

		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.

<p>I. IDPH License ID Number: <u>0044891</u></p> <p>Facility Name: <u>Alden Debes Rehab HCC</u></p> <p>Address: <u>550 S Mulford Avenue</u> <u>Rockford</u> <u>61108</u> Number City Zip Code</p> <p>County: <u>Winnebago</u></p> <p>Telephone Number: <u>(815)-484-1002</u> Fax # <u>(815)-484-1024</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>08/1/2000</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>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: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <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></td> <td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td> <td></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <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> <p>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</p>	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>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																								
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Facility Name & ID Number Alden Debes Rehab HCC

0044891 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	268	Skilled (SNF)	268	98,088	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	268	TOTALS	268	98,088	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	48	2,999	5,732	8,779	8
9	SNF/PED					9
10	ICF	41,557	2,094	4,052	47,703	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,605	5,093	9,784	56,482	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 57.58%

D. How many bed reserve days during this year were paid by the Department?

0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 08/01/2000

J. Was the facility purchased or leased after January 1, 1978?

YES Date 08/01/2000 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 268 and days of care provided 5,718

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Debes Rehab HCC # 0044891 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	641,614	38,224	25,333	705,171	1,023	706,194	(7,265)	698,929		1
2	Food Purchase		406,591		406,591	(32,353)	374,238	(9,267)	364,971		2
3	Housekeeping	581,476	63,729		645,205	899	646,104	19,702	665,806		3
4	Laundry	81,245	21,110		102,355	329	102,684		102,684		4
5	Heat and Other Utilities			254,615	254,615		254,615	842	255,457		5
6	Maintenance	56,319		215,875	272,194		272,194	63,962	336,156		6
7	Other (specify):* related party							9,123	9,123		7
8	TOTAL General Services	1,360,654	529,654	495,823	2,386,131	(30,102)	2,356,029	77,097	2,433,126		8
	B. Health Care and Programs										
9	Medical Director			30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	4,033,788	248,695	146,123	4,428,606	4,139	4,432,745	61,256	4,494,001		10
10a	Therapy	114,755	2,517	35,695	152,967		152,967		152,967		10a
11	Activities	614,693	13,023	6,419	634,135	164	634,299		634,299		11
12	Social Services	83,663			83,663		83,663		83,663		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,862	7,862		15
16	TOTAL Health Care and Programs	4,846,899	264,235	218,237	5,329,371	4,303	5,333,674	69,118	5,402,792		16
	C. General Administration										
17	Administrative	169,981			169,981		169,981	241,337	411,318		17
18	Directors Fees										18
19	Professional Services			1,153,187	1,153,187		1,153,187	(1,009,842)	143,345		19
20	Dues, Fees, Subscriptions & Promotions			153,383	153,383	(540)	152,843	(106,656)	46,187		20
21	Clerical & General Office Expenses	248,303	10,513	345,134	603,950	(4,291)	599,659	306,748	906,407		21
22	Employee Benefits & Payroll Taxes			1,274,212	1,274,212	19,346	1,293,558	(4,430)	1,289,128		22
23	Inservice Training & Education										23
24	Travel and Seminar			291	291	540	831	1,203	2,034		24
25	Other Admin. Staff Transportation			2,589	2,589		2,589	10,759	13,348		25
26	Insurance-Prop.Liab.Malpractice			739,557	739,557		739,557	13,675	753,232		26
27	Other (specify):* related party			248,097	248,097		248,097	(152,519)	95,578		27
28	TOTAL General Administration	418,284	10,513	3,916,450	4,345,247	15,055	4,360,302	(699,725)	3,660,577		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,625,837	804,402	4,630,510	12,060,749	(10,744)	12,050,005	(553,510)	11,496,495		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.

Facility Name & ID Number

Alden Debes Rehab HCC

#0044891

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			35,744	35,744		35,744	367,867	403,611			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			72,147	72,147		72,147	386,152	458,299			32
33	Real Estate Taxes			219,291	219,291	(219,291)		227,405	227,405			33
34	Rent-Facility & Grounds			846,942	846,942	219,291	1,066,233	(1,066,233)				34
35	Rent-Equipment & Vehicles			33,288	33,288		33,288	43,153	76,441			35
36	Other (specify):* MIP							52,018	52,018			36
37	TOTAL Ownership			1,207,412	1,207,412		1,207,412	10,362	1,217,774			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		760,826	974,165	1,734,991	10,744	1,745,735	(11,860)	1,733,875			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			466,881	466,881		466,881		466,881			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		760,826	1,441,046	2,201,872	10,744	2,212,616	(11,860)	2,200,756			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,625,837	1,565,228	7,278,968	15,470,033		15,470,033	(555,008)	14,915,025			45

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

Alden Debes Rehab HCC
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0044891

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(32,353.00)	Employee Meals
	22	32,353.00	Employee Meals
21		(4,620.00)	Team TSI expense Reclass
	10	4,620.00	Team TSI expense Reclass
22		(13,007.00)	Uniform Reclass
	1	1,023.00	Uniform Reclass
	3	899.00	Uniform Reclass
	4	329.00	Uniform Reclass
	6	-	Uniform Reclass
	10	10,263.00	Uniform Reclass
	11	164.00	Uniform Reclass
	21	329.00	Uniform Reclass
10		(10,744.00)	Oxygen Cost Reclass
	39	10,744.00	Oxygen Cost Reclass
33		(219,291.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	219,291.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(540.00)	Seminar Reclass
	24	540.00	Seminar Reclass
		-	

Facility Name & ID Number Alden Debes Rehab HCC

0044891

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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.)

