

		FOR BHF USE					

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

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

<p>I. IDPH License ID Number: <u>0032896</u></p> <p>Facility Name: <u>Alden Poplar Creek Rehab HCC</u></p> <p>Address: <u>1545 Barrington Road</u> <u>Hoffman Estates</u> <u>60169</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(847) 884 - 0011</u> Fax # <u>(847) 884 - 0121</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>01/01/88</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 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 checked="" 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 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 type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____ (Type or Print Name) <u>Derek Smart</u> (Title) <u>CFO, Alden Management Services, Inc., as agent</u></td> </tr> <tr> <td style="border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (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) _____ (Type or Print Name) <u>Derek Smart</u> (Title) <u>CFO, Alden Management Services, Inc., as agent</u>	Paid Preparer	(Signed) _____ (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 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																											
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Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>																												

Facility Name & ID Number Alden Poplar Creek Rehab HCC

0032896 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	217	Skilled (SNF)	217	79,422	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	217	TOTALS	217	79,422	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	968	2,108	5,313	8,389	8
9	SNF/PED					9
10	ICF	40,994	4,465	4,693	50,152	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,962	6,573	10,006	58,541	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.71%

D. How many bed reserve days during this year were paid by the Department? None (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 05/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/12/95 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 217 and days of care provided 4,945

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 Poplar Creek Rehab HCC # 0032896 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	581,228	45,787	25,333	652,348	1,647	653,995	(7,292)	646,703		1
2	Food Purchase		372,418		372,418	(40,432)	331,986	3,803	335,789		2
3	Housekeeping	320,008	79,019		399,027	705	399,732	20,420	420,152		3
4	Laundry	130,223	19,373		149,596	311	149,907		149,907		4
5	Heat and Other Utilities			303,179	303,179		303,179	1,751	304,930		5
6	Maintenance	64,545		212,004	276,549	261	276,810	33,181	309,991		6
7	Other (specify):* related party							9,455	9,455		7
8	TOTAL General Services	1,096,004	516,597	540,516	2,153,117	(37,508)	2,115,609	61,318	2,176,927		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	4,667,621	336,766	387,264	5,391,651	(5,705)	5,385,946	62,334	5,448,280		10
10a	Therapy	150,108	2,579	5,085	157,772		157,772		157,772		10a
11	Activities	202,371	3,616	4,429	210,416	397	210,813		210,813		11
12	Social Services	67,323			67,323		67,323		67,323		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,149	8,149		15
16	TOTAL Health Care and Programs	5,087,423	342,961	420,778	5,851,162	(5,308)	5,845,854	70,483	5,916,337		16
	C. General Administration										
17	Administrative	175,066			175,066		175,066	250,134	425,200		17
18	Directors Fees										18
19	Professional Services			1,195,341	1,195,341		1,195,341	(1,092,734)	102,607		19
20	Dues, Fees, Subscriptions & Promotions			142,034	142,034		142,034	(110,609)	31,425		20
21	Clerical & General Office Expenses	178,945	27,521	205,136	411,602	(4,620)	406,982	326,916	733,898		21
22	Employee Benefits & Payroll Taxes			1,167,120	1,167,120	31,784	1,198,904	(4,389)	1,194,515		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,880	2,880		2,880	1,247	4,127		24
25	Other Admin. Staff Transportation			1,900	1,900		1,900	11,151	13,051		25
26	Insurance-Prop.Liab.Malpractice			598,820	598,820		598,820	12,560	611,380		26
27	Other (specify):* related party			157,598	157,598		157,598	(58,535)	99,063		27
28	TOTAL General Administration	354,011	27,521	3,470,829	3,852,361	27,164	3,879,525	(664,259)	3,215,266		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,537,438	887,079	4,432,123	11,856,640	(15,652)	11,840,988	(532,458)	11,308,530		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 Poplar Creek Rehab HCC

#0032896

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			79,500	79,500		79,500	344,178	423,678			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			139,968	139,968		139,968	248,765	388,733			32
33	Real Estate Taxes			1,668,263	1,668,263	(1,668,263)		1,677,452	1,677,452			33
34	Rent-Facility & Grounds			684,019	684,019	1,668,263	2,352,282	(2,352,282)				34
35	Rent-Equipment & Vehicles			28,975	28,975		28,975	44,726	73,701			35
36	Other (specify):* MIP							42,223	42,223			36
37	TOTAL Ownership			2,600,725	2,600,725		2,600,725	5,062	2,605,787			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		703,845	986,617	1,690,462	15,652	1,706,114	(212,267)	1,493,847			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			457,124	457,124		457,124		457,124			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		703,845	1,443,741	2,147,586	15,652	2,163,238	(212,267)	1,950,971			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,537,438	1,590,924	8,476,589	16,604,951		16,604,951	(739,663)	15,865,288			45

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

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

IDPH License No. 0032896

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(40,432.00)	Employee Meals
	22	40,432.00	Employee Meals
22		(8,648.00)	Uniform Reclass
	1	1,647.00	Uniform Reclass
	3	705.00	Uniform Reclass
	4	311.00	Uniform Reclass
	6	261.00	Uniform Reclass
	10	5,327.00	Uniform Reclass
	11	397.00	Uniform Reclass
	21	-	Uniform Reclass
10		(15,652.00)	Oxygen Cost Reclass
	39	15,652.00	Oxygen Cost Reclass
33		(1,668,263.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	1,668,263.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(4,620.00)	Team TSI - MDS related costs
	10	4,620.00	Team TSI - MDS related costs
		-	

