

		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>0040709</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																															
Facility Name: <u>Alden Lincoln Rehab H C Ctr</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>504 W Wellington Ave</u> <u>Chicago</u> <u>60657</u>																																																	
Number City Zip Code																																																	
County: <u>Cook</u>																																																	
Telephone Number: <u>(773) 281 - 6200</u> Fax # <u>(773) 281 - 5623</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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	(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>																																																
Date of Initial License for Current Owners: <u>03/01/95</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 Lincoln Rehab H C Ctr

0040709 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	96	Skilled (SNF)	96	35,136	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	96	TOTALS	96	35,136	7

B. Census-For the entire report period.					
1	Level of Care	Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	Total
8	SNF	762	356	5,935	7,053
9	SNF/PED				
10	ICF	19,751	1,159	889	21,799
11	ICF/DD				
12	SC				
13	DD 16 OR LESS				
14	TOTALS	20,513	1,515	6,824	28,852

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.12%

D. How many bed reserve days during this year were paid by the Department?
none (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒

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

I. On what date did you start providing long term care at this location?
Date started 03/01/1995

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 03/01/1995 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 33 and days of care provided 2,492

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 Lincoln Rehab H C Ctr # 0040709 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	299,713	17,459	25,333	342,505	1,208	343,713	(9,296)	334,417			1
2	Food Purchase		180,686		180,686	(30,218)	150,468	(6,010)	144,458			2
3	Housekeeping	241,245	35,849		277,094	381	277,475	10,064	287,539			3
4	Laundry	33,355	5,776		39,131	460	39,591		39,591			4
5	Heat and Other Utilities			124,187	124,187		124,187	370	124,557			5
6	Maintenance	50,106		121,334	171,440	159	171,599	23,313	194,912			6
7	Other (specify):* related party							4,660	4,660			7
8	TOTAL General Services	624,419	239,770	270,854	1,135,043	(28,010)	1,107,033	23,101	1,130,134			8
	B. Health Care and Programs											
9	Medical Director			9,000	9,000		9,000		9,000			9
10	Nursing and Medical Records	2,209,722	160,066	4,406	2,374,194	5,900	2,380,094	34,086	2,414,180			10
10a	Therapy	32,529	2,690	28,462	63,681		63,681		63,681			10a
11	Activities	105,763	12,144	4,789	122,696	101	122,797		122,797			11
12	Social Services	51,167			51,167		51,167		51,167			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Res Atten/related party	21,805			21,805		21,805	4,016	25,821			15
16	TOTAL Health Care and Programs	2,420,986	174,900	46,657	2,642,543	6,001	2,648,544	38,102	2,686,646			16
	C. General Administration											
17	Administrative	109,328			109,328		109,328	123,279	232,607			17
18	Directors Fees											18
19	Professional Services			678,448	678,448		678,448	(606,673)	71,775			19
20	Dues, Fees, Subscriptions & Promotions			110,998	110,998		110,998	(95,153)	15,845			20
21	Clerical & General Office Expenses	199,971	12,207	110,611	322,789	(4,255)	318,534	162,286	480,820			21
22	Employee Benefits & Payroll Taxes			611,232	611,232	23,539	634,771	(2,412)	632,359			22
23	Inservice Training & Education											23
24	Travel and Seminar			907	907		907	615	1,522			24
25	Other Admin. Staff Transportation			95	95		95	5,496	5,591			25
26	Insurance-Prop.Liab.Malpractice			270,656	270,656		270,656	201	270,857			26
27	Other (specify):* related party			226,062	226,062		226,062	(177,239)	48,823			27
28	TOTAL General Administration	309,299	12,207	2,009,009	2,330,515	19,284	2,349,799	(589,600)	1,760,199			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,354,704	426,877	2,326,520	6,108,101	(2,725)	6,105,376	(528,397)	5,576,979			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			67,579	67,579		67,579	(5,356)	62,223			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			47,573	47,573		47,573	(4,312)	43,261			32
33	Real Estate Taxes			134,215	134,215		134,215	4,339	138,554			33
34	Rent-Facility & Grounds			400,480	400,480		400,480		400,480			34
35	Rent-Equipment & Vehicles			10,016	10,016		10,016	22,044	32,060			35
36	Other (specify):*											36
37	TOTAL Ownership			659,863	659,863		659,863	16,715	676,578			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		281,360	458,023	739,383	2,725	742,108	(28,639)	713,469			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			219,410	219,410		219,410		219,410			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		281,360	677,433	958,793	2,725	961,518	(28,639)	932,879			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,354,704	708,237	3,663,816	7,726,757		7,726,757	(540,321)	7,186,436			45

