

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010 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	110	Skilled (SNF)	110	40,260	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	110	TOTALS	110	40,260	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	7,136	2,087	4,345	13,568	8
9	SNF/PED					9
10	ICF	9,482	1,135	887	11,504	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,618	3,222	5,232	25,072	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.28%

D. How many bed reserve days during this year were paid by the Department? _____ (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 10/31/2000

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 110 and days of care provided 4,131

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 Des Plaines Rehab HC # 0042010 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	508,065	24,432	29,180	561,677	1,430	563,107	(5,524)	557,583		1
2	Food Purchase		318,711		318,711	(22,979)	295,732	(27,410)	268,322		2
3	Housekeeping	353,019	64,169		417,188	1,212	418,400	8,746	427,146		3
4	Laundry	86,936	20,540	109	107,585	76	107,661		107,661		4
5	Heat and Other Utilities			188,392	188,392		188,392	(352)	188,040		5
6	Maintenance	59,235		203,327	262,562	208	262,770	33,866	296,636		6
7	Other (specify):* security/related party			840	840		840	4,049	4,889		7
8	TOTAL General Services	1,007,255	427,852	421,848	1,856,955	(20,053)	1,836,902	13,375	1,850,277		8
	B. Health Care and Programs										
9	Medical Director			36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	3,292,907	438,962	16,727	3,748,596	(12,640)	3,735,956	39,325	3,775,281		10
10a	Therapy	73,308	3,266	36,179	112,753		112,753		112,753		10a
11	Activities	164,918	1,616	3,840	170,374	164	170,538		170,538		11
12	Social Services	65,373			65,373		65,373		65,373		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Res Att/related party	28,190			28,190		28,190	3,490	31,680		15
16	TOTAL Health Care and Programs	3,624,696	443,844	92,746	4,161,286	(12,476)	4,148,810	42,815	4,191,625		16
	C. General Administration										
17	Administrative	111,647			111,647		111,647	107,128	218,775		17
18	Directors Fees										18
19	Professional Services			528,038	528,038		528,038	(440,380)	87,658		19
20	Dues, Fees, Subscriptions & Promotions			118,153	118,153		118,153	(98,569)	19,584		20
21	Clerical & General Office Expenses	155,810	15,711	255,417	426,938	(4,084)	422,854	97,660	520,514		21
22	Employee Benefits & Payroll Taxes			899,483	899,483	11,580	911,063	(15,496)	895,567		22
23	Inservice Training & Education										23
24	Travel and Seminar			268	268		268	534	802		24
25	Other Admin. Staff Transportation			6,196	6,196		6,196	4,776	10,972		25
26	Insurance-Prop.Liab.Malpractice			303,549	303,549		303,549	10,861	314,410		26
27	Other (specify):* related party			358,753	358,753		358,753	(316,326)	42,427		27
28	TOTAL General Administration	267,457	15,711	2,469,857	2,753,025	7,496	2,760,521	(649,812)	2,110,709		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,899,408	887,407	2,984,451	8,771,266	(25,033)	8,746,233	(593,622)	8,152,611		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			58,679	58,679		58,679	259,551	318,230			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			50,792	50,792		50,792	193,003	243,795			32
33	Real Estate Taxes			280,246	280,246	(280,246)		315,479	315,479			33
34	Rent-Facility & Grounds			796,129	796,129	280,246	1,076,375	(1,076,375)				34
35	Rent-Equipment & Vehicles			28,607	28,607		28,607	19,155	47,762			35
36	Other (specify):* MIP							36,798	36,798			36
37	TOTAL Ownership			1,214,453	1,214,453		1,214,453	(252,389)	962,064			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,000,557	1,234,366	2,234,923	25,033	2,259,956	(113,697)	2,146,259			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			186,573	186,573		186,573		186,573			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,000,557	1,420,939	2,421,496	25,033	2,446,529	(113,697)	2,332,832			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,899,408	1,887,964	5,619,843	12,407,215		12,407,215	(959,708)	11,447,507			45

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

Alden Des Plaines Rehab HC
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0042010

