

		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: 0042192

Facility Name: Alden Estates of Orland Park

Address: 16450 South 97th Ave Orland Park 60462
Number City Zip Code

County: Cook

Telephone Number: (708) 403-6500 Fax #: (708) 873-9774

HFS ID Number:

Date of Initial License for Current Owners: 01/08-1998

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust

IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☒ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Mark Novotny Telephone Number: 773-724-6362
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2020 to 12/31/2020 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name) Derek Smart

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

Paid Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) 773-286-3883 Fax #: 773-286-8038

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

Facility Name & ID Number Alden Estates of Orland Park

0042192 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	200	Skilled (SNF)	200	73,200	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	200	TOTALS	200	73,200	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	5,328	1,975	6,429	13,732	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	24,183	1,862	16	26,061	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	29,511	3,837	6,445	39,793	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 54.36%

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 ☒

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

I. On what date did you start providing long term care at this location?
Date started 01/19/1998

J. Was the facility purchased or leased after January 1, 1978?
YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 200 and days of care provided 6,325

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

MODIFIED
ACCRUAL ☒ CASH* ☐ CASH* ☐

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

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

Facility Name & ID Number Alden Estates of Orland Park # 0042192 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	530,243	37,214	32,270	599,727	2,213	601,940	(5,948)	595,992			1
2	Food Purchase		425,406		425,406	(19,702)	405,704	(76,591)	329,113			2
3	Housekeeping	449,745	87,180		536,925	1,246	538,171	13,880	552,051			3
4	Laundry	42,013	33,988		76,001	893	76,894		76,894			4
5	Heat and Other Utilities			221,016	221,016		221,016	162	221,178			5
6	Maintenance	77,642		245,405	323,047	121	323,168	28,064	351,232			6
7	Other (specify):* related party			1,068	1,068		1,068	6,427	7,495			7
8	TOTAL General Services	1,099,643	583,788	499,759	2,183,190	(15,229)	2,167,961	(34,006)	2,133,955			8
	B. Health Care and Programs											
9	Medical Director			43,500	43,500		43,500		43,500			9
10	Nursing and Medical Records	4,694,987	314,391	85,675	5,095,053	19,841	5,114,894	47,523	5,162,417			10
10a	Therapy	207,773	1,324	33,709	242,806	134	242,940		242,940			10a
11	Activities	105,182	4,367	5,677	115,226		115,226		115,226			11
12	Social Services	51,571			51,571		51,571		51,571			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Res Att/rel party	7,247			7,247		7,247	5,539	12,786			15
16	TOTAL Health Care and Programs	5,066,760	320,082	168,561	5,555,403	19,975	5,575,378	53,062	5,628,440			16
	C. General Administration											
17	Administrative	284,345			284,345		284,345	170,027	454,372			17
18	Directors Fees											18
19	Professional Services			701,239	701,239		701,239	(601,658)	99,581			19
20	Dues, Fees, Subscriptions & Promotions			137,336	137,336		137,336	(100,507)	36,829			20
21	Clerical & General Office Expenses	194,562	19,738	292,300	506,600	(3,992)	502,608	191,593	694,201			21
22	Employee Benefits & Payroll Taxes			1,283,595	1,283,595	(754)	1,282,841	(4,267)	1,278,574			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,276	1,276		1,276	848	2,124			24
25	Other Admin. Staff Transportation			5,898	5,898		5,898	7,580	13,478			25
26	Insurance-Prop.Liab.Malpractice			551,908	551,908		551,908	15,963	567,871			26
27	Other (specify):* related party			264,900	264,900		264,900	(197,563)	67,337			27
28	TOTAL General Administration	478,907	19,738	3,238,452	3,737,097	(4,746)	3,732,351	(517,984)	3,214,367			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,645,310	923,608	3,906,772	11,475,690		11,475,690	(498,928)	10,976,762			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			46,178	46,178		46,178	428,252	474,430			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			81,206	81,206		81,206	458,932	540,138			32
33	Real Estate Taxes			911,344	911,344	(911,344)		919,998	919,998			33
34	Rent-Facility & Grounds			945,811	945,811	911,344	1,857,155	(1,857,155)				34
35	Rent-Equipment & Vehicles			37,530	37,530		37,530	30,403	67,933			35
36	Other (specify):* MIP							65,342	65,342			36
37	TOTAL Ownership			2,022,069	2,022,069		2,022,069	45,772	2,067,841			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	171,717	1,059,575	1,370,550	2,601,842		2,601,842	(82,919)	2,518,923			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			319,130	319,130		319,130		319,130			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	171,717	1,059,575	1,689,680	2,920,972		2,920,972	(82,919)	2,838,053			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,817,027	1,983,183	7,618,521	16,418,731		16,418,731	(536,075)	15,882,656			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 Orland Park
Period Beginning: 1/1/2020
Period Ending: 12/31/2020

IDPH License No. 0042192

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(19,702.00)	Employee Meals
	22	19,702.00	Employee Meals
22		(20,456.00)	Uniform Reclass
	1	2,213.00	Uniform Reclass
	3	1,246.00	Uniform Reclass
	4	893.00	Uniform Reclass
	6	121.00	Uniform Reclass
	10	15,221.00	Uniform Reclass
	10	4,620.00	Team TSI Reclass
	11	134.00	Uniform Reclass
	21	628.00	Uniform Reclass
21		(4,620.00)	Team TSI Reclass
10			Oxygen Cost Reclass
	39		Oxygen Cost Reclass
33		(911,344.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	911,344.00	Rent - Real Estate Tax on associated landowner (Pg 6)
			-