		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	(23,135)	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	(2,519)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,606)	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	(32,591)	21		17
18	Fines and Penalties		32		18
19	Entertainment	(2,548)	20		19
20	Contributions	(9,628)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(32,710)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(248,097)	27		24
25	Fund Raising, Advertising and Promotional	(95,984)	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)	\$ (451,818)		\$	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)	(65,808)		34
35	Other- Attach Schedule	(37,382)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (103,190)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (555,008)		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

Alden Debes Rehab HCC

ID# 0044891

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (3,198)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(20,046)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	3,896	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	45,519	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	109	30	6
7	Intercompany Interest Not Allowed		32	7
8	Late Fees on utilities	(3,221)	5	8
9	Nursing Income			9
10	Misc Income	(29)	21	10
11	Misc Income - Jury Duty			11
12	Misc Income - Record Copies	(681)	21	12
13	Vendor Discount	(186)	10	13
14	Rockford Chamber back out	0	20	14
15				15
16	Related Party Int on Alma LLC with Rock Inv	(18,800)	32	16
17	To correct YTD depreciation expense to detail	2,228	30	17
18	Eliminate Depreciation on Building Goodwill	(42,973)	30	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	(37,382)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Debes Rehab HCC

0044891

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)	
1	A. General Services													
1	Dietary	0	0	0	(7,265)	0	0	0	0	0	0	0	(7,265)	1
2	Food Purchase	(4,606)	0	0	(4,661)	0	0	0	0	0	0	0	(9,267)	2
3	Housekeeping	0	0	19,702	0	0	0	0	0	0	0	0	19,702	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,221)	0	4,063	0	0	0	0	0	0	0	0	842	5
6	Maintenance	26,280	1,776	22,200	0	0	0	40	13,666	0	0	0	63,962	6
7	Other (specify):*	0	0	9,123	0	0	0	0	0	0	0	0	9,123	7
8	TOTAL General Services	18,453	1,776	55,088	(11,926)	0	0	40	13,666	0	0	0	77,097	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	(186)	0	53,462	9,232	(1,252)	0	0	0	0	0	0	61,256	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	7,862	0	0	0	0	0	0	0	0	7,862	15
16	TOTAL Health Care and Programs	(186)	0	61,324	9,232	(1,252)	0	0	0	0	0	0	69,118	16
	C. General Administration													
17	Administrative	0	0	241,337	0	0	0	0	0	0	0	0	241,337	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(32,710)	31,130	(1,008,262)	0	0	0	0	0	0	0	0	(1,009,842)	19
20	Fees, Subscriptions & Promotions	(108,160)	77	1,427	0	0	0	0	0	0	0	0	(106,656)	20
21	Clerical & General Office Expenses	(33,301)	0	340,049	0	0	0	0	0	0	0	0	306,748	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(4,430)	0	0	0	0	0	0	(4,430)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,203	0	0	0	0	0	0	0	0	1,203	24
25	Other Admin. Staff Transportation	0	0	10,759	0	0	0	0	0	0	0	0	10,759	25
26	Insurance-Prop.Liab.Malpractice	0	13,281	394	0	0	0	0	0	0	0	0	13,675	26
27	Other (specify):*	(248,097)	0	95,578	0	0	0	0	0	0	0	0	(152,519)	27
28	TOTAL General Administration	(422,268)	44,488	(317,515)	0	(4,430)	0	0	0	0	0	0	(699,725)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(404,001)	46,264	(201,103)	(2,694)	(5,682)	0	40	13,666	0	0	0	(553,510)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Debes Rehab HCC

0044891

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(63,880)	420,629	11,118	0	0	0	0	0	0	0	0	367,867	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(21,319)	397,936	9,535	0	0	0	0	0	0	0	0	386,152	32
33	Real Estate Taxes	0	219,291	8,114	0	0	0	0	0	0	0	0	227,405	33
34	Rent-Facility & Grounds	0	(1,066,233)	0	0	0	0	0	0	0	0	0	(1,066,233)	34
35	Rent-Equipment & Vehicles	0	0	43,153	0	0	0	0	0	0	0	0	43,153	35
36	Other (specify):*	0	52,018	0	0	0	0	0	0	0	0	0	52,018	36
37	TOTAL Ownership	(85,199)	23,641	71,920	0	0	0	0	0	0	0	0	10,362	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	(107,652)	(23,333)	119,125	0	0	0	0	0	(11,860)	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	(107,652)	(23,333)	119,125	0	0	0	0	0	(11,860)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(489,200)	69,905	(129,183)	(110,346)	(29,015)	119,125	40	13,666	0	0	0	(555,008)	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 1,066,233	Alden Alma Nelson Manor, LLC	0.00%	\$	\$ (1,066,233)	1
2	V	32 Investment Income - RR	49	Alden Alma Nelson Manor, LLC			(49)	2
3	V	19 Professional Fee		Alden Alma Nelson Manor, LLC		18,055	18,055	3
4	V	19 Accounting Fee		Alden Alma Nelson Manor, LLC		13,075	13,075	4
5	V	33 Real Estate Tax		Alden Alma Nelson Manor, LLC		219,291	219,291	5
6	V	26 General Insurance Expenses		Alden Alma Nelson Manor, LLC		13,281	13,281	6
7	V	36 Mortgage Insurance Premium		Alden Alma Nelson Manor, LLC		52,018	52,018	7
8	V	32 Interest Other		Alden Alma Nelson Manor, LLC		18,800	18,800	8
9	V	32 Interest On Mortg. Note		Alden Alma Nelson Manor, LLC		377,685	377,685	9
10	V	6 Repairs & Maintenance		Alden Alma Nelson Manor, LLC		1,776	1,776	10
11	V	30 Depreciation		Alden Alma Nelson Manor, LLC		420,629	420,629	11
12	V	32 Amortization		Alden Alma Nelson Manor, LLC		1,500	1,500	12
13	V	20 Annual Rpt Fee		Alden Alma Nelson Manor, LLC		77	77	13
14	Total		\$ 1,066,282			\$ 1,136,187	\$ * 69,905	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,063	\$	4,063	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,203		1,203	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		10,759		10,759	17
18	V	26 Insurance		Alden Management Services, Inc.		394		394	18
19	V	20 Dues/Subscriptions		Alden Management Services, Inc.		1,427		1,427	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118		11,118	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		8,114		8,114	21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		43,153		43,153	22
23	V	32 Interest		Alden Management Services, Inc.		9,535		9,535	23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.					24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		19,702		19,702	25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		9,123		9,123	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		53,462		53,462	27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		7,862		7,862	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		241,337		241,337	29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		95,578		95,578	30
31	V	19 Professional Fees	1,057,439	Alden Management Services, Inc.		49,177		(1,008,262)	31
32	V	21 Gen'l & Admin	58,200	Alden Management Services, Inc.		398,249		340,049	32
33	V	6 Repairs & Maintenance	2,400	Alden Management Services, Inc.		24,600		22,200	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,118,039			\$ 988,856	\$ *	(129,183)	39