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(22,979.00)	Employee Meals
	22	22,979.00	Employee Meals
22		(11,399.00)	Uniform Reclass
	1	1,430.00	Uniform Reclass
	3	1,212.00	Uniform Reclass
	4	76.00	Uniform Reclass
	6	208.00	Uniform Reclass
	10	7,773.00	Uniform Reclass
	11	164.00	Uniform Reclass
	21	536.00	Uniform Reclass
10		(25,033.00)	Oxygen Cost Reclass
	39	25,033.00	Oxygen Cost Reclass
33		(280,246.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	280,246.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(4,620.00)	Team TSI Reclass
	10	4,620.00	Team TSI Reclass
		-	

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

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	(15,862)	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	(67,497)	30		9
10	Interest and Other Investment Income	(2,776)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(6,283)	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	(25,051)	21		17
18	Fines and Penalties				18
19	Entertainment	(21)	20		19
20	Contributions	(4,131)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(56,348)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(358,753)	27		24
25	Fund Raising, Advertising and Promotional	(93,252)	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)	\$ (629,974)		\$	30

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)	(213,940)		34
35	Other- Attach Schedule	(115,794)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (329,734)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (959,708)		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

BHF USE ONLY							
48		49		50		51	
							52

Alden Des Plaines Rehab HC

ID# 0042010

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (2,155)	5	1
2	Flu Shots	(16)	21	2
3	Misc Income (Record copies)	(562)	10	3
4	Misc Income (Jury Duty)	(17)	22	4
5	Elim Chamber of Commerce fees in Dues/subsc.	(1,874)	20	5
6	Vendor Discounts	(382)	10	6
7	Valet Cost	(8,120)	21	7
8	Intercompany Interest	(49,909)	32	8
9	Misc Income (Donation)	(9)	21	9
10				10
11	Expense Pg 13 items< \$2,500 Curr Yr	30,300	6	11
12	Elim Deprec on Pg 13 < \$2,500 items	(13,798)	30	12
13	Elim Deprec on Pg 12 < \$2,500 items	(4,374)	30	13
14	Expense Pg 12 items< \$2,500 Curr Yr	3,696	6	14
15	Adjust deprec. to actual	(2,456)	30	15
16	Adjust for ABC profit	14	30	16
17				17
18	Back out LLC mtge int > CON asset limit	(71,558)	32	18
19	Back out LLC MIP exp > CON asset limit	(14,311)	36	19
20	Back out LLC Bank Charges	(28)	21	20
21				21
22	Elim Business Office Manager Benefits for DPPII	(11,866)	22	22
23				23
24	Add back real estate tax refund	31,631	33	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	(115,794)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(5,524)	0	0	0	0	0	0	0	(5,524)	1
2	Food Purchase	(6,283)	0	0	(21,127)	0	0	0	0	0	0	0	(27,410)	2
3	Housekeeping	0	0	8,746	0	0	0	0	0	0	0	0	8,746	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,155)	0	1,803	0	0	0	0	0	0	0	0	(352)	5
6	Maintenance	18,134	0	13,455	0	0	0	43	2,234	0	0	0	33,866	6
7	Other (specify):*	0	0	4,049	0	0	0	0	0	0	0	0	4,049	7
8	TOTAL General Services	9,696	0	28,053	(26,651)	0	0	43	2,234	0	0	0	13,375	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	(944)	0	28,963	12,313	(1,007)	0	0	0	0	0	0	39,325	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	3,490	0	0	0	0	0	0	0	0	3,490	15
16	TOTAL Health Care and Programs	(944)	0	32,453	12,313	(1,007)	0	0	0	0	0	0	42,815	16
	C. General Administration													
17	Administrative	0	0	107,128	0	0	0	0	0	0	0	0	107,128	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(56,348)	26,290	(410,322)	0	0	0	0	0	0	0	0	(440,380)	19
20	Fees, Subscriptions & Promotions	(99,278)	75	634	0	0	0	0	0	0	0	0	(98,569)	20
21	Clerical & General Office Expenses	(33,224)	28	130,856	0	0	0	0	0	0	0	0	97,660	21
22	Employee Benefits & Payroll Taxes	(11,883)	0	0	0	(3,613)	0	0	0	0	0	0	(15,496)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	534	0	0	0	0	0	0	0	0	534	24
25	Other Admin. Staff Transportation	0	0	4,776	0	0	0	0	0	0	0	0	4,776	25
26	Insurance-Prop.Liab.Malpractice	0	10,686	175	0	0	0	0	0	0	0	0	10,861	26
27	Other (specify):*	(358,753)	0	42,427	0	0	0	0	0	0	0	0	(316,326)	27
28	TOTAL General Administration	(559,486)	37,079	(123,792)	0	(3,613)	0	0	0	0	0	0	(649,812)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(550,734)	37,079	(63,286)	(14,338)	(4,620)	0	43	2,234	0	0	0	(593,622)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(88,111)	336,544	11,118	0	0	0	0	0	0	0	0	259,551	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(124,243)	263,105	54,141	0	0	0	0	0	0	0	0	193,003	32
33	Real Estate Taxes	31,631	280,246	3,602	0	0	0	0	0	0	0	0	315,479	33
34	Rent-Facility & Grounds	0	(1,076,375)	0	0	0	0	0	0	0	0	0	(1,076,375)	34
35	Rent-Equipment & Vehicles	0	0	19,155	0	0	0	0	0	0	0	0	19,155	35