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

Alden Lincoln Rehab H C Ctr
Period Beginning: 1/1/2020
Period Ending: 12/31/2020

IDPH License No. 0040709

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(30,218.00)	Employee Meals
	22	30,218.00	Employee Meals
22		(6,679.00)	Uniform Reclass
	1	1,208.00	Uniform Reclass
	3	381.00	Uniform Reclass
	4	460.00	Uniform Reclass
	6	159.00	Uniform Reclass
	10	4,005.00	Uniform Reclass
	11	101.00	Uniform Reclass
	21	365.00	Uniform Reclass
10		(2,725.00)	Oxygen Cost Reclass
	39	2,725.00	Oxygen Cost Reclass
33		NA non HUD	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	NA non HUD	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(4,620.00)	Team TSI exp - MDS related costs
	10	4,620.00	Team TSI exp - MDS related costs
		-	

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	(7,623)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(9,182)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(798)	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	(11,151)	21		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(3,681)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(88,403)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(226,062)	27		24
25	Fund Raising, Advertising and Promotional	(92,201)	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)	\$ (439,101)		\$	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)	(48,525)		34
35	Other- Attach Schedule	(52,695)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (101,220)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (540,321)		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			Sch. V Line	
		Amount	Reference	
1	Elim Deprec Exp on Pg 12 <\$2,500 (G)	\$ (1,321)	30	1
2	Elim Deprec Exp on Pg 13 <\$2,500 (adj 1, wrksht, exp)	(15,476)	30	2
3	Exp Pg12<\$2,500 - current year purch (H)	0	6	3
4	Exp Pg13<\$2,500 - current year purch (adj 1, wrksht cost	13,144	6	4
5	Elim ABC Pg12-Related Party profit 2008-2019	335	30	5
6	adj Depreciation exp	(12)	30	6
7				7
8				8
9	Late Fees on Utilities	(1,705)	5	9
10	Late Fees on telephone		21	10
11	Intercompany interests (MidCap)	(47,485)	32	11
12	Misc Income - Poll site	(183)	21	12
13	Vendor Discount (GL 4984)	(14)	2	13
14	Nursing Income - Flu Shots (GL4621)	(172)	21	14
15	add back: 2007 Rate Litigation	194	33	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
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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	(52,695)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Lincoln Rehab H C Ctr

0040709

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(9,296)	0	0	0	0	0	0	0	(9,296)	1
2	Food Purchase	(812)	0	0	(5,198)	0	0	0	0	0	0	0	(6,010)	2
3	Housekeeping	0	0	10,064	0	0	0	0	0	0	0	0	10,064	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,705)	0	2,075	0	0	0	0	0	0	0	0	370	5
6	Maintenance	5,521	0	13,464	0	0	0	35	4,293	0	0	0	23,313	6
7	Other (specify):*	0	0	4,660	0	0	0	0	0	0	0	0	4,660	7
8	TOTAL General Services	3,004	0	30,263	(14,494)	0	0	35	4,293	0	0	0	23,101	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	0	0	27,309	7,405	(628)	0	0	0	0	0	0	34,086	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	4,016	0	0	0	0	0	0	0	0	4,016	15
16	TOTAL Health Care and Programs	0	0	31,325	7,405	(628)	0	0	0	0	0	0	38,102	16
	C. General Administration													
17	Administrative	0	0	123,279	0	0	0	0	0	0	0	0	123,279	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(88,403)	0	(518,270)	0	0	0	0	0	0	0	0	(606,673)	19
20	Fees, Subscriptions & Promotions	(95,882)	0	729	0	0	0	0	0	0	0	0	(95,153)	20
21	Clerical & General Office Expenses	(11,506)	0	173,792	0	0	0	0	0	0	0	0	162,286	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,412)	0	0	0	0	0	0	(2,412)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	615	0	0	0	0	0	0	0	0	615	24
25	Other Admin. Staff Transportation	0	0	5,496	0	0	0	0	0	0	0	0	5,496	25
26	Insurance-Prop.Liab.Malpractice	0	0	201	0	0	0	0	0	0	0	0	201	26
27	Other (specify):*	(226,062)	0	48,823	0	0	0	0	0	0	0	0	(177,239)	27
28	TOTAL General Administration	(421,853)	0	(165,335)	0	(2,412)	0	0	0	0	0	0	(589,600)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(418,849)	0	(103,747)	(7,089)	(3,040)	0	35	4,293	0	0	0	(528,397)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Lincoln Rehab H C Ctr# 0040709

