

		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>0040691</u></p> <p>Facility Name: <u>Alden Terrace McHenry Rehab</u></p> <p>Address: <u>803 Royal Drive</u> <u>McHenry</u> <u>60050</u> Number City Zip Code</p> <p>County: <u>McHenry</u></p> <p>Telephone Number: <u>(815) 344 - 2600</u> Fax # <u>(815) 344 - 5414</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>03/01/95</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) <u>Derek Smart</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td> <td></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td>(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u></td> <td></td> </tr> </table> <p>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Derek Smart</u>			(Title) <u>CFO, Alden Management Services, Inc., as agent</u>		Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																								
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Facility Name & ID Number Alden Terrace McHenry Rehab

0040691 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	316	Skilled (SNF)	316	115,656	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	316	TOTALS	316	115,656	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	2,426	670	3,118	6,214	8
9	SNF/PED					9
10	ICF	41,078	1,232	2,296	44,606	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,504	1,902	5,414	50,820	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 43.94%

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 03/01/95

J. Was the facility purchased or leased after January 1, 1978?

YES Date 03/01/95 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 316 and days of care provided 2,836

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 Terrace McHenry Rehab # 0040691 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	438,469	35,963	25,663	500,095	995	501,090	(8,220)	492,870		1
2	Food Purchase		345,841		345,841	(43,256)	302,585	(14,140)	288,445		2
3	Housekeeping	281,041	51,017		332,058	3,676	335,734	17,729	353,463		3
4	Laundry	92,151	24,771		116,922	711	117,633		117,633		4
5	Heat and Other Utilities			262,665	262,665		262,665	1,819	264,484		5
6	Maintenance	28,132		256,888	285,020	305	285,325	32,195	317,520		6
7	Other (specify):* Security/rel party			1,080	1,080		1,080	8,208	9,288		7
8	TOTAL General Services	839,793	457,592	546,296	1,843,681	(37,569)	1,806,112	37,591	1,843,703		8
	B. Health Care and Programs										
9	Medical Director			22,000	22,000		22,000		22,000		9
10	Nursing and Medical Records	4,192,680	331,815	440,215	4,964,710	(10,654)	4,954,056	54,926	5,008,982		10
10a	Therapy	138,103	384	37,103	175,590		175,590		175,590		10a
11	Activities	121,162	2,023	4,671	127,856	198	128,054		128,054		11
12	Social Services	55,261			55,261		55,261		55,261		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Res Atten/related part	484,112			484,112		484,112	7,074	491,186		15
16	TOTAL Health Care and Programs	4,991,318	334,222	503,989	5,829,529	(10,456)	5,819,073	62,000	5,881,073		16
	C. General Administration										
17	Administrative	219,663			219,663		219,663	217,144	436,807		17
18	Directors Fees										18
19	Professional Services			977,361	977,361		977,361	(907,960)	69,401		19
20	Dues, Fees, Subscriptions & Promotions			157,281	157,281		157,281	(114,548)	42,733		20
21	Clerical & General Office Expenses	138,807	30,554	222,626	391,987	(4,060)	387,927	282,876	670,803		21
22	Employee Benefits & Payroll Taxes			999,611	999,611	26,671	1,026,282	(3,219)	1,023,063		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,645	1,645		1,645	1,082	2,727		24
25	Other Admin. Staff Transportation			6,787	6,787		6,787	9,680	16,467		25
26	Insurance-Prop.Liab.Malpractice			882,762	882,762		882,762	354	883,116		26
27	Other (specify):* related party			402,665	402,665		402,665	(316,668)	85,997		27
28	TOTAL General Administration	358,470	30,554	3,650,738	4,039,762	22,611	4,062,373	(831,259)	3,231,114		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,189,581	822,368	4,701,023	11,712,972	(25,414)	11,687,558	(731,668)	10,955,890		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			176,727	176,727		176,727	(12,306)	164,421			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			75,141	75,141		75,141	5,871	81,012			32
33	Real Estate Taxes			150,501	150,501		150,501	7,301	157,802			33
34	Rent-Facility & Grounds			1,444,080	1,444,080		1,444,080		1,444,080			34
35	Rent-Equipment & Vehicles			16,105	16,105		16,105	38,827	54,932			35
36	Other (specify):*											36
37	TOTAL Ownership			1,862,554	1,862,554		1,862,554	39,693	1,902,247			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		437,044	531,842	968,886	25,414	994,300	(147,331)	846,969			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			475,989	475,989		475,989		475,989			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		437,044	1,007,831	1,444,875	25,414	1,470,289	(147,331)	1,322,958			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,189,581	1,259,412	7,571,408	15,020,401		15,020,401	(839,306)	14,181,095			45

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

Alden Terrace McHenry Rehab
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0040691

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(43,256.00)	Employee Meals
	22	43,256.00	Employee Meals
22		(16,585.00)	Uniform Reclass
	1	995.00	Uniform Reclass
	3	3,676.00	Uniform Reclass
	4	711.00	Uniform Reclass
	6	305.00	Uniform Reclass
	10	10,140.00	Uniform Reclass
	11	198.00	Uniform Reclass
	21	560.00	Uniform Reclass
10		(25,414.00)	Oxygen Cost Reclass
	39	25,414.00	Oxygen Cost Reclass
33		NA	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	NA	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(4,620.00)	Team TSI exp (MDS related costs)
	10	4,620.00	Team TSI exp (MDS related costs)
		-	

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

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(16,576)	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	(2,602)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,597)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(33,784)	21		17
18	Fines and Penalties	(107)	32		18
19	Entertainment				19
20	Contributions	(11,343)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(84,467)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(402,665)	27		24
25	Fund Raising, Advertising and Promotional	(103,859)	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)	\$ (657,000)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(108,446)		34
35	Other- Attach Schedule	(73,860)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (182,306)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (839,306)		37

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

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

(See instructions.)

