

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0046524</u></p> <p>Facility Name: <u>Alden Estates of Barrington</u></p> <p>Address: <u>1420 S Barrington Rd</u> <u>Barrington</u> <u>60010</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(847)382-6664</u> Fax # <u>(847)382-6395</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>12/1/03</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Type or Print Name) <u>Derek Smart</u></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Print Name and Title) _____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Firm Name & Address) _____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Date) _____		(Type or Print Name) <u>Derek Smart</u>		(Title) <u>CFO, Alden Management Services, Inc., as agent</u>	Paid Preparer	(Signed) _____ (Date) _____		(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____																
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	(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>																	

Facility Name & ID Number Alden Estates of Barrington

0046524 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	150	Skilled (SNF)	150	54,900	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	150	TOTALS	150	54,900	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	7,441	2,884	5,263	15,588	8
9	SNF/PED					9
10	ICF	22,975	3,730	2,265	28,970	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,416	6,614	7,528	44,558	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.16%

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

None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 12/1/2003

J. Was the facility purchased or leased after January 1, 1978?

YES Date 12/1/2003 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 150 and days of care provided 4,979

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	641,204	33,038	32,390	706,632	1,444	708,076	(284)	707,792		1
2	Food Purchase		453,434		453,434	(30,421)	423,013	(46,619)	376,394		2
3	Housekeeping	271,520	68,695		340,215	1,138	341,353	15,543	356,896		3
4	Laundry	109,467	33,180		142,647	267	142,914		142,914		4
5	Heat and Other Utilities			153,690	153,690		153,690	927	154,617		5
6	Maintenance	62,664		254,789	317,453	164	317,617	33,198	350,815		6
7	Other (specify):* Security/Related Party			640	640		640	7,197	7,837		7
8	TOTAL General Services	1,084,855	588,347	441,509	2,114,711	(27,408)	2,087,303	9,962	2,097,265		8
	B. Health Care and Programs										
9	Medical Director			42,000	42,000		42,000		42,000		9
10	Nursing and Medical Records	3,889,933	510,367	91,252	4,491,552	(27,865)	4,463,687	57,852	4,521,539		10
10a	Therapy	133,388	2,195	43,281	178,864		178,864		178,864		10a
11	Activities	147,228	7,542	5,353	160,123	139	160,262		160,262		11
12	Social Services	93,308			93,308		93,308		93,308		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Res Att/rel party	104,445			104,445		104,445	6,202	110,647		15
16	TOTAL Health Care and Programs	4,368,302	520,104	181,886	5,070,292	(27,726)	5,042,566	64,054	5,106,620		16
	C. General Administration										
17	Administrative	161,847			161,847		161,847	190,387	352,234		17
18	Directors Fees										18
19	Professional Services			1,346,690	1,346,690		1,346,690	(1,221,228)	125,462		19
20	Dues, Fees, Subscriptions & Promotions			129,727	129,727		129,727	(98,912)	30,815		20
21	Clerical & General Office Expenses	174,303	9,712	224,452	408,467	(3,924)	404,543	209,849	614,392		21
22	Employee Benefits & Payroll Taxes			1,148,955	1,148,955	20,557	1,169,512	(12,883)	1,156,629		22
23	Inservice Training & Education										23
24	Travel and Seminar			291	291		291	949	1,240		24
25	Other Admin. Staff Transportation			696	696		696	8,488	9,184		25
26	Insurance-Prop.Liab.Malpractice			413,931	413,931		413,931	15,114	429,045		26
27	Other (specify):* related party			769,190	769,190		769,190	(693,789)	75,401		27
28	TOTAL General Administration	336,150	9,712	4,033,932	4,379,794	16,633	4,396,427	(1,602,025)	2,794,402		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,789,307	1,118,163	4,657,327	11,564,797	(38,501)	11,526,296	(1,528,009)	9,998,287		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Estates of Barrington

#0046524

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			60,797	60,797		60,797	405,592	466,389			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			86,379	86,379		86,379	314,661	401,040			32
33	Real Estate Taxes			650,725	650,725	(650,725)		747,887	747,887			33
34	Rent-Facility & Grounds			798,935	798,935	650,725	1,449,660	(1,449,660)				34
35	Rent-Equipment & Vehicles			13,372	13,372		13,372	34,043	47,415			35
36	Other (specify):* MIP							63,741	63,741			36
37	TOTAL Ownership			1,610,208	1,610,208		1,610,208	116,264	1,726,472			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	683,723	1,680,502	2,027,891	4,392,116	38,501	4,430,617	(401,267)	4,029,350			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			328,434	328,434		328,434		328,434			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	683,723	1,680,502	2,356,325	4,720,550	38,501	4,759,051	(401,267)	4,357,784			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,473,030	2,798,665	8,623,860	17,895,555		17,895,555	(1,813,012)	16,082,543			45