Alden Poplar Creek Rehab HCC

ID# 0032896

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg12 < \$2,500 (G)	\$ (2,294)	30	1
2	Elim Deprec Exp on Pg13 < \$2,500 (adj 1 wrksht, exp)	(27,251)	30	2
3	Exp Pg12 items < \$2,500- current yr purch (H)	2,364	6	3
4	Exp Pg13 items < \$2,500- current yr purch (adj1, wrksht,	26,179	6	4
5	adj for ABC related party profits - Pg12-E (deprn exp)	125	30	5
6	adj for depreciation	(1,920)	30	6
7				7
8				8
9	Late Fees on utilities	(2,460)	5	9
10	Late Fees on telephone		21	10
11	Intercompany interest (Midcap Int Alloc GL 7031)	(57,578)	32	11
12	Misc income - Donation (4977-023)	(813)	21	12
13	Misc income - Incentive Bonus (GL 4977)	(9,172)	21	13
14	Misc income - Medical Records (GL 4977-001)	(135)	21	14
15	Vendor Discount (GL4984)	(43)	2	15
16	Back out - Bank Chargers, Landowner GL 6814	(77)	21	16
17	Back out NPV Pension interest (GL 7035)	(78,617)	32	17
18	add back: refund of RE Taxes GL 7003 LLC	779	33	18
19	Back out Hoffman Est Chamber of Comm GL 6825	(1,050)	20	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	(151,963)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Poplar Creek Rehab HCC

0032896

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	(7,292)	0	0	0	0	0	0	0	(7,292)	1
2	Food Purchase	(4,330)	0	0	8,133	0	0	0	0	0	0	0	3,803	2
3	Housekeeping	0	0	20,420	0	0	0	0	0	0	0	0	20,420	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,460)	0	4,211	0	0	0	0	0	0	0	0	1,751	5
6	Maintenance	7,723	0	25,169	0	0	0	58	231	0	0	0	33,181	6
7	Other (specify):*	0	0	9,455	0	0	0	0	0	0	0	0	9,455	7
8	TOTAL General Services	933	0	59,255	841	0	0	58	231	0	0	0	61,318	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	0	0	55,411	9,208	(2,285)	0	0	0	0	0	0	62,334	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	8,149	0	0	0	0	0	0	0	0	8,149	15
16	TOTAL Health Care and Programs	0	0	63,560	9,208	(2,285)	0	0	0	0	0	0	70,483	16
	C. General Administration													
17	Administrative	0	0	250,134	0	0	0	0	0	0	0	0	250,134	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(18,617)	20,927	(1,095,044)	0	0	0	0	0	0	0	0	(1,092,734)	19
20	Fees, Subscriptions & Promotions	(112,088)	0	1,479	0	0	0	0	0	0	0	0	(110,609)	20
21	Clerical & General Office Expenses	(32,540)	90	359,366	0	0	0	0	0	0	0	0	326,916	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(4,389)	0	0	0	0	0	0	(4,389)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,247	0	0	0	0	0	0	0	0	1,247	24
25	Other Admin. Staff Transportation	0	0	11,151	0	0	0	0	0	0	0	0	11,151	25
26	Insurance-Prop.Liab.Malpractice	0	12,152	408	0	0	0	0	0	0	0	0	12,560	26
27	Other (specify):*	(157,598)	0	99,063	0	0	0	0	0	0	0	0	(58,535)	27
28	TOTAL General Administration	(320,843)	33,169	(372,196)	0	(4,389)	0	0	0	0	0	0	(664,259)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(319,910)	33,169	(249,381)	10,049	(6,674)	0	58	231	0	0	0	(532,458)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Poplar Creek Rehab HCC

0032896

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	(31,340)	364,400	11,118	0	0	0	0	0	0	0	0	344,178	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(155,338)	336,642	67,461	0	0	0	0	0	0	0	0	248,765	32
33	Real Estate Taxes	779	1,668,263	8,410	0	0	0	0	0	0	0	0	1,677,452	33
34	Rent-Facility & Grounds	0	(2,352,282)	0	0	0	0	0	0	0	0	0	(2,352,282)	34
35	Rent-Equipment & Vehicles	0	0	44,726	0	0	0	0	0	0	0	0	44,726	35
36	Other (specify):*	0	42,223	0	0	0	0	0	0	0	0	0	42,223	36
37	TOTAL Ownership	(185,899)	59,246	131,715	0	0	0	0	0	0	0	0	5,062	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	(114,480)	(20,116)	(77,671)	0	0	0	0	0	(212,267)	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	(114,480)	(20,116)	(77,671)	0	0	0	0	0	(212,267)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(505,809)	92,415	(117,666)	(104,431)	(26,790)	(77,671)	58	231	0	0	0	(739,663)	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	\$ 2,352,282	Alden Nursing Center of Poplar Creek, LLC	0.00%	\$	\$ (2,352,282)	1
2	V	32 Interest Income Repl Reserve	33	Alden Nursing Center of Poplar Creek, LLC			(33)	2
3	V							3
4	V							4
5	V	19 Accounting Fees		Alden Nursing Center of Poplar Creek, LLC		14,000	14,000	5
6	V	19 Legal Fees: Non-Collections		Alden Nursing Center of Poplar Creek, LLC		6,927	6,927	6
7	V	21 Annual Report/Gen Office Exp		Alden Nursing Center of Poplar Creek, LLC		90	90	7
8	V	33 Real Estate Tax Expense		Alden Nursing Center of Poplar Creek, LLC		1,668,263	1,668,263	8
9	V	26 General Insurance Expense		Alden Nursing Center of Poplar Creek, LLC		12,152	12,152	9
10	V	36 Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		42,223	42,223	10
11	V	32 Interest - Mortgage		Alden Nursing Center of Poplar Creek, LLC		332,750	332,750	11
12	V	30 Depreciation Expense		Alden Nursing Center of Poplar Creek, LLC		364,400	364,400	12
13	V	32 Amortization Expense		Alden Nursing Center of Poplar Creek, LLC		3,925	3,925	13
14	Total		\$ 2,352,315			\$ 2,444,730	\$ * 92,415	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,211	\$ 4,211 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,247	1,247 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		11,151	11,151 17
18	V	26 Insurance		Alden Management Services, Inc.		408	408 18
19	V	20 Dues and Subscription		Alden Management Services, Inc.		1,479	1,479 19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118 20
21	V	33 Real Estate taxes		Alden Management Services, Inc.		8,410	8,410 21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		44,726	44,726 22
23	V	32 Interest		Alden Management Services, Inc.		67,461	67,461 23
24	V	1 Dietary		Alden Management Services, Inc.			
25	V	3 Housekeeping		Alden Management Services, Inc.		20,420	20,420 25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		9,455	9,455 26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		55,411	55,411 27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		8,149	8,149 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		250,134	250,134 29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		99,063	99,063 30
31	V	19 Professional Fee	1,144,695	Alden Management Services, Inc.		49,651	(1,095,044) 31
32	V	21 General and Administrative	53,400	Alden Management Services, Inc.		412,766	359,366 32
33	V	6 Repairs and Maintenance	16,028	Alden Management Services, Inc.		41,197	25,169 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,214,123			\$ 1,096,457	\$ * (117,666) 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.	\$ 25,333	Prism Health Care Services, Inc.	0.00%	\$	\$(25,333)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,243	14,243
17	V	2 Tube feeding	16,798	Prism Health Care Services, Inc.		13,359	(3,439)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792
19	V	39 Ancillary supplies	187,028	Prism Health Care Services, Inc.		51,536	(135,492)
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,798	3,798
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		11,572	11,572
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,416	3,416
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		21,012	21,012
24	V						
25	V						
26	V						
27	V						
28	V	114,480					
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 235,819			\$ 131,388	\$ * (104,431)