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

Alden Terrace McHenry Rehab

ID# 0040691

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec exp on Pg12<\$2,500 (G)	\$ (2,341)	30	1
2	Elim Deprec exp on Pg13<\$2,500 (adj 1, wrksh exp((20,899)	30	2
3	Exp Pg12 items<\$2,500-current year purchases (H)	1,501	6	3
4	Exp Pg13 items<\$2,500-current year purchases (adj 1 wrl	21,553	6	4
5	adj ABC Rel Party profit Pg 12 (2008-2019)	163	30	5
6	adjustment on Depreciation	(347)	30	6
7				7
8	Late Fees on utilities	(1,837)	5	8
9	Intercompany interests (Midcap GL 7031)	(68,143)	32	9
10	back out Chambers of Commerce (GL 6825)	(630)	20	10
11	Misc Inc - Medical Records/Others	(244)	21	11
12	Misc Inc - Food Rebate	(2,583)	2	12
13	Misc Inc - Jury Duty	(22)	21	13
14	Vendor Discount (GL 4984)	(31)	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				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	(73,860)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

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)	
1	A. General Services													
1	Dietary	0	0	0	(8,220)	0	0	0	0	0	0	0	(8,220)	1
2	Food Purchase	(4,211)	0	0	(9,929)	0	0	0	0	0	0	0	(14,140)	2
3	Housekeeping	0	0	17,729	0	0	0	0	0	0	0	0	17,729	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,837)	0	3,656	0	0	0	0	0	0	0	0	1,819	5
6	Maintenance	6,478	0	21,981	0	0	0	75	3,661	0	0	0	32,195	6
7	Other (specify):*	0	0	8,208	0	0	0	0	0	0	0	0	8,208	7
8	TOTAL General Services	430	0	51,574	(18,149)	0	0	75	3,661	0	0	0	37,591	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	48,102	8,373	(1,549)	0	0	0	0	0	0	54,926	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	7,074	0	0	0	0	0	0	0	0	7,074	15
16	TOTAL Health Care and Programs	0	0	55,176	8,373	(1,549)	0	0	0	0	0	0	62,000	16
	C. General Administration													
17	Administrative	0	0	217,144	0	0	0	0	0	0	0	0	217,144	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(84,467)	0	(823,493)	0	0	0	0	0	0	0	0	(907,960)	19
20	Fees, Subscriptions & Promotions	(115,832)	0	1,284	0	0	0	0	0	0	0	0	(114,548)	20
21	Clerical & General Office Expenses	(34,050)	0	316,926	0	0	0	0	0	0	0	0	282,876	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,219)	0	0	0	0	0	0	(3,219)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,082	0	0	0	0	0	0	0	0	1,082	24
25	Other Admin. Staff Transportation	0	0	9,680	0	0	0	0	0	0	0	0	9,680	25
26	Insurance-Prop.Liab.Malpractice	0	0	354	0	0	0	0	0	0	0	0	354	26
27	Other (specify):*	(402,665)	0	85,997	0	0	0	0	0	0	0	0	(316,668)	27
28	TOTAL General Administration	(637,014)	0	(191,026)	0	(3,219)	0	0	0	0	0	0	(831,259)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(636,584)	0	(84,276)	(9,776)	(4,768)	0	75	3,661	0	0	0	(731,668)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

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	(23,424)	0	11,118	0	0	0	0	0	0	0	0	(12,306)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(70,852)	0	76,723	0	0	0	0	0	0	0	0	5,871	32
33	Real Estate Taxes	0	0	7,301	0	0	0	0	0	0	0	0	7,301	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	38,827	0	0	0	0	0	0	0	0	38,827	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(94,276)	0	133,969	0	0	0	0	0	0	0	0	39,693	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	(67,441)	(12,105)	(67,785)	0	0	0	0	0	(147,331)	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	(67,441)	(12,105)	(67,785)	0	0	0	0	0	(147,331)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(730,860)	0	49,693	(77,217)	(16,873)	(67,785)	75	3,661	0	0	0	(839,306)	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		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	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		Alden Management Services, Inc.	0.00%	\$ 3,656	\$ 3,656	15
16	V	24		Alden Management Services, Inc.		1,082	1,082	16
17	V	25		Alden Management Services, Inc.		9,680	9,680	17
18	V	26		Alden Management Services, Inc.		354	354	18
19	V	20		Alden Management Services, Inc.		1,284	1,284	19
20	V	30		Alden Management Services, Inc.		11,118	11,118	20
21	V	33		Alden Management Services, Inc.		7,301	7,301	21
22	V	35		Alden Management Services, Inc.		38,827	38,827	22
23	V	32		Alden Management Services, Inc.		76,723	76,723	23
24	V	1		Alden Management Services, Inc.			0	24
25	V	3		Alden Management Services, Inc.		17,729	17,729	25
26	V	7		Alden Management Services, Inc.		8,208	8,208	26
27	V	10		Alden Management Services, Inc.		48,102	48,102	27
28	V	15		Alden Management Services, Inc.		7,074	7,074	28
29	V	17		Alden Management Services, Inc.		217,144	217,144	29
30	V	27		Alden Management Services, Inc.		85,997	85,997	30
31	V	19	871,368	Alden Management Services, Inc.		47,875	(823,493)	31
32	V	21	41,400	Alden Management Services, Inc.		358,326	316,926	32
33	V	6	14,744	Alden Management Services, Inc.		36,725	21,981	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 927,512			\$ 977,205	\$ * 49,693	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	30,901	Prism Health Care Services, Inc.		12,229	(18,672)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792
19	V	39 Ancillary supplies	115,283	Prism Health Care Services, Inc.		31,966	(83,317)
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		2,870	2,870
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		8,743	8,743
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		2,581	2,581
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		15,876	15,876
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		\$ 178,177			\$ 100,960	\$ * (77,217)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Drugs	\$ 251,248	Forum Extended Care II, Inc.	0.00%	\$ 239,309	\$	(11,939)	15
16	V	39 I.V.	35,763	Forum Extended Care II, Inc.		34,064		(1,699)	16
17	V	39 Wound Care-Product only	32,275	Forum Extended Care II, Inc.		30,741		(1,534)	17
18	V	10 House Stock	24,984	Forum Extended Care II, Inc.		23,796		(1,188)	18
19	V	10 Pharm Consult	7,585	Forum Extended Care II, Inc.		7,224		(361)	19
20	V	22 Employee Vaccinations	3,219	Forum Extended Care II, Inc.				(3,219)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		3,067		3,067	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		\$ 355,074			\$ 338,201	\$ *	(16,873)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Therapy	\$ 556,139	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 488,354	\$ (67,785)	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		\$ 556,139			\$ 488,354	\$ * (67,785)	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	\$ 31,937	Alden Bennett Construction Company, Inc.	0.00%	\$ 32,012	\$ 75	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		\$ 31,937			\$ 32,012	\$ *	75 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	\$ 3,970	Alden Design Group, Ltd.	0.00%	\$ 7,631	\$ 3,661	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		\$ 3,970			\$ 7,631	\$ *	3,661	39