36	Other (specify):*	(14,311)	51,109	0	0	0	0	0	0	0	0	0	36,798	36
37	TOTAL Ownership	(195,034)	(145,371)	88,016	0	0	0	0	0	0	0	0	(252,389)	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	(104,001)	(26,975)	17,279	0	0	0	0	0	(113,697)	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	(104,001)	(26,975)	17,279	0	0	0	0	0	(113,697)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(745,768)	(108,292)	24,730	(118,339)	(31,595)	17,279	43	2,234	0	0	0	(959,708)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 1,076,375	Alden-Des Plaines Rehabilitation and Health Care Center, LLC	0.00%	\$	\$ (1,076,375)	1
2	V	32 Interest-RR	28	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(28)	2
3	V	21 Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		28	28	3
4	V	19 Accounting/Legal/Professional Fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		26,290	26,290	4
5	V	33 Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		280,246	280,246	5
6	V	26 Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		10,686	10,686	6
7	V	36 Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		51,109	51,109	7
8	V	32 Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		255,563	255,563	8
9	V	30 Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		336,544	336,544	9
10	V	32 Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		7,570	7,570	10
11	V	20 Corporate Annual Report Fee		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		75	75	11
12	V							12
13	V							13
14	Total		\$ 1,076,403			\$ 968,111	\$ * (108,292)	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%	\$ 1,803	\$ 1,803	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		534	534	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		4,776	4,776	17
18	V	26 Insurance		Alden Management Services, Inc.		175	175	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		634	634	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,602	3,602	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		19,155	19,155	22
23	V	32 Interest		Alden Management Services, Inc.		54,141	54,141	23
24	V	1 Dietary		Alden Management Services, Inc.				24
25	V	3 Housekeeping		Alden Management Services, Inc.		8,746	8,746	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		4,049	4,049	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		28,963	28,963	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		3,490	3,490	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		107,128	107,128	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		42,427	42,427	30
31	V	19 Professional Fees	452,275	Alden Management Services, Inc.		41,953	(410,322)	31
32	V	21 Gen'l & Admin	45,924	Alden Management Services, Inc.		176,780	130,856	32
33	V	6 Repair & Maint	23,646	Alden Management Services, Inc.		37,101	13,455	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 521,845			\$ 546,575	\$ * 24,730	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Consult.	\$ 29,180	Prism Health Care Services, Inc.	0.00%	\$	\$ (29,180)	15
16	V	1 Dietary Salary				16,406	16,406	16
17	V	2 Tube feeding	130,889			87,671	(43,218)	17
18	V	10 Equip. Rental	6,660			12,452	5,792	18
19	V	39 Ancillary supplies	283,448			108,934	(174,514)	19
20	V	1 Gen'l & Admin & benefits				7,250	7,250	20
21	V	2 Gen'l & Admin & benefits				22,091	22,091	21
22	V	10 Gen'l & Admin & benefits				6,521	6,521	22
23	V	39 Gen'l & Admin & benefits				40,112	40,112	23
24	V	39 Vent Rental				30,401	30,401	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		\$ 450,177			\$ 331,838	\$ * (118,339)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Drugs	\$ 510,071	Forum Extended Care II, Inc.	0.00%	\$ 485,832	\$ (24,239)	15
16	V	39 I.V.	73,766	Forum Extended Care II, Inc.		70,261	(3,505)	16
17	V	39 Wound Care-Product only	56,257	Forum Extended Care II, Inc.		53,584	(2,673)	17
18	V	10 House Stock	18,559	Forum Extended Care II, Inc.		17,677	(882)	18
19	V	10 Pharm Consult	2,640	Forum Extended Care II, Inc.		2,515	(125)	19
20	V	22 Employee Vaccinations	3,613	Forum Extended Care II, Inc.			(3,613)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		3,442	3,442	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		\$ 664,906			\$ 633,311	\$ * (31,595)	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	\$ 811,130	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 828,409	\$ 17,279	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		\$ 811,130			\$ 828,409	\$ * 17,279	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	\$ 18,338	Alden Bennett Construction Company, Inc.	0.00%	\$ 18,381	\$	43	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		\$ 18,338			\$ 18,381	\$ *	43	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	\$ 2,423	Alden Design Group, Ltd.	0.00%	\$ 4,657	\$ 2,234	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		\$ 2,423			\$ 4,657	\$ *	2,234	39

