

		FOR BHF USE					

LL1

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0042036</u></p> <p>Facility Name: <u>Alden of Waterford</u></p> <p>Address: <u>2021 Randi Drive</u> <u>Aurora</u> <u>60504</u> Number City Zip Code</p> <p>County: <u>Kane</u></p> <p>Telephone Number: <u>(630) 851-7266</u> Fax # <u>(630) 851-7585</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>08/01/2001</u></p> <p>Type of Ownership:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width: 33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width: 33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 5px;">Officer or Administrator of Provider</td> <td style="border: none; padding: 5px;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: none; padding: 5px;"></td> <td style="border: none; padding: 5px;">(Type or Print Name) <u>Derek Smart</u></td> </tr> <tr> <td style="border: none; padding: 5px;"></td> <td style="border: none; padding: 5px;">(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Paid Preparer</td> <td style="border: none; padding: 5px;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: none; padding: 5px;"></td> <td style="border: none; padding: 5px;">(Print Name and Title) _____</td> </tr> <tr> <td style="border: none; padding: 5px;"></td> <td style="border: none; padding: 5px;">(Firm Name & Address) _____</td> </tr> <tr> <td style="border: none; padding: 5px;"></td> <td style="border: none; padding: 5px;">(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u></td> </tr> </table> <p align="right"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </p>	Officer or Administrator of Provider	(Signed) _____ (Date) _____		(Type or Print Name) <u>Derek Smart</u>		(Title) <u>CFO, Alden Management Services, Inc., as agent</u>	Paid Preparer	(Signed) _____ (Date) _____		(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																					
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State																																					
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County																																					
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____																																					
	<input type="checkbox"/> "Sub-S" Corp.																																						
	<input checked="" type="checkbox"/> Limited Liability Co.																																						
	<input type="checkbox"/> Trust																																						
	<input type="checkbox"/> Other _____																																						
Officer or Administrator of Provider	(Signed) _____ (Date) _____																																						
	(Type or Print Name) <u>Derek Smart</u>																																						
	(Title) <u>CFO, Alden Management Services, Inc., as agent</u>																																						
Paid Preparer	(Signed) _____ (Date) _____																																						
	(Print Name and Title) _____																																						
	(Firm Name & Address) _____																																						
	(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>																																						

Facility Name & ID Number Alden of Waterford

0042036 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	99	Skilled (SNF)	99	36,234	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	99	TOTALS	99	36,234	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	1,140	3,384	9,612	14,136	8
9	SNF/PED					9
10	ICF	10,104	1,060	33	11,197	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,244	4,444	9,645	25,333	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.91%

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 12/29/2001

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 99 and days of care provided 9,348

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 of Waterford # 0042036 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	395,730	18,208	32,270	446,208	887	447,095	(11,382)	435,713		1
2	Food Purchase		204,513		204,513	(20,679)	183,834	6,264	190,098		2
3	Housekeeping	256,005	52,607		308,612	1,162	309,774	8,837	318,611		3
4	Laundry	58,977	13,104		72,081	140	72,221		72,221		4
5	Heat and Other Utilities			260,827	260,827		260,827	(756)	260,071		5
6	Maintenance	68,072		323,801	391,873	(13)	391,860	18,103	409,963		6
7	Other (specify):* Security			1,607	1,607		1,607	4,092	5,699		7
8	TOTAL General Services	778,784	288,432	618,505	1,685,721	(18,503)	1,667,218	25,158	1,692,376		8
	B. Health Care and Programs										
9	Medical Director			78,000	78,000		78,000		78,000		9
10	Nursing and Medical Records	2,798,666	272,799	8,210	3,079,675	(30)	3,079,645	25,091	3,104,736		10
10a	Therapy	55,973	6,431	8,602	71,006	176	71,182		71,182		10a
11	Activities	123,164	5,547	13,519	142,230		142,230		142,230		11
12	Social Services	55,394			55,394		55,394		55,394		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Res Att/rel party	377			377		377	3,526	3,903		15
16	TOTAL Health Care and Programs	3,033,574	284,777	108,331	3,426,682	146	3,426,828	28,617	3,455,445		16
	C. General Administration										
17	Administrative	176,505			176,505		176,505	108,243	284,748		17
18	Directors Fees										18
19	Professional Services			792,031	792,031		792,031	(728,660)	63,371		19
20	Dues, Fees, Subscriptions & Promotions			123,361	123,361		123,361	(103,187)	20,175		20
21	Clerical & General Office Expenses	217,503	17,242	183,135	417,880	(4,477)	413,403	124,913	538,316		21
22	Employee Benefits & Payroll Taxes			804,714	804,714	12,423	817,137	(3,635)	813,502		22
23	Inservice Training & Education										23
24	Travel and Seminar			808	808		808	540	1,348		24
25	Other Admin. Staff Transportation			2,802	2,802		2,802	4,826	7,628		25
26	Insurance-Prop.Liab.Malpractice			273,195	273,195		273,195	12,661	285,856		26
27	Other (specify):* related party			234,082	234,082		234,082	(191,215)	42,867		27
28	TOTAL General Administration	394,008	17,242	2,414,128	2,825,378	7,946	2,833,324	(775,514)	2,057,811		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,206,366	590,451	3,140,964	7,937,781	(10,411)	7,927,370	(721,739)	7,205,632		29

