

		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.

I. IDPH License ID Number: <u>0022509</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																															
Facility Name: <u>Alden Estates of Naperville</u>		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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																																															
Address: <u>1525 South Oxford Ln</u> <u>Naperville</u> <u>60565</u>																																																	
Number City Zip Code																																																	
County: <u>DuPage</u>																																																	
Telephone Number: <u>630-983-0300</u> Fax # <u>630-983-9360</u>																																																	
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>Derek Smart</u></td></tr><tr><td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) _____</td></tr><tr><td>(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Derek Smart</u>	(Title) <u>CFO, Alden Management Services, Inc., as agent</u>	(Signed) _____	Paid Preparer	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____	(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>																																				
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Date of Initial License for Current Owners: <u>1/09/79</u>																																																	
Type of Ownership:																																																	
<table><tr><td>☐</td><td>VOLUNTARY, NON-PROFIT</td><td>☒</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☐</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td>☐</td><td></td><td>☒</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td>☐</td><td></td><td>☐</td><td>"Sub-S" Corp.</td><td>☐</td><td>_____</td></tr><tr><td>☐</td><td></td><td>☐</td><td>Limited Liability Co.</td><td>☐</td><td>_____</td></tr><tr><td>☐</td><td></td><td>☐</td><td>Trust</td><td>☐</td><td>_____</td></tr><tr><td>☐</td><td></td><td>☐</td><td>Other</td><td>☐</td><td>_____</td></tr></table>		☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL	☐	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	☐		☒	Corporation	☐	Other _____	☐		☐	"Sub-S" Corp.	☐	_____	☐		☐	Limited Liability Co.	☐	_____	☐		☐	Trust	☐	_____	☐		☐	Other	☐	_____
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☐		☐	Trust	☐	_____																																												
☐		☐	Other	☐	_____																																												
IRS Exemption Code _____																																																	
In the event there are further questions about this report, please contact:		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																																															
Name: <u>Mark Novotny</u>																																																	
Telephone Number: <u>773-724-6362</u>																																																	
Email Address: _____																																																	

Facility Name & ID Number Alden Estates of Naperville

0022509 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	203	Skilled (SNF)	203	74,298	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	203	TOTALS	203	74,298	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	243	1,150	3,167	4,560
9	SNF/PED				
10	ICF	24,964	1,753	6,236	32,953
11	ICF/DD				
12	SC				
13	DD 16 OR LESS				
14	TOTALS	25,207	2,903	9,403	37,513

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 50.49%

D. How many bed reserve days during this year were paid by the Department?
0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
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 1/1/79

J. Was the facility purchased or leased after January 1, 1978?
YES x Date 1/1/79 NO

K. Was the facility certified for Medicare during the reporting year?
YES x NO If YES, enter number of beds certified 203 and days of care provided 3,119

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

MODIFIED
ACCRUAL x CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Estates of Naperville # 0022509 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	517,891	30,077	13,328	561,296	2,158	563,454	(2,576)	560,878			1
2	Food Purchase		277,493		277,493	(36,359)	241,134	(5,514)	235,620			2
3	Housekeeping	362,585	76,732		439,317	1,022	440,339	13,085	453,424			3
4	Laundry	89,643	23,012		112,655	182	112,837		112,837			4
5	Heat and Other Utilities			199,541	199,541		199,541	1,789	201,330			5
6	Maintenance	50,464		221,999	272,463	192	272,655	60,609	333,264			6
7	Other (specify):* related party/security			605	605		605	6,059	6,664			7
8	TOTAL General Services	1,020,583	407,314	435,473	1,863,370	(32,805)	1,830,565	73,452	1,904,017			8
	B. Health Care and Programs											
9	Medical Director			42,000	42,000		42,000		42,000			9
10	Nursing and Medical Records	3,002,178	264,679	2,509,657	5,776,514	6,009	5,782,523	42,733	5,825,256			10
10a	Therapy	116,219	2,075	81,291	199,585		199,585		199,585			10a
11	Activities	134,408	2,778	4,305	141,491	284	141,775		141,775			11
12	Social Services	43,898			43,898		43,898		43,898			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Res Att/rel party	135,757			135,757		135,757	5,222	140,979			15
16	TOTAL Health Care and Programs	3,432,460	269,532	2,637,253	6,339,245	6,293	6,345,538	47,955	6,393,493			16
	C. General Administration											
17	Administrative	241,186			241,186		241,186	160,285	401,471			17
18	Directors Fees											18
19	Professional Services			778,774	778,774		778,774	(704,890)	73,884			19
20	Dues, Fees, Subscriptions & Promotions			142,472	142,472		142,472	(105,033)	37,439			20
21	Clerical & General Office Expenses	158,418	20,036	278,746	457,200	(4,268)	452,932	187,958	640,890			21
22	Employee Benefits & Payroll Taxes			846,291	846,291	25,641	871,932	(3,816)	868,116			22
23	Inservice Training & Education											23
24	Travel and Seminar			23	23		23	799	822			24
25	Other Admin. Staff Transportation			12,058	12,058		12,058	7,146	19,204			25
26	Insurance-Prop.Liab.Malpractice			560,187	560,187		560,187	17,369	577,556			26
27	Other (specify):* related party			219,211	219,211		219,211	(155,732)	63,479			27
28	TOTAL General Administration	399,604	20,036	2,837,762	3,257,402	21,373	3,278,775	(595,914)	2,682,861			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,852,647	696,882	5,910,488	11,460,017	(5,139)	11,454,878	(474,507)	10,980,371			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			47,368	47,368		47,368	250,478	297,846			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			53,397	53,397		53,397	613,814	667,211			32
33	Real Estate Taxes			174,886	174,886	(174,886)		180,275	180,275			33
34	Rent-Facility & Grounds			1,176,408	1,176,408	174,886	1,351,294	(1,351,294)				34
35	Rent-Equipment & Vehicles			27,082	27,082		27,082	28,661	55,743			35
36	Other (specify):* MIP							101,654	101,654			36
37	TOTAL Ownership			1,479,141	1,479,141		1,479,141	(176,412)	1,302,729			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		719,696	941,317	1,661,013	5,139	1,666,152	(207,420)	1,458,732			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			334,542	334,542		334,542		334,542			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		719,696	1,275,859	1,995,555	5,139	2,000,694	(207,420)	1,793,274			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,852,647	1,416,578	8,665,488	14,934,713		14,934,713	(858,339)	14,076,374			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 Naperville
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0022509