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

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	(22,381)	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	2,145	30		9
10	Interest and Other Investment Income	(10,460)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,352)	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	(22,143)	21		17
18	Fines and Penalties	(13)	32		18
19	Entertainment	(397)	20		19
20	Contributions	(7,398)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(48,869)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(264,900)	27		24
25	Fund Raising, Advertising and Promotional	(93,795)	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)	\$ (472,563)		\$	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)	7,828		34
35	Other- Attach Schedule	(71,340)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (63,512)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (536,075)		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

STATE OF ILLINOIS

Page 5A

Alden Estates of Orland Park

ID#0042192

Report Period Beginning:01/01/2020

Ending:12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2	Late Fees on Utilities	(2,700)	5
3	Intercompany Interest	(74,383)	32
4	Miscellaneous Income	(152)	10
5	Miscellaneous Income - Record Copies	(1,706)	10
6	Miscellaneous Income - Jury Duty	(17)	10
7			7
8	Vendor Discounts	(199)	10
9			9
10			10
11	Bank charges (Orland Associates Pg6)	(229)	21
12			12
13	Real Estate Tax refunds (2006 & 2015)	2,938	33
14			14
15	Elim deprec exp on Pg12 items under \$2,500	(2,217)	30
16	Elim deprec exp on Pg13 items under \$2,500	(18,231)	30
17	Expense Pg12 items under \$2,500-curr yr purch +	907	6
18	Expense Pg13 items under \$2,500-curr yr purch +	26,902	6
19	Adj for ABC related party profit '08-'15 -Pg12E	163	30
20			20
21	AdjustYTD depreciation expense	(2,416)	30
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			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	(71,340)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Orland Park

0042192

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	(5,948)	0	0	0	0	0	0	0	(5,948)	1
2	Food Purchase	(4,352)	0	0	(72,239)	0	0	0	0	0	0	0	(76,591)	2
3	Housekeeping	0	0	13,880	0	0	0	0	0	0	0	0	13,880	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,700)	0	2,862	0	0	0	0	0	0	0	0	162	5
6	Maintenance	5,428	0	16,570	0	0	0	68	5,998	0	0	0	28,064	6
7	Other (specify):*	0	0	6,427	0	0	0	0	0	0	0	0	6,427	7
8	TOTAL General Services	(1,624)	0	39,739	(78,187)	0	0	68	5,998	0	0	0	(34,006)	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	(2,074)	0	37,665	13,147	(1,215)	0	0	0	0	0	0	47,523	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	5,539	0	0	0	0	0	0	0	0	5,539	15
16	TOTAL Health Care and Programs	(2,074)	0	43,204	13,147	(1,215)	0	0	0	0	0	0	53,062	16
	C. General Administration													
17	Administrative	0	0	170,027	0	0	0	0	0	0	0	0	170,027	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(48,869)	37,538	(590,327)	0	0	0	0	0	0	0	0	(601,658)	19
20	Fees, Subscriptions & Promotions	(101,590)	77	1,006	0	0	0	0	0	0	0	0	(100,507)	20
21	Clerical & General Office Expenses	(22,372)	229	213,736	0	0	0	0	0	0	0	0	191,593	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(4,267)	0	0	0	0	0	0	(4,267)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	848	0	0	0	0	0	0	0	0	848	24
25	Other Admin. Staff Transportation	0	0	7,580	0	0	0	0	0	0	0	0	7,580	25
26	Insurance-Prop.Liab.Malpractice	0	15,685	278	0	0	0	0	0	0	0	0	15,963	26
27	Other (specify):*	(264,900)	0	67,337	0	0	0	0	0	0	0	0	(197,563)	27
28	TOTAL General Administration	(437,731)	53,529	(129,515)	0	(4,267)	0	0	0	0	0	0	(517,984)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(441,429)	53,529	(46,572)	(65,040)	(5,482)	0	68	5,998	0	0	0	(498,928)	29

Summary B

12/31/2020

	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	(20,556)	437,690	11,118	0	0	0	0	0	0	0	0	428,252	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(84,856)	462,687	81,101	0	0	0	0	0	0	0	0	458,932	32
33	Real Estate Taxes	2,938	911,344	5,716	0	0	0	0	0	0	0	0	919,998	33
34	Rent-Facility & Grounds	0	(1,857,155)	0	0	0	0	0	0	0	0	0	(1,857,155)	34
35	Rent-Equipment & Vehicles	0	0	30,403	0	0	0	0	0	0	0	0	30,403	35
36	Other (specify):*	0	65,342	0	0	0	0	0	0	0	0	0	65,342	36
37	TOTAL Ownership	(102,474)	19,908	128,338	0	0	0	0	0	0	0	0	45,772	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	(123,565)	(29,933)	70,579	0	0	0	0	0	(82,919)	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	(123,565)	(29,933)	70,579	0	0	0	0	0	(82,919)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(543,903)	73,437	81,766	(188,605)	(35,415)	70,579	68	5,998	0	0	0	(536,075)	45