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

Alden Estates of Barrington
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0046524

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(30,421.00)	Employee Meals
	22	30,421.00	Employee Meals
22		(9,864.00)	Uniform Reclass
	1	1,444.00	Uniform Reclass
	3	1,138.00	Uniform Reclass
	4	267.00	Uniform Reclass
	6	164.00	Uniform Reclass
	10	6,016.00	Uniform Reclass
	11	139.00	Uniform Reclass
	21	696.00	Uniform Reclass
10		(38,501.00)	Oxygen Cost Reclass
	39	38,501.00	Oxygen Cost Reclass
21		(4,620.00)	Team TSI expense Reclass
	10	4,620.00	Team TSI expense Reclass
33		(650,725.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	650,725.00	Rent - Real Estate Tax on associated landowner (Pg 6)
		-	

Note for internal purposes: check your reclasses on last year's file, as there may be reclasses specific to your facility.

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(18,951)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(14,123)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(8,869)	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	(15,943)	21		17
18	Fines and Penalties				18
19	Entertainment	(911)	20		19
20	Contributions	(5,411)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(65,791)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(769,190)	27		24
25	Fund Raising, Advertising and Promotional	(93,716)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (992,905)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(788,647)		34
35	Other- Attach Schedule	(31,460)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (820,107)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,813,012)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Alden Estates of Barrington