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(36,359.00)	Employee Meals
	22	36,359.00	Employee Meals
22		(10,718.00)	Uniform Reclass
	1	2,158.00	Uniform Reclass
	3	1,022.00	Uniform Reclass
	4	182.00	Uniform Reclass
	6	192.00	Uniform Reclass
	10	6,528.00	Uniform Reclass
	11	284.00	Uniform Reclass
	21	352.00	Uniform Reclass
10		(5,139.00)	Oxygen Cost Reclass
	39	5,139.00	Oxygen Cost Reclass
33		(174,886.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	174,886.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(4,620.00)	Team TSI Reclass
	10	4,620.00	Team TSI Reclass
		-	

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

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(19,040)	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	(171,905)	30		9
10	Interest and Other Investment Income	(12,724)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,322)	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	(20,862)	21		17
18	Fines and Penalties	(21)	32		18
19	Entertainment				19
20	Contributions	(7,255)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(12,215)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(219,211)	27		24
25	Fund Raising, Advertising and Promotional	(98,803)	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)	\$ (565,358)		\$	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)	(254,343)		34
35	Other- Attach Schedule	(38,638)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (292,981)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (858,339)		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.		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on utilities	\$ (910)	5	1
2	Intercompany interest is not allowed	(51,602)	32	2
3	Misc Income (Unclaimed Property)			3
4	Misc Income (Lawsuit Settlement)			4
5	Misc Income (Record Copies)	(298)	10	5
6				6
7				7
8	Employee Benefits for Marketing Manager			8
9	A/P Adjustments (vendor discounts)	(82)	10	9
10				10
11				11
12				12
13				13
14				14
15	Adj for ABC related party profit			15
16				16
17				17
18				18
19				19
20				20
21				21
22	Eliminate deprec exp on Pg 12 items <\$2,500	(29,609)	30	22
23	Eliminate deprec exp on Pg 13 items <\$2,500	(5,889)	30	23
24	Expense capital items <\$2,500 on Pg 13 - NP	41,422	6	24
25	Expense Pg 5 Capital Items <\$2,500 on Pg 12 NP	6,201	6	25
26	Adj Deprec Expense to Detail reports	2,129	30	26
27				27
28	Adj due, fees & subscriptions			28
29	Part A Outpatient Services			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	(38,638)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Naperville