VII. RELATED PARTIES

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

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

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34	Lease revenue	\$ 1,857,155	Orland Associates, LLC	0.00%	\$	\$ (1,857,155)	1
2	V	32	Interest inc-R/R & Int inc	50	Orland Associates, LLC			(50)	2
3	V	19	Accounting/Professional fees		Orland Associates, LLC		22,800	22,800	3
4	V	19	Legal fees		Orland Associates, LLC		14,738	14,738	4
5	V	21	Bank charges		Orland Associates, LLC		229	229	5
6	V	20	Annual report fee		Orland Associates, LLC		77	77	6
7	V	33	Real estate taxes		Orland Associates, LLC		911,344	911,344	7
8	V	26	Insurance expense		Orland Associates, LLC		15,685	15,685	8
9	V	36	Mortgage insurance expense		Orland Associates, LLC		65,342	65,342	9
10	V	32	Mortgage interest expense		Orland Associates, LLC		455,584	455,584	10
11	V	30	Depreciation		Orland Associates, LLC		437,690	437,690	11
12	V	32	Amortization		Orland Associates, LLC		7,153	7,153	12
13	V				Orland Associates, LLC				13
14	Total			\$ 1,857,205			\$ 1,930,642	\$ * 73,437	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%	\$ 2,862	\$ 2,862	15
16	V	24	Travel / Seminar		Alden Management Services, Inc.		848	848	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		7,580	7,580	17
18	V	26	Insurance		Alden Management Services, Inc.		278	278	18
19	V	20	Dues / Subscriptions		Alden Management Services, Inc.		1,006	1,006	19
20	V	30	Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		5,716	5,716	21
22	V	35	Rent-Equip/Vehicle		Alden Management Services, Inc.		30,403	30,403	22
23	V	32	Interest		Alden Management Services, Inc.		81,101	81,101	23
24	V	3	Housekeeping salary		Alden Management Services, Inc.		13,880	13,880	24
25	V	7	Employee Benef-Gen'l Servs		Alden Management Services, Inc.		6,427	6,427	25
26	V	10	Nursing & Medical records salary		Alden Management Services, Inc.		37,665	37,665	26
27	V	15	Employee Benef-Health Care		Alden Management Services, Inc.		5,539	5,539	27
28	V	17	Administrative salary		Alden Management Services, Inc.		170,027	170,027	28
29	V	27	Employee Benef-Administrative		Alden Management Services, Inc.		67,337	67,337	29
30	V	19	Professional Fees & salary	635,666	Alden Management Services, Inc.		45,339	(590,327)	30
31	V	21	Gen'l & Admin	66,840	Alden Management Services, Inc.		280,576	213,736	31
32	V	6	Repair & Maintenance	7,523	Alden Management Services, Inc.		24,093	16,570	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 710,029			\$ 791,795	\$ * 81,766	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.	\$ 32,270	Prism Health Care Services, Inc.	0.00%	\$	(32,270)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		18,144	18,144	16
17	V	2 Tube feeding	169,371	Prism Health Care Services, Inc.		72,214	(97,157)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	299,497	Prism Health Care Services, Inc.		97,992	(201,505)	19
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		8,178	8,178	20
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		24,918	24,918	21
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		7,355	7,355	22
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		45,246	45,246	23
24	V	39 Vent Rent.		Prism Health Care Services, Inc.		32,694	32,694	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		\$ 507,798			\$ 319,193	\$ * (188,605)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 612,773	Forum Extended Care II, Inc.	0.00%	\$ 583,655	\$ (29,118)	15
16	V	39	I.V.	66,827	Forum Extended Care II, Inc.		63,651	(3,176)	16
17	V	39	Wound Care-Product only	35,820	Forum Extended Care II, Inc.		34,117	(1,703)	17
18	V	10	House Stock	20,767	Forum Extended Care II, Inc.		19,780	(987)	18
19	V	10	Pharm Consult	4,800	Forum Extended Care II, Inc.		4,572	(228)	19
20	V	22	Employee Vaccinations	4,267	Forum Extended Care II, Inc.			(4,267)	20
21	V	39	Employee Vaccinations		Forum Extended Care II, Inc.		4,064	4,064	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			\$ 745,254			\$ 709,839	\$ * (35,415)	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	\$ 932,079	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,002,658	\$ 70,579	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			\$ 932,079			\$ 1,002,658	\$ * 70,579	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	\$ 28,774	Alden Bennett Construction Company, Inc.	0.00%	\$ 28,842	\$ 68	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			\$ 28,774			\$ 28,842	\$ * 68	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	\$ 6,505	Alden Design Group, Ltd.	0.00%	\$ 12,503	\$ 5,998	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 6,505			\$ 12,503	\$ * 5,998	39

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

Facility Name & ID Number

Alden Estates of Orland Park

0042192

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 Services	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health Care Center	Long Grove				30

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of I	Chairman	100.00	178,912	1.316	3.29	Salary	\$ 6,088	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,709	1.316	3.29	Salary	3,291	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,709	1.316	3.29	Salary	3,291	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	110,065	1.316	3.29	Salary	3,746	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	61,355	1.316	3.29	Salary	2,088	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	178,912	1.1515	3.29	Salary	6,088	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	\$ 24,592		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 Orland Park# 0042192