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

Facility Name & ID Number Alden Debes Rehab HCC

0044891

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary Consult.	\$ 25,333	Prism Health Care Services, Inc.	0.00%	\$	\$(25,333)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,243	14,243
17	V	2 Tube feeding	25,787	Prism Health Care Services, Inc.		9,472	(16,315)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792
19	V	39 Ancillary supplies	179,716	Prism Health Care Services, Inc.		50,903	(128,813)
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,825	3,825
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		11,654	11,654
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,440	3,440
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		21,161	21,161
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 237,496			\$ 127,150	\$ * (110,346)

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

Facility Name & ID Number

Alden Debes Rehab HCC

0044891

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Drugs	\$ 527,368	Forum Extended Care II, Inc.	0.00%	\$ 502,308	\$	(25,060)	15
16	V	39 I.V.	42,358	Forum Extended Care II, Inc.		40,345		(2,013)	16
17	V	39 Wound Care-Product only	10,099	Forum Extended Care II, Inc.		9,620		(479)	17
18	V	10 House Stock	19,903	Forum Extended Care II, Inc.		18,957		(946)	18
19	V	10 Pharm Consult	6,432	Forum Extended Care II, Inc.		6,126		(306)	19
20	V	22 Employee Vaccinations	4,430	Forum Extended Care II, Inc.				(4,430)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		4,219		4,219	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		\$ 610,590			\$ 581,575	\$ *	(29,015)	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	\$ 949,434	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,068,559	\$ 119,125	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		\$ 949,434			\$ 1,068,559	\$ * 119,125	39

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

Facility Name & ID Number

Alden Debes Rehab HCC

0044891

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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	\$ 16,653	Alden Bennett Construction Company, Inc.	0.00%	\$ 16,693	\$ 40	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		\$ 16,653			\$ 16,693	\$ *	40	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 14,820	Alden Design Group, Ltd.	0.00%	\$ 28,486	\$ 13,666	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 14,820			\$ 28,486	\$ *	13,666	39

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

Facility Name & ID Number

Alden Debes Rehab HCC

0044891

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	Alden Realty Services, Inc.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care Center	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care Center	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care Center	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care Center	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimers Facility	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 Debes Rehab HCC # 0044891 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	176,358	1.868	4.67	Salary	\$ 8,642	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,329	1.868	4.67	Salary	4,671	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,329	1.868	4.67	Salary	4,671	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	108,725	1.868	4.67	Salary	5,317	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	57,636	1.868	4.67	Salary	2,964	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	176,358	1.6345	4.67	Salary	8,642	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										
13								TOTAL	\$ 34,907		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 Debes Rehab HCC

0044891 Report Period Beginning: 01/01/2020

Ending: 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	\$ 56,482	\$ 4,063	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	56,482	1,203	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	56,482	10,759	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	56,482	394	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	56,482	1,427	5
6	30	Depreciation	No of Providers/usage	36	36	408,834	1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354	56,482	8,114	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	56,482	43,153	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	56,482	9,535	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	19,702	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	56,482	9,123	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	53,462	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	56,482	7,862	13
14	17	Administrative Salary	Patient Days	1,209,117	36	5,264,790	5,264,790	241,337	14
15	27	Employee Benefits - Admin	Patient Days/usage	1,209,117	36	2,046,057	56,482	95,578	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	49,177	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	398,249	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	24,600	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 988,856	25

Facility Name & ID Number

Alden Debes Rehab HCC

0044891

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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		x	Mortgage		03/12	\$ 10,528,189	\$ 10,298,675	4/47	3.6300	\$ 377,685	1								
2	Insurance Interest (GL 7053)		x	Medical Malpractice							248	2								
3	Related Party-Alden Design Grp		x	Working Capital		03/06	109,000		12/17	Variable		3								
4	Amortization-Fin/Refin Fee		x	Refinancing							1,500	4								
5	Midcap Loan		x	Line of Credit		05/19	1,201,481	406,837	02/28/23	6.5000	71,899	5								
Working Capital																				
6	Related party - AMS		x	Working capital							9,535	6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 11,838,670	\$ 10,705,512			\$ 460,867	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x								(49)	10								
11	Interest Income (GL 4975)		x								(2,519)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (2,568)	14								
15	TOTALS (line 9+line14)						\$ 11,838,670	\$ 10,705,512			\$ 458,299	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 52,018 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.)

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Debes Rehab HCC COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0044891

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>173,696.00</u>	\$ <u>8,114.00</u>
2. <u>12-27-152-001</u>	<u>Nursing Home Facility</u>	\$ <u>108,301.74</u>	\$ <u>108,301.74</u>
3. <u>12-27-152-002</u>	<u>Nursing Home Facility</u>	\$ <u>111,115.46</u>	\$ <u>111,115.46</u>
4. <u>12-27-152-003</u>	<u>Nursing Home Facility</u>	\$ <u>773.54</u>	\$ <u>773.54</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>393,886.74</u></u>	\$ <u><u>228,304.74</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,952 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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing home facility</u>	<u>60,952</u>	<u>2000</u>	<u>\$ 835,364</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	<u>60,952</u>		<u>\$ 835,364</u>	<u>3</u>

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	268	2000		7,000,000	222,222	31.5	222,222	\$	\$ 4,537,033	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	GT Mechanical - replace 75 ton compressor		2000	23,550		10			23,550	9
10	Building Improvements		2000	5,142	194	20	194		5,142	10
11	Alden Design - HVAC		2000	3,089	122	20	122		3,089	11
12	Alden Bennett Const.		2001	16,737		10			16,737	12
13	Pro com systems		2001	4,055		10			4,055	13
14	Alden Bennett Const.		2001	2,098		10			2,098	14
15	New Horz. Comm		2001	1,701		10			1,701	15
16	Alden Bennett Const.		2001	1,816		10			1,816	16
17	Alden Bennett Const.		2001	2,263		10			2,263	17
18	Alden Bennett Const.		2001	2,828		10			2,828	18
19	Seams -rebuild engine		2001	4,938		10			4,938	19
20	Alden Bennett Const.		2001	1,632		10			1,632	20
21	CSI Coker - belt/heating element		2001	5,256		10			5,256	21
22	Alden Bennett Const.		2001	3,198		10			3,198	22
23	GT Mechanical - heater		2001	2,406		10			2,406	23
24	Alden Design - elect. /plumbing		2001	22,472	1,120	20	1,120		22,472	24
25	Alden Design - misc		2001	22,412	1,117	20	1,117		22,412	25
26	Alden Design - misc		2001	94,243	4,712	20	4,712		93,848	26
27	ABC - laundry room repairs		2001	11,608	580	20	580		11,362	27
28										28
29										29
30										30
31										31
32										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 Debes Rehab HCC