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

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

Facility Name & ID Number Alden of Waterford

#0042036

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			29,407	29,407		29,407	261,464	290,871			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			52,101	52,101		52,101	362,018	414,119			32
33	Real Estate Taxes			48,625	48,625	(48,625)		52,264	52,264			33
34	Rent-Facility & Grounds			854,575	854,575	48,625	903,200	(903,200)				34
35	Rent-Equipment & Vehicles			14,482	14,482		14,482	19,355	33,837			35
36	Other (specify):* MIP							49,451	49,451			36
37	TOTAL Ownership			999,190	999,190		999,190	(158,648)	840,542			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		870,910	1,490,007	2,360,917	10,411	2,371,328	4,200	2,375,528			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			151,330	151,330		151,330		151,330			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		870,910	1,641,337	2,512,247	10,411	2,522,658	4,200	2,526,858			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,206,366	1,461,361	5,781,491	11,449,218		11,449,218	(876,187)	10,573,032			45

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

Alden of Waterford
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0042036

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(20,679.00)	Employee Meals
	22	20,679.00	Employee Meals
22		(8,256.00)	Uniform Reclass
	1	887.00	Uniform Reclass
	3	1,162.00	Uniform Reclass
	4	140.00	Uniform Reclass
	6	(13.00)	Uniform Reclass
	10	5,761.00	Uniform Reclass
	11	176.00	Uniform Reclass
	21	143.00	Uniform Reclass
21		(4,620.00)	Team TSI Reclass
	10	4,620.00	Team TSI Reclass
10		(10,411.00)	Oxygen Cost Reclass
	39	10,411.00	Oxygen Cost Reclass
33		(48,625.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	48,625.00	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.

Alden of Waterford

ID# 0042036

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2	Utility - Gas: Late Fee	(515)	5	2
3	Utility - Electric: Late Fee	(2,063)	5	3
4	Intercompany Interest	(50,042)	32	4
5	Miscellaneous Income	(4,667)	10	5
6	Miscellaneous Income - Record Copies	(217)	10	6
7				7
8	Vendor Discounts	(592)	10	8
9				9
10	Aurora Chamber of Commerce fee	(385)	20	10
11	Oswego Chamber of Commerce fee	(845)	20	11
12	Naperville Chamber of Commerce fee	(913)	20	12
13				13
14				14
15	Elim depr exp on Pg12 items under \$2,500 -	(182)	30	15
16	Elim depr exp on Pg13 items under \$2,500 -	(8,851)	30	16
17	Expense Pg12 items under \$2,500-curr yr purchs +		6	17
18	Expense Pg13 items under \$2,500-curr yr purchs +	9,208	6	18
19				19
20	Adj for ABC related party profit - Pg12C	262	30	20
21				21
22	Adjust YTD depreciation	(887)	30	22
23				23
24	Back out LLC mtge int in excess of CON asset limit	(132,169)	32	24
25	Back out LLC MIP int in excess of CON asset limit	(18,773)	36	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	(211,631)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Waterford

