

		FOR BHF USE					

LL 1

2025
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2025)

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: 0046524

Facility Name: Alden Estates of Barrington

Address: 1420 S Barrington RdBarrington60010

County: Cook

Telephone Number: (847) 382-6664Fax #: (847) 382-6395

HFS ID Number:

Date of Initial License for Current Owners: 12/1/2003

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X

PROPRIETARY

Individual

Partnership

X

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

Name: Mark Novotny

Telephone Number: 773-724-6362

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2025 to 12/31/2025 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)

(Type or Print Name) Derek Smart

(Title) CFO, Alden Management Services, Inc., as agent

(Signed)

(Date) 5/4/2026

Paid Preparer

(Print Name and Title) Robert F. Long, CPA Partner

(Firm Name & Address) Plante & Moran, PLLC 3000 Town Center, Suite 100 Southfield MI 48075

(Telephone) (248) 223-3738Fax #: (248) 233-7349

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
2200 Churchill Rd.
Springfield, IL 62702-3406

Phone # (217) 782-1630

Facility Name & ID Number

Alden Estates of Barrington, Inc.

0046524

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

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
1	150	Skilled (SNF)	150
2	-	Skilled Pediatric (SNF/PED)	-
3	-	Intermediate (ICF)	-
4	-	Intermediate/DD	-
5	-	Sheltered Care (SC)	-
6	-	ICF/DD 16 or Less	-
7	150	TOTALS	150

B. Census-For the entire report period.

1	2	3	4	5	6	7	8	9		
	Level of Care	Patient Days by Level of Care and Primary Source of Payment								
		Medicaid Fee for Service	Medicaid MLTSS	MMAI		Private Pay	Medicare Part A Only	Other		
				Medicaid Primary	Medicare Primary					
8	SNF	3,192	7,595	1,855	116	1,734	4,286	3,189	21,967	8
9	SNF/PED									9
10	ICF	4,939	11,126	932		1,475			18,472	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	8,131	18,721	2,787	116	3,209	4,286	3,189	40,439	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.)

73.86%

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 certified beds.

number of certified beds

150

Medicare Intermediary

Wellpoint Federal

IV. ACCOUNTING BASIS

ACCRUAL

X

MODIFIED

CASH*

CASH*

Is your fiscal year identical to your tax year?

YES

X

NO

Tax Year:

12/31/2025

Fiscal Year:

12/31/2025

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

Facility Name & ID Number		Alden Estates of Barrington, Inc.				STATE OF ILLINOIS		#	0046524	Report Period Beginning:		1/1/2025	Ending:	Page 3	12/31/2025
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)															
	Operating Expenses	Costs Per General Ledger				Reclass- ification	Reclassified Total	Adjust- ments	Adjusted Total	FOR BHF USE ONLY					
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10				
	A. General Services					5	6	7	8						
1	Dietary	638,094	38,244	50,132	726,470		726,470	53,786	780,256			1			
2	Food Purchase		648,331		648,331		648,331	(184,390)	463,941			2			
3	Housekeeping	367,650	41,777		409,427		409,427	13,819	423,246			3			
4	Laundry	147,853	39,293		187,146		187,146		187,146			4			
5	Heat and Other Utilities			275,908	275,908		275,908	3,734	279,642			5			
6	Maintenance	68,546	195	292,302	361,043		361,043	13,602	374,645			6			
7	Other (specify):* See Attached TB			27,418	27,418		27,418	10,305	37,723			7			
8	TOTAL General Services	1,222,143	767,840	645,760	2,635,743		2,635,743	(89,144)	2,546,599			8			
	B. Health Care and Programs														
9	Medical Director			51,000	51,000		51,000		51,000			9			
10	Nursing and Medical Records	4,946,903	328,211	390,227	5,665,341		5,665,341	73,149	5,738,490			10			
10a	Therapy	203,764	1,384	24,000	229,148		229,148		229,148			10a			
11	Activities	221,601	23,024	4,115	248,740		248,740		248,740			11			
12	Social Services	122,715		1,120	123,835		123,835		123,835			12			
13	CNA Training											13			
14	Program Transportation											14			
15	Other (specify):* See Attached TB							6,388	6,388			15			
16	TOTAL Health Care and Programs	5,494,983	352,619	470,462	6,318,064		6,318,064	79,537	6,397,601			16			
	C. General Administration														
17	Administrative	166,342			166,342		166,342	177,501	343,843			17			
18	Directors Fees											18			
19	Professional Services			1,662,376	1,662,376		1,662,376	(1,537,892)	124,484			19			
20	Dues, Fees, Subscriptions & Promotions			134,371	134,371		134,371	(93,817)	40,554			20			
21	Clerical & General Office Expenses	364,917	16,722	262,997	644,636		644,636	299,152	943,788			21			
22	Employee Benefits & Payroll Taxes			1,181,116	1,181,116		1,181,116	(5,648)	1,175,468			22			
23	Inservice Training & Education											23			
24	Travel and Seminar			2,728	2,728		2,728	1,447	4,175			24			
25	Other Admin. Staff Transportation			3,030	3,030		3,030	14,537	17,567			25			
26	Insurance-Prop.Liab.Malpractice			401,296	401,296		401,296	19,612	420,908			26			
27	Other (specify):* See Attached TB			571,851	571,851		571,851	(496,678)	75,173			27			
28	TOTAL General Administration	531,259	16,722	4,219,765	4,767,746		4,767,746	(1,621,785)	3,145,961			28			
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,248,385	1,137,181	5,335,987	13,721,553		13,721,553	(1,631,393)	12,090,160			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			109,746	109,746		109,746	432,492	542,238			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			236,700	236,700		236,700	233,252	469,952			32
33	Real Estate Taxes							1,130,976	1,130,976			33
34	Rent-Facility & Grounds			1,825,106	1,825,106		1,825,106	(1,825,106)				34
35	Rent-Equipment & Vehicles			69,567	69,567		69,567	33,221	102,788			35
36	Other (specify):* See Attached TB							72,427	72,427			36
37	TOTAL Ownership			2,241,119	2,241,119		2,241,119	77,262	2,318,381			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,015,828	1,597,142	2,383,723	4,996,693		4,996,693	(291,855)	4,704,838			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			759,272	759,272		759,272		759,272			42
43	Other (specify):* See Attached TB											43
44	TOTAL Special Cost Centers	1,015,828	1,597,142	3,142,995	5,755,965		5,755,965	(291,855)	5,464,110			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	8,264,213	2,734,323	10,720,101	21,718,637		21,718,637	(1,845,985)	19,872,652			45

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

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	(27,672)	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	13,846	30		9
10	Interest and Other Investment Income	(21,320)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(8,389)	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	(20,165)	21		17
18	Fines and Penalties	(31,145)	32		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(40,461)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(571,851)	27		24
25	Fund Raising, Advertising and Promotional	(86,913)	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	15,143			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (778,927)		\$	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)	(1,067,059)	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,067,059)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,845,986)		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	Political Action Committee Payments	(7,626)	20	1
2	Other Expenses Related to Lobbying Activities			2
3	Late fees on utilities	(2,887)	21	3
4				4
5	Alden of Barrington LLC Admin Expenses	(91)	21	5
6				6
7	Additional R&M- Improvements	8,714	06	7
8	Depreciation Adjustments- Add. R&M- Imp.	(370)	30	8
9	Additional R&M- Equip/Auto	18,209	06	9
10	Depreciation Adjustments- Add. R&M- Equip/Auto	(1,270)	30	10
11				11
12	misc. income architectural & interior design	(324)	6	12
13	Adj for ABC related Party Profit Through 2025	134	30	13
14	Adj for ADG related Party Profit Through 2025	755	30	14
15				15
16	Misc. Income - Default	(98)	21	16
17	Vendor Discounts	(3)	21	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
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39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	15,143		49

