

		FOR BHF USE					

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**2018**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT (COST REPORT)**  
**FOR LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2018)**

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><b>I. IDPH License ID Number:</b> <u>0046524</u></p> <p><b>Facility Name:</b> <u>Alden Estates of Barrington</u></p> <p><b>Address:</b> <u>1420 South Barrington Road</u> <u>Barrington</u> <u>60010</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(847)382-6664</u> <b>Fax #</b> <u>(847)382-6395</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>12/1/03</u></p> <p><b>Type of Ownership:</b></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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steven M. Kroll</u> <b>Telephone Number:</b> <u>773-286-3883</u>  <b>Email Address:</b> _____</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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2018</u> to <u>12/31/2018</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 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 &amp; Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u></td> </tr> </table> <p align="right"><b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>        201 S. Grand Avenue East        Springfield, IL 62763-0001 <span style="float: right;">Phone # (217) 782-1630</span></p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi 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 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: 1/1/2018 Ending: 12/31/2018

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)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			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	7,606	3,707	9,522	20,835	8
9	SNF/PED					9
10	ICF	21,075	2,848	552	24,475	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	28,681	6,555	10,074	45,310	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.76%

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 8,796

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCURAL  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 Estates of Barrington # 0046524 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

**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
	<b>A. General Services</b>										
1	Dietary	680,379	25,507	24,737	730,624	2,768	733,392	14,824	748,216		1
2	Food Purchase		393,852		393,852	(33,350)	360,502	53,045	413,547		2
3	Housekeeping	234,728	66,942		301,670	2,183	303,853	6,392	310,245		3
4	Laundry	81,660	45,079		126,740	511	127,251		127,251		4
5	Heat and Other Utilities			190,541	190,541		190,541	(430)	190,110		5
6	Maintenance	60,845		312,627	373,472	314	373,786	33,682	407,468		6
7	Other (specify):* <b>related party/security</b>			980	980		980	5,879	6,859		7
8	<b>TOTAL General Services</b>	1,057,612	531,381	528,885	2,117,879	(27,574)	2,090,305	113,392	2,203,697		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			42,000	42,000		42,000		42,000		9
10	Nursing and Medical Records	3,616,071	357,587	60,274	4,033,932	(27,789)	4,006,143	54,263	4,060,406		10
10a	Therapy	153,138	3,331	91,869	248,337		248,337		248,337		10a
11	Activities	208,627	8,029	6,065	222,721	266	222,987		222,987		11
12	Social Services	87,084			87,084		87,084		87,084		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>related party</b>							6,029	6,029		15
16	<b>TOTAL Health Care and Programs</b>	4,064,920	368,947	200,207	4,634,074	(27,523)	4,606,551	60,292	4,666,843		16
	<b>C. General Administration</b>										
17	Administrative	45,015			45,015		45,015	360,683	405,698		17
18	Directors Fees										18
19	Professional Services			1,407,842	1,407,842		1,407,842	(1,306,860)	100,982		19
20	Dues, Fees, Subscriptions & Promotions			141,170	141,170		141,170	(113,821)	27,349		20
21	Clerical & General Office Expenses	378,138	17,350	214,964	610,452	1,335	611,787	123,905	735,692		21
22	Employee Benefits & Payroll Taxes			1,010,894	1,010,894	14,441	1,025,335	(24,829)	1,000,506		22
23	Inservice Training & Education										23
24	Travel and Seminar			713	713		713	1,350	2,063		24
25	Other Admin. Staff Transportation			38	38		38	12,749	12,787		25
26	Insurance-Prop.Liab.Malpractice			374,740	374,740		374,740	9,771	384,511		26
27	Other (specify):* <b>related party</b>			314,014	314,014		314,014	(251,158)	62,856		27
28	<b>TOTAL General Administration</b>	423,153	17,350	3,464,375	3,904,878	15,776	3,920,654	(1,188,209)	2,732,445		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,545,684	917,679	4,193,468	10,656,831	(39,321)	10,617,510	(1,014,524)	9,602,985		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.