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,209,117	36	\$ 86,976	\$	39,793	\$ 2,862	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753		39,793	848	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320		39,793	7,580	3
4	26	Insurance	Patient Days	1,209,117	36	8,433		39,793	278	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557		39,793	1,006	5
6	30	Depreciation	No of Providers/usage	36	36	408,834		1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354		39,793	5,716	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790		39,793	30,403	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343		39,793	81,101	9
10	1	Dietary Salary	Patient Days	1,209,117	36					10
11	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	39,793	13,880	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292		39,793	6,427	12
13	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	39,793	37,665	13
14	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303		39,793	5,539	14
15	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	39,793	170,027	15
16	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057		39,793	67,337	16
17	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350		45,339	17
18	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708		280,576	18
19	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301		24,093	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 24,005,412	\$ 16,460,603		\$ 791,795	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 Realty		X	Mortgage	\$53,938.37	03/30/11	\$ 14,668,300	\$ 12,964,414	04/01/2051	2.9500	\$ 455,584	1
2	Bank Leumi		X	Line of credit		08/29/12	1,717,920		09/06/2018	6.7500	381	2
3	Amortization		X	Refinancing fee							8,253	3
4	Avaya Financial Service		X	Capital Lease		08/31/18	84,068	48,875	09/01/2023	7.2200	5,145	4
5	Insurance Interest (GL7053)		X	Medical Malpractice							185	5
	Working Capital											
6	Related party - AMS		X	Working capital							81,101	6
7												7
8												8
9	TOTAL Facility Related				\$53,938.37		\$ 16,470,288	\$ 13,013,289			\$ 550,649	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		X								(40)	10
11	Interest-Leumi LLC acct		X								(10)	11
12	Interest Income (GL 4975)		X								(10,460)	12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (10,510)	14
15	TOTALS (line 9+line14)						\$ 16,470,288	\$ 13,013,289			\$ 540,138	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 65,342 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.			\$	991,400	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.)			\$	938,782	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(52,618)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	966,900	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.			\$	914,282	7
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page		\$	5,716
		Total Real Estate Tax Expense, Sch V, Line 33		\$	919,998
Real Estate Tax Bill for Calendar Year:		2015	892,726	8	
		2016	900,998	9	
		2017	1,012,941	10	
		2018	962,572	11	
		2019	938,782	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 Orland Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042192

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2019.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>173,696.00</u>	\$ <u>5,716.46</u>
2. _____	_____	\$ _____	\$ _____
3. <u>27-21-401-003-000</u>	<u>Nursing facility</u>	\$ <u>938,782.00</u>	\$ <u>938,782.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>1,112,478.00</u></u>	\$ <u><u>944,498.46</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ 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.

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	200		1998	1997	\$ 12,679,210	\$ 314,835	40	\$ 316,980	\$ 2,145	\$ 7,289,059	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	RUN CABLE TO BUILDING/INSTALL 6 OUTLETS			1998	2,975		10			2,975	9
10	RELOCATION OF OUTLETS & POWER CIRCUIT			1998	1,648		10			1,648	10
11	INSTALL 6 WALL JACKS			1998	2,158		5			2,158	11
12	INSTALL CABLE			1998	4,446		10			4,446	12
13	REPLACE SPRINKLER HEADS			1998	6,236		10			6,236	13
14	INSTALL WALL PLATES			1998	4,608		5			4,608	14
15	Climate Service(boiler maintenance)			1999	14,529		20			14,529	15
16	Directional Boring(sprinkler system)			1999	5,400		15			5,400	16
17	Chicago Cooling(a/c unit repair)			1999	2,070		15			2,070	17
18	Church Landscape(floating swan island)			1999	3,400		5			3,400	18
19	Church Landscape(floating swan island)			1999	2,000		5			2,000	19
20	Watermangement(compressor)			1999	2,625		15			2,625	20
21	New Horizons Communications (light telephone sys)			2000	9,767		10			9,767	21
22	New Horizons Communications (light telephone sys)			2000	7,765		10			7,765	22
23	System Electric (wiring)			2000	1,384	3	20	3		1,384	23
24	Climate Services (pipe)			2000	1,674		20			1,674	24
25	Climate Services (pipe)			2000	1,689	5	20	5		1,689	25
26	Climate Services (pipe)			2000	1,684	3	20	3		1,684	26
27	Climate Services (pipe)			2000	2,376		20			2,376	27
28	GT Mechanical (heating/compressor repair)			2000	5,079		10			5,079	28
29	New Horizons Communications (light telephone sys)			2000	7,765		10			7,765	29
30	Alden Bennett Cons (time and billning material)			2000	2,073		10			2,073	30
31	Alden Bennett Cons (time and billning material)			2000	2,798		10			2,798	31
32	New Horizons Comm. (phone insall)			2000	4,437		10			4,437	32
33	Fox Valley Fire & Safety (sprinkler system)			2000	2,290		15			2,290	33
34	Alden Bennett Construction (time and material)			2000	2,915		10			2,915	34
35	Capps Plumbing (srvc/repair pump)			2001	1,977		15			1,977	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Orland Park