0044891

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, Inc. - Repair Air Conditioner	2002	11,519		10			\$ 11,519	37
38	Pro Com Systems - Repair Nurse Call System	2002	1,862		10			1,862	38
39	GT Mechanical, Inc. - Repair Heater	2002	1,996		10			1,996	39
40	FE Moran - Repair - Fire Alarm System	2002	1,825		10			1,825	40
41	Nelson Carlson - Repair Water Main	2002	2,407		10			2,407	41
42	ABC - Carpet	2002	1,231		15			1,231	42
43	ABC - Chimney	2002	3,032	152	20	152		2,771	43
44	Medline - Window Blinds	2003	1,706		7			1,706	44
45	Tyco - installtion of smoke detectors	2003	6,753		15			6,753	45
46	Code Alert - Update system	2003	5,007		15			5,007	46
47	ABC - 4 doors	2003	2,449		10			2,449	47
48	ABC - Light Fixtures	2003	2,283		5			2,283	48
49	GT Mech - Replace Pump	2003	1,532		10			1,532	49
50	Simplex - Repair Smoke Detector system	2003	4,238		10			4,238	50
51	ABC - Roof Repair	2003	3,953		15			3,953	51
52	CSI Coker - Repair Dishwasher	2003	3,291		7			3,291	52
53	ABC - Repair C wing main A/C power	2003	2,177		10			2,177	53
54	ABC - Repair Boiler	2003	23,646		15			23,646	54
55	ABC-Roof repairs	2004	3,102		10			3,102	55
56	ABC-Roof repairs	2004	3,486		10			3,486	56
57	ABC-Roof repairs	2004	4,565		10			4,565	57
58	Equipment Int'l LTD-repair laundry	2004	1,714		10			1,714	58
59	CSI Coker - Repair Dishwasher	2004	2,387		10			2,387	59
60	CSI Coker - Repair Dishwasher	2004	2,915		10			2,915	60
61	GT Mechanical-furnace repair	2004	1,765		10			1,765	61
62	GT Mechanical-a/c repair	2004	2,128		10			2,128	62
63	ABC-boiler repairs	2004	1,877		10			1,877	63
64	GT Mechanical-Expansion tank replacement	2004	5,925		10			5,925	64
65	GT Mechanical-heater repair	2004	5,536		10			5,536	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,347,751	\$ 230,219		\$ 230,219	\$	\$ 4,883,882	70

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

Facility Name & ID Number Alden Debes Rehab HCC

0044891

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 12A, Carried Forward		\$ 7,347,751	\$ 230,219		\$ 230,219	\$	\$ 4,883,882	1
2	ABC-hotwater tank reparis	2006	3,000		10			3,000	2
3	GT Mechanical-heater repairs	2005	5,310		10			5,310	3
4	GT Mech-water pump repair	2005	2,032		10			2,032	4
5	Long Elevator-elevator repairs	2005	2,138		10			2,138	5
6	GT Mech-compressor replacement	2005	1,957		10			1,957	6
7	ABC-boiler tube replacement	2005	4,240		10			4,240	7
8	GT Mech-heater motor replacement	2005	1,591		10			1,591	8
9	GT Mech-laundry room repairs	2005	741		10			741	9
10	Top Notch-kitchen boiler repairs	2005	3,853		10			3,853	10
11	ABC-fire alarm panel replacements	2005	11,532		10			11,532	11
12	ABC-door locks	2005	2,203		10			2,203	12
13	ABC-door locks	2005	2,203		10			2,203	13
14	ABC-door locks	2005	1,825		10			1,825	14
15	ABC-replace b0iler tubes	2007	3,834		10			3,834	15
16	November AMS Maint Alloc	2007	32,048		10			32,048	16
17	Patten Ind-generator repairs metal.	2007	2,735		5			2,735	17
18	Top Notch Services- replace boiler assembly	2007	3,853		10			3,853	18
19	ABC -new automatic door	2007	5,644		10			5,644	19
20	ABC -new water heater	2007	13,771	918	15	918		12,852	20
21	ABC - repaire roof	2007	4,926		10			4,926	21
22	ABC -Paving	2007	27,958		8			27,958	22
23	ABC -replace boiler tubes	2007	2,798		10			2,798	23
24	ABC -replace boiler tubes	2007	3,834		10			3,834	24
25	Top Notch -kichen appliance repairs	2007	3,452		5			3,452	25
26	ABC-Boiler repair	2008	7,668		10			7,668	26
27	TopNotch Commerc. Kitchen-Freezer Door	2008	4,553		5			4,553	27
28	ABC-new paving	2008	55,917	2,796	20	2,796		34,484	28
29	ABC Repl Plumbing Electrical Hardware & Fix	2008	4,065		10			4,065	29
30	ABC-New Gasketing Fire Doors	2008	2,981		10			2,981	30
31	ABC-New Flooring CarpentryCabintrvSecurityDoor	2008	21,812	1,454	15	1,454		17,569	31
32	ABC-New SecurityHardware/Doors/FramesCameras	2008	22,312	1,487	15	1,487		17,844	32
33	ABC - Parking Lot Construction	2008	17,808	890	20	890		11,422	33
34	TOTAL (lines 1 thru 33)		\$ 7,632,345	\$ 237,764		\$ 237,764	\$	\$ 5,131,027	34