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			63,274	63,274		63,274	422,538	485,812		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			100,051	100,051		100,051	312,447	412,498		32
33	Real Estate Taxes			523,621	523,621	(523,621)	0	621,732	621,733		33
34	Rent-Facility & Grounds			765,785	765,785	523,621	1,289,406	(1,289,406)			34
35	Rent-Equipment & Vehicles			17,028	17,028		17,028	31,641	48,669		35
36	Other (specify):* MIP							66,256	66,256		36
37	<b>TOTAL Ownership</b>			1,469,759	1,469,759		1,469,759	165,208	1,634,967		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers	575,505	2,055,574	2,317,225	4,948,304	39,321	4,987,625	(621,545)	4,366,079		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			301,313	301,313		301,313		301,313		42
43	Other (specify):*										43
44	<b>TOTAL Special Cost Centers</b>	575,505	2,055,574	2,618,539	5,249,617	39,321	5,288,938	(621,545)	4,667,393		44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	6,121,189	2,973,252	8,281,765	17,376,206		17,376,206	(1,470,861)	15,905,345		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: 1/1/2018  
 Period Ending: 12/31/2018

IDPH License No. 77-0610669

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(33,350.00)	Employee Meals
	22	33,350.00	Employee Meals
22		(18,909.00)	Uniform Reclass
	1	2,768.00	Uniform Reclass
	3	2,183.00	Uniform Reclass
	4	511.00	Uniform Reclass
	6	314.00	Uniform Reclass
	10	11,532.00	Uniform Reclass
	11	266.00	Uniform Reclass
	21	1,335.00	Uniform Reclass
10		(39,321.00)	Oxygen Cost Reclass
	39	39,321.00	Oxygen Cost Reclass
33		(523,621.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	523,621.00	Rent - Real Estate Tax on associated landowner (Pg 6)

Net (Should be zero) \$ -

**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(17,429)	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	(30,695)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(6,915)	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	(19,518)	21		17
18	Fines and Penalties	(225)	32		18
19	Entertainment	(2,731)	20		19
20	Contributions	(3,590)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(16,656)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(314,014)	27		24
25	Fund Raising, Advertising and Promotional	(22,130)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (433,902)		\$	30

BHF USE ONLY							
48		49		50		51	52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(924,264)	Pg 6s	34
35	Other- Attach Schedule	(112,695)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,036,959)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)</b>	\$ (1,470,861)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

