

		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><b>I. IDPH License ID Number:</b> <u>0038000</u></p> <p><b>Facility Name:</b> <u>Alden Town Manor Rehab HCC</u></p> <p><b>Address:</b> <u>6120 West Ogden</u> <u>Cicero</u> <u>60804</u>  Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(708) 863 - 0500</u> Fax # <u>(708) 863 - 4893</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>09/19/92</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" 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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Mark Novotny</u> <b>Telephone Number:</b> <u>773-724-6362</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></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" style="width:100%"> <tr> <td rowspan="2" style="width:20%;"><b>Officer or Administrator of Provider</b></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" style="width:20%;"><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name &amp; 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><b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>  201 S. Grand Avenue East  Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____	(Type or Print Name) <u>Derek Smart</u>			(Title) <u>CFO, Alden Management Services, Inc., as agent</u>		<b>Paid Preparer</b>	(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																								
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Facility Name & ID Number Alden Town Manor Rehab HCC

# 0038000 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	249	Skilled (SNF)	249	91,134	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	249	TOTALS	249	91,134	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	5,140	818	3,396	9,354	8
9	SNF/PED					9
10	ICF	52,538	680	4,721	57,939	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	57,678	1,498	8,117	67,293	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.84%

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 6/15/93

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

YES  Date \_\_\_\_\_ NO

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

YES  NO  If YES, enter number of beds certified 249 and days of care provided 1,930

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCUAL  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 Town Manor Rehab HCC # 0038000 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
	<b>A. General Services</b>										
1	Dietary	507,315	36,772	32,900	576,987	1,184	578,171	(10,139)	568,032		1
2	Food Purchase		532,933		532,933	(42,409)	490,524	(59,786)	430,738		2
3	Housekeeping	415,946	88,912		504,858	1,367	506,225	23,473	529,698		3
4	Laundry	88,887	30,546		119,433	133	119,566		119,566		4
5	Heat and Other Utilities			290,476	290,476		290,476	1,891	292,367		5
6	Maintenance	47,951		312,855	360,806	34	360,840	44,614	405,454		6
7	Other (specify):* <b>related party</b>			1,029	1,029		1,029	10,869	11,898		7
8	<b>TOTAL General Services</b>	<b>1,060,099</b>	<b>689,163</b>	<b>637,260</b>	<b>2,386,522</b>	<b>(39,691)</b>	<b>2,346,831</b>	<b>10,922</b>	<b>2,357,753</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			26,325	26,325		26,325		26,325		9
10	Nursing and Medical Records	4,784,076	364,542	686,069	5,834,687	(14,715)	5,819,972	71,815	5,891,787		10
10a	Therapy	199,589	1,813	73,742	275,144		275,144		275,144		10a
11	Activities	123,234	2,686	4,479	130,399	80	130,479		130,479		11
12	Social Services	82,823			82,823		82,823		82,823		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Res.Att/related party</b>	482,590			482,590		482,590	9,367	491,957		15
16	<b>TOTAL Health Care and Programs</b>	<b>5,672,312</b>	<b>369,041</b>	<b>790,615</b>	<b>6,831,968</b>	<b>(14,635)</b>	<b>6,817,333</b>	<b>81,182</b>	<b>6,898,515</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	251,896			251,896		251,896	287,529	539,425		17
18	Directors Fees										18
19	Professional Services			1,171,601	1,171,601		1,171,601	(1,061,542)	110,059		19
20	Dues, Fees, Subscriptions & Promotions			145,034	145,034		145,034	(108,406)	36,628		20
21	Clerical & General Office Expenses	160,438	29,936	229,588	419,962	(4,158)	415,804	386,073	801,877		21
22	Employee Benefits & Payroll Taxes			1,253,832	1,253,832	28,964	1,282,796	(5,690)	1,277,106		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,546	1,546		1,546	1,433	2,979		24
25	Other Admin. Staff Transportation			5,744	5,744		5,744	12,818	18,562		25
26	Insurance-Prop.Liab.Malpractice			687,125	687,125		687,125	15,939	703,064		26
27	Other (specify):* <b>related party</b>			396,255	396,255		396,255	(282,382)	113,873		27
28	<b>TOTAL General Administration</b>	<b>412,334</b>	<b>29,936</b>	<b>3,890,725</b>	<b>4,332,995</b>	<b>24,806</b>	<b>4,357,801</b>	<b>(754,228)</b>	<b>3,603,573</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>7,144,745</b>	<b>1,088,140</b>	<b>5,318,600</b>	<b>13,551,485</b>	<b>(29,520)</b>	<b>13,521,965</b>	<b>(662,124)</b>	<b>12,859,841</b>		<b>29</b>

\*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			63,771	63,771		63,771	426,037	489,808			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			83,581	83,581		83,581	418,049	501,630			32
33	Real Estate Taxes			966,887	966,887	(966,887)		1,001,524	1,001,524			33
34	Rent-Facility & Grounds			888,102	888,102	966,887	1,854,989	(1,854,989)				34
35	Rent-Equipment & Vehicles			28,668	28,668		28,668	51,413	80,081			35
36	Other (specify):* MIP							54,394	54,394			36
37	<b>TOTAL Ownership</b>			2,031,009	2,031,009		2,031,009	96,428	2,127,437			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		443,291	735,594	1,178,885	29,520	1,208,405	(193,075)	1,015,330			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			554,087	554,087		554,087		554,087			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		443,291	1,289,681	1,732,972	29,520	1,762,492	(193,075)	1,569,417			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,144,745	1,531,431	8,639,290	17,315,466		17,315,466	(758,771)	16,556,695			45

