

		FOR BHF USE					

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2021
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2021)

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.

I. IDPH License ID Number: <u>0046524</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Alden Estates of Barrington</u>		<p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/21</u> to <u>12/31/21</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>																							
Address: <u>1420 S Barrington Rd</u> <u>Barrington</u> <u>60010</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(847)382-6664</u> Fax # <u>(847)382-6395</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) <u>Derek Smart</u></td><td></td></tr><tr><td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Print Name and Title) <u>Robert F. Long, CPA</u> <u>Partner</u></td><td></td></tr><tr><td>(Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>3000 Town Center, Suite 100 Southfield, MI 48075</u></td><td></td></tr><tr><td>(Telephone) <u>(248) 223-3738</u></td><td>Fax # <u>(248) 233-7349</u></td></tr><tr><td colspan="2">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Derek Smart</u>		(Title) <u>CFO, Alden Management Services, Inc., as agent</u>		(Signed) _____	(Date) _____	Paid Preparer	(Print Name and Title) <u>Robert F. Long, CPA</u> <u>Partner</u>		(Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>3000 Town Center, Suite 100 Southfield, MI 48075</u>		(Telephone) <u>(248) 223-3738</u>	Fax # <u>(248) 233-7349</u>	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630					
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Date of Initial License for Current Owners: <u>12/1/2003</u>																									
Type of Ownership:																									
<table><tr><td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td><td><input checked="" type="checkbox"/> PROPRIETARY</td><td><input type="checkbox"/> GOVERNMENTAL</td></tr><tr><td><input type="checkbox"/> Charitable Corp.</td><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> State</td></tr><tr><td><input type="checkbox"/> Trust</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> County</td></tr><tr><td>IRS Exemption Code _____</td><td><input checked="" type="checkbox"/> Corporation</td><td><input type="checkbox"/> Other _____</td></tr><tr><td></td><td><input type="checkbox"/> "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td><input type="checkbox"/> Limited Liability Co.</td><td>_____</td></tr><tr><td></td><td><input type="checkbox"/> Trust</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Other _____</td><td></td></tr></table>		<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____	
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	<input type="checkbox"/> Trust																								
	<input type="checkbox"/> Other _____																								
In the event there are further questions about this report, please contact:																									
Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u>																									
Email Address: _____																									

Facility Name & ID Number Alden Estates of Barrington, Inc.

0046524 Report Period Beginning: 1/1/21 Ending: 12/31/21

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					
N/A					
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	Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	Total
8	SNF	13,303	4,740	5,200	23,243
9	SNF/PED				
10	ICF	17,046	1,994	1,102	20,142
11	ICF/DD				
12	SC				
13	DD 16 OR LESS				
14	TOTALS	30,349	6,734	6,302	43,385

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.24%

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 X

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO X

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 X Date 12/1/2003 NO

K. Was the facility certified for Medicare during the reporting year? YES X NO If YES, enter number of beds certified 150 and days of care provided 4,578

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

MODIFIED ACCRUAL X CASH* CASH*

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

Tax Year: 12/31/2021 Fiscal Year: 12/31/2021

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

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/21 Ending: 12/31/21

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	588,291	31,277	38,608	658,176		658,176	(2,061)	656,115			1
2	Food Purchase		437,157		437,157		437,157	(55,156)	382,001			2
3	Housekeeping	316,758	81,299		398,057		398,057	15,177	413,234			3
4	Laundry	104,374	32,242		136,616		136,616		136,616			4
5	Heat and Other Utilities			168,878	168,878		168,878	3,248	172,126			5
6	Maintenance	63,832	253	211,584	275,669		275,669	58,725	334,394			6
7	Other (specify):Med.Waste, Scav., Security			21,597	21,597		21,597	6,981	28,578			7
8	TOTAL General Services	1,073,255	582,228	440,667	2,096,150		2,096,150	26,914	2,123,064			8
	B. Health Care and Programs											
9	Medical Director			35,000	35,000		35,000		35,000			9
10	Nursing and Medical Records	4,733,726	497,000	116,484	5,347,210		5,347,210	(271,341)	5,075,869			10
10a	Therapy	130,227	1,369	40,934	172,530		172,530		172,530			10a
11	Activities	154,301	12,513	2,079	168,893		168,893		168,893			11
12	Social Services	90,428		1,497	91,925		91,925		91,925			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*Resident Att/related party	195,592			195,592		195,592	5,825	201,417			15
16	TOTAL Health Care and Programs	5,304,274	510,882	195,994	6,011,150		6,011,150	(265,516)	5,745,634			16
	C. General Administration											
17	Administrative	179,977			179,977		179,977	178,922	358,899			17
18	Directors Fees											18
19	Professional Services			1,402,892	1,402,892		1,402,892	(1,325,858)	77,034			19
20	Dues, Fees, Subscriptions & Promotions			129,930	129,930		129,930	(95,299)	34,631			20
21	Clerical & General Office Expenses	205,542	71,036	214,988	491,566		491,566	214,790	706,356			21
22	Employee Benefits & Payroll Taxes			1,280,287	1,280,287		1,280,287	(103,756)	1,176,531			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,029	1,029		1,029	408	1,437			24
25	Other Admin. Staff Transportation			539	539		539	10,539	11,078			25
26	Insurance-Prop.Liab.Malpractice			361,504	361,504		361,504	18,464	379,968			26
27	Other (specify):*related party			241,720	241,720		241,720	(167,224)	74,496			27
28	TOTAL General Administration	385,519	71,036	3,632,889	4,089,444		4,089,444	(1,269,014)	2,820,430			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,763,048	1,164,146	4,269,550	12,196,744		12,196,744	(1,507,616)	10,689,128			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			80,462	80,462		80,462	412,618	493,080			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			98,422	98,422		98,422	327,308	425,730			32
33	Real Estate Taxes							825,808	825,808			33
34	Rent-Facility & Grounds			1,565,930	1,565,930		1,565,930	(1,565,930)				34
35	Rent-Equipment & Vehicles			47,077	47,077		47,077	35,646	82,723			35
36	Other (specify):*MIP							66,576	66,576			36
37	TOTAL Ownership			1,791,891	1,791,891		1,791,891	102,026	1,893,917			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		2,040,955	2,104,326	4,145,281		4,145,281	(508,399)	3,636,882			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			315,966	315,966		315,966		315,966			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		2,040,955	2,420,292	4,461,247		4,461,247	(508,399)	3,952,848			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,763,048	3,205,101	8,481,733	18,449,882		18,449,882	(1,913,989)	16,535,893			45

