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|--|--|-------------|--|--|--|--|--|
| | | 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>0042192</u></p> <p>Facility Name: <u>Alden Estates of Orland Park</u></p> <p>Address: <u>16450 South 97th Ave</u> <u>Orland Park</u> <u>60462</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 403-6500</u> Fax # <u>(708) 873-9774</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>01/08-1998</u></p> <p>Type of Ownership:</p> <table border="0" style="width:100%"> <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" style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <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>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>773-286-3883</u></td> <td>Fax # <u>773-286-8038</u></td> </tr> </table> <p align="right"> 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Facility Name & ID Number Alden Estates of Orland Park

0042192 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 | 200 | Skilled (SNF) | 200 | 73,200 | 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 | 200 | TOTALS | 200 | 73,200 | 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 | 5,328 | 1,975 | 6,429 | 13,732 | 8 |
| 9 | SNF/PED | | | | | 9 |
| 10 | ICF | | | | | 10 |
| 11 | ICF/DD | 24,183 | 1,862 | 16 | 26,061 | 11 |
| 12 | SC | | | | | 12 |
| 13 | DD 16 OR LESS | | | | | 13 |
| 14 | TOTALS | 29,511 | 3,837 | 6,445 | 39,793 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 54.36%

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 01/19/1998

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 200 and days of care provided 6,325

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL 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 Estates of Orland Park # 0042192 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 | 530,243 | 37,214 | 32,270 | 599,727 | 2,213 | 601,940 | (5,948) | 595,992 | | 1 |
| 2 | Food Purchase | | 425,406 | | 425,406 | (19,702) | 405,704 | (76,591) | 329,113 | | 2 |
| 3 | Housekeeping | 449,745 | 87,180 | | 536,925 | 1,246 | 538,171 | 13,880 | 552,051 | | 3 |
| 4 | Laundry | 42,013 | 33,988 | | 76,001 | 893 | 76,894 | | 76,894 | | 4 |
| 5 | Heat and Other Utilities | | | 221,016 | 221,016 | | 221,016 | 162 | 221,178 | | 5 |
| 6 | Maintenance | 77,642 | | 245,405 | 323,047 | 121 | 323,168 | 28,064 | 351,232 | | 6 |
| 7 | Other (specify):* related party | | | 1,068 | 1,068 | | 1,068 | 6,427 | 7,495 | | 7 |
| 8 | TOTAL General Services | 1,099,643 | 583,788 | 499,759 | 2,183,190 | (15,229) | 2,167,961 | (34,006) | 2,133,955 | | 8 |
| | B. Health Care and Programs | | | | | | | | | | |
| 9 | Medical Director | | | 43,500 | 43,500 | | 43,500 | | 43,500 | | 9 |
| 10 | Nursing and Medical Records | 4,694,987 | 314,391 | 85,675 | 5,095,053 | 19,841 | 5,114,894 | 47,523 | 5,162,417 | | 10 |
| 10a | Therapy | 207,773 | 1,324 | 33,709 | 242,806 | 134 | 242,940 | | 242,940 | | 10a |
| 11 | Activities | 105,182 | 4,367 | 5,677 | 115,226 | | 115,226 | | 115,226 | | 11 |
| 12 | Social Services | 51,571 | | | 51,571 | | 51,571 | | 51,571 | | 12 |
| 13 | CNA Training | | | | | | | | | | 13 |
| 14 | Program Transportation | | | | | | | | | | 14 |
| 15 | Other (specify):* Res Att/rel party | 7,247 | | | 7,247 | | 7,247 | 5,539 | 12,786 | | 15 |
| 16 | TOTAL Health Care and Programs | 5,066,760 | 320,082 | 168,561 | 5,555,403 | 19,975 | 5,575,378 | 53,062 | 5,628,440 | | 16 |
| | C. General Administration | | | | | | | | | | |
| 17 | Administrative | 284,345 | | | 284,345 | | 284,345 | 170,027 | 454,372 | | 17 |
| 18 | Directors Fees | | | | | | | | | | 18 |
| 19 | Professional Services | | | 701,239 | 701,239 | | 701,239 | (601,658) | 99,581 | | 19 |
| 20 | Dues, Fees, Subscriptions & Promotions | | | 137,336 | 137,336 | | 137,336 | (100,507) | 36,829 | | 20 |
| 21 | Clerical & General Office Expenses | 194,562 | 19,738 | 292,300 | 506,600 | (3,992) | 502,608 | 191,593 | 694,201 | | 21 |
| 22 | Employee Benefits & Payroll Taxes | | | 1,283,595 | 1,283,595 | (754) | 1,282,841 | (4,267) | 1,278,574 | | 22 |
| 23 | Inservice Training & Education | | | | | | | | | | 23 |
| 24 | Travel and Seminar | | | 1,276 | 1,276 | | 1,276 | 848 | 2,124 | | 24 |
| 25 | Other Admin. Staff Transportation | | | 5,898 | 5,898 | | 5,898 | 7,580 | 13,478 | | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | | | 551,908 | 551,908 | | 551,908 | 15,963 | 567,871 | | 26 |
| 27 | Other (specify):* related party | | | 264,900 | 264,900 | | 264,900 | (197,563) | 67,337 | | 27 |
| 28 | TOTAL General Administration | 478,907 | 19,738 | 3,238,452 | 3,737,097 | (4,746) | 3,732,351 | (517,984) | 3,214,367 | | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 6,645,310 | 923,608 | 3,906,772 | 11,475,690 | | 11,475,690 | (498,928) | 10,976,762 | | 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 Estates of Orland Park

#0042192

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 | | | 46,178 | 46,178 | | 46,178 | 428,252 | 474,430 | | | 30 |
| 31 | Amortization of Pre-Op. & Org. | | | | | | | | | | | 31 |
| 32 | Interest | | | 81,206 | 81,206 | | 81,206 | 458,932 | 540,138 | | | 32 |
| 33 | Real Estate Taxes | | | 911,344 | 911,344 | (911,344) | | 919,998 | 919,998 | | | 33 |
| 34 | Rent-Facility & Grounds | | | 945,811 | 945,811 | 911,344 | 1,857,155 | (1,857,155) | | | | 34 |
| 35 | Rent-Equipment & Vehicles | | | 37,530 | 37,530 | | 37,530 | 30,403 | 67,933 | | | 35 |
| 36 | Other (specify):* MIP | | | | | | | 65,342 | 65,342 | | | 36 |
| 37 | TOTAL Ownership | | | 2,022,069 | 2,022,069 | | 2,022,069 | 45,772 | 2,067,841 | | | 37 |
| | Ancillary Expense | | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | | |
| 38 | Medically Necessary Transportation | | | | | | | | | | | 38 |
| 39 | Ancillary Service Centers | 171,717 | 1,059,575 | 1,370,550 | 2,601,842 | | 2,601,842 | (82,919) | 2,518,923 | | | 39 |
| 40 | Barber and Beauty Shops | | | | | | | | | | | 40 |
| 41 | Coffee and Gift Shops | | | | | | | | | | | 41 |
| 42 | Provider Participation Fee | | | 319,130 | 319,130 | | 319,130 | | 319,130 | | | 42 |
| 43 | Other (specify):* | | | | | | | | | | | 43 |
| 44 | TOTAL Special Cost Centers | 171,717 | 1,059,575 | 1,689,680 | 2,920,972 | | 2,920,972 | (82,919) | 2,838,053 | | | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | 6,817,027 | 1,983,183 | 7,618,521 | 16,418,731 | | 16,418,731 | (536,075) | 15,882,656 | | | 45 |

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

Alden Estates of Orland Park
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0042192

Reclassifications - Pages 3 & 4 (Column 5)

| From Line | To Line | Amount | Description |
|-----------|---------|--------------|---|
| 2 | | (19,702.00) | Employee Meals |
| | 22 | 19,702.00 | Employee Meals |
| 22 | | (20,456.00) | Uniform Reclass |
| | 1 | 2,213.00 | Uniform Reclass |
| | 3 | 1,246.00 | Uniform Reclass |
| | 4 | 893.00 | Uniform Reclass |
| | 6 | 121.00 | Uniform Reclass |
| | 10 | 15,221.00 | Uniform Reclass |
| | 10 | 4,620.00 | Team TSI Reclass |
| | 11 | 134.00 | Uniform Reclass |
| | 21 | 628.00 | Uniform Reclass |
| 21 | | (4,620.00) | Team TSI Reclass |
| 10 | | | Oxygen Cost Reclass |
| | 39 | | Oxygen Cost Reclass |
| 33 | | (911,344.00) | Rent - Real Estate Tax on associated landowner (Pg 6) |
| | 34 | 911,344.00 | Rent - Real Estate Tax on associated landowner (Pg 6) |

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Note for internal purposes: check your reclasses on last year's file, as there may be reclasses specific to your facility.

Alden Estates of Orland Park

ID# 0042192

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

| NON-ALLOWABLE EXPENSES | | Amount | Sch. V Line Reference | |
|------------------------|--|----------|-----------------------|----|
| 1 | | \$ | | 1 |
| 2 | Late Fees on Utilities | (2,700) | 5 | 2 |
| 3 | Intercompany Interest | (74,383) | 32 | 3 |
| 4 | Miscellaneous Income | (152) | 10 | 4 |
| 5 | Miscellaneous Income - Record Copies | (1,706) | 10 | 5 |
| 6 | Miscellaneous Income - Jury Duty | (17) | 10 | 6 |
| 7 | | | | 7 |
| 8 | Vendor Discounts | (199) | 10 | 8 |
| 9 | | | | 9 |
| 10 | | | | 10 |
| 11 | Bank charges (Orland Associates Pg6) | (229) | 21 | 11 |
| 12 | | | | 12 |
| 13 | Real Estate Tax refunds (2006 & 2015) | 2,938 | 33 | 13 |
| 14 | | | | 14 |
| 15 | Elim deprec exp on Pg12 items under \$2,500 | (2,217) | 30 | 15 |
| 16 | Elim deprec exp on Pg13 items under \$2,500 | (18,231) | 30 | 16 |
| 17 | Expense Pg12 items under \$2,500-curr yr purch + | 907 | 6 | 17 |
| 18 | Expense Pg13 items under \$2,500-curr yr purch + | 26,902 | 6 | 18 |
| 19 | Adj for ABC related party profit '08-'15 -Pg12E | 163 | 30 | 19 |
| 20 | | | | 20 |
| 21 | AdjustYTD depreciation expense | (2,416) | 30 | 21 |
| 22 | | | | 22 |
| 23 | | | | 23 |
| 24 | | | | 24 |
| 25 | | | | 25 |
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| 46 | | | | 46 |
| 47 | | | | 47 |
| 48 | | | | 48 |
| 49 | Total | (71,340) | | 49 |