* 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>	\$ 426,087	<u>Forum Extended Care II, Inc.</u>	0.00%	\$ 405,840	\$ (20,247)
16	V	39 <u>I.V.</u>	27,173	<u>Forum Extended Care II, Inc.</u>		25,882	(1,291)
17	V	39 <u>Wound Care-Product only</u>	58,034	<u>Forum Extended Care II, Inc.</u>		55,276	(2,758)
18	V	10 <u>House Stock</u>	42,890	<u>Forum Extended Care II, Inc.</u>		40,852	(2,038)
19	V	10 <u>Pharm Consult</u>	5,208	<u>Forum Extended Care II, Inc.</u>		4,961	(247)
20	V	22 <u>Employee Vaccinations</u>	4,389	<u>Forum Extended Care II, Inc.</u>			(4,389)
21	V	39 <u>Employee Vaccinations</u>		<u>Forum Extended Care II, Inc.</u>		4,180	4,180
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 563,781			\$ 536,991	\$ * (26,790)

* 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	\$ 961,832	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 884,161	\$ (77,671)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 961,832			\$ 884,161	\$ * (77,671)

* 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	\$ 24,847	Alden Bennett Construction Company, Inc.	0.00%	\$ 24,905	\$	58	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		\$ 24,847			\$ 24,905	\$ *	58	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	\$ 250	Alden Design Group, Ltd.	0.00%	\$ 481	\$ 231	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		\$ 250			\$ 481	\$ *	231	39

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

Facility Name & ID Number

Alden Poplar Creek Rehab HCC

0032896

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 Profession	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illino	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry				6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	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.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shore	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts	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	Long Grove				30

Facility Name & ID Number Alden Poplar Creek Rehab HCC # 0032896 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 D	Chairman	100.00	176,043	1.936	4.84	Salary	\$ 8,957	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,158	1.936	4.84	Salary	4,842	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,158	1.936	4.84	Salary	4,842	6-7	3
4	Ina Schlossberg D.	Board Member	Board member	0.00	108,301	1.936	4.84	Salary	5,510	17-7	4
5	Audra Elisco F.	Medical Records Cler	Medical records	0.00	60,371	1.936	4.84	Salary	3,072	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	176,043	1.694	4.84	Salary	8,957	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	\$ 36,180		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 Poplar Creek Rehab HCC

0032896

Report Period Beginning:

01/01/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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	36	\$ 86,976	\$	58,541	\$ 4,211	1
2	24	Trav & Seminar	Patient Days	36	25,753		58,541	1,247	2
3	25	Other Admin Travel	Patient Days	36	230,320		58,541	11,151	3
4	26	Insurance	Patient Days	36	8,433		58,541	408	4
5	20	Dues & Subscriptions	Patient Days	36	30,557		58,541	1,479	5
6	30	Depreciation	No of Providers/usage	36	408,834		1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	36	200,354		58,541	8,410	7
8	35	Rent-Equip & Vehicle	Patient Days	36	923,790		58,541	44,726	8
9	32	Interest	Patient Days/usage	36	1,567,343		58,541	67,461	9
10	3	Housekeeping Salary	Patient Days	36	421,760	421,760	58,541	20,420	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	36	195,292		58,541	9,455	11
12	10	Nurs & Med Records Salary	Patient Days	36	1,149,694	1,149,694	58,541	55,411	12
13	15	Employee Benefits -Health Care	Patient Days	36	168,303		58,541	8,149	13
14	17	Administrative Salary	Patient Days/usage	36	5,264,790	5,264,790	58,541	250,134	14
15	27	Employee Benefits - Admin	Patient Days	36	2,046,057		58,541	99,063	15
16	19	Professional fees	Patient Days	36	1,372,458	1,094,350	58,541	49,651	16
17	21	Gen'I & Admin	Patient Days	36	8,525,354	7,617,708	58,541	412,766	17
18	6	Repair & Maint.	Patient Days	36	1,379,344	912,301	58,541	41,197	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 24,005,407	\$ 16,460,603		\$ 1,096,457	25