STATE OF ILLINOIS														Summary A
Facility Name & ID Number		Alden Estates of Barrington, Inc.		#	0046524	Report Period Beginning:		1/1/2025		Ending:		12/31/2025		
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	-	-	13,402	40,384	-	-	-	-	-	-	-	53,786	1
2	Food Purchase	(8,389)	-	-	(176,001)	-	-	-	-	-	-	-	(184,390)	2
3	Housekeeping	-	-	13,819	-	-	-	-	-	-	-	-	13,819	3
4	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	4
5	Heat and Other Utilities	-	-	3,734	-	-	-	-	-	-	-	-	3,734	5
6	Maintenance	(1,073)	-	15,073	-	-	-	(372)	(26)	-	-	-	13,602	6
7	Other (specify):*	-	-	10,305	-	-	-	-	-	-	-	-	10,305	7
8	TOTAL General Services	(9,462)	-	56,333	(135,617)	-	-	(372)	(26)	-	-	-	(89,144)	8
	B. Health Care and Programs													
9	Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	9
10	Nursing and Medical Records	-	-	47,247	28,321	(2,419)	-	-	-	-	-	-	73,149	10
10a	Therapy	-	-	-	-	-	-	-	-	-	-	-	-	10a
11	Activities	-	-	-	-	-	-	-	-	-	-	-	-	11
12	Social Services	-	-	-	-	-	-	-	-	-	-	-	-	12
13	CNA Training	-	-	-	-	-	-	-	-	-	-	-	-	13
14	Program Transportation	-	-	-	-	-	-	-	-	-	-	-	-	14
15	Other (specify):*	-	-	6,388	-	-	-	-	-	-	-	-	6,388	15
16	TOTAL Health Care and Programs	-	-	53,635	28,321	(2,419)	-	-	-	-	-	-	79,537	16
	C. General Administration													
17	Administrative	-	-	177,501	-	-	-	-	-	-	-	-	177,501	17
18	Directors Fees	-	-	-	-	-	-	-	-	-	-	-	-	18
19	Professional Services	(40,461)	17,443	(1,514,874)	-	-	-	-	-	-	-	-	(1,537,892)	19
20	Fees, Subscriptions & Promotions	(94,539)	-	722	-	-	-	-	-	-	-	-	(93,817)	20
21	Clerical & General Office Expenses	(23,244)	91	322,305	-	-	-	-	-	-	-	-	299,152	21
22	Employee Benefits & Payroll Taxes	-	-	-	-	(5,648)	-	-	-	-	-	-	(5,648)	22
23	Inservice Training & Education	-	-	-	-	-	-	-	-	-	-	-	-	23
24	Travel and Seminar	-	-	1,447	-	-	-	-	-	-	-	-	1,447	24
25	Other Admin. Staff Transportation	-	-	14,537	-	-	-	-	-	-	-	-	14,537	25
26	Insurance-Prop.Liab.Malpractice	-	18,890	722	-	-	-	-	-	-	-	-	19,612	26
27	Other (specify):*	(571,851)	-	75,173	-	-	-	-	-	-	-	-	(496,678)	27
28	TOTAL General Administration	(730,094)	36,424	(922,467)	-	(5,648)	-	-	-	-	-	-	(1,621,785)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(739,557)	36,424	(812,499)	(107,296)	(8,067)	-	(372)	(26)	-	-	-	(1,631,393)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	13,095	405,544	13,853	-	-	-	-	-	-	-	-	432,492	30
31	Amortization of Pre-Op. & Org.	-	-	-	-	-	-	-	-	-	-	-	-	31
32	Interest	(52,465)	282,097	3,620	-	-	-	-	-	-	-	-	233,252	32
33	Real Estate Taxes	-	1,129,710	1,266	-	-	-	-	-	-	-	-	1,130,976	33
34	Rent-Facility & Grounds	-	(1,825,106)	-	-	-	-	-	-	-	-	-	(1,825,106)	34
35	Rent-Equipment & Vehicles	-	-	33,221	-	-	-	-	-	-	-	-	33,221	35
36	Other (specify):*	-	72,427	-	-	-	-	-	-	-	-	-	72,427	36
37	TOTAL Ownership	(39,370)	64,672	51,960	-	-	-	-	-	-	-	-	77,262	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	-	-	-	-	-	-	-	-	-	-	-	-	38
39	Ancillary Service Centers	-	-	-	(193,057)	(43,886)	(54,912)	-	-	-	-	-	(291,855)	39
40	Barber and Beauty Shops	-	-	-	-	-	-	-	-	-	-	-	-	40
41	Coffee and Gift Shops	-	-	-	-	-	-	-	-	-	-	-	-	41
42	Provider Participation Fee	-	-	-	-	-	-	-	-	-	-	-	-	42
43	Other (specify):*	-	-	-	-	-	-	-	-	-	-	-	-	43
44	TOTAL Special Cost Centers	-	-	-	(193,057)	(43,886)	(54,912)	-	-	-	-	-	(291,855)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(778,927)	101,096	(760,539)	(300,353)	(51,953)	(54,912)	(372)	(26)	-	-	-	(1,845,985)	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.

1OWNERS		2RELATED NURSING HOMES		3OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Ownership & 6-Supplemental Tabs		See Ownership & 6-Supplemental Tabs		See Ownership & 6-Supplemental Tabs		

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.

1Schedule V		2Line	3Cost Per General Ledger	4Amount	5Cost to Related Organization	6Percent of Ownership	7Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V	34	Rental Income	1,825,106	Alden of Barrington, LLC	0.00%		\$ (1,825,106)	1
2	V	32	Interest Income Repl Reserve	66	Alden of Barrington, LLC			(66)	2
3	V	30	Depreciation Expense		Alden of Barrington, LLC		405,544	405,544	3
4	V	19	Accounting Fees		Alden of Barrington, LLC		11,708	11,708	4
5	V	19	Professional Fees		Alden of Barrington, LLC		3,000	3,000	5
6	V	21	Bank Charges		Alden of Barrington, LLC		14	14	6
7	V	21	License & Inspections		Alden of Barrington, LLC		77	77	7
8	V	32	Amortization Expense		Alden of Barrington, LLC		6,929	6,929	8
9	V	33	Real Estate Tax Expense		Alden of Barrington, LLC		1,129,710	1,129,710	9
10	V	26	General Insurance Expense		Alden of Barrington, LLC		18,890	18,890	10
11	V	36	Mortgage Insurance Premium		Alden of Barrington, LLC		72,427	72,427	11
12	V	32	Interest-Mortgage		Alden of Barrington, LLC		275,234	275,234	12
13	V	19	Legal Fees: Non-Collections		Alden of Barrington, LLC		2,735	2,735	13
14	Total			\$ 1,825,172			\$ 1,926,268	\$ * 101,096	14

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities		Alden Management Services, Inc.		3,734	\$	3,734
16	V	24	Travel and Seminar		Alden Management Services, Inc.		1,447		1,447
17	V	25	Other Admin Travel		Alden Management Services, Inc.		14,537		14,537
18	V	26	Insurance		Alden Management Services, Inc.		722		722
19	V	20	Dues, Subscriptions		Alden Management Services, Inc.		722		722
20	V	30	Depreciation		Alden Management Services, Inc.		13,853		13,853
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		1,266		1,266
22	V	35	Rent- Equip & Vehicles		Alden Management Services, Inc.		33,221		33,221
23	V	32	Interest		Alden Management Services, Inc.		3,620		3,620
24	V	1	Dietary		Alden Management Services, Inc.		13,402		13,402
25	V	3	Housekeeping		Alden Management Services, Inc.		13,819		13,819
26	V	7	Employee Benefits		Alden Management Services, Inc.		10,305		10,305
27	V	10	Nurse & Med Records Salary		Alden Management Services, Inc.		47,247		47,247
28	V	15	Employee Benefits- Healthcare		Alden Management Services, Inc.		6,388		6,388
29	V	17	Administrative Salary		Alden Management Services, Inc.		177,501		177,501
30	V	27	Employee Benefit- Administrative		Alden Management Services, Inc.		75,173		75,173
31	V	19	Professional Fees & Salary	1,587,764	Alden Management Services, Inc.		72,890		(1,514,874)
32	V	21	General & Admin	82,800	Alden Management Services, Inc.		405,105		322,305
33	V	6	Repair & Maintenance	49,803	Alden Management Services, Inc.		64,876		15,073
34	V								
35	V								
36	V								
37	V								
38	V								
39	Total			\$ 1,720,367			\$ 959,828	\$ *	(760,539)