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(16,474)	0	11,118	0	0	0	0	0	0	0	0	(5,356)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(56,667)	0	52,355	0	0	0	0	0	0	0	0	(4,312)	32
33	Real Estate Taxes	194	0	4,145	0	0	0	0	0	0	0	0	4,339	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	22,044	0	0	0	0	0	0	0	0	22,044	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(72,947)	0	89,662	0	0	0	0	0	0	0	0	16,715	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	(34,761)	(7,927)	14,049	0	0	0	0	0	(28,639)	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	(34,761)	(7,927)	14,049	0	0	0	0	0	(28,639)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(491,796)	0	(14,085)	(41,850)	(10,967)	14,049	35	4,293	0	0	0	(540,321)	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			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	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 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	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 2,075	\$ 2,075	15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		615	615	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		5,496	5,496	17
18	V	26 Insurance		Alden Management Services, Inc.		201	201	18
19	V	20 Dues and Subscription		Alden Management Services, Inc.		729	729	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		4,145	4,145	21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		22,044	22,044	22
23	V	32 Interest		Alden Management Services, Inc.		52,355	52,355	23
24	V	1 Dietary		Alden Management Services, Inc.				24
25	V	3 Housekeeping		Alden Management Services, Inc.		10,064	10,064	25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		4,660	4,660	26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		27,309	27,309	27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		4,016	4,016	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		123,279	123,279	29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		48,823	48,823	30
31	V	19 Professional Fee	561,092	Alden Management Services, Inc.		42,822	(518,270)	31
32	V	21 General and Administrative	29,640	Alden Management Services, Inc.		203,432	173,792	32
33	V	6 Repairs and Maintenance	14,546	Alden Management Services, Inc.		28,010	13,464	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 605,278			\$ 591,193	\$ * (14,085)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consult.	\$25,333	Prism Health Care Services, Inc.	0.00%	\$	(25,333)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		14,243	14,243	16
17	V	2	Tube feeding	15,242	Prism Health Care Services, Inc.		4,579	(10,663)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39	Ancillary supplies	64,135	Prism Health Care Services, Inc.		18,886	(45,249)	19
20	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		1,794	1,794	20
21	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		5,465	5,465	21
22	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		1,613	1,613	22
23	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		9,923	9,923	23
24	V	39	Vent		Prism Health Care Services, Inc.		565	565	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			\$111,370			\$69,520	\$*(41,850)	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	\$ 194,135	Forum Extended Care II, Inc.	0.00%	\$ 184,910	\$ (9,225)	15
16	V	39 I.V.	14,257	Forum Extended Care II, Inc.		13,579	(678)	16
17	V	39 Wound Care-Product only	6,754	Forum Extended Care II, Inc.		6,433	(321)	17
18	V	10 House Stock	10,919	Forum Extended Care II, Inc.		10,400	(519)	18
19	V	10 Pharm Consult	2,304	Forum Extended Care II, Inc.		2,195	(109)	19
20	V	22 Employee Vaccinations	2,412	Forum Extended Care II, Inc.			(2,412)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		2,297	2,297	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		\$ 230,781			\$ 219,814	\$ * (10,967)	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	\$ 460,223	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 474,272	\$ 14,049	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			\$ 460,223			\$ 474,272	\$ * 14,049	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	\$ 14,838	Alden Bennett Construction Company, Inc.	0.00%	\$ 14,873	\$ 35	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			\$ 14,838			\$ 14,873	\$ * 35	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	\$ 4,656	Alden Design Group, Ltd.	0.00%	\$ 8,949	\$ 4,293	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			\$ 4,656			\$ 8,949	\$ * 4,293	39