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

Facility Name & ID Number

Alden Terrace McHenry Rehab

0040691

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Terrace McHenry Rehab # 0040691 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of I	Chairman	100.00	177,224	1.68	4.20	Salary	\$ 7,776	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,797	1.68	4.20	Salary	4,203	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,797	1.68	4.20	Salary	4,203	6-7	3
4	Ina Schlossberg D.	Board Member	Board member	0.00	109,027	1.68	4.20	Salary	4,784	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical records	0.00	60,766	1.68	4.20	Salary	2,677	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	177,224	1.47	4.20	Salary	7,776	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	\$ 31,419		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 Terrace McHenry Rehab

0040691

Report Period Beginning:

01/01/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,209,117	36	\$ 86,976	\$ 50,820	\$ 3,656	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	50,820	1,082	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	50,820	9,680	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	50,820	354	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	50,820	1,284	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	50,820	7,301	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	50,820	38,827	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	50,820	76,723	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	17,729	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	50,820	8,208	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	48,102	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	50,820	7,074	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	217,144	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	50,820	85,997	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	47,875	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	358,326	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	36,725	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 977,205	25

Facility Name & ID Number

Alden Terrace McHenry Rehab

0040691

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Interest - Non Mortgage (GL7035)		IDPA - Audit	\$8,168.00	06/2019	\$ 95,417		08/2020	0.0500	\$ 1,208	1									
2	Insurance Interest (GL7053)	x	Medical Malpractice							293	2									
3	Interest - AVAYA (GL7030)	x	Capital Lease							2,629	3									
4	Interest - AILCO (GL7030-001)	x	Capital Lease							1,468	4									
5	Interest - AILCO (GL7030-002)	x	Capital Lease							1,293	5									
Working Capital																				
6	Related party - AMS	x	Working capital							76,723	6									
7											7									
8											8									
9	TOTAL Facility Related			\$8,168.00		\$ 95,417				\$ 83,614	9									
B. Non-Facility Related*																				
10		x									10									
11	Interest Income (GL 4975)	x								(2,602)	11									
12											12									
13											13									
14	TOTAL Non-Facility Related									(2,602)	14									
15	TOTALS (line 9+line14)					\$ 95,417				\$ 81,012	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.)

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.		\$	213,300	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.)		\$	179,201	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(34,099)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	184,600	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.		\$	150,501	7
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page	7,301	
		Total Real Estate Tax Expense, Sch V, Line 33	157,802	
Real Estate Tax Bill for Calendar Year:	2015	205,446	8	
	2016	206,899	9	
	2017	200,168	10	
	2018	207,061	11	
	2019	179,201	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.				

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

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Terrace McHenry Rehab COUNTY McHenry

FACILITY IDPH LICENSE NUMBER 0040691

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>173,696.00</u>	\$ <u>7,301.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>09-34-177-006</u>	<u>Nursing Facility</u>	\$ <u>5,483.60</u>	\$ <u>5,483.60</u>
4. <u>09-34-177-009</u>	<u>Nursing Facility</u>	\$ <u>173,314.64</u>	\$ <u>173,314.64</u>
5. <u>09-34-177-010</u>	<u>Nursing Facility</u>	\$ <u>402.48</u>	\$ <u>402.48</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>352,896.72</u></u>	\$ <u><u>186,501.72</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 Terrace McHenry Rehab

0040691

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 9,000 B. General Construction Type: Exterior Masonry Frame _____ 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				\$	1
2					2
3	TOTALS			\$	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				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Climate Service (Ventilation)		1995	1,828		15			1,828	9
10	Climate Service (Ventilation)		1995	1,915		15			1,915	10
11	Climate Service _Controls		1995	2,885		15			2,885	11
12	Climate Service-Controls		1995	1,251		15			1,251	12
13	Climate Service (A?C Motors,Transfomer)		1995	1,840		15			1,840	13
14	climate Services _Controls		1995	1,200		15			1,200	14
15	JD & Sons-Roofing		1995	7,500		10			7,500	15
16	Grat Lakes Plumbing _Disahrge Pump		1995	3,563		15			3,563	16
17	Midwest Wlectrical		1995	3,332		5			3,332	17
18	Climate Services, Inc.-Ventilation		1995	2,295		15			2,295	18
19	CSI-New Pump		1995	1,483		10			1,483	19
20	Eagle Flag & Banner		1995	680		12			680	20
21	Equipment International _Repair Dishwasher		1996	1,793		5			1,793	21
22	JD & Sons-Roofing		1996	7,700		10			7,700	22
23	ABC _Roof top Condensor		1996	8,668		10			8,668	23
24	Install Walk in refrigeratror		1997	2,177		5			2,177	24
25	Install Ceramic Tile		1997	1,535		5			1,535	25
26	Engine/generator repaired		1997	3,099		5			3,099	26
27	New Cylinder		1997	12,800		5			12,800	27
28	Instill new condenser		1997	8,166		5			8,166	28
29	Install new cylinder		1997	15,300		5			15,300	29
30	Install Floor tile		1997	4,102		5			4,102	30
31	HVAC Boiler		1997	5,888		5			5,888	31
32	Custom wall plates		1997	386		10			386	32
33	A&B Custom Cable Wall plates		1997	1,918		10			1,918	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