* 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 Consulting	50,132	Prism Health Care Services, Inc.	0.00%		\$ (50,132)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		26,053	26,053	16
17	V	2	Tube Feed	428,966	Prism Health Care Services, Inc.		140,578	(288,388)	17
18	V	10	Equipment Rental	8,737	Prism Health Care Services, Inc.		9,593	856	18
19	V	39	Ancillary Supplies	466,130	Prism Health Care Services, Inc.		79,851	(386,279)	19
20	V	39	Vent Rent		Prism Health Care Services, Inc.		86,499	86,499	20
21	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		64,463	64,463	21
22	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		112,387	112,387	22
23	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		27,465	27,465	23
24	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		106,723	106,723	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			\$ 953,965			\$ 653,612	\$ * (300,353)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	851,345	Forum Extended Care II, Inc.	0.00%	810,925	\$ (40,419)	15
16	V	39	I.V.	147,047	Forum Extended Care II, Inc.		140,066	(6,981)	16
17	V	39	Wound Care-Product Only	39,279	Forum Extended Care II, Inc.		37,414	(1,865)	17
18	V	10	House Stock	41,952	Forum Extended Care II, Inc.		39,960	(1,992)	18
19	V	10	Pharm Consult	9,000	Forum Extended Care II, Inc.		8,573	(427)	19
20	V	22	Employee Vaccinations	5,648	Forum Extended Care II, Inc.			(5,648)	20
21	V	39	Employee Vaccinations		Forum Extended Care II, Inc.		5,380	5,380	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			\$ 1,094,270			\$ 1,042,318	\$ * (51,953)	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	970,932	Community Physical Therapy & Associates, Ltd.	0.00%	916,020	\$ (54,912)	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			\$ 970,932			\$ 916,020	\$ * (54,912)	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	31,337	Alden Bennett Construction Company, Inc.	0.00%	30,965	\$	(372)
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			\$ 31,337			\$ 30,965	\$ *	(372)

* 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	\$ 6,451	Alden Design Group, Ltd.	0.00%	\$ 6,425	\$ (26)	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			\$ 6,451			\$ 6,425	\$ * (26)	39

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL related nursing homes and related organizations (parties) as defined in the instructions

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
1	Heather Health Care Center, Inc.	Harvey, IL	Alden Courts of Shorewood, Inc.	Shorewood, IL	The Forum Professional Center, LP	Chicago, IL	Rental property	1
2	Alden-Lincoln Park Rehabilitation and Health Care	Chicago, IL	Alden Estates-Courts of Huntley, Inc.	Huntley, IL				2
3	Alden-Northmoor Rehabilitation and Health Care C	Chicago, IL	Alden Courts of Waterford, LLC	Aurora, IL	Forum Extended Care Services II, Inc.	Chicago	Pharmacy	3
4	Alden-Lakeland Rehabilitation and Health Care Cen	Chicago, IL			FECS of Wisconsin	Madison, WI	Pharmacy	4
5	Alden of Old Town East, Inc.	Bloomington, IL			Alden Management Services, Inc.	Chicago, IL	Consulting	5
6	Alden Terrace of McHenry Rehabilitation and Healt	McHenry, IL						6
7	Wentworth Rehabilitation and Health Care Center, I	Chicago, IL			Alden Garden Courts of DesPlaines, LLC	DesPlaines, IL	Assisted Living/Alzhe	7
8	Alden Estates of Naperville, Inc.	Naperville, IL						8
9	Alden - Valley Ridge Rehabilitation and Health Care	Bloomington, IL			Alden Gardens of Waterford, LLC	Aurora, IL	SLF	9
10	Alden Village Health Facility for Children and Youn	Bloomington, IL			Prism Health Care Services, Inc.	Schaumburg, IL	Nursing and Durable	10
11	Alden - Orland Park Rehabilitation and Health Care	Orland Park, IL			Community Physical Therapy & Associates, Ltd.	Addison, IL	Therapy Provider	11
12	Princeton Rehabilitation and Health Care Center, Ir	Chicago, IL			Alden Bennett Construction Company, Inc.	Chicago, IL	General Contractor	12
13	Alden of Old Town West, Inc.	Bloomington, IL						13
14	Alden - Town Manor Rehabilitation and Health Care	Cicero, IL			Alden Design Group, Inc.	Chicago, IL	Design & Engineering	14
15	Alden Trails, Inc.	Bloomington, IL						15
16	Alden - Poplar Creek Rehabilitation and Health Car	Hoffman Estates, IL			Family Solutions for Seniors, Inc	Addison, IL	Private duty care	16
17	Alden - North Shore Rehabilitation and Health Care	Skokie, IL			Family Home Health Services, Inc.	Addison, IL	Home health & hospi	17
18	Alden - Des Plaines Rehabilitation and Health Care	Des Plaines, IL						18
19	Alden Estates of Evanston, Inc.	Evanston, IL			Alden of Barrington, LLC	Barrington	Building Co.	19
20	Alden - Alma Nelson Manor, Inc.	Rockford, IL						20
21	Alden - Park Strathmoor, Inc.	Rockford, IL						21
22	Alden - Meadow Park Health Care Center, Inc.	Clinton, WI						22
23	Alden Estates of Barrington, Inc.	Barrington, IL						23
24	Alden of Waterford, LLC	Aurora, IL						24
25	Alden Springs, Inc.	Bloomington, IL						25
26	Alden Village North, Inc.	Chicago, IL						26
27	Alden Estates of Skokie, Inc.	Skokie, IL						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	Long Grove, IL						30

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	Chairman-BOD	Chairman	0.10	194,211	1.16	2.89	Salary	\$ 5,789	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Svcs	Technical Nursing S	20.77	102,932	1.16	2.89	Salary	3,068	10-7	2
3	Terry Magnusson	Dir. of Property Mana	Building equipment	0.00	102,932	1.16	2.89	Salary	3,068	6-7	3
4	Ina Schlossberg	Board Member	Events and special p	0.00	102,932	1.16	2.89	Salary	3,068	17-7	4
5	Audra Elisco	Medical Records Coord	Medical record mai	20.77	77,924	1.16	2.89	Salary	2,323	21-7	5
6	Randi Schlossberg-Schullo	President	General Oper.	20.77	194,211	1.01	2.89	Salary	5,789	6-7, 17-7	6
7	Joseph Schullo	Project Manager	General Operations	6.26	194,211	1.01	2.89	Salary	5,789	6-7, 17-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 28,893		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, Inc. # 0046524 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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 X

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,397,134	36	\$ 129,003	\$	40,439	\$ 3,734	1
2	24	Trav & Seminar	Patient Days	1,397,134	36	49,988		40,439	1,447	2
3	25	Other Admin Travel	Patient Days	1,397,134	36	502,227		40,439	14,537	3
4	26	Insurance	Patient Days	1,397,134	36	24,931		40,439	722	4
5	20	Dues & Subscriptions	Patient Days	1,397,134	36	24,937		40,439	722	5
6	30	Depreciation	No of Providers	36	36	498,707		1	13,853	6
7	33	Real Estate Tax	Patient Days	1,397,134	36	43,747		40,439	1,266	7
8	35	Rent-Equip & Vehicle	Patient Days	1,397,134	36	1,147,743		40,439	33,221	8
9	32	Interest	Patient Days	1,397,134	36	125,066		40,439	3,620	9
10	1	Dietary Salary	Patient Days	1,397,134	36	463,044	463,044	40,439	13,402	10
11	3	Housekeeping Salary	Patient Days	1,397,134	36	477,424	477,424	40,439	13,819	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,397,134	36	356,025		40,439	10,305	12
13	10	Nurs & Med Records Salary	Patient Days	1,397,134	36	1,632,344	1,632,344	40,439	47,247	13
14	15	Employee Benefits -Health Care	Patient Days	1,397,134	36	220,704		40,439	6,388	14
15	17	Administrative Salary	Patient Days	1,397,134	36	6,132,499	6,132,499	40,439	177,501	15
16	27	Employee Benefits - Admin	Patient Days	1,397,134	36	2,597,178		40,439	75,173	16
17	19	Professional fees	Patient Days	1,397,134	36	518,567		40,439	15,010	17
18	19	Professional fees	Revenue charged	33,202,232	36	1,210,351	1,210,351	1,587,764	57,880	18
19	21	Gen'I & Admin	Patient Days	1,397,134	36	13,996,050	11,866,101	40,439	405,105	19
20	6	Repair & Maint.	Patient Days	1,397,134	36	559,530		40,439	16,195	20
21	6	Repair & Maint.	Revenue charged	1,731,722	36	1,692,724	1,692,724	49,803	48,681	21
22										22
23										23
24										24
25	TOTALS					\$ 32,402,789	\$ 23,474,487		\$ 959,828	25