0042036

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	(11,382)	0	0	0	0	0	0	0	(11,382)	1
2	Food Purchase	(5,128)	0	0	11,392	0	0	0	0	0	0	0	6,264	2
3	Housekeeping	0	0	8,837	0	0	0	0	0	0	0	0	8,837	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,578)	0	1,822	0	0	0	0	0	0	0	0	(756)	5
6	Maintenance	(3,996)	0	12,093	0	0	0	52	13,590	(3,636)	0	0	18,103	6
7	Other (specify):*	0	0	4,092	0	0	0	0	0	0	0	0	4,092	7
8	TOTAL General Services	(11,702)	0	26,844	10	0	0	52	13,590	(3,636)	0	0	25,158	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	(5,476)	0	23,978	8,260	(1,671)	0	0	0	0	0	0	25,091	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	3,526	0	0	0	0	0	0	0	0	3,526	15
16	TOTAL Health Care and Programs	(5,476)	0	27,504	8,260	(1,671)	0	0	0	0	0	0	28,617	16
	C. General Administration													
17	Administrative	0	0	108,243	0	0	0	0	0	0	0	0	108,243	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(11,350)	13,596	(730,906)	0	0	0	0	0	0	0	0	(728,660)	19
20	Fees, Subscriptions & Promotions	(103,927)	100	640	0	0	0	0	0	0	0	0	(103,187)	20
21	Clerical & General Office Expenses	(11,707)	0	136,620	0	0	0	0	0	0	0	0	124,913	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,635)	0	0	0	0	0	0	(3,635)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	540	0	0	0	0	0	0	0	0	540	24
25	Other Admin. Staff Transportation	0	0	4,826	0	0	0	0	0	0	0	0	4,826	25
26	Insurance-Prop.Liab.Malpractice	0	12,484	177	0	0	0	0	0	0	0	0	12,661	26
27	Other (specify):*	(234,083)	0	42,868	0	0	0	0	0	0	0	0	(191,215)	27
28	TOTAL General Administration	(361,067)	26,180	(436,992)	0	(3,635)	0	0	0	0	0	0	(775,514)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(378,245)	26,180	(382,644)	8,270	(5,306)	0	52	13,590	(3,636)	0	0	(721,739)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(135,490)	385,836	11,118	0	0	0	0	0	0	0	0	261,464	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(185,068)	492,768	54,318	0	0	0	0	0	0	0	0	362,018	32
33	Real Estate Taxes	0	48,625	3,639	0	0	0	0	0	0	0	0	52,264	33
34	Rent-Facility & Grounds	0	(903,200)	0	0	0	0	0	0	0	0	0	(903,200)	34
35	Rent-Equipment & Vehicles	0	0	19,355	0	0	0	0	0	0	0	0	19,355	35
36	Other (specify):*	(18,773)	68,224	0	0	0	0	0	0	0	0	0	49,451	36
37	TOTAL Ownership	(339,331)	92,253	88,430	0	0	0	0	0	0	0	0	(158,648)	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	(70,808)	(31,935)	106,943	0	0	0	0	0	4,200	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	(70,808)	(31,935)	106,943	0	0	0	0	0	4,200	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(717,576)	118,433	(294,214)	(62,538)	(37,241)	106,943	52	13,590	(3,636)	0	0	(876,187)	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 Rental income	\$ 903,200	Waterford Rehab and Courts, LLC	0.00%	\$	\$ (903,200)	1
2	V	32 Interest Inn - R/R	16	Waterford Rehab and Courts, LLC			(16)	2
3	V	19 Accounting fees		Waterford Rehab and Courts, LLC		7,963	7,963	3
4	V	20 Corporate annual report		Waterford Rehab and Courts, LLC		100	100	4
5	V	33 Real estate taxes		Waterford Rehab and Courts, LLC		48,625	48,625	5
6	V	26 Property & liability insurance		Waterford Rehab and Courts, LLC		12,484	12,484	6
7	V	36 Mortgage insurance		Waterford Rehab and Courts, LLC		68,224	68,224	7
8	V	32 Mortgage interest		Waterford Rehab and Courts, LLC		485,954	485,954	8
9	V	30 Depreciation		Waterford Rehab and Courts, LLC		385,836	385,836	9
10	V	32 Amortization		Waterford Rehab and Courts, LLC		6,830	6,830	10
11	V	19 Professional fees		Waterford Rehab and Courts, LLC		5,633	5,633	11
12	V							12
13	V							13
14	Total		\$ 903,216			\$ 1,021,649	\$ * 118,433	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 1,822	\$	1,822	15
16	V	24 Travel / Seminar		Alden Management Services, Inc.		540		540	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		4,826		4,826	17
18	V	26 Insurance		Alden Management Services, Inc.		177		177	18
19	V	20 Dues / Subscriptions		Alden Management Services, Inc.		640		640	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118		11,118	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,639		3,639	21
22	V	35 Rent-Equip/Vehicle		Alden Management Services, Inc.		19,355		19,355	22
23	V	32 Interest		Alden Management Services, Inc.		54,318		54,318	23
24	V	3 Housekeeping salary		Alden Management Services, Inc.		8,837		8,837	24
25	V	7 Employee Benef-Gen'l Servs		Alden Management Services, Inc.		4,092		4,092	25
26	V	10 Nursing & Medical records salary		Alden Management Services, Inc.		23,978		23,978	26
27	V	15 Employee Benef-Health Care		Alden Management Services, Inc.		3,526		3,526	27
28	V	17 Administrative salary		Alden Management Services, Inc.		108,243		108,243	28
29	V	27 Employee Benef-Administrative		Alden Management Services, Inc.		42,868		42,868	29
30	V	19 Professional Fees & salary	772,919	Alden Management Services, Inc.		42,013		(730,906)	30
31	V	21 Gen'l & Admin	42,000	Alden Management Services, Inc.		178,620		136,620	31
32	V	6 Repair & Maintenance	14,473	Alden Management Services, Inc.		26,566		12,093	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 829,392			\$ 535,178	\$ *	(294,214)	39

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Consult.	\$ 32,270	Prism Health Care Services, Inc.	0.00%	\$	\$ (32,270)	15
16	V	1 Dietary Salary				18,144	18,144	16
17	V	2 Tube feeding	12,471			15,501	3,030	17
18	V	10 Equip. Rental	6,660			12,452	5,792	18
19	V	39 Ancillary supplies	119,005			33,014	(85,991)	19
20	V	1 Gen'l & Admin & benefits				2,744	2,744	20
21	V	2 Gen'l & Admin & benefits				8,362	8,362	21
22	V	10 Gen'l & Admin & benefits				2,468	2,468	22
23	V	39 Gen'l & Admin & benefits				15,183	15,183	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		\$ 170,406			\$ 107,868	\$ * (62,538)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Drugs	\$ 663,995	Forum Extended Care II, Inc.	0.00%	\$ 632,443	\$	(31,552)	15
16	V	39 I.V.	74,850			71,293		(3,557)	16
17	V	39 Wound Care-Product only	6,053			5,765		(288)	17
18	V	10 House Stock	32,801			31,243		(1,558)	18
19	V	10 Pharm Consult	2,376			2,263		(113)	19
20	V	22 Employee Vaccinations	3,635					(3,635)	20
21	V	39 Employee Vaccinations				3,462		3,462	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		\$ 783,710			\$ 746,469	\$ *	(37,241)	39