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

Facility Name & ID Number

Alden Lincoln Rehab H C Ctr

0040709

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 Durability	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 Durability	13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Services	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health Care Center	Long Grove				30

Facility Name & ID Number Alden Lincoln Rehab H C Ctr # 0040709 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	180,586	0.956	2.39	Salary	\$ 4,414	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,614	0.956	2.39	Salary	2,386	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,614	0.956	2.39	Salary	2,386	6-7	3
4	Ina Schlossberg D.	Board Member	Board member	0.00	111,095	0.956	2.39	Salary	2,716	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical records	0.00	61,919	0.956	2.39	Salary	1,514	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	180,586	0.8365	2.39	Salary	4,414	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	\$ 17,830		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 Lincoln Rehab H C Ctr# 0040709

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	\$	28,852	\$ 2,075	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753		28,852	615	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320		28,852	5,496	3
4	26	Insurance	Patient Days	1,209,117	36	8,433		28,852	201	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557		28,852	729	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		28,852	4,145	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790		28,852	22,044	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343		28,852	52,355	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	28,852	10,064	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292		28,852	4,660	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	28,852	27,309	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303		28,852	4,016	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	28,852	123,279	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057		28,852	48,823	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	28,852	42,822	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	28,852	203,432	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	28,852	28,010	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 24,005,407	\$ 16,460,603		\$ 591,193	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			x				\$		\$			\$	1
2													2
3													3
4													4
5	Insurance Interest (GL7053/7030)		x	Medical Malpractice								88	5
	Working Capital												
6	Related party - AMS		x	Working capital								52,355	6
7													7
8													8
9	TOTAL Facility Related						\$		\$			\$ 52,443	9
	B. Non-Facility Related*												
10													10
11	Interest Income (GL 4975)		x									(9,182)	11
12													12
13													13
14	TOTAL Non-Facility Related						\$		\$			\$ (9,182)	14
15	TOTALS (line 9+line14)						\$		\$			\$ 43,261	15

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

* 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.			\$	133,800	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.)			\$	132,109	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(1,691)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	136,100	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.			\$	134,409	7
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page		\$	4,145
		Total Real Estate Tax Expense, Sch V, Line 33		\$	138,554
Real Estate Tax Bill for Calendar Year:		2015	113,187	8	
		2016	123,714	9	
		2017	132,968	10	
		2018	129,887	11	
		2019	132,109	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 Lincoln Rehab H C Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040709

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	\$ 4,145.00
2.		\$	\$
3. 14-28-108-023-000	Nursing Home Facility	\$ 132,108.52	\$ 132,108.52
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 305,804.52	\$ 136,253.52

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	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Sprinkler heads		1995		1,832	59	25	59		1,832
10	Roof repairs		1995		2,000		10			2,000
11	Installed Electric AMPS		1996		1,870		5			1,870
12	Signs		1996		1,800		10			1,800
13	Water Heater		1997		6,180		5			6,180
14	Replace Pipes		1997		5,949		5			5,949
15	Exhaust Fans		1997		8,403		5			8,403
16	Washing machine motor		1998		1,576		8			1,576
17	ABC (General construction) Major repairs/improvement		1999		5,713		10			5,713
18	ABC (General construction) Major repairs/improvement		1999		2,326		10			2,326
19	ABC (General construction) Major repairs/improvement		1999		2,092		10			2,092
20	ABC (General construction) Major repairs/improvement		1999		1,870		10			1,870
21	ABC (General construction) Major repairs/improvement		1999		12,658		10			12,658
22	ABC (General construction) Major repairs/improvement		1999		2,250		10			2,250
23	ABC (General construction) Major repairs/improvement		1999		10,225		10			10,225
24	Climate Services (exhaust fan)		1999		2,280		5			2,280
25	Oxygen exhaust system		2000		8,555		8			8,555
26	Elevator door repair		2000		1,518		5			1,518
27	Lawn Sprinkler		2000		15,500	620	25	620		12,607
28	ABC (General construction) Major repairs/improvement		2000		6,937		5			6,937
29	ABC (General construction) New hot water system		2000		49,596	410	20	410		49,596
30	ABC (General construction) Replace showers		2000		23,903		10			23,903
31	Replace Fire Pump		2001		3,230	154	20	154		3,230
32	14 Kilowatt water heater booster		2001		2,783		10			2,783
33	ABC (General construction) Major repairs/improvement		2001		3,402		5			3,402
34										34
35										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 Lincoln Rehab H C Ctr

