

		FOR BHF USE					

LL 1

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>0038455</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>Alden Village Hlth Facility</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>267 East Lake Street</u> <u>Bloomington</u> <u>60108</u>			
Number City Zip Code			
County: <u>DuPage</u>			
Telephone Number: <u>(630)529-3350</u> Fax # <u>(630)529-9866</u>			
HFS ID Number: _____			
Date of Initial License for Current Owners: <u>11/02/1992</u>			
Type of Ownership:			
☐ VOLUNTARY,NON-PROFIT		☒ PROPRIETARY	
☐ Charitable Corp.		☐ Individual	
☐ Trust		☐ Partnership	
IRS Exemption Code _____		☒ Corporation	
		☐ "Sub-S" Corp.	
		☐ Limited Liability Co.	
		☐ Trust	
		☐ Other _____	
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: _____	
		Officer or Administrator of Provider	
		(Signed) _____ (Date) _____	
		(Type or Print Name) <u>Derek Smart</u>	
		(Title) <u>CFO, Alden Management Services, Inc., as agent</u>	
		Paid Preparer	
		(Signed) _____ (Date) _____	
		(Print Name and Title) _____	
		(Firm Name & Address) _____	
		(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>	
		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 Village Hlth Facility

0038455 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		Skilled (SNF)		0	1
2	126	Skilled Pediatric (SNF/PED)	126	46,116	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	126	TOTALS	126	46,116	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				
9	SNF/PED	43,147	31	113	43,291
10	ICF				
11	ICF/DD				
12	SC				
13	DD 16 OR LESS				
14	TOTALS	43,147	31	113	43,291

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.87%

D. How many bed reserve days during this year were paid by the Department? 35 (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 11/01/92

J. Was the facility purchased or leased after January 1, 1978? YES x Date 11/01/92 NO

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

Medicare Intermediary Not applicable

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 Village Hlth Facility # 0038455 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	Reclassified Total	Adjust- ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	341,376	23,755	32,270	397,401	6,349	403,750	(2,150)	401,600		1
2	Food Purchase		729,298		729,298	(32,603)	696,695	(323,205)	373,490		2
3	Housekeeping	375,917	46,248		422,165	5,644	427,809	15,101	442,910		3
4	Laundry	89,908	21,668		111,576		111,576		111,576		4
5	Heat and Other Utilities			179,486	179,486		179,486	1,506	180,992		5
6	Maintenance	60,333		161,338	221,671		221,671	41,475	263,146		6
7	Other (specify):* Security/Related Party			300	300		300	6,992	7,292		7
8	TOTAL General Services	867,533	820,969	373,394	2,061,897	(20,610)	2,041,287	(260,281)	1,781,005		8
	B. Health Care and Programs										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	3,309,931	320,686	8,754	3,639,371	(15,226)	3,624,145	56,155	3,680,300		10
10a	Therapy			30,945	30,945	506,512	537,457	(25,993)	511,464		10a
11	Activities	399,716	3,125	2,374	405,216		405,216		405,216		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							6,026	6,026		15
16	TOTAL Health Care and Programs	3,709,647	323,811	45,673	4,079,132	491,286	4,570,418	36,188	4,606,606		16
	C. General Administration										
17	Administrative	207,293			207,293		207,293	184,974	392,267		17
18	Directors Fees										18
19	Professional Services			1,056,089	1,056,089		1,056,089	(983,090)	72,998		19
20	Dues, Fees, Subscriptions & Promotions			29,017	29,017		29,017	(4,674)	24,343		20
21	Clerical & General Office Expenses	208,268	11,984	127,175	347,427	1,053	348,480	236,733	585,213		21
22	Employee Benefits & Payroll Taxes			901,228	901,228	16,254	917,482	(1,805)	915,677		22
23	Inservice Training & Education										23
24	Travel and Seminar			595	595		595	922	1,517		24
25	Other Admin. Staff Transportation			3,752	3,752		3,752	8,246	11,998		25
26	Insurance-Prop.Liab.Malpractice			341,265	341,265		341,265	14,687	355,952		26
27	Other (specify):* related party			(2,610)	(2,610)		(2,610)	75,867	73,257		27
28	TOTAL General Administration	415,561	11,984	2,456,511	2,884,056	17,307	2,901,363	(468,141)	2,433,222		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,992,742	1,156,765	2,875,579	9,025,085	487,983	9,513,068	(692,234)	8,820,834		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			13,934	13,934		13,934	427,901	441,835			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			59,519	59,519		59,519	341,979	401,498			32
33	Real Estate Taxes			73,962	73,962	(73,962)		81,870	81,870			33
34	Rent-Facility & Grounds			821,612	821,612	73,962	895,574	(894,274)	1,300			34
35	Rent-Equipment & Vehicles			30,293	30,293		30,293	33,075	63,368			35
36	Other (specify):* MIP							66,407	66,407			36
37	TOTAL Ownership			999,320	999,320		999,320	56,958	1,056,278			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		333,373	506,512	839,885	(487,983)	351,902	(46,640)	305,262			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			719,001	719,001		719,001		719,001			42
43	Other (specify):* DD Day Training			2,110,200	2,110,200		2,110,200		2,110,200			43
44	TOTAL Special Cost Centers		333,373	3,335,713	3,669,086	(487,983)	3,181,103	(46,640)	3,134,462			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,992,742	1,490,138	7,210,611	13,693,491		13,693,491	(681,917)	13,011,574			45

