FOR BHF USE

LL1

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

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

I. IDPH License ID Number: 0047191

Facility Name: Alden Springs

Address: 207 E Army Trail Rd (Number) Bloomingdale (City) 60108 (Zip Code)

County: Dupage

Telephone Number: (630) 523-5783 **Fax #** (630) 523-5787

HFS ID Number:

Date of Initial License for Current Owners: 9/25/06

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Mark Novotny **Telephone Number:** 773-724-6362
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2020 to 12/31/2020 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Derek Smart
(Title) CFO, Alden Management Services, Inc., as agent

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) 773-286-3883 Fax # 773-286-8038

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

Facility Name & ID Number Alden Springs # 0047191 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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1		Skilled (SNF)		0	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	16	ICF/DD 16 or Less	16	5,856	6
7	16	TOTALS	16	5,856	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS	5,820			5,820	13
14	TOTALS	5,820			5,820	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 99.39%

D. How many bed reserve days during this year were paid by the Department?
16 (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 [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 10/13/06

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

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] 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 Springs # 0047191 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	84,422	3,470	4,909	92,801	1,056	93,857	(1,657)	92,200			1
2	Food Purchase		52,923		52,923	(4,147)	48,776	(1,301)	47,475			2
3	Housekeeping	26,831	9,789		36,620		36,620	2,030	38,650			3
4	Laundry		5,097		5,097		5,097		5,097			4
5	Heat and Other Utilities			25,551	25,551		25,551	209	25,760			5
6	Maintenance			56,075	56,075		56,075	8,856	64,931			6
7	Other (specify):* security/related party			300	300		300	940	1,240			7
8	**TOTAL General Services**	111,253	71,278	86,835	269,366	(3,091)	266,275	9,077	275,352			8
	B. Health Care and Programs											
9	Medical Director			3,600	3,600		3,600		3,600			9
10	Nursing and Medical Records	545,735	67,689	384	613,808	859	614,667	5,983	620,650			10
10a	Therapy			4,676	4,676		4,676	1,032	5,708			10a
11	Activities	32,306	120	1,020	33,446		33,446		33,446			11
12	Social Services											12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							810	810			15
16	**TOTAL Health Care and Programs**	578,041	67,808	9,680	655,530	859	656,389	7,825	664,214			16
	C. General Administration											
17	Administrative							24,868	24,868			17
18	Directors Fees											18
19	Professional Services			112,081	112,081		112,081	(82,490)	29,591			19
20	Dues, Fees, Subscriptions & Promotions			2,805	2,805		2,805	(743)	2,062			20
21	Clerical & General Office Expenses	51,995	2,267	22,053	76,316		76,316	32,666	108,981			21
22	Employee Benefits & Payroll Taxes			126,148	126,148	2,232	128,380	(202)	128,178			22
23	Inservice Training & Education											23
24	Travel and Seminar			81	81		81	124	205			24
25	Other Admin. Staff Transportation			338	338		338	1,109	1,447			25
26	Insurance-Prop.Liab.Malpractice			44,153	44,153		44,153	2,063	46,216			26
27	Other (specify):* related party			500	500		500	9,349	9,849			27
28	**TOTAL General Administration**	51,995	2,267	308,159	362,421	2,232	364,653	(13,256)	351,397			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	741,289	141,354	404,674	1,287,317		1,287,317	3,646	1,290,963			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 Springs #0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			11,948	11,948		11,948	54,550	66,498			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			8,640	8,640		8,640	71,059	79,699			32
33	Real Estate Taxes			35,346	35,346	(35,346)	(0)	36,182	36,182			33
34	Rent-Facility & Grounds			119,196	119,196	35,346	154,542	(154,542)	0			34
35	Rent-Equipment & Vehicles			645	645		645	4,447	5,092			35
36	Other (specify):* MIP											36
37	TOTAL Ownership			175,775	175,775		175,775	11,696	187,471			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		19,778		19,778		19,778	(9,324)	10,454			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			81,054	81,054		81,054		81,054			42
43	Other (specify):* day training			361,174	361,174		361,174		361,174			43
44	TOTAL Special Cost Centers		19,778	442,228	462,006		462,006	(9,324)	452,682			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	741,289	161,132	1,022,677	1,925,098		1,925,098	6,018	1,931,115			45