0040709

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 (pipe & wall repair)	2002	1,985		5			1,985	37
38	ABC (misc construction work)	2002	3,442		5			3,442	38
39	ABC (repair ejector pump)	2002	7,893		5			7,893	39
40	Capps Plumbing (water pump)	2002	3,275	164	20	164		3,020	40
41	TNS (DSL Cable)	2004	1,358		5			1,358	41
42	ABC (1st Floors Stairs)	2004	1,699		10			1,699	42
43	Oak Fire security System, new base dual zone card	2005	1,350		5			1,350	43
44	Washtown (repair Washer motor)	2005	1,563		5			1,563	44
45	ABC (repair Mop basin)	2005	1,613		5			1,613	45
46	ABC - seal holes and replace fill materials 3rd floor	2006	5,793		10			5,793	46
47	TopNotch - booster heater	2006	3,217		10			3,217	47
48	ABC - wall covering	2007	10,494		10			10,494	48
49	ABC - HM door and frame	2008	3,270		10			3,270	49
50	Central States - sprinkler system	2008	3,700		5			3,700	50
51	ABC - patio door	2008	2,501		10			2,501	51
52	ABC - repair electrical room and patio doors	2008	2,915		10			2,915	52
53	JD Roofing - asphalt roof patched	2009	3,600		10			3,600	53
54	Oak Fire - wirings for sprinkler system	2009	5,070		10			5,070	54
55	ABC - roof replaced	2010	3,886	255	10	255		3,886	55
56	ABC - elevator	2010	66,555	3,328	20	3,328		33,557	56
57	Rockford - railings repaired	2010	4,440	222	10	222		4,440	57
58									58
59	Elevator cylinder replacement - South elevator - ABC	2011	14,809	740	20	740		6,845	59
60	Pipes boiler room repair - ABC	2011	7,669	383	20	383		3,479	60
61	Pump, main circuit boiler, Grease trap - ABC	2011	5,097		5			5,097	61
62	Pump, main controller - ABC	2011	3,828	383	10	383		3,511	62
63	Kone - elevator, motor soft starter	2012	13,882	694	20	694		6,073	63
64	ABC - fence and guard rails	2012	5,080	339	15	339		2,966	64
65	ABC - railings	2012	5,491	366	15	366		3,172	65
66	ABC - Boiler Pacific	2012	7,225	361	20	361		3,099	66
67	ABC - fire alarm system	2012	18,456	1,846	10	1,846		15,845	67
68	ABC - boiler leak	2012	6,605	660	10	660		5,610	68
69	GT Mech - fire dampers	2012	4,632	463	10	463		3,820	69
70	TOTAL (lines 4 thru 69)		\$ 416,841	\$ 11,447		\$ 11,447	\$	\$ 347,438	70