ID# 0046524

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (2,278)	5	1
2	Intercompany Interest	(86,196)	32	2
3	Other nursing income (flu shots)		21	3
4	Misc Income-Jury Duty		21	4
5	Misc Income- Record Copies	(417)	10	5
6	Marketing Managers & Aides	(36,259)	21	6
7	Vendor Discounts	(109)	10	7
8	Collection Fees		21	8
9	Elim employee benefit for Marketing employees	(6,436)	22	9
10	Adj depreciation expense to detail	277	30	10
11	Elim Deprec Exp on Pg 12 items under \$2,500 -	(2,853)	30	11
12	Elim Deprec Exp on Pg 13 items under \$2500 -	(18,633)	30	12
13	Expense Pg 12 items under \$2,500 - curr yr purchs +	7,539	6	13
14	Expense Pg 13 items under \$2,500 - curr yr purchs +	23,094	6	14
15	ABC Deprec Exp from Pg 12 series -	64	30	15
16	Elim Barrington Chamber of Commerce fee	0	20	16
17	Add back cr for prior year: Il Assoc of H.C.		20	17
18	Barrington Area Chamber - lunch fee		20	18
19	Marketing auto & travel		20	19
20	Back out Landowner Bank Charges	(14)	21	20
21	Back out R/E Tax Refund	90,761	33	21
22	AMS Depreciation Adj.		30	22
23	Reallocation of administrator costs		17	23
24				24
25	Misc Income- Payroll Tax Refund		22	25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(31,460)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(284)	0	0	0	0	0	0	0	(284)	1
2	Food Purchase	(8,869)	0	0	(37,750)	0	0	0	0	0	0	0	(46,619)	2
3	Housekeeping	0	0	15,543	0	0	0	0	0	0	0	0	15,543	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,278)	0	3,205	0	0	0	0	0	0	0	0	927	5
6	Maintenance	11,682	0	19,135	0	0	0	121	2,260	0	0	0	33,198	6
7	Other (specify):*	0	0	7,197	0	0	0	0	0	0	0	0	7,197	7
8	TOTAL General Services	535	0	45,080	(38,034)	0	0	121	2,260	0	0	0	9,962	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(526)	0	42,175	18,241	(2,038)	0	0	0	0	0	0	57,852	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	6,202	0	0	0	0	0	0	0	0	6,202	15
16	TOTAL Health Care and Programs	(526)	0	48,377	18,241	(2,038)	0	0	0	0	0	0	64,054	16
	C. General Administration													
17	Administrative	0	0	190,387	0	0	0	0	0	0	0	0	190,387	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(65,791)	59,263	(1,214,700)	0	0	0	0	0	0	0	0	(1,221,228)	19
20	Fees, Subscriptions & Promotions	(100,038)	0	1,126	0	0	0	0	0	0	0	0	(98,912)	20
21	Clerical & General Office Expenses	(52,216)	91	261,974	0	0	0	0	0	0	0	0	209,849	21
22	Employee Benefits & Payroll Taxes	(6,436)	0	0	0	(6,447)	0	0	0	0	0	0	(12,883)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	949	0	0	0	0	0	0	0	0	949	24
25	Other Admin. Staff Transportation	0	0	8,488	0	0	0	0	0	0	0	0	8,488	25
26	Insurance-Prop.Liab.Malpractice	0	14,803	311	0	0	0	0	0	0	0	0	15,114	26
27	Other (specify):*	(769,190)	0	75,401	0	0	0	0	0	0	0	0	(693,789)	27
28	TOTAL General Administration	(993,671)	74,157	(676,064)	0	(6,447)	0	0	0	0	0	0	(1,602,025)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(993,662)	74,157	(582,607)	(19,793)	(8,485)	0	121	2,260	0	0	0	(1,528,009)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(21,145)	415,619	11,118	0	0	0	0	0	0	0	0	405,592	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(100,319)	321,261	93,719	0	0	0	0	0	0	0	0	314,661	32
33	Real Estate Taxes	90,761	650,725	6,401	0	0	0	0	0	0	0	0	747,887	33
34	Rent-Facility & Grounds	0	(1,449,660)	0	0	0	0	0	0	0	0	0	(1,449,660)	34
35	Rent-Equipment & Vehicles	0	0	34,043	0	0	0	0	0	0	0	0	34,043	35
36	Other (specify):*	0	63,741	0	0	0	0	0	0	0	0	0	63,741	36
37	TOTAL Ownership	(30,703)	1,686	145,281	0	0	0	0	0	0	0	0	116,264	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(194,428)	(40,966)	(165,873)	0	0	0	0	0	(401,267)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(194,428)	(40,966)	(165,873)	0	0	0	0	0	(401,267)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,024,365)	75,843	(437,326)	(214,221)	(49,451)	(165,873)	121	2,260	0	0	0	(1,813,012)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 1,449,660	Alden of Barrington, LLC	0.00%	\$	\$ (1,449,660)	1
2	V	32 Interest Income Repl Reserve	29	Alden of Barrington, LLC			(29)	2
3	V	30 Gain on Sale of Assets		Alden of Barrington, LLC				3
4	V	6 Repairs & Maintenance		Alden of Barrington, LLC				4
5	V	19 Acct Fees/Legal Fees: Non-coll		Alden of Barrington, LLC		59,263	59,263	5
6	V	21 Misc Administrative Expenses		Alden of Barrington, LLC		91	91	6
7	V	19 Professional Fees		Alden of Barrington, LLC				7
8	V	33 Real Estate Tax Expense		Alden of Barrington, LLC		650,725	650,725	8
9	V	26 General Insurance Expense		Alden of Barrington, LLC		14,803	14,803	9
10	V	36 Mortgage Insurance Premium		Alden of Barrington, LLC		63,741	63,741	10
11	V	32 Interest- Mortgage		Alden of Barrington, LLC		318,721	318,721	11
12	V	30 Depreciation Expense		Alden of Barrington, LLC		415,619	415,619	12
13	V	32 Amortization Expense		Alden of Barrington, LLC		2,569	2,569	13
14	Total		\$ 1,449,689			\$ 1,525,532	\$ * 75,843	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,205	\$	3,205	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		949		949	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		8,488		8,488	17
18	V	26 Insurance		Alden Management Services, Inc.		311		311	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		1,126		1,126	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118		11,118	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,401		6,401	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		34,043		34,043	22
23	V	32 Interest		Alden Management Services, Inc.		93,719		93,719	23
24	V	3 Housekeeping		Alden Management Services, Inc.		15,543		15,543	24
25	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		7,197		7,197	25
26	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		42,175		42,175	26
27	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		6,202		6,202	27
28	V	17 Administrative Salary		Alden Management Services, Inc.		190,387		190,387	28
29	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		75,401		75,401	29
30	V	19 Professional Fees	1,261,135	Alden Management Services, Inc.		46,435		(1,214,700)	30
31	V	21 Gen'l & Admin	52,200	Alden Management Services, Inc.		314,174		261,974	31
32	V	6 Repair & Maint	12,066	Alden Management Services, Inc.		31,201		19,135	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,325,401			\$ 888,075	\$ *	(437,326)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Consult.	\$ 32,270	Prism Health Care Services, Inc.	0.00%	\$	(32,270)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		18,144	18,144	16
17	V	2 Tube feeding	240,841	Prism Health Care Services, Inc.		160,914	(79,927)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	579,736	Prism Health Care Services, Inc.		308,724	(271,012)	19
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		13,842	13,842	20
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		42,177	42,177	21
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		12,449	12,449	22
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		76,584	76,584	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		\$ 859,507			\$ 645,286	\$ * (214,221)	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 <u>Drugs</u>	\$ 798,563	<u>Forum Extended Care II, Inc.</u>	0.00%	\$ 760,616	\$ (37,947)
16	V	39 <u>I.V.</u>	160,733	<u>Forum Extended Care II, Inc.</u>		153,095	(7,638)
17	V	39 <u>Wound Care-Product only</u>	32,031	<u>Forum Extended Care II, Inc.</u>		30,509	(1,522)
18	V	10 <u>House Stock</u>	40,008	<u>Forum Extended Care II, Inc.</u>		38,107	(1,901)
19	V	10 <u>Pharm Consult</u>	2,880	<u>Forum Extended Care II, Inc.</u>		2,743	(137)
20	V	22 <u>Employee Vaccinations</u>	6,447	<u>Forum Extended Care II, Inc.</u>			(6,447)
21	V	39 <u>Employee Vaccinations</u>		<u>Forum Extended Care II, Inc.</u>		6,141	6,141
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,040,662			\$ 991,211	\$ * (49,451)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Therapy	\$ 1,102,087	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 936,214	\$ (165,873)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,102,087			\$ 936,214	\$ * (165,873)	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	\$ 51,389	Alden Bennett Construction Company, Inc.	0.00%	\$ 51,510	\$ 121	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		\$ 51,389			\$ 51,510	\$ *	121	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	\$ 2,452	Alden Design Group, Ltd.	0.00%	\$ 4,712	\$ 2,260	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		\$ 2,452			\$ 4,712	\$ *	2,260	39