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

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 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	(20,514)	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	(18,568)	30		9
10	Interest and Other Investment Income	(9,184)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(13,932)	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	(16,271)	21		17
18	Fines and Penalties	(24,048)	32		18
19	Entertainment				19
20	Contributions	(3,765)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(101,660)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(241,720)	27		24
25	Fund Raising, Advertising and Promotional	(92,040)	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	(785,642)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,327,344)		\$	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 Amount	2 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)	(586,645)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (586,645)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,913,989)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (2,099)	21	1
2	Intercompany Interest	(73,401)	32	2
3	Miscellaneous Income	(9,051)	21	3
4	A/P Adjustments- Vendor Discounts	(16)	21	4
5	Marketing Manager & Aides	(40,892)	21	5
6	Elim Deprec Exp on Pg 12 items under \$2,500 -	-	30	6
7	Elim Deprec Exp on Pg 13 items under \$2500 -	(4,048)	30	7
8	Expense Pg 12 items under \$2,500 - curr yr purchs +	-	6	8
9	Expense Pg 13 items under \$2,500 - curr yr purchs +	21,794	6	9
10	ABC Deprec Exp from Pg 12 series -	64	30	10
11	Benefits Adjustment for Marketing Mgr	(7,647)	22	11
12	Alden of Barrington, LLC- Admin Costs	(91)	21	12
13	Alden of Barrington, LLC- Penalties	(249,982)	21	13
14	Nursing Exp. Reimbursed By CARES Act & ARPA	(327,926)	10	14
15	Payroll Tax/Ben Reimbursed By CARES Act & ARPA	(90,947)	22	15
16	Chamber of Commerce Expenses	(1,400)	20	16
17		0		17
18		0		18
19		0		19
20		0		20
21		0		21
22		0		22
23		0		23
24		0		24
25		0		25
26		0		26
27		0		27
28		0		28
29		0		29
30		0		30
31		0		31
32		0		32
33		0		33
34		0		34
35		0		35
36		0		36
37		0		37
38		0		38
39		0		39
40		0		40
41		0		41
42		0		42
43		0		43
44		0		44
45		0		45
46		0		46
47		0		47
48		0		48
49	Total	(785,642)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/21

Ending:

12/31/21

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	(2,061)	0	0	0	0	0	0	0	(2,061)	1
2	Food Purchase	0	0	0	(41,224)	0	0	0	0	0	0	0	(41,224)	2
3	Housekeeping	0	0	15,177	0	0	0	0	0	0	0	0	15,177	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	3,248	0	0	0	0	0	0	0	0	3,248	5
6	Maintenance	21,794	22,084	29,423	0	0	0	(335)	6,273	0	0	0	79,239	6
7	Other (specify):*	0	0	6,981	0	0	0	0	0	0	0	0	6,981	7
8	TOTAL General Services	21,794	22,084	54,829	(43,285)	0	0	(335)	6,273	0	0	0	61,360	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	(327,926)	0	40,284	18,875	(2,574)	0	0	0	0	0	0	(271,341)	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	5,825	0	0	0	0	0	0	0	0	5,825	15
16	TOTAL Health Care and Programs	(327,926)	0	46,109	18,875	(2,574)	0	0	0	0	0	0	(265,516)	16
	C. General Administration													
17	Administrative	0	0	178,922	0	0	0	0	0	0	0	0	178,922	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(101,660)	7,415	(1,231,613)	0	0	0	0	0	0	0	0	(1,325,858)	19
20	Fees, Subscriptions & Promotions	(1,400)	0	1,906	0	0	0	0	0	0	0	0	506	20
21	Clerical & General Office Expenses	(318,402)	250,073	283,119	0	0	0	0	0	0	0	0	214,790	21
22	Employee Benefits & Payroll Taxes	(98,594)	0	0	0	(5,162)	0	0	0	0	0	0	(103,756)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	408	0	0	0	0	0	0	0	0	408	24
25	Other Admin. Staff Transportation	0	0	10,539	0	0	0	0	0	0	0	0	10,539	25
26	Insurance-Prop.Liab.Malpractice	0	18,122	342	0	0	0	0	0	0	0	0	18,464	26
27	Other (specify):*	0	0	74,496	0	0	0	0	0	0	0	0	74,496	27
28	TOTAL General Administration	(520,056)	275,610	(681,881)	0	(5,162)	0	0	0	0	0	0	(931,490)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(826,188)	297,694	(580,943)	(24,410)	(7,736)	0	(335)	6,273	0	0	0	(1,135,646)	29

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(22,552)	423,892	11,278	0	0	0	0	0	0	0	0	412,618	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(73,401)	353,364	80,577	0	0	0	0	0	0	0	0	360,540	32
33	Real Estate Taxes	0	819,247	6,561	0	0	0	0	0	0	0	0	825,808	33
34	Rent-Facility & Grounds	0	(1,565,930)	0	0	0	0	0	0	0	0	0	(1,565,930)	34
35	Rent-Equipment & Vehicles	0	0	35,646	0	0	0	0	0	0	0	0	35,646	35
36	Other (specify):*	0	66,576	0	0	0	0	0	0	0	0	0	66,576	36
37	TOTAL Ownership	(95,953)	97,149	134,062	0	0	0	0	0	0	0	0	135,258	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	(238,882)	(63,435)	(206,083)	0	0	0	0	0	(508,400)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(238,882)	(63,435)	(206,083)	0	0	0	0	0	(508,400)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(922,141)	394,843	(446,881)	(263,292)	(71,171)	(206,083)	(335)	6,273	0	0	0	(1,508,788)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG 6-Supp		See PG 6-Supp		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 1,565,930	Alden of Barrington, LLC	0.00%	\$	\$ (1,565,930)	1
2	V	32	Interest Income Repl Reserve	50	Alden of Barrington, LLC			(50)	2
3	V	6	Repairs & Maintenance		Alden of Barrington, LLC		22,084	22,084	3
4	V	19	Acct Fees/Legal Fees: Non-coll		Alden of Barrington, LLC		5,665	5,665	4
5	V	21	Misc Administrative Exp & Penalty		Alden of Barrington, LLC		250,073	250,073	5
6	V	19	Professional Fees/Income Tax Exp		Alden of Barrington, LLC		1,750	1,750	6
7	V	33	Real Estate Tax Expense		Alden of Barrington, LLC		819,247	819,247	7
8	V	26	General Insurance Expense		Alden of Barrington, LLC		18,122	18,122	8
9	V	36	Mortgage Insurance Premium		Alden of Barrington, LLC		66,576	66,576	9
10	V	32	Interest- Mortgage		Alden of Barrington, LLC		304,595	304,595	10
11	V	30	Depreciation Expense		Alden of Barrington, LLC		423,892	423,892	11
12	V	32	Amortization Expense		Alden of Barrington, LLC		48,819	48,819	12
13	V								13
14	Total			\$ 1,565,980			\$ 1,960,823	\$ * 394,843	14

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

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/21

Ending:

