

Facility Name & ID Number Alden Lakeland Rehab HCC

0017319 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	300	Skilled (SNF)	300	109,800	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	300	TOTALS	300	109,800	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	14,169	282	1,985	16,436	8
9	SNF/PED					9
10	ICF	34,060	552	338	34,950	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,229	834	2,323	51,386	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 46.80%

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 01/01/72

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 300 and days of care provided 1,822

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 Lakeland Rehab HCC # 0017319 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	343,439	55,829	32,570	431,838	2,095	433,933	3,213	437,146		1
2	Food Purchase		715,383		715,383	(31,387)	683,996	(134,255)	549,741		2
3	Housekeeping	459,143	123,588		582,731	1,796	584,527	17,924	602,451		3
4	Laundry	75,402	28,288		103,690	314	104,004		104,004		4
5	Heat and Other Utilities			319,789	319,789		319,789	(774)	319,015		5
6	Maintenance	71,444		324,461	395,905	84	395,989	59,497	455,486		6
7	Other (specify):* related party							8,300	8,300		7
8	TOTAL General Services	949,428	923,088	676,820	2,549,336	(27,098)	2,522,238	(46,095)	2,476,143		8
	B. Health Care and Programs										
9	Medical Director			30,266	30,266		30,266		30,266		9
10	Nursing and Medical Records	3,292,155	692,529	19,001	4,003,685	(11,793)	3,991,892	67,159	4,059,051		10
10a	Therapy	118,440	1,005	37,825	157,270		157,270		157,270		10a
11	Activities	102,980	6,229	2,382	111,591	523	112,114		112,114		11
12	Social Services	63,429			63,429		63,429		63,429		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Res Att/rel party	411,539			411,539		411,539	7,153	418,692		15
16	TOTAL Health Care and Programs	3,988,543	699,763	89,474	4,777,780	(11,270)	4,766,510	74,312	4,840,822		16
	C. General Administration										
17	Administrative	231,336			231,336		231,336	219,562	450,898		17
18	Directors Fees										18
19	Professional Services			1,157,024	1,157,024		1,157,024	(1,078,439)	78,585		19
20	Dues, Fees, Subscriptions & Promotions			155,023	155,023		155,023	(105,423)	49,600		20
21	Clerical & General Office Expenses	220,433	18,287	214,037	452,757	(3,690)	449,067	240,684	689,751		21
22	Employee Benefits & Payroll Taxes			1,192,918	1,192,918	10,791	1,203,709	(13,395)	1,190,314		22
23	Inservice Training & Education										23
24	Travel and Seminar			538	538		538	1,094	1,632		24
25	Other Admin. Staff Transportation			3,826	3,826		3,826	9,788	13,614		25
26	Insurance-Prop.Liab.Malpractice			827,862	827,862		827,862	15,147	843,009		26
27	Other (specify):* related party			116,394	116,394		116,394	(29,439)	86,955		27
28	TOTAL General Administration	451,769	18,287	3,667,622	4,137,678	7,101	4,144,779	(740,421)	3,404,358		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,389,740	1,641,138	4,433,916	11,464,794	(31,267)	11,433,527	(712,204)	10,721,323		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			133,474	133,474		133,474	319,374	452,848			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			78,453	78,453		78,453	407,784	486,237			32
33	Real Estate Taxes			450,328	450,328	(450,328)		457,710	457,710			33
34	Rent-Facility & Grounds			833,122	833,122	450,328	1,283,450	(1,283,450)				34
35	Rent-Equipment & Vehicles			18,531	18,531		18,531	39,260	57,791			35
36	Other (specify):* MIP							53,198	53,198			36
37	TOTAL Ownership			1,513,908	1,513,908		1,513,908	(6,124)	1,507,784			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,103,763	1,091,949	1,610,426	3,806,138	31,267	3,837,405	(177,360)	3,660,045			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			480,164	480,164		480,164		480,164			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	1,103,763	1,091,949	2,090,590	4,286,302	31,267	4,317,569	(177,360)	4,140,209			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,493,503	2,733,087	8,038,414	17,265,004		17,265,004	(895,688)	16,369,316			45

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

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

IDPH License No. 0017319

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(31,387.00)	Employee Meals
	22	31,387.00	Employee Meals
22		(20,596.00)	Uniform Reclass
	1	2,095.00	Uniform Reclass
	3	1,796.00	Uniform Reclass
	4	314.00	Uniform Reclass
	6	84.00	Uniform Reclass
	10	14,854.00	Uniform Reclass
	11	523.00	Uniform Reclass
	21	930.00	Uniform Reclass
10		(31,267.00)	Oxygen Cost Reclass
	39	31,267.00	Oxygen Cost Reclass
21		(4,620.00)	Team TSI expense Reclass
	10	4,620.00	Team TSI expense Reclass
33		(450,328.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	450,328.00	Rent - Real Estate Tax on associated landowner (Pg 6)
		-	

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

Facility Name & ID Number Alden Lakeland Rehab HCC

0017319

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(12,555)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(58,916)	30		9
10	Interest and Other Investment Income	(23,498)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(916)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(30,938)	21		17
18	Fines and Penalties	(29)	32		18
19	Entertainment	(1,211)	20		19
20	Contributions	(10,922)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(28,663)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(116,394)	27		24
25	Fund Raising, Advertising and Promotional	(94,589)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (378,631)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(361,117)		34
35	Other- Attach Schedule	(155,940)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (517,057)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (895,688)		37

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

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

(See instructions.)

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

BHF USE ONLY							
48		49		50		51	
							52

Alden Lakeland Rehab HCC

ID# 0017319

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (4,470)	5	1
2	Intercompany Interest	(78,146)	32	2
3	Miscellaneous Income - Record Copies	(254)	10	3
4	Miscellaneous Income - Vendor Discounts	(32)	10	4
5	Marketing Manager and Aides	(49,358)	21	5
6	Eliminate Portion of Benefits for Marketing Fees	(8,895)	22	6
7	Back Out Bank Charges - Lawrence Ave	(14)	21	7
8				8
9				9
10				10
11				11
12	Elim deprec on Pg 13 items less than \$2500	(37,874)	30	12
13	Expense pg 13 items less than \$2500	24,218	6	13
14	Elim deprec on Pg 12 items less than \$2500	(8,901)	30	14
15	Expense pg 12 items less than \$2500	8,203	6	15
16	Adj for ABC related Party Profit 2008-2019	194	30	16
17	Depreciation Adj	(611)	30	17
18	Back out R/E Tax Refund	0	33	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(155,940)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Lakeland Rehab HCC