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

Alden Village Hlth Facility
Period Beginning: 1/1/2020
Period Ending: 12/31/2020

IDPH License No. 0038455

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(32,603.00)	Employee Meals
	22	32,603.00	Employee Meals
22		(16,349.00)	Uniform Reclass
	1	6,349.00	Uniform Reclass
	3	5,644.00	Uniform Reclass
	4	-	Uniform Reclass
	6	-	Uniform Reclass
	10	3,303.00	Uniform Reclass
	11	-	Uniform Reclass
	21	1,053.00	Uniform Reclass
10		(18,529.00)	Oxygen Cost Reclass
	39	18,529.00	Oxygen Cost Reclass
33		(73,962.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	73,962.00	Rent - Real Estate Tax on associated landowner (Pg 6)
39		(506,512.00)	RT CPT Therapy Costs
	10A	506,512.00	RT CPT Therapy Costs
		-	

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(3,751)	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	(930)	30		9
10	Interest and Other Investment Income	(18)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(168)	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	(13,296)	21		17
18	Fines and Penalties	(20)	32		18
19	Entertainment	(65)	20		19
20	Contributions	(2,946)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,697)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	2,610	27		24
25	Fund Raising, Advertising and Promotional	(2,757)	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)	\$ (24,039)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(604,245)		34
35	Other- Attach Schedule	(53,632)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (657,877)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (681,916)		37

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

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

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (1,262)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2,500 -	(14,326)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	2,335	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	21,094	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	49	30	6
7	Late Fees on Utilities	(1,608)	5	7
8	Other Nursing Income	(44)	21	8
9	Intercompany Interest	(59,382)	32	9
10				10
11				11
12	Misc Income- Donations	(326)	21	12
13	Misc Income-Jury Duty		21	13
14	Misc Income- Record Copies	(163)	10	14
15	Misc Income- Telephone Rebate		21	15
16				16
17	Marketing Manager & Aides		21	17
18	Eliminate portion of market benefits		22	18
19	Back Out Bloomingdale Chamber Comm.			19
20	Deprecation adjustment to detail		30	20
21	Record Depreciation for Deferred Maint.			21
22	AMS Depreciation Adj.			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	(53,632)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	(2,150)	0	0	0	0	0	0	0	(2,150)	1
2	Food Purchase	(168)	0	0	(323,037)	0	0	0	0	0	0	0	(323,205)	2
3	Housekeeping	0	0	15,101	0	0	0	0	0	0	0	0	15,101	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,608)	0	3,114	0	0	0	0	0	0	0	0	1,506	5
6	Maintenance	19,679	0	18,632	0	0	0	42	3,122	0	0	0	41,475	6
7	Other (specify):*	0	0	6,992	0	0	0	0	0	0	0	0	6,992	7
8	TOTAL General Services	17,902	0	43,839	(325,187)	0	0	42	3,122	0	0	0	(260,281)	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	(163)	0	40,976	16,562	(1,220)	0	0	0	0	0	0	56,155	10
10a	Therapy	0	0	0	0	0	(25,993)	0	0	0	0	0	(25,993)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	6,026	0	0	0	0	0	0	0	0	6,026	15
16	TOTAL Health Care and Programs	(163)	0	47,002	16,562	(1,220)	(25,993)	0	0	0	0	0	36,188	16
	C. General Administration													
17	Administrative	0	0	184,974	0	0	0	0	0	0	0	0	184,974	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,697)	10,450	(990,843)	0	0	0	0	0	0	0	0	(983,090)	19
20	Fees, Subscriptions & Promotions	(5,768)	0	1,094	0	0	0	0	0	0	0	0	(4,674)	20
21	Clerical & General Office Expenses	(13,667)	0	250,400	0	0	0	0	0	0	0	0	236,733	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(1,805)	0	0	0	0	0	0	(1,805)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	922	0	0	0	0	0	0	0	0	922	24
25	Other Admin. Staff Transportation	0	0	8,246	0	0	0	0	0	0	0	0	8,246	25
26	Insurance-Prop.Liab.Malpractice	0	14,385	302	0	0	0	0	0	0	0	0	14,687	26
27	Other (specify):*	2,610	0	73,257	0	0	0	0	0	0	0	0	75,867	27
28	TOTAL General Administration	(19,522)	24,835	(471,648)	0	(1,805)	0	0	0	0	0	0	(468,141)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,783)	24,835	(380,807)	(308,625)	(3,026)	(25,993)	42	3,122	0	0	0	(692,234)	29