12/31/21

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	The Alden Group, Ltd.	100.00%	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care Center	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care Center	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care Center	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care Center	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimer's	8
9			Alden - Valley Ridge Rehabilitation and Health Care Center	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services	Schaumburg	Nursing and durable medical equipment	10
11			Alden - Orland Park Rehabilitation and Health Care Center	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington				13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Senior Living	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	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.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shoreview	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	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 Care Center	Long Grove				30

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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		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%	\$ 3,248	\$ 3,248	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		408	408	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		10,539	10,539	17
18	V	26 Insurance		Alden Management Services, Inc.		342	342	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		1,906	1,906	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,278	11,278	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		6,561	6,561	21
22	V	35 Rent- Equipment & Vehicles		Alden Management Services, Inc.		35,646	35,646	22
23	V	32 Interest		Alden Management Services, Inc.		80,577	80,577	23
24	V	3 Housekeeping		Alden Management Services, Inc.		15,177	15,177	24
25	V	7 Employee Benefits- Gen'l Services		Alden Management Services, Inc.		6,981	6,981	25
26	V	10 Nursing & Medical Record Salaries		Alden Management Services, Inc.		40,284	40,284	26
27	V	15 Employee Benefits- Health Care		Alden Management Services, Inc.		5,825	5,825	27
28	V	17 Administrative Salary		Alden Management Services, Inc.		178,922	178,922	28
29	V	27 Employee Benefits- Admin		Alden Management Services, Inc.		74,496	74,496	29
30	V	19 Professional Fees	1,282,375	Alden Management Services, Inc.		50,762	(1,231,613)	30
31	V	21 General & Administrative	53,766	Alden Management Services, Inc.		336,885	283,119	31
32	V	6 Repairs & Maintenance	44,064	Alden Management Services, Inc.		73,487	29,423	32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,380,205			\$ 933,324	\$ * (446,881)	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 Consult.	\$ 38,608	Prism Health Care Services, Inc.	0.00%	\$	(38,608)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		22,634	22,634	16
17	V	2	Tube feeding	239,196	Prism Health Care Services, Inc.		157,887	(81,309)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		13,460	6,800	18
19	V	39	Ancillary supplies	611,863	Prism Health Care Services, Inc.		184,440	(427,423)	19
20	V	39	Vent Rent		Prism Health Care Services, Inc.		116,073	116,073	20
21	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		13,913	13,913	21
22	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		40,085	40,085	22
23	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		12,075	12,075	23
24	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		72,468	72,468	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			\$ 896,327			\$ 633,035	\$ * (263,292)	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	39 Drugs	\$ 967,046	Forum Extended Care II, Inc.	0.00%	\$ 915,935	\$ (51,111)	15
16	V	39 I.V.	294,846	Forum Extended Care II, Inc.		279,263	(15,583)	16
17	V	39 Wound Care-Product only	30,830	Forum Extended Care II, Inc.		29,201	(1,629)	17
18	V	10 House Stock	45,826	Forum Extended Care II, Inc.		43,404	(2,422)	18
19	V	10 Pharm Consult	2,880	Forum Extended Care II, Inc.		2,728	(152)	19
20	V	22 Employee Vaccinations	5,162	Forum Extended Care II, Inc.			(5,162)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		4,889	4,889	21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,346,590			\$ 1,275,419	\$ * (71,171)	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	\$ 1,148,391	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 942,308	\$ (206,083)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,148,391			\$ 942,308	\$ * (206,083)	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	\$ 16,728	Alden Bennett Construction Company, Inc.	0.00%	\$ 16,393	\$ (335)	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			\$ 16,728			\$ 16,393	\$ * (335)	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	\$ 8,868	Alden Design Group, Ltd.	0.00%	\$ 15,141	\$ 6,273	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			\$ 8,868			\$ 15,141	\$ * 6,273	39

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

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 I	Chairman	100.00	178,190	1.47	3.68%	Salary	\$ 6,810	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,319	1.47	3.68%	Salary	3,681	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Maint St	0.00	96,319	1.47	3.68%	Salary	3,681	6-7	3
4	Ina Schlossberg D.	Board Member	General Ops.	0.00	96,319	1.47	3.68%	Salary	3,681	17-7	4
5	Audra Elisco F.	Training Coord.	Train employees	0.00	62,545	1.47	3.68%	Salary	2,390	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	178,190	1.29	3.68%	Salary	6,810	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.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										12
13								TOTAL	\$ 27,052		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: 1/1/21 Ending: 12/31/21

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
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	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						\$	\$			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	TOTALS					\$	\$		\$	25

Facility Name & ID Number Alden Estates of Barrington# 0046524

Report Period Beginning:

1/1/21

Ending: 12/31/21

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,178,654	36	\$ 88,233	\$	43,385	\$ 3,248	1
2	24	Travel & Seminar	Patient Days	1,178,654	36	11,078		43,385	408	2
3	25	Other Admin Travel	Patient Days	1,178,654	36	286,313		43,385	10,539	3
4	26	Insurance	Patient Days	1,178,654	36	9,282		43,385	342	4
5	20	Dues & Subscriptions	Patient Days	1,178,654	36	51,782		43,385	1,906	5
6	30	Depreciation	No of Providers/usage	36	36	414,596		43,385	11,278	6
7	33	Real Estate Taxes	Patient Days/usage	1,178,654	36	199,550		43,385	6,561	7
8	35	Rent- Equipment & Vehicles	Patient Days	1,178,654	36	968,394		43,385	35,646	8
9	32	Interest	Patient Days/usage	1,178,654	36	1,362,080		43,385	80,577	9
10	3	Housekeeping	Patient Days	1,178,654	36	412,330	412,330	43,385	15,177	10
11	7	Employee Benefits- Gen'l Services	Patient Days	1,178,654	36	189,651		43,385	6,981	11
12	10	Nursing & Medical Record Salaries	Patient Days	1,178,654	36	1,127,574	1,127,574	43,385	40,284	12
13	15	Employee Benefits- Health Care	Patient Days	1,178,654	36	158,238		43,385	5,825	13
14	17	Administrative Salary	Patient Days/usage	1,178,654	36	5,072,738	5,072,738	43,385	178,922	14
15	27	Employee Benefits- Admin	Patient Days	1,178,654	36	2,023,854		43,385	74,496	15
16	19	Professional Fees	Patient Days	1,178,654	36	1,498,329	1,172,914	43,385	50,762	16
17	21	General & Administrative	Patient Days	1,178,654	36	9,152,274	8,175,948	43,385	336,885	17
18	6	Repairs & Maintenance	Patient Days	1,178,654	36	1,459,457	939,091	43,385	73,487	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 24,485,753	\$ 16,900,595		\$ 933,324	25