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

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	The Alden Group, Ltd.	100%	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care Center	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care Center	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care Center	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care Center	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care Center	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services	Schaumburg	Nursing and Durables	10
11			Alden - Orland Park Rehabilitation and Health Care Center	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipment	Fort Atkinson	Nursing and Durables	13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Services	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health Care Center	Long Grove				30

Facility Name & ID Number Alden Estates of Barrington # 0046524 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of I	Chairman	100.00	178,182	1.476	3.69	Salary	\$ 6,818	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,315	1.476	3.69	Salary	3,685	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,315	1.476	3.69	Salary	3,685	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	109,617	1.476	3.69	Salary	4,194	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical records	0.00	61,105	1.476	3.69	Salary	2,338	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	178,182	1.476	3.69	Salary	6,818	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										
13								TOTAL	\$ 27,538		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020

Ending: 2/31/2020

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	1,209,117	36	\$ 86,976	\$ 44,558	\$ 3,205	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	44,558	949	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	44,558	8,488	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	44,558	311	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	44,558	1,126	5
6	30	Depreciation	No of Providers/usage	36	36	408,834	1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354	44,558	6,401	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	44,558	34,043	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	44,558	93,719	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	15,543	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	44,558	7,197	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	42,175	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	44,558	6,202	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	190,387	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	44,558	75,401	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	46,435	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	314,174	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	31,201	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 888,075	25

Facility Name & ID Number

Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge		x	Mortgage	\$48,062.21	10/1/12	\$ 14,574,100	\$ 12,630,297	9/1/52	2.5000	\$ 318,721	1								
2												2								
3												3								
4	Insurance Interest (GL7053)		x	Medical Malpractice								139	4							
5	Amort of Fin Fees (GL 7105)		x	Refinancing								2,569	5							
Working Capital																				
6	Related party - AMS		x	Working capital								93,719	6							
7													7							
8	Avaya/Marlin (GL 7030)		x	Capital Lease								44	8							
9	TOTAL Facility Related				\$48,062.21		\$ 14,574,100	\$ 12,630,297			\$ 415,192	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x									(29)	10							
11	Interest Income (GL 4975)		x									(14,123)	11							
12													12							
13													13							
14	TOTAL Non-Facility Related						\$	\$			\$ (14,152)	14								
15	TOTALS (line 9+line14)						\$ 14,574,100	\$ 12,630,297			\$ 401,040	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 63,741 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 2019 report.

\$ **615,900** 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.)

\$ **668,686** 2

3. Under or (over) accrual (line 2 minus line 1).

\$ **52,786** 3

4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)

\$ **688,700** 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.

\$ **741,486** 7

Real Estate Tax History:

Plus: Related party taxes - See Pg RE_Tax page

\$ **6,401**

Total Real Estate Tax Expense, Sch V, Line 33

\$ **747,887**

Real Estate Tax Bill for Calendar Year:

2015	<u>538,505</u>	8
2016	<u>557,577</u>	9
2017	<u>585,824</u>	10
2018	<u>598,000</u>	11
2019	<u>668,686</u>	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2019	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

The current year accrual is based on an estimated 3% increase of the prior year tax.