Summary B

12/31/2020

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.

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

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

☒ YES☐ NO

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

1Schedule V		2Line	3Cost Per General LedgerItem	4Amount	5Cost to Related OrganizationName of Related Organization	6Percent of Ownership	7Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 894,274	Village II, Inc.	0.00%	\$	\$ (894,274)	1
2	V	32	Interest Income Repl Reserve	22	Village II, Inc.			(22)	2
3	V	19	Accounting Fees		Village II, Inc.		10,450	10,450	3
4	V	21	Misc Administrative Expenses		Village II, Inc.				4
5	V	33	Real Estate Tax Expense		Village II, Inc.		73,962	73,962	5
6	V	26	General Insurance Expense		Village II, Inc.		14,385	14,385	6
7	V	36	Mortgage Insurance Premium		Village II, Inc.		66,407	66,407	7
8	V	32	Interest- Mortgage		Village II, Inc.		332,052	332,052	8
9	V	30	Depreciation Expense		Village II, Inc.		424,672	424,672	9
10	V	32	Amortization Expense		Village II, Inc.		2,679	2,679	10
11	V	6	Maintenance		Village II, Inc.				11
12	V	19	Professional Fees/Legal Fees: Non-coll		Village II, Inc.				12
13	V								13
14	Total			\$ 894,296			\$ 924,607	\$ * 30,311	14

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

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,114	\$ 3,114	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		922	922	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		8,246	8,246	17
18	V	26 Insurance		Alden Management Services, Inc.		302	302	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		1,094	1,094	19
20	V	30 Depreciation		Alden Management Services, Inc.		19,697	19,697	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,908	7,908	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		33,075	33,075	22
23	V	32 Interest		Alden Management Services, Inc.		66,691	66,691	23
24	V	1 Dietary		Alden Management Services, Inc.				24
25	V	3 Housekeeping		Alden Management Services, Inc.		15,101	15,101	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,992	6,992	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		40,976	40,976	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		6,026	6,026	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		184,974	184,974	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		73,257	73,257	30
31	V	19 Professional Fees	1,036,986	Alden Management Services, Inc.		46,143	(990,843)	31
32	V	21 Gen'l & Admin	54,840	Alden Management Services, Inc.		305,240	250,400	32
33	V	6 Repair & Maint.	11,979	Alden Management Services, Inc.		30,611	18,632	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,103,805			\$ 850,369	\$ * (253,436)	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	498,222	Prism Health Care Services, Inc.		138,696	(359,526)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	206,440	Prism Health Care Services, Inc.		68,406	(138,034)	19
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.		29,070	29,070	20
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		11,976	11,976	21
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		36,489	36,489	22
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		10,770	10,770	23
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		66,255	66,255	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		\$ 743,592			\$ 392,258	\$ * (351,334)	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	\$ 54,959	Forum Extended Care II, Inc.	0.00%	\$ 52,347	\$ (2,612)	15
16	V	39 I.V.		Forum Extended Care II, Inc.				16
17	V	39 Wound Care-Product only	63,961	Forum Extended Care II, Inc.		60,921	(3,039)	17
18	V	10 House Stock	23,065	Forum Extended Care II, Inc.		21,969	(1,096)	18
19	V	10 Pharm Consult	2,616	Forum Extended Care II, Inc.		2,492	(124)	19
20	V	22 Employee Vaccinations	1,805	Forum Extended Care II, Inc.			(1,805)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		1,720	1,720	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		\$ 146,406			\$ 139,449	\$ * (6,957)	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	10a	Therapy	\$ 79,445	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 53,452	\$ (25,993)	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			\$ 79,445			\$ 53,452	\$ * (25,993)	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	\$ 17,919	Alden Bennett Construction Company, Inc.	0.00%	\$ 17,961	\$ 42	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			\$ 17,919			\$ 17,961	\$ * 42	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	\$ 3,385	Alden Design Group, Ltd.	0.00%	\$ 6,507	\$ 3,122	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			\$ 3,385			\$ 6,507	\$ * 3,122	39