Facility Name & ID Number Alden Estates of Barrington, Inc. # 0046524 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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, Inc. # 0046524 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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 X 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, Inc. # 0046524 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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 X 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, Inc. # 0046524 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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 X 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, Inc. # 0046524 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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 X 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

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 (GL 2021&2505/7055)		X	Mortgage	\$48,062.21	10/1/12	\$ 14,574,100	\$ 13,056,470	9/1/52	2.5000	\$ 275,234	1	
2												2	
3												3	
4												4	
5	Amort of Fin Fees		X	Refinancing							6,929	5	
	Working Capital												
6	Related party - AMS		X	Working Capital							3,620	6	
7	MidCap Interest (703100-200000)		X	Working Capital							205,493	7	
8	Non-Mortgage Bank-Misc (GL 7035)		X	Working Capital							62	8	
9	TOTAL Facility Related				\$48,062.21		\$ 14,574,100	\$ 13,056,470			\$ 491,338	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		X								(66)	10	
11	Interest Income (GL 4975)		X								(21,320)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (21,386)	14	
15	TOTALS (line 9+line14)						\$ 14,574,100	\$ 13,056,470			\$ 469,952	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$ 72,427

Line # 36

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

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.					
1. Real Estate Tax accrual used on 2024 report.			\$	540,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	823,776	2
3. Under or (over) accrual (line 2 minus line 1).			\$	283,776	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	847,200	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	1,130,976	7
Assessed Value from Real Estate Tax Bill: 2024 10,694,048 8 Real Estate Tax Bill for Calendar Year: 2020 742,847 9 2021 697,143 10 2022 614,151 11 2023 782,482 12 2024 822,510 13 2025 Accrual: \$822,510 X 1.03 = \$847,200 (Rounded) Allocated From Alden Management Services, Inc.: \$1,266 (Included in Line 2)					
FOR BHF USE ONLY 14 FROM R. E. TAX STATEMENT FOR 2024 \$ 14 15 PLUS APPEAL COST FROM LINE 5 \$ 15 16 LESS REFUND FROM LINE 6 \$ 16 17 AMOUNT TO USE FOR RATE CALCULATION \$ 17					

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.**

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Alden Estates of Barrington, Inc.

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 2024 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 2024.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.	<u>See Supplemental Schedule</u>	<u>Home Office Allocation</u>	\$ <u>43,747.00</u>	\$ <u>1,266.00</u>
2.	<u>01-12-107-016-0000</u>	<u>Long Term Care Property</u>	\$ <u>822,509.78</u>	\$ <u>822,509.78</u>
3.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
		TOTALS	\$ <u><u>866,256.78</u></u>	\$ <u><u>823,775.78</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 2024 tax bills which were listed in Section A to this statement. Be sure to use the 2024 tax bill which is normally paid during 2025.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,500

B. General Construction Type: Exterior BrickFrame SteelNumber of Stories 1

C. Does the Operating Entity? (a) Own the Facility (X) (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? (X) (a) Own the Equipment (X) (b) Rent equipment from a Related Organization. (X) (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. List the bed capacity for the building if it differs from the licensed total. N/A

G. Have you properly capitalized all major repairs and equipment purchases? Yes

H. Are you presently operating under a sale and leaseback arrangement? No

If YES, give effective date of lease. N/A

I. Are you presently operating under a sublease agreement? No

J. Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

N/A

K. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES X 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	\$ 3,514,520	4
5		Renovation: interior: GL 1703/LLC		2007	4,351,504		39	111,577	111,577	2,092,069	5
6		Adj Value for D/T prior owners (LLC)		2003	204,498		39	5,244	5,244	115,803	6
7											7
8											8
	Improvement Type**										
9		ABC-Water Heater GL 1705/Inc.		2004	32,509		10			32,509	9
10		Oak Fire and Security-Fire alarm control panel GL 1705/Inc.		2004	6,400		10			6,400	10
11		Oak Fire and Security-Air handler shutdown GL 1705/Inc.		2004	3,120		10			3,120	11
12		ABC-37 gallon water heater GL 1705/Inc.		2004	7,274		12			7,274	12
13		Top Notch: Compressor: Kitchen GL 1705/Inc.		2004	1,603		10			1,603	13
14		Polina Landscape(sod, soil and clay) GL 1704/Inc.		2004	7,388		3			7,388	14
15		Central Sprinklers Auto-repair sprinkler system: GL 1705/Inc.		2005	13,721		10			13,721	15
16		CSAS-replace dry spinkler: GL 1705/Inc.		2005	3,495		10			3,495	16
17		CSAS-replace dry spinkler: GL 1705/Inc.		2005	1,843		10			1,843	17
18		GT Mechanical-replace fans: GL 1705/Inc.		2005	1,681		10			1,681	18
19		Top Notch-dishwasher(pump/impe GL 1705/Inc.		2005	4,490		10			4,490	19
20		ABC Repair damaged sewer line: GL 1705/Inc.		2005	11,445		10			11,445	20
21											21
22		Projector Screen Installation: GL 1705/Inc.		2006	3,674		5			3,674	22
23		Replace blower wheel/air handler: GL 1705/Inc.		2006	4,189		10			4,189	23
24		Replace chiller controller: GL 1705/Inc.		2006	5,258		10			5,258	24
25		Install cable thru pipes in hallway to each wallplate:GL 1705/Inc.		2006	14,500		20	725	725	14,198	25
26		Replace boiler expansion tanks: GL 1705/Inc.		2006	4,607		20	230	230	4,485	26
27		New Roof: GL 1703/LLC		2006	138,536		10			138,536	27
28		ABC renovation/exterior/landscaping: GL 1703/LLC		2007	321,660		15			321,660	28
29											29
30		ABC-New corner guards for new wall coverings: GL 1704/Inc.		2007	2,645		10			2,645	30
31		ABC-New plumbing in Parlor Room: Inc.		2007	20,504		10			20,504	31
32		New Fire Sprinkler: GL 1705/Inc.		2007	2,791		10			2,791	32
33		Replace fire sprinklers: GL 1705/Inc.		2007	2,887		10			2,887	33
34		American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.		2007	2,955		10			2,955	34
35		ABC-Installed new windows: GL 1705/Inc.		2007	3,847		15			3,847	35
36											36

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

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

See Page 12A, Line 70 for total

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	
37	Install new door & hollow metal hardward	2007	11,096	\$	20	\$ 555	\$ 555	\$ 10,406	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			6,998	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			7,938	56
57	Renovation Extras, change order (LLC)	2007	1,100		15			1,100	57
58	Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500		15			24,500	58
59									59
60									60
61	ABC - installed new internal paging system	2008	2,557		20	128	128	2,282	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			4,475	64
65	Central States - removed & install new fire sprinkler	2008	8,330		25	333	333	5,800	65
66	CENSAU - replaced sprinkler	2008	6,085		25	243	243	4,132	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			9,600	69
70	TOTAL (lines 4 thru 69)		\$ 12,326,980	\$		\$ 273,952	\$ 273,952	\$ 6,553,684	70