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Barrington COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0046524

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

TELEPHONE 773-724-6362 FAX #: 872-469-1725

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>173,696.00</u>	\$ <u>6,401.00</u>
2. <u>01-12-107-016-0000</u>	<u>Nursing facility</u>	\$ <u>668,685.58</u>	\$ <u>668,685.58</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>842,381.58</u></u>	\$ <u><u>675,086.58</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

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

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

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

XI. OWNERSHIP COSTS:

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Building Acquisition: GL 1702/LLC		2003	\$ 6,933,811	\$ 154,917	39	\$ 154,917	\$	\$ 2,739,935	4
5	Renovation: interior: GL 1703/LLC		2007	4,351,504	111,577	39	111,577		1,534,184	5
6	Adj Value for D/T prior owners (LLC)		2003	204,498	5,244	39	5,244		89,583	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	725	20	725		10,573	25
26	Replace boiler expansion tanks: GL 1705/Inc.		2006	4,607	230	20	230		3,335	26
27	New Roof: GL 1703/LLC		2006	138,536		10			138,536	27
28	ABC renovation/exterior/landscaping: GL 1703/LLC		2007	321,660	21,444	15	21,444		292,475	28
29										29
30	ABC-New corner guards for new wall coverings: GL 1704/Inc.		2007	2,645		10			2,645	30
31	ABC-New plumbing in Parlor Room: Inc.		2007	20,504		10			20,504	31
32	New Fire Sprinkler: GL 1705/Inc.		2007	2,791		10			2,791	32
33	Replace fire sprinklers: GL 1705/Inc.		2007	2,887		10			2,887	33
34	American Backflow: repipe/repair backflow/drain/etc.: GL 1705/Inc.		2007	2,955		10			2,955	34
35	ABC-Installed new windows: GL 1705/Inc.		2007	3,847	256	15	256		3,328	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Install new door & hollow metal hardward	2007	\$ 11,096	\$ 555	20	\$ 555	\$	\$ 7,631	37
38									38
39	ABC - repipe existing ansol system	2007	7,263		10			7,263	39
40									40
41									41
42									42
43									43
44									44
45	install new electric for door & food tray line	2007	6,998	467	15	467		6,225	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	529	15	529		6,921	56
57	Renovation Extras, change order (LLC)	2007	1,100	73	15	73		949	57
58	Landscaping: Rocks,Floral, Edging (LLC)	2007	24,500	1,633	15	1,633		22,182	58
59									59
60									60
61	ABC - installed new internal paging system	2008	2,557	128	20	128		1,642	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	298	15	298		3,776	64
65	Central States - removed & install new fire sprinkler	2008	8,330	333	25	333		4,135	65
66	CENSAU - replaced sprinkler	2008	6,085	243	25	243		2,917	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	640	15	640		8,213	69
70	TOTAL (lines 4 thru 69)		\$ 12,326,980	\$ 299,292		\$ 299,292	\$	\$ 5,147,878	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	\$ 299,292		\$ 299,292	\$	\$ 5,147,878	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	65	10	65		2,610	6
7	AMS/Washburn Machinery - Laundry machine repair	2010	2,512		5			2,512	7
8	ABC - Ceiling repairs	2010	8,842	739	10	739		8,842	8
9	ABC - Corner guard	2010	5,076	419	10	419		5,076	9
10	ABC - Pond & Patio	2011	105,094	7,006	15	7,006		65,390	10
11	JM Allen - Gazebo Installation	2011	9,300	620	15	620		5,787	11
12	ABC - Pond & Patio Plumb & Electric	2011	19,299	1,287	15	1,287		11,904	12
13	ADG - Raised Planter Box	2011	5,559	556	10	556		5,143	13
14	ABC - Gazebo Landscaping	2011	46,222	3,081	15	3,081		28,243	14
15	ABC - Compressor Repair Overload Units	2011	5,727		5			5,727	15
16	Repair Fire Pump & Bearing Caps	2011	7,334	733	10	733		6,597	16
17	Repair leaks in pipes - USFIRE	2012	5,912	591	10	591		5,122	17
18	Window seals in resident rooms- - ALDBEN	2012	5,330		5			5,330	18
19	Attic repair - VALFIR	2012	5,818		5			5,818	19
20	Concrete work repairs- ALDBEN	2013	10,890	726	15	726		5,445	20
21	Sewer line rebuild, emergency-ALDBEN	2013	21,865	1,093	20	1,093		8,107	21
22	Concrete, sidewalk-ALDBEN	2013	8,479	565	15	565		4,143	22
23	Gutters and downspouts-ALDBEN	2013	4,956	496	10	496		3,596	23
24	Fire sprinklers-VALFIR	2013	6,574	329	20	329		2,303	24
25									25
26	Fire sprinklers-VALFIR	2014	7,991	400	20	400		2,800	26
27	Sidewalks - Alden Bennett	2014	4,131	275	15	275		1,742	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	304	20	304		1,723	29
30	Generator rebuilt - MarAMS-CITI-PATCAT	2015	6,456	646	10	646		3,822	30
31	Fire sprinkler system and drain valve - VALFIR	2015	9,924	495	5	495		9,924	31
32	Windows, Thermo Pane (5)-ALDBEN	2015	5,363	536	10	536		2,769	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,673,888	\$ 320,254		\$ 320,254	\$	\$ 5,377,913	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 12,673,888	\$ 320,254		\$ 320,254	\$	\$ 5,377,913	1
2	Pump, Rebuild-FebAMS-WRIEXP-Fluid Pump Service	2016	6,298	420	15	420		2,100	2
3	Boiler repair/new flame safeguard install -GTMECH	2016	5,186	1,037	5	1,037		4,234	3
4	Sprinklers, fire - CENSAU	2017	6,150	246	25	246		779	4
5	Landscaping, Courtyard work 2 of 2 -SEBLAN	2017	7,362	1,472	5	1,472		5,275	5
6	Parts, motor for chiller - NORMEC	2017	3,284	657	5	657		2,190	6
7	Siding, roof -roof area - ALDBEN	2018	25,034	2,503	10	2,503		5,423	7
8	Siding, roof -roof area - ALDBEN	2018	7,694	769	10	769		1,602	8
9	Chairs rehupholster (16) - common area - ALDDDES	2018	4,006	401	10	401		902	9
10	Sprinkler sys pipe inst -facility grounds- VALFIR	2018	4,188	838	5	838		1,885	10
11	Nurse station, reprogram -nurse station area - TECELE	2019	3,290	658	5	658		1,261	11
12	Motor,fuses for chiller -utility area - GTMECH	2019	4,167	833	5	833		1,111	12
13									13
14	Paving Asphalt, remove old/lay new - culdesac area at main	2020	18,700	584	8	584		584	14
15	entrance and road adjacent to drainage - OLYPAV								15
16	Relocate and separate critical load - wing A & B - BELELC	2020	6,756	788	5	788		788	16
17	Relocate and separate critical load - wing C - BELELC	2020	2,987	100	5	100		100	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)		\$ 12,778,990	\$ 331,560		\$ 331,560	\$	\$ 5,406,147	34