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

Facility Name & ID Number

Alden Village Hlth Facility

0038455

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care C	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Ser	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and He	McHenry				6
7			Wentworth Rehabilitation and Health Care Cent	Chicago	Alden Garden Courts o	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimers R	8
9			Alden - Valley Ridge Rehabilitation and Health C	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomington	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health C	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipme	Fort Atkinson	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health C	Cicero	Alden Design Group, I	Chicago	Design & Engineerin	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health C	Hoffman Estates	Family Solutions for Se	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health Ca	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 Shore	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts o	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 C	Long Grove				30

Facility Name & ID Number Alden Village Hlth Facility # 0038455 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of I	Chairman	100.00	178,376	1.432	3.58	Salary	\$ 6,624	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,420	1.432	3.58	Salary	3,580	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,420	1.432	3.58	Salary	3,580	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	109,736	1.432	3.58	Salary	4,075	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical records	0.00	61,171	1.432	3.58	Salary	2,272	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	178,376	1.253	3.58	Salary	6,624	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	\$ 26,755		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 Village Hlth Facility# 0038455

Report Period Beginning:

01/01/2020Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization

Alden Management Services, Inc.

Street Address

4200 W. Peterson

City / State / Zip Code

Chicago, IL 60646

Phone Number

(773-286-3883

Fax Number

(773-286-8038

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,209,117	36	\$ 86,976	\$ 43,291	\$ 3,114	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	43,291	922	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	43,291	8,246	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	43,291	302	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	43,291	1,094	5
6	30	Depreciation	No of Providers/usage	36	36	408,834	1	19,697	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354	43,291	7,908	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	43,291	33,075	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	43,291	66,691	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	15,101	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	43,291	6,992	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	40,976	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	43,291	6,026	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	184,974	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	43,291	73,257	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	46,143	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	305,240	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	30,611	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 850,369	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Cambridge Realty		x	Mortgage	\$50,072.54	9/1/2012	\$ 15,183,700	\$ 13,158,593	9/1/2052	2.5000	\$ 332,052	1
2												2
3												3
4	Insurance Interest (GL07053)		x	Medical Malpractice							117	4
5	Amort of Fin Fees (GL 1918)		x	Refinancing							2,679	5
	Working Capital											
6	Related party - AMS		x	Working capital							66,691	6
7												7
8												8
9	TOTAL Facility Related				\$50,072.54		\$ 15,183,700	\$ 13,158,593			\$ 401,539	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		x								(22)	10
11	Interest Income (GL 4975)		x								(18)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (41)	14
15	TOTALS (line 9+line14)						\$ 15,183,700	\$ 13,158,593			\$ 401,498	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 66,407 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

[illegible]

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 Village Hlth Facility COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0038455

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	\$ 7,908.00
2. 02-14-107-043	Nursing Home Facility	\$ 103,361.58	\$ 103,361.58
3. 02-14-107-042	Nursing Home Fac - Parking Lot	\$ 1,488.88	\$ 1,488.88
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 278,546.46	\$ 112,758.46

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 providecopies of their original second installment tax bill.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 68,462

B. General Construction Type: Exterior Brick Frame Steel

Number of Stories 1

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

None

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

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home facility		1992	\$ 580,000	1
2					2
3	TOTALS			\$ 580,000	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5			1998		2,216,218	56,839	varies	56,839		1,265,985	5
6	119		2009	2009	11,600,002	297,436	varies	297,436		3,544,446	6
7											7
8											8
	Improvement Type**										
9	Repair Heater pump, replace temp controller			1992	2,131		10			2,131	9
10	Water heater moyor;valve repair			1993	9,288		5-15			9,288	10
11	Carpentry work, water heater repair			1994	63,064		3-15			63,064	11
12	Fire alarm repairs; brickwork; install circuits			1995	185,123		3-25			185,123	12
13	Village construction			1996	14,046	138	25	138		14,046	13
14	Install fire door			1996	2,977		15			2,977	14
15	Replace compressor			1997	1,825		5			1,825	15
16	Roof patching			1998	1,700		10			1,700	16
17	Replace condensing unit			1998	4,810		15			4,810	17
18	install damper motor &detector			1998	2,104		15			2,104	18
19	Replace furnace equipment			1999	1,827		15			1,827	19
20	install automatic door			1999	8,107		10			8,107	20
21	Install display and digital phones			2000	1,726		10			1,726	21
22	Replace HVAC burners			2000	1,607		3			1,607	22
23	Replace 5 ton condensing unit			2000	1,950		5			1,950	23
24	Install 100 amp disconnect and cable			2000	1,920		5			1,920	24
25	Roof repair			2000	1,583		5			1,583	25
26	Door Alarms			2001	19,015		10			19,015	26
27	Display phone and digital phone			2001	1,609		10			1,609	27
28	ABC (misc. repairs)			2002	2,362		5			2,362	28
29	Capps Plumbing (gas regulators for main gas to building)			2002	4,375		10			4,375	29
30	GT Mechanical (semi - hermetic compressor on RTU)			2002	5,350		10			5,350	30
31	ABC (wall mounted eye wash)			2002	2,507		10			2,507	31
32	ABC (misc. repairs)			2002	1,800		5			1,800	32
33											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 Village Hlth Facility