Facility Name & ID Number

Alden Poplar Creek Rehab HCC

0032896

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	Name of Lender	2		3	4	5	6		7	8	9	10						
		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 (GL 7055)		x	Mortgage	\$42,585.00	02/2011	\$ 9,875,100	\$ 8,357,881	03/2046	0.0394	\$ 332,750	1						
2												2						
3	Insurance Interest (GL 7053 PC)	x		Medical Malpractice							201	3						
4	Interest AVAYA (GL 7030 PC)	x		Capital Lease							3,495	4						
5	Amort of Fin Fees (GL 7105)	x		Refinancing							3,926	5						
Working Capital																		
6	Related party - AMS		x	Working capital							67,461	6						
7												7						
8												8						
9	TOTAL Facility Related				\$42,585.00		\$ 9,875,100	\$ 8,357,881			\$ 407,833	9						
B. Non-Facility Related*																		
10	Interest Income on R.R. (GL 4972)	x									(33)	10						
11	Interest Income (GL 4975)	x									(19,067)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (19,100)	14						
15	TOTALS (line 9+line14)						\$ 9,875,100	\$ 8,357,881			\$ 388,733	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 42,223 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.			\$	824,700	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.)			\$	1,228,442	2																				
3.	Under or (over) accrual (line 2 minus line 1).			\$	403,742	3																				
4.	Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	1,265,300	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.			\$	1,669,042	7																				
Real Estate Tax History:				\$	8,410																					
				\$	1,677,452																					
Real Estate Tax Bill for Calendar Year:		2015	718,406	8	FOR BHF USE ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">13</td> <td style="width: 75%;">FROM R. E. TAX STATEMENT FOR 2019</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 10%;"></td> <td style="width: 5%; text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: center;">16</td> </tr> </table>		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
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																						
		2016	687,261	9																						
		2017	763,122	10																						
		2018	800,703	11																						
		2019	1,228,442	12																						
The current year accrual is based on an estimated 3% increase of the prior year tax.																										

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 Poplar Creek Rehab HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0032896

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>173,696.00</u>	\$ <u>8,410.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>07-07-300-012-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,228,442.00</u>	\$ <u>1,228,442.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>1,402,138.00</u></u>	\$ <u><u>1,236,852.00</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 Poplar Creek Rehab HCC

0032896

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing home facility</u>	<u>62,115</u>		<u>\$ 310,554</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	62,115		\$ 310,554	3

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	12	1995	1988	\$ 9,202,500	\$ 230,062	40	\$ 230,062	\$	\$ 5,783,571	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Electrical work/deoc/construction/fire alarm		1988	34,647		5-10			34,647	9
10	Sink repair/painting/marble work/class/electrical		1989	142,814		5-10			142,814	10
11	Install pump/village street signal/heater motor		1990	12,416		5-15			12,416	11
12	Replace boiler/replace a/c unit/replace condensor		1991	11,622		5-15			11,622	12
13	Flooring/clean condensor/roto-rooter/sprinkler/pump		1992	15,458		5-25			15,458	13
14	HVAC/electrical work/flooring/fan/counter /cabinets		1993	72,195		5-20			72,195	14
15	HVAC/prior credits applied		1994	(5,559)		10-15			(5,559)	15
16	A/C work/electricity repair/HVAC repairs		1995	23,105		5-15			23,105	16
17	Increase lighting levels on first floor		1996	8,838		15			8,838	17
18	Repair and epoxy all shower bases		1996	7,164		15			7,164	18
19	Clean coils to existing NU-AHL		1996	7,166		10			7,166	19
20	Laundry-enclose dryer area, door etc.		1996	7,763		20			7,763	20
21	Redesign PT,OT, activity area		1996	11,943		20			11,943	21
22	Repair restucco 2 entrance monuments		1996	5,016		10			5,016	22
23	Remove & replace roof with new		1996	89,573		20			89,573	23
24	Replace 2-25 gallon 450 BTU hot water heaters		1996	41,801		15			41,801	24
25	Add alternate biler phasing standby/back		1996	5,972		15			5,972	25
26	Change roof exhausts		1996	13,137		15			13,137	26
27	Repaint all painted surfaces in soda shop		1996	1,850		5			1,850	27
28	Add pantries w/kitchen equip to 1,2,3rd floors		1996	122,492		20			122,492	28
29	Siegert (sprinkler system)		1996	29,000		15			29,000	29
30	Tri-star install cooler assec.		1997	1,864		5			1,864	30
31	Cummis/onan -install pump		1997	4,959		5			4,959	31
32	Network environment -repair pipe		1997	8,000		5			8,000	32
33	Network environment -repair pipe		1997	6,800		5			6,800	33
34	A&B install cable in all rooms		1997	4,680		10			4,680	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Poplar Creek Rehab HCC

0032896

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	Wigdahl electric-insall outlet and lights	1998	1,778		5			1,778	37
38	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	38
39	CSI-maint. On choller and clean condensor valves	1998	8,400		10			8,400	39
40	CSI -repair compressor and freon	1998	2,330		15			2,330	40
41	CSI-repair condensing unit on cooler	1998	1,869		10			1,869	41
42	Build Improve: \$1,523,876.33 & 224,500 2 on internal - ABC	1998	1,748,376	47,254	37	47,254		1,082,289	42
43	ABC	1998	13,080		10			13,080	43
44	Alpha Sign-signs and plaques	1999	9,881		20			9,881	44
45	CSI-repair condensor	1999	1,528		10			1,528	45
46	Fos valley fire & safety-smoke detectors	1999	6,502		10			6,502	46
47	CSI-repair boiler	1999	1,875		15			1,875	47
48	CSI - compressor	1999	1,531		15			1,531	48
49	Equipment Int.-washing machine	1999	1,936		5			1,936	49
50	ABC-concrete, fencing	1999	12,735		15			12,735	50
51	Climate Services, -replace coil/thermostat	1999	5,425		10			5,425	51
52	DBS contracting-install lawn sprinkler system	2000	1,863		15			1,863	52
53	New Horizons	2000	525		3			525	53
54	New Horizons	2000	667		3			667	54
55	New Horizons	2000	714		3			714	55
56	New Horizons	2000	824		3			824	56
57	Alden Design	2000	4,440	148	20	148		4,440	57
58	Alden Design	2000	5,500	206	20	206		5,500	58
59	Walter Mayer -interior finishes	2000	4,000		15			4,000	59
60	CSI-window treatment	2000	19,411		5			19,411	60
61	DBS contracting - Alden sign	2000	1,500		5			1,500	61
62	Equipment Int.-repair dryer	2000	1,864		3			1,864	62
63	A&B custom cable install cable tv 1st floor rooms	1998	5,760		5			5,760	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,756,210	\$ 277,670		\$ 277,670	\$	\$ 7,671,194	70