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Therapy	\$ 1,439,771	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,546,714	\$ 106,943	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		\$ 1,439,771			\$ 1,546,714	\$ * 106,943	39

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 21,832	Alden Bennett Construction Company, Inc.	0.00%	\$ 21,884	\$	52	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		\$ 21,832			\$ 21,884	\$ *	52	39

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Repairs & Maintenance	\$ 14,737	Alden Design Group, Ltd.	0.00%	\$ 28,327	\$ 13,590	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 14,737			\$ 28,327	\$ * 13,590	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	Grounds Maintenance	\$ 118,800	Waterford Management Services, Inc	0.00%	\$ 115,164	\$ (3,636)	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		\$ 118,800				\$ 115,164	\$ * (3,636)	39

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

Facility Name & ID Number

Alden of Waterford

0042036

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden of Waterford # 0042036 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of I	Chairman	100.00	181,124	0.84	2.10	Salary	\$ 3,876	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,905	0.84	2.10	Salary	2,095	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,905	0.84	2.10	Salary	2,095	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	111,426	0.84	2.10	Salary	2,385	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	62,114	0.84	2.10	Salary	1,329	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	181,124	0.735	2.10	Salary	3,876	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										12
13								TOTAL	\$ 15,656		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 of Waterford

0042036 Report Period Beginning:

01/01/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,209,117	36	\$ 86,976	\$ 25,333	\$ 1,822	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	25,333	540	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	25,333	4,826	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	25,333	177	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	25,333	640	5
6	30	Depreciation	No of Providers/usage	36	36	408,834	1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354	25,333	3,639	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	25,333	19,355	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	25,333	54,318	9
10	1	Dietary Salary	Patient Days		36				10
11	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	8,837	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	25,333	4,092	12
13	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	23,978	13
14	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	25,333	3,526	14
15	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	108,243	15
16	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	25,333	42,868	16
17	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	42,013	17
18	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	178,620	18
19	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	26,566	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 535,178	25

Facility Name & ID Number

Alden of Waterford

0042036

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 Realty		x	Mortgage	\$54,288.00	04/29/2011	\$ 12,667,104	\$ 11,171,568	05/01/2051	3.5200	\$ 394,391	1								
2	Int related to f/a > CON limit		x	Mortgage							(132,169)	2								
3	Cambridge Realty		x	Operating loss loan	\$12,727.00	05/31/2012	2,870,233	2,426,720	01/01/2045	3.7500	91,563	3								
4	Amortization		x	Operating loss loan/Mortgage							6,830	4								
5	Insurance Interest (GL7053)		x	Medical Malpractice							92	5								
Working Capital																				
6	Related party - AMS		x	Working capital							54,318	6								
7	Ailco Equipment Finance		x	Working Capital	\$1,411.00	08/01/2018	22,281	3,443	06/01/2021	9.8200	757	7								
8												8								
9	TOTAL Facility Related				\$68,426.00		\$ 15,559,618	\$ 13,601,731			\$ 415,782	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x								(16)	10								
11	Interest Income (GL 4975)		x								(2,857)	11								
12	IL Dept of HCFS		x								1,210	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (1,663)	14								
15	TOTALS (line 9+line14)						\$ 15,559,618	\$ 13,601,731			\$ 414,119	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 49,451 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.

Table with 7 main rows and a detailed 'FOR BHF USE ONLY' section. Rows include Real Estate Tax accrual used on 2019 report (\$45,840), Real Estate Taxes paid during the year (\$46,525), Under or (over) accrual (\$685), Real Estate Tax accrual used for 2020 report (\$47,940), Direct costs of an appeal (\$), Subtract a refund of real estate taxes (\$), Real Estate Tax expense reported on Schedule V (\$48,625), and Total Real Estate Tax Expense (\$52,264). The 'FOR BHF USE ONLY' section breaks down the calculation from line 13 to 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 of Waterford COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0042036

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>173,696.00</u>	\$ <u>3,639.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>15-36-202-005</u>	<u>Nursing facility</u>	\$ <u>77,542.00</u>	\$ <u>46,525.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>251,238.00</u></u>	\$ <u><u>50,164.00</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 of Waterford

0042036

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,206 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing home facility</u>	<u>152,896</u>	<u>1994</u>	<u>\$ 662,733</u>	<u>1</u>
2	<u>Note: building only sq ft</u>				<u>2</u>
3	TOTALS	<u>152,896</u>		<u>\$ 662,733</u>	<u>3</u>