0017319

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	3,213	0	0	0	0	0	0	0	3,213	1
2	Food Purchase	(916)	0	0	(133,339)	0	0	0	0	0	0	0	(134,255)	2
3	Housekeeping	0	0	17,924	0	0	0	0	0	0	0	0	17,924	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,470)	0	3,696	0	0	0	0	0	0	0	0	(774)	5
6	Maintenance	19,866	0	32,014	0	0	0	151	7,466	0	0	0	59,497	6
7	Other (specify):*	0	0	8,300	0	0	0	0	0	0	0	0	8,300	7
8	TOTAL General Services	14,480	0	61,934	(130,126)	0	0	151	7,466	0	0	0	(46,095)	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	(286)	0	48,638	21,386	(2,579)	0	0	0	0	0	0	67,159	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	7,153	0	0	0	0	0	0	0	0	7,153	15
16	TOTAL Health Care and Programs	(286)	0	55,791	21,386	(2,579)	0	0	0	0	0	0	74,312	16
	C. General Administration													
17	Administrative	0	0	219,562	0	0	0	0	0	0	0	0	219,562	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(28,663)	12,227	(1,062,003)	0	0	0	0	0	0	0	0	(1,078,439)	19
20	Fees, Subscriptions & Promotions	(106,722)	0	1,299	0	0	0	0	0	0	0	0	(105,423)	20
21	Clerical & General Office Expenses	(80,310)	77	320,917	0	0	0	0	0	0	0	0	240,684	21
22	Employee Benefits & Payroll Taxes	(8,895)	0	0	0	(4,500)	0	0	0	0	0	0	(13,395)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,094	0	0	0	0	0	0	0	0	1,094	24
25	Other Admin. Staff Transportation	0	0	9,788	0	0	0	0	0	0	0	0	9,788	25
26	Insurance-Prop.Liab.Malpractice	0	14,789	358	0	0	0	0	0	0	0	0	15,147	26
27	Other (specify):*	(116,394)	0	86,955	0	0	0	0	0	0	0	0	(29,439)	27
28	TOTAL General Administration	(340,984)	27,093	(422,030)	0	(4,500)	0	0	0	0	0	0	(740,421)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(326,790)	27,093	(304,305)	(108,740)	(7,079)	0	151	7,466	0	0	0	(712,204)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Lakeland Rehab HCC

0017319

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(106,108)	414,364	11,118	0	0	0	0	0	0	0	0	319,374	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(101,673)	422,636	86,821	0	0	0	0	0	0	0	0	407,784	32
33	Real Estate Taxes	0	450,328	7,382	0	0	0	0	0	0	0	0	457,710	33
34	Rent-Facility & Grounds	0	(1,283,450)	0	0	0	0	0	0	0	0	0	(1,283,450)	34
35	Rent-Equipment & Vehicles	0	0	39,260	0	0	0	0	0	0	0	0	39,260	35
36	Other (specify):*	0	53,198	0	0	0	0	0	0	0	0	0	53,198	36
37	TOTAL Ownership	(207,781)	57,076	144,581	0	0	0	0	0	0	0	0	(6,124)	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	(173,349)	(12,983)	8,972	0	0	0	0	0	(177,360)	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	(173,349)	(12,983)	8,972	0	0	0	0	0	(177,360)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(534,571)	84,169	(159,724)	(282,089)	(20,062)	8,972	151	7,466	0	0	0	(895,688)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 1,283,450	Lawrence Avenue Building, LLC	0.00%	\$	\$ (1,283,450)	1
2	V	32 Interest Income Repl Reserve	35	Lawrence Avenue Building, LLC			(35)	2
3	V	32 Interest Income		Lawrence Avenue Building, LLC				3
4	V	6 Repairs & Maintenance		Lawrence Avenue Building, LLC				4
5	V	19 Acct Fees/Legal Fees: Non-coll		Lawrence Avenue Building, LLC		12,150	12,150	5
6	V	21 Misc Administrative Expenses		Lawrence Avenue Building, LLC		77	77	6
7	V	19 Professional Fees/Income Tax Exp		Lawrence Avenue Building, LLC		77	77	7
8	V	33 Real Estate Tax Expense		Lawrence Avenue Building, LLC		450,328	450,328	8
9	V	26 General Insurance Expense		Lawrence Avenue Building, LLC		14,789	14,789	9
10	V	36 Mortgage Insurance Premium		Lawrence Avenue Building, LLC		53,198	53,198	10
11	V	32 Interest- Mortgage		Lawrence Avenue Building, LLC		419,180	419,180	11
12	V	30 Depreciation Expense		Lawrence Avenue Building, LLC		414,364	414,364	12
13	V	32 Amortization Expense		Lawrence Avenue Building, LLC		3,491	3,491	13
14	Total		\$ 1,283,485			\$ 1,367,654	\$ * 84,169	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%	\$ 3,696	\$	3,696	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,094		1,094	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		9,788		9,788	17
18	V	26 Insurance		Alden Management Services, Inc.		358		358	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		1,299		1,299	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118		11,118	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		7,382		7,382	21
22	V	35 Rent- Equipment & Vehicles		Alden Management Services, Inc.		39,260		39,260	22
23	V	32 Interest		Alden Management Services, Inc.		86,821		86,821	23
24	V	3 Housekeeping		Alden Management Services, Inc.		17,924		17,924	24
25	V	7 Employee Benefits- Gen'l Services		Alden Management Services, Inc.		8,300		8,300	25
26	V	10 Nursing & Medical Record Salaries		Alden Management Services, Inc.		48,638		48,638	26
27	V	15 Employee Benefits- Health Care		Alden Management Services, Inc.		7,153		7,153	27
28	V	17 Administrative Salary		Alden Management Services, Inc.		219,562		219,562	28
29	V	27 Employee Benefits- Admin		Alden Management Services, Inc.		86,955		86,955	29
30	V	19 Professional Fees	1,110,008	Alden Management Services, Inc.		48,005		(1,062,003)	30
31	V	21 General & Administrative	41,400	Alden Management Services, Inc.		362,317		320,917	31
32	V	6 Repairs & Maintenance	76,287	Alden Management Services, Inc.		108,301		32,014	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,227,695			\$ 1,067,971	\$ *	(159,724)	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)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		18,144	18,144
17	V	2 Tube feeding	385,343	Prism Health Care Services, Inc.		199,173	(186,170)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792
19	V	39 Ancillary supplies	652,346	Prism Health Care Services, Inc.		383,068	(269,278)
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		17,339	17,339
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		52,831	52,831
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		15,594	15,594
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		95,929	95,929
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		\$ 1,076,619			\$ 794,530	\$ * (282,089)