0042192

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Capps Plumbing (repair pump)	2002	\$ 7,214	\$	15	\$	\$	\$ 7,214	37
38	Med-Con (alarm system)	2002	813		10			813	38
39	Alden Bennett Construction (time & material)	2002	4,008		15			4,008	39
40	Alden Bennett Construction (time & material)	2002	2,809		15			2,809	40
41	Alden Bennett Construction (time & material)	2002	2,365		15			2,365	41
42									42
43	Alden Bennett Cons..auto. Door opener	2003	3,915		10			3,915	43
44	Alden Bennet Cons. laundry press/gas/ellec	2003	6,825		15			6,825	44
45	GT Mechanical-repair heat pump	2003	1,797		5			1,797	45
46	CSI Coker-rebuild dishwasher	2003	4,333		10			4,333	46
47	Real Green-sprinkler system repair	2003	3,600		5			3,600	47
48	Real Green-sprinkler system repair	2003	1,750		5			1,750	48
49	CSI Coker kitchen exhaust pipe repair	2003	1,728		5			1,728	49
50	CSI Coker-walk in freezer repair	2003	1,560		5			1,560	50
51	Alden Bennett Cons.-ejector pump repair	2003	1,182		5			1,182	51
52	Controlled Irrigation-sprinkler systen repair	2003	2,552		5			2,552	52
53	Alden Bennett Cons-ejector pump repairs	2003	2,991		5			2,991	53
54	B&K Lawnsclaping-crushed stone walkway base	2003	1,400		10			1,400	54
55									55
56	Alden Bennett - Repairs	2004	1,700		15			1,700	56
57	Top Notch - Repairs	2004	2,189		15			2,189	57
58	Alden Bennett Construction - laundry press/gas/electric/pipe	2004	4,062	203	20	203		3,400	58
59	GT Mechanical-repair heat pump	2004	1,083	54	20	54		905	59
60									60
61									61
62	GT Mechanical-repair heater leak	2004	583		5			583	62
63	GT Mechanical-repair valve leak	2004	718		5			718	63
64	GT Mechanical-heater repair	2004	753		5			753	64
65	New Horizons - Phone line repair	2004	2,793		10			2,793	65
66	B & K Lawnsclaping- crushedstone walkway base	2004	2,420		15			2,420	66
67	Alden Bennett - Plumbing Repair	2004	866		5			866	67
68	GT Mechanical - Repair compressor leak	2004	700		5			700	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,855,688	\$ 315,103		\$ 317,248	\$ 2,145	\$ 7,464,696	70

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

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		\$ 12,855,688	\$ 315,103		\$ 317,248	\$ 2,145	\$ 7,464,696	1
2	GT Mechanical - Repair cooling fan	2004	1,256		5			1,256	2
3	GT Mechanical - Repairs	2004	679		5			679	3
4	Top Notch - Repairs	2004	839		5			839	4
5	GT Mechanical - AC maintenance/repair	2004	1,108		5			1,108	5
6	GT Mechanical - Replace CFM & contactor	2004	1,126		10			1,126	6
7	Replace condenser fan motor	2004	1,204		10			1,204	7
8	Building Repairs	2004	5,871		15			5,871	8
9	A&B Custom Cable TV Service, Inc. - Inst cable jacks	2004	8,120		10			8,120	9
10	GTMECH-Replace Gas Valve in the RTU	2005	2,165	4	15	4		2,165	10
11	TOPNOT Commercial Kitchen	2005	1,735		15			1,735	11
12	New Horizons Phone Repair	2005	2,461		10			2,461	12
13	Dryer and Condensing Unit	2005	1,309		10			1,309	13
14									14
15	ABC Installed Cabinets and Drawers	2005	5,332	184	15	184		5,332	15
16	New Horizons CRD 6 Circuit	2005	2,285		10			2,285	16
17	New Furnance	2005	2,299		5			2,299	17
18	12 New Phones	2005	3,559		10			3,559	18
19	ABC repair work on entry ramp and ramp walls	2005	5,211	347	15	347		5,205	19
20									20
21	Asphalt the Parking Lot	2005	1,806		10			1,806	21
22	Asphalt the Parking Lot	2005	1,787		10			1,787	22
23									23
24	Parking Lot	2006	217,356		8			217,356	24
25	Installed new seal and started on HP-1	2006	2,528		10			2,528	25
26	Installed new power supply	2006	4,274	214	20	214		3,192	26
27	Removed and replaced carpet	2006	3,848		5			3,848	27
28	Repair Generator	2006	2,819		5			2,819	28
29	Installed new vanity countertop	2006	3,277		10			3,277	29
30	Installed sewage ejector pump	2006	4,453	297	15	297		4,207	30
31	Carpet for the second floor	2006	31,104		5			31,104	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,175,498	\$ 316,149		\$ 318,294	\$ 2,145	\$ 7,783,173	34

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

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		\$ 13,175,498	\$ 316,149		\$ 318,294	\$ 2,145	\$ 7,783,173	1
2	New Carpet at Orland	2007	38,166		5			38,166	2
3									3
4	New Park Benches	2007	2,606		5			2,606	4
5	Install intercom system	2007	5,825		10			5,825	5
6	replaced worn and broken locksets	2007	6,137		5			6,137	6
7	Modifications to irrigation system	2007	22,716		5			22,716	7
8	Major repair to Dryer	2007	5,088		10			5,088	8
9	Porch repair	2007	2,695		5			2,695	9
10	new carpet	2007	19,420		5			19,420	10
11	Topnot Booster Heater	2007	5,462		10			5,462	11
12	Replaced damaged parking lot with new material	2007	6,020		8			6,020	12
13	Additional work on parking lot	2007	7,771		8			7,771	13
14	Fence around parking lot	2007	6,996		8			6,996	14
15	New Door and concrete around area-ABC	2008	5,215	348	15	348		4,321	15
16	Laundry chute Door-ABC	2008	8,803		10			8,803	16
17	New Receiving Door and new motor-ABC	2008	6,271		10			6,271	17
18	Replace receiving door-ABC	2008	2,521		10			2,521	18
19	Replace laundry chute, ceiling tile, broken plumbing & electrical fix	2009	7,028		10			7,028	19
20	Asphalt paving-ABC	2009	22,465		8			22,465	20
21	Coating EIFS installation of control joint-ABC	2009	3,275		5			3,275	21
22	Concrete & EIFS coating repairs - J.S. Goray	2009	8,670	578	15	578		6,647	22
23	Repair railings & exterior EIFS entrance-ABC	2009	8,665	578	15	578		6,599	23
24	Oxygen suction system repaired air hoses-Medical Gas Mngmt	2010	11,467		5			11,467	24
25	Elevator: CPU repairs/parts-Long Elevator Co.	2010	5,675		5			5,675	25
26	Paving-Asphalt cleaned sealcoat applied-Garelli Pavement	2010	3,450		8			3,450	26
27	Engineering Fees, rebuilding-Therapy Room-ABC	2010	6,796	453	15	453		4,643	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,404,701	\$ 318,106		\$ 320,251	\$ 2,145	\$ 8,005,240	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,404,701	\$ 318,106		\$ 320,251	\$ 2,145	\$ 8,005,240	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)		\$ 13,551,694	\$ 322,802		\$ 324,947	\$ 2,145	\$ 8,101,011	34

