	3						
4												4						
5												5						
Working Capital																		
6	Related party - AMS		x	Working Capital							695	6						
7			x									7						
8	Capital Lease Obligation (GL 7105/7030)			Capital Lease							4,343	8						
9	TOTAL Facility Related				\$126,544.84		\$ 26,584,000	\$ 25,111,582			\$ 320,404	9						
B. Non-Facility Related*																		
10	Int Income - R.R. (GL 4972)		x								(40)	10						
11	Int Income (GL#4975 Oper/LLC)		x								(873)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$ 0	\$ 0			\$ (913)	14						
15	TOTALS (line 9+line14)						\$ 26,584,000	\$ 25,111,582			\$ 319,490	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 97,161 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.)

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estate-Courts of Huntley, Inc. COUNTY McHenry

FACILITY IDPH LICENSE NUMBER 005-4924

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 2017 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 2017.

(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>202,125.00</u>	\$ <u>499.00</u>
2. <u>02-05-276-010</u>	<u>Nursing Facility</u>	\$ <u>28,360.08</u>	\$ <u>28,360.08</u>
3. <u>02-05-225-009</u>	<u>Nursing Facility</u>	\$ <u>9,231.98</u>	\$ <u>9,231.98</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>239,717.06</u></u>	\$ <u><u>38,091.06</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 115,096 B. General Construction Type: Exterior Face - Brick, Stone & (Frame Steel Number of Stories 3

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, 321,386, 2017, \$ 1,714,500, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 321,386, (blank), \$ 1,714,500, 3.

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	170			2018	\$ 30,114,321	441,543	39	441,543	\$	\$ 441,543	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Leashold Improv - 10 yr			2018	35,603	2,077	10	2,077		1,780	9
10	Leashold Improv - 20 yr			2018	56,263	1,641	20	1,641		1,407	10
11	Leasehold Improv - 39 yr			2018	2,936,845	43,927	39	43,927		37,652	11
12	Major Repairs - 5 yr			2018	3,427	400	5	400		343	12
13											13
14	Adj for ABC related party profit			2018	41	1		1		1	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											34
35											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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
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								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$ 33,146,500	\$ 489,589		\$ 489,589	\$ 0	\$ 482,726	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 33,146,500	\$ 489,589		\$ 489,589	\$	\$ 482,726	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 33,146,500	\$ 489,589		\$ 489,589	\$ 0	\$ 482,726	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	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		\$ 33,146,500	\$ 489,589		\$ 489,589	\$	\$ 482,726	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 33,146,500	\$ 489,589		\$ 489,589	\$ 0	\$ 482,726	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		\$ 33,146,500	\$ 489,589		\$ 489,589	\$	\$ 482,726	1
2	Forum Prof Ctr: Remodeling	1979	14,770	0	20	0		14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765	0	15	0		28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908	0	13	0		908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169	0	10	0		6,169	5
6	Forum Prof Ctr: Roof	1994	3,254	0	16	0		3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147	0	16	0		1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812	0	10	0		1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706	0	7	0		706	9
10	Forum Prof Ctr: bathroom remodel	2002	624	0	5	0		624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803	0	9	0		803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471	0	7	0		2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383	0	10	0		2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119	0	4	0		119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479	0	7	0		479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412	0	7	0		412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427	0	5	0		1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26						0			26
27	Alden Mgt Servs: Remodel suites	1993	6,577	0	7	0		6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274	0	13	0		274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946	0	8	0		5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 33,291,676	\$ 492,336		\$ 492,336	\$ 0	\$ 568,995	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	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		\$ 33,291,676	\$ 492,336		\$ 492,336	\$	\$ 568,995	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 33,291,676	\$ 492,336		\$ 492,336	\$ 0	\$ 568,995	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 12E, Carried Forward		\$ 33,291,676	\$ 492,336		\$ 492,336	\$	\$ 568,995	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 33,291,676	\$ 492,336		\$ 492,336	\$ 0	\$ 568,995	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	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		\$ 33,291,676	\$ 492,336		\$ 492,336	\$	\$ 568,995	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 33,291,676	\$ 492,336		\$ 492,336	\$ 0	\$ 568,995	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	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		\$ 33,291,676	\$ 492,336		\$ 492,336	\$	\$ 568,995	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 33,291,676	\$ 492,336		\$ 492,336	\$ 0	\$ 568,995	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 12H, Carried Forward		\$ 33,291,676	\$ 492,336		\$ 492,336	\$	\$ 568,995	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 33,291,676	\$ 492,336		\$ 492,336	\$ 0	\$ 568,995	34