* 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 <u>Drugs</u>	\$ 254,278	<u>Forum Extended Care II, Inc.</u>	0.00%	\$ 242,195	\$	(12,083)	15
16	V	39 <u>I.V.</u>	20,964	<u>Forum Extended Care II, Inc.</u>		19,968		(996)	16
17	V	39 <u>Wound Care-Product only</u>	88,172	<u>Forum Extended Care II, Inc.</u>		83,982		(4,190)	17
18	V	10 <u>House Stock</u>	47,078	<u>Forum Extended Care II, Inc.</u>		44,841		(2,237)	18
19	V	10 <u>Pharm Consult</u>	7,200	<u>Forum Extended Care II, Inc.</u>		6,858		(342)	19
20	V	22 <u>Employee Vaccinations</u>	4,500	<u>Forum Extended Care II, Inc.</u>				(4,500)	20
21	V	39 <u>Employee Vaccinations</u>		<u>Forum Extended Care II, Inc.</u>		4,286		4,286	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		\$ 422,192			\$ 402,130	\$ *	(20,062)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Therapy	\$ 414,163	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 423,135	\$ 8,972	15	
16	V							16	
17	V	(Ln 10a for DD homes)						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		\$ 414,163			\$ 423,135	\$ *	8,972	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	\$ 63,784	Alden Bennett Construction Company, Inc.	0.00%	\$ 63,935	\$ 151	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		\$ 63,784			\$ 63,935	\$ *	151	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	\$ 8,098	Alden Design Group, Ltd.	0.00%	\$ 15,564	\$ 7,466	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		\$ 8,098			\$ 15,564	\$ *	7,466	39

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

Facility Name & ID Number

Alden Lakeland Rehab HCC

0017319

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Lakeland Rehab HCC # 0017319 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	177,138	1.7	4.25	Salary	\$ 7,862	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,750	1.7	4.25	Salary	4,250	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,750	1.7	4.25	Salary	4,250	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	108,974	1.7	4.25	Salary	4,837	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	60,747	1.7	4.25	Salary	2,696	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	177,138	1.7	4.25	Salary	7,862	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										
13								TOTAL	\$ 31,757		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 Lakeland Rehab HCC

0017319 Report Period Beginning: 01/01/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773-286-3883
 Fax Number (773-286-8038

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,209,117	36	\$ 86,976	\$ 51,386	\$ 3,696	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	51,386	1,094	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	51,386	9,788	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	51,386	358	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	51,386	1,299	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	51,386	7,382	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	51,386	39,260	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	51,386	86,821	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	17,924	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	51,386	8,300	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	48,638	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	51,386	7,153	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	219,562	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	51,386	86,955	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	48,005	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	362,317	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	108,301	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 1,067,971	25

Facility Name & ID Number

Alden Lakeland Rehab HCC

0017319

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge		x	Mortgage	\$49,819.52	2/25/11	\$ 11,977,000	\$ 10,556,897	2/24/51	3.9400	\$ 419,180	1								
2												2								
3	Amort of Fin Fees (GL7105)		x	Refinancing							3,491	3								
4	Insurance Interest (GL7053)		x	Medical Malpractice							278	4								
5												5								
Working Capital																				
6	Related party - AMS		x	Working capital							86,821	6								
7												7								
8												8								
9	TOTAL Facility Related				\$49,819.52		\$ 11,977,000	\$ 10,556,897			\$ 509,770	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x								(35)	10								
11	Interest Income (GL 4975)		x								(23,498)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (23,533)	14								
15	TOTALS (line 9+line14)						\$ 11,977,000	\$ 10,556,897			\$ 486,237	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 53,198 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2019 report.		\$	448,200	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	442,628	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(5,572)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	455,900	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	450,328	7
Real Estate Tax History:			7,382	
			457,710	
Real Estate Tax Bill for Calendar Year:	2015	331,619	8	
	2016	361,701	9	
	2017	389,643	10	
	2018	435,108	11	
	2019	442,628	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.				
				FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2019	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Lakeland Rehab HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0017319

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>7,382.00</u>
2. <u>14-08-419-040-0000</u>	<u>Nursing Home Facility</u>	\$ <u>442,628.14</u>	\$ <u>442,628.14</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>616,324.14</u></u>	\$ <u><u>450,010.14</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 Lakeland Rehab HCC

0017319

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,500 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing home facility</u>		<u>1995</u>	<u>\$ 1,040,000</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 1,040,000	3

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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	300		1978	\$ 8,882,363	\$ 221,780	40	\$ 222,059	\$ 279	\$ 5,890,540	4
5		1995		577		40	14	14	344	5
6		1995		245		40	6	6	147	6
7			1996	13,250	331	40	331		7,587	7
8										8
Improvement Type**										
9	Richard G. Radke-color rendering-ll 3 '93 assets		1993	6,620		5			6,620	9
10	GENERAL REMODELING-law av \$2368595.54		1994	1,640,753	59,215	15		(59,215)	1,640,753	10
11	NEW AIR CONDITIONER-law av \$2368595.54		1994	185,718		15			185,718	11
12	OXYGEN AND SUCTION SYSTEM-law av \$2368595.54		1994	89,080		15			89,080	12
13	3RD FLOOR NURSES STATION-law av \$2368595.54		1994	14,234		15			14,234	13
14	REBUILD SHOWERS AND STALL-law av \$2368595.54		1994	47,131		15			47,131	14
15	PATIENT ROOM LIGHTING-law av \$2368595.54		1994	34,763		15			34,763	15
16	CARPETING-law av \$2368595.54		1994	20,688		10			20,688	16
17	NEW DOOR LOCK AND HARDWARE-law av \$2368595.54		1994	25,312		10			25,312	17
18	VARIOUS OTHER ITEMS-law av \$2368595.54		1994	85,896		10			85,896	18
19	VARIOUS OTHER ITEMS-law av \$2368595.54		1994	225,021		15			225,021	19
20	DECORATING		1986	5,000		3			5,000	20
21	DOCORATING,PUMPS, ROOF REPAIR, COMPRESSOR REPAIR		1987	15,543		3-5			15,543	21
22	ELECTRICAL REPAIRS, CARPENTRY,PUMP REPAIR		1988	15,804		5			15,804	22
23	PUMP REPAIR		1989	2,510		5			2,510	23
24	REPAIR: PUMPS AND COMPRESSOR		1990	32,782		5-10			32,782	24
25	REPAIR: PUMPS, FANS, HEATER,ROOF		1991	16,753		5			16,753	25
26	REPAIR: BOILER,FANS, THERMOSTAT		1992	32,033		5-20			32,033	26
27	COLOR RENDERING,REPAIR: COOLING TOWER, ELECT TIMER,P		1993	8,916		5-15			8,916	27
28	DRAPERIES AND CUBICLES; COMPRESSOR REPAIR		1994	45,438		5-20			45,438	28
29	REPAIR: ELEVATOR, LAUNDRY ROOM, PUMPS,A.C, INSULLATIO		1995	415,705		5-20			415,705	29
30	NEW ELECTRIC GENERATOR, NEW COOLING TOWER		1996	191,725		5-20			191,725	30
31	INSTALL NEW CIRCUITS		1997	2,176		5			2,176	31
32	CLEAN FAN COILS		1997	4,622		5			4,622	32
33	REPAIR LIGHTING CIRCUIT & BALLAST		1997	2,327		5			2,327	33
34	REBUILD COMPRESSOR		1997	4,268		5			4,268	34
35	REPAIR CALL LIGHTS		1997	2,350		5			2,350	35
36	INSTALL NEW SMOKE DETECTOR		1997	2,661		5			2,661	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