0038455

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	ABC--Parking lot repairs	2003	\$ 20,730	\$	10	\$	\$	\$ 20,730	37
38	ABC- misc construction	2003	7,580		10			7,580	38
39	Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200		10			3,200	40
41	GT Mechanical-A/C repair	2003	1,773		5			1,773	41
42	Capps- install new shower drain	2003	1,215	61	20	61		1,046	42
43	ABC- roof repair	2003	10,121		10			10,121	43
44	ABC - Electrical repairs	2004	9,474		15			9,474	44
45	Patton Ind-gernerator repair	2004	2,050		10			2,050	45
46	ABC - roof repairs	2004	1,918		10			1,918	46
47	GT Mechanical-heater repair	2004	1,506		10			1,506	47
48	GT Mechanical-heater repair	2004	1,878		10			1,878	48
49	ABC-roof repairs	2004	3,356		10			3,356	49
50	ABC-new tile	2004	9,043	452	20		(452)	9,043	50
51	ABC-doors	2004	3,293		15			3,293	51
52	ABC-roof canopy	2004	3,581		10			3,581	52
53	INS, Inc-rewire for DSL	2004	1,512		10			1,512	53
54	ABC-various remodeling	2004	4,661		5			4,661	54
55	ABC-new water heater for kitchen	2004	14,644		15			14,644	55
56	ABC-bathroom remodel	2004	1,641		5			1,641	56
57	ABC-install metal door	2004	1,227		10			1,227	57
58	Capps Plumbing-install 2 discharge lines	2005	865		5			865	58
59	Patton Ind-gernerator repair	2005	1,747		5			1,747	59
60	Oak Fire-change out 30 detectors	2005	1,885		5			1,885	60
61	Equipment International-washer repairs	2005	1,905		5			1,905	61
62	ABC-firestop installation	2005	3,213		10			3,213	62
63	GT Mechanical-replace 5 ton York RTU	2005	6,160		10			6,160	63
64	GT Mechanical-replace storage tank	2005	8,935		10			8,935	64
65	ABC-diswasher repairs	2006	6,824		10			6,824	65
66	ABC - elevator pump	2006	10,042	502	20	502		7,113	66
67	ABC - elevator power supply	2006	4,974	249	20	249		3,507	67
68	Oak Fire - replace smoke detectors	2006	2,655		10			2,655	68
69	ABC-Repave parking lot	2006	3,600		8			3,600	69
70	TOTAL (lines 4 thru 69)		\$ 14,319,203	\$ 355,677		\$ 355,225	\$ (452)	\$ 5,308,850	70