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Orland Park

0042192

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 | (5,948) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (5,948) | 1 |
| 2 | Food Purchase | (4,352) | 0 | 0 | (72,239) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (76,591) | 2 |
| 3 | Housekeeping | 0 | 0 | 13,880 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,880 | 3 |
| 4 | Laundry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| 5 | Heat and Other Utilities | (2,700) | 0 | 2,862 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 162 | 5 |
| 6 | Maintenance | 5,428 | 0 | 16,570 | 0 | 0 | 0 | 68 | 5,998 | 0 | 0 | 0 | 28,064 | 6 |
| 7 | Other (specify):* | 0 | 0 | 6,427 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6,427 | 7 |
| 8 | TOTAL General Services | (1,624) | 0 | 39,739 | (78,187) | 0 | 0 | 68 | 5,998 | 0 | 0 | 0 | (34,006) | 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 | (2,074) | 0 | 37,665 | 13,147 | (1,215) | 0 | 0 | 0 | 0 | 0 | 0 | 47,523 | 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 | 5,539 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,539 | 15 |
| 16 | TOTAL Health Care and Programs | (2,074) | 0 | 43,204 | 13,147 | (1,215) | 0 | 0 | 0 | 0 | 0 | 0 | 53,062 | 16 |
| | C. General Administration | | | | | | | | | | | | | |
| 17 | Administrative | 0 | 0 | 170,027 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 170,027 | 17 |
| 18 | Directors Fees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 |
| 19 | Professional Services | (48,869) | 37,538 | (590,327) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (601,658) | 19 |
| 20 | Fees, Subscriptions & Promotions | (101,590) | 77 | 1,006 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (100,507) | 20 |
| 21 | Clerical & General Office Expenses | (22,372) | 229 | 213,736 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 191,593 | 21 |
| 22 | Employee Benefits & Payroll Taxes | 0 | 0 | 0 | 0 | (4,267) | 0 | 0 | 0 | 0 | 0 | 0 | (4,267) | 22 |
| 23 | Inservice Training & Education | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 23 |
| 24 | Travel and Seminar | 0 | 0 | 848 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 848 | 24 |
| 25 | Other Admin. Staff Transportation | 0 | 0 | 7,580 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,580 | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | 0 | 15,685 | 278 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15,963 | 26 |
| 27 | Other (specify):* | (264,900) | 0 | 67,337 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (197,563) | 27 |
| 28 | TOTAL General Administration | (437,731) | 53,529 | (129,515) | 0 | (4,267) | 0 | 0 | 0 | 0 | 0 | 0 | (517,984) | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8,16 & 28) | (441,429) | 53,529 | (46,572) | (65,040) | (5,482) | 0 | 68 | 5,998 | 0 | 0 | 0 | (498,928) | 29 |

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Orland Park

0042192

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 | (20,556) | 437,690 | 11,118 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 428,252 | 30 |
| 31 | Amortization of Pre-Op. & Org. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 31 |
| 32 | Interest | (84,856) | 462,687 | 81,101 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 458,932 | 32 |
| 33 | Real Estate Taxes | 2,938 | 911,344 | 5,716 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 919,998 | 33 |
| 34 | Rent-Facility & Grounds | 0 | (1,857,155) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1,857,155) | 34 |
| 35 | Rent-Equipment & Vehicles | 0 | 0 | 30,403 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30,403 | 35 |
| 36 | Other (specify):* | 0 | 65,342 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 65,342 | 36 |
| 37 | TOTAL Ownership | (102,474) | 19,908 | 128,338 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45,772 | 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 | (123,565) | (29,933) | 70,579 | 0 | 0 | 0 | 0 | 0 | (82,919) | 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 | (123,565) | (29,933) | 70,579 | 0 | 0 | 0 | 0 | 0 | (82,919) | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | (543,903) | 73,437 | 81,766 | (188,605) | (35,415) | 70,579 | 68 | 5,998 | 0 | 0 | 0 | (536,075) | 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 Lease revenue | \$ 1,857,155 | Orland Associates, LLC | 0.00% | \$ | \$ (1,857,155) | 1 |
| 2 | V | 32 Interest inc-R/R & Int inc | 50 | Orland Associates, LLC | | | (50) | 2 |
| 3 | V | 19 Accounting/Professional fees | | Orland Associates, LLC | | 22,800 | 22,800 | 3 |
| 4 | V | 19 Legal fees | | Orland Associates, LLC | | 14,738 | 14,738 | 4 |
| 5 | V | 21 Bank charges | | Orland Associates, LLC | | 229 | 229 | 5 |
| 6 | V | 20 Annual report fee | | Orland Associates, LLC | | 77 | 77 | 6 |
| 7 | V | 33 Real estate taxes | | Orland Associates, LLC | | 911,344 | 911,344 | 7 |
| 8 | V | 26 Insurance expense | | Orland Associates, LLC | | 15,685 | 15,685 | 8 |
| 9 | V | 36 Mortgage insurance expense | | Orland Associates, LLC | | 65,342 | 65,342 | 9 |
| 10 | V | 32 Mortgage interest expense | | Orland Associates, LLC | | 455,584 | 455,584 | 10 |
| 11 | V | 30 Depreciation | | Orland Associates, LLC | | 437,690 | 437,690 | 11 |
| 12 | V | 32 Amortization | | Orland Associates, LLC | | 7,153 | 7,153 | 12 |
| 13 | V | | | Orland Associates, LLC | | | | 13 |
| 14 | Total | | \$ 1,857,205 | | | \$ 1,930,642 | \$ * 73,437 | 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% | \$ 2,862 | \$ 2,862 | 15 |
| 16 | V | 24 Travel / Seminar | | Alden Management Services, Inc. | | 848 | 848 | 16 |
| 17 | V | 25 Other Admin Travel | | Alden Management Services, Inc. | | 7,580 | 7,580 | 17 |
| 18 | V | 26 Insurance | | Alden Management Services, Inc. | | 278 | 278 | 18 |
| 19 | V | 20 Dues / Subscriptions | | Alden Management Services, Inc. | | 1,006 | 1,006 | 19 |
| 20 | V | 30 Depreciation | | Alden Management Services, Inc. | | 11,118 | 11,118 | 20 |
| 21 | V | 33 Real Estate Tax | | Alden Management Services, Inc. | | 5,716 | 5,716 | 21 |
| 22 | V | 35 Rent-Equip/Vehicle | | Alden Management Services, Inc. | | 30,403 | 30,403 | 22 |
| 23 | V | 32 Interest | | Alden Management Services, Inc. | | 81,101 | 81,101 | 23 |
| 24 | V | 3 Housekeeping salary | | Alden Management Services, Inc. | | 13,880 | 13,880 | 24 |
| 25 | V | 7 Employee Benef-Gen'l Servs | | Alden Management Services, Inc. | | 6,427 | 6,427 | 25 |
| 26 | V | 10 Nursing & Medical records salary | | Alden Management Services, Inc. | | 37,665 | 37,665 | 26 |
| 27 | V | 15 Employee Benef-Health Care | | Alden Management Services, Inc. | | 5,539 | 5,539 | 27 |
| 28 | V | 17 Administrative salary | | Alden Management Services, Inc. | | 170,027 | 170,027 | 28 |
| 29 | V | 27 Employee Benef-Administrative | | Alden Management Services, Inc. | | 67,337 | 67,337 | 29 |
| 30 | V | 19 Professional Fees & salary | 635,666 | Alden Management Services, Inc. | | 45,339 | (590,327) | 30 |
| 31 | V | 21 Gen'l & Admin | 66,840 | Alden Management Services, Inc. | | 280,576 | 213,736 | 31 |
| 32 | V | 6 Repair & Maintenance | 7,523 | Alden Management Services, Inc. | | 24,093 | 16,570 | 32 |
| 33 | V | | | | | | | 33 |
| 34 | V | | | | | | | 34 |
| 35 | V | | | | | | | 35 |
| 36 | V | | | | | | | 36 |
| 37 | V | | | | | | | 37 |
| 38 | V | | | | | | | 38 |
| 39 | Total | | \$ 710,029 | | | \$ 791,795 | \$ * 81,766 | 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. | \$ 32,270 | Prism Health Care Services, Inc. | 0.00% | \$ | \$ (32,270) | 15 |
| 16 | V | 1 Dietary Salary | | Prism Health Care Services, Inc. | | 18,144 | 18,144 | 16 |
| 17 | V | 2 Tube feeding | 169,371 | Prism Health Care Services, Inc. | | 72,214 | (97,157) | 17 |
| 18 | V | 10 Equip. Rental | 6,660 | Prism Health Care Services, Inc. | | 12,452 | 5,792 | 18 |
| 19 | V | 39 Ancillary supplies | 299,497 | Prism Health Care Services, Inc. | | 97,992 | (201,505) | 19 |
| 20 | V | 1 Gen'l & Admin & benefits | | Prism Health Care Services, Inc. | | 8,178 | 8,178 | 20 |
| 21 | V | 2 Gen'l & Admin & benefits | | Prism Health Care Services, Inc. | | 24,918 | 24,918 | 21 |
| 22 | V | 10 Gen'l & Admin & benefits | | Prism Health Care Services, Inc. | | 7,355 | 7,355 | 22 |
| 23 | V | 39 Gen'l & Admin & benefits | | Prism Health Care Services, Inc. | | 45,246 | 45,246 | 23 |
| 24 | V | 39 Vent Rent. | | Prism Health Care Services, Inc. | | 32,694 | 32,694 | 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 | | \$ 507,798 | | | \$ 319,193 | \$ * (188,605) | 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 | \$ 612,773 | Forum Extended Care II, Inc. | 0.00% | \$ 583,655 | \$ (29,118) |
| 16 | V | 39 I.V. | 66,827 | Forum Extended Care II, Inc. | | 63,651 | (3,176) |
| 17 | V | 39 Wound Care-Product only | 35,820 | Forum Extended Care II, Inc. | | 34,117 | (1,703) |
| 18 | V | 10 House Stock | 20,767 | Forum Extended Care II, Inc. | | 19,780 | (987) |
| 19 | V | 10 Pharm Consult | 4,800 | Forum Extended Care II, Inc. | | 4,572 | (228) |
| 20 | V | 22 Employee Vaccinations | 4,267 | Forum Extended Care II, Inc. | | | (4,267) |
| 21 | V | 39 Employee Vaccinations | | Forum Extended Care II, Inc. | | 4,064 | 4,064 |
| 22 | V | | | | | | |
| 23 | V | | | | | | |
| 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 | | \$ 745,254 | | | \$ 709,839 | \$ * (35,415) |