0022509

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	(2,576)	0	0	0	0	0	0	0	(2,576)	1
2	Food Purchase	(3,322)	0	0	(2,192)	0	0	0	0	0	0	0	(5,514)	2
3	Housekeeping	0	0	13,085	0	0	0	0	0	0	0	0	13,085	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(910)	0	2,699	0	0	0	0	0	0	0	0	1,789	5
6	Maintenance	28,583	0	24,853	0	0	0	44	7,129	0	0	0	60,609	6
7	Other (specify):*	0	0	6,059	0	0	0	0	0	0	0	0	6,059	7
8	TOTAL General Services	24,351	0	46,696	(4,768)	0	0	44	7,129	0	0	0	73,452	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	(380)	0	35,507	8,722	(1,116)	0	0	0	0	0	0	42,733	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	5,222	0	0	0	0	0	0	0	0	5,222	15
16	TOTAL Health Care and Programs	(380)	0	40,729	8,722	(1,116)	0	0	0	0	0	0	47,955	16
	C. General Administration													
17	Administrative	0	0	160,285	0	0	0	0	0	0	0	0	160,285	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(12,215)	12,032	(704,707)	0	0	0	0	0	0	0	0	(704,890)	19
20	Fees, Subscriptions & Promotions	(106,058)	77	948	0	0	0	0	0	0	0	0	(105,033)	20
21	Clerical & General Office Expenses	(20,862)	0	208,820	0	0	0	0	0	0	0	0	187,958	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,816)	0	0	0	0	0	0	(3,816)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	799	0	0	0	0	0	0	0	0	799	24
25	Other Admin. Staff Transportation	0	0	7,146	0	0	0	0	0	0	0	0	7,146	25
26	Insurance-Prop.Liab.Malpractice	0	17,107	262	0	0	0	0	0	0	0	0	17,369	26
27	Other (specify):*	(219,211)	0	63,479	0	0	0	0	0	0	0	0	(155,732)	27
28	TOTAL General Administration	(358,346)	29,216	(262,968)	0	(3,816)	0	0	0	0	0	0	(595,914)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(334,375)	29,216	(175,543)	3,954	(4,932)	0	44	7,129	0	0	0	(474,507)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Naperville # 0022509 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	(205,274)	444,634	11,118	0	0	0	0	0	0	0	0	250,478	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(64,347)	620,226	57,935	0	0	0	0	0	0	0	0	613,814	32
33	Real Estate Taxes	0	174,886	5,389	0	0	0	0	0	0	0	0	180,275	33
34	Rent-Facility & Grounds	0	(1,351,294)	0	0	0	0	0	0	0	0	0	(1,351,294)	34
35	Rent-Equipment & Vehicles	0	0	28,661	0	0	0	0	0	0	0	0	28,661	35
36	Other (specify):*	0	101,654	0	0	0	0	0	0	0	0	0	101,654	36
37	TOTAL Ownership	(269,621)	(9,894)	103,103	0	0	0	0	0	0	0	0	(176,412)	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	(97,175)	(22,811)	(87,434)	0	0	0	0	0	(207,420)	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	(97,175)	(22,811)	(87,434)	0	0	0	0	0	(207,420)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(603,996)	19,322	(72,440)	(93,221)	(27,743)	(87,434)	44	7,129	0	0	0	(858,339)	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:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 1,351,294	Alden Naperville, LLC	0.00%	\$	\$ (1,351,294)	1
2	V	32	Investment Income RR	26	Alden Naperville, LLC			(26)	2
3	V	19	Accounting Fee		Alden Naperville, LLC		10,450	10,450	3
4	V	33	Real Estate Tax		Alden Naperville, LLC		174,886	174,886	4
5	V	26	General Insurance		Alden Naperville, LLC		17,107	17,107	5
6	V	36	Mortgage Insurance Premium		Alden Naperville, LLC		101,654	101,654	6
7	V	32	Interest - Mortgage		Alden Naperville, LLC		609,958	609,958	7
8	V	30	Depreciation Expense		Alden Naperville, LLC		444,634	444,634	8
9	V	32	Amortization Expense		Alden Naperville, LLC		10,294	10,294	9
10	V	19	Legal Fees: Non - Collections		Alden Naperville, LLC		1,582	1,582	10
11	V	20	Corporate Annual Report Fee		Alden Naperville, LLC		77	77	11
12	V								12
13	V								13
14	Total			\$ 1,351,320			\$ 1,370,642	\$ * 19,322	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%	\$ 2,699	\$ 2,699 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		799	799 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		7,146	7,146 17
18	V	26 Insurance		Alden Management Services, Inc.		262	262 18
19	V	20 Dues/Subscriptions		Alden Management Services, Inc.		948	948 19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,389	5,389 21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		28,661	28,661 22
23	V	32 Interest		Alden Management Services, Inc.		57,935	57,935 23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.			
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		13,085	13,085 25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		6,059	6,059 26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		35,507	35,507 27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		5,222	5,222 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		160,285	160,285 29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		63,479	63,479 30
31	V	19 Professional Fees	749,521	Alden Management Services, Inc.		44,814	(704,707) 31
32	V	21 Gen'l & Admin	55,680	Alden Management Services, Inc.		264,500	208,820 32
33	V	6 Repairs & Maintenance	64,980	Alden Management Services, Inc.		89,833	24,853 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 870,181			\$ 797,741	\$ * (72,440) 39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		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.	\$ 13,328	Prism Health Care Services, Inc.	0.00%	\$	(13,328)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		7,494	7,494	16
17	V	2 Tube feeding	21,978	Prism Health Care Services, Inc.		9,858	(12,120)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	160,342	Prism Health Care Services, Inc.		44,062	(116,280)	19
20	V	39 Vent Rental		Prism Health Care Services, Inc.		1,079	1,079	20
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,258	3,258	21
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		9,928	9,928	22
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		2,930	2,930	23
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		18,026	18,026	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		\$ 202,308			\$ 109,087	\$ * (93,221)	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	39 Drugs	\$ 480,054	Forum Extended Care II, Inc.	0.00%	\$ 457,242	\$ (22,812)	15
16	V	39 I.V.	38,009	Forum Extended Care II, Inc.		36,204	(1,805)	16
17	V	39 Wound Care-Product only	38,471	Forum Extended Care II, Inc.		36,643	(1,828)	17
18	V	10 House Stock	18,611	Forum Extended Care II, Inc.		17,727	(884)	18
19	V	10 Pharm Consult	4,872	Forum Extended Care II, Inc.		4,640	(232)	19
20	V	22 Employee Vaccinations	3,816	Forum Extended Care II, Inc.			(3,816)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		3,634	3,634	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		\$ 583,833			\$ 556,090	\$ * (27,743)	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	\$ 997,354	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 909,920	\$ (87,434)	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			\$ 997,354			\$ 909,920	\$ * (87,434)	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	\$ 18,403	Alden Bennett Construction Company, Inc.	0.00%	\$ 18,447	\$ 44	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			\$ 18,403			\$ 18,447	\$ * 44	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	\$ 7,730	Alden Design Group, Ltd.	0.00%	\$ 14,859	\$ 7,129	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			\$ 7,730			\$ 14,859	\$ * 7,129	39

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

Facility Name & ID Number

Alden Estates of Naperville

0022509

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 & Alzheimer's	8
9			Alden - Valley Ridge Rehabilitation and Health Care Center	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services	Schaumburg	Nursing and durable medical equipment	10
11			Alden - Orland Park Rehabilitation and Health Care Center	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipment	Fort Atkinson	Nursing and durable medical equipment	13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Senior Living	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of 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 Naperville # 0022509 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	179,260	1.24	3.10	Salary	\$ 5,740	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,897	1.24	3.10	Salary	3,103	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,897	1.24	3.10	Salary	3,103	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	110,280	1.24	3.10	Salary	3,531	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	61,475	1.24	3.10	Salary	1,968	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	179,260	1.085	3.10	Salary	5,740	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										12
13								TOTAL	\$ 23,184		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 Naperville# 0022509

Report Period Beginning:

01/01/2020Ending: 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		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	36	\$ 86,976	\$	37,513	\$ 2,699	1
2	24	Trav & Seminar	Patient Days	36	25,753		37,513	799	2
3	25	Other Admin Travel	Patient Days	36	230,320		37,513	7,146	3
4	26	Insurance	Patient Days	36	8,433		37,513	262	4
5	20	Dues & Subscriptions	Patient Days	36	30,557		37,513	948	5
6	30	Depreciation	No of Providers/usage	36	408,834		1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	36	200,354		37,513	5,389	7
8	35	Rent-Equip & Vehicle	Patient Days	36	923,790		37,513	28,661	8
9	32	Interest	Patient Days/usage	36	1,567,343		37,513	57,935	9
10	3	Housekeeping Salary	Patient Days	36	421,760	421,760	37,513	13,085	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	36	195,292		37,513	6,059	11
12	10	Nurs & Med Records Salary	Patient Days	36	1,149,694	1,149,694	37,513	35,507	12
13	15	Employee Benefits -Health Care	Patient Days	36	168,303		37,513	5,222	13
14	17	Administrative Salary	Patient Days/usage	36	5,264,790	5,264,790	37,513	160,285	14
15	27	Employee Benefits - Admin	Patient Days	36	2,046,057		37,513	63,479	15
16	19	Professional fees	Patient Days	36	1,372,458	1,094,350	37,513	44,814	16
17	21	Gen'I & Admin	Patient Days	36	8,525,354	7,617,708	37,513	264,500	17
18	6	Repair & Maint.	Patient Days	36	1,379,344	912,301	37,513	89,833	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 24,005,407	\$ 16,460,603		\$ 797,741	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 2505/7055)		x	Mortgage	\$76,408.80	10/13	\$ 20,349,200	\$ 18,342,429	09/2053	0.0330	\$ 609,958	1	
2												2	
3	Interest Capital Lease (GL 7030)		x	Phone Lease							1,586	3	
4	Insurance Interest (GL7053)		x	Medical Malpractice							188	4	
5	Amort of Fin Fees (GL 1918)		x	Refinancing							10,294	5	
	Working Capital												
6	Related party - AMS		x	Working capital							57,935	6	
7												7	
8												8	
9	TOTAL Facility Related				\$76,408.80		\$ 20,349,200	\$ 18,342,429			\$ 679,961	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		x								(26)	10	
11	Int Income (GL#4975)		x								(12,724)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (12,750)	14	
15	TOTALS (line 9+line14)						\$ 20,349,200	\$ 18,342,429			\$ 667,211	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 101,654 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.		\$	180,300	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.)		\$	174,986	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(5,314)	3	
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	180,200	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.		\$	174,886	7	
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page		\$	5,389
		Total Real Estate Tax Expense, Sch V, Line 33		\$	180,275
Real Estate Tax Bill for Calendar Year:		2015	168,080	8	
		2016	168,649	9	
		2017	171,785	10	
		2018	175,037	11	
		2019	174,986	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.					

		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

- 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 Naperville COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0022509

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) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party - Alden Management	\$ 173,696.00	\$ 5,388.93
2. 08-29-307-001	Nursing facility	\$ 174,986.46	\$ 174,986.46
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 348,682.46	\$ 180,375.39

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 65,063

B. General Construction Type: Exterior BrickFrame Steel

Number of Stories 2

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home facility	1,980		\$ 656,000	1
2					2
3	TOTALS	1,980		\$ 656,000	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	203		1980	1979	\$ 2,143,997	\$ 171,905	30	\$	(171,905)	\$ 2,143,997	4
5			2009	2009	5,640,091	144,617	39	144,617		1,723,356	5
6											6
7											7
8											8
	Improvement Type**										
9	bells/doors		1981		876		20			876	9
10	elevator repair		1982		2,796		8			2,796	10
11	repair water sys;roof;install windows/grab bars		1983		21,739		5-20			21,739	11
12	circuit breaker repair		1984		4,478		20			4,478	12
13	electical repair & water tower repair		1987		5,403		3			5,403	13
14	complete building renovation		1987		43,055		3-20			43,055	14
15	complete building renovation		1988		728,446		3-30			728,446	15
16	water tower repair/electrical repair		1987		7,293		3			7,293	16
17	repair tlephone sys;electical laundry		1988		3,890		5			3,890	17
18	repair pumppls./laundry;decoratoin		1989		19,459		5-20			19,459	18
19	water heater		1990		8,793		5			8,793	19
20	renovation		1991		24,099		5-20			24,099	20
21	repari water heater boiler freezer condenser		1991		8,380		5			8,380	21
22	repair water heater/freeZer/ssprinkler syst/a/c		1992		19,357		5-25			19,357	22
23	wallcovering hot water heater/paving/doors alarm syst		1993		45,517		5-15			45,517	23
24	plumbing /valves/pvaving		1994		22,139		10-20			22,139	24
25	repair water tower/fire alarms electical /roof wash.mach		1995		45,492		10-20			45,492	25
26	install door/frame		1996		2,200		10			2,200	26
27	replace condenser		1996		5,073		15			5,073	27
28	new cooling tower		1996		15,140		15			15,140	28
29	install amp panel/new circuits		1997		2,670		5			2,670	29
30	new valve		1997		1,710		5			1,710	30
31	recaulking		1997		7,475		5			7,475	31
32	new bearings/hvac/etc.		1998		4,317		5			4,317	32
33	Gen'l Parts- boiler repairs		1997		4,033		20			4,033	33
34											34
35											35
36									(171,905)		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 Naperville