## Alden Estates of Barrington

ID# 0046524

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (3,570)	5	1
2	Intercompany Interest	(94,911)	32	2
3	Other nursing income (flu shots)		21	3
4	Misc Income-Jury Duty		21	4
5	Misc Income- Record Copies	(429)	10	5
6	Marketing Managers & Aides	(94,540)	21	6
7	Vendor Discounts	(6,892)	10	7
8	Collection Fees		21	8
9	Elim employee benefit for Marketing employees	(15,613)	22	9
10	Adj depreciation expense to detail	(22)	30	10
11	Elim Deprec Exp on Pg 12 items under \$2,500 -	(3,304)	30	11
12	Elim Deprec Exp on Pg 13 items under \$2500 -	(20,740)	30	12
13	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,228	6	13
14	Expense Pg 13 items under \$2,500 - curr yr purchs +	36,135	6	14
15	ABC Deprec Exp from Pg 12 series -	116	30	15
16	Elim Barrington Chamber of Commerce fee	(1,400)	20	16
17	Add back cr for prior year: Il Assoc of H.C.		20	17
18	Barrington Area Chamber - lunch fee		20	18
19	Marketing auto & travel		20	19
20	Back out Landowner Bank Charges	(12)	21	20
21	Back out R/E Tax Refund	91,302	33	21
22	AMS Depreciation Adj.		30	22
23	Reallocation of administrator costs		17	23
24				24
25	Misc Income- Payroll Tax Refund	(42)	22	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	<b>Total</b>	(112,695)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	2,401	12,423	0	0	0	0	0	0	0	14,824	1
2	Food Purchase	(6,915)	0	0	59,960	0	0	0	0	0	0	0	53,045	2
3	Housekeeping	0	0	6,392	0	0	0	0	0	0	0	0	6,392	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,570)	0	3,140	0	0	0	0	0	0	0	0	(430)	5
6	Maintenance	19,934	0	20,092	0	0	0	71	(6,415)	0	0	0	33,682	6
7	Other (specify):*	0	0	5,879	0	0	0	0	0	0	0	0	5,879	7
8	<b>TOTAL General Services</b>	<b>9,449</b>	<b>0</b>	<b>37,904</b>	<b>72,383</b>	<b>0</b>	<b>0</b>	<b>71</b>	<b>(6,415)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>113,392</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(7,321)	0	42,369	23,011	(3,796)	0	0	0	0	0	0	54,263	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	6,029	0	0	0	0	0	0	0	0	6,029	15
16	<b>TOTAL Health Care and Programs</b>	<b>(7,321)</b>	<b>0</b>	<b>48,398</b>	<b>23,011</b>	<b>(3,796)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60,292</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	360,683	0	0	0	0	0	0	0	0	360,683	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,656)	42,388	(1,332,592)	0	0	0	0	0	0	0	0	(1,306,860)	19
20	Fees, Subscriptions & Promotions	(29,851)	0	(83,970)	0	0	0	0	0	0	0	0	(113,821)	20
21	Clerical & General Office Expenses	(114,071)	89	237,887	0	0	0	0	0	0	0	0	123,905	21
22	Employee Benefits & Payroll Taxes	(15,655)	0	0	0	(9,174)	0	0	0	0	0	0	(24,829)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,350	0	0	0	0	0	0	0	0	1,350	24
25	Other Admin. Staff Transportation	0	0	12,749	0	0	0	0	0	0	0	0	12,749	25
26	Insurance-Prop.Liab.Malpractice	0	9,505	266	0	0	0	0	0	0	0	0	9,771	26
27	Other (specify):*	(314,014)	0	62,856	0	0	0	0	0	0	0	0	(251,158)	27
28	<b>TOTAL General Administration</b>	<b>(490,246)</b>	<b>51,982</b>	<b>(740,771)</b>	<b>0</b>	<b>(9,174)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,188,209)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(488,118)</b>	<b>51,982</b>	<b>(654,469)</b>	<b>95,394</b>	<b>(12,970)</b>	<b>0</b>	<b>71</b>	<b>(6,415)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,014,524)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	(23,950)	440,403	6,085	0	0	0	0	0	0	0	0	422,538	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(125,832)	333,889	104,390	0	0	0	0	0	0	0	0	312,447	32
33	Real Estate Taxes	91,302	523,621	6,809	0	0	0	0	0	0	0	0	621,732	33
34	Rent-Facility & Grounds	0	(1,289,406)	0	0	0	0	0	0	0	0	0	(1,289,406)	34
35	Rent-Equipment & Vehicles	0	0	31,641	0	0	0	0	0	0	0	0	31,641	35
36	Other (specify):*	0	66,256	0	0	0	0	0	0	0	0	0	66,256	36
37	<b>TOTAL Ownership</b>	<b>(58,480)</b>	<b>74,763</b>	<b>148,925</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>165,208</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(223,832)	(91,730)	(305,983)	0	0	0	0	0	(621,545)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(223,832)</b>	<b>(91,730)</b>	<b>(305,983)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(621,545)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> <b>(sum of lines 29, 37 &amp; 44)</b>	<b>(546,597)</b>	<b>126,745</b>	<b>(505,544)</b>	<b>(128,438)</b>	<b>(104,700)</b>	<b>(305,983)</b>	<b>71</b>	<b>(6,415)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,470,861)</b>	<b>45</b>