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

Facility Name & ID Number

Alden Estates of Orland Park

0042192

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 Therapy | \$ 932,079 | Community Physical Therapy & Associates, Ltd. | 0.00% | \$ 1,002,658 | \$ 70,579 | 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 | | \$ 932,079 | | | \$ 1,002,658 | \$ * 70,579 | 39 |

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

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 | \$ 28,774 | Alden Bennett Construction Company, Inc. | 0.00% | \$ 28,842 | \$ 68 | 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 | | \$ 28,774 | | | \$ 28,842 | \$ * | 68 | 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 | \$ 6,505 | Alden Design Group, Ltd. | 0.00% | \$ 12,503 | \$ 5,998 | 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 | | \$ 6,505 | | | \$ 12,503 | \$ * | 5,998 | 39 |

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

Facility Name & ID Number

Alden Estates of Orland Park

0042192

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

| | 1 OWNERS | | 2 RELATED NURSING HOMES | | 3 OTHER RELATED BUSINESS ENTITIES | | | |
|----|-----------------------|-------------|--|-----------------|--------------------------------------|---------------|----------------------|----|
| | Name | Ownership % | Name | City | Name | City | Type of Business | |
| 1 | The Alden Group, Ltd. | 100 | Heather Health Care Center, Inc. | Harvey | The Forum Professional | Chicago | Rental property | 1 |
| 2 | | | Alden-Lincoln Park Rehabilitation and Health C | Chicago | | | | 2 |
| 3 | | | Alden-Northmoor Rehabilitation and Health Care | Chicago | Forum Extended Care | Chicago | Pharmacy | 3 |
| 4 | | | Alden-Lakeland Rehabilitation and Health Care | Chicago | FECS of Central Illinois | Springfield | Pharmacy | 4 |
| 5 | | | Alden of Old Town East, Inc. | Bloomington | Alden Management Ser | Chicago | Management | 5 |
| 6 | | | Alden Terrace of McHenry Rehabilitation and He | McHenry | | | | 6 |
| 7 | | | Wentworth Rehabilitation and Health Care Cent | Chicago | Alden Garden Courts | DesPlaines | Assisted Living/Alzh | 7 |
| 8 | | | Alden Estates of Naperville, Inc. | Naperville | Alden Courts of Water | Aurora | SNF & Alzheimers F | 8 |
| 9 | | | Alden - Valley Ridge Rehabilitation and Health C | Bloomington | Alden Gardens of Water | Aurora | Assisted Living | 9 |
| 10 | | | Alden Village Health Facility for Children and Y | Bloomington | Prism Health Care Ser | Schaumburg | Nursing and Durabl | 10 |
| 11 | | | Alden - Orland Park Rehabilitation and Health C | Orland Park | Community Physical T | Addison | Therapy Provider | 11 |
| 12 | | | Princeton Rehabilitation and Health Care Center | Chicago | Alden Bennett Constru | Chicago | General Contractor | 12 |
| 13 | | | Alden of Old Town West, Inc. | Bloomington | Fort Medical Equipme | Fort Atkinson | Nursing and Durabl | 13 |
| 14 | | | Alden - Town Manor Rehabilitation and Health C | Cicero | Alden Design Group, I | Chicago | Design & Engineerin | 14 |
| 15 | | | Alden Trails, Inc. | Bloomington | | | | 15 |
| 16 | | | Alden - Poplar Creek Rehabilitation and Health C | Hoffman Estates | Family Solutions for Se | Addison | Private duty care | 16 |
| 17 | | | Alden - North Shore Rehabilitation and Health C | Skokie | Family Home Health S | Addison | Home health & hosp | 17 |
| 18 | | | Alden - Des Plaines Rehabilitation and Health Ca | Des Plaines | | | | 18 |
| 19 | | | Alden Estates of Evanston, Inc. | Evanston | | | | 19 |
| 20 | | | Alden - Alma Nelson Manor, Inc. | Rockford | | | | 20 |
| 21 | | | Alden - Park Strathmoor, Inc. | Rockford | | | | 21 |
| 22 | | | Alden - Meadow Park Health Care Center, Inc. | Clinton, WI | | | | 22 |
| 23 | | | Alden Estates of Barrington, Inc. | Barrington | | | | 23 |
| 24 | | | Alden of Waterford, LLC | Aurora | | | | 24 |
| 25 | | | Alden Springs, Inc. | Bloomington | | | | 25 |
| 26 | | | Alden Village North, Inc. | Chicago | Alden Courts of Shore | Shorewood | SNF | 26 |
| 27 | | | Alden Estates of Skokie, Inc. | Skokie | Alden Estates-Courts o | Huntley | SNF | 27 |
| 28 | | | Alden Estates of Countryside, Inc. | Jefferson, WI | | | | 28 |
| 29 | | | Alden Estates of Shorewood, Inc. | Shorewood, IL | | | | 29 |
| 30 | | | Alden - Long Grove Rehabilitation and Health C | Long Grove | | | | 30 |

Facility Name & ID Number Alden Estates of Orland Park # 0042192 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

| | 1 Name | 2 Title | 3 Function | 4 Ownership Interest | 5 Compensation Received From Other Nursing Homes* | 6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week | | 7 Compensation Included in Costs for this Reporting Period** | | 8 Schedule V. Line & Column Reference | |
|----|---|------------------------|-------------------|-------------------------|--|--|---------|---|-----------|--|----|
| | | | | | | Hours | Percent | Description | Amount | | |
| 1 | Floyd A. Schlossberg A. | Chairman-Board of I | Chairman | 100.00 | 178,912 | 1.316 | 3.29 | Salary | \$ 6,088 | 17-7 | 1 |
| 2 | Lauren Magnusson B. | Dir. Of Clinical Servi | Technical Nursing | 0.00 | 96,709 | 1.316 | 3.29 | Salary | 3,291 | 10-7 | 2 |
| 3 | Terry Magnusson C. | Dir. of Purchasing | Supervise Mainten | 0.00 | 96,709 | 1.316 | 3.29 | Salary | 3,291 | 6-7 | 3 |
| 4 | Ina Schlossberg D. | Board Member | Board Member | 0.00 | 110,065 | 1.316 | 3.29 | Salary | 3,746 | 17-7 | 4 |
| 5 | Audra Elisco F. | Medical Records Cle | Medical Records | 0.00 | 61,355 | 1.316 | 3.29 | Salary | 2,088 | 21-7 | 5 |
| 6 | Randi Schlossberg-Schullo F. | President | General Operation | 0.00 | 178,912 | 1.1515 | 3.29 | Salary | 6,088 | 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 | \$ 24,592 | | 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 Estates of Orland Park

0042192

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 | \$ 39,793 | \$ 2,862 | 1 | |
| 2 | 24 | Trav & Seminar | Patient Days | 1,209,117 | 36 | 25,753 | 39,793 | 848 | 2 | |
| 3 | 25 | Other Admin Travel | Patient Days | 1,209,117 | 36 | 230,320 | 39,793 | 7,580 | 3 | |
| 4 | 26 | Insurance | Patient Days | 1,209,117 | 36 | 8,433 | 39,793 | 278 | 4 | |
| 5 | 20 | Dues & Subscriptions | Patient Days | 1,209,117 | 36 | 30,557 | 39,793 | 1,006 | 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 | 39,793 | 5,716 | 7 | |
| 8 | 35 | Rent-Equip & Vehicle | Patient Days | 1,209,117 | 36 | 923,790 | 39,793 | 30,403 | 8 | |
| 9 | 32 | Interest | Patient Days/usage | 1,209,117 | 36 | 1,567,343 | 39,793 | 81,101 | 9 | |
| 10 | 1 | Dietary Salary | Patient Days | 1,209,117 | 36 | | | | 10 | |
| 11 | 3 | Housekeeping Salary | Patient Days | 1,209,117 | 36 | 421,760 | 421,760 | 39,793 | 13,880 | 11 |
| 12 | 7 | Employee Benefits -Gen'I Servs | Patient Days | 1,209,117 | 36 | 195,292 | 39,793 | 6,427 | 12 | |
| 13 | 10 | Nurs & Med Records Salary | Patient Days | 1,209,117 | 36 | 1,149,694 | 1,149,694 | 39,793 | 37,665 | 13 |
| 14 | 15 | Employee Benefits -Health Care | Patient Days | 1,209,117 | 36 | 168,303 | 39,793 | 5,539 | 14 | |
| 15 | 17 | Administrative Salary | Patient Days/usage | 1,209,117 | 36 | 5,264,790 | 5,264,790 | 39,793 | 170,027 | 15 |
| 16 | 27 | Employee Benefits - Admin | Patient Days | 1,209,117 | 36 | 2,046,057 | 39,793 | 67,337 | 16 | |
| 17 | 19 | Professional fees | Patient Days | 1,209,117 | 36 | 1,372,458 | 1,094,350 | 45,339 | 17 | |
| 18 | 21 | Gen'I & Admin | Patient Days | 1,209,117 | 36 | 8,525,354 | 7,617,708 | 280,576 | 18 | |
| 19 | 6 | Repair & Maint. | Patient Days | 1,209,117 | 36 | 1,379,344 | 912,301 | 24,093 | 19 | |
| 20 | | | | | | | | | 20 | |
| 21 | | | | | | | | | 21 | |
| 22 | | | | | | | | | 22 | |
| 23 | | | | | | | | | 23 | |
| 24 | | | | | | | | | 24 | |
| 25 | TOTALS | | | | | \$ 24,005,412 | \$ 16,460,603 | \$ 791,795 | 25 | |