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,326,980	\$		\$ 273,952	\$ 273,952	\$ 6,553,684	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	100,420	10
11	JM Allen - Gazebo Installation	2011	9,300		15	620	620	8,887	11
12	ABC - Pond & Patio Plumb & Electric	2011	19,299		15	1,287	1,287	18,339	12
13	ADG - Raised Planter Box	2011	5,559		10			5,559	13
14	ABC - Gazebo Landscaping	2011	46,222		15	3,081	3,081	43,648	14
15	ABC - Compressor Repair Overload Units	2011	5,727		5			5,727	15
16	Repair Fire Pump & Bearing Caps	2011	7,334		10			7,334	16
17	Repair leaks in pipes - USFIRE	2012	5,912		10			5,912	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	9,075	20
21	Sewer line rebuild, emergency-ALDBEN	2013	21,865		20	1,093	1,093	13,572	21
22	Concrete, sidewalk-ALDBEN	2013	8,479		15	565	565	6,968	22
23	Gutters and downspouts-ALDBEN	2013	4,956		10			4,956	23
24	Fire sprinklers-VALFIR	2013	6,574		20	329	329	3,948	24
25									25
26	Fire sprinklers-VALFIR	2014	7,991		20	400	400	4,800	26
27	Sidewalks - Alden Bennett	2014	4,131		15	275	275	3,117	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	3,243	29
30	Generator rebuilt - MarAMS-CITI-PATCAT	2015	6,456		10	50	50	6,456	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	450	450	5,363	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,673,888	\$		\$ 290,138	\$ 290,138	\$ 6,870,678	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 12B, Carried Forward		\$ 12,673,888	\$		\$ 290,138	\$ 290,138	\$ 6,870,678	1
2	Pump, Rebuild-FebAMS-WRIEXP-Fluid Pump Service	2016	6,298		15	420	420	4,200	2
3	Boiler repair/new flame safeguard install -GTMECH	2016	5,186		5			5,186	3
4	Sprinklers, fire - CENSAU	2017	6,150		25	246	246	2,009	4
5	Landscaping, Courtyard work 2 of 2 -SEBLAN	2017	7,362		5			7,362	5
6	Parts, motor for chiller - NORMEC	2017	3,284		5			3,284	6
7	Siding, roof -roof area - ALDBEN	2018	25,034		10	2,503	2,503	17,938	7
8	Siding, roof -roof area - ALDBEN	2018	7,694		10	769	769	5,447	8
9	Chairs rehupholster (16) - common area - ALDDES	2018	4,006		10	401	401	2,907	9
10	Sprinkler sys pipe inst -facility grounds- VALFIR	2018	4,188		5			4,188	10
11	Nurse station, reprogram -nurse station area - TECELE	2019	3,290		5			3,290	11
12	Motor,fuses for chiller -utility area - GTMECH	2019	4,167		5			4,167	12
13									13
14	Paving Asphalt, remove old/lav new - culdesac area at main entrance and road adjacent to drainage - OLYPAV	2020	18,700		8	584	584	3,506	14
15									15
16	Relocate and separate critical load - wing A & B - BELELC	2020	6,756		5	788	788	4,729	16
17	Relocate and separate critical load - wing C - BELELC	2020	2,987		5	100	100	597	17
18									18
19	Nurse Call System 1of2 - TECELE	2021	4,460		10	446	446	2,230	19
20	Pump Catch Basin (6) - A&PGRE	2021	3,340		5	668	668	3,340	20
21	Pipes, valves, Attic - VALFIR	2021	4,672		5	934	934	4,672	21
22	Light pole, North Entrance - ALDBEN	2021	6,994		10	699	699	3,497	22
23	Air purification, HVAC, GPS-Bi-Polar Air, COVID - ALDBEN	2021	16,313		10	1,631	1,631	8,157	23
24	Chiller, Repair hot & cold water pump - GTMECH	2021	3,664		5	733	733	3,664	24
25	Repair leaking pipe - VALFIR	2021	2,608		5	522	522	2,608	25
26	Repair door alarm - ALDBEN	2021	2,556		5	511	511	2,556	26
27	Parking Lot Asphalt - ALDBEN	2021	131,804		10	13,180	13,180	65,902	27
28	Pipes, valves Outlets, Kitchen ceiling - VALFIR	2021	6,178		5	1,236	1,236	6,178	28
29	Cobblestone, Entrance & Parking Lot - TOMPOL	2021	55,800		10	5,580	5,580	27,900	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,017,379	\$		\$ 322,090	\$ 322,090	\$ 7,070,193	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	\$		\$ 322,090	\$ 322,090	\$ 7,070,193	1
2	Forum Prof Ctr: Remodeling 1979-1995	1979	64,367		20			64,367	2
3	Forum Prof Ctr: Asphalt/Design/etc.	2000	2,120		10			2,120	3
4	Forum Prof Ctr: Remodel/electrical	2001	826		7			826	4
5	Forum Prof Ctr: bathroom remodel	2002	731		5			731	5
6	Forum Prof Ctr: remodel suites/etc.	2003	939		9			939	6
7	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,891		7			2,891	7
8	Forum Prof Ctr: Suite renovation	2005	2,788		10			2,788	8
9	Forum Prof Ctr: Superior installations, etc.	2006	139		4			139	9
10	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	561		7			561	10
11	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	482		7			482	11
12	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	981		10			981	12
13	Forum Prof Ctr: Building Renovations	2010	1,669		5			1,669	13
14	Forum Prof Ctr: Building Renovations	2011	5,242	43	10	43		5,200	14
15	Forum Prof Ctr: Building Renovations	2012	319	2	15	2		317	15
16	Forum Prof Ctr: Building Renovations	2013	477		10			477	16
17	Forum Prof Ctr: Elect Install/sewer excavation	2014	486		10			486	17
18	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	395	5	10	5		374	18
19	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	1,114	124	13	124		1,072	19
20	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,ducts,ele	2018	24,135	1,540	15	1,540		12,245	20
21	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,450	149	10	149		992	21
22	Forum Prof Ctr: PktLot,door frames,windows	2020	633	33	3-10	33		480	22
23	Forum Prof Ctr:water tank suite 140	2021	70	7	7	7		29	23
24	Forum Prof Ctr: Water tank & 102 suite expansion	2022	1,518	308	7	308		898	24
25	Forum Prof Ctr: Catch basin, IT & Legal suite buildout	2023	1,465	249	7	249		942	25
26	Forum Prof Ctr: Suite 101 renov: walls, elect, etc.	2024	609	122	5	122		122	26
27	Forum Prof Ctr: CarpetHallways,Suite 101 improvements	2025	3,764	670	13	670		670	27
28	Alden Mgt Servs: Remodel suites 1993 & 2002	2002	6,851		13			6,851	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81		15			81	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		19,335	31
32	Alden Mgt Servs: Building IT network cabling	2023	412	27		27		105	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,188,595	\$ 5,859		\$ 327,948	\$ 322,090	\$ 7,205,309	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		\$ 13,188,595	\$ 5,859		\$ 327,948	\$ 322,090	\$ 7,205,309	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)		(155)	4
5	Adj for ABC related profit	2011	1,372	56		56		812	5
6	Adj for ABC related profit	2012	329					329	6
7	Adj for ABC related profit	2013	622	16		16		200	7
8	Adj for ABC related profit	2014	(29)	(1)		(1)		(10)	8
9	Adj for ABC related profit	2015	(22)	(1)		(1)		(9)	9
10	Adj for ABC related profit	2018	99	4		4		30	10
11	Adj for ABC related profit	2022	146	11		11		33	11
12	Adj for ABC related profit	2023	607	60		60		180	12
13	Adj for ABC related profit	2024	158	4		4		8	13
14	Adj for ABC related profit	2025	(116)	(5)		(5)		(5)	14
15	Book Depreciation- Alden Estates of Barrington Inc (Less Additional R&M)			108,106			(108,106)		15
16	Book Depreciation- Alden of Barrington, LLC			405,544			(405,544)		16
17									17
18	Reseal Skimmer Plate - AQULAN, Pond	2022	3,000		5	600	600	2,400	18
19	Pump Basin (6) - A&PGRE	2022	3,815		10	382	382	1,526	19
20	Pipe, Fire system - VALFIR	2022	3,940		10	394	394	1,576	20
21	Repair Basin #4 lid - TRIPLU, Parking lot	2022	6,500		5	1,300	1,300	5,200	21
22	Carpet, Resident Rooms - OHILLC	2022	6,950		5	1,390	1,390	5,560	22
23	Sprinkler, Pendant Heads - VALFIR	2022	7,263		10	726	726	2,905	23
24	Concrete, walkway repair, sidewalk - ALDBEN	2022	7,962		10	796	796	3,185	24
25	Landscaping, trees, etc - permanent - SEBLAN	2022	8,019		10	802	802	3,208	25
26	Control Box, Med Support Arm (14) - RBHIGG	2022	9,021		5	1,804	1,804	7,217	26
27	Flooring, vinyl, Activity Room & Office - FLOWAL	2022	9,909		10	991	991	3,964	27
28	AHU, Blower Wheel - GTMECH	2022	10,471		5	2,094	2,094	8,377	28
29	Control Cabinet - DOCOXY	2022	11,563		10	1,156	1,156	4,625	29
30	Fire System repair - VALFIR	2022	14,740		5	2,948	2,948	11,792	30
31	Air Compressor - ALDBEN	2022	16,885		15	1,126	1,126	4,503	31
32	Replace Chilled Water Pump motor - GTMECH	2022	17,500		15	1,167	1,167	4,667	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,328,911	\$ 519,643		\$ 345,758	\$ (173,884)	\$ 7,277,239	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		\$ 13,328,911	\$ 519,643		\$ 345,758	\$ (173,884)	\$ 7,277,239	1
2	RPZ Soap Dispenser - TRIPLU	2023	2,500		5	500	500	1,500	2
3	Aerator Pumps (2), Pond - AQULAN	2023	2,743		5	549	549	1,646	3
4	Thermostat & Fan - GT Mechanical	2023	3,099		5	620	620	1,859	4
5	Mixing Valves, Eyewash Station - TRIPLU	2023	3,195		5	639	639	1,917	5
6	Faucet & Basket Strainers - TRIPLU	2023	3,380		20	169	169	507	6
7	Smoke Detectors (10), Alcoves - OAKFIR	2023	4,500		10	450	450	1,350	7
8	RPZ Backflow Preventers (3) - TRIPLU	2023	4,560		5	912	912	2,736	8
9	Pipe Replacement - VALFIR	2023	8,374		10	837	837	2,512	9
10	Pipe, fire system - VALFIR	2023	3,940		10	394	394	1,182	10
11	Carpet - OHILLC	2023	6,950		5	1,390	1,390	4,170	11
12	Chandeliers, dining room (5) - ALDBEN	2023	7,340		10	734	734	2,202	12
13	Repaving, sidewalk - ALDBEN	2023	7,962		10	796	796	2,389	13
14	Flooring, vinyl - FLOWAL	2023	9,909		10	991	991	2,973	14
15	Oxygen control cabinet - DOCOXY	2023	11,563		10	1,156	1,156	3,469	15
16	Fire protection system parts - VALFIR	2023	14,740		5	2,948	2,948	8,844	16
17	Generator transfer switches (2) - AltorferCAT(AMS pd)	2023	24,985		5	4,997	4,997	14,991	17
18	Temp Control & Vacuum System, rooms - ALDBEN	2023	47,669		10	4,767	4,767	14,301	18
19									19
20	Valve, gas & Actuator-Boiler - GT MECH	2024	8,302		10	830	830	1,660	20
21	Repair, Walk in collar repair - TOPNOT	2024	3,358		5	672	672	1,343	21
22	Water Heater-Kitchen - ALDBEN	2024	7,113		10	711	711	1,423	22
23	Boiler - TRIPLU	2024	6,685		10	669	669	1,337	23
24	Water Heater-domestic - ALDBEN	2024	9,651		10	965	965	1,930	24
25	Generator Parts - Boiler Room - ALTIND	2024	12,516		10	1,252	1,252	2,503	25
26	Motor, Freezer Motor - Kitchen - TOPNOT	2024	3,328		5	666	666	1,331	26
27	Actuator & Valve-Boiler - GTMECH	2024	6,433		5	1,287	1,287	2,573	27
28	Air Maintenance Device - VALFIR	2024	2,630		5	526	526	1,052	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,556,335	\$ 519,643		\$ 376,184	\$ (143,459)	\$ 7,360,939	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		\$ 13,556,335	\$ 519,643		\$ 376,184	\$ (143,459)	\$ 7,360,939	1
2	Adj for ADG related profit	2023	3,790	757		757		2,271	2
3	Adj for ADG related profit	2025	(46)	(2)		(2)		(2)	3
4	Burner Control, Boiler Room - GTMECH	2025	12,675		5	2,535	2,535	2,535	4
5	Windows (7), Resident Rooms - ALDMAN	2025	4,030		10	403	403	403	5
6	Concrete Flatwork, Sidewalk - MURCON	2025	9,300		10	930	930	930	6
7	Light Fixtures, Parking Lot - ALDBEN	2025	2,915		10	292	292	292	7
8	Air Maintenance Device, B-Wing - VALFIR	2025	3,886		5	777	777	777	8
9	Air Maintenance Device, A-Wing - VALFIR	2025	2,856		5	571	571	571	9
10	Boiler 2 Replacement, Boiler Room - HELSER	2025	89,608		10	8,961	8,961	8,961	10
11	Piping, 4in fire sprkinklr, C-Wing-VALFIR	2025	7,850		5	1,570	1,570	1,570	11
12	Piping, replaced, pond - AQULAN	2025	5,500		10	550	550	550	12
13	Motor, washer & Pipe, Laundry Room - EQUINT	2025	4,317		5	863	863	863	13
14	Air Maintenance Device & Smoke Alarm - VALFIR	2025	3,475		5	695	695	695	14
15	Piping, 4in fire sprinkler,B-Wing Attic-VALFIR	2025	5,220		5	1,044	1,044	1,044	15
16	Duct, dish machine, kitchen - MEIKEM	2025	5,940		5	1,188	1,188	1,188	16
17	Piping replaced - outside main - TRIPLU	2025	10,880		15	725	725	725	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)		\$ 13,728,533	\$ 520,398		\$ 398,043	\$ (122,354)	\$ 7,384,312	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		\$13,728,533	\$520,398		\$398,043	\$ (122,354)	\$7,384,312	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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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)		\$13,728,533	\$520,398		\$398,043	\$ (122,354)	\$7,384,312	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		\$13,728,533	\$520,398		\$398,043	\$ (122,354)	\$7,384,312	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
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22									22
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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)		\$13,728,533	\$520,398		\$398,043	\$ (122,354)	\$7,384,312	34

