

		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>0044909</u>			II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																																																		
Facility Name: <u>Alden Park Strathmoor</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>5668 Strathmoor Dr</u> <u>Rockford</u> <u>61107</u>																																																																					
Number City Zip Code																																																																					
County: <u>Winnebago</u>																																																																					
Telephone Number: <u>(815)229-5200</u> Fax # <u>(815)229-1411</u>																																																																					
HFS ID Number: _____																																																																					
Date of Initial License for Current Owners: <u>08/01/2000</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 colspan="2">IRS Exemption Code _____</td><td>☒</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td colspan="2"></td><td>☐</td><td>"Sub-S" Corp.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Limited Liability Co.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Other</td><td colspan="2">_____</td></tr></table>			☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL	☐	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code _____		☒	Corporation	☐	Other _____			☐	"Sub-S" Corp.	_____				☐	Limited Liability Co.	_____				☐	Trust					☐	Other	_____		<table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) <u>Derek Smart</u></td><td></td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td><td></td></tr><tr><td>(Firm Name & Address) _____</td><td></td></tr><tr><td>(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u></td><td></td></tr></table>			Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Derek Smart</u>		Paid Preparer	(Title) <u>CFO, Alden Management Services, Inc., as agent</u>		(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>	
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In the event there are further questions about this report, please contact: Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u> Email Address: _____			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 Park Strathmoor

0044909 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	189	Skilled (SNF)	189	69,174	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	189	TOTALS	189	69,174	7

B. Census-For the entire report period.					
	1	2	3	4	5
	Level of Care	Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	Total
8	SNF	8,448	880	1,424	10,752
9	SNF/PED				
10	ICF	35,434	1,536	4,969	41,939
11	ICF/DD				
12	SC				
13	DD 16 OR LESS				
14	TOTALS	43,882	2,416	6,393	52,691

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.17%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 08/01/2000

J. Was the facility purchased or leased after January 1, 1978?
YES x Date 08/01/2000 NO

K. Was the facility certified for Medicare during the reporting year?
YES x NO If YES, enter number of beds certified 189 and days of care provided 1,409

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

MODIFIED
ACCRUAL x CASH* CASH*

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 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	389,745	32,698	32,270	454,713	1,450	456,163	(6,229)	449,934			1
2	Food Purchase		577,655		577,655	(32,086)	545,569	(131,380)	414,189			2
3	Housekeeping	226,060	58,106		284,166	812	284,978	18,379	303,357			3
4	Laundry	91,239	22,869		114,108	451	114,559		114,559			4
5	Heat and Other Utilities			181,767	181,767		181,767	1,707	183,474			5
6	Maintenance	54,222		183,868	238,090	107	238,197	53,265	291,462			6
7	Other (specify):* related party							8,510	8,510			7
8	TOTAL General Services	761,266	691,328	397,905	1,850,499	(29,266)	1,821,233	(55,748)	1,765,485			8
	B. Health Care and Programs											
9	Medical Director			54,000	54,000		54,000		54,000			9
10	Nursing and Medical Records	3,055,048	342,805	53,917	3,451,770	(49,566)	3,402,204	60,666	3,462,870			10
10a	Therapy	159,839	248	4,697	164,784		164,784		164,784			10a
11	Activities	276,090	16,941	6,079	299,110	209	299,319		299,319			11
12	Social Services	52,661			52,661		52,661		52,661			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Res Att/rel party	6,534			6,534		6,534	7,334	13,868			15
16	TOTAL Health Care and Programs	3,550,172	359,994	118,693	4,028,859	(49,357)	3,979,502	68,000	4,047,502			16
	C. General Administration											
17	Administrative	113,954			113,954		113,954	225,139	339,093			17
18	Directors Fees											18
19	Professional Services			972,789	972,789		972,789	(863,697)	109,092			19
20	Dues, Fees, Subscriptions & Promotions			136,284	136,284	(540)	135,744	(101,240)	34,504			20
21	Clerical & General Office Expenses	155,530	11,975	255,344	422,849	(4,217)	418,632	303,214	721,846			21
22	Employee Benefits & Payroll Taxes			999,586	999,586	21,991	1,021,577	(2,019)	1,019,558			22
23	Inservice Training & Education											23
24	Travel and Seminar			803	803	540	1,343	1,122	2,465			24
25	Other Admin. Staff Transportation			1,577	1,577		1,577	10,037	11,614			25
26	Insurance-Prop.Liab.Malpractice			521,553	521,553		521,553	9,684	531,237			26
27	Other (specify):* related party			82,645	82,645		82,645	6,518	89,163			27
28	TOTAL General Administration	269,484	11,975	2,970,581	3,252,040	17,774	3,269,814	(411,242)	2,858,572			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,580,922	1,063,297	3,487,179	9,131,398	(60,849)	9,070,549	(398,990)	8,671,559			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			94,232	94,232		94,232	221,916	316,148			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			44,269	44,269		44,269	221,263	265,532			32
33	Real Estate Taxes			141,170	141,170	(141,170)		148,739	148,739			33
34	Rent-Facility & Grounds			581,591	581,591	141,170	722,761	(722,761)				34
35	Rent-Equipment & Vehicles			16,889	16,889		16,889	40,258	57,147			35
36	Other (specify):* MIP							43,898	43,898			36
37	TOTAL Ownership			878,151	878,151		878,151	(46,687)	831,464			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	609,329	430,670	830,841	1,870,840	60,849	1,931,689	35,839	1,967,528			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			418,182	418,182		418,182		418,182			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	609,329	430,670	1,249,023	2,289,022	60,849	2,349,871	35,839	2,385,710			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,190,251	1,493,967	5,614,353	12,298,571		12,298,571	(409,838)	11,888,733			45