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

Facility Name & ID Number

Alden Des Plaines Rehab HC

0042010

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care Center	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care Center	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care Center	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care Center	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & 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 Des Plaines Rehab HC # 0042010 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	181,164	0.828	2.07	Salary	\$ 3,836	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,926	0.828	2.07	Salary	2,074	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,926	0.828	2.07	Salary	2,074	6-7	3
4	Ina Schlossberg D.	Board Member	Board member	0.00	111,682	0.828	2.07	Salary	2,360	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	59,284	0.828	2.07	Salary	1,316	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	181,164	0.7245	2.07	Salary	3,836	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										12
13								TOTAL	\$ 15,496		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 Des Plaines Rehab HC

0042010 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

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

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

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	\$ 25,072	\$ 1,803	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	25,072	534	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	25,072	4,776	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	25,072	175	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	25,072	634	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	25,072	3,602	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	25,072	19,155	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	25,072	54,141	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	8,746	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	25,072	4,049	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	28,963	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	25,072	3,490	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	107,128	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	25,072	42,427	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	41,953	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	176,780	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	37,101	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 546,575	25

Facility Name & ID Number

Alden Des Plaines Rehab HC

0042010

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 (GL 2505/7055)		x	Mortgage	\$43,503.85	10/1/2012	\$ 12,080,802	\$ 10,101,807	9/1/2047	2.5000	\$ 255,563	1								
2				Int exp in excess of CON cap							(71,558)	2								
3												3								
4	Amort of Fin Fees (GL 7105)		x	Refinancing							7,569	4								
5	Insurance Interest (GL7053)		x	Malpractice Insurance							102	5								
Working Capital																				
6	Related party - AMS		x	Working capital							54,142	6								
7	Interest Capital Lease (7030)		x	Phone Lease							478	7								
8	Interest -Non-Mortgage (7035)		x	IDPA							303	8								
9	TOTAL Facility Related				\$43,503.85		\$ 12,080,802	\$ 10,101,807			\$ 246,599	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x								(28)	10								
11	Interest Income (GL 4975)		x								(2,776)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (2,804)	14								
15	TOTALS (line 9+line14)						\$ 12,080,802	\$ 10,101,807			\$ 243,795	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 51,109 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 Des Plaines Rehab HC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042010

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>3,602.00</u>
2. <u>09-17-200-128-0000</u>	<u>Nursing facility</u>	\$ <u>245,417.75</u>	\$ <u>245,417.75</u>
3. <u>09-17-200-129-0000</u>	<u>Nursing facility</u>	\$ <u>193,659.55</u>	\$ <u>193,659.55</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>612,773.30</u></u>	\$ <u><u>442,679.30</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.**

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,490 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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>51,490</u>	<u>2000</u>	<u>\$ 1,016,045</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	<u>51,490</u>		<u>\$ 1,016,045</u>	<u>3</u>