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

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	\$1,198,256	\$	\$142,378	\$142,378	Various	\$843,461	71
72	Current Year Purchases	26,148		1,476	1,476	Various	1,476	72
73	Fully Depreciated Assets	2,030,109				Various	2,030,109	73
74	See Attached	169,463	7,654		(7,654)	Various	137,598	74
75	TOTALS	\$3,423,976	\$7,654	\$143,854	\$136,201		\$3,012,644	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	1998-2023	\$6,329	\$340	\$	\$	Various	\$4,527	76
77										77
78										78
79										79
80	TOTALS			\$6,329	\$340	\$	\$		\$4,527	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)	\$18,365,783	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$528,391	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$541,898	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$13,846	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$10,401,484	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, Inc.
46524

12/31/2025
Supplemental Schedule of Related Party Equipment

Current Year Purchases	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	3,873	390	390
Less: < \$2,500	(552)	(47)	(47)
	3,321	343	343
Prior Year Purchases	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	62,354	7,116	33,660
Less: < \$2,500	(2,297)	(321)	(1,462)
Forum Prof Center	7,937	492	6,910
-			
-			
	67,995	7,288	39,108
Fully Depreciated Equipment	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	101,711	57	101,711
Less: < \$2,500	(3,564)	(34)	(3,564)
-			
-			
-			
	98,147	23	98,147
Total Equipment	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	175,875	8,055	142,671
Less: < \$2,500	(6,413)	(401)	(5,073)
	169,463	7,654	137,598

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

XNO

		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

XNO

Terms:

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

15. Is Movable equipment rental included in building rental?

YES

XNO
16. Rental Amount for movable equipment: \$90,116Description:copy machine ac 6861 - \$27,640 and equipment lease ac 6859 - \$41,927; allocated from AMS - \$20,549
(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	various	1,056	12,672	17
18					18
19					19
20					20
21	TOTAL		\$1,056	\$12,672	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
1212/31/2026	\$1,552,328
1312/31/2027	\$1,552,328
1412/31/2028	\$1,552,328

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

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

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

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

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

(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.