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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	SPRAYED FIREPROOFING	1997	\$ 3,965	\$	5	\$	\$	\$ 3,965	37
38	Climate Service, Inc (replace fans)	1998	4,725		5			4,725	38
39	**Wigdahl(replaced outlets)	1998	2,300		10			2,300	39
40									40
41	Long Elevator(modify restrictors)	1998	2,200		20			2,200	41
42	Incorporation(kickplates & correr guards)	1998	2,309		5			2,309	42
43	Incorporation(kickplates & larone)	1998	4,547		5			4,547	43
44	Shine Rite Maintenance (strip and refinish 30 rooms)	1998	6,480		5			6,480	44
45	Star Contractors (install locks)	1998	5,581		10			5,581	45
46	Supreme Sheet Metal (Fire dampers)	1998	10,000		15			10,000	46
47	CSI (replace fan coil units)	1998	6,340		15			6,340	47
48	Atash Fire & Safety (install annunciator panel)	1998	5,890		15			5,890	48
49	CSI (rebuild compressor)	1998	7,056		15			7,056	49
50	Supreme Sheet Metal (install fire dampers)	1998	11,680		10			11,680	50
51	Alden Bennett Construction (plan of correction)	1998	2,222		10			2,222	51
52	Supreme Sheet Metal (install fire dampers)	1998	7,750		10			7,750	52
53									53
54	Patton (repair generator)	1999	1,702		15			1,702	54
55	Alden Bennett Construction(general)	1999	11,471		10			11,471	55
56	Welding Supply(oxygen piping installed)	1999	13,176		20			13,176	56
57	ISS/Chicago Sound & Comm.(call system)	1999	28,500		15			28,500	57
58	Alden Bennett Construction(general)	1999	23,560		15			23,560	58
59	Alden Bennet Construction- oxygen tank	1999	9,475		20			9,475	59
60	Alden Bennett Construction(oxyg tank)	1999	35,016		20			35,016	60
61									61
62	Climate Service, Inc (repair boiler)	2000	4,892	38	20	38		4,892	62
63	A&B custom cable-install cable tv	2000	13,824		10			13,824	63
64	Fox Valley-install new fire safety pump	2000	4,423	56	20	56		4,423	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,301,348	\$ 281,420		\$ 222,504	\$ (58,916)	\$ 9,303,531	70

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,301,348	\$ 281,420		\$ 222,504	\$ (58,916)	\$ 9,303,531	1
2	Fox Valley-repair hvac pump	2000	1,969	28	20	28		1,969	2
3	System electric-circuit for sump pump	2000	2,361	40	20	40		2,361	3
4	System electric-emergency lighting	2000	5,190		15			5,190	4
5	System Electric-install circuits	2000	1,570	44	20	44		1,570	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		1,437	6
7	GT Mechanical-repair boiler	2000	2,698	67	20	67		2,698	7
8	ABC-fireproofing	2000	2,503	85	20	85		2,503	8
9	ABC-seal & stripe parking lot	2000	977		10			977	9
10									10
11									11
12	ABC-oxygen tank wiring	2000	26,715		3			26,715	12
13	ABC-wallpapering	2000	3,543		3			3,543	13
14	EWS - Oxygen tank repairs	2001	2,157		8			2,157	14
15	Simplex Time Recorder (fire alarm repairs)	2001	1,810		15			1,810	15
16	Simplex Time Recorder (fire alarm repairs)	2001	1,529		15			1,529	16
17	GT Mechanical-replace trane rooftop unit	2001	17,800		15			17,800	17
18	Long Elevator-repair elevator	2001	757		10			757	18
19	Long Elevator-replace boards	2001	4,659		10			4,659	19
20	Alden Bennett - various	2001	1,720		10			1,720	20
21	Alden Bennett - various	2001	8,688		15			8,688	21
22	Alden Bennett - various	2001	11,481		15			11,481	22
23	Medline Industries	2002	1,205		10			1,205	23
24	GT Mechanical-replace relay board/compressor	2002	1,696		15			1,696	24
25	CSI Coker- booster heater	2002	5,238		15			5,238	25
26	Alden Bennett -building improvement	2002	3,358		15			3,358	26
27	Alden Bennett -building improvement	2002	2,478		10			2,478	27
28	Alden Bennett -building improvement	2002	3,161		10			3,161	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,418,366	\$ 281,754		\$ 222,838	\$ (58,916)	\$ 9,420,231	34

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

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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		\$ 12,418,366	\$ 281,754		\$ 222,838	\$ (58,916)	\$ 9,420,231	1
2	GT Mechanical-rebuild compressor	2003	6,500		15			6,500	2
3	Simplex Grinnell -replace smoke detectors	2003	4,225		10			4,225	3
4	Simplex Grinnell-repair fire pump	2003	2,094		10			2,094	4
5	Simplex Grinnell fire system connection	2003	1,710		10			1,710	5
6	CSI Coker-Hobart dishwasher	2003	1,522		5			1,522	6
7	Simplex Grinnell-2 duct smoke detectors	2003	1,620		10			1,620	7
8	Simplex Grinnell-2 duct smoke detectors & electric	2003	1,961		10			1,961	8
9	GT Mechanical-repair boiler	2003	1,340		5			1,340	9
10	GT Mechanical-replace boiler relief valve	2003	931		5			931	10
11	Alden Bennett Cons.-roof repair & rails installed	2003	7,517		10			7,517	11
12	GT Mchanical-back up pump bearing	2004	1,713		10			1,713	12
13	GT Mchanical-main house pump	2004	1,555		10			1,555	13
14	GT Mechanical-cooling towwe repairs	2004	1,259		10			1,259	14
15									15
16	ABC-repair kitchen.freezer doors and misc repairs	2004	8,038		10			8,038	16
17	Oak First Signal Circuit-elevator repair	2004	2,075		10			2,075	17
18	ABC misc repairs	2004	6,005		10			6,005	18
19	GT Mechanical-laundry motor replacement	2004	2,966		10			2,966	19
20	GT Mechanical-cooling gtower fan motor	2004	4,181		10			4,181	20
21	ISS/chicao Sound/ repair address sound	2004	2,092		10			2,092	21
22	ABC misc repairs	2004	5,832		10			5,832	22
23	GT Mechanical-A/C for East side of bldg	2004	1,007		10			1,007	23
24	System Electric-walk in cooler lights	2004	904		15			904	24
25	Oak First-installation of smoke dectors in front of elevators	2004	6,500		10			6,500	25
26	Top Notch-repaired faucet/drains	2004	1,627		10			1,627	26
27	ABC-Medical Gas Revisions	2004	27,009		10			27,009	27
28	CAPPS Plumbing-replaced kitchen faucets, drains	2005	1,320	66	20	66		957	28
29	Cybor Fire Protection Fire Sprinkler	2005	3,195		7			3,195	29
30	ABC New water cooling system	2005	153,553	7,678	20	7,678		119,149	30
31	ABC New water cooling system	2005	12,097	605	20	605		9,235	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,690,714	\$ 290,103		\$ 231,187	\$ (58,916)	\$ 9,654,950	34