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

Facility Name & ID Number Alden Debes Rehab HCC

0044891

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 12B, Carried Forward		\$ 7,632,345	\$ 237,764		\$ 237,764	\$	\$ 5,131,027	1
2	ABC-roof leak	2008	10,686		10			10,686	2
3	Gt Mechanical Inc.-HVAC repairs	2008	3,625		10			3,625	3
4	Equipment international, Ltd.- washer major repair	2008	3,230		5			3,230	4
5	ABC -Install worn, cilling tile, floor tile, roofing & Plumbing	2008	5,603		10			5,603	5
6	Gt Mechanical, Inc.- Refri Cooling Start Up	2008	2,838		10			2,838	6
7	ABC- new egress hardware Fire safety code	2008	8,344		10			8,344	7
8	OctAMS Maint Allocation	2008	5,006		5			5,006	8
9	GT Mechanical- Instld flame safe guard	2008	2,829		10			2,829	9
10	ABC- fire proof/repl boiler-Job #7031	2008	5,888		10			5,888	10
11	ABC- Install alarm monitor to control Oxygen level	2008	10,240		10			10,240	11
12	GTMECH- main AH Electronic Starter	2009	2,787		5			2,787	12
13	GTMECH- repairs for Kitchen area HVAC	2009	5,682		5			5,682	13
14	ABC-Repl/leaky tubes boiler heating tubes	2009	4,312		5			4,312	14
15	ABC- New MI unit-Job # 2839	2009	53,402	3,560	15	3,560		42,127	15
16	ABC-Job#2846-Carpentary-Rough & Finish	2009	14,068	938	15	938		10,709	16
17	ABCnew MIunit-Job#2839 Iv#9909	2009	7,144	476	15	476		5,593	17
18	AugAMS/C-AMEEXP Harold-Patten -filter, valve,cap dust	2009	3,407		5			3,407	18
19	JulAMS/C-WRIEXP Harold-Rock Valley Water-Install Parts for S	2009	3,213		5			3,213	19
20	EQUINT inverter for washer	2009	3,183		10			3,183	20
21	DIASIG -Install monument sign DBL face Sandblasted Redwood Si	2010	4,550	303	15	303		3,030	21
22	ABC-MI Unit A-Job#2930-1-HVAC,SecuritySys,Concrete	2010	62,693	4,180	15	4,180		45,283	22
23	EQUINT-Washer Reparis #3	2010	3,082		5			3,082	23
24	CENSAU- Instll 2 Dry Sidewall sprinkler	2010	3,117		5			3,117	24
25	ALDBEN-Rprs Exterior Door,LavatoryStation	2010	3,161		5			3,161	25
26	EQUINT - Washer Inverter/Clamps (1)	2010	3,517	173	10	173		3,517	26
27	ALDBEN - boiler repair	2010	5,139		5			5,139	27
28	ABC - Install Concrete -Job# 1033-1	2011	19,842	1,323	15	1,323		13,230	28
29	ABC - Instll Sprinklers System -Job# 1033-2	2011	134,719	8,981	15	8,981		89,811	29
30	BOUDEV- Demolition, Masonry, Steel, Carpentry	2011	55,000	2,750	20	2,750		27,500	30
31	ABC -MetalFrames, windows, Glass&Glazing- Job# 1033 -3	2011	42,601	2,840	15	2,840		28,400	31
32	BOUDEV- Framing, Drywall, Insultion, Painting, Flooring, acoustic	2011	30,925	1,546	20	1,546		15,461	32
33	ABC - install smoke Dampers & electrical- Job# 1033-4	2011	127,757	8,517	15	8,517		85,171	33
34	TOTAL (lines 1 thru 33)		\$ 8,283,936	\$ 273,351		\$ 273,351	\$	\$ 5,596,231	34

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

Facility Name & ID Number Alden Debes Rehab HCC

0044891

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		\$ 8,283,936	\$ 273,351		\$ 273,351	\$	\$ 5,596,231	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)		\$ 8,430,929	\$ 278,047		\$ 278,047	\$	\$ 5,692,002	34

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

Facility Name & ID Number Alden Debes Rehab HCC

0044891

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 12D, Carried Forward		\$ 8,430,929	\$ 278,047		\$ 278,047	\$	\$ 5,692,002	1
2	ABC - Fire Protection & Smoke Dampers -Job# 1033-5	2011	69,599	4,640	15	4,640		46,013	2
3	ABC - Monument/Sign Replacing Sign	2011	6,715	672	10	672		6,664	3
4	ABC -Dumb waiter reconfigure	2011	51,123	3,408	15	3,408		33,228	4
5	PAIUSA-Carpentry & Painting	2011	20,700	1,380	15	1,380		12,880	5
6	ABC -Tower Railings (1)	2011	16,003	1,067	15	1,067		9,781	6
7	GTMECH - install heat exchanger	2011	5,828	583	10	583		5,781	7
8	FebAMSI/C-AMEEXP Floyd-Patten CAT-Install remote alarm par	2011	8,591	859	10	859		8,590	8
9	FebAMSI/C-AMEEXP Floyd-Patten CAT -Install remote annuncia	2011	7,886	786	10	786		7,886	9
10	GTMECH -Install new mod motor and Boiler maint.	2011	5,866		5			5,866	10
11	EQUINT - Washer Inverter/Clamps (1)	2011	3,617		5			3,617	11
12	JDROOF- Roof Repairs	2011	4,970		5			4,970	12
13	ALDBEN -Replace boiler tubes	2011	3,253		5			3,253	13
14	GTMECH -chiller & cracked line Reprs, pilot valve replcs	2011			5				14
15	GTMECH- Chiller reprs	2011	5,034		5			5,034	15
16	GARPAV -Seal Coat & Crack repairs in Parking lot	2011	15,618		8			15,618	16
17	ABC- Repair leak Boiler1/HeatingVent	2011	9,610		5			9,610	17
18	JDROOF- Roof Repairs	2012	6,000		5			6,000	18
19	BELELC -Generator Stop Switches	2012	2,699	270	10	270		2,250	19
20	Dry Wall & Anti-Freeze Loop Install-VALFIR	2013	4,836	322	15	322		2,442	20
21	Roof install- ABC	2013	29,767	2,977	10	2,977		22,079	21
22	Boiler tube Install (1)-ABC	2013	10,732	715	15	715		5,065	22
23	Washer #1 inverter install-EQUINT	2013	3,221		5			3,221	23
24	Boiler#1 leaking tubes repairs-ABC	2013	6,185	618	10	618		4,687	24
25	Boiler burner replace-ABC	2013	6,169	617	10	617		4,679	25
26	Cooler Walking.Install Evap Coil- TOPNOT	2013	5,693		5			5,693	26
27	Generator Repairs -JuneAMSI/C-AMX-Floyd-Patten	2013	6,586		5			6,586	27
28	Chiller leaks repair - GTMECH	2013	9,072	(1)	5	(1)		9,072	28
29	Condensing unit reconnectChiller Reprs - GTMECH	2013	4,952		5			4,952	29
30	Parking lot Repairs-ABC	2013	3,614	452	8	452		3,164	30
31	ATS and Control Board-JanAMSI/C-Floyd Patten	2013	10,696	1,070	10	1,070		8,292	31
32	Boiler# Iupper tubes install and # 2 head assembly-ALDBEN	2014	10,732	715	15	715		4,886	32
33	Air unit burner, solenoid & gas valve assembly- NORMEC	2014	2,576		5			2,576	33
34	TOTAL (lines 1 thru 33)		\$ 8,788,872	\$ 299,197		\$ 299,197	\$	\$ 5,966,437	34