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	99		2001	\$ 11,880,012	\$ 297,000	40	\$ 171,168	\$ (125,832)	\$ 3,474,283	4
5	Adjustment to correct to CON costs (net=6,846,713)			(5,033,299)						5
6										6
7										7
8										8
	Improvement Type**									
9	storm/sewer-ltd p/s		2001	218,336	8,733	25	8,733		168,839	9
10	concrete/curbs/gutters-ltd p/s		2001	21,491		15			21,491	10
11	concrete walks-ltd p/s		2001	46,391		15			46,391	11
12	asphalt paving-ltd p/s		2001	40,929		10			40,929	12
13	street lighting-ltd p/s		2001	129,677		15			129,677	13
14	wrought iron fencing-ltd p/s		2001	60,821	2,433	25	2,433		47,038	14
15	piers-ltd p/s		2001	64,296		15			64,296	15
16	exterior signs-ltd p/s		2001	20,853		12			20,853	16
17	brick pavers-ltd p/s		2001	5,213		10			5,213	17
18	waterfalls-ltd p/s		2001	53,870	2,693	20	2,693		52,065	18
19	gate house-ltd p/s		2001	26,066		15			26,066	19
20	retaining walls-ltd p/s		2001	19,115	956	20	956		18,482	20
21	external roads-ltd p/s		2001	261,213		10			261,213	21
22										22
23	storm/sewer-ltd p/s		2003	16,853	674	25	674		12,132	23
24	concrete/curbs/gutters-ltd p/s		2003	1,659		15			1,659	24
25	concrete walks-ltd p/s		2003	3,581		15			3,581	25
26	asphalt paving-ltd p/s		2003	3,159		10			3,159	26
27	street lighting-ltd p/s		2003	10,009		15			10,009	27
28	wrought iron fencing-ltd p/s		2003	4,695	188	25	188		3,382	28
29	piers-ltd p/s		2003	4,963		15			4,963	29
30	exterior signs-ltd p/s		2003	1,610		12			1,610	30
31	brick pavers-ltd p/s		2003	402		10			402	31
32	waterfalls-ltd p/s		2003	4,158	208	20	208		3,744	32
33	gate house-ltd p/s		2003	2,012		15			2,012	33
34	retaining walls-ltd p/s		2003	1,475	74	20	74		1,332	34
35	external roads-ltd p/s		2003	20,163		10			20,163	35
36										36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Mech. Projects- install exhaust,gas line, electric to steamer-corp	2002	\$ 4,254	\$ 213	20	\$ 213	\$	\$ 4,045	37
38	Long elevator- correct elevator problem-corp	2001	882		10			882	38
39	Affcus- repair fire alarm-corp	2002	1,552		5			1,552	39
40	GT Mech- chiller repair-corp	2002	1,924		5			1,924	40
41	ISS replace nurses station	2003	1,956		5			1,956	41
42	CSI Coker-filter system (boiler)	2004	1,723	86	20	86		1,455	42
43	ABC-medical gas repair	2004	2,291		10			2,291	43
44	CSI Coker-filter system (boiler)	2004	2,050	103	20	103		1,732	44
45	ABC-sod yards/parkway/etc	2004	9,189		10			9,189	45
46	ISS/Chicago Sound-power supply call light	2004	2,084		15			2,084	46
47	Central States-Adapters/valve caps	2005	1,243		15			1,243	47
48	ABC [Stripe-It-Right] - Sealcoat, crackfill & stripe asphalt	2005	3,079		10			3,079	48
49	Cybor Fire Protection - Sprinkler head replacement	2005	2,900	117	15	117		2,900	49
50	ABC [ISS/Chicago Sound]-8 Jeron provider 680 vent alarms	2005	3,381	155	15	155		3,381	50
51	GT Mechanical - Compressor & chiller circuit	2005	8,600	482	15	482		8,600	51
52	ABC - Replace ceiling tiles	2005	952		12			952	52
53	ABC - Emergency outlets vent	2007	4,268	213	20	213		2,982	53
54	Wtrfd Inv - Montgomery Road expansion	2006	16,186	405	40	405		5,704	54
55	ABC-[Cobra Concrete&Stripe It]-Replace walk/curb concrete with	2007	1,694	113	15	113		1,525	55
56	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325		10			4,325	56
57	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325		10			4,325	57
58	GT Mechanical-HVAC parts(bearing assembliescouplemotor)	2008	5,171		10			5,171	58
59	GT Mechanical - Replace bearing assembly/seal/motor	2009	0		5				59
60	GT Mechanical - HVAC bearing assembly seal & coupler	2009	0		5				60
61	GT Mechanical - Pump elect. (bearing assembly)	2009	0		5				61
62	Top Notch - Compressor for freezer	2010	2,464		5			2,464	62
63									63
64	Fish tank modification and repair	2012	1,955		5			1,955	64
65	GT Mechanical - HVAC program repairs	2012	3,118	312	10	312		2,704	65
66	Elevator panels in service elevator	2012	1,998	200	10	200		1,700	66
67	Patio slab caulking - ABC	2012	6,596	660	10	660		5,445	67
68	Sprinkler system pipe leak repair	2012	2,988		5			2,988	68
69	GT Mechanical - fire damper replacement	2012	8,541	712	10	712		5,913	69
70	TOTAL (lines 4 thru 69)		\$ 8,001,413	\$ 316,730		\$ 190,898	\$ (125,832)	\$ 4,539,450	70