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

Facility Name & ID Number Alden Village Hlth Facility

0038455

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		\$ 14,319,203	\$ 355,677		\$ 355,225	\$ (452)	\$ 5,308,850	1
2	ABC -firewalls to existing bldg	2007	29,867		10			29,867	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		15,959	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850		10			4,850	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refrig	2008	2,703		10			2,703	5
6	JulAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		2,483	6
7	ABC-Replace Asphalt in east Lot	2008	5,010		8			5,010	7
8	ABC- Installed new railings	2009	4,540	303	15	303		3,509	8
9	ABC -Roof Installation	2009	14,288		10			14,288	9
10	ABC- RoofTop Screening fire protect	2009	8,436		10			8,436	10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106		5			4,106	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504		10			2,504	12
13	ABC- Install heater pipe in boiler room	2011	5,874	294	20	294		2,695	13
14	GARPAV-Re-stripe exsisting lay out with new seal coat in parking l	2011	3,000	63	8		(63)	3,000	14
15	GTMPRO- Radiation Dampers & Fire Blankets	2011	4,150	415	8	68	(347)	4,150	15
16	GTMECH-Damper(fire),Ceiling redation damper repair	2012	9,099	910	10	910		7,507	16
17	ABC-Emergency hot water heater replace	2012	23,395	2,340	10	2,340		19,499	17
18	AprAMS IC-AMEEXP Floyd-Patten: Generator repairs	2013	4,885		5			4,885	18
19	ABC-dampers, fire radiation	2013	2,674		5			2,674	19
20	ABC-Wall protection: dining, activity 5 & 7, room C114, C116, C11	2013	5,481	548	10	548		3,973	20
21	ABC-dampers, fire radiation	2013	12,440		5			12,440	21
22	Tile Replacement-ALDBEN	2014	3,320	166	20	166		1,024	22
23	Dampers,fire radiation replace-ABC	2014	5,481	548	10	548		3,699	23
24									24
25	Flooring (new base), shower area -ALDBEN	2015	21,940	1,097	20	1,097		5,759	25
26	Belts, for dryer & washer-EQUINT	2015	3,117	573	5	573		3,117	26
27	Village - Parking Lot	2015	214,466	8,578	25	8,578		41,128	27
28	Gutter/roof replace - roof - ALDBEN	2018	2,834	283	10	283		779	28
29	Body (auto) work - outside -BILAUT-AMEEXP	2018	3,338	668	5	668		2,004	29
30	Dryer repair & install parts - laundry area - EQUINT	2018	3,832	766	5	766		1,660	30
31	RTU replaced parts -utility area - GTMECH	2019	5,968	1,194	5	1,194		1,293	31
32	Motor, blower - utility area - GTMECH	2019	2,892	578	5	578		867	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,755,311	\$ 376,376		\$ 375,514	\$ (862)	\$ 5,524,718	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$14,755,311	\$376,376		\$375,514	\$ (862)	\$5,524,718	1
2	Paving, asphalt, Sealcoating, parking lot - BLAPEA	2020	3,450	72	8	72		72	2
3	RTU Repair, utility area - GTMECH	2020	4,838		5				3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$14,763,599	\$376,448		\$375,586	\$ (862)	\$5,524,790	34

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

Facility Name & ID Number Alden Village Hlth Facility

0038455

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 14,763,599	\$ 376,448		\$ 375,586	\$ (862)	\$ 5,524,790	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)		\$ 14,910,592	\$ 381,144		\$ 380,282	\$ (862)	\$ 5,620,561	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 14,910,592	\$ 381,144		\$ 380,282	\$ (862)	\$ 5,620,561	1
2	ABC- Adjustment for realted party profit	2008	(29)	(2)		(2)		(24)	2
3	ABC- Adjustment for realted party profit	2009	(209)	(6)		(6)		(63)	3
4	ABC- Adjustment for realted party profit	2010	(237)	(9)		(9)		(93)	4
5	ABC- Adjustment for realted party profit	2011	46	1		1		9	5
6	ABC- Adjustment for realted party profit	2012	1,444	48		48		432	6
7	ABC- Adjustment for realted party profit	2013	241	20		20		153	7
8	ABC- Adjustment for realted party profit	2014	(17)	(2)		(2)		(11)	8
9	ABC- Adjustment for realted party profit	2015	(42)	(4)		(4)		(23)	9
10	ABC- Adjustment for realted party profit	2018	9	2		2		5	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,911,799	\$ 381,193		\$ 380,331	\$ (862)	\$ 5,620,947	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	\$749,444	\$57,984	\$57,984	\$	various	\$517,243	71
72	Current Year Purchases	52,149	2,278	2,278		various	2,278	72
73	Fully Depreciated Assets	1,127,759	223	223		various	1,127,759	73
74								74
75	TOTALS	\$1,929,353	\$60,484	\$60,484	\$		\$1,647,280	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78	Bus repairs, including 2 in MRs on Vlg II		2006	8,315				5	8,315	78
79	MIDTRA-Bus Repairs & Bus Engine/BILAUT-Restraint		2011/2015/2019	26,574	1,088	1,020	(68)	3/5/4	23,343	79
80	TOTALS			\$38,691	\$1,088	\$1,020	\$(68)		\$35,460	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$17,459,843	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$442,765	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$441,835	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(930)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$7,303,687	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

☐ YES☒ NO

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

✻✻

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

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

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

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

15. Is Movable equipment rental included in building rental?

☐ **YES**☒ NO

16. Rental Amount for movable equipment: \$ **14,752** **Description:** **Copy machine \$12,722.07 and equipment lease \$2,030.11**

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related party-PG 6A	various	\$ #####	\$ 15,389	17
18					18
19	Auto lease-GL 6890		#####	17,571	19
20					20
21	TOTAL		\$ #####	\$ 32,959	21

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending **12/31/2021**

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

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. **12/31/2021** **\$ varies**

13. \$

14. _____ \$ _____

*** 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.

Info avail. upon request.