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

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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		\$ 12,690,714	\$ 290,103		\$ 231,187	\$ (58,916)	\$ 9,654,950	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)		\$ 12,837,707	\$ 294,799		\$ 235,883	\$ (58,916)	\$ 9,750,721	34

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

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XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,837,707	\$ 294,799		\$ 235,883	\$ (58,916)	\$ 9,750,721	1
2	OakFire - install smoke detectors in elevator shaft	2006	8,528		10			8,528	2
3	ABC - install new sheet flooring in resident/ laundry room	2006	4,368		10			4,368	3
4	New Motor Blower	2007	3,295		10			3,295	4
5	Roof Repair	2007	7,020		10			7,020	5
6	Damaged Tarkett vinyl tiling replaced	2007	36,006		10			36,006	6
7	Cleaned Tower	2007	3,023		10			3,023	7
8									8
9	Chiller Room Exhaust	2007	33,741		10			33,741	9
10	Chiller	2007	4,075		10			4,075	10
11	Suction System	2007	19,666		10			19,666	11
12	Electrical and Plumbing Replacement	2007	3,303		10			3,303	12
13	Replaced broken plumbing	2007	3,177		10			3,177	13
14	Replaced broken plumbing	2007	2,965		10			2,965	14
15	New Concrete Pad	2007	7,076		10			7,076	15
16	New parts for motors roof fans	2007	4,644		10			4,644	16
17	New Floor Drain New Supply Lines	2007	8,564		10			8,564	17
18	New concrete pad and trough basin	2007	5,247		10			5,247	18
19									19
20	Replace Exterior Delivery Ramp-ABC	2008	3,074	205	15	205		2,494	20
21	New Boiler Tubes-ABC	2008	20,180	1,345	15	1,345		17,373	21
22	Fire Alarm Annunciator Panel-ABC	2008	8,527		10			8,527	22
23	Laundry Cart Hardware-ABC	2008	4,301		5			4,301	23
24	New Boiler Tubes-ABC	2008	6,886	459	15	459		5,852	24
25	Generator	2008	2,842		5			2,842	25
26	Room Riser (HVAC)-ABC	2008	22,702	1,513	15	1,513		19,165	26
27	Carpet on 2nd & 3rd Floors-ABC	2008	48,802		5			48,802	27
28	Oxygen Wall Outlets-ABC	2008	8,380	419	20	419		5,307	28
29	Pump/Bearing Assembly/Valve Actuator	2008	10,480		10			10,480	29
30	Chiller Control & Sensor	2008	3,814	254	15	254		3,175	30
31	Dual Temp Risers/ Propress Piping	2008	12,809	854	15	854		10,533	31
32	Replace Ceiling Tile-ABC	2008	2,916		10			2,916	32
33	Boiler Tube-ABC	2008	11,140		10			11,140	33
34	TOTAL (lines 1 thru 33)		\$ 13,159,258	\$ 299,848		\$ 240,932	\$ (58,916)	\$ 10,058,326	34

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,159,258	\$ 299,848		\$ 240,932	\$ (58,916)	\$ 10,058,326	1
2	Oak Fire-Install Fire System Piping from 4th fl to basement	2009	4,606		10			4,606	2
3	Top Notch-Repair Dish Machine	2009	5,075		5			5,075	3
4	Central States-Repair Sprinkler System	2009	5,300		5			5,300	4
5	GT Mechanical-Repair A/C Fill Pump & Chiller Circuits	2009	5,208		5			5,208	5
6	GT Mechanical-Replace & Insulate Leaking Riser	2009	15,164		5			15,164	6
7	ABC-Vaccum Pump & Motor for Medical Gas	2009	12,139		8			12,139	7
8									8
9	Elevator hydraulics: emerg replacement-ABC	2010	36,912	1,846	20	1,846		20,151	9
10	Concrete Delivery Ramp replaced-ABC	2010	8,876	592	15	592		6,314	10
11	Elevator repair emerg - ABC	2010	74,470	3,724	20	3,724		39,412	11
12	Elevator repair emerg - ABC	2010	33,689	1,684	20	1,684		17,683	12
13	Dish machine repair motor & speed reduc-TopNot	2010	3,595		5			3,595	13
14	Laundry chute repair - ABC	2010	8,241	207	10	207		8,241	14
15	Brick work at front entrance - ABC	2010	9,911	496	20	496		5,290	15
16	Kitchen ejector pump repair-ABC	2010	5,788		5			5,788	16
17	Fan repair tower motor on AC	2010	5,211	261	10	261		5,211	17
18	Compressor repair and flare fitting on AC	2010	5,225		5			5,225	18
19	Motors and patient station repair & HVAC motors	2010	11,066		5			11,066	19
20	Wall base in res room with new cove base-ABC	2011	3,176	212	15	212		2,084	20
21	Water cooled condenser repair-GTMECH	2011	4,751		5			4,751	21
22	Roof repair-JD&SONS	2011	3,650		5			3,650	22
23	Sprinkler heads added to elevator-USFIRE	2011	2,988	299	10	299		2,765	23
24	Asphalt paving-ABC	2011	9,332		8			9,332	24
25	Elevator repair/control system PC board-KONINC	2011	2,934		5			2,934	25
26	Repair rite boiler-ABC	2011	5,281		5			5,281	26
27	Fire dampers-OAKFIR	2011	9,900		5			9,900	27
28	Sanding sleeve-elevator-LONELE	2011	5,680		5			5,680	28
29	Railings, stairs-ALDBEN	2012	28,720	1,915	15	1,915		15,320	29
30	Repair leaks on boiler-ALDBEN	2012	5,213	521	10	521		4,603	30
31	Dampers (fire) in 2 ducts utility room-ALDBEN	2012	6,214	621	10	621		5,227	31
32	Repair fire protective tents on recessed light fixtures-ABC	2012	2,584		5			2,584	32
33	Repair fire (smoke) damper-ABC	2012	6,146	615	10	615		5,124	33
34	TOTAL (lines 1 thru 33)		\$ 13,506,303	\$ 312,841		\$ 253,925	\$ (58,916)	\$ 10,313,029	34