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 11,756,210	\$ 277,670		\$ 277,670	\$	\$ 7,671,194	1
2	Equipment Int. -repair dryer	2000	926		3			926	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530		5			1,530	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356		5			2,356	4
5	ABC -misc. construction work	2000	5,949		5			5,949	5
6	Equipment Int. -repair dryer	2000	1,036		5			1,036	6
7	Equipment Int. -repair dryer	2000	1,103		5			1,103	7
8	Equipment Int. -repair dryer	2000	1,103		5			1,103	8
9	Washtown Equipment(repair washers)	2001	572		3			572	9
10	CAPPS - Plumbing	2001	5,565		10			5,565	10
11	Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
12	Alden Bennett Construction (misc. repairs)	2001	2,160		5			2,160	12
13	CAPPS - Plumbing (plumbing repairs)	2001	1,865		5			1,865	13
14	Long Elevator (car stations in two elevators)	2001	4,800		15			4,800	14
15	Fire Pros (fire alarm control panel upgrade)	2001	1,650		10			1,650	15
16	GT Mechanical (laundry exhaust fan for dryers)	2001	2,398		5			2,398	16
17	The Floor Source (carpeting in dining room)	2001	2,866		3			2,866	17
18	Capps - Plumbing (plumbing repairs)	2001	2,215		5			2,215	18
19	ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		55,192	19
20	ABC - Misc. Repairs	2002	3,734		10			3,734	20
21	Alden Bennett Construction (carpeting)	2002	(6,617)		3			(6,617)	21
22	Capps Plumbing (hot water pump)	2002	1,885		5			1,885	22
23	Capps Plumbing (install new drain)	2002	1,685		5			1,685	23
24	GT Mechanical (condenser pump motor)	2002	2,505		10			2,505	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769		10			7,769	25
26	GT Mechanical (replaced motor)	2002	3,112		5			3,112	26
27	Alden Bennett Construction(chain link gate)	2002	2,565		5			2,565	27
28	GT Mechanical (replace motor)	2002	2,287		5			2,287	28
29	GT Mechanical (taco pump)	2002	3,808		10			3,808	29
30	Capps Plumbing & Sewer (handicapped accesible fountains	2002	2,500		10			2,500	30
31	New Horizons Communication (phone & jacks instal	2002	3,651		10			3,651	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,889,202	\$ 280,640		\$ 280,640	\$	\$ 7,799,981	34

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

Facility Name & ID Number Alden Poplar Creek Rehab HCC

0032896

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,889,202	\$ 280,640		\$ 280,640	\$	\$ 7,799,981	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785		10			5,785	2
3	Alden Bennett Construction (3rd Floor remodelling)	2003	5,731		10			5,731	3
4	Alden Bennett Construction(elevator)	2003	2,595		5			2,595	4
5	CSI Coker Service (Refridgerator repairs)	2003	5,283		5			5,283	5
6	CSI Coker Service (kitchedn eqpt repairs)	2003	2,833		5			2,833	6
7	Patten CAT (AMS Billings)(engine reapears)	2003	1,598		5			1,598	7
8	GT Mechanical (plumbing reapiers)	2003	2,544		5			2,544	8
9	Alden Bennett Construction (Carept/elevator cab.)	2003	1,437		3			1,437	9
10	GT Mechanical (plumbing repairs)	2004	2,810		5			2,810	10
11	GT Mechanical (plumbing repairs)	2004	1,267		5			1,267	11
12									12
13	GT Mechanical (plumbing repairs)	2004	4,469		5			4,469	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		1,740	14
15	Oak Fire/Security Systems(fire pumpair re)	2004	2,550		5			2,550	15
16	System Electric (electrical work)	2005	1,080		5			1,080	16
17	Capps Plumbing (new weighted suspended floats)	2005	1,426		5			1,426	17
18	A & B Custom Cable (cable wires/dist amp)	2005	1,541		10			1,541	18
19	Capps Plumbing (new ball valve/ 3rd floor kitchen sink)	2005	2,185		5			2,185	19
20	Door alarm	2005	2,508		5			2,508	20
21	CSI Coker (Dishwasher repair)	2005	3,467		5			3,467	21
22	Equipment International (tumbler weldment)	2005	3,656		10			3,656	22
23	GT Mechanical (laundry exhaust fan)	2005	3,769		5			3,769	23
24	GT Mechanical (laundry exhaust fan)	2005	3,800		5			3,800	24
25	GT Mechanical (replace lower motor)	2005	4,558		10			4,558	25
26	ABC (windows)	2005	4,756		5			4,756	26
27									27
28									28
29	Long Elevator (new relay, contacts and PC board)	2006	2,854		5			2,854	29
30	ABC (Flagpole, aerator, shower)	2006	2,838		10			2,838	30
31	ABC (Fasco motor, rebuild kit, cables, faucet)	2006	3,167		10			3,167	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,971,842	\$ 280,746		\$ 280,746	\$	\$ 7,882,228	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	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		\$ 11,971,842	\$ 280,746		\$ 280,746	\$	\$ 7,882,228	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,du	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)		\$ 12,118,835	\$ 285,442		\$ 285,442	\$	\$ 7,977,999	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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,118,835	\$ 285,442		\$ 285,442	\$	\$ 7,977,999	1
2	Adj for ABC related party profit	2008	(801)	(44)		(44)		(495)	2
3	Adj for ABC related party profit	2009	(283)	(12)		(12)		(132)	3
4	Adj for ABC related party profit	2010	(432)	(5)		(5)		(55)	4
5	Adj for ABC related party profit	2011	293	2		2		19	5
6	Adj for ABC related party profit	2012	2,543	164		164		1,394	6
7	Adj for ABC related party profit	2013	413	18		18		135	7
8	Adj for ABC related party profit	2014	(82)	(6)		(6)		(39)	8
9	Adj for ABC related party profit	2015	(45)	(2)		(2)		(8)	9
10	Adj for ABC related party profit	2016	22	2		2		8	10
11	Adj for ABC related party profit	2017	66	2		2		7	11
12	Adj for ABC related party profit	2018	122	2		2		6	12
13	Adj for ABC related party profit	2019	117	2		2		6	13
14	Adj for ABC related party profit	2020	47	2		2		2	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)		\$ 12,120,815	\$ 285,567		\$ 285,567	\$	\$ 7,978,847	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	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		\$ 12,120,815	\$ 285,567		\$ 285,567	\$	\$ 7,978,847	1
2	ABC - Parking Lot repair	2007	5,165		10			5,165	2
3	ABC - new smoke detectors	2007	7,883		10			7,883	3
4	ABC - new door	2007	2,626		10			2,626	4
5	ABC - new carpet	2007	17,048		10			17,048	5
6	ABC - new door operator	2007	2,559		5			2,559	6
7	ABC - new carpet	2007	42,573		10			42,573	7
8									8
9	ABC - new Burkay 670,000 btu	2007	26,526		10			26,526	9
10	ABC - new piping condenser	2007			10				10
11	ABC - new carpet	2007	10,740		10			10,740	11
12									12
13	ABC - new carpet	2007	12,809		10			12,809	13
14	ABC - new elevator rails	2007	6,633		10			6,633	14
15									15
16	ABC - push button security lock	2008	3,050		5			3,050	16
17									17
18	ABC - new door hardware	2008	4,267		10			4,267	18
19									19
20	ABC - replace broken plumbing fixture	2008	3,288	164	20	164		2,050	20
21									21
22	ABC - boiler 1 & 2 repairs	2008	34,947	1,747	20	1,747		21,401	22
23	ABC - boiler 1 & 2 repairs	2008	5,833	292	20	292		3,577	23
24	ABC - plumbing electricals HVAC repairs sealants	2008	9,360	624	15	624		7,592	24
25									25
26	RB Higgins - 30 pressure relief mattresses	2008	4,335		5			4,335	26
27									27
28									28
29									29
30	White Way Sign - signage	2008	17,495		10			17,495	30
31	ABC - new asphalt	2008	9,944		8			9,944	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,347,896	\$ 288,394		\$ 288,394	\$	\$ 8,187,120	34