0022509

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	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 CSI (replaced valves,relief)	1998	\$ 3,200	\$	5	\$	\$ (171,905)	\$ 3,200	37
38 Atash(cleaned & tested dampers)	1998	3,465		5			3,465	38
39 Climate Service (fixed compressor and plate)	1998	8,747		15			8,747	39
40 ETC Carpet (carpet)	1998	1,118		5			1,118	40
41 Climate Service (repair chiller and safety controls)	1998	3,718		10			3,718	41
42 Patten (repair generator)	1998	1,986		20			1,986	42
43 Firemen Sealcoating (sealcoat asphalt parking lot)	1998	3,995		20			3,995	43
44 CSI-install thermometer/hvac-hot water)	1998	2,975		5			2,975	44
45 Chicago Cooling(repair a/c)	1999	2,171		10			2,171	45
46 Chicago Cooling(repair a/c pump)	1999	2,835		10			2,835	46
47 Harold Scales(4 dehumidifiers)	1999	2,115		10			2,115	47
48 Climate Services(ice machine repair)	1999	2,055		10			2,055	48
49 Fox Valley Fire & Safety(install door holders)	1999	1,568		10			1,568	49
50 Sterling Services(carpet maintenance)	1999	1,600		5			1,600	50
51 ABC: MISC LABOR	1999	2,278		10			2,278	51
52 ABC: CARPENTRY REPAIRS	1999	2,404		10			2,404	52
53 Sterling Services(carpet maintenance)	1999	1,600		5			1,600	53
54 Climate Services, Inc (boiler repair)	2000	9,048		10			9,048	54
55 Climate Services, Inc (boiler repair)	2000	1,654		10			1,654	55
56 Climate Services, Inc (Replace dampers)	2000	6,950		10			6,950	56
57 Climate Services, Inc (main coil , misc. piping)	2000	31,846	256	20	256		31,846	57
58 Poblocki & Sons (room ID"S)	2000	5,398	66	20	66		5,398	58
59 D. B. S Contracting (signs lighting)	2000	2,300		12			2,300	59
60 Alden Bennett Construction (major repair time & billing by fac)	2000	1,696		10			1,696	60
61 Fox Valley Fire & Safety (safety system)	2000	2,351		10			2,351	61
62 GT Mechanical, INC (heater safety defrost fan relay)	2000	1,700		10			1,700	62
63 Alden Bennett Construction (major repair time & billing by fac)	2000	4,658		5			4,658	63
64 GT Mechanical, INC (suction, discharge & expansion valve)	2000	6,684		10			6,684	64
65 Coker Service (replace vessel, steam safety valve & ignition wire)	2000	5,906		10			5,906	65
66 Alden Bennett Const-time/material build.improv.	2000	3,248		10			3,248	66
67 Coker Service, Inc (dishwasher repair)	2001	1,926		10			1,926	67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 8,971,112	316,844	540	144,939	(171,905)	5,054,378	70

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

Facility Name & ID Number Alden Estates of Naperville

0022509

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	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		\$ 8,971,112	\$ 316,844		\$ 144,939	\$ (171,905)	\$ 5,054,378	1
2	<u>Dav.Sol.- repair relief valve</u>	2002	1,893		5			1,893	2
3	<u>GT Mechanical, Inc.-replace burnt wire/motor hvac)</u>	2002	1,992		10			1,992	3
4	<u>GT Mechanical- replace condensor bundle on water chiller</u>	2002	22,292		15			22,292	4
5	<u>Alden Bennett Const-time/material build.improv.</u>	2002	5,797		10			5,797	5
6	<u>Alden Bennett Const-time/material build.improv.</u>	2001	10,694		15			10,694	6
7	<u>Dave Soltwich -repair water line</u>	2003	1,531		5			1,531	7
8	<u>CSI-Coker--repair dishwasher</u>	2003	1,704		5			1,704	8
9	<u>Simplex Grinnell-repair fire alarm&wiring</u>	2003	3,179		5			3,179	9
10	<u>Capps Plumbing-repair mejector pump</u>	2003	1,398		5			1,398	10
11	<u>Alden Bennett Const.- Awning</u>	2004	2,350		15			2,350	11
12	<u>Alden Bennett Const. -carpeting</u>	2004	841		5			841	12
13	<u>DSL-cable upgrade</u>	2004	704		10			704	13
14	<u>Alden Bennett Const. -nursing station repairs</u>	2004	1,788		15			1,788	14
15	<u>Alden Bennett Const. -new roof</u>	2004	5,023		10			5,023	15
16	<u>Alden Bennett Const. -ceiling tiles</u>	2004	3,205		12			3,205	16
17	<u>Alden Bennett Const. Asphalt repair</u>	2004	6,580		10			6,580	17
18	<u>CSI Coker-repair pewash pump</u>	2004	2,325		10			2,325	18
19	<u>Alden Bennett Const. -auto door operating equipment</u>	2004	2,788		10			2,788	19
20	<u>Alden Bennett Const. -kitchen repairs</u>	2004	2,335		10			2,335	20
21	<u>Cybor Fire Protection-fire sprinkler</u>	2005	1,510		7			1,510	21
22	<u>GT Mechanical-tower pump replacement</u>	2005	1,750		10			1,750	22
23	<u>Alden Bennett Const. -resident bathroom replacement</u>	2005	1,867		10			1,867	23
24	<u>Capps Plumbing-furnish & install 20 ft of piping</u>	2005	1,985		10			1,985	24
25	<u>Top Notch-repair rinse motor on dishwasher</u>	2005	2,829		10			2,829	25
26	<u>ABCUSC-Custom cable</u>	2005	2,986		10			2,986	26
27	<u>ABCUSC-Custom cable</u>	2005	5,200		10			5,200	27
28	<u>ABCUSC-master antenna</u>	2005	6,300		10			6,300	28
29	<u>Replace Various Mtrs and Kitchen storage room thermostats</u>	2006	4,677		10			4,677	29
30	<u>Install satellite TV in all common areas and rooms</u>	2006	4,500		10			4,500	30
31	<u>remove and replace 500 sq ft of roof above room 201</u>	2006	2,655		10			2,655	31
32	<u>Install satellite TV</u>	2006	9,000		10			9,000	32
33	<u>charge for addtl fire alarm protection per state</u>	2006	17,800		10			17,800	33
34	TOTAL (lines 1 thru 33)		\$ 9,112,590	\$ 316,844		\$ 144,939	\$ (171,905)	\$ 5,195,856	34