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	2		3	4	5	6	7	8	9	10	
	Name of Lender	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	Cambridge		X	Mortgage	\$48,062.21	10/1/12	\$ 14,574,100	\$ 14,005,614	9/1/52	2.5000	\$ 304,595	1
2												2
3												3
4	Insurance Interest (GL7053)		X	Medical Malpractice							61	4
5	Amort of Fin Fees (GL 7105)		X	Refinancing							48,819	5
	Working Capital											
6	Related party - AMS		X	Working Capital							80,577	6
7												7
8	Non-Mortgage Bank - Misc		X	Working Capital							912	8
9	TOTAL Facility Related				\$48,062.21		\$ 14,574,100	\$ 14,005,614			\$ 434,964	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		X								(50)	10
11	Interest Income (GL 4975)		X								(9,184)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (9,234)	14
15	TOTALS (line 9+line14)						\$ 14,574,100	\$ 14,005,614			\$ 425,730	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 66,576 Line # 36

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

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

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

B. Real Estate Taxes

[illegible]

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2020 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 Mark Novotny

TELEPHONE 773-724-6362 FAX #: ()

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2020 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 2020.

(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>355,099.00</u>	\$ <u>6,561.00</u>
2. <u>01-12-107-016-0000</u>	<u>Long Term Care Property</u>	\$ <u>742,847.46</u>	\$ <u>742,847.46</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>1,097,946.46</u></u>	\$ <u><u>749,408.46</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? X YES 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 copies of the original 2020 tax bills which were listed in Section A to this statement. Be sure to use the 2020 tax bill which is normally paid during 2021.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:	59,500	B. General Construction Type:	Exterior	Brick	Frame	Steel	Number of Stories	1
------------------------	---------------	--------------------------------------	-----------------	--------------	--------------	--------------	--------------------------	----------

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO
If so, please complete the following:

1. Total Amount Incurred:	2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing Home Facility		2003	\$ 1,206,945	1
2					2
3	TOTALS			\$ 1,206,945	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4		Building Acquisition: GL 1702/LLC		2003	\$ 6,933,811	\$	39	\$ 154,917	\$ 154,917	\$ 2,894,852
5		Renovation: interior: GL 1703/LLC		2007	4,351,504		39	111,577	111,577	1,645,761
6		Adj Value for D/T prior owners (LLC)		2003	204,498		39	5,244	5,244	94,827
7										
8										
		Improvement Type**								
9		ABC-Water Heater GL 1705/Inc.		2004	32,509		10			32,509
10		Oak Fire and Security-Fire alarm control panel GL 1705/Inc.		2004	6,400		10			6,400
11		Oak Fire and Security-Air handler shutdown GL 1705/Inc.		2004	3,120		10			3,120
12		ABC-37 gallon water heater GL 1705/Inc.		2004	7,274		12			7,274
13		Top Notch: Compressor: Kitchen GL 1705/Inc.		2004	1,603		10			1,603
14		Polina Landscape(sod, soil and clay) GL 1704/Inc.		2004	7,388		3			7,388
15		Central Sprinklers Auto-repair sprinkler system: GL 1705/Inc.		2005	13,721		10			13,721
16		CSAS-replace dry spinkler: GL 1705/Inc.		2005	3,495		10			3,495
17		CSAS-replace dry spinkler: GL 1705/Inc.		2005	1,843		10			1,843
18		GT Mechanical-replace fans: GL 1705/Inc.		2005	1,681		10			1,681
19		Top Notch-dishwasher(pump/impe GL 1705/Inc.		2005	4,490		10			4,490
20		ABC Repair damaged sewer line: GL 1705/Inc.		2005	11,445		10			11,445
21										
22		Projector Screen Installation: GL 1705/Inc.		2006	3,674		5			3,674
23		Replace blower wheel/air handler: GL 1705/Inc.		2006	4,189		10			4,189
24		Replace chiller controller: GL 1705/Inc.		2006	5,258		10			5,258
25		Install cable thru pipes in hallway to each wallplate:GL 1705/Inc.		2006	14,500		20	725	725	11,298
26		Replace boiler expansion tanks: GL 1705/Inc.		2006	4,607		20	230	230	3,565
27		New Roof: GL 1703/LLC		2006	138,536		10			138,536
28		ABC renovation/exterior/landscaping: GL 1703/LLC		2007	321,660		15	21,444	21,444	313,919
29										
30		ABC-New corner guards for new wall coverings: GL 1704/Inc.		2007	2,645		10			2,645
31		ABC-New plumbing in Parlor Room: Inc.		2007	20,504		10			20,504
32		New Fire Sprinkler: GL 1705/Inc.		2007	2,791		10			2,791
33		Replace fire sprinklers: GL 1705/Inc.		2007	2,887		10			2,887
34		American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.		2007	2,955		10			2,955
35		ABC-Installed new windows: GL 1705/Inc.		2007	3,847		15	256	256	3,584
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 Install new door & hollow metal hardward	2007	\$ 11,096	\$	20	\$ 555	\$ 555	\$ 8,186	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		15	467	467	6,692	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		12			24,614	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 relaced broken kitchen equipment with new equipment	2007	4,473		10			4,473	54
55								55
56 Renovation Exterior Landscaping (LLC)	2007	7,938		15	529	529	7,450	56
57 Renovation Extras, change order (LLC)	2007	1,100		15	73	73	1,022	57
58 Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500		15	1,633	1,633	23,815	58
59								59
60								60
61 ABC - installed new internal paging system	2008	2,557		20	128	128	1,770	61
62 ABC - replaced broken shower faucet with new one	2008	3,780		10			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		15	298	298	4,074	64
65 Central States - removed & install new fire sprinkler	2008	8,330		25	333	333	4,468	65
66 CENSAU - replaced sprinkler	2008	6,085		25	243	243	3,160	66
67 GT Mechanical - repair ductwork	2008	3,062		10			3,062	67
68 Central States - Fire alarm repaired & replaced	2008	9,687		10			9,687	68
69 Renovation ABC Closing HUD statement (LLC)	2008	9,600		15	640	640	8,853	69
70 TOTAL (lines 4 thru 69)		\$ 12,326,980	\$		\$ 299,292	\$ 299,292	\$ 5,447,170	70

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

1/1/21

Ending:

12/31/21

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		\$ 12,326,980	\$		\$ 299,292	\$ 299,292	\$ 5,447,170	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		10			2,610	6
7	AMS/Washburn Machinery - Laundry machine repair	2010	2,512		5			2,512	7
8	ABC - Ceiling repairs	2010	8,842		10			8,842	8
9	ABC - Corner guard	2010	5,076		10			5,076	9
10	ABC - Pond & Patio	2011	105,094		15	7,006	7,006	72,396	10
11	JM Allen - Gazebo Installation	2011	9,300		15	620	620	6,407	11
12	ABC - Pond & Patio Plumb & Electric	2011	19,299		15	1,287	1,287	13,191	12
13	ADG - Raised Planter Box	2011	5,559		10	416	416	5,559	13
14	ABC - Gazebo Landscaping	2011	46,222		15	3,081	3,081	31,324	14
15	ABC - Compressor Repair Overload Units	2011	5,727		5			5,727	15
16	Repair Fire Pump & Bearing Caps	2011	7,334		10	733	733	7,330	16
17	Repair leaks in pipes - USFIRE	2012	5,912		10	591	591	5,713	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		15	726	726	6,171	20
21	Sewer line rebuild, emergency-ALDBEN	2013	21,865		20	1,093	1,093	9,200	21
22	Concrete, sidewalk-ALDBEN	2013	8,479		15	565	565	4,708	22
23	Gutters and downspouts-ALDBEN	2013	4,956		10	496	496	4,092	23
24	Fire sprinklers-VALFIR	2013	6,574		20	329	329	2,632	24
25									25
26	Fire sprinklers-VALFIR	2014	7,991		20	400	400	3,200	26
27	Sidewalks - Alden Bennett	2014	4,131		15	275	275	2,017	27
28	Entrance wall rebuilt - Alden Bennett	2014	3,113		5			3,113	28
29	Flooring (new base), walk-in freezer area- ALDBEN	2015	6,086		20	304	304	2,027	29
30	Generator rebuilt - MarAMS-CITI-PATCAT	2015	6,456		10	646	646	4,468	30
31	Fire sprinkler system and drain valve - VALFIR	2015	9,924		5			9,924	31
32	Windows, Thermo Pane (5)-ALDBEN	2015	5,363		10	536	536	3,305	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,673,888	\$		\$ 318,396	\$ 318,396	\$ 5,696,309	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:

1/1/21

Ending:

12/31/21

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 12B, Carried Forward		\$ 12,673,888	\$		\$ 318,396	\$ 318,396	\$ 5,696,309	1
2	<u>Pump, Rebuild-FebAMS-WRIEXP-Fluid Pump Service</u>	2016	6,298		15	420	420	2,520	2
3	<u>Boiler repair/new flame safeguard install -GTMECH</u>	2016	5,186		5	952	952	5,186	3
4	<u>Sprinklers, fire - CENSAU</u>	2017	6,150		25	246	246	1,025	4
5	<u>Landscaping, Courtyard work 2 of 2 -SEBLAN</u>	2017	7,362		5	1,472	1,472	6,747	5
6	<u>Parts, motor for chiller - NORMEC</u>	2017	3,284		5	657	657	2,847	6
7	<u>Siding, roof -roof area - ALDBEN</u>	2018	25,034		10	2,503	2,503	7,926	7
8	<u>Siding, roof -roof area - ALDBEN</u>	2018	7,694		10	769	769	2,371	8
9	<u>Chairs rehupholster (16) - common area - ALDDDES</u>	2018	4,006		10	401	401	1,303	9
10	<u>Sprinkler sys pipe inst -facility grounds- VALFIR</u>	2018	4,188		5	838	838	2,723	10
11	<u>Nurse station, reprogram -nurse station area - TECELE</u>	2019	3,290		5	658	658	1,919	11
12	<u>Motor,fuses for chiller -utility area - GTMECH</u>	2019	4,167		5	833	833	1,944	12
13									13
14	<u>Paving Asphalt, remove old/lay new - culdesac area at main</u>	2020	18,700		8	584	584	1,169	14
15	<u>entrance and road adjacent to drainage - OLYPAV</u>								15
16	<u>Relocate and separate critical load - wing A & B - BELELC</u>	2020	6,756		5	788	788	1,576	16
17	<u>Relocate and separate critical load - wing C - BELELC</u>	2020	2,987		5	100	100	199	17
18									18
19	<u>Nurse Call System 1of2 - TECELE</u>	2021	4,460		10	446	446	446	19
20	<u>Pump Catch Basin (6) - A&PGRE</u>	2021	3,340		5	668	668	668	20
21	<u>Pipes, valves, Attic - VALFIR</u>	2021	4,672		5	934	934	934	21
22	<u>Light pole, North Entrance - ALDBEN</u>	2021	6,994		10	699	699	699	22
23	<u>Air purification, HVAC, GPS-Bi-Polar Air, COVID - ALDBEN</u>	2021	16,313		10	1,631	1,631	1,631	23
24	<u>Chiller, Repair hot & cold water pump - GTMECH</u>	2021	3,664		5	733	733	733	24
25	<u>Repair leaking pipe - VALFIR</u>	2021	2,608		5	522	522	522	25
26	<u>Repair door alarm - ALDBEN</u>	2021	2,556		5	511	511	511	26
27	<u>Parking Lot Asphalt - ALDBEN</u>	2021	131,804		10	13,180	13,180	13,180	27
28	<u>Pipes, valves Outlets, Kitchen ceiling - VALFIR</u>	2021	6,178		5	1,236	1,236	1,236	28
29	<u>Cobblestone, Entrance & Parking Lot - TOMPOL</u>	2021	55,800		10	5,580	5,580	5,580	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,017,379	\$		\$ 355,758	\$ 355,758	\$ 5,761,905	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 12C, Carried Forward		\$ 13,017,379	\$		\$ 355,758	\$ 355,758	\$ 5,761,905	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		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	330	10	330		4,296	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		263	20
21	Forum Prof Ctr: Building Renovations	2013	408		7			408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		302	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		303	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		494	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		4,985	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		339	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		64	27
28	Forum Prof Ctr:water tank suite 140	2021	60	1	7	1		1	28
29	Alden Mgt Servs: Remodel suites 1993 & 2002	2002	6,851		13			6,851	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		8,996	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,164,432	\$ 4,646		\$ 360,404	\$ 355,758	\$ 5,862,321	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$13,164,432	\$4,646		\$360,404	\$355,758	\$5,862,321	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)		(115)	4
5	Adj for ABC related profit	2011	1,372	56		56		588	5
6	Adj for ABC related profit	2012	329					329	6
7	Adj for ABC related profit	2013	622	16		16		136	7
8	Adj for ABC related profit	2014	(29)	(1)		(1)		(6)	8
9	Adj for ABC related profit	2015	(22)	(1)		(1)		(5)	9
10	Adj for ABC related profit	2018	99	4		4		14	10
11									11
12									12
13									13
14									14
15	Book Depreciation- Alden Estates of Barrington Inc (Less Additional R&M)			76,413			(76,413)		15
16	Book Depreciation- Alden of Barrington, LLC			423,892			(423,892)		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)		\$13,166,415	\$505,015		\$360,468	\$ (144,547)	\$5,863,075	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		\$13,166,415	\$505,015		\$360,468	\$ (144,547)	\$5,863,075	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
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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)		\$13,166,415	\$505,015		\$360,468	\$ (144,547)	\$5,863,075	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 12F, Carried Forward		\$ 13,166,415	\$ 505,015		\$ 360,468	\$ (144,547)	\$ 5,863,075	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
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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)		\$ 13,166,415	\$ 505,015		\$ 360,468	\$ (144,547)	\$ 5,863,075	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 12G, Carried Forward		\$13,166,415	\$505,015		\$360,468	\$ (144,547)	\$5,863,075	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
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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)		\$13,166,415	\$505,015		\$360,468	\$ (144,547)	\$5,863,075	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		\$ 13,166,415	\$ 505,015		\$ 360,468	\$ (144,547)	\$ 5,863,075	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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)		\$ 13,166,415	\$ 505,015		\$ 360,468	\$ (144,547)	\$ 5,863,075	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,611,435	\$	\$125,102	\$125,102	Various	\$898,912	71
72	Current Year Purchases	42,089		7,509	7,509	Various	7,509	72
73	Fully Depreciated Assets	1,405,152				Various	1,405,152	73
74	See Attached	153,114	6,632		(6,632)	Various	112,764	74
75	TOTALS	\$3,211,790	\$6,632	\$132,611	\$125,979		\$2,424,337	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	Allocated From Alden Mgmt	Various	1998-2004	\$3,802	\$	\$	\$		\$3,802	76
77										77
78										78
79										79
80	TOTALS			\$3,802	\$	\$	\$		\$3,802	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$17,588,952	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$511,647	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$493,079	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(18,568)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$8,291,214	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.