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

Facility Name & ID Number Alden Estate-Courts of Huntley, Inc.

005-4924

Report Period Beginning:

07/10/2018

Ending:

01/31/2019

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	\$ 68,157	\$ 765	\$ 765	\$ 0	varies	\$ 9,288	71
72	Current Year Purchases	2,616,694	189,640	189,640	0	varies	189,640	72
73	Fully Depreciated Assets	82,490	112	112	0	varies	82,490	73
74					0			74
75	TOTALS	\$ 2,767,341	\$ 190,517	\$ 190,517	\$ 0		\$ 281,418	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				\$	\$	\$	\$ 0		\$	76
77	related party-AMS	various	1998-2004	3,802			0	3	3,802	77
78							0			78
79							0			79
80	TOTALS			\$ 3,802	\$ 0	\$ 0	\$ 0		\$ 3,802	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)	\$ 37,777,319	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 682,853	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 682,853	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 0	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 854,215	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	Leasehold Improvement - 2018	\$ 761,210	\$ 0	\$ 0	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 761,210	\$	\$	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 Estate-Courts of Huntley, Inc.

005-4924

Report Period Beginning: 07/10/2018

Ending: 01/31/2019

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 07/01/2018

Ending 06/01/2028

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2019</u>	\$ <u>varies</u>
13.	<u>12/31/2020</u>	\$ <u>varies</u>
14.	<u>12/31/2021</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: \$ 153,003 Description: copy machine GL 6861 and equipment lease GL 6859

(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>110.00</u>	\$ <u>1,320</u>	17
18					18
19	<u>Auto lease-GL 6890</u>	<u>various</u>	<u>#####</u>	<u>25,057</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>26,377</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	\$	\$	\$	\$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0
10	SUM OF line 9, col. 1 and 2 (e)	\$ 0			

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	\$		\$ 98,638	\$		\$ 98,638	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			39,949			39,949	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			114,012			114,012	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				101,759		101,759	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG 16A	39-1, 39-3, if any				30,826	23,501		54,327	13
14	TOTAL			\$		\$ 283,425	\$ 125,260		\$ 408,685	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.

ALDEN EST.-CRTS OF HUNTLEY,INC
 Est. Cts. of Huntley
 Ending January 31, 2019

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.				
1.	OT		39-3	To Col. 5	\$39,770.04	\$58,868.76	98,638.80
2.	ST		39-3	To Col. 5	15,107.45	24,841.88	39,949.33
4.	PT		39-2	To Col. 5	48,130.26	65,882.20	114,012.46
	Pharmacy Supplies Per GL				49,439.82	54,700.62	104,140.44
	Manual Input From Related Party - FECSII - DRUGS (From Page 6C)				(2,382.00)		(2,382.00)
9.	Pharmacy		See Pg 16A	To Col. 6	47,057.82	54,700.62	101,758.44
12.	Exceptional Care-Salaries		See Pg 16A	To Col. 3			-
12.	Exceptional Care- Supplies		See Pg 16A	To Col. 6			-
	12. Total Exceptional Care Check (Line 12, Col. 8)						-
13.	Other		See Pg 16A				-
13.	Col. 3: Transportation Specialist						-
13.	Col 5: Manual Input: From Related Party - CPT WS (From Page 6D)		To Col. 5		30,826.00		30,826.00
	Other (various GL accounts)				9,528.62	23,634.52	33,163.14
	Manual Input: Related Party - Prism WS (From Page 6B)				(9,504.00)		(9,504.00)
	Manual Input: Related Party - FECII - I.V. (From Page 6C)				(151.00)		(151.00)
	Manual Input: Related Party - FECII - Wound Care (From Page 6C)				(8.00)		(8.00)
	Oxygen - From Reclass WP (FromPg 4A)						-
13.	Col. 6: Supplies Total			To Col. 6	(134.38)	23,634.52	23,500.14
13.	Total Line 13, Column 8 Check				30,691.62	23,634.52	54,326.14
14.	Total				\$180,757.19	\$227,927.98	408,685.17