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	\$ 1,289,406	Alden of Barrington, LLC	0.00%	\$	\$ (1,289,406)	1
2	V	32 Interest Income Repl Reserve	73	Alden of Barrington, LLC			(73)	2
3	V	30 Gain on Sale of Assets		Alden of Barrington, LLC				3
4	V	6 Repairs & Maintenance		Alden of Barrington, LLC				4
5	V	19 Acct Fees/Legal Fees: Non-coll		Alden of Barrington, LLC		42,388	42,388	5
6	V	21 Misc Administrative Expenses		Alden of Barrington, LLC		89	89	6
7	V	19 Professional Fees		Alden of Barrington, LLC				7
8	V	33 Real Estate Tax Expense		Alden of Barrington, LLC		523,621	523,621	8
9	V	26 General Insurance Expense		Alden of Barrington, LLC		9,505	9,505	9
10	V	36 Mortgage Insurance Premium		Alden of Barrington, LLC		66,256	66,256	10
11	V	32 Interest- Mortgage		Alden of Barrington, LLC		331,292	331,292	11
12	V	30 Depreciation Expense		Alden of Barrington, LLC		440,403	440,403	12
13	V	32 Amortization Expense		Alden of Barrington, LLC		2,670	2,670	13
14	Total		\$ 1,289,479			\$ 1,416,224	\$ * 126,745	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%	\$ 3,140	\$ 3,140 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,350	1,350 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		12,749	12,749 17
18	V	26 Insurance		Alden Management Services, Inc.		266	266 18
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		1,614	(83,970) 19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,809	6,809 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		31,641	31,641 22
23	V	32 Interest		Alden Management Services, Inc.		104,390	104,390 23
24	V	1 Dietary		Alden Management Services, Inc.		2,401	2,401 24
25	V	3 Housekeeping		Alden Management Services, Inc.		6,392	6,392 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		5,879	5,879 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		42,369	42,369 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		6,029	6,029 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		360,683	360,683 29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		62,856	62,856 30
31	V	19 Professional Fees	1,373,495	Alden Management Services, Inc.		40,903	(1,332,592) 31
32	V	21 Gen'l & Admin	52,548	Alden Management Services, Inc.		290,435	237,887 32
33	V	6 Repair & Maint	27,343	Alden Management Services, Inc.		47,435	20,092 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,538,970			\$ 1,033,426	\$ * (505,544) 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	\$ 24,168	Prism Health Care Services, Inc.	0.00%	\$	\$(24,168)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,326	14,326
17	V	2 Tube Feeding	162,866	Prism Health Care Services, Inc.		153,940	(8,926)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Ancillary Supplies	688,521	Prism Health Care Services, Inc.		220,618	(467,903)
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.		109,473	109,473
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		22,265	22,265
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		68,886	68,886
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		18,674	18,674
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		134,598	134,598
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		\$ 882,215			\$ 753,777	\$ * (128,438)

\* 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 <u>Drugs</u>	\$ 939,524	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 864,890	\$ (74,634) 15
16	V	39 <u>I.V.</u>	290,935	<u>Forum Extended Care Services II, Inc.</u>		267,824	(23,111) 16
17	V	39 <u>Wound Care Products</u>	30,590	<u>Forum Extended Care Services II, Inc.</u>		28,160	(2,430) 17
18	V	10 <u>House Stock</u>	44,903	<u>Forum Extended Care Services II, Inc.</u>		41,336	(3,567) 18
19	V	10 <u>Pharm Consult.</u>	2,880	<u>Forum Extended Care Services II, Inc.</u>		2,651	(229) 19
20	V	22 <u>Employ. Vaccin.</u>	9,174	<u>Forum Extended Care Services II, Inc.</u>			(9,174) 20
21	V	39 <u>Employ. Vaccin.</u>		<u>Forum Extended Care Services II, Inc.</u>		8,445	8,445 21
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	<b>Total</b>		\$ 1,318,007			\$ 1,213,307	\$ * (104,700) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 1,528,896	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,222,912	\$ (305,983)
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		\$ 1,528,896			\$ 1,222,912	\$ * (305,983)

\* 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	\$ 23,375	Alden Bennett Construction Company, Inc.	0.00%	\$ 23,446	\$	71	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		\$ 23,375			\$ 23,446	\$ *	71	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	\$ 9,733	Alden Design Group, Ltd.	0.00%	\$ 3,318	\$ (6,415)	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		\$ 9,733			\$ 3,318	\$ * (6,415)	39

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

Facility Name &amp; ID Number

Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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 Estates of Barrington # 0046524 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	178,768	1.348	3.37	Salary	\$ 6,232	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,631	1.348	3.37	Salary	3,369	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,631	1.348	3.37	Salary	3,369	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	112,899	1.348	3.37	Salary	3,936	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	61,006	1.348	3.37	Salary	2,127	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	178,768	1.1795	3.37	Salary	6,232	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
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.										
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.										
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.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 25,265		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:

1/1/2018

Ending: 2/31/2018

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	\$ 45,310	\$ 3,140	1
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	45,310	1,350	2
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	45,310	12,749	3
4	26	Insurance	Patient Days	1,345,058	36	7,901	45,310	266	4
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	45,310	1,614	5
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	45,310	6,809	7
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	45,310	31,641	8
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	45,310	104,390	9
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	2,401	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	6,392	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	45,310	5,879	12
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	42,369	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	45,310	6,029	14
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	45,310	360,683	15
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	62,856	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	40,903	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	290,435	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	47,435	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 1,033,426	25