Alden Estates of Barrington
0046524
12/31/21
Supplemental Schedule of Related Party Equipment

Current Year Purchases	Cost	Book Depreciation	Accumulated Depreciation
<hr/>			
Alden Management Services			
Nursing Home & Landowner	433	161	161
Less: < \$2,500	(360)	(62)	(62)
<hr/>			
Prior Year Purchases			
Alden Management Services			
Nursing Home & Landowner	72,371	6,767	31,183
Less: < \$2,500	(2,026)	(259)	(1,240)
<hr/>			
Fully Depreciated Equipment			
Alden Management Services			
Nursing Home & Landowner	84,889	71	84,960
Less: < \$2,500	(2,194)	(45)	(2,239)
<hr/>			
Total Equipment			
Alden Management Services	-	-	-
Nursing Home & Landowner	157,693	6,999	116,304
Less: < \$2,500	(4,579)	(366)	(3,541)
	153,114	6,632	112,764

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

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: \$65,747Description: Copy machine GL 6861 - \$9,847; Equipment lease GL 6859 - \$36,797; Allocated From Alden \$19,103
(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	Related Party-PG 6A		\$1,379	\$16,543	17
18					18
19	Auto Lease - GL No. 6890		36	433	19
20					20
21	TOTAL		\$1,414.67	\$16,976	21

10. Effective dates of current rental agreement:

Beginning1/1/2022

Ending12/31/2031

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2022	\$1,423,928
13.	12/31/2023	\$1,423,928
14.	12/31/2024	\$1,423,928

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		Contract	Total
		Drop-outs	Completed		
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

12345678										
	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	V10A	hrs	\$		\$ 384,173	\$		\$ 384,173	1
2	Licensed Speech and Language Development Therapist	V10A	hrs			94,992			94,992	2
3	Licensed Recreational Therapist	V10A	hrs			0				3
4	Licensed Physical Therapist	V10A	hrs			578,958			578,958	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	hrs							8
9	Pharmacy	V39	# of prescripts				915,935		915,935	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): LAB/RADIOLOGY	V39					44,118		44,118	12
13	Other (specify): BILLABLE SUPPLIES	V39				(206,083)	1,824,790		1,618,707	13
14	TOTAL			\$		\$ 852,040	\$ 2,784,842		\$ 3,636,882	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 ESTATES OF BARRINGTON
Barrington
For the Thirteen Months Ending Friday, December 31, 2021

TB
2021

PA Cost Report - Page 16A Supporting Worksheet. Copy/Paste to cost report Pg 16A and input where red.

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col.	\$384,172.97
2.	ST	39-3	To Col.	94,991.91
4.	PT	39-2	To Col.	578,958.36
	Pharmacy Supplies Per GL			967,045.90
	Related Party - FECSII - DRUGS (From Page 6C, Ln 39/Drug items)			(51,111.00)
9.	Pharmacy	See Pg 16A	To Col.	915,934.90
12.	Exceptional Care-Salaries	See Pg 16A	To Col. 3	
12.	Exceptional Care- Supplies	See Pg 16A	To Col. 4	44,117.55
	12. Total Exceptional Care Check (Line 12, Col. 8)			44,117.55
13.	Other	See Pg 16A		
13.	Col. 3: Transportation Specialist			
13.	Related Party - CPT WS (From Page 6D, Col 8)	To Col. 5		(206,083.00)
	Other (various GL accounts)			2,023,132.63
	Related Party - Prism WS (From Page 6B, Ln39 items, Col 8			(238,882.00)
	Related Party - FECII - I.V. (From Page 6C, Ln 39 items for IV, Col 8			(15,583.00)
	Related Party - FECII - Vaccinations (From Page 6C, Ln 39 items for IV, Col 8			4,889.00
	Related Party - FECII - Wound Care Product Only (From Page 6C, Ln 39 items, Col 8 WC)			(1,629.00)
	Oxygen - From Reclass WP (FromPg 4A			52,862.00
13.	Col. 6: Supplies Total		To Col.	1,824,789.63
14.	Total			\$3,636,882.32

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	\$ 720	\$ 21,423	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,778,612	2,778,612	3
4	Supply Inventory (priced at)	98,208	98,208	4
5	Short-Term Investments			5
6	Prepaid Insurance		55,968	6
7	Other Prepaid Expenses	23,805	25,055	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	38,750	38,750	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,940,095	\$ 3,018,016	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	34,651	34,651	12
13	Land		1,206,945	13
14	Buildings, at Historical Cost		10,597,773	14
15	Leasehold Improvements, at Historical Cost	425,100	1,567,970	15
16	Equipment, at Historical Cost	699,919	3,031,429	16
17	Accumulated Depreciation (book methods)	(837,365)	(8,006,161)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		168,875	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(3,099)	20
21	Restricted Funds		402,892	21
22	Other Long-Term Assets (speSee Attached		750,372	22
23	Other(specify): See Attached	9,604,238	9,890,296	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,926,543	\$ 19,641,941	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,866,638	\$ 22,659,958	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 961,060	\$ 961,060	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	420,948	420,948	28
29	Short-Term Notes Payable		229,906	29
30	Accrued Salaries Payable	595,611	595,611	30
31	Accrued Taxes Payable (excluding real estate taxes)	228,758	228,758	31
32	Accrued Real Estate Taxes(Sch.IX-B)		765,100	32
33	Accrued Interest Payable		24,393	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached	758,738	758,737	36
37	See Attached	1,997,072	1,997,072	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,962,187	\$ 5,981,585	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		13,775,708	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached	50,575	50,575	43
44	See Attached			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 50,575	\$ 13,826,283	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,012,762	\$ 19,807,868	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,853,874	\$ 2,852,088	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,866,636	\$ 22,659,955	48

*(See instructions.)