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

Alden Park Strathmoor
Period Beginning: 1/1/2020
Period Ending: 12/31/2020

IDPH License No. 0044909

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(32,086.00)	Employee Meals
	22	32,086.00	Employee Meals
21		(4,620.00)	Team TSI expense Reclass
	10	4,620.00	Team TSI expense Reclass
22		(10,095.00)	Uniform Reclass
	1	1,450.00	Uniform Reclass
	3	812.00	Uniform Reclass
	4	451.00	Uniform Reclass
	6	107.00	Uniform Reclass
	10	6,663.00	Uniform Reclass
	11	209.00	Uniform Reclass
	21	403.00	Uniform Reclass
10		(60,849.00)	Oxygen Cost Reclass
	39	60,849.00	Oxygen Cost Reclass
33		(141,170.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	141,170.00	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	(16,502)	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	(3,271)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,470)	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	(21,979)	21		17
18	Fines and Penalties	(33)	32		18
19	Entertainment	(690)	20		19
20	Contributions	(6,804)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,277)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(82,645)	27		24
25	Fund Raising, Advertising and Promotional	(93,236)	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)	\$ (233,907)		\$	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)	(184,013)		34
35	Other- Attach Schedule	8,082		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (175,931)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (409,838)		37

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

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

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (4,274)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(20,195)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,969	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	42,839	6	4
5	Adj depr to actual	1,666	30	5
6	Adj ABC Deprec Exp from Pg 12 series	22	30	6
7	Other Nursing Income	(967)	21	7
8	Late Fees on Utilities	(2,083)	5	8
9	Misc Income - Record Copies	(140)	10	9
10	Misc Income	(571)	10	10
11	Vendor Discount	(16)	10	11
12				12
13	Bank Fees paid by LLC	(249)	21	13
14	Record Depreciation for Deferred Maint.	0	6	14
15				15
16	Rockford Chamber back out	(1,919)	20	16
17	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	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				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	8,082		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor

0044909

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	(6,229)	0	0	0	0	0	0	0	(6,229)	1
2	Food Purchase	(1,470)	0	0	(129,910)	0	0	0	0	0	0	0	(131,380)	2
3	Housekeeping	0	0	18,379	0	0	0	0	0	0	0	0	18,379	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,083)	0	3,790	0	0	0	0	0	0	0	0	1,707	5
6	Maintenance	28,306	0	21,078	0	0	0	47	3,834	0	0	0	53,265	6
7	Other (specify):*	0	0	8,510	0	0	0	0	0	0	0	0	8,510	7
8	TOTAL General Services	24,753	0	51,757	(136,139)	0	0	47	3,834	0	0	0	(55,748)	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	(727)	0	49,873	12,894	(1,374)	0	0	0	0	0	0	60,666	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	7,334	0	0	0	0	0	0	0	0	7,334	15
16	TOTAL Health Care and Programs	(727)	0	57,207	12,894	(1,374)	0	0	0	0	0	0	68,000	16
	C. General Administration													
17	Administrative	0	0	225,139	0	0	0	0	0	0	0	0	225,139	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,277)	13,075	(869,495)	0	0	0	0	0	0	0	0	(863,697)	19
20	Fees, Subscriptions & Promotions	(102,649)	77	1,332	0	0	0	0	0	0	0	0	(101,240)	20
21	Clerical & General Office Expenses	(23,195)	249	326,160	0	0	0	0	0	0	0	0	303,214	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,019)	0	0	0	0	0	0	(2,019)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,122	0	0	0	0	0	0	0	0	1,122	24
25	Other Admin. Staff Transportation	0	0	10,037	0	0	0	0	0	0	0	0	10,037	25
26	Insurance-Prop.Liab.Malpractice	0	9,317	367	0	0	0	0	0	0	0	0	9,684	26
27	Other (specify):*	(82,645)	0	89,163	0	0	0	0	0	0	0	0	6,518	27
28	TOTAL General Administration	(215,766)	22,718	(216,175)	0	(2,019)	0	0	0	0	0	0	(411,242)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(191,740)	22,718	(107,211)	(123,245)	(3,393)	0	47	3,834	0	0	0	(398,990)	29

STATE OF ILLINOIS

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(22,781)	233,579	11,118	0	0	0	0	0	0	0	0	221,916	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(11,304)	223,672	8,895	0	0	0	0	0	0	0	0	221,263	32
33	Real Estate Taxes	0	141,170	7,569	0	0	0	0	0	0	0	0	148,739	33
34	Rent-Facility & Grounds	0	(722,761)	0	0	0	0	0	0	0	0	0	(722,761)	34
35	Rent-Equipment & Vehicles	0	0	40,258	0	0	0	0	0	0	0	0	40,258	35
36	Other (specify):*	0	43,898	0	0	0	0	0	0	0	0	0	43,898	36
37	TOTAL Ownership	(34,085)	(80,442)	67,840	0	0	0	0	0	0	0	0	(46,687)	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	14,289	(5,205)	26,755	0	0	0	0	0	35,839	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	14,289	(5,205)	26,755	0	0	0	0	0	35,839	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(225,825)	(57,724)	(39,371)	(108,956)	(8,598)	26,755	47	3,834	0	0	0	(409,838)	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
Alden Realty Services, Inc.	100	See PG-Supp		See PG-Supp		