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4		2000	2000	\$ 9,685,956	\$ 242,149	40	\$ 174,652	\$ (67,497)	\$ 3,605,010	4
5	Adjustment to correct to CON costs (net=6,986,060)									5
6										6
7										7
8										8
	Improvement Type**									
9	ISS/Chicago Sound & Communication(vent alarm interface)		2000	3,400		10			3,400	9
10	Alden Bennett Construction(multiple wireless install)		2001	4,894		10			4,894	10
11	Owners extras (change orders)		2000	524,876	15,306	20	15,306		524,876	11
12	Owners extras (change orders)		2000	12,972	386	20	386		12,972	12
13	ABC-parking lot sealcoat/stripe		2002	3,852		7			3,852	13
14	ABC-screened patio enclosure		2002	10,069		7			10,069	14
15	EWS Welding-alarm		2002	1,076		10			1,076	15
16	New Horizons-residents phones		2002	1,646		10			1,646	16
17	New Horizons-residents phones		2002	3,161		10			3,161	17
18	ABC-owners extras		2003	2,571		15			2,571	18
19	ABC-owners extras		2003	5,511		15			5,511	19
20	ABC [GT Mechanical]-Replace B1 compressor		2007	3,383		5			3,383	20
21	Mohawk-Calhoun Carpet Admin area		2007	2,747		5			2,747	21
22	ABC-New carpeting Nile Room		2007	6,053		5			6,053	22
23	ABC-New patio door operator		2007	4,046		10			4,046	23
24	GTMECH-Exhaust motor & wheel blade		2007	4,791		10			4,791	24
25	ABC-Removal & repair of hot water piping		2007	4,170	167	25	167		2,199	25
26	Replace Gas Oxygen Units		2008	9,275		10			9,275	26
27	GTMECH-Repair Boiler Pumps		2008	3,242		10			3,242	27
28										28
29	ABC - Pavement Asphalt		2010	11,722		8			11,722	29
30	Nursing Station Repair		2010	2,600		5			2,600	30
31	ABC - Repair Laundry Chute & Grease Interceptor		2010	8,248		5			8,248	31
32	ABC - HVAC Pump		2010	4,738	316	15	316		3,239	32
33	Smoke Vent Relocation (non-hvac)		2011	3,345		5			3,345	33
34	Fish Tank Repair		2011	3,700		5			3,700	34
35	Sprinkler Heads & Gauges Replaced		2011	7,072	707	10	707		6,481	35
36	Dampers, labeling		2012	6,750	675	10	675		4,020	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 Des Plaines Rehab HC

0042010

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	Doorway-Build Kitchen Storage Doorway	2013	\$ 4,091	\$ 205	20	\$ 205	\$	\$ 1,503	37
38	Doorway-Sprinkler Room	2013	2,887	144	20	144		1,080	38
39	Wall- Wall Refinish	2013	5,950	446	15	446		3,122	39
40	Motor - Laundry Iron Motor	2013	3,025		5			3,025	40
41	OT/PT Remodel Building Permit	2014	2,920	195	15	195		1,300	41
42	Fire Dampers - ABC	2014	17,384	1,738	10	1,738		10,718	42
43	Fire Alarm lights - ABC	2014	2,609		5			2,609	43
44	Sewer, Replaced	2015	2,500	125	20	125		729	44
45	Fire Dampers - ABC	2015	4,074	407	10	407		2,375	45
46	Repaired Sliding Door - ABC	2015	2,786	94	5	94		2,786	46
47	Repaired Sliding Door - ABC	2015	4,165	486	5	486		4,165	47
48	Motor for pump for boiler, ignitors and sensor - GT Meeh	2015	3,009	551	5	551		3,009	48
49	Concrete / Paving Insallation PT/OT Room - ABC	2015	30,635	1,532	20	1,532		8,936	49
50	New Flooring Installation PT/OT Room - ABC	2015	39,702	1,985	20	1,985		11,579	50
51	Drywall/Painting Installation in PT/OT Room - ABC	2015	21,874	1,094	20	1,094		6,381	51
52	Install New Cabinets in PT/OT Room -ABC	2015	27,520	1,376	20	1,376		8,027	52
53	Install new Plumbing and Lighting Fixtures in PT/OT Room - ABC	2015	95,531	4,777	20	4,777		27,866	53
54	New Plumbing Piping Installation in PT/OT Room - ABC	2015	33,318	1,666	20	1,666		9,718	54
55	New HVAC System Installation in PT/OT Room - ABC	2015	30,493	1,525	20	1,525		8,896	55
56	New Electrical Wiring and Circuits Installed in PT/OT Room - ABC	2015	109,751	5,488	20	5,488		32,013	56
57	Door Repairs, Corral Garbage Area - ABC	2016	4,351	870	5	870		4,060	57
58	Motor, Washing Machine -TOPNOT	2016	2,579	516	5	516		2,236	58
59	Rewire Electrical Panel - ABC	2016	2,840	568	5	568		2,745	59
60	Motor, Fan Blade, and Contactor - GTMECH (Basement)	2018	3,572	714	5	714		1,964	60
61	Motor & Drive, AHU - GTMECH (Basement)	2018	10,422	2,084	5	2,084		4,168	61
62	Stain Furniture - AMS (Resident Rooms)	2018	4,400	880	5	880		2,127	62
63	Stain Furniture - AMS (Resident Rooms)	2018	3,080	616	5	616		1,437	63
64	Stain Furniture - AMS (Resident Rooms)	2018	3,520	704	5	704		1,467	64
65	Radiator/Battery, Generator - PATCAT(Citi) (Basement	2019	6,774	1,355	5	1,355		2,710	65
66	Boiler, Repairs - ALDBEN (Basement)	2019	10,539	2,108	5	2,108		4,040	66
67	Boiler, Retube - ALDBEN (Basement)	2019	20,361	1,357	15	1,357		2,375	67
68	Stain Furniture - AMS (Resident Rooms)	2019	4,400	440	10	440		623	68
69	Motor, Dryer - EQUINT (Basement)	2019	2,710	542	5	542		587	69
70	TOTAL (lines 4 thru 69)		\$ 10,869,637	\$ 296,294		\$ 228,797	\$ (67,497)	\$ 4,438,505	70