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 416,841	\$ 11,447		\$ 11,447	\$	\$ 347,438	1
2	ABC - laundry and kitchen shaft carpentry and dry wall	2013	53,581	3,572	15	3,572		26,790	2
3	ABC - vent shaft, laundry dampers	2013	21,033	1,402	15	1,402		10,398	3
4	ABC - fire exhaust	2013	4,050	405	10	405		2,970	4
5									5
6	ABC - carpentry, dry wall	2014	6,452	430	15	430		2,938	6
7	Topnotch - freezer/major rebuild	2014	3,654		5			3,654	7
8									8
9	ABC - Pump sewage repair	2015	2,695	45	5	45		2,695	9
10									10
11	GT Mech - Boiler repair	2016	4,775	955	5	955		4,536	11
12									12
13	ABC - Boiler repair, Boiler room	2019	7,032	703	10	703		820	13
14	Suburban Elevator - Elevator valve, Building	2020	3,800	697	5	697		697	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)		\$ 523,913	\$ 19,656		\$ 19,656	\$	\$ 402,936	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 12B, Carried Forward		\$ 523,913	\$ 19,656		\$ 19,656	\$	\$ 402,936	1
2 adjust for ABC Related Party Profit	2008	(50)	(8)		(8)		(66)	2
3 adjust for ABC Related Party Profit	2009	(161)	(6)		(6)		(60)	3
4 adjust for ABC Related Party Profit	2010	(862)	(5)		(5)		(50)	4
5 adjust for ABC Related Party Profit	2011	293	2		2		17	5
6 adjust for ABC Related Party Profit	2012	2,646	262		262		1,965	6
7 adjust for ABC Related Party Profit	2013	1,059	68		68		442	7
8 adjust for ABC Related Party Profit	2014	12	2		2		11	8
9 adjust for ABC Related Party Profit	2015	5	2		2		9	9
10 adjust for ABC Related Party Profit	2016	53	4		4		14	10
11 adjust for ABC Related Party Profit	2017	40	4		4		7	11
12 adjust for ABC Related Party Profit	2018	41	4		4		5	12
13 adjust for ABC Related Party Profit	2019	26	4		4		3	13
14 adjust for ABC Related Party Profit	2020	28	2		2		2	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)		\$ 527,043	\$ 19,991		\$ 19,991	\$	\$ 405,235	34

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

Facility Name & ID Number Alden Lincoln Rehab H C Ctr

0040709

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		\$ 527,043	\$ 19,991		\$ 19,991	\$	\$ 405,235	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)		\$ 674,036	\$ 24,687		\$ 24,687	\$	\$ 501,006	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	\$333,473	\$31,624	\$31,624	\$	various	\$155,444	71	
72	Current Year Purchases	42,485	1,757	1,757		various	1,757	72	
73	Fully Depreciated Assets	451,367	4,155	4,155		various	451,367	73	
74								74	
75	TOTALS	\$827,325	\$37,536	\$37,536	\$		\$608,568	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				\$	\$	\$	\$		\$
77	related party-AMS	various	1998-2004	3,802				3	3,802
78									
79									
80	TOTALS			\$3,802	\$	\$	\$		\$3,802

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)				\$1,505,163	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)				\$62,223	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)				\$62,223	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)				\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)				\$1,113,376	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	Generator	\$14,505	92
93			93
94			94
95		\$14,505	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:T.L Enterprises
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.

		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:		96		\$ 400,480	6	6	3
4	Additions							4
5								5
6								6
7	TOTAL		96		\$ 400,480			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:
- YESNO
- Terms: Payment of \$448,817 exercisable *

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

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$ 12,978Description: 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	various	\$ 854.67	\$ 10,256	17
18					18
19					19
20					20
21	TOTAL		\$ 854.67	\$ 10,256	21

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

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

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

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.)

12345678											
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost							
					Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	167,264	\$		\$ 167,264	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				74,187			74,187	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39-3	hrs				209,407			209,407	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				187,207			187,207	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)										
10			hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify): See PG16A	39-1, 39-3, if any					14,049	61,355		75,404	13
14	TOTAL			\$		\$	464,907	\$ 248,562	\$	713,469	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.

XIV. Special Services (Direct Cost)

Page 16

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	167,264.00	
2.	ST	39-3	To Col 5	74,187.00	
3.					
4.	PT	39-3	To Col 5	209,407.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			194,135.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(6,928.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	187,207.00	
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	14,049.00	From Page 6D, Col 8 (Except DD homes)
	Other			94,390.00	
	Manual Input: Related Party - Prism			(34,761.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(678.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(321.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			2,725.00	
13.	Col 6: Supplies Total		To Col 6	61,355.00	
13.	Total Line 13, Column 8			75,404.00	
14.	Total			713,469.00	