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 722,761	Park Strathmoor, LLC	0.00%	\$	\$ (722,761)	1
2	V	32	Investment Income - RR	340	Park Strathmoor, LLC			(340)	2
3	V	32	Interest -Other	63	Park Strathmoor, LLC		8,000	7,937	3
4	V	19	Accounting Fee/Professional		Park Strathmoor, LLC		13,075	13,075	4
5	V	33	Real Estate Tax		Park Strathmoor, LLC		141,170	141,170	5
6	V	26	General Insurance Expenses		Park Strathmoor, LLC		9,317	9,317	6
7	V	36	Mortgage Insurance Premium		Park Strathmoor, LLC		43,898	43,898	7
8	V	32	Interest On Mortg./Interest Other		Park Strathmoor, LLC		201,953	201,953	8
9	V	30	Depreciation		Park Strathmoor, LLC		233,579	233,579	9
10	V	32	Amortization		Park Strathmoor, LLC		14,122	14,122	10
11	V	21	Bank Fees		Park Strathmoor, LLC		249	249	11
12	V	20	Annual Rpt Fee		Park Strathmoor, LLC		77	77	12
13	V	6	Repairs & Maintenance		Park Strathmoor, LLC				13
14	Total			\$ 723,164			\$ 665,440	\$ * (57,724)	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	4	5	6	7	8
Schedule V	Line	Cost Per General Ledger Item	Amount	Cost to Related Organization Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,790	\$ 3,790 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,122	1,122 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		10,037	10,037 17
18	V	26 Insurance		Alden Management Services, Inc.		367	367 18
19	V	20 Dues/Subscriptions		Alden Management Services, Inc.		1,332	1,332 19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,569	7,569 21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		40,258	40,258 22
23	V	32 Interest		Alden Management Services, Inc.		8,895	8,895 23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.			
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		18,379	18,379 25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		8,510	8,510 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		49,873	49,873 27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		7,334	7,334 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		225,139	225,139 29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		89,163	89,163 30
31	V	19 Professional Fees	917,800	Alden Management Services, Inc.		48,305	(869,495) 31
32	V	21 Gen'l & Admin	45,360	Alden Management Services, Inc.		371,520	326,160 32
33	V	6 Repairs & Maintenance	4,550	Alden Management Services, Inc.		25,628	21,078 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 967,710			\$ 928,339	\$ * (39,371) 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	231,306	Prism Health Care Services, Inc.		77,335	(153,971)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	179,716	Prism Health Care Services, Inc.		77,941	(101,775)	19
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		7,897	7,897	20
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		24,061	24,061	21
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		7,102	7,102	22
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		43,690	43,690	23
24	V	39 Vent Rent		Prism Health Care Services, Inc.		72,374	72,374	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		\$ 449,952			\$ 340,996	\$ * (108,956)	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	\$ 104,738	Forum Extended Care II, Inc.	0.00%	\$ 99,761	\$ (4,977)	15
16	V	39 I.V.	6,167	Forum Extended Care II, Inc.		5,874	(293)	16
17	V	39 Wound Care-Product only	39,108	Forum Extended Care II, Inc.		37,250	(1,858)	17
18	V	10 House Stock	24,373	Forum Extended Care II, Inc.		23,215	(1,158)	18
19	V	10 Pharm Consult	4,536	Forum Extended Care II, Inc.		4,320	(216)	19
20	V	22 Employee Vaccinations	2,019	Forum Extended Care II, Inc.			(2,019)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		1,923	1,923	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		\$ 180,941			\$ 172,343	\$ * (8,598)	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	\$ 323,281	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 350,036	\$ 26,755	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			\$ 323,281			\$ 350,036	\$ * 26,755	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	\$ 19,820	Alden Bennett Construction Company, Inc.	0.00%	\$ 19,867	\$ 47	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			\$ 19,820			\$ 19,867	\$ * 47	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	\$ 4,159	Alden Design Group, Ltd.	0.00%	\$ 7,993	\$ 3,834	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			\$ 4,159			\$ 7,993	\$ * 3,834	39

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

Facility Name & ID Number

Alden Park Strathmoor

0044909

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			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 Durables	10
11			Alden - Orland Park Rehabilitation and Health Care Center	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipment	Fort Atkinson	Nursing and Durables	13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Services	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health Care Center	Long Grove				30

Facility Name & ID Number Alden Park Strathmoor # 0044909 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	176,938	1.744	4.36	Salary	\$ 8,062	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,642	1.744	4.36	Salary	4,358	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,642	1.744	4.36	Salary	4,358	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	109,082	1.744	4.36	Salary	4,960	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	57,835	1.744	4.36	Salary	2,765	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	176,938	1.526	4.36	Salary	8,062	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	\$ 32,564		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 Park Strathmoor# 0044909

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	\$ 52,691	52,691	\$ 3,790	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	52,691	52,691	1,122	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	52,691	52,691	10,037	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	52,691	52,691	367	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	52,691	52,691	1,332	5
6	30	Depreciation	No of Providers/usage	36	36	408,834	1	52,691	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354	52,691	52,691	7,569	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	52,691	52,691	40,258	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	52,691	52,691	8,895	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	52,691	18,379	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	52,691	52,691	8,510	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	52,691	49,873	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	52,691	52,691	7,334	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	52,691	225,139	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	52,691	52,691	89,163	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	52,691	48,305	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	52,691	371,520	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	52,691	25,628	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 24,005,407	\$ 16,460,603		\$ 928,339	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	Capital Funding		x	Mortgage		4/13	\$ 8,075,500	\$ 6,659,561	5/43	2.9900	\$ 201,953	1
2	Midcap Loan		x	Line of Credit		7/09	841,285	415,727	02/28/23	6.5000	42,163	2
3												3
4												4
5	Insurance Interest (GL7053)		x	Medical Malpractice							175	5
	Working Capital											
6	Related party - AMS		x								8,896	6
7	AILCO Equipment Finance		x	Capital Lease		01/17, 10/17	31,382		12/19, 08/20	8.4800	295	7
8	AVAYA Telephone		x	Capital Lease		3/19	30,139	21,193	3/24	9.6100	1,602	8
9	TOTAL Facility Related						\$ 8,978,306	\$ 7,096,481			\$ 255,084	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		x								(340)	10
11	Int Income (GL#4975)		x								(3,334)	11
12												12
13	Amortization-ReFinancing Fee										14,122	13
14	TOTAL Non-Facility Related						\$	\$			\$ 10,448	14
15	TOTALS (line 9+line14)						\$ 8,978,306	\$ 7,096,481			\$ 265,532	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 51,898 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.			\$	146,600	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.)			\$	141,770	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(4,830)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	146,000	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.			\$	141,170	7
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page		\$	7,569
		Total Real Estate Tax Expense, Sch V, Line 33		\$	148,739
Real Estate Tax Bill for Calendar Year:		2015	143,261	8	
		2016	141,478	9	
		2017	141,607	10	
		2018	142,317	11	
		2019	141,770	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 Park Strathmoor COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0044909

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	\$ 7,569.00
2. 12-21-452-007	Nursing Dacility	\$ 141,770.44	\$ 141,700.44
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 315,466.44	\$ 149,269.44