Facility Name & ID Number

Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

**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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge		x	Mortgage	\$48,062.21	10/1/12	\$ 14,574,100	\$ 13,138,924	9/1/52	2.5000	\$ 331,292	1						
2												2						
3												3						
4	Insurance Interest (GL7053)		x	Medical Malpractice							1,843	4						
5	Amort of Fin Fees (GL 1918)		x	Refinancing							2,669	5						
<b>Working Capital</b>																		
6	Related party - AMS		x	Working Capital							104,390	6						
7												7						
8	Avaya/Marlin (GL 7030)		x	Capital Lease							3,072	8						
9	TOTAL Facility Related				\$48,062.21		\$ 14,574,100	\$ 13,138,924			\$ 443,266	9						
<b>B. Non-Facility Related*</b>																		
10	Interest Income on R.R.		x								(73)	10						
11	Int Income (GL#4975)		x								(30,695)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (30,768)	14						
15	TOTALS (line 9+line14)						\$ 14,574,100	\$ 13,138,924			\$ 412,498	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 66,256 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 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 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>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>202,125.00</u>	\$ <u>6,809.00</u>
2. <u>01-12-107-016-0000</u>	<u>Nursing facility</u>	\$ <u>585,823.59</u>	\$ <u>585,823.59</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>787,948.59</u></u>	\$ <u><u>592,632.59</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.**

Facility Name & ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

**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

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

If so, please complete the following:

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>		<u>2003</u>	<u>\$ 1,206,945</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>			<b>\$ 1,206,945</b>	<b>3</b>

**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	\$	\$ 2,430,101	4
5	Renovation: interior: GL 1703/LLC		2007	4,351,504	111,577	39	111,577		1,311,030	5
6	Adj Value for D/T prior owners (LLC)		2003	204,498	5,244	39	5,244		79,095	6
7										7
8										8
<b>Improvement Type**</b>										
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		9,123	25
26	Replace boiler expansion tanks: GL 1705/Inc.		2006	4,607	230	20	230		2,875	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		249,587	28
29										29
30	ABC-New corner guards for new wall coverings: GL 1704/Inc.		2007	2,645		10			2,645	30
31	ABC-New plumbing in Parlor Room: Inc.		2007	20,504		10			20,504	31
32	New Fire Sprinkler: GL 1705/Inc.		2007	2,791		10			2,791	32
33	Replace fire sprinklers: GL 1705/Inc.		2007	2,887		10			2,887	33
34	American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.		2007	2,955		10			2,955	34
35	ABC-Installed new windows: GL 1705/Inc.		2007	3,847	256	15	256		2,816	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 &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	\$	\$ 6,521	37
38									38
39	ABC - repipe existing ansol system	2007	7,263		10			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		5,291	45
46	install new sprinkler heads	2007	5,063		10			5,063	46
47	installed new exhaust fan	2007	3,125		10			3,125	47
48	installed new landscaping	2007	18,391		10			18,391	48
49	installed new irrigation line & heads	2007	7,017		10			7,017	49
50	replaced new air compressor	2007	24,614	2,051	12	2,051		23,416	50
51	replaced drywall carpentry	2007	26,605		10			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		10			9,282	53
54	replaced broken kitchen equipment with new equipment	2007	4,473		10			4,473	54
55									55
56	Renovation Exterior Landscaping ( LLC)	2007	7,938	529	15	529		5,863	56
57	Renovation Extras, change order ( LLC)	2007	1,100	73	15	73		803	57
58	Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500	1,633	15	1,633		18,916	58
59									59
60									60
61	ABC - installed new internal paging system	2008	2,557	128	20	128		1,386	61
62	ABC - replaced broken shower faucet with new one	2008	3,780	31	10	31		3,780	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		3,180	64
65	Central States - removed & install new fire sprinkler	2008	8,330	333	25	333		3,469	65
66	CENSAU - replaced sprinkler	2008	6,085	243	25	243		2,431	66
67	GT Mechanical - repair ductwork	2008	3,062	304	10	304		3,062	67
68	Central States - Fire alarm repaired & replaced	2008	9,687	967	10	967		9,687	68
69	Renovation ABC Closing HUD statement (LLC)	2008	9,600	640	15	640		6,933	69
70	TOTAL (lines 4 thru 69)		\$ 12,326,980	\$ 302,645		\$ 302,645	\$	\$ 4,548,096	70