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

Facility Name & ID Number Alden Poplar Creek Rehab HCC

0032896

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		\$ 12,347,896	\$ 288,394		\$ 288,394	\$	\$ 8,187,120	1
2	ABC - carpentry and HVAC	2009	18,483	1,232	15	1,232		13,861	2
3									3
4	ABC - paving parking lot	2009	16,740		8			16,740	4
5	ABC - #2 elevator shaft	2009	34,530	1,727	20	1,727		19,459	5
6	TopNotch - repairs new compressor	2009	4,057		5			4,057	6
7	ABC - new stone base for parking lot	2009	9,398	627	15	627		7,054	7
8	ABC - reseal parking lot	2009	4,959		8			4,959	8
9									9
10	ABC - sewer repair	2010	7,057		5			7,057	10
11									11
12									12
13									13
14	Concrete walk, south exit - ABC	2011	4,322	288	15	288		2,760	14
15									15
16	concrete/automatic metal door - ABC	2011	8,089	539	15	539		4,672	16
17	Plumbing/piping - ABC	2011	5,564	223	20	223		1,969	17
18	Sprinkler system - US Fire Protection	2011	15,598	624	25	624		5,668	18
19									19
20	chiller repair - GT Mechanical	2011	5,965		5			5,965	20
21	Fan - laundry exhaust - GT Mechanical	2011	3,225	322	10	322		2,792	21
22	Tiles, door hinges - ABC	2011	4,845	323	15	323		3,028	22
23	paving road - St. Alexius Medical	2011	8,945	890	10	890		8,945	23
24	ashphalt - Garelli Pavement	2011	5,750		8			5,750	24
25	railings in stairwells - ABC	2011	42,805	4,281	10	4,281		41,739	25
26									26
27	Sprinkler head - ABC	2012	36,674	1,467	25	1,467		12,958	27
28	Railings, iron, resident patio replaced/fixe-ABC	2012	4,511	301	15	301		2,282	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,589,413	\$ 301,238		\$ 301,238	\$	\$ 8,358,835	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	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		\$ 12,589,413	\$ 301,238		\$ 301,238	\$	\$ 8,358,835	1
2	Gutter, drain - Sebert	2013	2,500	250	10	250		1,771	2
3									3
4									4
5	Railing, iron, patio - ABC	2013	6,707	447	15	447		3,390	5
6	Railing, fence - ABC	2013	2,696	180	15	180		1,260	6
7	Asphalt - ABC	2013	17,897	2,237	8	2,237		16,032	7
8	Asphalt - ABC	2013	3,413	427	8	427		3,060	8
9									9
10	HVAC - ABC	2014	33,042	3,304	10	3,304		20,925	10
11	Fire security system - Valley Fire	2014	4,997		5			4,997	11
12	Motor, heating/vent - ABC	2014	3,122		5			3,122	12
13	Paving, South Drive Lane v- Rose Paving	2014	5,962		5			5,962	13
14	Asphalt - ABC	2014	3,593	449	8	449		2,769	14
15									15
16	Fire dampers - ABC	2016	11,576	1,158	10	1,158		5,693	16
17									17
18	Windows, aluminum - ABC	2017	4,362	436	10	436		1,708	18
19	Motor for chiller - GT Mech	2017	3,537	707	5	707		2,475	19
20	Dryer, motor and impeller (Laundry room)	2018	2,803	561	5	561		1,356	20
21	Triton Plumbing - kitchen/laundry boiler repair, Boiler room	2019	11,213	2,243	5	2,243		3,177	21
22	Equipment International - washer bearings, Laundry room	2020	4,035	605	5	605		605	22
23	Olympic Paving and Coating - paving, asphalt, Parking lot	2020	14,540	454	8	454		454	23
24	Equipment International - washer bearings, Laundry room	2020	4,652	233	5	233		233	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)		\$ 12,730,060	\$ 314,929		\$ 314,929	\$	\$ 8,437,824	34

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

Facility Name & ID Number Alden Poplar Creek Rehab HCC

0032896

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	\$ 1,058,741	\$ 100,738	\$ 100,738	\$	various	\$ 602,953	71
72	Current Year Purchases	75,205	5,851	5,851		various	4,744	72
73	Fully Depreciated Assets	2,000,956	2,160	2,160		various	2,000,956	73
74								74
75	TOTALS	\$ 3,134,902	\$ 108,749	\$ 108,749	\$		\$ 2,608,653	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	passenger bus		2000	49,863					49,863	78
79										79
80	TOTALS			\$ 53,665	\$	\$	\$		\$ 53,665	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)	\$ 16,229,181	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 423,678	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 423,678	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,100,142	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.