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 49,906

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).
None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?
If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home facility	221,441		\$ 569,205	1
2					2
3	TOTALS	221,441		\$ 569,205	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	189		2000		\$ 3,524,779	\$ 111,602	31.5	\$ 111,602	\$	\$ 2,290,589	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Alden Design-laundry room remodeling			2000	3,922		10			3,922	9
10	Alden Design-laundry room remodeling			2000	2,098		10			2,098	10
11	Alden Design-laundry room remodeling			2000	4,533		10			4,533	11
12	ABC - misc const. Work			2000	1,561		5			1,561	12
13	Pro Com Systems - add new keypass to alarm system			2000	1,754		5			1,754	13
14	ABC - misc const. Work			2001	10,528	526	20	526		10,083	14
15	ABC - misc const. Work			2001	38,850	1,943	20	1,943		37,238	15
16	Rockford stem B			2001	5,035		15			5,035	16
17	FE Moran - Repair and Upgrade fire alarm system			2002	7,645		15			7,645	17
18	Patten - Repair Water System			2002	2,245	(I)	15	(I)		2,245	18
19	Capps - Repair water sys in Kitchen			2002	2,845		15			2,845	19
20	ABC - Repair Water heater			2002	7,113		15			7,113	20
21	ABC -			2002	4,256		15			4,256	21
22	ABC (misc construction work)			2002	4,233		10			4,233	22
23	ABC - Carpet			2002	1,078		10			1,078	23
24	ABC - Chimney			2002	758	38	20	38		693	24
25	ABC - Chimney 2			2002	3,032	152	20	152		2,772	25
26	GT Mech - Repair Cooler			2003	4,586	(I)	5	(I)		4,586	26
27	CSI Coker - Repair Freezer			2003	1,645		5			1,645	27
28	GT Mech - Repair AC			2003	1,648		10			1,648	28
29	GT Mech - Repair Refrigerator			2003	1,860		5			1,860	29
30	Simplex - Fire & Security System Repair			2003	1,986	(I)	15	(I)		1,986	30
31	Simplex - Fire & Security System Repair			2003	896		15			896	31
32	ABC - Repairs to Dining room			2003	5,177		10			5,177	32
33	ABC - Repair Boiler			2003	4,311		10			4,311	33
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 Park Strathmoor

0044909

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	GT Mechanical-a/c repair	2004	2,996		10		\$	\$ 2,996	37
38	GT Mechanical-repair hot water tank	2004	3,325		10			3,325	38
39	P&M Mercury-chiller repair	2004	2,118		10			2,118	39
40	ABC-electrical & plumbing repairs	2004	2,112		10			2,112	40
41	ABC-electronic locks	2005	762		5			762	41
42	ABC-new flooring	2005	1,666		10			1,666	42
43	ABC-lock sets	2005	5,538		10			5,538	43
44	ABC-lock sets	2005	1,246		10			1,246	44
45	ABC-lock sets	2005	1,888		10			1,888	45
46	ABC-parking lot repairs	2005	9,095		10			9,095	46
47	ABC-door install and wireless alarm	2005	4,652		10			4,652	47
48	Oak Fire-replace fire alarm system	2005	6,800		10			6,800	48
49	A&B Custom Cable-wiring and install	2005	3,250		10			3,250	49
50	Top Notch-repair freezer door	2005	2,435		10			2,435	50
51	CSI-freezer repair	2005	1,553		10			1,553	51
52	GT Mechanical-freezer repairs	2005	2,825		10			2,825	52
53	GT Mech-kitchen repairs	2005	2,364		10			2,364	53
54	Patten-generator repairs	2005	3,560		10			3,560	54
55	ABC-faucet replacements	2005	2,518		10			2,518	55
56	Top Notch-repair freezer	2005	7,186		10			7,186	56
57	ABC-drywall	2005	655		10			655	57
58	Patten-generator repairs	2005	1,856		10			1,856	58
59	Patten-generator repairs	2005	3,429		10			3,429	59
60	Insurance check received for A/C replacement	2005	(6,221)		5			(6,221)	60
61	Top Notch - boiler replacement	2006	6,200	310	20	310		4,521	61
62	ABC-install smoke alarms	2006	3,265		10			3,265	62
63	Patten-generator repairs	2006	24,100		10			24,100	63
64	GT Mechanical-replace pump motor	2006	3,162		10			3,162	64
65	ABC-New AC and ductwork	2006	26,034		10			26,034	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		11,647	66
67	ABC-life code Imprvmt-carpetrv firealrm & Elect.	2007	62,381	4,159	15	4,159		55,107	67
68	ABC-fire protection	2007	22,921	1,528	15	1,528		20,119	68
69	ABC-fire proofing	2007	18,549	1,237	15	1,237		16,287	69
70	TOTAL (lines 4 thru 69)		\$ 3,895,771	\$ 122,371		\$ 122,371	\$	\$ 2,643,652	70

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

Facility Name & ID Number Alden Park Strathmoor

0044909

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		\$ 3,895,771	\$ 122,371		\$ 122,371	\$	\$ 2,643,652	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674		10			3,674	2
3	ABC -install new gasketing mtrl around doors	2007	2,679		10			2,679	3
4	ABC -elevator pump	2007	7,462		10			7,462	4
5	ABC -locksets	2007	5,404		10			5,404	5
6	ABC -intall new smoke damper	2007	2,671		5			2,671	6
7	Gt Mechanical Inc. -water heater replaced	2007	5,728	382	15	382		5,061	7
8	Abc-instl. New elevator pump	2007	13,180	879	15	879		11,647	8
9	ABC - new wall contruction	2007	11,466		10			11,466	9
10	ABC - replace entrance door	2007	4,352		10			4,352	10
11	ABC -boiler ashpalt paving	2007	28,352		10			28,352	11
12	ABC -boiler repair & replace boiler valves	2007	15,917		10			15,917	12
13	ABC - install new boiler	2007	3,542		10			3,542	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		15,566	14
15	MI unit -ABC -misc hard costs & labor	2007	31,854		4			31,854	15
16	MI unit -allocated carpenter labor -fireproofing	2007	8,032	535	15	535		7,223	16
17	MI unit -various labor allocted by AMS	2007	3,435		4			3,435	17
18	MI unit -ABC -metal doors & hardware	2007	9,978		10			9,978	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612		10			26,612	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825		10			2,825	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053		5			6,053	21
22	ABC-Install new gutter, oxygen sorage a label door	2008	2,863		10			2,863	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	444	25	444		5,624	23
24	ABC- Istall new exhaust Fan	2008	3,619		10			3,619	24
25	GT Mechanical, Inc- repair cooler, water pump	2008	2,627		5			2,627	25
26	GT Mechanical, Inc - Rep. Refreigerant Relief valve, leaks	2008	2,701	(1)	10	(1)		2,701	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548	637	15	637		7,059	27
28	ABC-Instll newBoiler tubes&crcltg pump/Jb#6032	2009	13,472		10			13,472	28
29	GTMECH -rps AC leak pump	2009	3,950		5			3,950	29
30	Gt Mechanical Inc.-repair leaking tubes in water cool	2009	3,785		5			3,785	30
31	GT Mechanical -Rprs Air condition bundle	2009	2,966		5			2,966	31
32	Top Notch -Install Evaporator, Refrigerant filter	2009	7,401		5			7,401	32
33	TOPNOT- AC Compressor and CondenseFreezer	2009	18,080		10			18,080	33
34	TOTAL (lines 1 thru 33)		\$ 4,188,390	\$ 126,400		\$ 126,400	\$	\$ 2,923,572	34