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	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							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				54,067		54,067	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>						8,014		8,014	12
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any					243,181		243,181	13
14	TOTAL			\$		\$	\$ 305,262		\$ 305,262	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	
2.	ST	39-3	To Col 5	
3.				
4.	PT	39-3	To Col 5	
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			54,958.96
	Manual Input from Related Party- Forum Drugs & Vaccinations			(892.03)
				From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	54,066.93
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	8,014.02
	Total Exceptional Care (Line 12, Col 8)			8,014.02
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A	
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	0.00
				From Page 6D, Col 8 (Except DD homes)
	Other			776,912.04
	Less: Respiratory Therapy Costs reclassified to line 10A on Pg 4A			(506,512.00)
	Manual Input: Related Party - Prism			(42,709.13)
	Manual Input: Related Party FECII - I.V.			
	Manual Input: Related Party FECII - Wound Care-Products Only			(3,039.36)
	Oxygen, from reclass worksheet (Pg 4A)			18,529.00
13.	Col 6: Supplies Total		To Col 6	243,180.55
13.	Total Line 13, Column 8			243,180.55
14.	Total			305,261.50

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	74,470	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (2,500))	1,547,467	1,547,467	3
4	Supply Inventory (priced at)	69,540	69,540	4
5	Short-Term Investments			5
6	Prepaid Insurance		16,740	6
7	Other Prepaid Expenses	15,862	64,907	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party		176,108	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,632,868	\$ 1,949,232	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		13,816,721	14
15	Leasehold Improvements, at Historical Cost	698,402	1,989,954	15
16	Equipment, at Historical Cost	475,951	887,895	16
17	Accumulated Depreciation (book methods)	(1,088,058)	(7,350,216)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		107,732	21
22	Other Long-Term Assets (specify):		47,671	22
23	Other(specify): Due from Affiliate	11,179,984	11,179,984	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,266,279	\$ 21,259,743	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,899,148	\$ 23,208,974	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,311,664	\$ 1,314,164	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	43,475	43,475	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	537,235	537,235	30
31	Accrued Taxes Payable (excluding real estate taxes)	175,736	175,736	31
32	Accrued Real Estate Taxes(Sch.IX-B)		106,500	32
33	Accrued Interest Payable		27,414	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Ins, Exps, IDPA, Sales Tax, Prov Rel	4,898,380	4,898,380	36
37	Due to Affiliates/Short Term Payable	1,366,885	1,584,023	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,333,375	\$ 8,686,926	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	748,442	748,442	39
40	Mortgage Payable		12,883,550	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	Fica-Deferred	120,687	120,687	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 869,129	\$ 13,752,678	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,202,504	\$ 22,439,605	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,696,644	\$ 769,370	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,899,148	\$ 23,208,974	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,401,654	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(53,725)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,347,929	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	2,348,715	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)	\$ 2,348,715	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)	\$ 3,696,644	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	\$ 13,895,905	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,895,905	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	28,135	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 28,135	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	44	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 44	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	18	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 18	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	2,118,104	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,118,104	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,042,206	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,061,897	31
32	Health Care	4,079,132	32
33	General Administration	2,884,056	33
	B. Capital Expense		
34	Ownership	999,320	34
	C. Ancillary Expense		
35	Special Cost Centers	2,950,085	35
36	Provider Participation Fee	719,001	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,693,491	40
41	Income before Income Taxes (line 30 minus line 40)**	2,348,715	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,348,715	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 13,853,775	44
45	Private Pay - Net Inpatient Revenue	16,926	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) Hospice	25,204	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,895,905	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 Village Hlth Facility	# 0038455	Report Period Beginning: 01/01/2020	Ending: 12/31/2020
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Details of Page 19, Line 28

Description	Amount
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	
Record Copies-Backed out with Ln ref 21-Pg 5A	163
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	326
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	3,876
Vendor Discount	
United Healthcare-(Rebate/Incentive)	
Day Training Income	2,110,200
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	3,539
Line 28 Total:	2,118,104