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

Facility Name & ID Number Alden Lakeland Rehab HCC

0017319

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 12F, Carried Forward		\$ 13,506,303	\$ 312,841		\$ 253,925	\$ (58,916)	\$ 10,313,029	1
2	Vacuum pump, motor assembly-MEDGAS	2012	5,991	599	10	599		5,291	2
3	Drywall, enclose damper shaft walls-ALDBEN	2013	3,822	255	15	255		1,955	3
4	Drywall, oxygen room ducts-ALDBEN	2013	2,544	170	15	170		1,289	4
5	Firestopping material, Foil (4)-ALDBEN	2013	4,022	402	10	402		3,049	5
6	Ductless split installation, HVAC-ALDBEN (GT Mech)	2013	10,793	720	15	720		5,280	6
7	Common area labor flr 2&3-AMS	2013	211,765	14,118	15	14,118		98,826	7
8	Cooler, compressor malfunction, valve control burnout-TOPNOT	2013	5,908	591	10	591		4,678	8
9	Washer, machine #3-EQUINT	2013	3,728		5			3,728	9
10	Actuators & Transformers on smoke dampers- GTMECH	2013	2,687		5			2,687	10
11	Dryer-EQUINT	2013	4,522		5			4,522	11
12	Dampers, Fire-ALDBEN	2013	13,660	1,366	10	1,366		10,131	12
13	Railings, stairs-ALDBEN	2013	28,720	1,915	15	1,915		15,000	13
14	Kick guards: 2nd & 3rd floor corridor and dining rooms- ALDBEN	2013	19,371	1,937	10	1,937		14,366	14
15	Flooring, laminate: 2nd & 3rd floor corridor and dining rooms-ALDBEN	2013	42,181	2,812	15	2,812		20,856	15
16	Leaks on boiler-ALDBEN	2013	5,213		5			5,213	16
17	A/C Replacement for building-ABC	2014	5,638		5			5,638	17
18	Piping - insulation - building - GT Mech	2014	6,823	341	20	341		2,160	18
19	Boiler tubes - building - ABC	2014	53,165	3,544	15	3,544		22,445	19
20	Chiller - rebuild air cooled chiller-GTMEch	2014	6,235		5			6,235	20
21	Roof - JD Roof	2014	2,730		5			2,730	21
22	Fire alarm upgrade - ABC - 12/29/14	2014	134,073	13,407	10	13,407		80,442	22
23	Fire alarm upgrade - ABC - 12/29/14	2014	12,740	1,274	10	1,274		7,644	23
24	Fire alarm upgrade - ABC - 12/29/14	2014	59,058	5,906	10	5,906		35,436	24
25	Fire alarm upgrade - ABC - 12/29/14	2014	59,059	5,906	10	5,906		35,436	25
26	Elevator, Replace switches (3) and fuses (9) ALDBEN	2015	17,741	1,774	10	1,774		10,348	26
27	Plumbing waterline repair in kitchen -TRIPLU	2016	5,001	1,001	5	1,001		4,837	27
28	Remodel - 2nd Floor Materials - ALDBEN	2017	5,178	518	10	518		1,770	28
29	Roof Patch - JDROOF	2017	5,900	1,180	5	1,180		4,720	29
30	Roof Patch - JDROOF	2017	11,300	2,260	5	2,260		7,722	30
31	Sprinkler System Repairs - OAKFIR	2017	3,783	757	5	757		2,523	31
32	Washing Machine repair and Install Gable - EQUINT	2017	5,832	1,166	5	1,166		3,692	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,265,486	\$ 376,760		\$ 317,844	\$ (58,916)	\$ 10,743,678	34

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

Facility Name & ID Number Alden Lakeland Rehab HCC

0017319

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 12G, Carried Forward		\$ 14,265,486	\$ 376,760		\$ 317,844	\$ (58,916)	\$ 10,743,678	1
2	Roof Patch - JDROOF - Roof	2018	3,000	600	5	600		1,700	2
3	Roof Patch - JDROOF - Roof	2018	3,570	714	5	714		1,964	3
4	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	3,572	714	5	714		1,785	4
5	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	4,503	901	5	901		2,252	5
6	Pipe to Drain Elevator Pits - TRIPLU -Elevator Shaft	2018	2,953	118	25	118		285	6
7	Boiler Repairs, Kitchen - TOPNOT - Kitchen	2018	4,123	825	5	825		1,994	7
8	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	4,253	851	5	851		2,056	8
9	Call Station - Flasherboard - TECELE - 4th Floor Nurses Station	2018	2,657	531	5	531		1,239	9
10	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	4,773	955	5	955		2,228	10
11	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	4,818	964	5	964		2,169	11
12	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	4,438	888	5	888		1,924	12
13	Repair Pipe - TRIPLU - Basement Ceiling	2018	4,106	821	5	821		1,710	13
14	Gate/Fence Repair - ALDBEN - Parking Lot	2018	2,960	592	5	592		1,184	14
15	Elevator Repairs/Cylinder Replacement - SUBELE - Elevator Shaft	2018	16,590	1,106	15	1,106		2,212	15
16	Elevator Replace Cylinder - SUBELE - Elevator Shaft	2018	38,710	2,581	15	2,581		5,162	16
17									17
18	Shower Entry Step Removal, Drain and Pipe replacement - ALDBEN - 3rd Floor East Shower Room	2019	9,818	655	15	655		928	18
19	Shower Entry Step Removal, Drain and Pipe replacement - ALDBEN - 3rd Floor East Shower Room	2019	2,520	168	15	168		224	20
20	Shower Entry Step Removal, Drain and Pipe replacement - ALDBEN - 3rd Floor East Shower Room								21
21	Boiler Retube - ALDBEN - Basement	2019	21,072	1,405	15	1,405		2,107	22
22	Repair Sump Pump - ALDBEN - Basement	2019	13,173	2,635	5	2,635		3,074	23
23									24
24	Drywall, fix riser chases - ALDBEN - Resident rooms	2020	7,019	156	15	156		156	25
25	Replace Rear Maintenance Door - ALDBEN - Rear Entrance	2020	5,652	141	10	141		141	26
26	Inspect Bitumin, Seal Perimeter with plastic roof cement - JDROOF - Roof under adjacent water Tower	2020	10,580	1,058	5	1,058		1,058	27
27	Remove and install elevator piston - SUBELE - elevator #2	2020	19,450	567	20	567		567	29
28									30
29									31
30									32
31									33
32									33
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,459,795	\$ 396,706		\$ 337,790	\$ (58,916)	\$ 10,781,797	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 12H, Carried Forward		\$ 14,459,795	\$ 396,706		\$ 337,790	\$ (58,916)	\$ 10,781,797	1
2	Adjust for ABC Related Party Profit	2008	(782)					(782)	2
3	Adjust for ABC Related Party Profit	2009	(415)	(18)		(18)		(207)	3
4	Adjust for ABC Related Party Profit	2010	(311)					(311)	4
5	Adjust for ABC Related Party Profit	2011	138	8		8		76	5
6	Adjust for ABC Related Party Profit	2012	3,018	65		65		585	6
7	Adjust for ABC Related Party Profit	2013	1,754	158		158		1,185	7
8	Adjust for ABC Related Party Profit	2014	(613)	(8)		(8)		(52)	8
9	Adjust for ABC Related Party Profit	2015	(34)	(6)		(6)		(33)	9
10	Adjust for ABC Related Party Profit	2016							10
11	Adjust for ABC Related Party Profit	2017	(7)	(2)		(2)		(6)	11
12	Adjust for ABC Related Party Profit	2018	89					89	12
13	Adjust for ABC Related Party Profit	2019	(88)	(3)		(3)		(6)	13
14	Adjust for ABC Related Party Profit	2020	(30)	(1)		(1)		(1)	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)		\$ 14,462,514	\$ 396,900		\$ 337,984	\$ (58,916)	\$ 10,782,335	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	\$ 1,292,652	\$ 108,689	\$ 108,689	\$	various	\$ 643,969	71
72	Current Year Purchases	126,793	4,921	4,921		various	4,921	72
73	Fully Depreciated Assets	2,548,228	1,254	1,254		various	2,548,228	73
74								74
75	TOTALS	\$ 3,967,673	\$ 114,864	\$ 114,864	\$		\$ 3,197,118	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 19,473,989	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 511,764	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 452,848	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (58,916)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 13,983,255	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Dialysis Unit - ALDBEN	\$ 521,366	92
93			93
94			94
95		\$ 521,366	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