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

Facility Name & ID Number Alden Park Strathmoor

0044909

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		\$ 4,188,390	\$ 126,400		\$ 126,400	\$	\$ 2,923,572	1
2	<u>BOUDEV- Demolition,Dumpsters, Doors,Frames&hardware,VCT</u>	2010	63,192	4,213	15	4,213		44,587	2
3	<u>BOUDEV- Finish Drywall (2), Instll PatchFloor & VCT tile, Fire ra</u>	2010	8,532	569	15	569		6,022	3
4	<u>EQUINT -Washer repairs</u>	2010	2,869		5			2,869	4
5	<u>TOPNOT-Rels Compressor, Filter,CoolerWarmer</u>	2010	2,652		5			2,652	5
6	<u>TOPNOT-Boiler repair</u>	2010	5,278		5			5,278	6
7	<u>GTMECH -Chiller leak repair</u>	2010	4,986		5			4,986	7
8	<u>ALDBEN-WindowShelf, Rprs ValveWaterExistingLine, -per Bldg I</u>	2010	15,099	1,007	15	1,007		10,489	8
9	<u>Nov AMS-AMX/Hrld-Patten-Install rental Genset</u>	2010	6,159		5			6,159	9
10	<u>AFFCUS- Sprinkler System Reconfiguration</u>	2010	3,275		5			3,275	10
11	<u>ABC-Install Fire Dampers(HVAC,Sprinkler system, Fire protection</u>	2010	258,600	10,344	25	10,344		106,888	11
12	<u>ALDBEN -Install Sprinker System,HVAC & Concrete</u>	2010	71,490	3,575	20	3,575		36,644	12
13	<u>ASPMAI - Parking lot pavement of all dirt and clean crack</u>	2011	38,900	2,593	15	2,593		24,201	13
14	<u>ABC - Steel Railings (1)</u>	2011	16,003	1,067	15	1,067		9,870	14
15	<u>Jun AMS-AMEEXP Floyd-Patten CAT -Install new batteries and r</u>	2011	6,610		5			6,610	15
16	<u>ALDBEN-Install Aluminum Windows(2)</u>	2011	3,121	312	10	312		2,964	16
17	<u>ABC -Leaking boiler repairs (2)</u>	2011	5,678		5			5,678	17
18	<u>ABC -Electrical cable install for booster</u>	2012	13,340	889	15	889		7,112	18
19	<u>ABC -Install PhasePump-Heating/Vent, Fire Alarm</u>	2012	4,468	447	10	447		3,948	19
20	<u>ABC-HVAC Boiler Leakage Repair</u>	2012	7,405	741	10	741		6,483	20
21	<u>ABC-repair HVAC boiler leakage tubes</u>	2012	7,140	714	10	714		6,248	21
22	<u>Oct AMS-AMX-Floyd-Patten-Install Cable wire & repairs Ceiling t</u>	2012	5,926		5			5,926	22
23	<u>Oct AMS-AMX-Floyd-Patten-Repairs Drywall, ceiling tiles & plum</u>	2012	5,902	590	10	590		4,917	23
24	<u>ABC- Install Thermostatic water mixing valve</u>	2012	3,019		5			3,019	24
25	<u>ABC - Repair damaged corner brick wall in Lobby</u>	2012	2,732		5			2,732	25
26	<u>ABC -'Boiler#2 leaking rprs</u>	2012	5,968	597	10	597		4,776	26
27	<u>Roof installation, Emergency -JD&SON</u>	2013	7,000	700	10	700		5,308	27
28	<u>Boiler Retubing-ABC</u>	2013	25,370	1,691	15	1,691		12,401	28
29	<u>Boiler #1 tube replace- ABC</u>	2013	6,083	406	15	406		2,842	29
30	<u>Boiler #2 leakage repairs-ABC</u>	2013	4,656	310	15	310		2,170	30
31	<u>Brick rebuild outside wall -AMS</u>	2013	3,600	180	20	180		1,410	31
32	<u>Concrete & Scrape & Paint exterior-ALDMAN</u>	2014	2,750	275	10	275		1,810	32
33	<u>Asphalt & Facia repairs -ALDBEN</u>	2014	39,575	4,947	8	4,947		30,919	33
34	TOTAL (lines 1 thru 33)		\$ 4,845,767	\$ 162,567		\$ 162,567	\$	\$ 3,304,765	34

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

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 4,845,767	\$ 162,567		\$ 162,567	\$	\$ 3,304,765	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)		\$ 4,992,760	\$ 167,263		\$ 167,263	\$	\$ 3,400,536	34