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

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		\$ 13,551,694	\$ 322,802		\$ 324,947	\$ 2,145	\$ 8,101,011	1
2	Carpentry Accoustical work - ABC	2011	17,521	1,168	15	1,168		11,291	2
3	Carpentry drywall accoustical demoli. work - ABC	2011	57,595	3,840	15	3,840		37,120	3
4	Carpentry electrical work - ABC	2011	48,742	3,249	15	3,249		31,407	4
5	Framing/drywall fire protection work - ABC	2011	19,334	1,289	15	1,289		12,460	5
6	HVAC/Plumbing - ABC	2011	32,533	2,169	15	2,169		20,967	6
7	Plumbing fire protection work - ABC	2011	18,840	1,256	15	1,256		12,141	7
8	Pier construction (3) - JMALLE	2011	19,637	982	20	982		9,083	8
9	Pier construction - concrete/carpentry/finish hardware/electrical fix	2011	33,117	1,656	20	1,656		15,042	9
10	Pier construction - concrete/carpentry/finish hardware/electrical fix	2011	55,850	2,793	20	2,793		25,447	10
11	Pier construction - fence/electrical fixtures - ABC	2011	5,005	250	20	250		2,271	11
12	Pier construction - landscaping - ABC	2011	26,077	1,304	20	1,304		11,845	12
13									13
14	Generator transfer switch/install - ABC	2011	12,578		5			12,578	14
15	Upholstery - Design	2011	2,905		5			2,905	15
16									16
17	Sprinkley heads & pressure gauges (11) - US Fire	2012	5,856		5			5,856	17
18	Fire damper replacement and repairs labor - GT Mechanical	2012	12,585	1,259	10	1,259		10,282	18
19	Pier construction - landscaping - Sebert	2012	6,215	311	20	311		2,617	19
20									20
21	Paving, parking lot, sealcoat/re-stripe-ABC	2013	26,195	1,746	15	1,746		12,913	21
22	Asphalt walking path, excavate/install-ABC	2013	16,194	2,024	8	2,024		14,674	22
23	Washer motor-Washtown Equipment	2013	2,617		5			2,617	23
24	Sprinkler heads, dry pendants (4, cooler & freezer)-Valley Fire	2013	2,664		5			2,664	24
25									25
26	Fireproof spray-on toilet shafts and main ducts-ABC	2014	9,997	1,000	10	1,000		6,083	26
27	Resurface stair and ramp walls, top patio and stair landing (w/CTI	2014	4,188		5			4,188	27
28									28
29	Fire damper - ABC	2015	8,157	816	10	816		4,488	29
30	Fire damper - ABC	2015	13,276	1,328	10	1,328		7,304	30
31	Pump, Heat, repair - ABC	2015	5,188	171	5	171		5,188	31
32									32
33	Fire damper (room 211) - ABC	2016	2,567	257	10	257		1,285	33
34	TOTAL (lines 1 thru 33)		\$ 14,017,127	\$ 351,670		\$ 353,815	\$ 2,145	\$ 8,385,727	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		\$ 14,017,127	\$ 351,670		\$ 353,815	\$ 2,145	\$ 8,385,727	1
2	Railing, Entrance ramp - ABC	2018	83,928	5,595	15	5,595		12,123	2
3									3
4	Motor & Fan-(HVAC Room)-GT Mechanical	2019	3,434	687	5	687		859	4
5	Boiler Retube (Boiler Room) -ABC/Hudson Boiler	2019	23,516	1,568	15	1,568		1,699	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,128,005	\$ 359,520		\$ 361,665	\$ 2,145	\$ 8,400,408	34

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

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		\$ 14,128,005	\$ 359,520		\$ 361,665	\$ 2,145	\$ 8,400,408	1
2	Adjustment Alden bennett 2002 costs	2007	(4,558)	(304)	15	(304)		(4,155)	2
3	Adj for ABC related party profit	2008	(130)	(8)		(8)		(100)	3
4	Adj for ABC related party profit	2009	(547)	(30)		(30)		(345)	4
5	Adj for ABC related party profit	2010	(83)	(2)		(2)		(21)	5
6	Adj for ABC related party profit	2011	2,545	170		170		1,462	6
7									7
8	Adj for ABC related party profit	2013	571	16		16		128	8
9	Adj for ABC related party profit	2014	(19)	(1)		(1)		(5)	9
10									10
11	Adj for ABC related party profit	2015	(50)	(4)		(4)		(24)	11
12									12
13	GT Mechanical-replace A/C compressor unit	2004	8,600		15			8,600	13
14	Insurance refund on above asset	2004	(3,600)		15			3,600	14
15	Millcar Milliken Carpets	2005	18,160		10			18,160	15
16	Millcar Milliken Carpets	2005	(15,609)		10			(15,609)	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)		\$ 14,133,285	\$ 359,357		\$ 361,502	\$ 2,145	\$ 8,412,099	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	\$950,465	\$106,035	\$106,035	\$	various	\$441,372	71
72	Current Year Purchases	57,413	2,497	2,497		various	2,314	72
73	Fully Depreciated Assets	2,060,909	4,396	4,396		various	2,060,909	73
74								74
75	TOTALS	\$3,068,787	\$112,928	\$112,928	\$		\$2,504,595	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	Midwest Transit	Ford Eldorado	2000	\$49,826	\$	\$	\$		\$49,826	76
77	related party-AMS	various	'98-'04	3,802				3	3,802	77
78	Car Engine/Bus/Van	Various/Dodge	'98-'04	8,164					8,164	78
79	Water hoses replace on auto	Various	2005	1,537					1,537	79
80	TOTALS			\$63,329	\$	\$	\$		\$63,329	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$17,850,321	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$472,285	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$474,430	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$2,145	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$10,980,023	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Related party - cost is eliminated
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