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

Facility Name & ID Number Alden Estates of Naperville

0022509

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	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		\$ 9,112,590	\$ 316,844		\$ 144,939	\$ (171,905)	\$ 5,195,856	1
2	Condensing Unit	2006	11,688	779	15	779		11,620	2
3	Engineering Fee for preparation of fire alarm drawings	2006	3,500	233	15	233		3,476	3
4	Concrete Slab replacement	2006	1,515	101	15	101		1,507	4
5	Concrete Slab replacement	2006	3,431	229	15	229		3,301	5
6	Leasehold Imp - Install new sidewalk	2007	21,571	1,438	15	1,438		19,892	6
7	Alden Bennett Construction -concrete slab replace	2007	10,593		10			10,593	7
8	GT Mechanical - rebuild tower pump	2007	7,674		5			7,674	8
9	Top Notch - install new compressor	2007	5,539		12			5,539	9
10	Pattern - repair generator	2007	9,531		5			9,531	10
11	Top Notch - replace new booster	2007	5,751		10			5,751	11
12	A&B CustomCable - rackout cable line	2008	4,380		10			4,380	12
13	ABC - Repaired plumbing	2008	5,999		10			5,999	13
14	GT Mechanical - repaired leak pumps	2008	3,972		10			3,972	14
15									15
16									16
17									17
18	Top Notch - new condensing unit	2009	5,988		10			5,988	18
19	GT Mech - Air condition repaired	2009	3,042		5			3,042	19
20	GT Mech - repaired cracked chiller	2009	6,779		5			6,779	20
21	ABC - Pantry addition - LLC	2009	20,518	1,368	15	1,368		16,416	21
22	Shingles/basement;floor prep;haul away;touchup - LLC	2009	19,672		5			19,672	22
23	windows/signs/firetop sealants/countertop/grout - LLC	2009	13,946		5			13,946	23
24									24
25	ABC-Storm Sewer Repair	2010	4,076		5			4,076	25
26									26
27									27
28	GARPAV-Asphalt/Paint/Cement blocks for Parking Lot	2011	3,975		8			3,975	28
29	ABC - Tree Work/Removal	2011	3,736		5			3,736	29
30	ABC - Window replacement-LLC	2011	48,514	4,851	10	4,851		44,065	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,337,980	\$ 325,843		\$ 153,938	\$ (171,905)	\$ 5,410,786	34

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

Facility Name & ID Number Alden Estates of Naperville

0022509

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	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		\$ 9,337,980	\$ 325,843		\$ 153,938	\$ (171,905)	\$ 5,410,786	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)		\$ 9,484,973	\$ 330,539		\$ 158,634	\$ (171,905)	\$ 5,506,557	34

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

Facility Name & ID Number Alden Estates of Naperville

0022509

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	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		\$ 9,484,973	\$ 330,539		\$ 158,634	\$ (171,905)	\$ 5,506,557	1
2	ABC - Duct Work Installation	2012	5,321	355	15	355		2,987	2
3	OAKFIR - Damper Link Testing Repairs	2012	9,975	998	10	998		8,149	3
4									4
5									5
6	GT Mech - Fire Dampers	2013	6,837	684	10	684		5,472	6
7	ABC - Fire Dampers	2013	12,693	1,269	10	1,269		9,835	7
8	GT Mech - Fire Dampers	2013	9,475	948	10	948		7,110	8
9	EQUINT - Washer Motor	2013	2,799		5			2,799	9
10	JMALLE - Drywall	2013	2,923	195	15	195		1,414	10
11	JMALLE - Drywall	2013	3,398	227	15	227		1,665	11
12	ABC - Drywall/Metal Studs	2013	2,611	174	15	174		1,276	12
13	EQUINT - Washer parts/maint	2013	2,634		5			2,634	13
14									14
15									15
16	ABC - Paving, Concrete and sidewalk	2014	5,277	352	15	352		2,200	16
17									17
18									18
19	ABC - Door	2015	3,368	447	5	447		3,368	19
20	ABC - Insulate, Air-Handler Cabinet	2015	5,889	589	10	589		3,043	20
21									21
22									22
23	ABC - Rebuild Boilers	2016	12,370	2,474	5	2,474		11,477	23
24	ABC - Door, frame and rear receiving door	2016	2,810	562	5	562		2,388	24
25									25
26	GTMECH- Drain Line Replaced	2017	5,450	1,090	5	1,090		4,178	26
27	GTMECH- Fire Dampers	2017	6,514	651	10	651	(0)	2,224	27
28	FOXBUI- Door Repair	2017	3,500	700		700		1,808	28
29	LUNGAT- Data Comm Line Repairs	2017	6,380	1,276	5	1,276	(0)	4,572	29
30	GTMECH - Fire Dampers	2017	6,514	651	10	651		2,170	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,601,710	\$ 344,181		\$ 172,276	\$ (171,906)	\$ 5,587,326	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		\$ 9,601,710	\$ 344,181		\$ 172,276	\$ (171,905)	\$ 5,587,326	1
2	Adj for ABC related party profit	2008	(34)					(34)	2
3	Adj for ABC related party profit	2009	(271)					(271)	3
4	Adj for ABC related party profit	2010	(50)					(50)	4
5	Adj for ABC related party profit	2011	407	7		7		75	5
6	Adj for ABC related party profit	2012	329	18		18		172	6
7	Adj for ABC related party profit	2013	206	3		3		206	7
8	Adj for ABC related party profit	2014	(10)					(10)	8
9	Adj for ABC related party profit	2015	(18)					(18)	9
10	Adj for ABC related party profit	2016	(29)					(29)	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)		\$ 9,602,241	\$ 344,209		\$ 172,304	\$ (171,905)	\$ 5,587,367	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		\$ 9,602,241	\$ 344,209		\$ 172,304	\$ (171,905)	\$ 5,587,367	1
2	ALDBEN - Front Door Repair, front entrance	2018	3,467	693	5	693		1,790	2
3	ALDBEN - Repaired Sump Pumps, basement	2018	5,057	1,011	5	1,011		2,443	3
4	ALDBEN - Door Repair, front entrance	2018	4,067	813	5	813		1,897	4
5	ALDBEN - Sump Pump Repair - basement	2018	4,807	961	5	961		2,082	5
6	VALFIR - Fire System Repair, around facility	2018	2,600	520	5	520		1,083	6
7	ALDBEN - Circuits Repair, around facility	2019	9,370	1,249	5	1,249		3,123	7
8	AMS - Refinish furniture and painting, throughout facility	2020	9,120	912	5	912		912	8
9	AMS - Refinish furniture and painting, throughout facility	2020	17,552	1,463	5	1,463		1,463	9
10	AMS - Refinish furniture and painting, throughout facility	2020	11,360	379	5	379		379	10
11	FOXBUI - Elevator breaker repair, elevator	2020	4,950	83	5	83		83	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)		\$ 9,674,591	\$ 352,293		\$ 180,388	\$ (171,905)	\$ 5,602,622	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 9,674,591	\$ 352,293		\$ 180,388	\$ (171,905)	\$ 5,602,622	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,674,591	\$ 352,293		\$ 180,388	\$ (171,905)	\$ 5,602,622	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 9,674,591	\$ 352,293		\$ 180,388	\$ (171,905)	\$ 5,602,622	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,674,591	\$ 352,293		\$ 180,388	\$ (171,905)	\$ 5,602,622	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,355,454	\$109,220	\$109,220	\$	various	\$900,196	71
72	Current Year Purchases	62,785	3,433	3,433		various	2,096	72
73	Fully Depreciated Assets	1,814,253	4,805	4,805		various	1,814,251	73
74								74
75	TOTALS	\$3,232,492	\$117,458	\$117,458	\$		\$2,716,543	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	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)			\$13,566,885	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$469,751	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$297,846	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$(171,905)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$8,322,967	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)					
	1	2	Current Book	Accumulated	
	Description & Year Acquired	Cost	Depreciation 3	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?