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

Facility Name & ID Number Alden Park Strathmoor

0044909

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		\$ 4,992,760	\$ 167,263		\$ 167,263	\$	\$ 3,400,536	1
2	Asphalt & Facia repairs -ALDBEN	2014	9,495	633	15	633		3,956	2
3	Boiler Retube # 1 -ALDBEN	2014	13,907	927	15	927		6,257	3
4	Boiler leakage repair -ABC	2014	5,962		5			5,962	4
5	Roofwork completed -JDROOF	2014	3,500		5			3,500	5
6	Elevator upgrade 2of2 -SUBELE (telephone connect to equipment a	2015	3,354	335	5	335		3,354	6
7	Motor (1) for dishmachine-TOPNOT	2016	2,751	550	5	550		2,292	7
8	Motor (1) for pump-GTMECH	2016	3,101	620	5	620		2,583	8
9	Chiller piping repair -GTMECH	2016	17,821	1,188	15	1,188		5,742	9
10	Storage tank leak repair -ALDBEN	2016	6,793	1,359	5	1,359		6,229	10
11	Plumbing Reprs per States of IL -ALDBEN	2016	12,324	822	15	822		3,562	11
12	Soda shop/Food Pentry -ALDBEN	2016	99,490	3,980	25	3,980		18,241	12
13	Demolition-ABC	2016	8,359	418	20	418		1,881	13
14	Carpentry-ABC	2016	27,044	1,803	15	1,803		8,113	14
15	Fire Caulking-ABC	2016	3,073	123	25	123		553	15
16	Roofing-ABC	2016	4,302	287	15	287		1,291	16
17	Windows -Tinting-ABC	2016	6,146	615	10	615		2,767	17
18	Door Automatic Openers/Vestibule-ABC	2016	18,439	1,229	15	1,229		5,531	18
19	Countertops -ABC	2016	18,439	922	20	922		4,149	19
20	Acoustical-ABC	2016	16,595	1,106	15	1,106		4,839	20
21	Painting & Decorating-ABC	2016	34,420	2,294	39	2,294		10,323	21
22	Wall Covering-ABC	2016	7,376	295	25	295		1,275	22
23	Fire Alarm-ABC	2016	11,678	299	39	299		1,430	23
24	Heating & Cooling system upgrade with Exiting System-ABC	2016	677,328	17,367	25	17,367		78,152	24
25	Fire Protection/Sprinkler-ABC	2016	9,342	467	20	467		2,055	25
26	Plumbing Floor Saw Cutting/Patching/Concrete-ABC	2016	4,302	215	20	215		968	26
27	Plumbing pipes install for pantry room, two public bathroom, acviti	2016	34,420	1,721	39	1,721		7,744	27
28	Electrical for HVAC work-ABC	2016	49,171	1,261	39	1,261		5,674	28
29	Interior Design Fees-ABC	2016	24,585	630	39	630		2,835	29
30	Prelim Review--ILLDPR	2016	5,700	146	39	146		657	30
31	PERMIT FEE-CITROC	2016	4,564	183	25	183		791	31
32	Soda Shop -INTCON	2016	30,600	1,224	25	1,224		5,508	32
33	Soda shop/Food Pentry -ALDBEN	2016	15,210	608	25	608		2,736	33
34	TOTAL (lines 1 thru 33)		\$ 6,182,352	\$ 210,890		\$ 210,890	\$	\$ 3,611,486	34

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

Facility Name & ID Number Alden Park Strathmoor

0044909

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 12E, Carried Forward		\$ 6,182,352	\$ 210,890		\$ 210,890	\$	\$ 3,611,486	1
2	Soda shop/Food Pentry -FOXBU	2016	2,900	116	25	116		512	2
3	Soda shop/Food Pentry -FLOWAL	2016	5,800	232	25	232		1,025	3
4	Windows/Framing -INTCON	2016	34,500	1,380	25	1,380		5,865	4
5	Motor (1) for dishmachine-TOPNOT	2016	2,751	550	5	550		2,613	5
6	Motor (1) for pump-GTMECH	2016	3,101	620	5	620		2,945	6
7	Pipe install in chiller -GTMECH	2017	8,110	1,622	5	1,622		5,812	7
8	Roof Repairs-JDROOF	2017	5,750	1,150	5	1,150		3,738	8
9	Storage tank leak repair -ALDBEN	2017	6,793	1,359	5	1,359		5,322	9
10	Chiller piping repair -GTMECH	2017	17,821	1,188	15	1,188		4,356	10
11	Repair Pipe leak on Hydronics system -NORMEC	2018	5,557	1,111	5	1,111		2,315	11
12	Replace Roof on Garage - JDROOF	2019	4,320	432	10	432		468	12
13	Dishmachine repair -NORMEC	2019	8,629	1,726	5	1,726		3,308	13
14	Generator repairs -Apr-AMS-Patten	2019	6,142	1,228	5	1,228		2,252	14
15	Generator repair -Patten -Jun AMS-CITI	2019	2,716	543	5	543		860	15
16	Generator Repair-Altorfer Ind-Jul AMS-CITI Citi Bank-	2019	7,733	1,547	5	1,547		2,320	16
17	Motor, Combination Starter - ALDBEN	2019	5,880	1,176	5	1,176		1,568	17
18	Repair Sewer Basin - ALDBEN	2019	3,503	701	5	701		818	18
19	Oxygen system, Building - FREEVA	2020	3,498	175	20	175		175	19
20	Oxygen System (Not Covered by RR), Building - FREEVA	2020	123,619	5,607	20	5,607		5,607	20
21	Roof Pavillion, Ambulance Bay - JDROOF	2020	4,700	274	10	274		274	21
22	Dishmachine work, kichen -NORMEC	2020	3,531	706	5	706		706	22
23	Roof Rebuild/partial, Ambulance Bay-JDROOF	2020	3,840	448	5	448		448	23
24	Roof Rebuild/partial, Ambulance Bay-JDROOF	2020	6,200	207	5	207		207	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)		\$ 6,459,746	\$ 234,988		\$ 234,988	\$	\$ 3,665,000	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 12F, Carried Forward		\$ 6,459,746	\$ 234,988		\$ 234,988	\$	\$ 3,665,000	1
2 Adjust for ABC Related Party Profit	2008	(303)	(26)		(26)		(299)	2
3 Adjust for ABC Related Party Profit	2009	(178)	(5)		(5)		(57)	3
4 Adjust for ABC Related Party Profit	2010	(4,224)	(117)		(117)		(1,228)	4
5 Adjust for ABC Related Party Profit	2011	193	8		8		68	5
6 Adjust for ABC Related Party Profit	2012	2,721	298		298		2,384	6
7 Adjust for ABC Related Party Profit	2013	486	15		15		113	7
8 Adjust for ABC Related Party Profit	2014	(193)	(24)		(24)		(152)	8
9 Adjust for ABC Related Party Profit	2015							9
10 Adjust for ABC Related Party Profit	2016	(6,864)	(120)		(120)		(600)	10
11 Adjust for ABC Related Party Profit	2017	(43)	(8)		(8)		(48)	11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 6,451,341	\$ 235,010		\$ 235,010	\$	\$ 3,665,181	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	\$877,918	\$70,117	\$70,117	\$	various	\$333,520	71
72	Current Year Purchases	152,768	8,179	8,179		various	8,179	72
73	Fully Depreciated Assets	1,004,566	2,842	2,842		various	1,034,346	73
74								74
75	TOTALS	\$2,035,252	\$81,138	\$81,138	\$		\$1,376,045	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	MIDTRA-Van Purchased	2010, Ford, BRAUN	2010	\$43,244	\$	\$	\$	3	\$43,244
77	related party-AMS	various	1998-2004	3,802				3	3,802
78									
79									
80	TOTALS			\$47,046	\$	\$	\$		\$47,046