Facility Name & ID Number Alden Poplar Creek Rehab HCC

0032896

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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 Nov 2007

Ending Dec 2021

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2021</u>	\$ <u>varies</u>
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: \$ 19,732 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Auto lease-GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>14,436</u>	17
18					18
19	<u>Related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>20,809</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>35,245</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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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? <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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		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	\$		\$ 430,257	\$		\$ 430,257	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			78,861			78,861	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			463,203			463,203	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				410,020		410,020	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				(77,671)	189,177		111,506	13
14	TOTAL			\$		\$ 894,650	\$ 599,197		\$ 1,493,847	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.

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	430,257.00	
2.	ST	39-3	To Col 5	78,861.00	
3.					
4.	PT	39-3	To Col 5	463,203.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			426,087.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(16,067.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	410,020.00	
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	(77,671.00)	From Page 6D, Col 8 (Except DD homes)
	Other			292,054.00	
	Manual Input: Related Party - Prism			(114,480.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(1,291.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(2,758.00)	From Page 6C/Ln 39 items for Wound Care Products, Col :
	Oxygen, from reclass worksheet (Pg 4A)			15,652.00	
13.	Col 6: Supplies Total		To Col 6	189,177.00	
13.	Total Line 13, Column 8			111,506.00	
14.	Total			1,493,847.00	

Facility Name & ID Number Alden Poplar Creek Rehab HCC

0032896

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 32,724	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (223,000))	1,867,046	1,867,046	3
4	Supply Inventory (priced at)	85,939	85,939	4
5	Short-Term Investments			5
6	Prepaid Insurance		24,309	6
7	Other Prepaid Expenses	31,100	31,100	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): due from 3rd party	17,347	17,347	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,001,432	\$ 2,058,465	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,554	13
14	Buildings, at Historical Cost		11,427,969	14
15	Leasehold Improvements, at Historical Cost	902,163	1,137,874	15
16	Equipment, at Historical Cost	1,369,735	3,412,552	16
17	Accumulated Depreciation (book methods)	(1,850,586)	(11,142,250)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		715,927	21
22	Other Long-Term Assets (specify) <u>Refinancing Fee</u>		57,091	22
23	Other(specify): <u>Due from Affiliate</u>	28,178,438	28,198,868	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 28,599,750	\$ 34,118,585	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 30,601,182	\$ 36,177,050	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 767,093	\$ 771,293	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	672,389	672,389	28
29	Short-Term Notes Payable	12,771	210,024	29
30	Accrued Salaries Payable	664,465	664,465	30
31	Accrued Taxes Payable (excluding real estate taxes)	228,304	228,304	31
32	Accrued Real Estate Taxes(Sch.IX-B)		1,265,300	32
33	Accrued Interest Payable		27,442	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax/Provi</u>	6,238,060	6,238,060	36
37	<u>Due to Affiliates - current</u>	764,269	764,269	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,347,351	\$ 10,841,546	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,069,381	9,230,009	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	<u>Mcr Adv Fund & Fica-Deferred</u>	283,389	283,389	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,352,770	\$ 9,513,398	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,700,121	\$ 20,354,944	46
47	TOTAL EQUITY(page 18, line 24)	\$ 19,901,061	\$ 15,822,106	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 30,601,182	\$ 36,177,050	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 20,899,514	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 20,899,514	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(998,454)	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) rounding	1	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (998,453)	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)	\$ 19,901,061	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Poplar Creek Rehab HCC

0032896

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	\$ 15,102,414	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,102,414	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	166,420	5
6	Therapy	260,191	6
7	Oxygen	27,142	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 453,753	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	12,749	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 12,749	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	19,067	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,067	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Gain on Sale of Assets/Incentive Bonus</u>	16,523	28
28a	<u>Med record/Jury Duty, Vendor discount, Donation</u>	1,991	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 18,514	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,606,497	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,153,117	31
32	Health Care	5,851,162	32
33	General Administration	3,852,361	33
B. Capital Expense			
34	Ownership	2,600,725	34
C. Ancillary Expense			
35	Special Cost Centers	1,690,462	35
36	Provider Participation Fee	457,124	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,604,951	40
41	Income before Income Taxes (line 30 minus line 40)**	(998,454)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (998,454)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 8,523,463	44
45	Private Pay - Net Inpatient Revenue	1,607,649	45
46	Medicare - Net Inpatient Revenue	3,146,651	46
47	Other-(specify) <u>Hospice</u>	1,824,823	47
48	Other-(specify) <u>Insur,Vets,Charity/Sales Allows</u>	(172)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,102,414	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 Poplar Creek Rehab HCC

0032896

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Ending:

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Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	
Record Copies-Backed out with Ln ref 21-Pg 5A	135
Jury Duty-Backed out with Ln ref 22-Pg 5A	-
Donation-Backed out with Ln ref 21-Pg 5A	813
Settlements-Backed out with Ln ref 21-Pg 5A	-
Write Off Old Accounts Payables	1,000
Vendor Discount	43
United Healthcare-(Rebate/Incentive)	9,172
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	7,351
Line 28 Total:	<u><u>18,514</u></u>

Facility Name & ID Number Alden Poplar Creek Rehab HCC

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Report Period Beginning: 01/01/2020