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

Alden Springs IDPH License No. 0047191
Period Beginning: 1/1/2020
Period Ending: 12/31/2020

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(4,147.00)	Employee Meals
	22	4,147.00	Employee Meals
22		(1,915.00)	Uniform Reclass
	1	1,056.00	Uniform Reclass
	3		Uniform Reclass
	4		Uniform Reclass
	6		Uniform Reclass
	10	859.00	Uniform Reclass
	11		Uniform Reclass
	21		Uniform Reclass
33		(35,346.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	35,346.00	Rent - Real Estate Tax on associated landowner (Pg 6)
		-	

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(4,302)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(88)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(1,890)	21		17
18	Fines and Penalties				18
19	Entertainment	(87)	20		19
20	Contributions	(330)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(500)	27		24
25	Fund Raising, Advertising and Promotional	(550)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (7,747)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	17,183		34
35	Other- Attach Schedule	(3,418)		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 13,765		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 6,018		37

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

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

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

Alden Springs

ID# 0047191

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Late Fees on Utilities	$ (210)	5	1
2	Employee Flu Shots	0	21	2
3	Intercompany Interest Not allowed (GL#7031)	(8,607)	32	3
4	Elim. Land Owner bank charges	0	19	4
5	Elim Deprec Exp on Pg 13 items under $2500	(3,145)	30	5
6	Expense Pg 13 items< $2,500 Curr Yr	6,987	6	6
7	Elim Deprec on Pg 12 < $2,500 items	(685)	30	7
8	Expense Pg 12 items< $2,500 Curr Yr	2,400	6	8
9	Adj YTD Deprec Exp to Detail	(158)	30	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				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**	(3,418)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(1,657)	0	0	0	0	0	0	0	(1,657)	1
2	Food Purchase	0	0	0	(1,301)	0	0	0	0	0	0	0	(1,301)	2
3	Housekeeping	0	0	2,030	0	0	0	0	0	0	0	0	2,030	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(210)	0	419	0	0	0	0	0	0	0	0	209	5
6	Maintenance	5,085	0	3,660	0	0	0	10	101	0	0	0	8,856	6
7	Other (specify):*	0	0	940	0	0	0	0	0	0	0	0	940	7
8	**TOTAL General Services**	4,875	0	7,049	(2,958)	0	0	10	101	0	0	0	9,077	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	5,509	756	(282)	0	0	0	0	0	0	5,983	10
10a	Therapy	0	0	0	0	0	1,032	0	0	0	0	0	1,032	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	810	0	0	0	0	0	0	0	0	810	15
16	**TOTAL Health Care and Programs**	0	0	6,319	756	(282)	1,032	0	0	0	0	0	7,825	16
	C. General Administration													
17	Administrative	0	0	24,868	0	0	0	0	0	0	0	0	24,868	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	4,073	(86,563)	0	0	0	0	0	0	0	0	(82,490)	19
20	Fees, Subscriptions & Promotions	(967)	77	147	0	0	0	0	0	0	0	0	(743)	20
21	Clerical & General Office Expenses	(1,890)	0	34,556	0	0	0	0	0	0	0	0	32,666	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(202)	0	0	0	0	0	0	(202)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	124	0	0	0	0	0	0	0	0	124	24
25	Other Admin. Staff Transportation	0	0	1,109	0	0	0	0	0	0	0	0	1,109	25
26	Insurance-Prop.Liab.Malpractice	0	2,022	41	0	0	0	0	0	0	0	0	2,063	26
27	Other (specify):*	(500)	0	9,849	0	0	0	0	0	0	0	0	9,349	27
28	**TOTAL General Administration**	(3,357)	6,172	(15,869)	0	(202)	0	0	0	0	0	0	(13,256)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	1,518	6,172	(2,501)	(2,202)	(484)	1,032	10	101	0	0	0	3,646	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Springs **#** 0047191 **Report Period Beginning:** 01/01/2020 **Ending:** 12/31/2020