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,869,637	\$ 296,294		\$ 228,797	\$ (67,497)	\$ 4,438,505	1
2									2
3	Adj for ABC related party profit	2008	(53)					(53)	3
4	Adj for ABC related party profit	2010	(302)	(18)		(18)		(189)	4
5	Adj for ABC related party profit	2011	110	8		8		76	5
6	Adj for ABC related party profit	2012	417	20		20		170	6
7	Adj for ABC related party profit	2013	174	4		4		30	7
8	Adj for ABC related party profit	2014	(38)	(1)		(1)		(8)	8
9	Adj for ABC related party profit	2015	(154)	(14)		(14)		(77)	9
10	Adj for ABC related party profit	2016	(27)	(1)		(1)		(9)	10
11	Adj for ABC related party profit	2019	(58)	(11)		(11)		(17)	11
12									12
13									13
14									14
15									15
16									16
17									17
18	Rodded Main Sewer (5) - A&PGRE (Lower Level/Basement)	2020	3,325	610	5	610		610	18
19	Roof Repair - JDROOF (Roof)	2020	3,315	387	5	387		387	19
20	Roof Repairs, Replace EPDM (Roof)	2020	3,300	385	5	385		385	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)		\$ 10,879,645	\$ 297,662		\$ 230,165	\$ (67,497)	\$ 4,439,811	34

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

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

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		\$ 10,879,645	\$ 297,662		\$ 230,165	\$ (67,497)	\$ 4,439,811	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)		\$ 11,026,638	\$ 302,358		\$ 234,861	\$ (67,497)	\$ 4,535,582	34

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

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

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	\$ 795,146	\$ 74,449	\$ 74,449	\$	various	\$ 458,912	71
72	Current Year Purchases	111,335	5,352	5,352		various	5,352	72
73	Fully Depreciated Assets	1,635,174	2,770	2,770		various	1,635,174	73
74								74
75	TOTALS	\$ 2,541,655	\$ 82,571	\$ 82,571	\$		\$ 2,099,438	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	Bus	2001	2001	\$ 7,975	\$ 798	\$ 798	\$	5	\$ 798	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 11,777	\$ 798	\$ 798	\$		\$ 4,600	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)	\$ 14,596,115	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 385,727	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 318,230	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (67,497)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,639,620	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

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

10. Effective dates of current rental agreement:

Beginning 7/1/2001

Ending 6/30/2021

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

Fiscal Year Ending Annual Rent

12. 12/31/2021 \$ varies

13. \$

14. \$

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: \$ 17,459 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>#####</u>	\$ <u>15,552</u>	17
18					18
19	<u>Related party-PG 6A</u>		<u>742.67</u>	<u>8,912</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>24,464</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)	\$			