Facility Name & ID Number

Alden Estates of Orland Park

0042192

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 | Reporting Period Interest Expense | | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|---|---------------------|-------------|----------|---------------|---------------|------------|--|------------|-----------|----|-----------------|--------------------------------|-----------------|----------------|---------|------------------|--------------------------------|
| | | | | | | | | | | | | Related** | | Purpose of Loan | Monthly Payment Required | Date of Note | Amount of Note | | Maturity Date | Interest Rate (4 Digits) |
| | | | | | | | | | | | | YES | NO | | | | Original | Balance | | |
| A. Directly Facility Related | | | | | | | | | | | | | | | | | | | | |
| Long-Term | | | | | | | | | | | | | | | | | | | | |
| 1 | Cambridge Realty | | X | Mortgage | \$53,938.37 | 03/30/11 | \$ 14,668,300 | \$ 12,964,414 | 04/01/2051 | 2.9500 | \$ 455,584 | 1 | | | | | | | | |
| 2 | Bank Leumi | | X | Line of credit | | 08/29/12 | 1,717,920 | | 09/06/2018 | 6.7500 | 381 | 2 | | | | | | | | |
| 3 | Amortization | | X | Refinancing fee | | | | | | | 8,253 | 3 | | | | | | | | |
| 4 | Avaya Financial Service | | X | Capital Lease | | 08/31/18 | 84,068 | 48,875 | 09/01/2023 | 7.2200 | 5,145 | 4 | | | | | | | | |
| 5 | Insurance Interest (GL7053) | | X | Medical Malpractice | | | | | | | 185 | 5 | | | | | | | | |
| Working Capital | | | | | | | | | | | | | | | | | | | | |
| 6 | Related party - AMS | | X | Working capital | | | | | | | 81,101 | 6 | | | | | | | | |
| 7 | | | | | | | | | | | | 7 | | | | | | | | |
| 8 | | | | | | | | | | | | 8 | | | | | | | | |
| 9 | TOTAL Facility Related | | | | \$53,938.37 | | \$ 16,470,288 | \$ 13,013,289 | | | \$ 550,649 | 9 | | | | | | | | |
| B. Non-Facility Related* | | | | | | | | | | | | | | | | | | | | |
| 10 | Interest Income on R.R. | | X | | | | | | | | (40) | 10 | | | | | | | | |
| 11 | Interest-Leumi LLC acct | | X | | | | | | | | (10) | 11 | | | | | | | | |
| 12 | Interest Income (GL 4975) | | X | | | | | | | | (10,460) | 12 | | | | | | | | |
| 13 | | | | | | | | | | | | 13 | | | | | | | | |
| 14 | TOTAL Non-Facility Related | | | | | | \$ | \$ | | | (10,510) | 14 | | | | | | | | |
| 15 | TOTALS (line 9+line14) | | | | | | \$ 16,470,288 | \$ 13,013,289 | | | \$ 540,138 | 15 | | | | | | | | |

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 65,342 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 Estates of Orland Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042192

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>5,716.46</u> |
| 2. _____ | _____ | \$ _____ | \$ _____ |
| 3. <u>27-21-401-003-000</u> | <u>Nursing facility</u> | \$ <u>938,782.00</u> | \$ <u>938,782.00</u> |
| 4. _____ | _____ | \$ _____ | \$ _____ |
| 5. _____ | _____ | \$ _____ | \$ _____ |
| 6. _____ | _____ | \$ _____ | \$ _____ |
| 7. _____ | _____ | \$ _____ | \$ _____ |
| 8. _____ | _____ | \$ _____ | \$ _____ |
| 9. _____ | _____ | \$ _____ | \$ _____ |
| 10. _____ | _____ | \$ _____ | \$ _____ |
| | TOTALS | \$ <u><u>1,112,478.00</u></u> | \$ <u><u>944,498.46</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 Estates of Orland Park

0042192

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,048 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:

A. Land.

| | 1 | 2 | 3 | 4 | |
|---|----------------------------------|----------------|---------------|-------------------|----------|
| | Use | Square Feet | Year Acquired | Cost | |
| 1 | <u>Nursing home facility</u> | <u>350,871</u> | <u>1997</u> | <u>\$ 584,920</u> | <u>1</u> |
| 2 | <u>Note: building only sq ft</u> | | | | <u>2</u> |
| 3 | TOTALS | <u>350,871</u> | | <u>\$ 584,920</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 | 200 | | 1998 | 1997 | \$ 12,679,210 | \$ 314,835 | 40 | \$ 316,980 | \$ 2,145 | \$ 7,289,059 | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | 8 |
| | Improvement Type** | | | | | | | | | | |
| 9 | | RUN CABLE TO BUILDING/INSTALL 6 OUTLETS | | 1998 | 2,975 | | 10 | | | 2,975 | 9 |
| 10 | | RELOCATION OF OUTLETS & POWER CIRCUIT | | 1998 | 1,648 | | 10 | | | 1,648 | 10 |
| 11 | | INSTALL 6 WALL JACKS | | 1998 | 2,158 | | 5 | | | 2,158 | 11 |
| 12 | | INSTALL CABLE | | 1998 | 4,446 | | 10 | | | 4,446 | 12 |
| 13 | | REPLACE SPRINKLER HEADS | | 1998 | 6,236 | | 10 | | | 6,236 | 13 |
| 14 | | INSTALL WALL PLATES | | 1998 | 4,608 | | 5 | | | 4,608 | 14 |
| 15 | | Climate Service(boiler maintenance) | | 1999 | 14,529 | | 20 | | | 14,529 | 15 |
| 16 | | Directional Boring(sprinkler system) | | 1999 | 5,400 | | 15 | | | 5,400 | 16 |
| 17 | | Chicago Cooling(a/c unit repair) | | 1999 | 2,070 | | 15 | | | 2,070 | 17 |
| 18 | | Church Landscape(floating swan island) | | 1999 | 3,400 | | 5 | | | 3,400 | 18 |
| 19 | | Church Landscape(floating swan island) | | 1999 | 2,000 | | 5 | | | 2,000 | 19 |
| 20 | | Watermangement(compressor) | | 1999 | 2,625 | | 15 | | | 2,625 | 20 |
| 21 | | New Horizons Communications (light telephone sys) | | 2000 | 9,767 | | 10 | | | 9,767 | 21 |
| 22 | | New Horizons Communications (light telephone sys) | | 2000 | 7,765 | | 10 | | | 7,765 | 22 |
| 23 | | System Electric (wiring) | | 2000 | 1,384 | 3 | 20 | 3 | | 1,384 | 23 |
| 24 | | Climate Services (pipe) | | 2000 | 1,674 | | 20 | | | 1,674 | 24 |
| 25 | | Climate Services (pipe) | | 2000 | 1,689 | 5 | 20 | 5 | | 1,689 | 25 |
| 26 | | Climate Services (pipe) | | 2000 | 1,684 | 3 | 20 | 3 | | 1,684 | 26 |
| 27 | | Climate Services (pipe) | | 2000 | 2,376 | | 20 | | | 2,376 | 27 |
| 28 | | GT Mechanical (heating/compressor repair) | | 2000 | 5,079 | | 10 | | | 5,079 | 28 |
| 29 | | New Horizons Communications (light telephone sys) | | 2000 | 7,765 | | 10 | | | 7,765 | 29 |
| 30 | | Alden Bennett Cons (time and billing material) | | 2000 | 2,073 | | 10 | | | 2,073 | 30 |
| 31 | | Alden Bennett Cons (time and billing material) | | 2000 | 2,798 | | 10 | | | 2,798 | 31 |
| 32 | | New Horizons Comm. (phone insall) | | 2000 | 4,437 | | 10 | | | 4,437 | 32 |
| 33 | | Fox Valley Fire & Safety (sprinkler system) | | 2000 | 2,290 | | 15 | | | 2,290 | 33 |
| 34 | | Alden Bennett Construction (time and material) | | 2000 | 2,915 | | 10 | | | 2,915 | 34 |
| 35 | | Capps Plumbing (srvc/repair pump) | | 2001 | 1,977 | | 15 | | | 1,977 | 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 Estates of Orland Park

0042192

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|--|------------------|---------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 37 | Capps Plumbing (repair pump) | 2002 | \$ 7,214 | \$ | 15 | \$ | \$ | \$ 7,214 | 37 |
| 38 | Med-Con (alarm system) | 2002 | 813 | | 10 | | | 813 | 38 |
| 39 | Alden Bennett Construction (time & material) | 2002 | 4,008 | | 15 | | | 4,008 | 39 |
| 40 | Alden Bennett Construction (time & material) | 2002 | 2,809 | | 15 | | | 2,809 | 40 |
| 41 | Alden Bennett Construction (time & material) | 2002 | 2,365 | | 15 | | | 2,365 | 41 |
| 42 | | | | | | | | | 42 |
| 43 | Alden Bennett Cons..auto. Door opener | 2003 | 3,915 | | 10 | | | 3,915 | 43 |
| 44 | Alden Bennet Cons. laundry press/gas/ellec | 2003 | 6,825 | | 15 | | | 6,825 | 44 |
| 45 | GT Mechanical-repair heat pump | 2003 | 1,797 | | 5 | | | 1,797 | 45 |
| 46 | CSI Coker-rebuild dishwasher | 2003 | 4,333 | | 10 | | | 4,333 | 46 |
| 47 | Real Green-sprinkler system repair | 2003 | 3,600 | | 5 | | | 3,600 | 47 |
| 48 | Real Green-sprinkler system repair | 2003 | 1,750 | | 5 | | | 1,750 | 48 |
| 49 | CSI Coker kitchen exhaust pipe repair | 2003 | 1,728 | | 5 | | | 1,728 | 49 |
| 50 | CSI Coker-walk in freezer repair | 2003 | 1,560 | | 5 | | | 1,560 | 50 |
| 51 | Alden Bennett Cons.-ejector pump repair | 2003 | 1,182 | | 5 | | | 1,182 | 51 |
| 52 | Controlled Irrigation-sprinkler systen repair | 2003 | 2,552 | | 5 | | | 2,552 | 52 |
| 53 | Alden Bennett Cons-ejector pump repairs | 2003 | 2,991 | | 5 | | | 2,991 | 53 |
| 54 | B&K Lawnsclaping-crushed stone walkway base | 2003 | 1,400 | | 10 | | | 1,400 | 54 |
| 55 | | | | | | | | | 55 |
| 56 | Alden Bennett - Repairs | 2004 | 1,700 | | 15 | | | 1,700 | 56 |
| 57 | Top Notch - Repairs | 2004 | 2,189 | | 15 | | | 2,189 | 57 |
| 58 | Alden Bennett Construction - laundry press/gas/electric/pipe | 2004 | 4,062 | 203 | 20 | 203 | | 3,400 | 58 |
| 59 | GT Mechanical-repair heat pump | 2004 | 1,083 | 54 | 20 | 54 | | 905 | 59 |
| 60 | | | | | | | | | 60 |
| 61 | | | | | | | | | 61 |
| 62 | GT Mechanical-repair heater leak | 2004 | 583 | | 5 | | | 583 | 62 |
| 63 | GT Mechanical-repair valve leak | 2004 | 718 | | 5 | | | 718 | 63 |
| 64 | GT Mechanical-heater repair | 2004 | 753 | | 5 | | | 753 | 64 |
| 65 | New Horizons - Phone line repair | 2004 | 2,793 | | 10 | | | 2,793 | 65 |
| 66 | B & K Lawnsclaping- crushedstone walkway base | 2004 | 2,420 | | 15 | | | 2,420 | 66 |
| 67 | Alden Bennett - Plumbing Repair | 2004 | 866 | | 5 | | | 866 | 67 |
| 68 | GT Mechanical - Repair compressor leak | 2004 | 700 | | 5 | | | 700 | 68 |
| 69 | | | | | | | | | 69 |
| 70 | TOTAL (lines 4 thru 69) | | \$ 12,855,688 | \$ 315,103 | | \$ 317,248 | \$ 2,145 | \$ 7,464,696 | 70 |