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	\$		1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (210,500))	1,265,039		3
4	Supply Inventory (priced at)	56,096		4
5	Short-Term Investments			5
6	Prepaid Insurance	6,530		6
7	Other Prepaid Expenses	11,805		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd Party	50,249		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,389,719	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	642,028		15
16	Equipment, at Historical Cost	883,136		16
17	Accumulated Depreciation (book methods)	(1,171,166)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	86,343		21
22	Other Long-Term Assets (spe Purchase Option	288,000		22
23	Other(specify): CIP	14,505		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 742,846	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,132,565	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 410,255	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	272,481		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	313,954		30
31	Accrued Taxes Payable (excluding real estate taxes)	119,087		31
32	Accrued Real Estate Taxes(Sch.IX-B)	136,100		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,SalesTax/Provi	2,726,029		36
37	Due to Affiliates - current	391,295		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,369,201	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	536,318		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	1,884,101		43
44	Mcr Adv Fund & Fica-Deferred	184,988		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,605,407	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,974,608	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (4,842,043)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,132,565	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,496,156)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,496,156)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(345,887)	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)	\$ (345,887)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (4,842,043)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Lincoln Rehab H C Ctr

0040709

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	\$ 7,054,379	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,054,379	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	108,650	5
6	Therapy	191,447	6
7	Oxygen	11,991	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 312,088	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	3,774	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 3,774	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	9,182	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,182	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income (Medical Records/Polling)	1,433	28
28a	Vendor Discount	14	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,447	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,380,870	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,135,043	31
32	Health Care	2,642,543	32
33	General Administration	2,330,515	33
	B. Capital Expense		
34	Ownership	659,863	34
	C. Ancillary Expense		
35	Special Cost Centers	739,383	35
36	Provider Participation Fee	219,410	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,726,757	40
41	Income before Income Taxes (line 30 minus line 40)**	(345,887)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (345,887)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 3,967,625	44
45	Private Pay - Net Inpatient Revenue	357,432	45
46	Medicare - Net Inpatient Revenue	1,685,460	46
47	Other-(specify) Hospice	349,925	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows	693,937	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,054,379	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.

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	2,248	2,264	\$ 120,293	\$ 53.13	1
2	Assistant Director of Nursing	2,160	2,168	80,843	37.29	2
3	Registered Nurses	7,995	8,778	287,683	32.77	3
4	Licensed Practical Nurses	22,363	24,185	733,999	30.35	4
5	CNAs & Orderlies	42,638	47,230	851,235	18.02	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,320	1,617	32,529	20.12	8
9	Activity Director	2,072	2,080	48,859	23.49	9
10	Activity Assistants	3,532	3,728	56,903	15.26	10
11	Social Service Workers	2,072	2,080	51,167	24.60	11
12	Dietician					12
13	Food Service Supervisor	2,064	2,080	56,276	27.06	13
14	Head Cook					14
15	Cook Helpers/Assistants	13,046	14,151	243,437	17.20	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	50,106	24.09	17
18	Housekeepers	13,115	14,766	241,246	16.34	18
19	Laundry	1,657	1,961	33,355	17.01	19
20	Administrator	2,133	2,149	109,328	50.87	20
21	Assistant Administrator					21
22	Other Administrative	2,064	2,080	67,229	32.32	22
23	Office Manager					23
24	Clerical	7,151	7,919	132,741	16.76	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,104	94,155	44.75	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Res Attend.	1,132	1,200	21,805	18.17	32
33	Other(specify) Memory Care Dire	2,072	2,080	41,515	19.96	33
34	TOTAL (lines 1 - 33)	134,994	146,700	\$ 3,354,704 *	\$ 22.87	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	2100/mo	\$ 25,333	1-3	35
36	Medical Director	750/mo	9,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	192/mp	2,304	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	95/mo	964	11-3	44
45	Social Service Consultant	250/mo	4,200	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 41,801		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	4 hrs	150	10-3	52
53	TOTAL (lines 50 - 52)		\$ 150		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	% Ownership	Amount
Mary Saleh	Administrator	0	\$ 109,328
		0	
		0	
		0	
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 109,328
B. Administrative - Other			
Description			Amount
			\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$
C. Professional Services			
Vendor/Payee	Type		Amount
Alden Management Services, Inc.	Consulting fees	\$	512,592
AMS	Allocated Legal Costs		47,520
Virchow Krause	Accounting Fees		9,081
C. Novotny	Accounting Fees		100
AMS Midcap	Accounting Fees		5,571
Midcap/Salzman	Legal Fees - Non-Collections		4,319
IDF Law/Von Briesen Law/Fisch/Kelley	Legal Fees - Non-Collections		1,768
Achieve Accreditation/Relias/Joint CMAA	Appraisal Fees/Accreditation		9,093
FMS Law/ELLDOU/Joseph Piper/Kelly	Legal Fees - Collections		14,924
Pogrud Korey/SB2 Inc	Legal Fees - Collections		13,907
Midwest Care Management	Legal Fees - Collections		33,653
Stern & Assoc	Legal Fees - Collections		25,920
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 678,448
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance		\$	104,903
Unemployment Compensation Insurance			11,803
FICA Taxes			248,878
Employee Health Insurance			102,061
Employee Meals			30,218
Illinois Municipal Retirement Fund (IMRF)*			
Union, Health & Welfare			83,674
Dental and Life			916
Pension			25,604
Employee Relations/Misc Payroll Costs			21,919
Drug Test/401K			4,795
Related Party - FECS			(2,412)
TOTAL (agree to Schedule V, line 22, col.8)			\$ 632,359
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
		\$	
TOTAL		\$	
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee		\$	
Advertising: Employee Recruitment			1,071
Health Care Worker Background Check (Indicate # of checks performed 14)			455
Patient Background Checks	96		960
Surety Bond Fee			420
Health Care Council of IL			9,216
Corporate Annual Report			77
Collaborative Healthcare/Broadcast Music In			2,917
Related party			729
Less: Public Relations Expense	(		)
Non-allowable advertising	(		)
Yellow page advertising	(		)
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 15,845
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel		\$	
In-State Travel			
Related party			615
Seminar Expense			
Nat'l Investment Center for Senior Housing			268
WHCA/WICAL Leaders Conference			639
Entertainment Expense	(		)
(agree to Sch. V, line 24, col. 8)			\$ 1,522