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)			\$	9,102,844
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	316,148
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	316,148
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	5,088,272

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		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
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

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:				\$Related Party - Cost is backed out			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:\$24,151Description: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	Auto lease-GL 6890		\$0.00	\$0	17
18					18
19	Related party-PG 6A		#####	18,730	19
20					20
21	TOTAL		\$#####	\$18,730	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.)										
		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	\$		\$ 85,940	\$		\$ 85,940	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			71,215			71,215	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			166,193			166,193	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				101,684		101,684	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Nursing and Ancillary Salary			609,329		176,287	50,547		836,163	12
13	Other (specify): See PG16A	39-1, 39-3, if any				320,742	385,591		706,333	13
14	TOTAL			\$ 609,329		\$ 820,377	\$ 537,822		\$ 1,967,528	14

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

				Page 16	
				Col 5: PT,OT, & ST	
XIV. Special Services (Direct Cost)				Col 6: Supplies	
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	85,940.00	
2.	ST	39-3	To Col 5	71,215.00	
3.					
4.	PT	39-3	To Col 5	166,193.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			104,738.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(3,054.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	101,684.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	50,547.00	
	Total Exceptional Care (Line 12, Col 8)			50,547.00	
12	Reclass to Col 5 for RT Allocation		To Col 5	176,287.00	
12.	Col 3. Salary Split		To Col 3	609,329.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	320,742.00	From Page 6D, Col 8 (Except DD homes)
	Other			782,878.00	
	Manual Input: Related Party - Prism			14,289.00	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(293.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(1,858.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			60,849.00	
12.	CPT Reclass to Col 5 for RT		To Col 5	(470,274.00)	
13.	Col 6: Supplies Total		To Col 6	385,591.00	
13.	Total Line 13, Column 8			706,333.00	
14.	Total			1,967,528.00	

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	\$	31,154	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (140,000))	1,321,630	1,321,630	3
4	Supply Inventory (priced at)	61,585	61,585	4
5	Short-Term Investments			5
6	Prepaid Insurance	402	28,940	6
7	Other Prepaid Expenses	3,960	3,960	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	9,446	148,003	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,397,023	\$ 1,595,272	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	45,254	45,254	12
13	Land		611,909	13
14	Buildings, at Historical Cost		3,524,779	14
15	Leasehold Improvements, at Historical Cost	1,181,911	2,963,283	15
16	Equipment, at Historical Cost	921,150	2,159,305	16
17	Accumulated Depreciation (book methods)	(1,525,613)	(5,124,285)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		136,878	21
22	Other Long-Term Assets (spe Fin, Fee, net		177,686	22
23	Other(specify): Due from Affiliate,	4,675,501	4,675,501	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,298,203	\$ 9,170,310	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,695,226	\$ 10,765,582	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 971,337	\$ 973,836	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	561,766	561,766	28
29	Short-Term Notes Payable	5,997	217,800	29
30	Accrued Salaries Payable	494,178	494,178	30
31	Accrued Taxes Payable (excluding real estate taxes)	185,508	185,508	31
32	Accrued Real Estate Taxes(Sch.IX-B)		146,000	32
33	Accrued Interest Payable	129	36,380	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,SalesTax/Prov l	5,746,749	5,746,749	36
37	Due to Affiliates	906,244	345,465	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,871,908	\$ 8,707,682	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,331,863	1,331,863	39
40	Mortgage Payable		6,447,758	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates			43
44	Mcr Adv Fund' & Fica-Deferred	323,744	323,744	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,655,607	\$ 8,103,365	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,527,515	\$ 16,811,047	46
47	TOTAL EQUITY (page 18, line 24)	\$ (3,832,289)	\$ (6,045,465)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,695,226	\$ 10,765,582	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,866,279)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,866,279)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	33,990	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)	\$ 33,990	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)	\$ (3,832,289)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Park Strathmoor

0044909

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	\$ 11,817,262	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,817,262	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	247,510	5
6	Therapy	195,251	6
7	Oxygen	58,245	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 501,006	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	442	19
20	Radiology and X-Ray	100	20
21	Other Medical Services	7,914	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 8,456	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	3,271	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,271	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28		2,566	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,566	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,332,561	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,850,499	31
32	Health Care	4,028,859	32
33	General Administration	3,252,040	33
	B. Capital Expense		
34	Ownership	878,151	34
	C. Ancillary Expense		
35	Special Cost Centers	1,870,840	35
36	Provider Participation Fee	418,182	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,298,571	40
41	Income before Income Taxes (line 30 minus line 40)**	33,990	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 33,990	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 9,302,127	44
45	Private Pay - Net Inpatient Revenue	628,806	45
46	Medicare - Net Inpatient Revenue	848,682	46
47	Other-(specify) Hospice	1,037,647	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,817,262	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 Park Strathmoor

0044909

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	\$ 711
Record Copies-Backed out with Ln ref 21-Pg 5A	
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	
Vendor Discount	16
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	1,839
Line 28 Total:	<u><u>2,566</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	2,568	2,592	\$ 121,803	\$ 46.99	1
2	Assistant Director of Nursing	2,445	2,461	90,394	36.73	2
3	Registered Nurses	31,743	34,604	1,241,139	35.87	3
4	Licensed Practical Nurses	16,807	18,885	636,098	33.68	4
5	CNAs & Orderlies	64,387	70,338	1,342,342	19.08	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,926	2,364	52,110	22.04	8
9	Activity Director	1,720	1,764	37,986	21.53	9
10	Activity Assistants	5,564	6,083	91,891	15.11	10
11	Social Service Workers	2,080	2,080	52,661	25.32	11
12	Dietician					12
13	Food Service Supervisor	2,128	2,136	53,599	25.09	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,176	21,348	336,146	15.75	15
16	Dishwashers					16
17	Maintenance Workers	2,040	2,080	54,222	26.07	17
18	Housekeepers	12,831	14,408	226,060	15.69	18
19	Laundry	5,464	5,786	91,239	15.77	19
20	Administrator	2,056	2,080	113,954	54.79	20
21	Assistant Administrator					21
22	Other Administrative	11,838	12,215	279,703	22.90	22
23	Office Manager					23
24	Clerical	4,384	4,559	61,188	13.42	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,966	2,058	76,837	37.34	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager/Behavioral Therapist	6,531	6,964	126,645	18.19	32
33	Other(specify) Memory Care	3,810	4,041	104,234	25.79	33
34	TOTAL (lines 1 - 33)	202,464	218,846	\$ 5,190,251 *	\$ 23.72	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	2689/Monthly	\$ 32,270	1-3	35
36	Medical Director	4500/Monthly	54,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	378/Monthly	4,536	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	144	1,646	11-3	44
45	Social Service Consultant	41	2,240	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	185	\$ 94,692		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	908	43,605	10-3	52
53	TOTAL (lines 50 - 52)	908	\$ 43,605		53