YES

x

NO
- If NO, see instructions.

		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

x

NO

Terms:

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

15. Is Movable equipment rental included in building rental?

YES

x

NO
16. Rental Amount for movable equipment: \$19,050Description:copy machine GL 6861 and equipment lease GL 6859
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related party-PG 6A		\$#####	\$13,335	17
18					18
19	Auto lease-GL 6890		\$#####	15,262	19
20					20
21	TOTAL		\$#####	\$28,597	21

10. Effective dates of current rental agreement:

Beginning7/1/2015

Ending7/1/2025

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2021	\$varies
13.	12/31/2022	\$varies
14.	12/31/2023	\$varies

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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

Skilled nursing on site

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	39-3	hrs	\$		\$	425,064	\$		\$	425,064		1		
2	Licensed Speech and Language Development Therapist	39-3	hrs				69,189				69,189		2		
3	Licensed Recreational Therapist		hrs										3		
4	Licensed Physical Therapist	39-3	hrs				432,581				432,581		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					460,876			460,876		9		
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10		
11	Academic Education		hrs										11		
12	Other (specify):												12		
13	Other (specify): See PG16A	39-1, 39-3, if any					(87,434)	158,456			71,022		13		
14	TOTAL			\$		\$	839,400	\$	619,332	\$	1,458,732		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	
XIV. Special Services (Direct Cost)				Col 6: Supplies	
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	425,064.00	
2.	ST	39-3	To Col 5	69,189.00	
3.					
4.	PT	39-3	To Col 5	432,581.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			480,054.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(19,178.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	460,876.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
	Total Exceptional Care (Line 12, Col 8)			0.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(87,434.00)	From Page 6D, Col 8 (Except DD homes)
	Other			254,125.00	
	Manual Input: Related Party - Prism			(97,175.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(1,805.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(1,828.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			5,139.00	
13.	Col 6: Supplies Total		To Col 6	158,456.00	
13.	Total Line 13, Column 8			71,022.00	
14.	Total			1,458,732.00	

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	\$	\$ 49,617	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 257,500)	1,595,159	1,595,159	3
4	Supply Inventory (priced at)	55,763	55,763	4
5	Short-Term Investments			5
6	Prepaid Insurance		18,362	6
7	Other Prepaid Expenses	18,099	93,384	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	2,825	158,766	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,671,846	\$ 1,971,051	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	45,012	45,012	12
13	Land		4,300,000	13
14	Buildings, at Historical Cost		12,515,508	14
15	Leasehold Improvements, at Historical Cost	1,650,905	1,650,905	15
16	Equipment, at Historical Cost	1,443,346	3,561,385	16
17	Accumulated Depreciation (book methods)	(2,863,730)	(8,925,347)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		102,597	21
22	Other Long-Term Assets (specify):		196,954	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 275,533	\$ 13,447,014	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,947,379	\$ 15,418,065	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,276,680	\$ 1,279,180	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	440,052	440,052	28
29	Short-Term Notes Payable	13,349	13,349	29
30	Accrued Salaries Payable	394,743	394,743	30
31	Accrued Taxes Payable (excluding real estate taxes)	168,058	168,058	31
32	Accrued Real Estate Taxes(Sch.IX-B)		180,200	32
33	Accrued Interest Payable		50,442	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,SalesTax, Prov	4,029,015	4,029,015	36
37	Due to Affiliates & ST Loan Pay	799,252	1,115,614	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,121,148	\$ 7,670,652	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	892,543	892,543	39
40	Mortgage Payable		18,026,067	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates (long term)	6,321,027	5,417,327	43
44	Mcr Adv Fund & Fica-Deferred	207,453	207,453	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,421,023	\$ 24,543,390	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,542,171	\$ 32,214,042	46
47	TOTAL EQUITY (page 18, line 24)	\$ (12,594,793)	\$ (16,795,978)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,947,379	\$ 15,418,065	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,130,099)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,130,099)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(4,464,694)	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)	\$ (4,464,694)	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)	\$ (12,594,793)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Naperville