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

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 12,326,980	\$ 302,645		\$ 302,645	\$	\$ 4,548,096	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		2,284	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		7,219	8
9	ABC - Corner guard	2010	5,076	508	10	508		4,149	9
10	ABC - Pond & Patio	2011	105,094	7,006	15	7,006		51,378	10
11	JM Allen - Gazebo Installation	2011	9,300	620	15	620		4,547	11
12	ABC - Pond & Patio Plumb & Electric	2011	19,299	1,287	15	1,287		9,330	12
13	ADG - Raised Planter Box	2011	5,559	556	10	556		4,031	13
14	ABC - Gazebo Landscaping	2011	46,222	3,081	15	3,081		22,081	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		5,131	16
17	Repair leaks in pipes - USFIRE	2012	5,912	591	10	591		3,940	17
18	Window seals in resident rooms- - ALDBEN	2012	5,330		5			5,330	18
19	Attic repair - VALFIR	2012	5,818		5			5,818	19
20	Concrete work repairs- ALDBEN	2013	10,890	726	15	726		3,993	20
21	Sewer line rebuild, emergency-ALDBEN	2013	21,865	1,093	20	1,093		5,921	21
22	Concrete, sidewalk-ALDBEN	2013	8,479	565	15	565		3,013	22
23	Gutters and downspouts-ALDBEN	2013	4,956	496	10	496		2,604	23
24	Fire sprinklers-VALFIR	2013	6,574	329	20	329		1,645	24
25									25
26	Fire sprinklers-VALFIR	2014	7,991	400	20	400		2,000	26
27	Sidewalks - Alden Bennett	2014	4,131	275	15	275		1,192	27
28	Entrance wall rebuilt - Alden Bennett	2014	3,113	623	5	623		2,544	28
29	Flooring (new base), walk-in freezer area- ALDBEN	2015	6,086	304	20	304		1,115	29
30	Generator rebuilt - MarAMS-CITI-PATCAT	2015	6,456	646	10	646		2,530	30
31	Fire sprinkler system and drain valve - VALFIR	2015	9,924	1,985	5	1,985		7,444	31
32	Windows, Thermo Pane (5)-ALDBEN	2015	5,363	536	10	536		1,697	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,673,888	\$ 326,150		\$ 326,150	\$	\$ 4,733,718	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	<b>Totals from Page 12B, Carried Forward</b>		\$ 12,673,888	\$ 326,150		\$ 326,150	\$	\$ 4,733,718	1
2	Pump, Rebuild-FebAMS-WRIEXP-Fluid Pump Service	2016	6,298	420	15	420		1,260	2
3	Boiler repair/new flame safeguard install -GTMECH	2016	5,186	1,037	5	1,037		2,160	3
4	Sprinklers, fire - CENSAU	2017	6,150	246	25	246		287	4
5	Landscaping, Courtyard work 2 of 2 -SEBLAN	2017	7,362	1,472	5	1,472		2,331	5
6	Parts, motor for chiller - NORMEC	2017	3,284	657	5	657		876	6
7	Siding, roof -roof area - ALDBEN	2018	25,034	417	10	417		417	7
8	Siding, roof -roof area - ALDBEN	2018	7,694	64	10	64		64	8
9	Chairs rehupholster (16) - common area - ALDDDES	2018	4,006	100	10	100		100	9
10	Sprinkler sys pipe inst -facility grounds- VALFIR	2018	4,188	209	5	209		209	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,743,090	\$ 330,772		\$ 330,772	\$	\$ 4,741,422	34

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

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

**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	<b>Totals from Page 12C, Carried Forward</b>		\$ 12,743,090	\$ 330,772		\$ 330,772	\$	\$ 4,741,422	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			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		5			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									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			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	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,888,266	\$ 333,519		\$ 333,519	\$	\$ 4,827,691	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	<b>Totals from Page 12D, Carried Forward</b>		\$ 12,888,266	\$ 333,519		\$ 333,519	\$	\$ 4,827,691	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)		(85)	4
5	Adj for ABC related profit	2011	1,372	56		56		420	5
6	Adj for ABC related profit	2012	329	54		54		351	6
7	Adj for ABC related profit	2013	622	16		16		88	7
8	Adj for ABC related profit	2014	(29)	(1)		(1)		(3)	8
9	Adj for ABC related profit	2015	(22)	(1)		(1)		(2)	9
10	Adj for ABC related profit	2018	99	2		2		2	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,890,248	\$ 333,635		\$ 333,635	\$	\$ 4,828,275	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:

1/1/2018

Ending:

12/31/2018

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	\$ 1,413,645	\$ 112,995	\$ 112,995	\$		\$ 837,719	71
72	Current Year Purchases	119,709	11,244	11,244			10,194	72
73	Fully Depreciated Assets	1,078,326	27,938	27,938			1,078,326	73
74								74
75	TOTALS	\$ 2,611,680	\$ 152,176	\$ 152,176	\$		\$ 1,926,239	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	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 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)	\$ 16,712,675	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 485,812	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 485,812	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)	\$ 6,758,316	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: 1/1/2018

Ending: 12/31/2018

**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	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning 12/1/12

Ending 12/31/21

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

Fiscal Year Ending                      Annual Rent

12.	<u>12/31/2019</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: \$ 27,598 Description: Copy machine \$17,027.64 and equipment lease \$10,569.90

(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>18,003</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>0.00</u>		19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>18,003</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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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	\$		\$ 496,694	\$		\$ 496,694	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			102,739			102,739	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			788,250			788,250	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				873,336		873,336	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					48,634		48,634	12
13	Other (specify): <u>See PG 16A</u>	39-1, 39-3, if any		575,505		505,772	975,151		2,056,427	13
14	TOTAL			\$ 575,505		\$ 1,893,454	\$ 1,897,121		\$ 4,366,079	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	\$496,693.74	
2.	ST	39-3	To Col 5	102,739.00	
3.					
4.	PT	39-3	To Col 5	788,249.54	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			939,524.16	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(66,188.61)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	873,335.55	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	48,634.26	
	Total Exceptional Care (Line 12, Col 8)			48,634.26	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(305,983.38)	From Page 6D
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	811,755.00	
13.	Col 3 Salary split:			575,504.51	
	Other			1,996,957.93	
	Manual Input: Related Party - Prism			(223,831.69)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(23,111.29)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(2,430.02)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			39,321.00	
	<b>Reclasses to column 5 for Lines 12 &amp; 13</b>			(811,755.00)	
13.	Col 6: Supplies Total		To Col 6	975,150.93	
13.	Total Line 13, Column 8			2,056,427.06	
14.	Total			4,366,079.15	

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$ 22,934	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (181,500) )	3,198,374	3,198,374	3
4	Supply Inventory (priced at )	5,611	5,611	4
5	Short-Term Investments			5
6	Prepaid Insurance		58,639	6
7	Other Prepaid Expenses	23,846	23,846	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	17,425	344,042	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,245,256	\$ 3,653,447	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	68,295	68,295	12
13	Land		1,206,945	13
14	Buildings, at Historical Cost		10,597,773	14
15	Leasehold Improvements, at Historical Cost	383,429	1,288,920	15
16	Equipment, at Historical Cost	580,401	2,586,914	16
17	Accumulated Depreciation (book methods)	(675,853)	(6,591,764)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		84,151	21
22	Other Long-Term Assets (specify):		50,910	22
23	Other(specify): <u>Due from Affiliate</u>	6,882,992	6,882,992	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 7,239,263	\$ 16,175,136	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,484,519	\$ 19,828,583	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,289,055	\$ 1,289,055	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	594,886	594,886	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	640,850	640,850	30
31	Accrued Taxes Payable (excluding real estate taxes)	31,733	31,733	31
32	Accrued Real Estate Taxes(Sch.IX-B)		603,400	32
33	Accrued Interest Payable		27,373	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	224,582	224,582	36
37	<u>Due to Affiliates/ST portion of loan</u>	2,820,884	3,072,021	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,601,989	\$ 6,483,899	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	3,238	3,238	39
40	Mortgage Payable		12,887,786	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 3,238	\$ 12,891,024	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,605,227	\$ 19,374,923	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 4,879,292	\$ 453,660	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 10,484,519	\$ 19,828,583	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,347,897	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)	\$ 5,347,897	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(468,605)	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)	\$ (468,605)	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 4,879,292	24 *