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

Facility Name & ID Number Alden Debes Rehab HCC

0044891

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 12E, Carried Forward		\$ 8,788,872	\$ 299,197		\$ 299,197	\$	\$ 5,966,437	1
2	Boiler# Iupper tubes install and # 2 head assembly-ALDBEN	2014	3,790	253	15	253		1,602	2
3	Boiler # 1&2 retube,smoke box door(1), heat gasket plate(1)-ALDBEN	2014	11,615	774	15	774		4,773	3
4	Boiler tubes repls.-ALDBEN	2014	5,426	362	15	362		2,172	4
5	Actuator (1) -NORMEC	2014	2,782		5			2,782	5
6	Air unit burner, solenoid & gas valve assembly- NORMEC	2014	2,576		5			2,576	6
7	Boiler tubes replace -ALDBEN	2015	4,370	291	15	291		1,649	7
8	Motor replace for Elevator (1)-SUBELE	2015	5,506	643	5	643		5,506	8
9	Boiler tube replaced-ALDBEN	2015	11,416	761	15	761		4,122	9
10	Roofing Repairs-JDROOF	2015	5,560	927	5	927		5,560	10
11	Chiller repairs -GTMECH	2015	4,124	480	5	480		4,124	11
12	Sidewalk-SUPCOM	2016	8,000	533	15	533		2,310	12
13	Roof Repairs -JDROOF	2016	4,300	860	5	860		3,583	13
14	Fire Dampers (220 repairs -GTMECH	2016	6,723	672	10	672		2,800	14
15	Gutter install -JDROOF	2017	2,775	278	10	278		1,019	15
16	Foundation Stablization BADBAS	2017	22,350	894	25	894		3,129	16
17	Rood repairs on Dining room-JDROOF	2017	8,500	1,700	5	1,700		6,233	17
18	Paving/fix cracking on 9 rooms repair -FOXBU	2017	7,500	1,500	5	1,500		5,125	18
19	Roof and Gutter repairs on front entranceway -JDROOF	2017	2,600	520	5	520		1,690	19
20	Boiler tube replaced-ALDBEN	2017	3,613	241	15	241		763	20
21	Drain Line from building to parking lot -ALDBEN	2017	2,962	592	5	592		1,875	21
22	Boiler Burner Repair -NORMEC	2018	8,943	1,789	5	1,789		5,218	22
23	Roof Repairs -JDROOF	2018	3,760	752	5	752		1,817	23
24	Roof Repairs -JDROOF	2018	4,525	905	5	905		2,112	24
25	Steamer Boiler Repair in kitchen -TOPNOT	2018	5,232	1,046	5	1,046		2,354	25
26	Brick wall repair Therapy Room	2018	15,996	1,227	13.04	1,227		2,754	26
27	Concrete work - FOXBU	2019	2,750	275	10	275		481	27
28	Chiller pump repls -NORMEC	2019	4,640	928	5	928		1,624	28
29	Boiler replace-NORMEC	2019	11,280	752	15	752		1,379	29
30	Fire Alarm Repairs - AFFCUS	2019	3,208	642	5	642		909	30
31	Parking Lot Repairs - ALDBEN	2019	7,623	1,525	5	1,525		1,779	31
32	Kitchen Sheet Metal, Kitchen Area-GTMECH	2020	4,802	640	5	640		640	32
33	Return Air Unit, Utility Area-GTMECH	2020	4,947	660	5	660		660	33
34	TOTAL (lines 1 thru 33)		\$ 8,993,064	\$ 322,619		\$ 322,619	\$	\$ 6,051,557	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 8,993,064	\$ 322,619		\$ 322,619	\$	\$ 6,051,557	1
2	Disshwasher, Rebuild/partial, kitchen-NORMEC	2020	7,023	351	5	351		351	2
3	Door, Pivot Rebuild/partial, Therapy Room-ALDBEN	2020	3,558	119	5	119		119	3
4	Steamer Box, Rebuild/partial,kitchen-NORMEC	2020	4,996	83	5	83		83	4
5	Canopy, Building exterior-HUNWIL	2020	11,875	594	15	594		594	5
6	Actuator Rebuild/Partial, Rooftop-NORMEC	2020	2,847	190	10	190		190	6
7									7
8	ABC- Adjustment for realted party profit	2012							8
9	ABC- Adjustment for realted party profit	2013	760	109		109		680	9
10	ABC- Adjustment for realted party profit	2014	(60)					(60)	10
11	ABC- Adjustment for realted party profit	2015	(30)					(30)	11
12	ABC- Adjustment for realted party profit	2016							12
13	ABC- Adjustment for realted party profit	2017	(12)					(12)	13
14	ABC- Adjustment for realted party profit	2018							14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,024,021	\$ 324,065		\$ 324,065	\$	\$ 6,053,472	34

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

Facility Name & ID Number Alden Debes Rehab HCC

0044891

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	\$ 926,172	\$ 72,622	\$ 72,622	\$	various	\$ 451,621	71
72	Current Year Purchases	75,706	3,732	3,732		various	3,280	72
73	Fully Depreciated Assets	1,331,735	3,192	3,192		various	1,331,735	73
74								74
75	TOTALS	\$ 2,333,613	\$ 79,546	\$ 79,546	\$		\$ 1,786,636	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	80

E. Summary of Care-Related Assets

		1 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)	\$ 12,196,800	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 403,611	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 403,611	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,843,910	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	Dialysis Unit	\$ 13,378	92
93			93
94			94
95		\$ 13,378	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:				\$ <u>Related Party -Cost is backed out</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 08/01/2020

Ending 07/31/2030

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

Fiscal Year Ending Annual Rent

12. 7/31/2021 \$ varies

13. 7/31/2022 \$ varies

14. 7/31/2023 \$ varies

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: \$ 26,932 Description: 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	<u>Auto lease-GL 6890</u>		\$ <u>781.95</u>	\$ <u>9,383</u>	17
18					18
19	<u>Related party-PG 6A</u>		<u>#####</u>	<u>20,078</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>29,461</u>	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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$ _____