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	2,112	2,120	\$ 106,199	\$ 50.09	1
2	Assistant Director of Nursing	2,085	2,093	88,496	42.28	2
3	Registered Nurses	31,336	34,063	1,277,278	37.50	3
4	Licensed Practical Nurses	13,310	14,769	435,670	29.50	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,552	1,560	32,208	20.65	9
10	Activity Assistants	22,698	24,294	356,121	14.66	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	54,658	26.28	13
14	Head Cook					14
15	Cook Helpers/Assistants	17,142	18,930	286,717	15.15	15
16	Dishwashers					16
17	Maintenance Workers	2,056	2,080	60,333	29.01	17
18	Housekeepers	21,276	23,685	375,917	15.87	18
19	Laundry	5,262	5,913	89,908	15.20	19
20	Administrator	2,056	2,080	125,810	60.49	20
21	Assistant Administrator	2,056	2,080	81,483	39.17	21
22	Other Administrative	2,056	2,080	71,525	34.39	22
23	Office Manager					23
24	Clerical	4,148	4,500	87,206	19.38	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	8,114	8,461	167,591	19.81	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	63,834	69,963	1,234,698	17.65	30
31	Medical Records					31
32	Other Health Care Behavioral Health	345	346	11,388	32.91	32
33	Other(specify) Resident Serv Dir	1,799	1,807	49,538	27.42	33
34	TOTAL (lines 1 - 33)	205,316	222,904	\$ 4,992,742 *	\$ 22.40	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	2689/month	\$ 32,270	1-3	35
36	Medical Director	300/month	3,600	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	218/month	2,616	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	17	777	11-3	44
45	Social Service Consultant	116/month	1,400	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	17	\$ 40,663		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	35	\$ 5,306	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	35	\$ 5,306		53

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

** See instructions.

STATE OF ILLINOIS

0038455

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

Facility Name & ID Number

Alden Village Hlth Facility

Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
LONGO, LAURIE	Administrator	0	\$ 125,810
HARRIS, YVONNE	Assistant Administrator	0	81,483
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 207,293

B. Administrative - Other

Description	Amount
	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services	Consulting Fees	\$ 989,466
Virchow Krause	Accounting Fees	7,281
MidCap	Accounting Fees	4,613
MidCap Legal	Legal -Non Collection	683
Stern & Associates	Guardianship	2,697
Mircon, Inc.	Consulting	3,642
AMS (Eliminated)	Allocated Legal Fees	47,520
Virchow Krause	Consulting	187
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 1,056,089

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 155,641
Unemployment Compensation Insurance	17,844
FICA Taxes	367,273
Employee Health Insurance	300,921
Employee Meals	32,603
Illinois Municipal Retirement Fund (IMRF)*	
Employee Relations, Pension & Misc	20,815
Employee Drug Test	11,075
401k Match	6,135
Employee Vaccinations	1,805
Dental, Vision, and Life Insurance	3,369
Related Party -Forum Pharmacy	(1,805)
TOTAL (agree to Schedule V, line 22, col.8)	\$ 915,677

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$
Advertising: Employee Recruitment	11,690
Health Care Worker Background Check (Indicate # of checks performed 22)	715
Patient Background Checks 18	180
Surety Bond/Annual Rpt Fee	1,503
BMIBRO Music/Col Health/etc	977
Center for Devolp. Disab	8,184
Related party-AMS	1,094
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 24,343

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related party	922
Seminar Expense	
IARF Educational Conference	325
WHCA-WICAL Convention	270
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 1,517

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

Alden Village Hlth Facility	PG 21A
Legal Fee Support	
2020	
Legal Fees Reported on Pg 21, Section C:	\$ 50,899.49
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(2,697.00)
Non-allowable legal fees, if any, deducted on	(47,520.00)
- AMS Allocated Legal Fees: GL 680600-100-003	
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 682.49</u>

In Detail:		
Vendor Name	Invoice Date	Amount
MidCap Legal	1/1/20-12/31/20	682.61
TOTAL ALLOWABLE LEGAL FEES		<u>682.61</u>

Vendor Name	Invoice Date	Amount
Stern & Associates	2/11/2020	2,696.88
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>2,696.88</u>

Vendor Name	Invoice Date	Amount
AMS Allocated Legal Fees	1/1/20-12/31/20	47,520.00
TOTAL Allocated Legal Fees		<u>47,520.00</u>
Total Legal Cost		<u>50,899.49</u>

Facility Name & ID Number Alden Village Hlth Facility

0038455

Report Period Beginning: 01/01/2020

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XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Hab Aides:Yes,RN/LPN: (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
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Center for Develop. Disab. \$8,184
- (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. \$ 47,175 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. \$ 719,001
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. \$ 32,603 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. \$ 0
- (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