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	

(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.)

	1	2	3	4	5	6	7	8		
	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/V39	hrs	\$ -	4,319	\$ 323,898	\$ -	4,319	\$ 323,898	1
2	Licensed Speech and Language Development Therapist	V10A/V39	hrs	-	2,421	181,557	-	2,421	181,557	2
3	Licensed Recreational Therapist	V10A/V39	hrs	-		-	-			3
4	Licensed Physical Therapist	V10A/V39	hrs	-	5,085	381,393	-	5,085	381,393	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	V39	# of prescrpts	-		-	810,925		810,925	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Other (specify):	V39								12
13	Other (specify):	V39		1,015,828		1,496,875	494,362		3,007,066	13
14	TOTAL			\$ 1,015,828	11,825	\$ 2,383,723	\$ 1,305,288	11,825	\$ 4,704,839	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 Wednesday, December 31, 2025

			TB 2025
PA Cost Report - Page 16A Supporting Worksheet.			
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.
1.	OT	39-3	To Col.
2.	ST	39-3	To Col.
4.	PT	39-2	To Col.
Pharmacy Supplies Per GL			851,344.80
Manual Input From Related Party - FECSII - DRUGS (From Page 6C, Ln 39/Drug items)			(40,419.50)
9.	Pharmacy	See Pg 16A	To Col.
12.	Exceptional Care-Salaries	See Pg 16A	To Col. 3
12.	Exceptional Care- Supplies	See Pg 16A	To Col. 4
12. Total Exceptional Care Check (Line 12, Col. 8)			1,076,689.80
13.	Other	See Pg 16.	
13. Col 5: Manual Input: From Related Party - CPT WS (From Page 6D, Col 8) To Col. 5			(54,912.00)
Other (various GL accounts)			2,097,814.04
Manual Input: Related Party - Prism WS (From Page 6B, Ln39 items, Col 8)			(193,057.00)
Manual Input: Related Party - FECII - I.V. (From Page 6C, Ln 39 items for IV, Col 8)			(6,981.41)
Manual Input: Related Party - FECII - Employee Vaccines (From Page 6C, Ln 39 items, Col 8)			5,381.00
Manual Input: Related Party - FECII - Wound Care Products (From Page 6C, Ln 39 items, Col 8 WC)			(1,864.84)
Oxygen - From Reclass WP (FromPg 4A)			83,996.00
13.	Col. 6: Supplies Total		To Col.
13.	Total Line 13, Column 8 Check		1,930,375.79
14.	Total		4,704,839.28

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	\$ 49,710	1
2	Cash-Patient Deposits	-	-	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (310,000))	3,942,465	4,338,168	3
4	Supply Inventory (priced at)	5,611	5,611	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	-	60,234	6
7	Other Prepaid Expenses	18,604	18,604	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): See Attached & TB	179,929	179,929	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,147,329	\$ 4,652,256	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	1,206,945	13
14	Buildings, at Historical Cost	-	10,597,773	14
15	Leasehold Improvements, at Historical Cost	550,266	1,754,577	15
16	Equipment, at Historical Cost	1,166,914	3,759,652	16
17	Accumulated Depreciation (book methods)	(1,281,179)	(10,038,765)	17
18	Deferred Charges	-	-	18
19	Organization & Pre-Operating Costs	-	168,875	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-	(31,569)	20
21	Restricted Funds	-	431,300	21
22	Other Long-Term Assets (see See Attached & TB	-	647,467	22
23	Other(specify): See Attached & TB	4,060,478	4,060,478	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,496,479	\$ 12,556,733	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,643,808	\$ 17,208,989	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,214,115	\$ 1,219,367	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	505,173	505,173	28
29	Short-Term Notes Payable	-	249,934	29
30	Accrued Salaries Payable	891,284	891,284	30
31	Accrued Taxes Payable (excluding real estate taxes)	276,122	276,122	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	847,200	32
33	Accrued Interest Payable	-	22,740	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Attached & TB	340,848	340,848	36
37	See Attached & TB	2,572,365	2,572,365	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,799,907	\$ 6,925,033	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	-	12,806,535	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43	See Attached & TB	-	-	43
44	See Attached & TB	-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ -	\$ 12,806,535	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,799,907	\$ 19,731,568	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,843,901	\$ (2,522,579)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,643,808	\$ 17,208,989	48

*(See instructions.)

PG 17 Line 9 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
116400-100041	Miscell Non-Patient Receivable	179,928.50
Total		179,928.50

PG 17 Line 22 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
194100-100000	Replacement Reserve	647,467.00
Total		647,467.00

PG 17 Line 23 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
120100-101000	Intercompany Receivable	(4,557,632.90)
120100-160000	Intercompany Receivable	(42,684.76)
120100-200000	Intercompany Receivable	(2,200,666.16)
120100-227000	Intercompany Receivable	(371,765.60)
121000-101000	AMS Clearing Account	24,125,561.02
121000-200000	AMS Clearing Account	(11,576,609.57)
200100-101000	Accounts Payable	(555,302.84)
120100-101000	Intercompany Receivable	(760,419.71)
Total		4,060,479.48

PG 17 Line 36 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
205100-100000	Accrued Insurance	69,583.34
230100-100000	Accrued Expenses	(57,073.98)
230100-100001	Accrued Expenses	(11,517.13)
230100-100005	Accrued Expenses	(271,761.51)
230100-100401	Accrued Expenses	(7,920.00)
230300-100000	Sales Tax Payable	(692.00)
239100-100000	Due To Idpa For License Fees	(61,466.00)
Total		(340,847.28)

PG 17 Line 37 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
200100-160000	Accounts Payable	(460,631.21)
200100-174000	Accounts Payable	(3,030.00)
200100-175000	Accounts Payable	(280,229.14)
200100-184000	Accounts Payable	(1,550,236.38)
200100-194000	Accounts Payable	(17,104.24)
230100-160000	Accrued Expenses	(84,708.47)
230100-175000	Accrued Expenses	(105,492.10)
230100-184000	Accrued Expenses	(73,622.58)
230100-194000	Accrued Expenses	2,688.00
Total		(2,572,366.12)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,475,839	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,475,839	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(631,938)	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)	\$ (631,938)	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)	\$ 2,843,901	24 *

* This must agree with page 17, line 47.