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 (install new fixtures, relocate outlets)	1998	1,759		5			1,759	37
38	Wigdahl Electric (repair lighting, timeclock)	1998	1,853		5			1,853	38
39	Climate Service (repaired boiler)	1998	16,029		10			16,029	39
40	Atash (repair spinkler system)	1998	1,558		10			1,558	40
41	J.D. & Son (roof repair)	1998	10,000		10			10,000	41
42	CSI (dietary refrigerator)	1998	1,670		10			1,670	42
43	CSI (sump cover)	1998	4,900		10			4,900	43
44	Patten (generator repairs)	1998	3,856		20			3,856	44
45	CSI (insulate duct on air handler)	1998	2,750		15			2,750	45
46	CSI (repair air conditioner)	1998	1,698		10			1,698	46
47	CSI (replace gaskets on hot water coil)	1998	3,934		20			3,934	47
48	North Town Food Service (repair dish machine)	1999	1,861		10			1,861	48
49	Alden Bennet Construction (tank replacement)	1999	8,649	346	25	346		7,900	49
50	Patten (Fuel Tank Repairs, need invoice)	1999	1,724		10			1,724	50
51	Chicago Cooling Corp. (repair of unit 5, and inspection)6/99	1999	2,367		10			2,367	51
52	Climate Service, Inc. (replace 15 ton condenser)	1999	9,374		15			9,374	52
53	Climate Service, Inc.(replace 10 ton condenser)	1999	7,100		15			7,100	53
54	Climate Service, Inc. (compressor)	1999	7,466		15			7,466	54
55	Climate Service, Inc.(vac pump)	1999	1,644		15			1,644	55
56	Climate Service, Inc.(compressor maintenance)	1999	1,728		15			1,728	56
57	Capps Plumbing & Sewer(install trap & rodded pipes)	1999	1,835		10			1,835	57
58	Climate Service, Inc.(tank repair and maintenance)	1999	2,380	95	25	95		2,099	58
59	Shine Rite Maintenance(refinish tile floors)	1999	4,805		10			4,805	59
60	Alden Bennet Construction (tile/roofing)	2000	8,214		10			8,214	60
61	Alden Bennet Construction (tile/roofing)	2000	11,459		10			11,459	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 223,917	\$ 441		\$ 441	\$	\$ 222,887	70

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

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 223,917	\$ 441		\$ 441	\$	\$ 222,887	1
2	Fox Valley Fire & Safety (replace smoke detectors)	2000	3,731		10			3,731	2
3	CSI Coker Service (repair dishwasher)	2000	3,299		10			3,299	3
4	Welding Supply Inc (repair alarm system)	2000	9,399		10			9,399	4
5									5
6	System Electric Inc (new controls for oxygen system)	2000	1,785		8			1,785	6
7	GT Mechanical (repair laundry compressor)	2000	2,700		10			2,700	7
8	CSI Coker Service (repair dishwasher)	2000	1,536		10			1,536	8
9	Equipment International (repair laundry equipment)	2000	1,670		10			1,670	9
10	GT Mechanical (repair pneumatic system compressor)	2000	2,431		10			2,431	10
11	Advanced Parts & Service (repair food processor)	2000	2,026		10			2,026	11
12	CSI Coker Service (repair boiler)	2000	5,985		10			5,985	12
13									13
14									14
15	Capps -Plumbing & 2670(install new bolt flange checkvalve)	2001	1,865		15			1,865	15
16	Sentry Protection Systems (annual maintenance on the fire alarm a	2001	2,151		15			2,151	16
17	CSI- Coker Service, 039721	2001	1,523		10			1,523	17
18	Patten (replace with updated phase monitor)	2001	1,898		10			1,898	18
19	Rockford Steam(hvac work)	2001	6,562		10			6,562	19
20									20
21	GT Mechanical(replace compressor)	2001	4,947		15			4,947	21
22	Alden Bennett Const. (lock install./repair)	2001	2,017		10			2,017	22
23	GT Mechanical, Inc (replace high pressure switch)	2001	2,516		15			2,516	23
24	CSI Coker (bldng. Improvement)	2001	1,708		15			1,708	24
25	Alden Bennett Const. (invoice to follow)	2001	20,742		10			20,742	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 304,409	\$ 441		\$ 441	\$	\$ 303,378	34

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

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

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		\$ 304,409	\$ 441		\$ 441	\$	\$ 303,378	1
2	<u>EQUINT Equipment International (gas dryer)</u>	2002	3,240		10			3,240	2
3	<u>AQUSER_REBUILD 2 WATER SOFTNE</u>	2002	4,990		10			4,990	3
4	<u>ALDBEN Alden Bennett Construct (need invoice)</u>	2002	18,173		15			18,173	4
5	<u>ENGSEC Engineered Security Sys</u>	2002	3,091		15			3,091	5
6	<u>ALDBEN Alden Bennett Construct</u>	2002	25,143		15			25,143	6
7	<u>ALDBEN Alden Bennett Construct (building improvement)</u>	2002	3,391		15			3,391	7
8	<u>TTIRRI T & T Irrigation Inc.(lawn sprinkler system)</u>	2002	15,000	600	25	600		11,750	8
9	<u>PATTEN (replace batteries of radiator & install crank case)</u>	2002	1,517		15			1,517	9
10	<u>FEMORA (REPLACED 50 SMOKE DETEC)</u>	2002	8,364		10			8,364	10
11	<u>FEMORA (REPAIR FIRE ALARM)</u>	2002	3,374		10			3,374	11
12	<u>GTMECH Gt Mechanical Inc (install new shaft & bearing).</u>	2002	2,216		15			2,216	12
13	<u>ALDBEN Alden Bennett Construct(install radar,painting & fire dra</u>	2002	12,850		15			12,850	13
14									14
15									15
16	<u>ABC various repairs</u>	2002	54,669	2,733	20	2,733		52,616	16
17	<u>ABC-various reopairs</u>	2002	23,660		15			23,660	17
18	<u>Aurora Tri State Fire-smoke detectors</u>	2002	4,322		10			4,322	18
19	<u>Aurora Tri State Fire-smoke detectors</u>	2002	6,200		10			6,200	19
20	<u>Aurora Tri State Fire-install alarms</u>	2002	6,559		10			6,559	20
21	<u>Simplex Grinnell-remove old andsul dry clean unit</u>	2002	2,987		10			2,987	21
22	<u>A&B Custom Cable-install cable/outlets</u>	2003	4,908		10			4,908	22
23	<u>GT Mechanical-boiler repair</u>	2003	4,892		11			4,892	23
24	<u>ABC-receiving door/sensor</u>	2003	6,623		10			6,623	24
25	<u>ABC-ceiling heaters installed</u>	2003	4,570		10			4,570	25
26	<u>ABC-aluminum outdoor fencing</u>	2003	5,137		15			5,137	26
27	<u>Real Green sprinkler maintenance</u>	2003	3,730		5			3,730	27
28	<u>GT Mechanical- HVAC air handler repairs</u>	2003	1,533		5			1,533	28
29	<u>Action Fence Contractor-rail pipe railings</u>	2003	1,875		10			1,875	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 537,422	\$ 3,774		\$ 3,774	\$	\$ 531,089	34