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(3,988)	47,420	11,118	0	0	0	0	0	0	0	0	54,550	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(8,695)	70,164	9,590	0	0	0	0	0	0	0	0	71,059	32
33	Real Estate Taxes	0	35,346	836	0	0	0	0	0	0	0	0	36,182	33
34	Rent-Facility & Grounds	0	(154,542)	0	0	0	0	0	0	0	0	0	(154,542)	34
35	Rent-Equipment & Vehicles	0	0	4,447	0	0	0	0	0	0	0	0	4,447	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(12,683)	(1,612)	25,991	0	0	0	0	0	0	0	0	11,696	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	(9,363)	39	0	0	0	0	0	0	(9,324)	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	(9,363)	39	0	0	0	0	0	0	(9,324)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(11,165)	4,560	23,490	(11,565)	(445)	1,032	10	101	0	0	0	6,018	45

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	$ 154,542	Alden Trails II, LLC	0.00%	$	$ (154,542)	1
2	V	6	Repairs & Maintenance		Alden Trails II, LLC				2
3	V	19	Bank Charges		Alden Trails II, LLC				3
4	V	33	Real Estate Tax Expense		Alden Trails II, LLC		35,346	35,346	4
5	V	26	General Insurance Expense		Alden Trails II, LLC		2,022	2,022	5
6	V	32	Interest - Mortgage		Alden Trails II, LLC		68,695	68,695	6
7	V	30	Depreciation		Alden Trails II, LLC		47,420	47,420	7
8	V	21	Miscellaneous Costs		Alden Trails II, LLC				8
9	V	20	Corporate Annual Report Fee		Alden Trails II, LLC		77	77	9
10	V	19	Professional Fees		Alden Trails II, LLC				10
11	V	32	Amortization Exprense		Alden Trails II, LLC		1,469	1,469	11
12	V	19	Legal Fees: Non-Collections		Alden Trails II, LLC		4,073	4,073	12
13	V								13
14	Total			$ 154,542			$ 159,102	$ * 4,560	14

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

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	$	Alden Management Services, Inc.	0.00%	$ 419	$ 419	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		124	124	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		1,109	1,109	17
18	V	26	Insurance		Alden Management Services, Inc.		41	41	18
19	V	20	Dues & Subscriptions		Alden Management Services, Inc.		147	147	19
20	V	30	Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		836	836	21
22	V	35	Rent-Equip & Vehicles		Alden Management Services, Inc.		4,447	4,447	22
23	V	32	Interest		Alden Management Services, Inc.		9,590	9,590	23
24	V	3	Housekeeping		Alden Management Services, Inc.		2,030	2,030	24
25	V	7	Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		940	940	25
26	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		5,509	5,509	26
27	V	15	Employee Benefits-Health Care		Alden Management Services, Inc.		810	810	27
28	V	17	Administrative Salary		Alden Management Services, Inc.		24,868	24,868	28
29	V	27	Employee Benefits-Admin		Alden Management Services, Inc.		9,849	9,849	29
30	V	19	Professional Fees	107,091	Alden Management Services, Inc.		20,528	(86,563)	30
31	V	21	Gen'l & Admin	6,480	Alden Management Services, Inc.		41,036	34,556	31
32	V	6	Repair & Maint	8,856	Alden Management Services, Inc.		12,516	3,660	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 122,427			$ 145,917	$ * 23,490	39