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,778,990	\$ 331,560		\$ 331,560	\$	\$ 5,406,147	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,925,983	\$ 336,256		\$ 336,256	\$	\$ 5,501,918	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,925,983	\$ 336,256		\$ 336,256	\$	\$ 5,501,918	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)		(105)	4
5	Adj for ABC related profit	2011	1,372	56		56		532	5
6	Adj for ABC related profit	2012	329					329	6
7	Adj for ABC related profit	2013	622	16		16		120	7
8	Adj for ABC related profit	2014	(29)	(1)		(1)		(5)	8
9	Adj for ABC related profit	2015	(22)	(1)		(1)		(4)	9
10	Adj for ABC related profit	2018	99	4		4		10	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,927,966	\$ 336,320		\$ 336,320	\$	\$ 5,502,608	34

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

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,436,832	\$ 116,144	\$ 116,144	\$	various	\$ 979,343	71
72	Current Year Purchases	389,094	8,958	8,958		various	8,958	72
73	Fully Depreciated Assets	1,190,661	4,967	4,967		various	1,190,661	73
74								74
75	TOTALS	\$ 3,016,587	\$ 130,069	\$ 130,069	\$		\$ 2,178,962	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 17,155,300	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 466,389	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 466,389	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,685,372	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is eliminated

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 12/1/12

Ending 12/31/21

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

Fiscal Year Ending Annual Rent

12. 12/31/2021 \$ varies

13. \$

14. \$

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 19,570 Description: copy machine \$13,371.90 and equipment lease \$6,198.48

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-PG 6A</u>		\$ <u>#####</u>	\$ <u>15,839</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>15,839</u>	21

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 368,440	\$		\$ 368,440	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			102,165			102,165	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			559,953			559,953	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG16A	# of prescripts				766,757		766,757	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except. Care</u>						54,805		54,805	12
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any		683,723		750,223	743,284		2,177,230	13
14	TOTAL			\$ 683,723		\$ 1,780,781	\$ 1,564,846		\$ 4,029,350	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Page 16
 Col 5: PT,OT, & ST
 Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	368,439.92	
2.	ST	39-3	To Col 5	102,165.49	
3.					
4.	PT	39-3	To Col 5	559,952.71	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			798,563.39	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(31,806.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	766,757.39	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	54,804.64	
	Total Exceptional Care (Line 12, Col 8)			54,804.64	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(165,873.00)	From Page 6D, Col 8 (Except DD homes)
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	916,096.00	
13.	Col 3 Salary split:			683,723.00	
	Other			1,824,466.74	
	Manual Input: Related Party - Prism			(194,428.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(7,638.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(1,522.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			38,501.00	
	Reclasses to column 5 for Lines 12 & 13			(916,096.00)	
13.	Col 6: Supplies Total		To Col 6	743,283.74	
13.	Total Line 13, Column 8			2,177,229.74	
14.	Total			4,029,349.89	