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

| 1 | Improvement Type** | 3 Year Constructed | 4 Cost | 5 Current Book Depreciation | 6 Life in Years | 7 Straight Line Depreciation | 8 Adjustments | 9 Accumulated Depreciation | |
|----|--|--------------------------|---------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1 | Totals from Page 12A, Carried Forward | | \$ 12,855,688 | \$ 315,103 | | \$ 317,248 | \$ 2,145 | \$ 7,464,696 | 1 |
| 2 | GT Mechanical - Repair cooling fan | 2004 | 1,256 | | 5 | | | 1,256 | 2 |
| 3 | GT Mechanical - Repairs | 2004 | 679 | | 5 | | | 679 | 3 |
| 4 | Top Notch - Repairs | 2004 | 839 | | 5 | | | 839 | 4 |
| 5 | GT Mechanical - AC maintenance/repair | 2004 | 1,108 | | 5 | | | 1,108 | 5 |
| 6 | GT Mechanical - Replace CFM & contactor | 2004 | 1,126 | | 10 | | | 1,126 | 6 |
| 7 | Replace condenser fan motor | 2004 | 1,204 | | 10 | | | 1,204 | 7 |
| 8 | Building Repairs | 2004 | 5,871 | | 15 | | | 5,871 | 8 |
| 9 | A&B Custom Cable TV Service, Inc. - Inst cable jacks | 2004 | 8,120 | | 10 | | | 8,120 | 9 |
| 10 | GTMECH-Replace Gas Valve in the RTU | 2005 | 2,165 | 4 | 15 | 4 | | 2,165 | 10 |
| 11 | TOPNOT Commercial Kitchen | 2005 | 1,735 | | 15 | | | 1,735 | 11 |
| 12 | New Horizons Phone Repair | 2005 | 2,461 | | 10 | | | 2,461 | 12 |
| 13 | Dryer and Condensing Unit | 2005 | 1,309 | | 10 | | | 1,309 | 13 |
| 14 | | | | | | | | | 14 |
| 15 | ABC Installed Cabinets and Drawers | 2005 | 5,332 | 184 | 15 | 184 | | 5,332 | 15 |
| 16 | New Horizons CRD 6 Circuit | 2005 | 2,285 | | 10 | | | 2,285 | 16 |
| 17 | New Furnance | 2005 | 2,299 | | 5 | | | 2,299 | 17 |
| 18 | 12 New Phones | 2005 | 3,559 | | 10 | | | 3,559 | 18 |
| 19 | ABC repair work on entry ramp and ramp walls | 2005 | 5,211 | 347 | 15 | 347 | | 5,205 | 19 |
| 20 | | | | | | | | | 20 |
| 21 | Asphalt the Parking Lot | 2005 | 1,806 | | 10 | | | 1,806 | 21 |
| 22 | Asphalt the Parking Lot | 2005 | 1,787 | | 10 | | | 1,787 | 22 |
| 23 | | | | | | | | | 23 |
| 24 | Parking Lot | 2006 | 217,356 | | 8 | | | 217,356 | 24 |
| 25 | Installed new seal and started on HP-1 | 2006 | 2,528 | | 10 | | | 2,528 | 25 |
| 26 | Installed new power supply | 2006 | 4,274 | 214 | 20 | 214 | | 3,192 | 26 |
| 27 | Removed and replaced carpet | 2006 | 3,848 | | 5 | | | 3,848 | 27 |
| 28 | Repair Generator | 2006 | 2,819 | | 5 | | | 2,819 | 28 |
| 29 | Installed new vanity countertop | 2006 | 3,277 | | 10 | | | 3,277 | 29 |
| 30 | Installed sewage ejector pump | 2006 | 4,453 | 297 | 15 | 297 | | 4,207 | 30 |
| 31 | Carpet for the second floor | 2006 | 31,104 | | 5 | | | 31,104 | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 13,175,498 | \$ 316,149 | | \$ 318,294 | \$ 2,145 | \$ 7,783,173 | 34 |

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

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 | | \$ 13,175,498 | \$ 316,149 | | \$ 318,294 | \$ 2,145 | \$ 7,783,173 | 1 |
| 2 | New Carpet at Orland | 2007 | 38,166 | | 5 | | | 38,166 | 2 |
| 3 | | | | | | | | | 3 |
| 4 | New Park Benches | 2007 | 2,606 | | 5 | | | 2,606 | 4 |
| 5 | Install intercom system | 2007 | 5,825 | | 10 | | | 5,825 | 5 |
| 6 | replaced worn and broken locksets | 2007 | 6,137 | | 5 | | | 6,137 | 6 |
| 7 | Modifications to irrigation system | 2007 | 22,716 | | 5 | | | 22,716 | 7 |
| 8 | Major repair to Dryer | 2007 | 5,088 | | 10 | | | 5,088 | 8 |
| 9 | Porch repair | 2007 | 2,695 | | 5 | | | 2,695 | 9 |
| 10 | new carpet | 2007 | 19,420 | | 5 | | | 19,420 | 10 |
| 11 | Topnot Booster Heater | 2007 | 5,462 | | 10 | | | 5,462 | 11 |
| 12 | Replaced damaged parking lot with new material | 2007 | 6,020 | | 8 | | | 6,020 | 12 |
| 13 | Additional work on parking lot | 2007 | 7,771 | | 8 | | | 7,771 | 13 |
| 14 | Fence around parking lot | 2007 | 6,996 | | 8 | | | 6,996 | 14 |
| 15 | New Door and concrete around area-ABC | 2008 | 5,215 | 348 | 15 | 348 | | 4,321 | 15 |
| 16 | Laundry chute Door-ABC | 2008 | 8,803 | | 10 | | | 8,803 | 16 |
| 17 | New Receiving Door and new motor-ABC | 2008 | 6,271 | | 10 | | | 6,271 | 17 |
| 18 | Replace receiving door-ABC | 2008 | 2,521 | | 10 | | | 2,521 | 18 |
| 19 | Replace laundry chute, ceiling tile, broken plumbing & electrical fix | 2009 | 7,028 | | 10 | | | 7,028 | 19 |
| 20 | Asphalt paving-ABC | 2009 | 22,465 | | 8 | | | 22,465 | 20 |
| 21 | Coating EIFS installation of control joint-ABC | 2009 | 3,275 | | 5 | | | 3,275 | 21 |
| 22 | Concrete & EIFS coating repairs - J.S. Goray | 2009 | 8,670 | 578 | 15 | 578 | | 6,647 | 22 |
| 23 | Repair railings & exterior EIFS entrance-ABC | 2009 | 8,665 | 578 | 15 | 578 | | 6,599 | 23 |
| 24 | Oxygen suction system repaired air hoses-Medical Gas Mngmt | 2010 | 11,467 | | 5 | | | 11,467 | 24 |
| 25 | Elevator: CPU repairs/parts-Long Elevator Co. | 2010 | 5,675 | | 5 | | | 5,675 | 25 |
| 26 | Paving-Asphalt cleaned sealcoat applied-Garelli Pavement | 2010 | 3,450 | | 8 | | | 3,450 | 26 |
| 27 | Engineering Fees, rebuilding-Therapy Room-ABC | 2010 | 6,796 | 453 | 15 | 453 | | 4,643 | 27 |
| 28 | | | | | | | | | 28 |
| 29 | | | | | | | | | 29 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 13,404,701 | \$ 318,106 | | \$ 320,251 | \$ 2,145 | \$ 8,005,240 | 34 |

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

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 | | \$ 13,404,701 | \$ 318,106 | | \$ 320,251 | \$ 2,145 | \$ 8,005,240 | 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) | | \$ 13,551,694 | \$ 322,802 | | \$ 324,947 | \$ 2,145 | \$ 8,101,011 | 34 |