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	\$ 20,760,748	1
2	Discounts and Allowances for all Levels	(83,382)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 20,677,366	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	(681,451)	5
6	Therapy	586,533	6
7	Oxygen	106,669	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 11,751	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	-	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	-	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	-	19
20	Radiology and X-Ray	-	20
21	Other Medical Services	33,193	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 33,193	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	61,706	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 61,706	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached & TB	302,683	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 302,683	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,086,699	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,635,743	31
32	Health Care	6,318,064	32
33	General Administration	4,767,746	33
	B. Capital Expense		
34	Ownership	2,241,119	34
	C. Ancillary Expense		
35	Special Cost Centers	4,996,693	35
36	Provider Participation Fee	759,272	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 21,718,637	40
41	Income before Income Taxes (line 30 minus line 40)**	(631,938)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (631,938)	43

III. Net Inpatient Revenue detailed by Payer Source for each line			
44	Medicaid Fee for Service	\$ 3,618,278	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	8,043,666	45
46	MMAI-Medicaid is the Primary Payer	1,358,365	46
47	MMAI-Medicare is the Primary Payer	22,727	47
48	Private Pay	1,746,321	48
49	Medicare Part A	3,511,238	49
50	Other-(specify) MAP	2,117,438	50
51	Other-(specify) Veterans		51
52	Other-(specify) SNP		52
53	Other-(specify) HMO/Hospice		53
54	Other-(specify) CNA Incentives	259,333	54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 20,677,366	56

Alden Estates of Barrington, Inc.
46524
12/31/2025
Schedule XVII - Page 19 Support

PG 19 Line 28 Detail		
CLIENT ACCOUNT	ACCOUNT DESCRIPTION	BALANCE
497700-100000	Miscellaneous Income	(98.38)
497700-100001	Miscellaneous Income	(324.20)
498300-100000	Write Off Old A/P	(3,263.46)
498400-100000	Vendor Discounts	(2.73)
498500-100000	Gain On Sale Of Assets	(5,627.61)
497600-100001	ERC Other Income	(293,367.27)
Total		(302,683.65)

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,313	2,321	\$ 157,722	\$ 67.95	1
2	Assistant Director of Nursing	2,238	2,246	123,135	54.82	2
3	Registered Nurses	23,223	25,162	1,339,812	53.25	3
4	Licensed Practical Nurses	34,660	36,803	1,559,569	42.38	4
5	CNAs & Orderlies	83,115	90,745	2,489,210	27.43	5
6	CNA Trainees			-		6
7	Licensed Therapist			-		7
8	Rehab/Therapy Aides	2,453	2,922	83,422	28.55	8
9	Activity Director	2,024	2,080	87,813	42.22	9
10	Activity Assistants	6,214	6,799	133,788	19.68	10
11	Social Service Workers	3,558	3,628	122,715	33.82	11
12	Dietician			-		12
13	Food Service Supervisor	2,072	2,080	79,162	38.06	13
14	Head Cook	6,413	6,445	155,860	24.18	14
15	Cook Helpers/Assistants	18,893	20,459	403,072	19.70	15
16	Dishwashers			-		16
17	Maintenance Workers	2,056	2,080	68,546	32.95	17
18	Housekeepers	15,904	17,426	367,650	21.10	18
19	Laundry	6,314	7,254	147,853	20.38	19
20	Administrator	2,080	2,080	166,342	79.97	20
21	Assistant Administrator			-		21
22	Other Administrative	10,319	10,543	443,380	42.05	22
23	Office Manager			-		23
24	Clerical	4,848	5,098	102,704	20.15	24
25	Vocational Instruction			-		25
26	Academic Instruction			-		26
27	Medical Director			-		27
28	Qualified ID Prof (QIDP)			-		28
29	Resident Services Coordinator	4,761	4,821	232,458	48.22	29
30	Habilitation Aides (DD Homes)			-		30
31	Medical Records			-		31
32	Other Health Care(specify)			-		32
33	Other(specify)			-		33
34	TOTAL (lines 1 - 33)	233,458	250,992	\$ 8,264,213 *	\$ 32.93	34

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	\$4,177/month	\$ 50,124	V01-3	35
36	Medical Director	\$4,250/month	51,000	V09-3	36
37	Medical Records Consultant		-		37
38	Nurse Consultant		-		38
39	Pharmacist Consultant	\$750/month	9,000	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	\$93/month	1,116	V11-3	44
45	Social Service Consultant	\$93/month	1,120	V12-3	45
46	Other(specify)		-		46
47			-		47
48			-		48
49	TOTAL (lines 35 - 48)		\$ 112,360		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,859	\$ 218,449	V10-3	50
51	Licensed Practical Nurses	476	20,139	V10-3	51
52	Certified Nurse Assistants/Aides	4,769	119,731	V10-3	52
53	TOTAL (lines 50 - 52)	8,104	\$ 358,319		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

****See instructions.**

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
			\$	Workers' Compensation Insurance		\$	IDPH License Fee	\$
				Unemployment Compensation Insurance			Advertising: Employee Recruitment	
				FICA Taxes			Health Care Worker Background Check	
				Employee Health Insurance			(Indicate # of checks performed)	
				Employee Meals			Patient Background Checks	
				Illinois Municipal Retirement Fund (IMRF)*			Association Dues (total from pg 22, #4)	
TOTAL (agree to Schedule V, line 17, col. 1)			\$					
(List each licensed administrator separately.)								
B. Administrative - Other								
Description			Amount				Less: Public Relations Expense	()
			\$				PAC and Lobbying payments	()
							All non-allowable advertising	()
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Midwest Care Mgmt	Legal Fees - Collections		\$ 8,717			\$	Out-of-State Travel	\$
Stone Pogrund & Korey, LLC	Legal Fees - Collections		13,419					
SB2 Inc	Legal Fees - Collections		1,227					
Stern McQuiston, LLC	Legal Fees - Collections		9,975				In-State Travel	
Fox Law Offices, LLC	Legal Fees - Collections		4,193					
Steve Raminiek, PC	Legal Fees - Collections		1,463					
Mary Chelotti	Legal Fees - Collections		112					
Turk & Steil LLP	Legal Fees - Collections		553				Seminar Expense	
Cook County Probate	Legal Fees - Collections		802					
AMS Eliminated Legal Fees	Allocated Legal Fees		77,400					
See Supplemental Page 21 (2)							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			(agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)			\$ 117,861				TOTAL	\$

* Attach copy of IMRF notifications

**See instructions.

PG 21A

Alden Estates of Barrington, Inc.

46524

Detail of Legal Expenses

12/31/2025

Legal Fees Reported on Pg 21, Section C:	\$119,473.43
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(40,460.77)
Non-allowable legal fees, if any, deducted on	
- Pg 6A (AMS Allocated Legal Fees)	(77,400.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	\$1,612.66

In Detail:		680600-100-000
Vendor Name	Invoice Date	Amount
MidCap Legal (through Alden Group)	3/1/25 -12/31/25	1,477.66
CAR&TRA Carden & Tracy, LLC	2/1/25 -12/31/25	135.00
TOTAL ALLOWABLE LEGAL FEES		1,612.66

		696600-100-000
Vendor Name	Invoice Date	Amount
Stone, Pogrund & Korey LLC [through AMS]		13,419.30
SB2 Inc (through AMS)		1,227.30
Midwest Care Management Services, Inc		8,717.40
Law Offices of Steve Raminiak, PC		1,462.50
Stern McQuiston, LLC		9,974.75
Mary Chelotti [through AMS]		112.32
Ruben M Garcia & Associates		
Robert J Hovey - Attorney at Law		
Turk & Steil LLP [through AMS]		552.50
Cook County Probate [ILEFILE 03 through AMS]		802.20
Fox Law Offices, LLC		4,192.50
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		40,460.77

		680600-100-003
Vendor Name	Invoice Date	Amount
AMS Allocated Legal Fees	1/1/25 -12/31/25	77,400.00
TOTAL Allocated Legal Fees		77,400.00

Total Legal Cost	119,473.43
------------------	------------

XX. GENERAL INFORMATION:

- 1 Are nursing employees (RN,LPN,NA) represented by a union? Yes
- 2 Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below.
Use the drop down list to identify the association.
- | Association Name | Amount |
|---|--------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>7,626</u> |
| <u>-</u> | <u>-</u> |
| <u>-</u> | <u>-</u> |
| | <u>7,626</u> Total |
- 3 List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.
- | | |
|---|--------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>7,626</u> |
| <u>-</u> | <u>-</u> |
| <u>-</u> | <u>-</u> |
| | <u>7,626</u> Total |
- 4 EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE
(2 and 3 combined)
- | | |
|---|---------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>15,252</u> |
| <u>-</u> | <u>-</u> |
| <u>-</u> | <u>-</u> |
| | <u>15,252</u> Total |
- 5 Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. \$ 56,849 Line 10-2
- 6 Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- 7 Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 759,272
This amount is to be recorded on line 42 of Schedule V.
- 8 Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- 9 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
- 10 Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- 11 Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 36,630 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- 12 Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 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.** \$ N/A No
- 13 Has an audit been performed by an independent certified public accounting firm? Firm Name: N/A No
- 14 Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? Yes
- 15 Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.