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8		
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units	Cost			Units	Cost									
1	Licensed Occupational Therapist	39-3	hrs	\$				\$	267,938	\$			\$	267,938		1	
2	Licensed Speech and Language Development Therapist	39-3	hrs						97,383					97,383		2	
3	Licensed Recreational Therapist		hrs													3	
4	Licensed Physical Therapist	39-3	hrs						400,038					400,038		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							489,274				489,274		9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10	
11	Academic Education		hrs													11	
12	Other (specify): <u>Exceptional Care Supplies</u>									47,924				47,924		12	
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any							17,279	826,423				843,702		13	
14	TOTAL			\$				\$	782,638	\$	1,363,621		\$	2,146,259		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	267,938.00	
2.	ST	39-3	To Col 5	97,383.00	
3.					
4.	PT	39-3	To Col 5	400,038.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			510,071.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(20,797.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	489,274.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	47,924.00	
	Total Exceptional Care (Line 12, Col 8)			47,924.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	17,279.00	From Page 6D, Col 8 (Except DD homes)
	Other			911,569.00	
	Manual Input: Related Party - Prism			(104,001.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(3,505.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(2,673.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			25,033.00	
13.	Col 6: Supplies Total		To Col 6	826,423.00	
13.	Total Line 13, Column 8			843,702.00	
14.	Total			2,146,259.00	

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 66,810	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 115,000)	1,506,686	1,506,686	3
4	Supply Inventory (priced at)	100,644	100,644	4
5	Short-Term Investments			5
6	Prepaid Insurance		12,060	6
7	Other Prepaid Expenses	17,586	75,838	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due From 3rd Party</u>	24,244	380,957	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,649,160	\$ 2,142,995	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	8,906	8,906	12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,671,992	14
15	Leasehold Improvements, at Historical Cost	678,073	1,231,046	15
16	Equipment, at Historical Cost	494,883	2,588,966	16
17	Accumulated Depreciation (book methods)	(923,552)	(7,914,194)	17
18	Deferred Charges	70,416	70,416	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		95,648	21
22	Other Long-Term Assets (spe <u>Refi fees, net</u>)		111,994	22
23	Other(specify): <u>Due from Affiliates</u>	1,636,656	5,450,789	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,965,382	\$ 12,319,548	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,614,542	\$ 14,462,543	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 854,676	\$ 858,876	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	273,814	273,814	28
29	Short-Term Notes Payable	2,799	271,579	29
30	Accrued Salaries Payable	615,838	615,838	30
31	Accrued Taxes Payable (excluding real estate taxes)	217,035	217,035	31
32	Accrued Real Estate Taxes(Sch.IX-B)		452,200	32
33	Accrued Interest Payable		21,045	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,due to IDPA,SalesTax, Prov</u>	3,087,898	3,087,898	36
37	<u>Due to Affiliates</u>	1,078,082	1,078,082	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,130,142	\$ 6,876,367	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	920,166	920,166	39
40	Mortgage Payable		9,833,027	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44	<u>Mcr Adv Fund & Fica-Deferred</u>	581,918	581,918	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,502,084	\$ 11,335,111	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,632,226	\$ 18,211,478	46
47	TOTAL EQUITY(page 18, line 24)	\$ (4,017,684)	\$ (3,748,935)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,614,542	\$ 14,462,543	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (775,222)	1
2	Restatements (describe):		2
3			3
4	Allocate Personnel Director Salary & Benefits	(32,068)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (807,290)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(3,210,394)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (3,210,394)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (4,017,684)	24 *

* This must agree with page 17, line 47.