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 31,088	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 460,000)	2,593,412	2,593,412	3
4	Supply Inventory (priced at)	98,238	98,238	4
5	Short-Term Investments			5
6	Prepaid Insurance		63,816	6
7	Other Prepaid Expenses	20,917	20,917	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	33,359	409,093	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,745,926	\$ 3,216,564	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	45,866	45,866	12
13	Land		1,206,945	13
14	Buildings, at Historical Cost		10,597,773	14
15	Leasehold Improvements, at Historical Cost	377,094	1,332,359	15
16	Equipment, at Historical Cost	888,617	3,012,401	16
17	Accumulated Depreciation (book methods)	(768,118)	(7,513,022)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		58,800	21
22	Other Long-Term Assets (spe <u>Refi Fee</u>)		45,721	22
23	Other(specify): <u>Due from Affiliate</u>	12,129,016	12,225,861	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,672,475	\$ 21,012,704	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,418,401	\$ 24,229,268	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,397,846	\$ 1,400,346	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	713,970	713,970	28
29	Short-Term Notes Payable		264,000	29
30	Accrued Salaries Payable	566,675	566,675	30
31	Accrued Taxes Payable (excluding real estate taxes)	239,872	239,872	31
32	Accrued Real Estate Taxes(Sch.IX-B)		688,700	32
33	Accrued Interest Payable		26,313	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Prov Rel,Accr Exp/Ins,due to IDPA,Sales</u>	5,331,450	5,331,450	36
37	<u>Due to Affiliates/ST portion of loan</u>	2,266,354	2,266,354	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,516,168	\$ 11,497,681	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		12,366,297	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44	<u>Mcr Adv Fund & Fica-Deferred</u>	246,739	246,739	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 246,739	\$ 12,613,036	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,762,906	\$ 24,110,716	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,655,495	\$ 118,551	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 15,418,401	\$ 24,229,268	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,456,926	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,456,926	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(801,431)	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)	\$ (801,431)	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)	\$ 4,655,495	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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

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

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

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 16,230,545	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,230,545	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	169,070	5
6	Therapy	576,991	6
7	Oxygen	70,461	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 816,522	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	24,651	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 24,651	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	14,123	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 14,123	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income (Record Copies, Donations, Unc Prop)	417	28
28a	Vendor Discounts, Gain on Sale of Assets	7,866	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,283	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,094,124	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,114,711	31
32	Health Care	5,070,292	32
33	General Administration	4,379,794	33
B. Capital Expense			
34	Ownership	1,610,208	34
C. Ancillary Expense			
35	Special Cost Centers	4,392,116	35
36	Provider Participation Fee	328,434	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,895,555	40
41	Income before Income Taxes (line 30 minus line 40)**	(801,431)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (801,431)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,874,801	44
45	Private Pay - Net Inpatient Revenue	1,856,411	45
46	Medicare - Net Inpatient Revenue	3,719,877	46
47	Other-(specify) <u>Hospice</u>	2,070,099	47
48	Other-(specify) <u>Insur,Vets,Charity/Sales Allows</u>	(290,643)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,230,545	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet avail. If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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	2,267	2,283	\$ 120,944	\$ 52.98	1
2	Assistant Director of Nursing	2,626	2,705	120,789	44.65	2
3	Registered Nurses	36,870	40,113	1,552,104	38.69	3
4	Licensed Practical Nurses	25,470	26,708	939,707	35.18	4
5	CNAs & Orderlies	66,844	72,340	1,423,239	19.67	5
6	CNA Trainees	4,602	4,827	76,735	15.90	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,968	3,157	60,575	19.19	8
9	Activity Director	2,072	2,080	83,393	40.09	9
10	Activity Assistants	4,053	4,464	63,835	14.30	10
11	Social Service Workers	3,816	3,856	93,308	24.20	11
12	Dietician					12
13	Food Service Supervisor	2,072	2,080	57,091	27.45	13
14	Head Cook	6,200	6,240	147,632	23.66	14
15	Cook Helpers/Assistants	25,833	27,812	436,481	15.69	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	62,664	30.13	17
18	Housekeepers	15,593	16,854	271,520	16.11	18
19	Laundry	5,930	6,651	109,467	16.46	19
20	Administrator	2,080	2,080	102,707	49.38	20
21	Assistant Administrator	2,016	2,080	59,140	28.43	21
22	Other Administrative	10,969	11,056	234,635	21.22	22
23	Office Manager					23
24	Clerical	4,764	5,296	79,596	15.03	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,397	4,405	179,628	40.78	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Res Att.	5,701	5,996	104,445	17.42	32
33	Other(specify) Transitional Care	2,104	2,112	93,395	44.22	33
34	TOTAL (lines 1 - 33)	241,319	257,275	\$ 6,473,030 *	\$ 25.16	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 32,390	1-3	35
36	Medical Director	Monthly	42,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,880	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	19	1,054	11-3	44
45	Social Service Consultant	56	3,920	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	75	\$ 82,243		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	164	\$ 63,396	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	164	\$ 63,396		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
GUL, FARHAD	Admin.	0	\$ 102,707	Workers' Compensation Insurance	\$ 198,101	IDPH License Fee	\$		
CHOATE, ELIZABETH	Assist. Admin.	0	59,140	Unemployment Compensation Insurance	22,350	Advertising: Employee Recruitment	5,902		
		0		FICA Taxes	475,461	Health Care Worker Background Check			
		0		Employee Health Insurance	260,141	(Indicate # of checks performed 34)	1,094		
		0		Employee Meals	30,421	Patient Background Checks	2,960		
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety bond fees	350		
		0		Union, health & welfare	110,868	Health Care Council of IL	14,400		
		0		Pension	37,641	Broadcast Music/Prepared Health	4,037		
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 161,847	Dental, Vision, & Life Insurance	932	Collab Health/American Health/Flagstaff Fin	946		
(List each licensed administrator separately.)				Employee Relations/Drug Testing/Misc. Payroll	23,420	Related Party - AMS	1,126		
B. Administrative - Other				401K Matching/Vaccinations/Tuition Reimburseme	10,177	Less: Public Relations Expense	()		
Description			Amount	Elim Benefits for Marketing Dept.	(6,436)	Non-allowable advertising	()		
			\$	Related Party -Forum Pharmacy	(6,447)	Yellow page advertising	()		
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,156,629	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 30,815		
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount	
C. Professional Services							Out-of-State Travel	\$	
Vendor/Payee	Type		Amount						
Alden Management Services, Inc.	Consulting Fees		\$ 1,211,494				In-State Travel		
AMS Eliminated Legal Fees	Allocated Legal Fees		47,520						
Baker Tilly Virchow Krause	Accounting Fees		9,781				Related Party - AMS	949	
C.Novotny/Internt'l Mircro Design	Accounting Fees		190				Seminar Expense		
Mid-Cap - Allocated Accounting Fees	Accounting Fees		5,857				NIC Fall Conference	268	
Achieve Accreditation/Vendor Crede	Professional Fees		5,244				Senior Lifestyle Expo	23	
Mid-Cap - Allocated Legal Fees	Legal Fees - Non Collections		813				Entertainment Expense	()	
Ariana F. / Midwest Care	Legal Fees - Collections		27,433				(agree to Sch. V, line 24, col. 8)		
Stone Pogrund & Korey	Legal Fees - Collections		12,919				TOTAL	\$ 1,240	
SB2 Inc	Legal Fees - Collections		2,455						
Stern & Associates/Rusing Lopes & I	Legal Fees - Collections		15,463						
Righeimer/Law Offices of Steve Ram	Legal Fees - Collections		7,521						
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,346,690	TOTAL		\$			
(For legal fee disclosure, see page 39 of instructions)									