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

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consult.	$ 4,909	Prism Health Care Services, Inc.	0.00%	$	$ (4,909)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		2,760	2,760	16
17	V	2	Tube feeding	8,745	Prism Health Care Services, Inc.		5,945	(2,800)	17
18	V	10	Equip. Rental	360	Prism Health Care Services, Inc.		673	313	18
19	V	39	Ancillary supplies	16,542	Prism Health Care Services, Inc.		4,456	(12,086)	19
20	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		492	492	20
21	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		1,499	1,499	21
22	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		443	443	22
23	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		2,723	2,723	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			$ 30,556			$ 18,991	$ * (11,565)	39

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

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	$ 1,603	Forum Extended Care II, Inc.	0.00%	$ 1,527	$ (76)	15
16	V	39	I.V.		Forum Extended Care II, Inc.				16
17	V	39	Wound Care-Product only	1,633	Forum Extended Care II, Inc.		1,556	(77)	17
18	V	10	House Stock	5,568	Forum Extended Care II, Inc.		5,304	(264)	18
19	V	10	Pharm Consult	384	Forum Extended Care II, Inc.		366	(18)	19
20	V	22	Employee Vaccinations	202	Forum Extended Care II, Inc.			(202)	20
21	V	39	Employee Vaccinations		Forum Extended Care II, Inc.		192	192	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			$ 9,390			$ 8,945	$ * (445)	39

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

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a	Therapy	$ 4,676	Community Physical Therapy & Associates, Ltd.	0.00%	$ 5,708	$ 1,032	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			$ 4,676			$ 5,708	$ * 1,032	39

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

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	$ 4,213	Alden Bennett Construction Company, Inc.	0.00%	$ 4,223	$ 10	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			$ 4,213			$ 4,223	$ * 10	39

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

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	$ 110	Alden Design Group, Ltd.	0.00%	$ 211	$ 101	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			$ 110			$ 211	$ * 101	39

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

Facility Name & ID Number Alden Springs # 0047191 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 Professiona	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Ca	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Car	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care (	Chicago	FECS of Central Illinoi	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingdale	Alden Management Ser	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and He	McHenry				6
7			Wentworth Rehabilitation and Health Care Cente	Chicago	Alden Garden Courts o	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimers F	8
9			Alden - Valley Ridge Rehabilitation and Health C	Bloomingdale	Alden Gardens of Wate	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingdale	Prism Health Care Serv	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health C	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Constru	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingdale	Fort Medical Equipmer	Fort Atkinson	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health C	Cicero	Alden Design Group, I	Chicago	Design & Engineerir	14
15			Alden Trails, Inc.	Bloomingdale				15
16			Alden - Poplar Creek Rehabilitation and Health C	Hoffman Estates	Family Solutions for Se	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health Ca	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingdale				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorev	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts o	Huntley	SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health Ca	Long Grove				30

Facility Name & ID Number Alden Springs # 0047191 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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of I	Chairman	100.00	184,110	0.192	0.48	Salary	$ 890	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	99,519	0.192	0.48	Salary	481	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	99,519	0.192	0.48	Salary	481	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	113,263	0.192	0.48	Salary	548	17-7	4
5	Audra Elisco F.	Medical Records Cler	Medical records	0.00	63,138	0.192	0.48	Salary	305	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	184,110	0.168	0.48	Salary	890	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	$ 3,597		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 Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,209,117	36	$ 86,976	$	5,820	$ 419	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753		5,820	124	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320		5,820	1,109	3
4	26	Insurance	Patient Days	1,209,117	36	8,433		5,820	41	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557		5,820	147	5
6	30	Depreciation	No of Providers/usage	36	36	408,834		1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354		5,820	836	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790		5,820	4,447	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343		5,820	9,590	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	5,820	2,030	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292		5,820	940	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	5,820	5,509	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303		5,820	810	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	5,820	24,868	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057		5,820	9,849	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	5,820	20,528	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	5,820	41,036	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	5,820	12,516	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 24,005,407	$ 16,460,603		$ 145,917	25