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

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 16,183,306	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 16,183,306	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	563,449	6
7	Oxygen	73,865	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 637,314	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	63	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	280	19
20	Radiology and X-Ray		20
21	Other Medical Services	42,971	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 43,314	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	30,695	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 30,695	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG 19A</u>	12,972	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 12,972	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 16,907,601	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,117,879	31
32	Health Care	4,634,074	32
33	General Administration	3,904,878	33
<b>B. Capital Expense</b>			
34	Ownership	1,469,759	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	4,948,304	35
36	Provider Participation Fee	301,313	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 17,376,206	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(468,605)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (468,605)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 7,688,982	44
45	Private Pay - Net Inpatient Revenue	1,518,893	45
46	Medicare - Net Inpatient Revenue	5,612,961	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,674,354	47
48	Other-(specify) <u>VA/Sales Allow.</u>	(311,884)	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 16,183,306	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 Estates of Barrington, Inc.# 0046524

Report Period Beginning 01/01/2018 Ending:

12/31/2018**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 \$ 429

Misc Income- Payroll Tax Refunc \$ 42

Adjustment to prior year expense \$ (108)

Vendor Discounts \$ 6,892

Gain on Sale of Assets \$ 5,717

Line 28 Total: 12,972

Facility Name & ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	2,413	\$ 124,789	\$ 51.71	1
2	Assistant Director of Nursing	3,730	164,987	41.01	2
3	Registered Nurses	43,830	1,621,971	34.69	3
4	Licensed Practical Nurses	23,370	722,658	29.20	4
5	CNAs & Orderlies	72,636	1,154,660	15.11	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides	3,513	85,969	22.81	8
9	Activity Director	1,832	64,913	34.07	9
10	Activity Assistants	5,219	59,370	10.79	10
11	Social Service Workers	3,852	87,084	22.28	11
12	Dietician				12
13	Food Service Supervisor	2,048	51,169	24.89	13
14	Head Cook	6,176	131,087	21.17	14
15	Cook Helpers/Assistants	36,643	498,124	12.73	15
16	Dishwashers				16
17	Maintenance Workers	2,080	60,845	29.25	17
18	Housekeepers	16,332	234,728	13.16	18
19	Laundry	6,231	81,660	12.44	19
20	Administrator				20
21	Assistant Administrator	1,600	45,015	28.13	21
22	Other Administrative	12,384	334,844	26.79	22
23	Office Manager				23
24	Clerical	5,294	77,065	14.00	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator	5,449	222,111	40.25	29
30	Habilitation Aides (DD Homes)				30
31	Medical Records				31
32	Other Health C: Unit manager	11,931	232,687	18.14	32
33	Other(specify) Trans Care Nurse	1,568	65,451	41.54	33
34	TOTAL (lines 1 - 33)	268,129	\$ 6,121,189 *	\$ 21.65	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	2,061/month	\$ 24,737	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	47	2,585	11-3 44
45	Social Service Consultant			11-3 45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	47	\$ 72,202	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	2,802	47,637	10-3 52
53	TOTAL (lines 50 - 52)	2,802	\$ 47,637	53



Alden Estates of Barrington, Inc.  
 Legal Fee Support  
 2018

Legal Fees Reported on Pg 21, Section C:	\$ 65,603.82
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(16,655.62)
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>\$ 3,756.20</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Von Briesen & Roper S.C	01/23/18	9.29
Janet L. Hermann	02/13/18	306.25
MidCap Legal	1/1/18- 12/31/18	3,440.66
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><u>3,756.20</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Chicago Title Company	5/8/2018	60.00
SB2 Inc	1/1/18- 12/31/18	3,493.21
Stone Poggrund & Korey	1/1/18- 12/31/18	13,102.41

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES** 16,655.62

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Allocated Legal Fees	1/1/18- 12/31/18	45,192.00

**TOTAL Allocated Legal Fees** 45,192.00

Total Legal Cost 65,603.82

Facility Name &amp; ID Number Alden Estates of Barrington

# 0046524

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**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. II.Health Care Ass. \$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. \$ 46,762 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. \$ 301,313  
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. \$ 33,350 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