PG 17 Line 9 Detail			
MCD ACT	CLIENT_ACT	DESC	BALANCE
1070.10	112100-100000	Medicare Settlements/Lump Sum	18,816.00
1070.10	116400-100000	Miscell Non-Patient Receivable	19,833.91
Total			38,749.91

PG 17 Line 22 Detail			
MCD ACT	CLIENT_ACT	DESC	BALANCE
CTB	194100-100-000	Replacement Reserve-Default	750,372.20
Total			750,372.20

PG 17 Line 23 Detail			
MCD ACT	CLIENT_ACT	DESC	BALANCE
2450.1	120100-101000	Intercompany Receivable	(3,946,995.09)
2450.1	120100-103000	Intercompany Receivable	692.62
2450.1	120100-106000	Intercompany Receivable	(146.05)
2450.1	120100-108000	Intercompany Receivable	0.13
2450.1	120100-109000	Intercompany Receivable	(17,865.38)
2450.1	120100-112000	Intercompany Receivable	(1,989.85)
2450.1	120100-114000	Intercompany Receivable	(105.76)
2450.1	120100-116000	Intercompany Receivable	(991.96)
2450.1	120100-117000	Intercompany Receivable	963.10
2450.1	120100-118000	Intercompany Receivable	(38,647.15)
2450.1	120100-119000	Intercompany Receivable	(33,215.21)
2450.1	120100-120000	Intercompany Receivable	8,416.42
2450.1	120100-121000	Intercompany Receivable	(40,034.89)
2450.1	120100-122000	Intercompany Receivable	(300.93)
2450.1	120100-123000	Intercompany Receivable	(300.74)
2450.1	120100-124000	Intercompany Receivable	(840.76)
2450.1	120100-160000	Intercompany Receivable	(42,684.76)
2450.1	120100-184000	Intercompany Receivable	0.01
2450.1	120100-200000	Intercompany Receivable	(1,468,757.39)
2450.1	120100-227000	Intercompany Receivable	(356,057.80)
2450.1	120100-301000	Intercompany Receivable	2,637.30
2450.1	121000-101000	AMS Clearing Account	21,143,447.68
2450.1	121000-108000	AMS Clearing Account	(76,961,611.39)
2450.1	121000-200000	AMS Clearing Account	71,358,925.50
CTB	120100-127-000	Intercompany Receivable-Alden Estates of Barrington	286,057.80
Total			9,890,295.45

PG 17 Line 36 Detail			
MCD ACT	CLIENT_ACT	DESC	BALANCE
2090.20	204000-100000	Advance Funding	(284,936.42)
2090.20	204000-100001	Advance Funding	(59,193.85)
2090.20	204000-100002	Advance Funding	(167,307.76)
2090.20	204000-100003	Advance Funding	(3,702.63)
2090.20	205100-100000	Accrued Insurance	(51,717.61)
2090.20	230100-100000	Accrued Expenses	(43,689.91)
2090.20	230100-100005	Accrued Expenses	(398,164.66)
2090.20	230100-100401	Accrued Expenses	(4,570.00)
2090.20	239100-100000	Due To Idpa For License Fees	(19,272.25)
2090.20	239300-100000	Due To Idpa For Audits	(112,134.03)
AIE #4	204000-100001	Recognize COVID Income	385,951.26
Total			(758,737.86)

PG 17 Line 37 Detail			
MCD ACT	CLIENT_ACT	DESC	DEBIT
2090.30	200100-160000	Accounts Payable	(99,376.48)
2090.30	200100-174000	Accounts Payable	(2,382.50)
2090.30	200100-175000	Accounts Payable	(419,199.28)
2090.30	200100-184000	Accounts Payable	(1,474,852.32)
2090.30	200100-194000	Accounts Payable	(1,261.83)
Total			(1,997,072.41)

PG 17 Line 43 Detail			
MCD ACT	CLIENT_ACT	DESC	DEBIT
2450.10	200100-101000	Accounts Payable	(50,574.55)
Total			(50,574.55)

PG 17 Line 44 Detail			
MCD ACT	CLIENT_ACT	DESC	DEBIT
Total			-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,655,495	1
2	Restatements (describe):		2
3	PRF Funds Recognized in 2020	3,988,070	3
4	Loss Reserve Adjustment	(28,108)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 8,615,456	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(761,582)	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)	\$ (761,582)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 7,853,874	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Barrington, Inc.

0046524

Report Period Beginning: 1/1/21

Ending:

12/31/21

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1			
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 16,891,846	1
2	Discounts and Allowances for all Levels	(241,299)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,650,547	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	169,170	5
6	Therapy	348,605	6
7	Oxygen	86,765	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 604,540	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	385,951	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	(135)	19
20	Radiology and X-Ray		20
21	Other Medical Services	23,146	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 408,962	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	9,184	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,184	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>\$9,051 Misc. Inc (ADJ); \$16 Vendor Discounts (ADJ)</u>	9,067	28
28a	<u>Intelligen Covid Protocal Virtual Training-Non-Nurse rela</u>	6,000	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 15,067	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,688,300	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,096,150	31
32	Health Care	6,011,150	32
33	General Administration	4,089,444	33
	B. Capital Expense		
34	Ownership	1,791,891	34
	C. Ancillary Expense		
35	Special Cost Centers	4,145,281	35
36	Provider Participation Fee	315,966	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,449,882	40
41	Income before Income Taxes (line 30 minus line 40)**	(761,582)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (761,582)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,398,674	44
45	Private Pay - Net Inpatient Revenue	1,310,745	45
46	Medicare - Net Inpatient Revenue	3,401,384	46
47	Other-(specify) <u>Hospice Insurance, Vets, Charity, Sales Allows</u>	2,725,519	47
48	Other-(specify) <u>(above payer sources utilized on lines 47-48)</u>	(185,776)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,650,547	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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.