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

10. Effective dates of current rental agreement:

Beginning 12/31/2011

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12. 12/31/2021 \$ varies

13. \$

14. \$

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: \$ 21,459 Description: copy machine GL 6861 - \$13,638 and equipment lease GL 6859 - \$7,821

(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>Related party-PG 6A</u>		\$ <u>#####</u>	\$ <u>18,266</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>407.75</u>	<u>4,893</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>23,159</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>
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B. EXPENSES

ALLOCATION OF COSTS (d)

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

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

C. CONTRACTUAL INCOME

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

\$ _____

D. NUMBER OF CNAs TRAINED

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
			Units	Cost												
1	Licensed Occupational Therapist	39-3	hrs	\$				\$	91,512	\$			\$	91,512	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs						68,197					68,197	2	
3	Licensed Recreational Therapist		hrs												3	
4	Licensed Physical Therapist	39-3	hrs						163,669					163,669	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							246,481				246,481	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs												10	
11	Academic Education		hrs												11	
12	Other (specify): <u>Exceptional Care</u>				1,103,763					62,658				1,166,421	12	
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any							8,972	1,914,793				1,923,765	13	
14	TOTAL			\$	1,103,763			\$	332,350	\$	2,223,932		\$	3,660,045	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	91,512.00	
2.	ST	39-3	To Col 5	68,197.00	
3.					
4.	PT	39-3	To Col 5	163,669.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			254,278.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(7,797.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	246,481.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	1,103,763.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	62,658.00	
	Total Exceptional Care (Line 12, Col 8)			1,166,421.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	8,972.00	From Page 6D, Col 8 (Except DD homes)
	Other			2,062,061.00	
	Manual Input: Related Party - Prism			(173,349.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(996.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(4,190.00)	From Page 6C/Ln 39 items for Wound Care Products, Col
	Oxygen, from reclass worksheet (Pg 4A)			31,267.00	
13.	Col 6: Supplies Total		To Col 6	1,914,793.00	
13.	Total Line 13, Column 8			1,923,765.00	
14.	Total			3,660,045.00	

Facility Name & ID Number Alden Lakeland Rehab HCC

0017319

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	\$	\$ 40,282	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 151,500)	1,351,690	1,351,690	3
4	Supply Inventory (priced at)	138,630	138,630	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	16,523	46,161	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due From 3rd Party</u>	12,526	315,312	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,519,369	\$ 1,892,074	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,040,001	13
14	Buildings, at Historical Cost		8,884,435	14
15	Leasehold Improvements, at Historical Cost	2,406,625	5,898,320	15
16	Equipment, at Historical Cost	1,814,485	4,251,640	16
17	Accumulated Depreciation (book methods)	(3,438,096)	(13,668,489)	17
18	Deferred Charges		62,602	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		130,014	21
22	Other Long-Term Assets (spe <u>C.I.P.</u>)	521,365	586,555	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,304,379	\$ 7,185,079	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,823,748	\$ 9,077,153	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,369,061	\$ 1,373,261	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	263,368	263,368	28
29	Short-Term Notes Payable		185,213	29
30	Accrued Salaries Payable	564,422	564,422	30
31	Accrued Taxes Payable (excluding real estate taxes)	229,384	229,384	31
32	Accrued Real Estate Taxes(Sch.IX-B)		455,900	32
33	Accrued Interest Payable		34,662	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Prov Rel,Accr Exp/Ins,due to IDPA,Sales</u>	7,640,170	7,640,170	36
37	<u>Due to Affiliates</u>	2,563,803	2,563,803	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 12,630,208	\$ 13,310,183	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,371,683	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	13,066,236	12,850,074	43
44	<u>Mcr Adv Fund & Fica-Deferred</u>	273,407	273,407	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 13,339,643	\$ 23,495,165	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 25,969,851	\$ 36,805,348	46
47	TOTAL EQUITY (page 18, line 24)	\$ (23,146,103)	\$ (27,728,195)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,823,748	\$ 9,077,153	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (20,716,076)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (20,716,076)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,430,027)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (2,430,027)	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)	\$ (23,146,103)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,414,514	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,414,514	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	225,250	5
6	Therapy	82,794	6
7	Oxygen	78,666	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 386,710	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	6,388	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 6,388	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	23,498	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 23,498	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	3,867	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,867	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,834,977	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,549,336	31
32	Health Care	4,777,780	32
33	General Administration	4,137,678	33
B. Capital Expense			
34	Ownership	1,513,908	34
C. Ancillary Expense			
35	Special Cost Centers	3,806,138	35
36	Provider Participation Fee	480,164	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,265,004	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,430,027)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,430,027)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 12,890,777	44
45	Private Pay - Net Inpatient Revenue	163,862	45
46	Medicare - Net Inpatient Revenue	1,237,152	46
47	Other-(specify) Hospice	223,204	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows	(100,480)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,414,514	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 Lakeland Rehab HCC # 0017319 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous Income - Claimed Properties	\$ (30)
Miscellaneous Income - Record Copies	\$ 284
Write Off Old Accounts Payables	1,000
Vendor Discounts	32
Gain on Sale of Assets	2,581