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	\$ 8,879,993	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,879,993	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	40,280	5
6	Therapy	228,737	6
7	Oxygen	34,653	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 303,670	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	178	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,419	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 3,597	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,776	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,776	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Pg 19A	6,785	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,785	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,196,821	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,856,955	31
32	Health Care	4,161,286	32
33	General Administration	2,753,025	33
B. Capital Expense			
34	Ownership	1,214,453	34
C. Ancillary Expense			
35	Special Cost Centers	2,234,923	35
36	Provider Participation Fee	186,573	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,407,215	40
41	Income before Income Taxes (line 30 minus line 40)**	(3,210,394)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (3,210,394)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 4,180,066	44
45	Private Pay - Net Inpatient Revenue	659,245	45
46	Medicare - Net Inpatient Revenue	2,900,176	46
47	Other-(specify) Hospice/Insurance	1,141,764	47
48	Other-(specify) Vets,Charity/Sales Allows	(1,258)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,879,993	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 Des Plaines Rehab HC

0042010

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Record Copies-Backed out with Ln ref 21-Pg 5A	562
Jury Duty-Backed out with Ln ref 22-Pg 5A	17
Donation-Backed out with Ln ref 21-Pg 5A	9
Vendor Discount	382
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	5,815
Line 28 Total:	<u><u>6,785</u></u>

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

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	1,792	1,800	\$ 95,688	\$ 53.16	1
2	Assistant Director of Nursing	1,112	1,120	46,563	41.57	2
3	Registered Nurses	19,640	21,263	786,344	36.98	3
4	Licensed Practical Nurses	23,684	25,037	827,453	33.05	4
5	CNAs & Orderlies	59,682	65,530	1,357,449	20.71	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,824	3,124	73,308	23.47	8
9	Activity Director	1,920	1,952	44,976	23.04	9
10	Activity Assistants	6,936	7,925	119,942	15.13	10
11	Social Service Workers	2,749	2,768	65,372	23.62	11
12	Dietician					12
13	Food Service Supervisor	2,056	2,080	83,736	40.26	13
14	Head Cook	1,455	1,455	32,364	22.24	14
15	Cook Helpers/Assistants	20,802	22,845	391,966	17.16	15
16	Dishwashers					16
17	Maintenance Workers	1,452	1,458	59,235	40.63	17
18	Housekeepers	18,301	20,223	353,019	17.46	18
19	Laundry	4,527	5,231	86,936	16.62	19
20	Administrator	1,920	1,920	111,647	58.15	20
21	Assistant Administrator					21
22	Other Administrative	2,692	2,781	93,082	33.47	22
23	Office Manager					23
24	Clerical	4,314	4,435	62,729	14.14	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,210	4,226	147,528	34.91	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager/Nur	1,704	1,856	31,881	17.18	32
33	Other(specify) Resident Attendan	1,577	1,653	28,190	17.05	33
34	TOTAL (lines 1 - 33)	185,349	200,682	\$ 4,899,408 *	\$ 24.41	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	Monthly	\$ 29,180	1-3	35
36	Medical Director	Monthly	36,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,640	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	17	957	11-3	44
45	Social Service Consultant	32	2,240	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	49	\$ 71,017		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	32	\$ 11,044	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	32	\$ 11,044		53

Alden-Des Plaines Rehabilitation and Health Care Center, Inc.
 Legal Fee Support
 2020

PG 21A

Legal Fees Reported on Pg 21, Section C:	104,577.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(56,348.00)
Non-allowable legal fees, if any, deducted on	
- AMS Allocated Legal Fees: GL 680600-100-003	(47,520.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 709.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
MidCap	6/30/20-10/1/20	477.00
Von Briesen & Roper	10/31/2020	232.00
	TOTAL ALLOWABLE LEGAL FEES	<u>709.00</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
SB2 Inc.	1/31/2020 - 12/31/2020	2,455.00
Stone Pogrund & Korey	1/31/2020 - 12/31/2020	11,369.00
Midwest Care Management Services	1/31/2020 - 12/31/2020	26,602.00
Stern & Associates	1/31/2020 - 12/31/2020	14,162.00
Piercey & Associates	1/21/2020	1,760.00
	TOTAL Collection-NOT ALLOWABLE LEGAL FEES	<u>56,348.00</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Allocation	1/31/2020-12/31/2020	47,520.00
	TOTAL Allocated Legal Fees	<u>47,520.00</u>

Total Legal Cost **104,577.00**

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

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. HCC of Illinois \$10,560
- (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. \$ 39,742 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 186,573
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. \$ 22,979 Has any meal income been offset against related costs? no Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ no
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? no
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? no
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: n/a
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. yes
Attach invoices and a summary of services for all architect and appraisal fees.