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

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 | | \$ 13,551,694 | \$ 322,802 | | \$ 324,947 | \$ 2,145 | \$ 8,101,011 | 1 |
| 2 | Carpentry Accoustical work - ABC | 2011 | 17,521 | 1,168 | 15 | 1,168 | | 11,291 | 2 |
| 3 | Carpentry drywall accoustical demoli. work - ABC | 2011 | 57,595 | 3,840 | 15 | 3,840 | | 37,120 | 3 |
| 4 | Carpentry electrical work - ABC | 2011 | 48,742 | 3,249 | 15 | 3,249 | | 31,407 | 4 |
| 5 | Framing/drywall fire protection work - ABC | 2011 | 19,334 | 1,289 | 15 | 1,289 | | 12,460 | 5 |
| 6 | HVAC/Plumbing - ABC | 2011 | 32,533 | 2,169 | 15 | 2,169 | | 20,967 | 6 |
| 7 | Plumbing fire protection work - ABC | 2011 | 18,840 | 1,256 | 15 | 1,256 | | 12,141 | 7 |
| 8 | Pier construction (3) - JMALLE | 2011 | 19,637 | 982 | 20 | 982 | | 9,083 | 8 |
| 9 | Pier construction - concrete/carpentry/finish hardware/electrical fix | 2011 | 33,117 | 1,656 | 20 | 1,656 | | 15,042 | 9 |
| 10 | Pier construction - concrete/carpentry/finish hardware/electrical fix | 2011 | 55,850 | 2,793 | 20 | 2,793 | | 25,447 | 10 |
| 11 | Pier construction - fence/electrical fixtures - ABC | 2011 | 5,005 | 250 | 20 | 250 | | 2,271 | 11 |
| 12 | Pier construction - landscaping - ABC | 2011 | 26,077 | 1,304 | 20 | 1,304 | | 11,845 | 12 |
| 13 | | | | | | | | | 13 |
| 14 | Generator transfer switch/install - ABC | 2011 | 12,578 | | 5 | | | 12,578 | 14 |
| 15 | Upholstery - Design | 2011 | 2,905 | | 5 | | | 2,905 | 15 |
| 16 | | | | | | | | | 16 |
| 17 | Sprinkley heads & pressure gauges (11) - US Fire | 2012 | 5,856 | | 5 | | | 5,856 | 17 |
| 18 | Fire damper replacement and repairs labor - GT Mechanical | 2012 | 12,585 | 1,259 | 10 | 1,259 | | 10,282 | 18 |
| 19 | Pier construction - landscaping - Sebert | 2012 | 6,215 | 311 | 20 | 311 | | 2,617 | 19 |
| 20 | | | | | | | | | 20 |
| 21 | Paving, parking lot, sealcoat/re-stripe-ABC | 2013 | 26,195 | 1,746 | 15 | 1,746 | | 12,913 | 21 |
| 22 | Asphalt walking path, excavate/install-ABC | 2013 | 16,194 | 2,024 | 8 | 2,024 | | 14,674 | 22 |
| 23 | Washer motor-Washtown Equipment | 2013 | 2,617 | | 5 | | | 2,617 | 23 |
| 24 | Sprinkler heads, dry pendants (4, cooler & freezer)-Valley Fire | 2013 | 2,664 | | 5 | | | 2,664 | 24 |
| 25 | | | | | | | | | 25 |
| 26 | Fireproof spray-on toilet shafts and main ducts-ABC | 2014 | 9,997 | 1,000 | 10 | 1,000 | | 6,083 | 26 |
| 27 | Resurface stair and ramp walls, top patio and stair landing (w/CTI | 2014 | 4,188 | | 5 | | | 4,188 | 27 |
| 28 | | | | | | | | | 28 |
| 29 | Fire damper - ABC | 2015 | 8,157 | 816 | 10 | 816 | | 4,488 | 29 |
| 30 | Fire damper - ABC | 2015 | 13,276 | 1,328 | 10 | 1,328 | | 7,304 | 30 |
| 31 | Pump, Heat, repair - ABC | 2015 | 5,188 | 171 | 5 | 171 | | 5,188 | 31 |
| 32 | | | | | | | | | 32 |
| 33 | Fire damper (room 211) - ABC | 2016 | 2,567 | 257 | 10 | 257 | | 1,285 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 14,017,127 | \$ 351,670 | | \$ 353,815 | \$ 2,145 | \$ 8,385,727 | 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 12E, Carried Forward | | \$ 14,017,127 | \$ 351,670 | | \$ 353,815 | \$ 2,145 | \$ 8,385,727 | 1 |
| 2 | Railing, Entrance ramp - ABC | 2018 | 83,928 | 5,595 | 15 | 5,595 | | 12,123 | 2 |
| 3 | | | | | | | | | 3 |
| 4 | Motor & Fan-(HVAC Room)-GT Mechanical | 2019 | 3,434 | 687 | 5 | 687 | | 859 | 4 |
| 5 | Boiler Retube (Boiler Room) -ABC/Hudson Boiler | 2019 | 23,516 | 1,568 | 15 | 1,568 | | 1,699 | 5 |
| 6 | | | | | | | | | 6 |
| 7 | | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| 9 | | | | | | | | | 9 |
| 10 | | | | | | | | | 10 |
| 11 | | | | | | | | | 11 |
| 12 | | | | | | | | | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | | | | | | | | 14 |
| 15 | | | | | | | | | 15 |
| 16 | | | | | | | | | 16 |
| 17 | | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| 19 | | | | | | | | | 19 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | | | | | | | | | 25 |
| 26 | | | | | | | | | 26 |
| 27 | | | | | | | | | 27 |
| 28 | | | | | | | | | 28 |
| 29 | | | | | | | | | 29 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 14,128,005 | \$ 359,520 | | \$ 361,665 | \$ 2,145 | \$ 8,400,408 | 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 | | \$ 14,128,005 | \$ 359,520 | | \$ 361,665 | \$ 2,145 | \$ 8,400,408 | 1 |
| 2 | Adjustment Alden bennett 2002 costs | 2007 | (4,558) | (304) | 15 | (304) | | (4,155) | 2 |
| 3 | Adj for ABC related party profit | 2008 | (130) | (8) | | (8) | | (100) | 3 |
| 4 | Adj for ABC related party profit | 2009 | (547) | (30) | | (30) | | (345) | 4 |
| 5 | Adj for ABC related party profit | 2010 | (83) | (2) | | (2) | | (21) | 5 |
| 6 | Adj for ABC related party profit | 2011 | 2,545 | 170 | | 170 | | 1,462 | 6 |
| 7 | | | | | | | | | 7 |
| 8 | Adj for ABC related party profit | 2013 | 571 | 16 | | 16 | | 128 | 8 |
| 9 | Adj for ABC related party profit | 2014 | (19) | (1) | | (1) | | (5) | 9 |
| 10 | | | | | | | | | 10 |
| 11 | Adj for ABC related party profit | 2015 | (50) | (4) | | (4) | | (24) | 11 |
| 12 | | | | | | | | | 12 |
| 13 | GT Mechanical-replace A/C compressor unit | 2004 | 8,600 | | 15 | | | 8,600 | 13 |
| 14 | Insurance refund on above asset | 2004 | (3,600) | | 15 | | | 3,600 | 14 |
| 15 | Millcar Milliken Carpets | 2005 | 18,160 | | 10 | | | 18,160 | 15 |
| 16 | Millcar Milliken Carpets | 2005 | (15,609) | | 10 | | | (15,609) | 16 |
| 17 | | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| 19 | | | | | | | | | 19 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | | | | | | | | | 25 |
| 26 | | | | | | | | | 26 |
| 27 | | | | | | | | | 27 |
| 28 | | | | | | | | | 28 |
| 29 | | | | | | | | | 29 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 14,133,285 | \$ 359,357 | | \$ 361,502 | \$ 2,145 | \$ 8,412,099 | 34 |

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

| | Category of Equipment | 1 Cost | Current Book Depreciation 2 | Straight Line Depreciation 3 | 4 Adjustments | Component Life 5 | Accumulated Depreciation 6 | |
|----|--------------------------|--------------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$ 950,465 | \$ 106,035 | \$ 106,035 | \$ | various | \$ 441,372 | 71 |
| 72 | Current Year Purchases | 57,413 | 2,497 | 2,497 | | various | 2,314 | 72 |
| 73 | Fully Depreciated Assets | 2,060,909 | 4,396 | 4,396 | | various | 2,060,909 | 73 |
| 74 | | | | | | | | 74 |
| 75 | TOTALS | \$ 3,068,787 | \$ 112,928 | \$ 112,928 | \$ | | \$ 2,504,595 | 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 | Midwest Transit | Ford Eldorado | 2000 | \$ 49,826 | \$ | \$ | \$ | | \$ 49,826 | 76 |
| 77 | related party-AMS | various | '98-'04 | 3,802 | | | | 3 | 3,802 | 77 |
| 78 | Car Engine/Bus/Van | Various/Dodge | '98-'04 | 8,164 | | | | | 8,164 | 78 |
| 79 | Water hoses replace on auto | Various | 2005 | 1,537 | | | | | 1,537 | 79 |
| 80 | TOTALS | | | \$ 63,329 | \$ | \$ | \$ | | \$ 63,329 | 80 |

E. Summary of Care-Related Assets

| | | 1 Reference | 2 Amount | |
|----|----------------------------|--|---------------|------|
| 81 | Total Historical Cost | (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$ 17,850,321 | 81 |
| 82 | Current Book Depreciation | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable) | \$ 472,285 | 82 |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable) | \$ 474,430 | 83** |
| 84 | Adjustments | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable) | \$ 2,145 | 84 |
| 85 | Accumulated Depreciation | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable) | \$ 10,980,023 | 85 |

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 04/01/1996

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12. 12/31/2021 \$ varies

13. 12/31/2022 \$ varies

14. 12/31/2023 \$ 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: \$ 23,248 Description: copy machine \$ 15539 GL 6861 and equipment lease \$7709 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 689000</u> | <u>various</u> | \$ <u>#####</u> | \$ <u>21,492</u> | 17 |
| 18 | | | | | 18 |
| 19 | <u>Related party-PG 6A</u> | <u>various</u> | \$ <u>#####</u> | \$ <u>14,145</u> | 19 |
| 20 | | | | | 20 |
| 21 | TOTAL | | \$ <u>#####</u> | \$ <u>35,637</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 | \$ | | \$ 366,720 | \$ | | \$ 366,720 | 1 |
| 2 | Licensed Speech and Language Development Therapist | 39-3 | hrs | | | 81,933 | | | 81,933 | 2 |
| 3 | Licensed Recreational Therapist | | hrs | | | | | | | 3 |
| 4 | Licensed Physical Therapist | 39-3 | hrs | | | 460,316 | | | 460,316 | 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 | | | | 587,719 | | 587,719 | 9 |
| 10 | Psychological Services (Evaluation and Diagnosis/ Behavior Modification) | | hrs | | | | | | | 10 |
| 11 | Academic Education | | hrs | | | | | | | 11 |
| 12 | Other (specify): <u>Exceptional care/PG16A</u> | | | | 171,717 | | 28,369 | | 200,086 | 12 |
| 13 | Other (specify): <u>See PG16A</u> | 39-1, 39-3, if any | | | | 70,579 | 751,570 | | 822,149 | 13 |
| 14 | TOTAL | | | \$ 171,717 | | \$ 979,548 | \$ 1,367,658 | | \$ 2,518,923 | 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 | 366,719.99 | |
| 2. | ST | 39-3 | To Col 5 | 81,933.26 | |
| 3. | | | | | |
| 4. | PT | 39-3 | To Col 5 | 460,315.45 | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | Pharmacy Supplies per GL | | | 612,773.00 | |
| | Manual Input from Related Party- Forum Drugs & Vaccinations | | | (25,054.00) | From Page 6C. Ln 39, Col 8 Drug Items |
| 9. | Total to line 9 Pharmacy | See Pg 16A | To Col 6 | 587,719.00 | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | Exceptional Care-Salaries: | See pg 16A | To Col. 3 | 171,717.00 | |
| 12. | Exceptional Care-Supplies: | See pg 16A | To Col. 6 | 28,369.00 | |
| | Total Exceptional Care (Line 12, Col 8) | | | 200,086.00 | |
| 13. | Other: Transport. Specialist (6001-100-019) | | See Pg 16A | | |
| 13. | Col 5: Manual Input: Related Party - CPT | | To Col 5 | 70,579.00 | From Page 6D, Col 8 (Except DD homes) |
| | Other | | | 880,014.00 | |
| | Manual Input: Related Party - Prism | | | (123,565.00) | From Page 6B/Ln 39 items, Col 8 |
| | Manual Input: Related Party FECII - I.V. | | | (3,176.00) | From Page 6C/Ln 39 items for IV, Col 8 |
| | Manual Input: Related Party FECII - Wound Care-Products Only | | | (1,703.00) | From Page 6C/Ln 39 items for Wound Care Products, Col 8 |
| | Oxygen, from reclass worksheet (Pg 4A) | | | - | |
| 13. | Col 6: Supplies Total | | To Col 6 | 751,570.00 | |
| 13. | Total Line 13, Column 8 | | | 822,149.00 | |
| 14. | Total | | | 2,518,922.70 | |