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

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 537,422	\$ 3,774		\$ 3,774	\$	\$ 531,089	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)		\$ 684,415	\$ 8,470		\$ 8,470	\$	\$ 626,860	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 684,415	\$ 8,470		\$ 8,470		\$ 626,860	1
2	Adjust for ABC Related Party Profit	2008	(168)					(168)	2
3	Adjust for ABC Related Party Profit	2009	(230)					(230)	3
4	Adjust for ABC Related Party Profit	2010	(1,118)	(52)		(52)		(546)	4
5	Adjust for ABC Related Party Profit	2011	206	2		2		19	5
6	Adjust for ABC Related Party Profit	2012	2,176	134		134		1,139	6
7	Adjust for ABC Related Party Profit	2013	2,434	66		66		495	7
8	Adjust for ABC Related Party Profit	2014	12	2		2		8	8
9	Adjust for ABC Related Party Profit	2015	40	2		2		11	9
10	Adjust for ABC Related Party Profit	2016	20	2		2		7	10
11	Adjust for ABC Related Party Profit	2017	106	2		2		7	11
12	Adjust for ABC Related Party Profit	2018	76	2		2		5	12
13	Adjust for ABC Related Party Profit	2019	53	2		2		5	13
14	Adjust for ABC Related Party Profit	2020	60	1		1		1	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 688,082	\$ 8,633		\$ 8,633		\$ 627,613	34

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

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

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 12E, Carried Forward		\$ 688,082	\$ 8,633		\$ 8,633	\$	\$ 627,613	1
2	Alden Bennett Const.-Roof repair	2004	16,439		10			16,439	2
3	Alden Bennett Const.-Floor repair	2004	2,429		10			2,429	3
4	Alden Bennett Const.-Roof repair	2004	1,854		10			1,854	4
5	CSI Coker-install thermostats	2004	1,853		5			1,853	5
6	GT Mechanical-replace motor pump	2004	1,362		5			1,362	6
7	Alden Bennett Const. Repair control valves	2004	2,643		5			2,643	7
8	GT Mechanical-receiver,controller/gauge	2004	2,165		10			2,165	8
9	Capps Plumbing-repair toilets,dishwasher	2004	1,635		10			1,635	9
10	Capps Plumbing-repair/rod main kitchen	2004	4,375		10			4,375	10
11	Alden Bennett Cons.lock setrs	2004	5,110		5			5,110	11
12	CSI Coker-replace A/C system	2004	5,103		10			5,103	12
13	Insinc Tellnet-DSL cable	2004	1,334		10			1,334	13
14	Alden Bennett Cons. Bathroom upgrades	2004	10,405		10			10,405	14
15	Alden Bennett Cons.-fire exit	2004	6,638	332	20	332		5,838	15
16	Alden Bennett Cons.-fire exit,stairwell,locks	2004	11,234	562	20	562		9,835	16
17	Alden Bennett Cons. Bathroom upgrades	2004	7,281		10			7,281	17
18	ABC - New window casement	2005	2,820		10			2,820	18
19	ABC - Time & Material Job# 8020	2005	1,756		10			1,756	19
20	GT Mechanical - Boiler repairs (Bearing assembly, Coupler, 3/4 hp	2005	2,242		10			2,242	20
21	ABC - Time & Material Job# 8020	2005	5,676		10			5,676	21
22	EWS Welding - Equip Repair (Repair Oxygen back up system)	2005	3,429		8			3,429	22
23	New Horizons - (34) Install Cable/Jacks Connect CO Lines	2005	3,314		10			3,314	23
24	ABC - Time & Material Job# 8020	2005	19,770		10			19,770	24
25	EWS Welding - Equip Repair (Rebuilt wall oxygen units in 4 rooms	2005	2,317		8			2,317	25
26	Patten CAT - Paid thru AMS Repair Generator	2005	1,313	66	20	66		1,100	26
27	GT Mechanical - Replace Compressor	2005	6,460		15			6,460	27
28	ABC - Time & Material Job# 8020	2005	14,550		10			14,550	28
29	GT Mechanical - Condenser Fan Motor, Capacitor 705 mfd, Fan H	2005	2,054		15			2,054	29
30	A&B Custom Cable - 103 rms Cable TV Svc and Install master ant	2005	10,094		10			10,094	30
31	AMS Generator Repairs	2006	5,006		5			5,006	31
32	TOPNOT Replace Freezer Door 1 of 2	2006	4,100		10			4,100	32
33	TOPNOT Replace Freezer Door 2 of 2	2006	4,100		10			4,100	33
34	TOTAL (lines 1 thru 33)		\$ 858,943	\$ 9,593		\$ 9,593	\$	\$ 796,062	34