STATE OF ILLINOIS

0044909

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Report Period Beginning: 01/01/2020

Ending: 12/31/2020

Facility Name & ID Number Alden Park Strathmoor

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Kuljanin, Nikolina	Administrator	0	\$ 113,954	Workers' Compensation Insurance	\$ 160,456	IDPH License Fee	\$	
		0		Unemployment Compensation Insurance	19,764	Advertising: Employee Recruitment	9,671	
		0		FICA Taxes	381,458	Health Care Worker Background Check		
		0		Employee Health Insurance	156,634	(Indicate # of checks performed 9)	454	
		0		Employee Meals	32,086	Patient Background Checks 59	887	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond/Chug -Collaborative Health Car	3,403	
		0		Union Health & Welfare	106,013	Health Care Council	18,144	
TOTAL (agree to Schedule V, line 17, col. 1)				Dental, Life, Relations, Pension & Misc	50,697	Related party - Park, LLC	77	
(List each licensed administrator separately.)			\$ 113,954	Tuition & Drug Test	108,156	Citi Corp-Annual Rpt/American Health care	536	
B. Administrative - Other				401k Match / Empl. Dishonesty/Emp Vaccin	6,314	Related party	1,332	
Description			Amount			Less: Public Relations Expense	()	
			\$	Related Party-FECS	(2,019)	Non-allowable advertising	()	
						Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3)			\$	\$ 1,019,558		\$ 34,504		
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type	Amount				\$	Out-of-State Travel	\$
Alden Management Services	consulting fee	\$ 869,980						
Virchow Krause / INTDES	Accounting Fees	12,000						
MidCap Fees / C Novotny	Accounting Fees	12,578						
AMS (Eliminated)	Allocated Legal Fees	47,520					In-State Travel	
MidCap Fees	Legal-Non Collection	11,902						
Achieve Accreditation	Consultation	3,563						
Joicom	Consultation	2,700					Related party	1,122
Ariana Fischer / Von Briesen	Consultation	589					Seminar Expense	
Senior Project	Consultation	4,680					IL Council Seminar	434
SB2 Inc. / Stone Pogrund	Legal-Collections	4,550					WHCA/WICAL	909
Midwest Care Management	Legal-Collections	275						
Silvestersti Law Office	Legal-Collections	2,452					Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)			\$ 972,789				TOTAL	\$ 2,465

* Attach copy of IMRF notifications

**See instructions.

Alden-Park Strathmoor, Inc. Legal Fee Support 2020	PG 21A
Legal Fees Reported on Pg 21, Section C:	\$ 66,699.46
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(7,277.00)
Non-allowable legal fees, if any, deducted on - AMS Allocated Legal Fees: GL 680600-100-003 + Add Back voided invoice of prior year, if any	(47,520.00)
Allowable Legal Fees	<u>\$ 11,902.46</u>

In Detail: 680600 100-000		
Vendor Name	Invoice Date	Amount
MidCap Legal Fee Alloc-Dec	1/11/2021	139.04
MidCap Legal Fee Alloc-Nov	12/7/2020	643.4
MidCap Legal Fee Alloc-Oct	11/6/2020	10583.87
MidCap Legal Fee Alloc-Jul	8/7/2020	70.3
MidCap Legal Fee Alloc-Jun	7/8/2020	200.46
MidCap Legal Fee Alloc-Mar	4/8/2020	214.15
MidCap Legal Fee Alloc-Jan	2/10/2020	39.22
SHARUD GAL Fees	7/28/2020	12
TOTAL ALLOWABLE LEGAL FEES		<u>11,902.44</u>

Vendor Name 696600 100-000	Invoice Date	Amount
SB2 Inc.	1/11/2021	204.55
SB2 Inc.	12/7/2020	204.55
SB2 Inc.	11/6/2020	204.55
SB2 Inc.	10/7/2020	204.55
SB2 Inc.	9/8/2020	204.55
SB2 Inc.	8/7/2020	204.55
SB2 Inc.	7/8/2020	204.55
SB2 Inc.	6/5/2020	204.55
SB2 Inc.	5/7/2020	204.55
SB2 Inc.	4/7/2020	204.55
SB2 Inc.	3/6/2020	204.55
SB2 Inc.	2/7/2020	204.55
Stopog	8/7/2020	500.00
Stopog	7/8/2020	520.70
Stopog	6/5/2020	500.00
Stopog	5/7/2020	574.72
MIDCAR Midwest Care Management	1/6/2021	12.5
MIDCAR Midwest Care Management	1/4/2021	12.5
MIDCAR Midwest Care Management	11/2/2020	12.5
MIDCAR Midwest Care Management	7/22/2020	237.5
LAWKIM Attorney Fees	5/26/2020	1,008.00
STEASS Guardianship	7/22/2020	1,444.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>7,277.02</u>

Vendor Name 680600 100-003	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'19	12/29/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	12/2/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	10/29/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	9/29/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	8/31/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	7/30/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	7/9/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	5/28/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	5/1/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	3/31/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	3/2/2020	3,960.00
AMS Corp Legal Cost Alloc-'19	2/10/2020	3,960.00
TOTAL Allocated Legal Fees		<u>47,520.00</u>

Total Legal Cost	<u>66,699.46</u>
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Facility Name & ID Number Alden Park Strathmoor

0044909

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/LPNs: 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 \$18,144
- (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. \$ 34,013 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 418,182
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. \$ 32,086 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (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. \$ n/a
- (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.