Facility Name & ID Number Alden Estates of Orland Park

0042192

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 | \$ | \$ 41,506 | 1 |
| 2 | Cash-Patient Deposits | | | 2 |
| 3 | Accounts & Short-Term Notes Receivable- Patients (less allowance (475,000)) | 2,626,176 | 2,626,176 | 3 |
| 4 | Supply Inventory (priced at) | 62,286 | 62,286 | 4 |
| 5 | Short-Term Investments | | | 5 |
| 6 | Prepaid Insurance | | 16,792 | 6 |
| 7 | Other Prepaid Expenses | 17,332 | 38,997 | 7 |
| 8 | Accounts Receivable (owners or related parties) | | | 8 |
| 9 | Other(specify): <u>Due from 3rd Party</u> | 55,857 | 55,857 | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 2,761,651 | \$ 2,841,614 | 10 |
| | B. Long-Term Assets | | | |
| 11 | Long-Term Notes Receivable | | | 11 |
| 12 | Long-Term Investments | | | 12 |
| 13 | Land | | 584,920 | 13 |
| 14 | Buildings, at Historical Cost | | 12,593,418 | 14 |
| 15 | Leasehold Improvements, at Historical Cost | 497,159 | 1,239,975 | 15 |
| 16 | Equipment, at Historical Cost | 765,863 | 3,308,598 | 16 |
| 17 | Accumulated Depreciation (book methods) | (1,016,109) | (10,913,592) | 17 |
| 18 | Deferred Charges | | | 18 |
| 19 | Organization & Pre-Operating Costs | 44,005 | 44,005 | 19 |
| 20 | Accumulated Amortization - Organization & Pre-Operating Costs | (19,436) | (19,436) | 20 |
| 21 | Restricted Funds | | 780,180 | 21 |
| 22 | Other Long-Term Assets (specify): | | 129,894 | 22 |
| 23 | Other(specify): <u>Due From Affiliates</u> | 30,695,420 | 30,777,363 | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 30,966,902 | \$ 38,525,326 | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 33,728,553 | \$ 41,366,939 | 25 |

| | | 1 Operating | 2 After Consolidation* | |
|----|---|----------------|------------------------------|----|
| | C. Current Liabilities | | | |
| 26 | Accounts Payable | \$ 946,629 | \$ 953,329 | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | 483,896 | 483,896 | 28 |
| 29 | Short-Term Notes Payable | 17,034 | 285,454 | 29 |
| 30 | Accrued Salaries Payable | 617,156 | 617,156 | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes) | 245,632 | 245,632 | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B) | | 966,900 | 32 |
| 33 | Accrued Interest Payable | | 31,871 | 33 |
| 34 | Deferred Compensation | | | 34 |
| 35 | Federal and State Income Taxes | | | 35 |
| | Other Current Liabilities(specify): | | | |
| 36 | <u>Accr Exp/Ins, Due to IDPA/ Sales Tax, Pro</u> | 4,711,089 | 4,711,089 | 36 |
| 37 | <u>Due to Affiliates - Current</u> | 1,340,933 | 1,340,933 | 37 |
| 38 | TOTAL Current Liabilities (sum of lines 26 thru 37) | \$ 8,362,369 | \$ 9,636,260 | 38 |
| | D. Long-Term Liabilities | | | |
| 39 | Long-Term Notes Payable | 1,089,540 | 1,089,540 | 39 |
| 40 | Mortgage Payable | | 12,695,994 | 40 |
| 41 | Bonds Payable | | | 41 |
| 42 | Deferred Compensation | | | 42 |
| | Other Long-Term Liabilities(specify): | | | |
| 43 | | | | 43 |
| 44 | <u>Mcr Adv Fund & Fica Deferred</u> | 396,029 | 396,029 | 44 |
| 45 | TOTAL Long-Term Liabilities (sum of lines 39 thru 44) | \$ 1,485,569 | \$ 14,181,563 | 45 |
| 46 | TOTAL LIABILITIES (sum of lines 38 and 45) | \$ 9,847,938 | \$ 23,817,823 | 46 |
| 47 | TOTAL EQUITY (page 18, line 24) | \$ 23,880,615 | \$ 17,549,117 | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ 33,728,553 | \$ 41,366,939 | 48 |

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

| | | 1 Total | |
|-----------------------------------|--|----------------|------|
| 1 | Balance at Beginning of Year, as Previously Reported | \$ 27,074,035 | 1 |
| 2 | Restatements (describe): | | 2 |
| 3 | | | 3 |
| 4 | | | 4 |
| 5 | | | 5 |
| 6 | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 27,074,035 | 6 |
| A. Additions (deductions): | | | |
| 7 | NET Income (Loss) (from page 19, line 43) | (3,193,420) | 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) | \$ (3,193,420) | 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) | \$ 23,880,615 | 24 * |

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Orland Park

0042192

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 | \$ 12,990,111 | 1 |
| 2 | Discounts and Allowances for all Levels | () | 2 |
| 3 | SUBTOTAL Inpatient Care (line 1 minus line 2) | \$ 12,990,111 | 3 |
| B. Ancillary Revenue | | | |
| 4 | Day Care | | 4 |
| 5 | Other Care for Outpatients | 99,230 | 5 |
| 6 | Therapy | 117,201 | 6 |
| 7 | Oxygen | | 7 |
| 8 | SUBTOTAL Ancillary Revenue (lines 4 thru 7) | \$ 216,431 | 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 | 1,067 | 21 |
| 22 | Laundry | | 22 |
| 23 | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 1,067 | 23 |
| D. Non-Operating Revenue | | | |
| 24 | Contributions | | 24 |
| 25 | Interest and Other Investment Income*** | 10,460 | 25 |
| 26 | SUBTOTAL Non-Operating Revenue (lines 24 and 25) | \$ 10,460 | 26 |
| E. Other Revenue (specify):**** | | | |
| 27 | Settlement Income (Insurance, Legal, Etc.) | | 27 |
| 28 | | 7,242 | 28 |
| 28a | | | 28a |
| 29 | SUBTOTAL Other Revenue (lines 27, 28 and 28a) | \$ 7,242 | 29 |
| 30 | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) | \$ 13,225,311 | 30 |

| 2 | | | |
|-------------------------------------|--|----------------|----|
| II. Expenses | | Amount | |
| A. Operating Expenses | | | |
| 31 | General Services | 2,183,190 | 31 |
| 32 | Health Care | 5,555,403 | 32 |
| 33 | General Administration | 3,737,097 | 33 |
| B. Capital Expense | | | |
| 34 | Ownership | 2,022,069 | 34 |
| C. Ancillary Expense | | | |
| 35 | Special Cost Centers | 2,601,842 | 35 |
| 36 | Provider Participation Fee | 319,130 | 36 |
| D. Other Expenses (specify): | | | |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)* | \$ 16,418,731 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)** | (3,193,420) | 41 |
| 42 | Income Taxes | | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ (3,193,420) | 43 |

| III. Net Inpatient Revenue detailed by Payer Source | | | |
|---|---|---------------|----|
| 44 | Medicaid - Net Inpatient Revenue | \$ 6,435,412 | 44 |
| 45 | Private Pay - Net Inpatient Revenue | 750,197 | 45 |
| 46 | Medicare - Net Inpatient Revenue | 4,138,218 | 46 |
| 47 | Other-(specify) <u>Hospice</u> | 1,666,284 | 47 |
| 48 | Other-(specify) <u>Insur,Vets,Charity/Sales Allows</u> | | 48 |
| 49 | TOTAL Inpatient Care Revenue (This total must agree to Line 3) | \$ 12,990,111 | 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 Estates of Orland Park

0042192

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) | \$ 152 |
| Record Copies-Backed out with Ln ref 21-Pg 5A | 1,706 |
| Jury Duty-Backed out with Ln ref 22-Pg 5A | 17 |
| Donation-Backed out with Ln ref 21-Pg 5A | |
| Settlements-Backed out with Ln ref 21-Pg 5A | |
| Write Off Old Accounts Payables | |
| Vendor Discount | 199 |
| United Healthcare-(Rebate/Incentive) | |
| Gain on Sale of Assets (related to prior yr, not offset on Sch.# V) | 5,168 |
| Line 28 Total: | <u><u>7,242</u></u> |