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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	2,116	2,132	\$ 129,066	\$ 60.54	1
2	Assistant Director of Nursing	4,285	4,333	174,485	40.27	2
3	Registered Nurses	45,228	49,406	1,852,479	37.50	3
4	Licensed Practical Nurses	12,811	14,080	475,992	33.81	4
5	CNAs & Orderlies	82,504	89,716	1,643,209	18.32	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,503	2,855	82,868	29.03	8
9	Activity Director	1,957	2,040	49,036	24.04	9
10	Activity Assistants	5,851	6,209	88,796	14.30	10
11	Social Service Workers	2,080	2,080	67,323	32.37	11
12	Dietician					12
13	Food Service Supervisor	2,064	2,080	72,143	34.68	13
14	Head Cook					14
15	Cook Helpers/Assistants	27,612	30,680	509,085	16.59	15
16	Dishwashers					16
17	Maintenance Workers	2,056	2,080	64,545	31.03	17
18	Housekeepers	16,550	19,213	320,008	16.66	18
19	Laundry	7,050	8,106	130,223	16.07	19
20	Administrator	2,072	2,080	108,361	52.10	20
21	Assistant Administrator	2,056	2,080	66,705	32.07	21
22	Other Administrative	10,369	10,635	238,011	22.38	22
23	Office Manager					23
24	Clerical	4,753	5,147	72,711	14.13	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,139	4,163	156,585	37.61	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	4,271	4,369	108,431	24.82	32
33	Other(specify) Mem Care: Dir&A	6,804	7,294	127,376	17.46	33
34	TOTAL (lines 1 - 33)	249,131	270,778	\$ 6,537,438 *	\$ 24.14	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	2111/mo	\$ 25,333	1-3	35
36	Medical Director	2000/mo	24,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	434/mo	5,208	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	280/visit	3,929	11-3	44
45	Social Service Consultant			11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 58,470		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	782 hrs	\$ 66,800	10-3	50
51	Licensed Practical Nurses	1876 hrs	131,300	10-3	51
52	Certified Nurse Assistants/Aides	3583 hrs	182,300	10-3	52
53	TOTAL (lines 50 - 52)		\$ 380,400		53

Facility Name & ID Number Alden Poplar Creek Rehab HCC

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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	
Katie Grace Collins	Administrator	0	\$ 108,361	Workers' Compensation Insurance	\$ 201,772	IDPH License Fee	\$	
Nicole Gineman	Asst Administrator	0	42,368	Unemployment Compensation Insurance	19,513	Advertising: Employee Recruitment	1,822	
Nhim, Cyra Correlo	Asst Administrator	0	24,337	FICA Taxes	480,411	Health Care Worker Background Check	489	
				Employee Health Insurance	398,774	(Indicate # of checks performed 15)		
				Employee Meals	40,432	Patient Background Checks	220	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees/Corp Annual Fee	637	
				Dental and Life	4,426	Health Care Council of IL	20,832	
				Employee Relations	21,987	Coll Health/Linked Seniors/American Health	2,891	
				401K	5,038	Broadcast Music, Inc.	1,075	
				Drug Test/Misc Payroll/	22,612	Related Party - AMS	1,479	
				Tuition Reimbursement/Employee Vaccination	3,939	Less: Public Relations Expense	()	
				Related Party -Forum Pharmacy	(4,389)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 175,066	TOTAL (agree to Schedule V, line 22, col.8)		\$ 31,425		
(List each licensed administrator separately.)								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	Related party	1,247
(Attach a copy of any management service agreement)							Seminar Expense	
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	Consulting fees		\$ 1,095,948				NIC National Conference	497
AMS	Allocated Legal Fees		47,520				Leadership Summit/Activity Dir Seminar	2,383
BDO SeidmanVirchow Krause	Accounting Fees		7,467					
Alden Group (Midcap)	Allocated Acctg Fees		3,825				Entertainment Expense	()
C.Novotny	Accounting Fees/Cost Report		100				(agree to Sch. V, line 24, col. 8)	
Joint Commission/Achieve Accreditation	Accreditation Fee		10,731				TOTAL	\$ 4,127
Relias Learning/Curaspan/Micron Care	Benefit/Contract Consulting		10,638					
Pogrund & Korey	Legal Fees - Collections		9,783					
SB2 Inc/Stern & Assoc/Midwest Care	Legal Fees - Collections		8,834					
Midcap	Legal Fees Non-Collection		495					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,195,341					
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Alden Poplar Creek Rehab HCC
 Legal Fee Support
 2020

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$	66,632.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(18,617.00)
Non-allowable legal fees, if any, deducted on - AMS Allocated Legal Fees: GL 680600-100-003		(47,520.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u>495.00</u>

In Detail:

<u>Vendor Name - 696600-100-000</u>	<u>Invoice Date</u>	<u>Amount</u>
Pogrund & Kelly (Stone Pogrund & Korey)	01/20 to 12/20	9,783.00
SBs Inc	01/20 to 2/20	2,455.00
MIDCAR Midwest Care Management	01/20 to 12/20	1,306.00
Stern & Associates	03/20 to 11/20	5,073.00
TOTAL Non-ALLOWABLE LEGAL FEES		<u><u>18,617.00</u></u>

<u>Vendor Name - 680600-100-000 - Allowab</u>	<u>Invoice Date</u>	<u>Amount</u>
Alden Group (Midcap charges)	06/20 and 10/20	495.00
TOTAL Non-Collection- ALLOWABLE LEGAL FEES		<u><u>495.00</u></u>

<u>Vendor Name - 680600-100-003</u>	<u>Invoice Date</u>	<u>Amount</u>
Corp Legal Cost Alloc - 2020	01/20 to 2/20	47,520.00
TOTAL Allocated Legal Fees		<u><u>47,520.00</u></u>

Total Legal Cost		<u><u>66,632.00</u></u>
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Facility Name & ID Number Alden Poplar Creek Rehab HCC

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XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes; RN/LPN: No
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. HCC of IL. \$20,832
- (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. \$ 49,391 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. \$ 457,124
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. \$ 40,432 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. \$ none
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.