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Fifth Third Bank (GI 2513/2021/7035)		x	Mortgage	Varies	8/29/12	$ 1,520,000	$ 1,215,974	9/05/2022	3.5000	$ 53,185	1
2												2
3	FMV of Derivative		X	Rate Swap interest							15,510	3
4	Amort of Fin Fees (GL 7105)		x	refin fees							1,469	4
5	Insurance Interest (GL7053)		x	med malpract							15	5
	Working Capital											
6	Related party - AMS		x	Working capital							9,590	6
7												7
8												8
9	TOTAL Facility Related						$ 1,520,000	$ 1,215,974			$ 79,769	9
	B. Non-Facility Related*											
10	Interest Income (GL 4975)		x	miscell interest							(88)	10
11	Finance Interest (GL7035)		x	Invoice Finance							18	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (70)	14
15	TOTALS (line 9+line14)						$ 1,520,000	$ 1,215,974			$ 79,699	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

* 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.)

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	36,800	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.)	$	35,546	2
3. Under or (over) accrual (line 2 minus line 1).	$	(1,254)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)	$	36,600	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.	$	35,346	7
Plus: Related party taxes - See Pg RE_Tax page	$	836	
Total Real Estate Tax Expense, Sch V, Line 33	$	36,182	

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	33,802	8
	2016	34,300	9
	2017	35,914	10
	2018	35,754	11
	2019	35,546	12

The current year accrual is based on an estimated 3% increase of the prior year tax.

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13	FROM R. E. TAX STATEMENT FOR 2019	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Springs COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0047191

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	See attached (Supplement)	Related party - Alden Management	$ 173,696.00	$ 836.07
2.	02-23-300-024	Alden Trails II LLC	$ 35,545.66	$ 35,545.66
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 209,241.66	$ 36,381.73

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 Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 7,150 B. General Construction Type: Exterior Brick Veneer Frame Steel Number of Stories One

C. Does the Operating Entity? [ ] (a) Own the Facility [x] (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? [x] (a) Own the Equipment [x] (b) Rent equipment from a Related Organization. [x] (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 [x] 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing home facility	22,035	2006	$ 398,630	1
2					2
3	TOTALS	22,035		$ 398,630	3

Facility Name & ID Number Alden Springs # 0047191 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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4			2006		$ 1,583,599	$ 39,590	40	$ 39,590	$	$ 564,157	4
5			2006		69,510	1,738	40	1,738		24,764	5
6			2006		20,156	504	40	504		7,391	6
7											7
8											8
	Improvement Type**										
9	Wiring			2006	840	42	20	42		599	9
10											10
11	Drywall Carpentry			2007	18,677	1,245	15	1,245		17,017	11
12	Plumb, Floor Prep, Fencing-ABC Renovation			2007	23,127					23,127	12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											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 Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 1,715,910	$ 43,119		$ 43,119	$	$ 637,055	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,862,903	$ 47,815		$ 47,815	$	$ 732,826	34

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

Facility Name & ID Number Alden Springs # 0047191 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	$ 217,748	$ 17,601	$ 17,601	$	various	$ 139,886	71
72	Current Year Purchases	23,077	473	473		various	473	72
73	Fully Depreciated Assets	192,294	609	609		various	192,294	73
74								74
75	TOTALS	$ 433,119	$ 18,683	$ 18,683	$		$ 332,653	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										78
79										79
80	TOTALS			$ 3,802	$	$	$		$ 3,802	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,698,454	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 66,498	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 66,498	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)	$ 1,069,281	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 Springs # 0047191 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 [x] 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

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 [x] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 1/1/2007
Ending 11/1/2026

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2021	$ varies
13.	12/31/2022	$ varies
14.	12/31/2023	$ varies

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO

16. Rental Amount for movable equipment: $ 670 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	Related party-PG 6A		$ 172.40	$ 2,069	17
18					18
19	Auto lease-GL 6890		0.00		19
20					20
21	TOTAL		$ 172.40	$ 2,069	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.

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [x] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   Skilled nursing on site

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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.)