Facility Name & ID Number Alden Estates of Orland Park

0042192

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 | 1,840 | 1,935 | \$ 108,442 | \$ 56.04 | 1 |
| 2 | Assistant Director of Nursing | 3,110 | 3,295 | 134,516 | 40.82 | 2 |
| 3 | Registered Nurses | 33,752 | 37,185 | 1,383,898 | 37.22 | 3 |
| 4 | Licensed Practical Nurses | 28,321 | 31,626 | 1,040,869 | 32.91 | 4 |
| 5 | CNAs & Orderlies | 76,238 | 84,926 | 1,712,262 | 20.16 | 5 |
| 6 | CNA Trainees | | | | | 6 |
| 7 | Licensed Therapist | | | | | 7 |
| 8 | Rehab/Therapy Aides | 3,873 | 4,457 | 88,891 | 19.94 | 8 |
| 9 | Activity Director | 1,536 | 1,565 | 35,636 | 22.77 | 9 |
| 10 | Activity Assistants | 3,682 | 4,239 | 62,370 | 14.71 | 10 |
| 11 | Social Service Workers | 2,064 | 2,080 | 51,571 | 24.79 | 11 |
| 12 | Dietician | | | | | 12 |
| 13 | Food Service Supervisor | 4,136 | 4,160 | 109,485 | 26.32 | 13 |
| 14 | Head Cook | 6,152 | 6,240 | 105,093 | 16.84 | 14 |
| 15 | Cook Helpers/Assistants | 17,901 | 20,254 | 315,665 | 15.59 | 15 |
| 16 | Dishwashers | | | | | 16 |
| 17 | Maintenance Workers | 2,072 | 2,080 | 77,642 | 37.33 | 17 |
| 18 | Housekeepers | 23,623 | 25,269 | 449,745 | 17.80 | 18 |
| 19 | Laundry | 2,401 | 2,602 | 42,013 | 16.15 | 19 |
| 20 | Administrator | 2,072 | 2,080 | 100,314 | 48.23 | 20 |
| 21 | Assistant Administrator | 4,048 | 4,072 | 184,031 | 45.19 | 21 |
| 22 | Other Administrative | 7,790 | 8,004 | 254,325 | 31.77 | 22 |
| 23 | Office Manager | | | | | 23 |
| 24 | Clerical | 4,365 | 4,665 | 66,294 | 14.21 | 24 |
| 25 | Vocational Instruction | | | | | 25 |
| 26 | Academic Instruction | | | | | 26 |
| 27 | Medical Director | | | | | 27 |
| 28 | Qualified MR Prof. (QMRP) | | | | | 28 |
| 29 | Resident Services Coordinator | 5,528 | 5,576 | 213,373 | 38.27 | 29 |
| 30 | Habilitation Aides (DD Homes) | | | | | 30 |
| 31 | Medical Records | | | | | 31 |
| 32 | Other Health Care Unit Manager/Res | 6,650 | 7,218 | 146,432 | 20.29 | 32 |
| 33 | Other(specify) Transitional Care/ | 6,394 | 7,057 | 134,160 | 19.01 | 33 |
| 34 | TOTAL (lines 1 - 33) | 247,548 | 270,585 | \$ 6,817,027 * | \$ 25.19 | 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 | \$2,689/mo | \$ 32,270 | 1-3 | 35 |
| 36 | Medical Director | \$3,625/mo | 43,500 | 9-3 | 36 |
| 37 | Medical Records Consultant | | | | 37 |
| 38 | Nurse Consultant | | | 10-3 | 38 |
| 39 | Pharmacist Consultant | \$400/mo | 4,800 | 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 | 88 | 5,397 | 11-3 | 44 |
| 45 | Social Service Consultant | 6 | 280 | 11-3 | 45 |
| 46 | Other(specify) | | | | 46 |
| 47 | | | | | 47 |
| 48 | | | | | 48 |
| 49 | TOTAL (lines 35 - 48) | 94 | \$ 86,247 | | 49 |

C. CONTRACT NURSES

| | | 1 | 2 | 3 | |
|----|----------------------------------|-------------------------------|----------------------|------------------------------------|----|
| | | Number of Hrs. Paid & Accrued | Total Contract Wages | Schedule V Line & Column Reference | |
| 50 | Registered Nurses | \$387/visit | \$ 28,747 | 10-3 | 50 |
| 51 | Licensed Practical Nurses | 232 | 13,458 | 10-3 | 51 |
| 52 | Certified Nurse Assistants/Aides | 830 | 41,331 | 10-3 | 52 |
| 53 | TOTAL (lines 50 - 52) | 1,062 | \$ 83,536 | | 53 |

XIX. SUPPORT SCHEDULES

| A. Administrative Salaries | | | | D. Employee Benefits and Payroll Taxes | | | F. Dues, Fees, Subscriptions and Promotions | |
|--|--------------------------|-------------|-------------------|--|---------------------|---|---|-----------------|
| Name | Function | Ownership % | Amount | Description | Amount | Description | Amount | |
| MUSSMAN, JEFFREY DON | | 0 | \$ 100,314 | Workers' Compensation Insurance | \$ 214,732 | IDPH License Fee | \$ | |
| ALFARO, ANTONIO JR | | 0 | 113,348 | Unemployment Compensation Insurance | 51,140 | Advertising: Employee Recruitment | 7,379 | |
| JOHNSON, BRITTANY ALICIA | | 0 | 70,682 | FICA Taxes | 507,277 | Health Care Worker Background Check | | |
| | | 0 | | Employee Health Insurance | 241,531 | (Indicate # of checks performed 11) | 358 | |
| | | 0 | | Employee Meals | 19,702 | Patient Background Checks | 3,402 | |
| | | 0 | | Illinois Municipal Retirement Fund (IMRF)* | | Surety bond/Annual report fee | 232 | |
| | | 0 | | Union Health & Welfare | 121,403 | Health Care Council of IL | 19,200 | |
| | | 0 | | Pension | 39,478 | Col Healt/BMIBRO Music/Linked Seniors | 4,581 | |
| | | 0 | | Dental/Life/Vision/Relations/Misc | 23,690 | Flagstaff Fin'l/AmerHealthCare | 672 | |
| | | 0 | | Drug tests/401K Match/Vaccinations | 63,887 | Related party | 1,006 | |
| | | 0 | | | | Less: Public Relations Expense | () | |
| | | 0 | | Related party-FECSII | (4,267) | Non-allowable advertising | () | |
| | | 0 | | | | Yellow page advertising | () | |
| TOTAL (agree to Schedule V, line 17, col. 1) | | | \$ 284,345 | TOTAL (agree to Schedule V, line 22, col.8) | \$ 1,278,574 | TOTAL (agree to Sch. V, line 20, col. 8) | \$ 36,829 | |
| (List each licensed administrator separately.) | | | | | | | | |
| B. Administrative - Other | | | | E. Schedule of Non-Cash Compensation Paid to Owners or Employees | | | G. Schedule of Travel and Seminar** | |
| Description | | | Amount | Description | Line # | Amount | Description | Amount |
| | | | \$ | | | \$ | Out-of-State Travel | \$ |
| | | | | | | | | |
| | | | | | | | In-State Travel | |
| | | | | | | | | |
| | | | | | | | Related party-AMS | 848 |
| | | | | | | | Seminar Expense | |
| | | | | | | | IARF Educational Conference | 268 |
| | | | | | | | WHCA-WICAL Convention | 1,008 |
| | | | | | | | | |
| | | | | | | | Entertainment Expense | () |
| TOTAL (agree to Schedule V, line 17, col. 3) | | | \$ | TOTAL | | \$ | (agree to Sch. V, line 24, col. 8) | \$ 2,124 |
| (Attach a copy of any management service agreement) | | | | | | | | |
| C. Professional Services | | | | | | | | |
| Vendor/Payee | Type | | Amount | | | | | |
| Alden Management Services | consulting fee | | \$ 587,140 | | | | | |
| Baker Tilly/Virchow Krause | Accounting fee | | 7,468 | | | | | |
| C. Novotny | Medicare cost reporting | | 100 | | | | | |
| Midcap | Accounting fee | | 5,618 | | | | | |
| Midwest Care Management/ Delane | Guardianship | | 11,483 | | | | | |
| Midcap Legal/ Von Briesen & Roper | Legal- Non Collection | | 989 | | | | | |
| AMS (Eliminated) | Allocated Legal Fees | | 47,520 | | | | | |
| Achieve Accreditation | Professional Fees | | 3,535 | | | | | |
| Stone Pogrund & Korey LLC | Legal Fees - Collections | | 15,751 | | | | | |
| SB2 Inc. | Legal Fees - Collections | | 2,455 | | | | | |
| Ariana Fisch | Legal Fees - Collections | | 390 | | | | | |
| Adam M Stern/Margaret Ann O'Sull | Legal Fees - Collections | | 18,791 | | | | | |
| TOTAL (agree to Schedule V, line 19, column 3) | | | \$ 701,239 | | | | | |
| (For legal fee disclosure, see page 39 of instructions) | | | | | | | | |

* Attach copy of IMRF notifications

**See instructions.

Alden Estates of Orland Park
 Legal Fee Support
 2020

PG 21A

Legal Fees Reported on Pg 21, Section C: \$ 701,238.78

Less: Collection, estates, & other non-allowable legal fees (48,869.00)
 listed on Pg 5, Line 22

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 \$ 604,849.78

In Detail:

| <u>Vendor Name</u> | <u>Invoice Date</u> | <u>Amount</u> | |
|--------------------------|-----------------------|---------------|------------------------|
| Midcap | 01/01/2020-12/31/2020 | 756.66 | Group MidCap Legal Exp |
| Von Briesen & Roper S.C. | 01/01/2020-12/31/2020 | 232.29 | |

TOTAL ALLOWABLE LEGAL FEES **988.95**

| <u>Vendor Name</u> | <u>Invoice Date</u> | <u>Amount</u> | |
|--|-----------------------|-------------------------|---|
| Delaney, Delaney & Voom, LTD [DELVOO] | 01/01/2020-12/31/2020 | 2,212.80 | Guardian Ad Litem Fee; Estate of William Cassel |
| Stone, Pogrund & Korey LLC [through AMS] | 01/01/2020-12/31/2020 | 15,750.89 | Monthly Fee & Services re Ronald Macek |
| SB2 Inc (through AMS) | 01/01/2020-12/31/2020 | 2,454.60 | Monthly Fee |
| Midwest Care Management Services, Inc [MIDCAR] | 01/01/2020-12/31/2020 | 9,270.50 | Guardianship; Cora Boyer |
| Adam Stern d/b/a Stern & Associates [STEASS] | 01/01/2020-12/31/2020 | 17,415.66 | Guardianship; Barbara Cox |
| Ariana Fisch [through AMS] | 01/01/2020-12/31/2020 | 389.95 | Fees - Guardianship |
| Margaret Ann O'Sullivan | 01/01/2020-12/31/2020 | 1,375.00 | |
| TOTAL Collection-NOT ALLOWABLE LEGAL FEES | | <u>48,869.40</u> | |

| <u>Vendor Name</u> | <u>Invoice Date</u> | <u>Amount</u> |
|--------------------------------|-----------------------|---------------|
| AMS Corp Legal Cost Allocation | 01/01/2020-12/31/2020 | 47,520.00 |

TOTAL Allocated Legal Fees **47,520.00**

Total Legal Cost **97,378.35**

Facility Name & ID Number Alden Estates of Orland Park

0042192

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; others-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 IL \$19,200
- (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. \$ 319,130
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. \$ 19,702 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.