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	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	\$		\$ 323,289	\$		\$ 323,289	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			233,900			233,900	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			358,607			358,607	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				506,527		506,527	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG16A	39-1, 39-3, if any				119,125	192,427		311,552	13
14	TOTAL			\$		\$ 1,034,921	\$ 698,954		\$ 1,733,875	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
 Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	323,289.00	
2.	ST	39-3	To Col 5	233,900.00	
3.					
4.	PT	39-3	To Col 5	358,607.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			527,368.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(20,841.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	506,527.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
	Total Exceptional Care (Line 12, Col 8)			0.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	119,125.00	From Page 6D, Col 8 (Except DD homes)
	Other			291,827.00	
	Manual Input: Related Party - Prism			(107,652.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(2,013.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(479.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			10,744.00	
13.	Col 6: Supplies Total		To Col 6	192,427.00	
13.	Total Line 13, Column 8			311,552.00	
14.	Total			1,733,875.00	

Facility Name & ID Number Alden Debes Rehab HCC

0044891

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

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	\$ 2,672,658	\$ 2,724,606	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (191,250))	1,757,498	1,757,498	3
4	Supply Inventory (priced at)	60,433	60,433	4
5	Short-Term Investments			5
6	Prepaid Insurance		32,272	6
7	Other Prepaid Expenses	4,737	4,737	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	20,086	179,861	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,515,412	\$ 4,759,407	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		835,364	13
14	Buildings, at Historical Cost		8,353,636	14
15	Leasehold Improvements, at Historical Cost	550,587	1,846,575	15
16	Equipment, at Historical Cost	533,553	2,456,500	16
17	Accumulated Depreciation (book methods)	(832,749)	(8,672,199)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		189,601	21
22	Other Long-Term Assets (spe CIP, Fin, Fee, net	13,378	36,004	22
23	Other(specify): <u>Due to Affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 264,769	\$ 5,045,481	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,780,181	\$ 9,804,887	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 631,007	\$ 633,507	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	376,417	376,417	28
29	Short-Term Notes Payable		237,986	29
30	Accrued Salaries Payable	631,016	631,016	30
31	Accrued Taxes Payable (excluding real estate taxes)	230,880	230,880	31
32	Accrued Real Estate Taxes(Sch.IX-B)		226,800	32
33	Accrued Interest Payable		132,414	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc./Prov Rel/c</u>	7,158,572	7,158,572	36
37	<u>Due to Affiliates</u>	816,201	1,055,175	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,844,093	\$ 10,682,766	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,579,734	1,579,734	39
40	Mortgage Payable		10,060,690	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	1,264,005	1,264,005	43
44	<u>Mcr Adv Fund' & 'Fica-Deferred', cms ad</u>	316,375	316,375	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,160,114	\$ 13,220,804	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,004,207	\$ 23,903,570	46
47	TOTAL EQUITY(page 18, line 24)	\$ (8,224,026)	\$ (14,098,682)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,780,181	\$ 9,804,887	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,149,376)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,149,376)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,074,650)	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)	\$ (1,074,650)	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)	\$ (8,224,026)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Debes Rehab HCC

0044891

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	\$ 14,007,911	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,007,911	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	164,831	5
6	Therapy	203,745	6
7	Oxygen	12,412	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 380,988	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	8,777	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 8,777	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,519	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,519	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A.</u>	(4,812)	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (4,812)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,395,383	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,386,131	31
32	Health Care	5,329,371	32
33	General Administration	4,345,247	33
	B. Capital Expense		
34	Ownership	1,207,412	34
	C. Ancillary Expense		
35	Special Cost Centers	1,734,991	35
36	Provider Participation Fee	466,881	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,470,033	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,074,650)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,074,650)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,741,926	44
45	Private Pay - Net Inpatient Revenue	566,125	45
46	Medicare - Net Inpatient Revenue	3,393,371	46
47	Other-(specify) <u>Hospice</u>	2,306,561	47
48	Other-(specify) <u>Insur,Vets,Charity/Sales Allows</u>	(72)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,007,911	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 Debes Rehab HCC

0044891

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)	\$ 275
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	
Housekeeping-Backed out	(27)
Meals-Nacked out	(148)
Write Off Old Accounts Payables	
Vendor Discount	186
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	(5,098)
Line 28 Total:	<u><u>(4,812)</u></u>

Facility Name & ID Number Alden Debes Rehab HCC

0044891

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,883	1,891	\$ 91,784	\$ 48.54	1
2	Assistant Director of Nursing	2,654	2,690	102,912	38.26	2
3	Registered Nurses	18,831	21,135	728,596	34.47	3
4	Licensed Practical Nurses	30,902	34,189	1,147,269	33.56	4
5	CNAs & Orderlies	81,625	90,941	1,816,596	19.98	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,813	2,048	45,603	22.27	8
9	Activity Director	2,056	2,080	41,329	19.87	9
10	Activity Assistants	6,389	7,960	129,199	16.23	10
11	Social Service Workers	4,160	4,227	83,663	19.79	11
12	Dietician					12
13	Food Service Supervisor	1,760	1,779	49,596	27.88	13
14	Head Cook					14
15	Cook Helpers/Assistants	31,017	34,628	592,018	17.10	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	56,319	27.08	17
18	Housekeepers	30,878	33,901	581,476	17.15	18
19	Laundry	4,092	4,701	81,245	17.28	19
20	Administrator	2,056	2,080	119,720	57.56	20
21	Assistant Administrator	2,072	2,080	50,261	24.16	21
22	Other Administrative	21,499	22,232	410,552	18.47	22
23	Office Manager					23
24	Clerical	8,378	9,361	137,527	14.69	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,502	3,703	146,631	39.60	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Clinical Support	9,372	9,963	213,541	21.43	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	267,011	293,669	\$ 6,625,837 *	\$ 22.56	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	2111/ Monthly	\$ 25,333	1-3	35
36	Medical Director	2500/Monthly	30,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	536/Monthly	6,432	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	18/Hourly	1,121	11-3	44
45	Social Service Consultant	36/Hourly	2,800	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 65,686		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	439	\$ 30,723	10-3	50
51	Licensed Practical Nurses	827	57,868	10-3	51
52	Certified Nurse Assistants/Aides	944	45,306	10-3	52
53	TOTAL (lines 50 - 52)	2,210	\$ 133,897		53