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,001,413	\$ 316,730		\$ 190,898	\$ (125,832)	\$ 4,539,450	1
2	Accessories / Artwork / Window treatments PT/OT room remodel-ABC	2013	9,493	475	20	475		3,681	2
3	Acoustical ceiling PT/OT room remodel-ABC	2013	5,355	268	20	268		2,077	3
4	Cabinetry and solid surface / Countertops PT/OT room remodel-ABC	2013	36,110	1,805	20	1,805		13,989	4
5	Drywall, PT / Soffits, wall, column PT/OT room remodel-ABC	2013	3,597	180	20	180		1,395	5
6	Electrical PT/OT room remodel-ABC	2013	28,189	1,409	20	1,409		10,920	6
7	Finish Carpentry PT/OT room remodel-ABC	2013	26,901	1,345	20	1,345		10,424	7
8	Flooring demo and installation / Carpet Base PT/OT room remodel-ABC	2013	43,080	2,154	20	2,154		16,693	8
9	Furniture & fixtures PT/OT room remodel-ABC	2013	14,401	720	20	720		5,580	9
10	HVAC / Plumbing PT/OT room remodel-ABC	2013	23,296	1,165	20	1,165		9,029	10
11	Light fixtures / Can lighting/outlet PT/OT room remodel-ABC	2013	3,989	199	20	199		1,543	11
12	Painting/wallpaper PT/OT room remodel-ABC	2013	17,966	898	20	898		6,960	12
13	PT/OT island renovation PT/OT room remodel-ABC	2013	6,102	305	20	305		2,364	13
14	Therapy Equipment PT/OT room remodel-ABC	2013	26,064	1,303	20	1,303		10,098	14
15	Wall, chair rail PT/OT room remodel-ABC	2013	1,477	74	20	74		573	15
16	Railings at entrance-Rockford Ornamental	2013	7,132	475	15	475		3,563	16
17	Permit-therapy room remodel-City of Aurora	2013	4,132	207	20	207		1,535	17
18	Washer inverter-Equipment International	2013	3,601		5			3,601	18
19	Brackets for HVAC duct support-ABC	2013	4,050	202	20	202		1,759	19
20	Resurface activity patio-Superior Installations	2013	20,452	2,557	8	2,557		18,931	20
21	Landscaping, replace infested ash trees - ABC	2014	39,389	2,626	15	2,626		16,850	21
22	Landscaping, replace infested ash trees - ABC	2014	2,984	199	15	199		1,244	22
23	Light pole repair - ABC	2014	3,965	397	10	397		2,613	23
24	Paving, parking lot, sealcoat/restripe - ABC	2014	25,034	3,129	8	3,129		20,078	24
25	Paving, parking lot, sealcoat/restripe - ABC	2014	10,723	1,340	8	1,340		8,375	25
26	Fireproofing, elevator beam - ABC	2014	1,972	197	10	197		1,231	26
27									27
28	HVAC, carpet, wallpaper, sprinkler, etc - ABC	2015	6,295	630	10	630		3,727	28
29	Muffler MEI for elevator-Schindler Elevator	2015	1,832	73	5	73		1,832	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,378,994	\$ 341,062		\$ 215,230	\$ (125,832)	\$ 4,720,115	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,378,994	\$ 341,062		\$ 215,230	\$ (125,832)	\$ 4,720,115	1
2									2
3	Adj for ABC related party profit	2012	407	10		10		90	3
4	Adj for ABC related party profit	2013	3,366	258		258		1,935	4
5	Adj for ABC related party profit	2014	(159)	(6)		(6)		(42)	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,382,608	\$ 341,324		\$ 215,492	\$ (125,832)	\$ 4,722,098	34

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,382,608	\$ 341,324		\$ 215,492	\$ (125,832)	\$ 4,722,098	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,529,601	\$ 346,020		\$ 220,188	\$ (125,832)	\$ 4,817,869	34

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 745,873	\$ 62,864	\$ 62,864	\$	various	\$ 377,502	71
72	Current Year Purchases	91,220	3,830	3,830		various	3,830	72
73	Fully Depreciated Assets	707,037	3,989	3,989		various	707,037	73
74								74
75	TOTALS	\$ 1,544,130	\$ 70,683	\$ 70,683	\$		\$ 1,088,369	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	Passenger Bus	Ford Eldorado 2001	2001	\$ 50,888	\$	\$	\$	4	\$ 50,888	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 54,690	\$	\$	\$		\$ 54,690	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)	\$ 10,791,154	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 416,703	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 290,871	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (125,832)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,960,928	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 05/01/2001