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

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

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		\$ 858,943	\$ 9,593		\$ 9,593		\$ 796,062	1
2	A&B Custom Cable - 33 rms new cable TV Svc installed	2005	3,328		10			3,328	2
3	AMS - (Patten) Remove/Install Voltage Regulator	2005	2,650		10			2,650	3
4	A&B Custom Cable - paid by LG	2005	6,250		10			6,250	4
5	Oak Fire - Repaired System	2005	2,715		10			2,715	5
6	GTMECH Replace Shaft and Bearings	2006	2,646		10			2,646	6
7	MG Mechincal - Heat Pump Mini-split system	2006	4,850		10			4,850	7
8	ABC - raise floor	2006	2,750		10			2,750	8
9	ABC - flooring and paint	2006	2,652		10			2,652	9
10	Water Filter Steamer	2007	16,815		10			16,815	10
11	New Blacktop Paving and seal coat	2007	66,518		10			66,518	11
12	ABC Concrete and steel work-fire protection	2006	20,329		10			20,329	12
13	ABC Fire Protection	2006	25,647	1,282	20	1,282		17,948	13
14	New Plumbing Fixture Concrete	2007	5,811		10			5,811	14
15	ABC New roof	2008	29,424		10			29,424	15
16	GTMECH Repaired boiler2	2008	6,034		10			6,034	16
17	ABC - New MI Unit - Carpentry/Hardware/Painting/Plumbing	2009	39,557	2,637	15	2,637		31,644	17
18	ABC - New MI Unit - Carpentry/HVAC/Resilient Flooring/Door & Fra	2009	55,975	3,732	15	3,732		42,607	18
19	ABC - install sprinkler extention	2009	10,728	429	25	429		5,077	19
20	ABC - install sprinkler extension due to Life safety code	2009	37,230	1,489	25	1,489		17,372	20
21	ABC - replace damaged sidewalk	2009	7,505	500	15	500		5,792	21
22	Pattern - Repair generator	2009	2,695		5			2,695	22
23	Top Notch - 1 cooler compressor	2009	4,735	316	15	316		3,739	23
24	Equipment Int'l - Repair washer	2009	3,587		5			3,587	24
25	Equipment Int'l - Repair washer	2009	2,519		5			2,519	25
26	Top Notch - 1 new booster	2009	5,596		10			5,596	26
27	ABC - New MI Unit - Medical Gas/Doors & Frames/Security Cameras	2009	23,516	1,568	15	1,568		18,816	27
28	ABC - fire panel	2010	31,162	2,598	10	2,598		31,162	28
29	ABC - asphalt	2010	35,721		8			35,721	29
30	ABC - Residents Bathroom Rebuild (supply lines, plumbing, accessorie	2010	24,470	1,631	15	1,631		16,446	30
31	TopNotch - freezer repair	2010	3,533		5			3,533	31
32	Belec - electric breakers	2010	3,389		5			3,389	32
33	EWS - oxygen wall outlet	2010	3,199	186	10	186		3,199	33
34	TOTAL (lines 1 thru 33)		\$ 1,352,478	\$ 25,961		\$ 25,961		\$ 1,219,676	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 1,352,478	\$ 25,961		\$ 25,961	\$	\$ 1,219,676	1
2	Focus Fire Protection - sprinkler	2010	6,305		5			6,305	2
3	Wing remodel - Part 1 of 2 -ADG	2010	15,038	752	20	752		8,346	3
4	Wing remodel - Part 2 of 2 -ADG	2010	42,345	2,823	15	2,823		28,465	4
5									5
6	Boiler parts replaced - TopNotch	2011	4,567	454	10	454		4,567	6
7	cove base in 200 Wing - ABC	2011	5,617	562	10	562		5,526	7
8	Fire alarm repair - NAC panel - AFFCUS	2011	5,155		5			5,155	8
9									9
10	Roof repairs - JD & Sons	2012	14,000		5			14,000	10
11	Dampers, fire protection - GT Mechanical	2012	7,009	701	10	701		5,783	11
12	Dampers, fire protection - GT Mechanical	2012	16,931	1,693	10	1,693		13,826	12
13	Fire alarm - AFFCUS	2012	3,017		5			3,017	13
14	Dining room remodeled-ABC-floor leveling, drywall, doors, frames								14
15	cabinet, carpentry, accoustical, painting, electrical, direct superv	2012	17,821	1,188	15	1,188		10,296	15
16	Dining room remodeled-ABC-floor leveling, drywall, doors, frames								16
17	cabinet, carpentry, accoustical, painting, electrical, direct superv	2012	17,431	1,162	15	1,162		9,587	17
18									18
19	sprinkler system - ABC	2013	16,805	1,120	15	1,120		7,840	19
20	Concrete sidewalk - Upland Concrete Inc	2013	5,625	375	15	375		2,813	20
21	motor compressor - GT Mechanical	2013	2,510		5			2,510	21
22	motor cooling unit - GT Mechanical	2013	3,198		5			3,198	22
23	Boiler parts - ABC	2013	11,589	773	15	773		5,990	23
24	sprinkler system - ABC	2013	42,710	2,847	15	2,847		20,878	24
25	sprinkler system - ABC	2013	26,884	1,792	15	1,792		12,992	25
26	sprinkler system - ABC	2013	82,880	5,525	15	5,525		39,135	26
27	Remodeled the 200-400 wing , which included: wall rebuilds,								27
28	electrical outlet work & painting the affected areas:								28
29	Painting, carpentry and electricals - AMS	2014	12,486	832	15	832		5,755	29
30	Fence/Guard rails - ABC	2014	6,285	419	15	419		2,549	30
31	Motor blower - GT Mech	2014	5,195		5			5,195	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,723,881	\$ 48,979		\$ 48,979	\$	\$ 1,443,404	34

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

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

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 12H, Carried Forward		\$ 1,723,881	\$ 48,979		\$ 48,979	\$	\$ 1,443,404	1
2	Pole lights, parking lot - ABC	2015	10,203	680	15	680		4,024	2
3	Roof - JD & Sons	2015	14,000	1,400	10	1,400		7,233	3
4	Remodel 2nd floor; medical/utility rooms - ABC								4
5	carpentries, pre-manufactured cabinets, fluorescent								5
6	lamps, electrical fixtures	2015	4,297	286	15	286		1,430	6
7									7
8	Motor blower - GT Mechanical	2015	2,622	482	5	482		2,622	8
9	Boiler tubes replacement - ABC	2015	6,919	461	15	461		2,343	9
10									10
11									11
12	Motor, pump repair - ABC	2016	5,588	1,118	5	1,118		4,472	12
13	Remodel residents' bathrooms Wing 500 - ABC: plumbing,								13
14	mirrors, lavatory faucets, sinks, drains, mechanical locks,								14
15	solid white cultured marble vanity tops and bowls	2016	5,051	337	15	337		1,572	15
16	Renovated Wing 500 - AMS: Carpentries, electrical fixtures								16
17	paints, landscaping, general labor	2016	108,738	7,249	15	7,249		28,996	17
18	Motor, install W/I/F - Topnotch	2016	3,687	737	5	737		3,624	18
19	Fire dampers - GT Mech	2016	2,860	286	10	286		1,382	19
20	Roof repair, Wing 500 - JD & Sons	2016	2,675	535	5	535		2,318	20
21									21
22	Gas (Medical) pipeline repair	2017	6,075	608	10	608		2,128	22
23	Motor pump - GT Mechanical, boiler room	2018	2,718	544	5	544		1,586	23
24	J.D. & Sons - Roof repairs various parts of the building	2018	3,680	736	5	736		1,595	24
25	Triton Plumbing - Plumbing for boiler, Boiler room	2019	9,134	609	15	609		964	25
26	Clever Brooks - Boiler motor, Boiler room	2019	3,191	638	5	638		1,223	26
27	GT Mech - Boiler pilot regulator, Boiler room	2019	6,145	1,229	5	1,229		2,253	27
28	ABC - Boiler tubes, Boiler room	2019	57,661	3,844	15	3,844		4,164	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,979,125	\$ 70,758		\$ 70,758	\$	\$ 1,517,333	34