0022509

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	\$ 9,965,471	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,965,471	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	468,235	6
7	Oxygen	13,018	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 481,253	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	727	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,962	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,689	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	12,724	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 12,724	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A	7,882	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,882	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,470,019	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,863,370	31
32	Health Care	6,339,245	32
33	General Administration	3,257,402	33
	B. Capital Expense		
34	Ownership	1,479,141	34
	C. Ancillary Expense		
35	Special Cost Centers	1,661,013	35
36	Provider Participation Fee	334,542	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,934,713	40
41	Income before Income Taxes (line 30 minus line 40)**	(4,464,694)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (4,464,694)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 5,283,277	44
45	Private Pay - Net Inpatient Revenue	502,924	45
46	Medicare - Net Inpatient Revenue	2,271,632	46
47	Other-(specify) Hospice	1,486,822	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows	420,817	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,965,472	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 Naperville	# 0022509	Report Period Beginning: 01/01/2020	Ending: 12/31/2020
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Details of Page 19, Line 28

Description	Amount
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	\$ 298
Record Copies-Backed out with Ln ref 21-Pg 5A	
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	
Vendor Discount	82
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	7,502
Line 28 Total:	<u>7,882</u>

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	2,160	2,215	\$ 115,060	\$ 51.95	1
2	Assistant Director of Nursing	634	642	30,545	47.58	2
3	Registered Nurses	29,045	31,885	1,236,116	38.77	3
4	Licensed Practical Nurses	11,898	12,702	437,111	34.41	4
5	CNAs & Orderlies	38,385	42,057	918,252	21.83	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,842	2,999	61,121	20.38	8
9	Activity Director	2,008	2,008	41,678	20.76	9
10	Activity Assistants	5,807	6,146	92,730	15.09	10
11	Social Service Workers	1,560	1,605	43,898	27.35	11
12	Dietician					12
13	Food Service Supervisor	2,096	2,122	78,459	36.97	13
14	Head Cook	6,104	6,216	139,761	22.48	14
15	Cook Helpers/Assistants	18,723	20,002	299,672	14.98	15
16	Dishwashers					16
17	Maintenance Workers	2,064	2,080	50,464	24.26	17
18	Housekeepers	21,615	23,417	362,585	15.48	18
19	Laundry	4,491	5,298	89,643	16.92	19
20	Administrator	2,048	2,602	206,470	79.35	20
21	Assistant Administrator	880	971	34,715	35.75	21
22	Other Administrative	4,781	4,838	150,181	31.04	22
23	Office Manager					23
24	Clerical	4,586	4,826	63,334	13.12	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,912	2,927	111,625	38.14	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Resident Attendant	7,871	8,302	135,757	16.35	32
33	Other(specify) Memory Care Attendant	5,916	6,142	153,470	24.99	33
34	TOTAL (lines 1 - 33)	178,426	192,002	\$ 4,852,647 *	\$ 25.27	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	\$1,111 monthly	\$ 13,328	1-3	35
36	Medical Director	\$3,500 monthly	42,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$406 monthly	4,872	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	\$169 monthly	2,033	11-3	44
45	Social Service Consultant	\$117 monthly	1,400	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 63,633		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	10,011	\$ 350,375	10-3	50
51	Licensed Practical Nurses	18,568	575,616	10-3	51
52	Certified Nurse Assistants/Aides	92,746	1,576,685	10-3	52
53	TOTAL (lines 50 - 52)	121,325	\$ 2,502,676		53

Alden Estates of Naperville, Inc.	PG 21A
Legal Fee Support	
2020	
Legal Fees Reported on Pg 21, Section C:	\$ 60,125.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(12,215.00)
Non-allowable legal fees, if any, deducted on	
- AMS Allocated Legal Fees: GL 680600-100-003	(47,520.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 390.00</u>

<--Check: should match total for Allow. Fees in new detail section below.

In Detail:		
Vendor Name	Invoice Date	Amount
MidCap	11/6/2020	357.25
MidCap	8/6/2020	13.76
MidCap	7/6/2020	18.85
TOTAL ALLOWABLE LEGAL FEES		<u>389.86</u>

6806 Lgl Non Coll 0.14

Vendor Name	Invoice Date	Amount
SB2 Inc	1/9/2021	204.55
SB2 Inc	12/4/2020	204.55
SB2 Inc	11/6/2020	204.55
SB2 Inc	10/6/2020	204.55
SB2 Inc	9/4/2020	204.55
SB2 Inc	8/6/2020	204.55
SB2 Inc	7/7/2020	204.55
SB2 Inc	6/4/2020	204.55
SB2 Inc	5/6/2020	204.55
SB2 Inc	4/6/2020	204.55
SB2 Inc	3/5/2020	204.55
SB2 Inc	2/6/2020	204.55
Ariana Fisch	10/6/2020	6.00
Ariana Fisch	9/4/2020	6.00
Stone Pogrund	1/9/2021	700.00
Stone Pogrund	1/9/2021	745.48
Stone Pogrund	12/4/2020	700.00
Stone Pogrund	11/6/2020	1,130.23
Stone Pogrund	10/6/2020	700.00
Stone Pogrund	9/4/2020	748.20
Stone Pogrund	8/6/2020	748.75
Stone Pogrund	7/7/2020	842.50
Stone Pogrund	6/4/2020	865.76
Stone Pogrund	5/6/2020	808.58
Stone Pogrund	4/6/2020	974.63
Stone Pogrund	3/5/2020	784.36
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>12,215.09</u>

6966 Lgl collect

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'20	12/30/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	12/1/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	10/29/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	10/1/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	8/27/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	7/29/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	6/30/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	5/28/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	4/30/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	3/26/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	2/28/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	2/10/2020	3,960.00
TOTAL Allocated Legal Fees		<u>47,520.00</u>

6806-100-003 Lgl non coll

Total Legal Cost 60,124.95

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? no
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Il. Health Care Council of IL \$19,488
- (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? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 34,283 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. \$ 334,542
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. \$ 36,359 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: _____
- (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.