*** Attach copy of IMRF notifications**

****See instructions.**

Alden - Lincoln Park Rehabilitation and Health Care Center, Inc.	PG 21A
Legal Fee Support	
2020	
Legal Fees Reported on Pg 21, Section C:	\$ 142,011.00
Less: Collection, estates, & other non-allowable legal fees	(88,404.00)
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>\$ 6,087.00</u>

In Detail:		
Vendor Name - 696600-100-000 Legal Fees - Collections	Invoice Date	Amount
Stone Pogrund	01/20-12/20	11,452.00
SB2 Inc	01/20-12/20	2,455.00
Midwest Care Management	01/20-12/20	33,653.00
Joseph Pieper	10/20	3,781.00
Ellen Douglas Law Offices	11/20	495.00
FMS Law Group	09/20	1,375.00
Kevin Patrick Hanbury	04/20 and 12/20	4,758.00
Law Offices of Lawrence, Kamin	04/20 and 10/20	3,415.00
Steven Mhajlovic Law Offices	12/20	1,100.00
Stern & Associates Ltd	01/20-12/20	25,920.00
		<u>88,404.00</u>
TOTAL NON-ALLOWABLE LEGAL FEES		88,404.00

Vendor Name - 680600-100-003 - AMS Allocated Legal Fees	Invoice Date	Amount
AMS Corporate Allication - Legal Costs	01/20-12/20	47,520.00
		<u>47,520.00</u>
TOTAL Allocated Legal Fees		47,520.00

Vendor Name - 680600-100-000 - Legal Fees Non-Collection:	Invoice Date	Amount
Salzman	01/20 and 09/20	3,203.00
Midcap	01/20-12/20	1,116.00
IDF Law LLC	11/20	1,511.00
Ariana Fisch	02/20	25.00
Von Briesen & Roper	10/20	232.00
TOTAL Non Collection-ALLOWABLE LEGAL FEES		6,087.00

Total Legal Cost	<u>142,011.00</u>
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Facility Name & ID Number Alden Lincoln Rehab H C Ctr

0040709

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes; RN/LPN: No (13)
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Health Care Council of IL. \$9,216
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 13,771 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. _____
- (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. \$ 219,410
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 30,218 Has any meal income been offset against related costs? no Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ no
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? no
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? no
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. yes
Attach invoices and a summary of services for all architect and appraisal fees.