Facility Name & ID Number Alden Estate-Courts of Huntley, Inc.

005-4924

Report Period Beginning: 07/10/2018

Ending:

01/31/2019

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 01/31/2019

(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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (8,098))	681,022	681,022	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		61,848	6
7	Other Prepaid Expenses	13,746	13,746	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>		664,488	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 694,768	\$ 1,421,104	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	112,878	112,878	12
13	Land		1,819,914	13
14	Buildings, at Historical Cost		29,672,189	14
15	Leasehold Improvements, at Historical Cost	3,793,348	3,793,348	15
16	Equipment, at Historical Cost	460,904	2,499,951	16
17	Accumulated Depreciation (book methods)	(82,539)	(665,374)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		44,662	21
22	Other Long-Term Assets (spe <u>Financing Fees</u>)		1,141,833	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,284,591	\$ 38,419,401	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,979,359	\$ 39,840,505	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 521,358	\$ 500,511	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	104,241	104,241	28
29	Short-Term Notes Payable	17,137	17,137	29
30	Accrued Salaries Payable	224,743	224,743	30
31	Accrued Taxes Payable (excluding real estate taxes)	68,336	68,336	31
32	Accrued Real Estate Taxes(Sch.IX-B)		76,000	32
33	Accrued Interest Payable		79,576	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>	74,902	2,559,691	36
37	<u>Due to Affiliates - Current</u>	445,371	445,371	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,456,088	\$ 4,075,606	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	79,837	79,837	39
40	Mortgage Payable		25,111,582	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	3,026,779	2,071,306	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,106,616	\$ 27,262,725	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,562,704	\$ 31,338,331	46
47	TOTAL EQUITY(page 18, line 24)	\$ 416,655	\$ 8,502,174	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,979,359	\$ 39,840,505	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 0	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 0	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,687,226)	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) Paid-In-Capital	3,104,348	15
16	Other (describe) Prior Period Retained Earnings	(467)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 416,655	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 0	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 416,655	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estate-Courts of Huntley, Inc.

005-4924

Report Period Beginning: 07/10/2018

Ending: 01/31/2019

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

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 1,760,036	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 1,760,036	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	29,365	6
7	Oxygen	2,442	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 31,807	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		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		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	138	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 138	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 0	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	65,779	28
28a	Wellness Fees, Food Rebate		28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 65,779	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 1,857,760	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	932,907	31
32	Health Care	1,044,696	32
33	General Administration	1,031,803	33
B. Capital Expense			
34	Ownership	1,084,467	34
C. Ancillary Expense			
35	Special Cost Centers	389,944	35
36	Provider Participation Fee	61,169	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,544,986	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,687,226)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,687,226)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 0	44
45	Private Pay - Net Inpatient Revenue	428,569	45
46	Medicare - Net Inpatient Revenue	1,310,673	46
47	Other-(specify) <u>Hospice/Insurance</u>	21,133	47
48	Other-(specify) <u>VA/Sales Allow.</u>	(339)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 1,760,036	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 Num Alden Estate-Courts of Huntley, Inc.# 005-4924Report Period Beginning: 07/10/2018Ending: 01/31/2019

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Wellness Fees	\$ 65,531
Food Rebate	\$ 248

Line 28 Total: 65,779

Facility Name & ID Number Alden Estate-Courts of Huntley, Inc.