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	1,710	1,718	\$ 80,614	\$ 46.92	1
2	Assistant Director of Nursing	4,005	4,150	178,843	43.09	2
3	Registered Nurses	36,917	39,856	1,636,859	41.07	3
4	Licensed Practical Nurses	25,776	27,494	986,336	35.87	4
5	CNAs & Orderlies	67,063	72,755	1,542,320	21.20	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,639	2,772	54,446	19.64	8
9	Activity Director	2,080	2,080	84,404	40.58	9
10	Activity Assistants	3,978	4,366	69,897	16.01	10
11	Social Service Workers	3,750	3,853	90,428	23.47	11
12	Dietician					12
13	Food Service Supervisor	1,192	1,333	40,448	30.34	13
14	Head Cook	5,753	5,905	141,303	23.93	14
15	Cook Helpers/Assistants	23,256	24,855	406,541	16.36	15
16	Dishwashers					16
17	Maintenance Workers	2,064	2,080	63,832	30.69	17
18	Housekeepers	16,128	17,852	316,758	17.74	18
19	Laundry	5,589	6,148	104,374	16.98	19
20	Administrator	2,089	2,089	119,569	57.24	20
21	Assistant Administrator	1,904	1,920	60,409	31.46	21
22	Other Administrative	9,751	9,958	247,726	24.88	22
23	Office Manager					23
24	Clerical	4,667	4,804	73,820	15.37	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,202	4,218	179,755	42.62	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)	10,406	10,959	195,592	17.85	32
33	Other(specify)	2,018	2,018	88,778	43.99	33
34	TOTAL (lines 1 - 33)	236,937	253,183	\$ 6,763,052 *	\$ 26.71	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	\$3,217/Month	\$ 38,608	V01-3	35
36	Medical Director	\$2,917/Month	35,000	V09-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	\$240/Month	2,880	V10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	\$173/Month	2,079	V11-3	44
45	Social Service Consultant	\$125/Month	1,497	V12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 80,064		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				52
53	TOTAL (lines 50 - 52)		\$		53

STATE OF ILLINOIS

0046524

Report Period Beginning:

1/1/21

Page 21

Ending: 12/31/21

Facility Name & ID Number

Alden Estates of Barrington

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	
Farhad Gul	Administrator	0.00%	\$ 119,569	Workers' Compensation Insurance	\$ 201,143	IDPH License Fee	\$	
Jessica Boulougouris	Asst. Admin	0.00%	31,802	Unemployment Compensation Insurance	12,295	Advertising: Employee Recruitment	10,461	
Elizabeth Carroll	Asst. Admin	0.00%	28,607	FICA Taxes	517,373	Health Care Worker Background Check		
				Employee Health Insurance	340,600	(Indicate # of checks performed 37)	1,210	
				Employee Meals	30,723	Patient Background Checks	384 3,844	
				Illinois Municipal Retirement Fund (IMRF)*		Surety bond fees	350	
				401K Matching Expense	5,784	Health Care Council of IL	14,400	
				Dental, Life, & Vision Insurance	2,093	Broadcast Music/Direct Supply/Barr Chambe	1,510	
				Employee Testing & Vaccination	27,639	Collab Health/American Health/Flagstaff Fin	950	
				Pension Expenses	37,642	Allocated From Alden Management	1,906	
				Other Employee Benefits & Costs	104,996	Less: Public Relations Expense	()	
				Allocated From Forum Extended Care	(5,162)	Non-allowable advertising	()	
				Adj-Page 5A-Mktg Mgr & COVID	(98,594)	Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 179,978	TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,176,531		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Seminar Allocated From Alden Mgmt.	408
C. Professional Services							Seminar Expense	
Vendor/Payee	Type		Amount				NIC conference	313
Alden Management Services, Inc.	Consulting feesGL6801		\$ 1,233,430				Navex Global seminar	520
Mid-Cap - Allocated Legal Fees	Legal Fees - Non Collections		571				Food Safe Class	195
Baker Tilly/Mid-Cap Allocated	Accounting Fees		7,454				Entertainment Expense	()
Plante&Moran/C.Novotny/Inter'l Mi	Accounting Fees		2,556				(agree to Sch. V, line 24, col. 8)	
AMS Eliminated Legal Fees	Allocated Legal Fees		48,946				TOTAL	\$ 1,436
Achieve Accr/Plante&Moran	Professional Fees		4,740					
Mix Solutions/Proactive Med	Professional Fees		3,536					
Midwest Care/Stone Pogrund	Legal Fees - Collections		46,441					
SB2 Inc/Stern & Associates	Legal Fees - Collections		30,541					
Righeimer Martin/Geffrey Shaw/Roy	Legal Fees - Collections		12,294					
LawOfficeOfA.Borzym/K.Hanbury/F	Legal Fees - Collections		12,383					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 1,402,892	TOTAL		\$		

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

Alden Estates of Barrington
0046524
12/31/21
Detail of Legal Expense

Legal Fee Support
0

Legal Fees Reported on Pg 21, Section C: \$ 151,176.00

Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22 (101,659.00)

Non-allowable legal fees, if any, deducted on
- AMS Allocated Legal Fees: GL 680600-100-003 (48,946.00)
+ Add Back voided invoice of prior year, if any
Allowable Legal Fees \$ 571.00

In Detail:

Vendor Name	Invoice Date	Amount
MidCap Legal	1/1/21-12/31/21	571.00

TOTAL ALLOWABLE LEGAL FEES 571.00

- <-- should be zero.

Vendor Name	Invoice Date	Amount
SB2 Inc	1/1/21- 12/31/21	2,455.00
Stone Pogrund & Korey	1/1/21- 12/31/21	15,851.00
Midwest Care Management	1/1/21- 12/31/21	30,590.00
Stern & Associates	1/1/21- 12/31/21	28,086.00
Law Office of Kevin P. Hanbury	07/01/21	1,760.00
Law Offices of Alice D. Borzym	11/1/2021	2,250.00
Law Office of Eduard A. Glavinskas	8/1/2021	3,300.00
Law Office of Kathleen Murphy	12/1/2021	5,073.00
Geffrey Shaw	12/1/2021	1,500.00
Righeimer Martin & Cinquino	4/2021, 9/2021, 11/2021	10,312.00
Royal Reporting Services	1/2021, 3/2021	482.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		101,659.00

Vendor Name	Invoice Date	Amount
AMS Allocated Legal Fees	1/1/21- 12/31/21	48,946.00

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?
If YES, give association name and amount.

Health Care Council of IL \$14,400

Yes

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

Yes

Yes

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No

N/A

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes

7.5 yrs

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 51,355

Line 10-2

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No

N/A

(9)

Are you presently operating under a sublease agreement?

YES

No

NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YES NO
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

N/A

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.
This amount is to be recorded on line 42 of Schedule V.

\$ 315,966

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No

(13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(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?
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.

No

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.
Has any meal income been offset against related costs?

\$ 30,723

None

Indicate the amount. \$ N/A

(16)

Travel and Transportation

a. Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b. Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No

\$ N/A

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?
Indicate the amount of income earned from providing such transportation during this reporting period.

No

\$ N/A

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

No

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.
Attach invoices and a summary of services for all architect and appraisal fees

Yes