Alden - Alma Nelson Manor, Inc.	PG 21A
Legal Fee Support	
2020	
Legal Fees Reported on Pg 21, Section C:	\$ 94,607.69
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(32,710.00)
Non-allowable legal fees, if any, deducted on - AMS Allocated Legal Fees (L 69600-100-003 - Add back voided invoice of prior year, if any)	(47,820.00)
Allowable Legal Fees	<u>\$ 14,077.69</u>

Vendor Name	Invoice Date	Amount
MdCap Alloc-Alma-Dec20	1/8/2021	200.50
MdCap Alloc-Alma-Nov20	12/7/2020	752.91
MdCap Alloc-Alma-Oct20	11/6/2020	12,494.14
MdCap Alloc-Alma-Jul20	6/7/2020	84.15
MdCap Alloc-Alma-Jun20	7/8/2020	258.68
MdCap Alloc-Alma-Mar20	4/8/2020	489.81
MdCap Alloc-Alma-Jan19	2/10/2020	97.78

TOTAL ALLOWABLE LEGAL FEES 14,077.69

Vendor Name 69600 100-000	Invoice Date	Amount
SBZ, Inc.	1/8/2021	204.55
SBZ, Inc.	12/7/2020	204.55
SBZ, Inc.	11/6/2020	204.55
SBZ, Inc.	10/10/2020	204.55
SBZ, Inc.	9/8/2020	204.55
SBZ, Inc.	8/7/2020	204.55
SBZ, Inc.	7/8/2020	204.55
SBZ, Inc.	6/5/2020	204.55
SBZ, Inc.	5/7/2020	204.55
SBZ, Inc.	4/7/2020	204.55
SBZ, Inc.	3/6/2020	204.55
SBZ, Inc.	2/7/2020	204.55
AMSIK STOPDOG	1/8/2021	500.00
AMSIK STOPDOG	1/8/2021	500.00
AMSIK STOPDOG	12/7/2020	500.00
AMSIK STOPDOG	11/6/2020	500.00
AMSIK STOPDOG	10/10/2020	500.00
AMSIK STOPDOG	9/8/2020	647.31
AMSIK STOPDOG	8/7/2020	624.56
AMSIK STOPDOG	7/8/2020	534.50
AMSIK STOPDOG	6/5/2020	564.23
AMSIK STOPDOG	5/7/2020	597.58
AMSIK STOPDOG	4/7/2020	612.44
AMSIK STOPDOG	3/6/2020	611.88
MIDCAR Midwest Care Manager	1/7/2021	512.50
MIDCAR Midwest Care Manager	1/7/2021	100.00
MIDCAR Midwest Care Manager	1/7/2021	212.50
MIDCAR Midwest Care Manager	1/7/2021	147.50
MIDCAR Midwest Care Manager	1/4/2021	37.50
MIDCAR Midwest Care Manager	1/4/2021	75.00
MIDCAR Midwest Care Manager	1/4/2021	487.50
MIDCAR Midwest Care Manager	11/2/2020	251.05
MIDCAR Midwest Care Manager	11/2/2020	125.00
MIDCAR Midwest Care Manager	11/2/2020	62.50
MIDCAR Midwest Care Manager	11/2/2020	62.50
MIDCAR Midwest Care Manager	9/25/2020	581.25
MIDCAR Midwest Care Manager	9/25/2020	12.50
MIDCAR Midwest Care Manager	9/25/2020	175.00
MIDCAR Midwest Care Manager	9/25/2020	225.00
MIDCAR Midwest Care Manager	9/25/2020	25.00
MIDCAR Midwest Care Manager	7/22/2020	62.50
MIDCAR Midwest Care Manager	7/22/2020	25.00
MIDCAR Midwest Care Manager	7/22/2020	62.50
MIDCAR Midwest Care Manager	7/22/2020	770.00
MIDCAR Midwest Care Manager	7/22/2020	68.75
MIDCAR Midwest Care Manager	7/22/2020	12.50
MIDCAR Midwest Care Manager	7/22/2020	337.50
MIDCAR Midwest Care Manager	7/22/2020	437.50
MIDCAR Guardianship	5/28/2020	437.50
MIDCAR Guardianship	5/28/2020	25.00
MIDCAR Guardianship	5/28/2020	337.50
MIDCAR Guardianship	5/28/2020	137.50
MIDCAR Guardianship	4/28/2020	250.00
MIDCAR Guardianship	4/28/2020	12.50
MIDCAR Guardianship	4/28/2020	302.10
MIDCAR Guardianship	4/28/2020	991.25
MIDCAR Midwest Care Manager	4/6/2020	137.50
MIDCAR Midwest Care Manager	4/6/2020	62.50
MIDCAR Midwest Care Manager	3/31/2020	115.00
MIDCAR Midwest Care Manager	3/31/2020	298.00
MIDCAR Guardianship	2/20/2020	50.00
MIDCAR Guardianship	2/20/2020	67.50
MIDCAR Guardian of Estate	1/28/2020	112.50
MIDCAR Guardian of Estate	1/28/2020	382.30
MIDCAR Guardian of Estate	1/28/2020	75.00
STEAAS Adam M. Stern d/b/a Si	7/22/2020	1,655.00
STEAAS Adam M. Stern d/b/a Si	7/22/2020	994.50
STEAAS Adam M. Stern d/b/a Si	3/30/2020	490.50
STEAAS Adam M. Stern d/b/a Si	3/30/2020	2,449.25
STEAAS Attorney Fees	2/25/2020	753.25
BRESTE Attorney Fees	11/12/2020	76.00
BRESTE Attorney Fees	9/17/2020	798.00
BRESTE Attorney Fees	8/12/2020	114.00
BRESTE Attorney Fees	8/12/2020	1,565.79
BRESTE Attorney Fees	3/31/2020	385.00
BRESTE Attorney Fees	3/2/2020	711.85
SHARUD GAL Fees	3/31/2020	825.00
SHARUD Guardianship of reside	3/2/2020	825.00
SHARUD GAL Fees	11/17/2020	432.00
LAWKIM attorney Fees	5/28/2020	2,463.00
LAWTER GAL FEES	7/10/2020	360.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 32,709.74

Vendor Name 69600 100-003	Invoice Date	Amount
AMS Corp Legal Cost Alloc-19	12/28/2020	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	9/28/2020	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	6/28/2020	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 47,820.00

Total Legal Cost 94,607.69

Facility Name & ID Number Alden Debes Rehab HCC

0044891

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes,RN/LPN:NO
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Health Care Council of Ill. \$ 25,728
- (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. \$ 39,015 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 466,881
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. \$ 32,353 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.