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

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

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	\$ 793,883	\$ 78,905	\$ 78,905	\$	various	\$ 413,282	71
72	Current Year Purchases	145,714	9,721	9,721		various	9,721	72
73	Fully Depreciated Assets	736,672	5,037	5,037		various	736,572	73
74								74
75	TOTALS	\$ 1,676,269	\$ 93,663	\$ 93,663	\$		\$ 1,159,575	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)	\$ 3,659,196	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 164,421	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 164,421	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)	\$ 2,680,710	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: T.L. Enterprises

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:	<u>316</u>		\$ <u>1,444,080</u>	<u>6</u>	<u>6</u>	3
4	Additions						4
5							5
6							6
7	TOTAL	316		\$ 1,444,080			7

10. Effective dates of current rental agreement:

Beginning 12/26/2012

Ending 02/28/2023

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

Fiscal Year Ending Annual Rent

12. 12/31/2021 \$ 1,444,080

13. 12/31/2022 \$ 1,444,080

14. 02/28/2023 \$ 240,680

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: Purchase Option*

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: \$ 22,003 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>Related Party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>18,065</u>	17
18					18
19					19
20					20
21	TOTAL		\$ #####	\$ 18,065	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 Terrace McHenry Rehab # 0040691 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.)

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		4	5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff			Outside Practitioner (other than consultant)					
			Units of Service	Cost		Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 195,897	\$		\$ 195,897	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs			94,912			94,912	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39-3	hrs			232,167			232,167	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				242,375		242,375	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any				(67,785)	149,403		81,618	13	
14	TOTAL			\$		\$ 455,191	\$ 391,778		\$ 846,969	14	

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

Page 16
 Col 5: PT,OT, & ST
 Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	195,897.00	
2.	ST	39-3	To Col 5	94,912.00	
3.					
4.	PT	39-3	To Col 5	232,167.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			251,248.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(8,873.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	242,375.00	
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	(67,785.00)	From Page 6D, Col 8 (Except DD homes)
	Other			194,663.00	
	Manual Input: Related Party - Prism			(67,441.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(1,699.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(1,534.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			25,414.00	
13.	Col 6: Supplies Total		To Col 6	149,403.00	
13.	Total Line 13, Column 8			81,618.00	
14.	Total			846,969.00	

Facility Name & ID Number Alden Terrace McHenry Rehab

0040691

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (200,000))	1,255,193		3
4	Supply Inventory (priced at)	85,364		4
5	Short-Term Investments			5
6	Prepaid Insurance	11,732		6
7	Other Prepaid Expenses	16,418		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	31,048		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,399,755	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	35,213		12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	2,033,303		15
16	Equipment, at Historical Cost	1,759,601		16
17	Accumulated Depreciation (book methods)	(2,852,599)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	129,117		21
22	Other Long-Term Assets (spe <u>Purchase Option</u>)	948,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,052,635	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,452,390	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 881,056	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	710,857		28
29	Short-Term Notes Payable	22,664		29
30	Accrued Salaries Payable	548,533		30
31	Accrued Taxes Payable (excluding real estate taxes)	211,743		31
32	Accrued Real Estate Taxes(Sch.IX-B)	184,600		32
33	Accrued Interest Payable			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, Loss</u>	5,996,684		36
37	<u>Due to Affiliates - current</u>	595,850		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,151,987	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	963,819		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	23,279,568		43
44	<u>Mcr Avd Fund & Fica-Deferred</u>	394,224		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 24,637,611	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 33,789,598	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (30,337,208)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,452,390	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (26,960,448)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (26,960,448)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(3,376,759)	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)	\$ (3,376,760)	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)	\$ (30,337,208)	24 *

* This must agree with page 17, line 47.

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

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

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

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,206,488	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,206,488	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	261,820	5
6	Therapy	101,399	6
7	Oxygen	61,400	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 424,619	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	7,053	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 7,053	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,602	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,602	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Food rebate, Med records, vendor discount	2,880	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,880	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,643,642	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,843,681	31
32	Health Care	5,829,529	32
33	General Administration	4,039,762	33
B. Capital Expense			
34	Ownership	1,862,554	34
C. Ancillary Expense			
35	Special Cost Centers	968,886	35
36	Provider Participation Fee	475,989	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,020,401	40
41	Income before Income Taxes (line 30 minus line 40)**	(3,376,759)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (3,376,759)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,227,001	44
45	Private Pay - Net Inpatient Revenue	440,481	45
46	Medicare - Net Inpatient Revenue	1,813,606	46
47	Other-(specify) Hospice	725,563	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows	(163)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,206,488	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 Terrace McHenry Rehab