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: \$ 11,130 Description: copy machine \$7223 GL 6861 and equipment lease \$3907 GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Auto lease-GL 689000</u>		\$ <u>491.08</u>	\$ <u>5,893</u>	17
18					18
19	<u>Related party-PG 6A</u>		<u>750.42</u>	<u>9,005</u>	19
20					20
21	TOTAL		\$ #####	\$ <u>14,898</u>	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 546,334	\$		\$ 546,334	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			141,938			141,938	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			753,026			753,026	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				635,905		635,905	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG16A	39-1, 39-3, if any				106,943	191,382		298,325	13
14	TOTAL			\$		\$ 1,548,241	\$ 827,287		\$ 2,375,528	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	546,334.00	
2.	ST	39-3	To Col 5	141,938.00	
3.					
4.	PT	39-3	To Col 5	753,026.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			663,995.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(28,090.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	635,905.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
	Total Exceptional Care (Line 12, Col 8)			0.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	106,943.00	From Page 6D, Col 8 (Except DD homes)
	Other			255,624.00	
	Manual Input: Related Party - Prism			(70,808.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(3,557.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(288.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			10,411.00	
13.	Col 6: Supplies Total		To Col 6	191,382.00	
13.	Total Line 13, Column 8			298,325.00	
14.	Total			2,375,528.00	

Facility Name & ID Number Alden of Waterford

0042036

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	\$	\$ 158,186	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (136,250))	1,218,075	1,218,075	3
4	Supply Inventory (priced at)	81,189	81,189	4
5	Short-Term Investments		115,154	5
6	Prepaid Insurance		42,888	6
7	Other Prepaid Expenses	9,251	9,251	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	33,926	33,926	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,342,441	\$ 1,658,669	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		662,733	13
14	Buildings, at Historical Cost		11,880,012	14
15	Leasehold Improvements, at Historical Cost	76,877	1,614,576	15
16	Equipment, at Historical Cost	487,873	2,755,225	16
17	Accumulated Depreciation (book methods)	(302,479)	(9,310,346)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		71,086	21
22	Other Long-Term Assets (spe <u>Refinancing fees</u>)		111,704	22
23	Other(specify): <u>Due from Affiliates</u>	1,190,177	1,190,177	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,452,448	\$ 8,975,167	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,794,889	\$ 10,633,836	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 722,638	\$ 899,115	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	234,872	234,872	28
29	Short-Term Notes Payable	3,443	274,169	29
30	Accrued Salaries Payable	621,184	621,184	30
31	Accrued Taxes Payable (excluding real estate taxes)	216,846	216,846	31
32	Accrued Real Estate Taxes(Sch.IX-B)		47,940	32
33	Accrued Interest Payable	8,381	48,518	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins/IDPA/Sales Tax/401K/Prov l</u>	2,984,193	3,007,973	36
37	<u>Due to Affiliates</u>	818,364	3,765,446	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,609,921	\$ 9,116,063	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,058,094	3,408,909	39
40	Mortgage Payable		10,903,917	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	<u>Mcr Adv Fund & Fica - Deferred</u>	616,841	616,841	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,674,935	\$ 14,929,667	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,284,856	\$ 24,045,730	46
47	TOTAL EQUITY (page 18, line 24)	\$ (4,489,967)	\$ (13,411,894)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,794,889	\$ 10,633,836	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,507,557)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,507,557)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(982,410)	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)	\$ (982,410)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (4,489,967)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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

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

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

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,122,139	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,122,139	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	321,948	6
7	Oxygen	11,206	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 333,154	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,943	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,943	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,857	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,857	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	see pg 19A	6,715	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,715	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,466,808	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,685,721	31
32	Health Care	3,426,682	32
33	General Administration	2,825,378	33
B. Capital Expense			
34	Ownership	999,190	34
C. Ancillary Expense			
35	Special Cost Centers	2,360,917	35
36	Provider Participation Fee	151,330	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,449,218	40
41	Income before Income Taxes (line 30 minus line 40)**	(982,410)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (982,410)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,098,335	44
45	Private Pay - Net Inpatient Revenue	441,262	45
46	Medicare - Net Inpatient Revenue	5,778,326	46
47	Other-(specify) Hospice	1,804,216	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,122,139	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 of Waterford

0042036

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	\$ 4,667
Record Copies-Backed out with Ln ref 21-Pg 5A	217
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	
Vendor Discount	592
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	1,239
Line 28 Total:	<u><u>6,715</u></u>