005-4924

Report Period Beginning: 07/10/2018

Ending:

01/31/2019

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	2,577	\$ 117,915	\$ 45.76	1
2	Assistant Director of Nursing	80	3,769	47.11	2
3	Registered Nurses	10,897	429,313	37.83	3
4	Licensed Practical Nurses	2,464	65,267	26.41	4
5	CNAs & Orderlies	10,913	158,707	14.18	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	42	915	21.79	9
10	Activity Assistants	2,109	19,827	9.26	10
11	Social Service Workers	1,429	32,418	22.69	11
12	Dietician				12
13	Food Service Supervisor	880	23,338	25.67	13
14	Head Cook	5,331	140,633	26.38	14
15	Cook Helpers/Assistants	8,274	91,318	10.79	15
16	Dishwashers				16
17	Maintenance Workers	1,349	82,532	61.18	17
18	Housekeepers	4,082	71,900	17.43	18
19	Laundry	938	9,987	10.41	19
20	Administrator	1,429	85,007	59.49	20
21	Assistant Administrator				21
22	Other Administrative	2,799	68,191	23.60	22
23	Office Manager				23
24	Clerical	4,136	56,591	13.16	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator	1,181	68,686	52.71	29
30	Habilitation Aides (DD Homes)				30
31	Medical Records				31
32	Other Health Care(specify)				32
33	Other(specify) <u>Memory Care Staff</u>	4,167	71,564	16.45	33
34	TOTAL (lines 1 - 33)	65,077	\$ 1,597,878 *	\$ 23.96	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	\$ 120	1-3 35
36	Medical Director	\$1000 / mth	12,000	9-3 36
37	Medical Records Consultant			37
38	Nurse Consultant			10-3 38
39	Pharmacist Consultant	\$2 / bed	600	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	32	1,540	11-3 44
45	Social Service Consultant			11-3 45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	34	\$ 14,260	49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1 day	\$ 512	10-3 50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)		\$ 512	53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Emily Rickman	Administrator	0	\$ 85,007	Workers' Compensation Insurance	\$ 37,823	IDPH License Fee	\$	
		0		Unemployment Compensation Insurance	20,798	Advertising: Employee Recruitment	1,636	
		0		FICA Taxes	125,905	Health Care Worker Background Check	748	
		0		Employee Health Insurance	19,641	(Indicate # of checks performed 23)		
		0		Employee Meals	9,723	Patient Background Checks	490	
		0		Illinois Municipal Retirement Fund (IMRF)*		enTouch, EAPA, Regency Square	4,318	
		0		Dental & Life Insurance	91	All Scripts Healthcare, Collaborative Healthc	3,255	
		0		Empl. Rel., Misc Payroll, Drug Tests, Emp Physical	8,894	Surety Bond, Corporate Annual Fees	903	
		0		Vaccination, 401k Match, Tuition Reimb, Vision	5,119	Kane County Chamber of Commerce	275	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 85,007			Related party-AMS	118	
(List each licensed administrator separately.)						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
						TOTAL (agree to Sch. V, line 20, col. 8)	\$ 11,743	
B. Administrative - Other								
Description			Amount					
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)			\$ 225,861	
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Alden Management Services, Inc.	Consulting fees		\$ 87,589			\$	Out-of-State Travel	\$
AMS (Eliminated)	Allocated Legal Fees		3,766					
Vikus Corporation	Professional Fees		2,100					
Vikus Corporation	Accounting Fees		1,105				In-State Travel	
							Related party - AMS	99
							Seminar Expense	
							IL Council on Long Term Care	125
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)			\$ 94,560	TOTAL			(agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)							TOTAL	

* Attach copy of IMRF notifications

**See instructions.

Legal fees support page.

when completing, make sure there are NO LINKS to any other worksheets other than this one!!!!!!!!!!!!!!

Facility Name & ID Number Alden Estate-Courts of Huntley, Inc.

005-4924

Report Period Beginning: 07/10/2018

Ending: 01/31/2019

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. _____
- (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. \$ 1,859 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. n/a
- (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. \$ 61,169
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 benefit on Schedule V. \$ 51,419 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: n/a
- (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