		1	2	3	4	5	6	7	8	
	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	$		$	$		$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							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 prescrpts				1,719		1,719	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					8,735		8,735	13
14	TOTAL			$		$	$ 10,454		$ 10,454	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Page 16

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	Col 5: PT,OT, & ST / Col 6: Supplies	
1.	OT	39-3	To Col 5		
2.	ST	39-3	To Col 5		
3.					
4.	PT	39-3	To Col 5		
5.					
6.					
7.					
8.					
	Phamacy Supplies per GL			1,603.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			116.00	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	1,719.00	
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	0.00	From Page 6D, Col 8 (Except DD homes)
	Other			18,175.00	
	Manual Input: Related Party - Prism			(9,363.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.				From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(77.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			-	
13.	Col 6: Supplies Total		To Col 6	8,735.00	
13.	Total Line 13, Column 8			8,735.00	
14.	Total			10,454.00	

STATE OF ILLINOIS

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2020 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$ 32,375	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (500)	162,286	162,286	3
4	Supply Inventory (priced at)	50,830	50,830	4
5	Short-Term Investments			5
6	Prepaid Insurance		2,289	6
7	Other Prepaid Expenses	7,087	7,087	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 220,203	$ 254,867	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		398,630	13
14	Buildings, at Historical Cost		1,674,106	14
15	Leasehold Improvements, at Historical Cost	37,286	222,435	15
16	Equipment, at Historical Cost	168,649	168,649	16
17	Accumulated Depreciation (book methods)	(131,485)	(909,055)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe (Refinan.Fee)		2,571	22
23	Other(specify): Due from affiliates & Wage alloc	381,725	381,725	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 456,175	$ 1,939,061	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 676,378	$ 2,193,928	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 236,591	$ 236,591	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	102	102	28
29	Short-Term Notes Payable		46,780	29
30	Accrued Salaries Payable	76,421	76,421	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,066	24,066	31
32	Accrued Real Estate Taxes(Sch.IX-B)		36,600	32
33	Accrued Interest Payable		5,717	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,d/t,Prov.Rel etc.	730,301	730,301	36
37	Due to Affiliates	72,006	150,689	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,139,487	$ 1,307,267	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	105,285	1,274,478	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	FICA-Deferred	16,383	16,383	43
44	FMV of Derivative		38,108	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 121,668	$ 1,328,969	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,261,155	$ 2,636,236	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (584,777)	$ (442,308)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 676,378	$ 2,193,928	48

*(See instructions.)

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (524,296)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (524,296)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(40,203)	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) **Prior years shared salaries**	(20,278)	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (60,481)	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)**	$ (584,777)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Springs # 0047191 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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 1,523,633	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 1,523,633	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	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		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	88	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 88	26
	E. Other Revenue (specify):****		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Day Training**	361,174	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 361,174	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 1,884,895	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	269,366	31
32	Health Care	655,530	32
33	General Administration	362,421	33
	B. Capital Expense		
34	Ownership	175,775	34
	C. Ancillary Expense		
35	Special Cost Centers	380,952	35
36	Provider Participation Fee	81,054	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 1,925,098	40
41	**Income before Income Taxes (line 30 minus line 40)****	(40,203)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (40,203)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,523,633	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) **Hospice**		47
48	Other-(specify) **Insur,Vets,Charity/Sales Allows**		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 1,523,633	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 Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing			$	$	1
2	Assistant Director of Nursing					2
3	Registered Nurses	1,960	2,064	100,583	48.73	3
4	Licensed Practical Nurses	2,458	2,702	72,938	26.99	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	512	520	11,858	22.80	9
10	Activity Assistants	514	520	9,047	17.40	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	4,094	4,759	84,422	17.74	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	1,417	1,558	26,831	17.22	18
19	Laundry					19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative	518	520	21,048	40.48	22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	298	324	5,801	17.90	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	19,591	21,552	366,412	17.00	30
31	Medical Records					31
32	Other Health Ca Facility Manager	1,024	1,040	30,947	29.76	32
33	Other(specify) Behavioral Health	345	347	11,401	32.86	33
34	TOTAL (lines 1 - 33)	32,731	35,906	$ 741,289 *	$ 20.65	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	409/Monthly	$ 4,909	1-3	35
36	Medical Director	300/Monthly	3,600	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	32/Monthly	384	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	12	167	11-3	44
45	Social Service Consultant	7	854	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	19	$ 9,914		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
		0	$
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services	Consulting fee	$ 81,891
AMS (Eliminated)	Allocated Legal Fees	25,200
Baker Tilly Virchow Krause	Accounting/Prof.fee	3,828
Alden Group-MidCap	Accounting fee	976
Alden Group-MidCap	Legal Fees	186
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 112,081