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: \$23,248Description:copy machine \$ 15539 GL 6861 and equipment lease \$7709 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	Auto lease-GL 689000	various	\$ #####	\$ 21,492	17
18					18
19	Related party-PG 6A	various	#####	14,145	19
20					20
21	TOTAL		\$ #####	\$ 35,637	21

10. Effective dates of current rental agreement:

Beginning04/01/1996
Ending12/31/2021

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)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

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

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

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

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

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	\$		\$	366,720	\$		\$	366,720		1		
2	Licensed Speech and Language Development Therapist	39-3	hrs				81,933				81,933		2		
3	Licensed Recreational Therapist		hrs										3		
4	Licensed Physical Therapist	39-3	hrs				460,316				460,316		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					587,719			587,719		9		
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10		
11	Academic Education		hrs										11		
12	Other (specify): <u>Exceptional care/PG16A</u>				171,717			28,369			200,086		12		
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any					70,579	751,570			822,149		13		
14	TOTAL				\$ 171,717		\$ 979,548	\$ 1,367,658		\$	2,518,923		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	
XIV. Special Services (Direct Cost)				Col 5: PT,OT, & ST	
				Col 6: Supplies	
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	366,719.99	
2.	ST	39-3	To Col 5	81,933.26	
3.					
4.	PT	39-3	To Col 5	460,315.45	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			612,773.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(25,054.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	587,719.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	171,717.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	28,369.00	
	Total Exceptional Care (Line 12, Col 8)			200,086.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	70,579.00	From Page 6D, Col 8 (Except DD homes)
	Other			880,014.00	
	Manual Input: Related Party - Prism			(123,565.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(3,176.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(1,703.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			-	
13.	Col 6: Supplies Total		To Col 6	751,570.00	
13.	Total Line 13, Column 8			822,149.00	
14.	Total			2,518,922.70	

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	41,506	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (475,000))	2,626,176	2,626,176	3
4	Supply Inventory (priced at)	62,286	62,286	4
5	Short-Term Investments			5
6	Prepaid Insurance		16,792	6
7	Other Prepaid Expenses	17,332	38,997	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd Party	55,857	55,857	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,761,651	\$ 2,841,614	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		584,920	13
14	Buildings, at Historical Cost		12,593,418	14
15	Leasehold Improvements, at Historical Cost	497,159	1,239,975	15
16	Equipment, at Historical Cost	765,863	3,308,598	16
17	Accumulated Depreciation (book methods)	(1,016,109)	(10,913,592)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	44,005	44,005	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(19,436)	(19,436)	20
21	Restricted Funds		780,180	21
22	Other Long-Term Assets (specify):		129,894	22
23	Other(specify): Due From Affiliates	30,695,420	30,777,363	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 30,966,902	\$ 38,525,326	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 33,728,553	\$ 41,366,939	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 946,629	\$ 953,329	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	483,896	483,896	28
29	Short-Term Notes Payable	17,034	285,454	29
30	Accrued Salaries Payable	617,156	617,156	30
31	Accrued Taxes Payable (excluding real estate taxes)	245,632	245,632	31
32	Accrued Real Estate Taxes(Sch.IX-B)		966,900	32
33	Accrued Interest Payable		31,871	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins, Due to IDPA/ Sales Tax, Pro	4,711,089	4,711,089	36
37	Due to Affiliates - Current	1,340,933	1,340,933	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,362,369	\$ 9,636,260	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,089,540	1,089,540	39
40	Mortgage Payable		12,695,994	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	Mcr Adv Fund & Fica Deferred	396,029	396,029	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,485,569	\$ 14,181,563	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,847,938	\$ 23,817,823	46
47	TOTAL EQUITY (page 18, line 24)	\$ 23,880,615	\$ 17,549,117	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 33,728,553	\$ 41,366,939	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 27,074,035	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 27,074,035	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(3,193,420)	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)	\$ (3,193,420)	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)	\$ 23,880,615	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Orland Park