Line 28 Total: 3,867

Facility Name & ID Number Alden Lakeland Rehab HCC

0017319

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	3,467	3,571	\$ 200,835	\$ 56.24	1
2	Assistant Director of Nursing	2,925	2,926	106,566	36.42	2
3	Registered Nurses	62,916	67,369	2,571,826	38.18	3
4	Licensed Practical Nurses	5,838	6,205	181,875	29.31	4
5	CNAs & Orderlies	59,010	63,588	1,197,399	18.83	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,120	2,421	46,594	19.25	8
9	Activity Director	1,824	1,840	41,878	22.76	9
10	Activity Assistants	3,630	3,957	61,102	15.44	10
11	Social Service Workers	2,372	2,491	63,429	25.46	11
12	Dietician					12
13	Food Service Supervisor	2,072	2,080	43,477	20.90	13
14	Head Cook	2,048	2,056	35,691	17.36	14
15	Cook Helpers/Assistants	15,552	17,088	264,271	15.47	15
16	Dishwashers					16
17	Maintenance Workers	1,790	2,083	71,444	34.30	17
18	Housekeepers	24,663	27,330	459,143	16.80	18
19	Laundry	4,363	4,651	75,402	16.21	19
20	Administrator	2,072	2,096	153,766	73.36	20
21	Assistant Administrator	2,072	2,143	77,570	36.20	21
22	Other Administrative	6,888	7,101	203,968	28.72	22
23	Office Manager					23
24	Clerical	5,386	5,699	88,310	15.50	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,552	2,607	97,523	37.41	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,241	2,400	39,895	16.62	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Res Att.</u>	22,980	24,258	411,539	16.97	33
34	TOTAL (lines 1 - 33)	238,781	255,960	\$ 6,493,503 *	\$ 25.37	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 32,570	1-3	35
36	Medical Director	Monthly	30,266	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	7,200	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	19	1,062	11-3	44
45	Social Service Consultant	8	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	27	\$ 71,657		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	35	\$ 13,634	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	35	\$ 13,634		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	
Solomon Mizrahi	Administrator	0	\$ 153,766	Workers' Compensation Insurance	\$ 200,027	IDPH License Fee	\$	
Jennifer Sarto	Asst. Administrator	0	69,903	Unemployment Compensation Insurance	43,450	Advertising: Employee Recruitment	12,376	
Rachel Spellman	Asst. Administrator	0	7,667	FICA Taxes	471,948	Health Care Worker Background Check		
		0		Employee Health Insurance	202,961	(Indicate # of checks performed 65)	2,113	
		0		Employee Meals	31,387	Patient Background Checks 114	1,139	
		0		Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of Illinois/Collaborative	29,182	
		0		Union, Health & Welfare	148,121	Surety Bonds	650	
		0		Dental, Life & Vision Insurance	1,302	Corporate Annual Fee	227	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 231,336	Pension	43,524	Broadcast Music/Muzak/Bus. Partners/Amer	2,614	
(List each licensed administrator separately.)				Employee Relations/Drug Testing/Misc. Payroll	29,222	Related Party-AMS	1,299	
				Related Party-Forum	(4,500)	Less: Public Relations Expense	()	
B. Administrative - Other				401K Matching/Vaccinations/Tuition Reimb.	31,767	Non-allowable advertising	()	
Description			Amount	Elim Benefits for Marketing Dept.	(8,895)	Yellow page advertising	()	
			\$					
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,190,314	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 49,600	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services						\$	Out-of-State Travel	\$
Vendor/Payee	Type		Amount					
Alden Management Services, Inc.	Consulting fees		\$ 1,062,439					
Mid-Cap - Allocated Legal Fees	Legal Fees - Non Collections		732					
Von Briesen & Roper, Ariana Fisch	Legal Fees - Non Collections		622					
AMS Eliminated Legal Fees	Allocated Legal Fees		47,520					
Achieve Accreditation, First Advan	Professional Fees		4,200					
Baker Tilly Virchow Krause	Accounting Fees		7,281					
Interntational Micro Design, C. Novc	Accounting Fees		190					
Mid-Cap - Allocated Accounting Fees	Accounting Fees		5,377					
SB2 Inc., Midwest Care	Legal Fees - Collections		4,678					
Stone Pogrund & Korey	Legal Fees - Collections		9,346					
Hefler Law LLC	Legal Fees - Collections		5,576					
Righeimer Martin & Cinquino	Legal Fees - Collections		9,063					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,157,024	TOTAL		\$	Related party	1,094
(For legal fee disclosure, see page 39 of instructions)							Seminar Expense	
							NIC Fall Conference	268
							WHCA/WICAL Fall Convention	270
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 1,632

* Attach copy of IMRF notifications

**See instructions.

Alden Lakeland Rehab HCC
 Legal Fee Support
 2020

PG 21A

use this format. Do not copy/paste from prior year.

Legal Fees Reported on Pg 21, Section C:	\$ 77,537.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(28,663.00)
Non-allowable legal fees, if any, deducted on - AMS Allocated Legal Fees: GL 680600-100-003 + Add Back voided invoice of prior year, if any	(47,520.00)
Allowable Legal Fees	<u>\$ 1,354.00</u>

<--Check: should match total for Allow. Fees in new detail section below.

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Mid-Cap Legal Fees	6/2020, 7/2020, 10/2020	732.00
Von Briesen & Roper	10/2020	232.00
Ariana Fisch	1/2020	390.00

TOTAL ALLOWABLE LEGAL FEES 1,354.00

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Midwest Care Management Services	1/1/20-12/31/20	2,223.00
Stone Poggrund & Korey	1/1/20-12/31/20	9,346.00
SB2Inc	1/1/20-12/31/20	2,455.00
Hefler Law LLC	10/2020	5,576.00
Righeimer martin & Cinquino	10/2020	9,063.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 28,663.00

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Eliminated Legal Fees	1/1/20-12/31/20	47,520.00

TOTAL Allocated Legal Fees 47,520.00

Total Legal Cost 77,537.00

Facility Name & ID Number Alden Lakeland Rehab HCC

0017319

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes; RN/LPN: No (13)
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Health Care Council of IL \$28,800
- (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. \$ 35,104 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 480,164
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. \$ 31,387 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. \$ _____
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.