* Attach copy of IMRF notifications

**See instructions.

Alden Estates of Barrington
 Legal Fee Support
 2020

PG 21A

Legal Fees Reported on Pg 21, Section C: \$ 114,124.16

Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22 (65,790.74)

Non-allowable legal fees, if any, deducted on (47,520.00)

- AMS Allocated Legal Fees: GL 680600-100-003

+ Add Back voided invoice of prior year, if any

Allowable Legal Fees \$ 813.42

In Detail:

Vendor Name	Invoice Date	Amount
MidCap Legal	1/1/20-12/31/20	881.13
Von Briesen & Roper	1/1/20-12/31/20	232.29
Refund	05/27/20	(300.00)
TOTAL ALLOWABLE LEGAL FEES		<u>813.42</u>

Vendor Name	Invoice Date	Amount
Ariana Fisch	12/7/2020	48.75
SB2 Inc	1/1/20-12/31/20	2,454.60
Stone Pogrund & Korey	1/1/20-12/31/20	12,919.44
Midwest Care Management	1/1/20-12/31/20	27,383.57
Righeimer Martin & Cinquino	02/25/20	1,746.25
Stern & Associates	1/1/20-12/31/20	12,289.75
Law Offices of Steve Raminiak	10/14/2020	5,775.00
Rusing Lopes & Lizardi	3/1/20-5/31/20	3,173.38
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>65,790.74</u>

Vendor Name	Invoice Date	Amount
AMS Allocated Legal Fees	1/1/20- 12/31/20	47,520.00

TOTAL Allocated Legal Fees **47,520.00**

Total Legal Cost **114,124.16**

Facility Name & ID Number Alden Estates of Barrington

0046524

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes; RN/LPN: No (13)
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Health Care Council of IL \$14,400
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 53,586 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 328,434
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 30,421 Has any meal income been offset against related costs? no Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ no
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? no
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? no
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: n/a
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. yes
Attach invoices and a summary of services for all architect and appraisal fees.