0042192

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	\$ 12,990,111	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,990,111	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	99,230	5
6	Therapy	117,201	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 216,431	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,067	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,067	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	10,460	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 10,460	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28		7,242	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,242	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,225,311	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,183,190	31
32	Health Care	5,555,403	32
33	General Administration	3,737,097	33
	B. Capital Expense		
34	Ownership	2,022,069	34
	C. Ancillary Expense		
35	Special Cost Centers	2,601,842	35
36	Provider Participation Fee	319,130	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,418,731	40
41	Income before Income Taxes (line 30 minus line 40)**	(3,193,420)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (3,193,420)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 6,435,412	44
45	Private Pay - Net Inpatient Revenue	750,197	45
46	Medicare - Net Inpatient Revenue	4,138,218	46
47	Other-(specify) Hospice	1,666,284	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,990,111	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 Orland Park	# 0042192	Report Period Beginning: 01/01/2020	Ending: 12/31/2020
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Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	\$ 152
Record Copies-Backed out with Ln ref 21-Pg 5A	1,706
Jury Duty-Backed out with Ln ref 22-Pg 5A	17
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	199
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	5,168
Line 28 Total:	<u><u>7,242</u></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	1,840	1,935	\$ 108,442	\$ 56.04	1
2	Assistant Director of Nursing	3,110	3,295	134,516	40.82	2
3	Registered Nurses	33,752	37,185	1,383,898	37.22	3
4	Licensed Practical Nurses	28,321	31,626	1,040,869	32.91	4
5	CNAs & Orderlies	76,238	84,926	1,712,262	20.16	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,873	4,457	88,891	19.94	8
9	Activity Director	1,536	1,565	35,636	22.77	9
10	Activity Assistants	3,682	4,239	62,370	14.71	10
11	Social Service Workers	2,064	2,080	51,571	24.79	11
12	Dietician					12
13	Food Service Supervisor	4,136	4,160	109,485	26.32	13
14	Head Cook	6,152	6,240	105,093	16.84	14
15	Cook Helpers/Assistants	17,901	20,254	315,665	15.59	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	77,642	37.33	17
18	Housekeepers	23,623	25,269	449,745	17.80	18
19	Laundry	2,401	2,602	42,013	16.15	19
20	Administrator	2,072	2,080	100,314	48.23	20
21	Assistant Administrator	4,048	4,072	184,031	45.19	21
22	Other Administrative	7,790	8,004	254,325	31.77	22
23	Office Manager					23
24	Clerical	4,365	4,665	66,294	14.21	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	5,528	5,576	213,373	38.27	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager/Res	6,650	7,218	146,432	20.29	32
33	Other(specify) Transitional Care/	6,394	7,057	134,160	19.01	33
34	TOTAL (lines 1 - 33)	247,548	270,585	\$ 6,817,027 *	\$ 25.19	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$2,689/mo	\$ 32,270	1-3	35
36	Medical Director	\$3,625/mo	43,500	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$400/mo	4,800	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	88	5,397	11-3	44
45	Social Service Consultant	6	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	94	\$ 86,247		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$387/visit	\$ 28,747	10-3	50
51	Licensed Practical Nurses	232	13,458	10-3	51
52	Certified Nurse Assistants/Aides	830	41,331	10-3	52
53	TOTAL (lines 50 - 52)	1,062	\$ 83,536		53

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

** See instructions.

Alden Estates of Orland Park	PG 21A		
Legal Fee Support			
2020			
Legal Fees Reported on Pg 21, Section C:	\$ 701,238.78		
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(48,869.00)		
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>\$ 604,849.78</u>		
In Detail:	680600-100-000		
Vendor Name	Invoice Date	Amount	
Midcap	01/01/2020-12/31/2020	756.66	Group MidCap Legal Exp
Von Briesen & Roper S.C.	01/01/2020-12/31/2020	232.29	

TOTAL ALLOWABLE LEGAL FEES 988.95

		696600-100-000	
Vendor Name	Invoice Date	Amount	
Delaney, Delaney & Voom, LTD [DELVOO]	01/01/2020-12/31/2020	2,212.80	Guardian Ad Litem Fee; Estate of William Cassel
Stone, Pogrund & Korey LLC [through AMS]	01/01/2020-12/31/2020	15,750.89	Monthly Fee & Services re Ronald Macek
SB2 Inc (through AMS)	01/01/2020-12/31/2020	2,454.60	Monthly Fee
Midwest Care Management Services, Inc '[MIDCAR]	01/01/2020-12/31/2020	9,270.50	Guardianship; Cora Boyer
Adam Stern d/b/a Stern & Associates [STEASS]	01/01/2020-12/31/2020	17,415.66	Guardianship; Barbara Cox
Ariana Fisch [through AMS]	01/01/2020-12/31/2020	389.95	Fees - Guardianship
Margaret Ann O'Sullivan	01/01/2020-12/31/2020	1,375.00	
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		48,869.40	

		680600-100-003	
Vendor Name	Invoice Date	Amount	
AMS Corp Legal Cost Allocation	01/01/2020-12/31/2020	47,520.00	

TOTAL Allocated Legal Fees 47,520.00

Total Legal Cost 97,378.35

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

CNA-yes; others-no

(2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

Health Care Council of IL \$19,200

yes

(3)

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

yes

yes

(4)

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

no

(5)

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

yes

7.5 yrs

(6)

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

\$ 39,015

Line 10

(7)

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

yes

(8)

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

no

(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
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

x

(11)

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

\$ 319,130

(12)

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

no
- (13)

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

yes

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?
For example, is a portion of the building used for rental, a pharmacy, day care, etc.)
If YES, attach a schedule which explains how all related costs were allocated to these functions.

no

(15)

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

\$ 19,702

No

Indicate the amount. \$

(16)

Travel and Transportation

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

no

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

no

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

no

\$

(17)

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

no

N/A

(18)

Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V?

yes

(19)

Has a schedule for the legal fees reported on the cost report been provided by the facility?
See page 39 of the instructions for details.
Attach invoices and a summary of services for all architect and appraisal fees.

yes