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,872	2,080	\$ 117,537	\$ 56.51	1
2	Assistant Director of Nursing	2,003	2,107	76,973	36.53	2
3	Registered Nurses	33,178	37,848	1,335,697	35.29	3
4	Licensed Practical Nurses	642	678	18,450	27.21	4
5	CNAs & Orderlies	54,107	58,862	1,048,508	17.81	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,904	2,040	50,050	24.53	9
10	Activity Assistants	5,024	5,214	73,114	14.02	10
11	Social Service Workers	2,024	2,080	55,394	26.63	11
12	Dietician					12
13	Food Service Supervisor	1,284	1,409	28,755	20.41	13
14	Head Cook	3,427	4,078	99,101	24.30	14
15	Cook Helpers/Assistants	14,482	16,523	267,874	16.21	15
16	Dishwashers					16
17	Maintenance Workers	1,935	2,306	68,072	29.52	17
18	Housekeepers	13,753	15,948	256,006	16.05	18
19	Laundry	3,224	3,558	58,977	16.58	19
20	Administrator	1,808	2,080	123,350	59.30	20
21	Assistant Administrator	1,984	2,080	53,154	25.55	21
22	Other Administrative	4,589	5,095	151,583	29.75	22
23	Office Manager					23
24	Clerical	4,135	4,524	61,840	13.67	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,464	4,037	155,171	38.44	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,806	2,094	46,707	22.31	31
32	Other Health Care(specify)					32
33	Other(specify) <u>VolCoord</u>	1,896	2,080	60,053	28.87	33
34	TOTAL (lines 1 - 33)	158,541	176,721	\$ 4,206,366 *	\$ 23.80	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$2,689/mo	\$ 32,270	1-3	35
36	Medical Director	\$6,500/mo	78,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$198/mo	2,376	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	\$699/mo	8,388	11-3	44
45	Social Service Consultant	\$371/mo	4,456	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 125,490		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$400/visit	\$ 6,503	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)		\$ 6,503		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	
Tracy Pell	Administrator	0	\$ 123,350	Workers' Compensation Insurance	\$ 134,422	IDPH License Fee	\$	
		0		Unemployment Compensation Insurance	23,194	Advertising: Employee Recruitment	4,306	
Alexia Goblet	Ass't Admin	0	53,154	FICA Taxes	308,947	Health Care Worker Background Check		
		0		Employee Health Insurance	149,610	(Indicate # of checks performed 14)	455	
		0		Employee Meals	20,679	Patient Background Checks	359 3,586	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety bond fees/Corp annual rpt	353	
		0		Union health & welfare	98,658	Health Care Council of IL	9,504	
		0		Dental/Life Ins/Vision/EE Rel/Misc P/R	17,889	Amer Health Care/Flagstaff Fin'	454	
		0		Pension	30,748	Col Healt/BMIBRO Music	878	
		0		Employee drug tests/Vaccinations	30,744	Related party-AMS	640	
		0		401K match	4,318	Less: Public Relations Expense	()	
		0		Tuition Reminbursement	(2,072)	Non-allowable advertising	()	
		0		Related party-FECSII	(3,635)	Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 176,505	TOTAL (agree to Schedule V, line 22, col.8)	\$ 813,502	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 20,175	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	Related party	540
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	consulting fee		\$ 723,266				Seminar Expense	
Baker Tilly	Accounting Fee		187				IARF Educational Conference	268
Midcap	Accounting Fee		3,260				WHCA-WiCAL Convention	540
Midcap Legal/ Von Briesen & Roper	Legal- Non Collection		723				Entertainment Expense	()
C. Novotny	Medicare cost reporting		100				(agree to Sch. V, line 24, col. 8)	
Mayer Brown LLP	Professional Fees		536				TOTAL	\$ 1,348
Achieve Accreditation LLC	Professional Fees		4,917					
Burg Translation Bureau/Charles H.	Professional Fees		172					
AMS (eliminated)	Allocated Legal Fees		47,520					
Stone Pogrund & Korey LLC	Legal Fees - Collections		8,895					
SB2 Inc.	Legal Fees - Collections		2,455					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 792,031					

* Attach copy of IMRF notifications

**See instructions.

Alden of Waterford
Legal Fee Support
2020

PG 21A

Legal Fees Reported on Pg 21, Section C:

Less: Collection, estates, & other non-allowable legal fees (11,350.00)
listed on Pg 5, Line 22

Non-allowable legal fees, if any, deducted on
- AMS Allocated Legal Fees: GL 680600-100-003 (47,520.00)
+ Add Back voided invoice of prior year, if any
Allowable Legal Fees \$ (58,870.00)

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>680600-100-000</u> <u>Amount</u>	
Midcap	01/01/2020-12/31/2020	491.11	MidCap Group Exp Allocation
Von Briesen & Roper S.C.	01/01/2020-12/31/2020	232.29	
TOTAL ALLOWABLE LEGAL FEES		<u>723.40</u>	

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>696600-100-000</u> <u>Amount</u>	
Stone, Pogrund & Korey LLC [through AMS]	01/01/2020-12/31/2020	8,895.48	Monthly fee + fees re Mary Leonard
SB2 Inc (through AMS)	01/01/2020-12/31/2020	2,454.60	Monthly fee
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>11,350.08</u>	

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>680600-100-003</u> <u>Amount</u>
AMS Corp Legal Cost Allocation	01/01/2020-12/31/2020	47,520.00

TOTAL Allocated Legal Fees **47,520.00**

Total Legal Cost **59,593.48**

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA-yes; others-no
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Health Care Council of IL \$9,504
- (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. \$ 23,035 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 151,330
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. \$ 20,679 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ no
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? no
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? no
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: _____
- (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.