0040691

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,744	1,920	\$ 103,896	\$ 54.11	1
2	Assistant Director of Nursing	2,379	2,387	103,127	43.20	2
3	Registered Nurses	27,108	29,808	1,174,988	39.42	3
4	Licensed Practical Nurses	31,037	34,365	1,167,374	33.97	4
5	CNAs & Orderlies	56,348	62,824	1,301,775	20.72	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,713	2,934	57,091	19.46	8
9	Activity Director	2,072	2,080	36,341	17.47	9
10	Activity Assistants	5,758	5,949	84,821	14.26	10
11	Social Service Workers	2,056	2,080	55,261	26.57	11
12	Dietician					12
13	Food Service Supervisor	1,360	1,360	35,541	26.13	13
14	Head Cook	1,224	1,297	29,072	22.41	14
15	Cook Helpers/Assistants	22,483	24,420	373,855	15.31	15
16	Dishwashers					16
17	Maintenance Workers	1,080	1,108	28,132	25.39	17
18	Housekeepers	15,484	16,795	281,041	16.73	18
19	Laundry	5,706	6,269	92,151	14.70	19
20	Administrator	2,056	2,056	131,069	63.75	20
21	Assistant Administrator	2,720	2,720	88,594	32.57	21
22	Other Administrative	5,839	5,965	172,866	28.98	22
23	Office Manager					23
24	Clerical	3,505	3,655	46,954	12.85	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,673	3,681	155,758	42.31	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Resident Attendant	27,178	28,437	484,112	17.02	32
33	Other(specify) MemCare Director	10,047	10,668	185,762	17.41	33
34	TOTAL (lines 1 - 33)	233,570	252,778	\$ 6,189,581 *	\$ 24.49	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	2139/mo	\$ 25,663	1-3	35
36	Medical Director	2000/mo	22,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	632/mo	7,584	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	116/mp	1,396	11-3	44
45	Social Service Consultant	280/mo	3,150	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 59,793		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	617 hrs	\$ 52,360	10-3	50
51	Licensed Practical Nurses	2355 hrs	164,870	10-3	51
52	Certified Nurse Assistants/Aides	3467 hrs	191,826	10-3	52
53	TOTAL (lines 50 - 52)		\$ 409,056		53

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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		
Alvarez, Barbara	Administrator	0	\$ 75,046	Workers' Compensation Insurance	\$ 190,982	IDPH License Fee	\$		
Russell, Jeffrey	Administrator	0	56,023	Unemployment Compensation Insurance	27,866	Advertising: Employee Recruitment	3,877		
Riordan, Brendan	Assistant Administrator	0	39,018	FICA Taxes	460,225	Health Care Worker Background Check			
Nhim, Cyra Corello	Assistant Administrator	0	49,576	Employee Health Insurance	245,179	(Indicate # of checks performed 33)	1,072		
		0		Employee Meals	43,256	Patient Background Checks	133 1,336		
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fee	650		
		0		Dental and Life	3,673	Health Care Council of IL	30,336		
		0		Employee Relations	28,399	Corporate Annual Fee/CMS Medicare	77		
		0		401k Match	6,261	Collaborative Healthcare/Amer Health/Broad	4,101		
		0		Drug Test/Vision	1,549	Related Party - AMS	1,284		
		0		Employee Vaccination	17,604	Less: Public Relations Expense	()		
		0		Misc Payroll Costs	1,288	Non-allowable advertising	()		
		0		Related Party - Forum Pharmacy	(3,219)	Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 219,663	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,023,063	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 42,733		
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	\$	
							32.984615		
							In-State Travel		
							Related party	1,082	
							Seminar Expense		
							NIC/Crisis Prevention Seminar	268	
							WHCA/WICAL Leadership Conference	1,377	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	(agree to Sch. V, line 24, col. 8)	\$ 2,727	
C. Professional Services									
Vendor/Payee	Type		Amount						
Alden Management Services	Consulting fee		\$ 822,705						
Baker Tilly/Virchow Krause	Accounting Fees		9,267						
AMS (Midcap)/C.Novotny	Accounting Fees		6,860						
AMS	Allocated Legal Fees		47,520						
Relias Learning/Linked Senior/AILE	Administrative/Consulting		902						
Midcap/Ariana Fisch/Schmidt Salzm	Legal Fees - Non-Collection		5,640						
Kelleher & Buckley	Legal Fees - Collection		4,214						
Midwest Care Management	Legal Fees - Collection		49,175						
Salvi, Salvi & Wifier	Legal Fees - Collection		1,035						
Stern & Assoc	Legal Fees - Collection		14,409						
SB2 Inc/Pogrund & Kelly	Legal Fees - Collection		10,523						
Wakeman Law Group	Legal Fees - Collection		5,111						
TOTAL (agree to Schedule V, line 19, column 3)			\$ 977,361						

* Attach copy of IMRF notifications

**See instructions.

Alden - Terrace of McHenry Rehabilitation and Health Care Center, Inc. PG 21A
 Legal Fee Support
 2020

Legal Fees Reported on Pg 21, Section C:	\$ 137,627.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(84,467.00)
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>\$ 5,640.00</u>

In Detail:

<u>Vendor Name - 696600-100-000 Legal Fees - Collections</u>	<u>Invoice Date</u>	<u>Amount</u>
Poggrund & Kelly	01/20-12/20	8,068.00
SB2 Inc	01/20 - 12/20	2,455.00
Kellecher & Buckley	04/20 & 10/20	4,214.00
Wakeman Law Firm	02/20 & 07/20	5,111.00
Midwest Care Management	01/20-12/20	49,175.00
Stern & Associates	02/20-07/20	14,409.00
Salvi, Salvi & Wiefer	02/20	1,035.00
The Waggoner Law Firm		
TOTAL NON-ALLOWABLE LEGAL FEES		<u>84,467.00</u>

<u>Vendor Name - 680600-100-000 - Legal Fees Non-Collections</u>	<u>Invoice Date</u>	<u>Amount</u>
Midcap	01/20-12/20	1,813.00
Ariana Fisch	01/20	279.00
Schmidt Salzman	03/20	3,548.00
TOTAL ALLOWABLE LEGAL FEES		<u>5,640.00</u>

<u>Vendor Name - 680600-100-003 - AMS Allocated Legal Fees</u>	<u>Invoice Date</u>	<u>Amount</u>
Corp Legal Cost Alloc - 2020	01/20-12/20	47,520.00
TOTAL Allocated Legal Fees		<u>47,520.00</u>
Total Legal Cost		<u>137,627.00</u>

Facility Name & ID Number Alden Terrace McHenry Rehab

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Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes; RN/LPN: No
- (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. \$30,336
- (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. \$ 44,402 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. \$ 475,989
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. \$ 43,256 Has any meal income been offset against related costs? no Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ no
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? no
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? no
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. yes
Attach invoices and a summary of services for all architect and appraisal fees.