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 22,016
Unemployment Compensation Insurance	1,929
FICA Taxes	51,540
Employee Health Insurance	44,391
Employee Meals	4,147
Illinois Municipal Retirement Fund (IMRF)*	
Dental/Vision/Life Insurance	373
Employee Drug Tests/Employee Vaccinations	674
Misc Payroll Costs/Employee Relations	1,866
401K Match	1,443
Related Party-FECS	(202)
TOTAL (agree to Schedule V, line 22, col.8)	$ 128,178

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	135
Health Care Worker Background Check	
(Indicate # of checks performed 1)	33
Patient Background Checks	
The Center for Developmental Disabilities	872
Collaborative Healthcare/Activity Connectior	442
Surety bond fees-Marsh USA Inc.	200
Citi/Secretary of State/Broadcast Music	233
Related party-AMS	147
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 2,062

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Related party-AMS	124
Seminar Expense	
IL Asso. of Rehab Facilities	81
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 205

**See instructions.

Alden Springs, Inc. PG 21A **use this format. Do not copy/paste from prior year.**
Legal Fee Support
2020

Legal Fees Reported on Pg 21, Section C:	$	25,386.44
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		-
Non-allowable legal fees, if any, deducted on		
- AMS Allocated Legal Fees: GL 680600-100-003		(25,200.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	$	186.44

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

In Detail:

Vendor Name	Invoice Date	Amount
MIDCAP Allo.Legal Fees 01/20	1/31/2020	104.86
MIDCAP Allo.Legal Fees 06/20	6/30/2020	50.22
MIDCAP Allo.Legal Fees 12/20	12/31/2020	31.36
TOTAL ALLOWABLE LEGAL FEES		**186.44**

Vendor Name	Invoice Date	Amount
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		**-**

Vendor Name	Invoice Date	Amount
AMS Legal exp Allocation 2020	1/1/2020	2,100.00
AMS Legal exp Allocation 2020	2/1/2020	2,100.00
AMS Legal exp Allocation 2020	3/1/2020	2,100.00
AMS Legal exp Allocation 2020	4/1/2020	2,100.00
AMS Legal exp Allocation 2020	5/1/2020	2,100.00
AMS Legal exp Allocation 2020	6/1/2020	2,100.00
AMS Legal exp Allocation 2020	7/1/2020	2,100.00
AMS Legal exp Allocation 2020	8/1/2020	2,100.00
AMS Legal exp Allocation 2020	9/1/2020	2,100.00
AMS Legal exp Allocation 2020	10/1/2020	2,100.00
AMS Legal exp Allocation 2020	11/1/2020	2,100.00
AMS Legal exp Allocation 2020	12/1/2020	2,100.00
TOTAL Allocated Legal Fees		**25,200.00**
Total Legal Cost		**25,386.44**

-

Facility Name & ID Number Alden Springs # 0047191 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? Hab Aides-Yes, RN/LPN

(2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. Center for the Dev Disabled $872

(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? 10 years

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 10,060 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. $ 81,054
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. $ 4,147 Has any meal income been offset against related costs? No Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. $ no
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? no
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? no
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: n/a

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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.