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

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

IDPH License No. 0038000

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(42,409.00)	Employee Meals
	22	42,409.00	Employee Meals
22		(13,445.00)	Uniform Reclass
	1	1,184.00	Uniform Reclass
	3	1,367.00	Uniform Reclass
	4	133.00	Uniform Reclass
	6	34.00	Uniform Reclass
	10	10,185.00	Uniform Reclass
	11	80.00	Uniform Reclass
	21	462.00	Uniform Reclass
10		(29,520.00)	Oxygen Cost Reclass
	39	29,520.00	Oxygen Cost Reclass
33		(966,887.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	966,887.00	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
		-	

Facility Name & ID Number Alden Town Manor Rehab HCC

# 0038000

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	(23,832)	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	14,451	30		9
10	Interest and Other Investment Income	(22,876)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,752)	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	(24,251)	21		17
18	Fines and Penalties	(8,450)	32		18
19	Entertainment				19
20	Contributions	(8,520)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(46,330)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(396,255)	27		24
25	Fund Raising, Advertising and Promotional	(101,587)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (619,402)		\$	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)	(48,762)		34
35	Other- Attach Schedule	(90,607)		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (139,369)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (758,771)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

Alden Town Manor Rehab HCC

ID# 0038000

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (2,950)	5	1
2	Intercompany interests GL 7031 (Midcap)	(74,901)	32	2
3				3
4				4
5				5
6				6
7	Elim Deprec Exp on Pg12 - <\$2,500 TM/Cicero (G)	(2,494)	30	7
8	Elim Deprec Exp on Pg13 - <\$2,500 (adj 1 wrksh, exp)	(34,708)	30	8
9	Exp Capital items, Pg13 CY purch <\$2,500 TM/Cicero (	7,057	6	9
10	Exp Capital items, Pg13 (adj 1 wrksh, cost)	22,207	6	10
11	adj for ABC related party profits -Pg 12E-depn exp)	103	30	11
12	adjustment on Depreciation exp	3,093	30	12
13				13
14				14
15				15
16	Miscellaneous Income - Medical Records	(289)	21	16
17	Miscellaneous Income - Incentive Bonus	(7,204)	21	17
18	Miscellaneous Income - Jury Duty	(378)	22	18
19	Vendor discount GL 4984	(2)	2	19
20				20
21	Bank Charges (LLC)	(141)	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	<b>Total</b>	(90,607)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Town Manor Rehab HCC

# 0038000

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)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	(10,139)	0	0	0	0	0	0	0	(10,139)	1
2	Food Purchase	(1,754)	0	0	(58,032)	0	0	0	0	0	0	0	(59,786)	2
3	Housekeeping	0	0	23,473	0	0	0	0	0	0	0	0	23,473	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,950)	0	4,841	0	0	0	0	0	0	0	0	1,891	5
6	Maintenance	5,432	0	34,159	0	0	0	125	4,898	0	0	0	44,614	6
7	Other (specify):*	0	0	10,869	0	0	0	0	0	0	0	0	10,869	7
8	<b>TOTAL General Services</b>	<b>728</b>	<b>0</b>	<b>73,342</b>	<b>(68,171)</b>	<b>0</b>	<b>0</b>	<b>125</b>	<b>4,898</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,922</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	63,695	9,374	(1,254)	0	0	0	0	0	0	71,815	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	9,367	0	0	0	0	0	0	0	0	9,367	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>73,062</b>	<b>9,374</b>	<b>(1,254)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>81,182</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	287,529	0	0	0	0	0	0	0	0	287,529	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(46,330)	31,826	(1,047,038)	0	0	0	0	0	0	0	0	(1,061,542)	19
20	Fees, Subscriptions & Promotions	(110,107)	0	1,701	0	0	0	0	0	0	0	0	(108,406)	20
21	Clerical & General Office Expenses	(31,885)	242	417,716	0	0	0	0	0	0	0	0	386,073	21
22	Employee Benefits & Payroll Taxes	(378)	0	0	0	(5,312)	0	0	0	0	0	0	(5,690)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,433	0	0	0	0	0	0	0	0	1,433	24
25	Other Admin. Staff Transportation	0	0	12,818	0	0	0	0	0	0	0	0	12,818	25
26	Insurance-Prop.Liab.Malpractice	0	15,470	469	0	0	0	0	0	0	0	0	15,939	26
27	Other (specify):*	(396,255)	0	113,873	0	0	0	0	0	0	0	0	(282,382)	27
28	<b>TOTAL General Administration</b>	<b>(584,955)</b>	<b>47,538</b>	<b>(211,499)</b>	<b>0</b>	<b>(5,312)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(754,228)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(584,227)</b>	<b>47,538</b>	<b>(65,095)</b>	<b>(58,797)</b>	<b>(6,566)</b>	<b>0</b>	<b>125</b>	<b>4,898</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(662,124)</b>	<b>29</b>



STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Town Manor Rehab HCC

# 0038000

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)	
	<b>D. Ownership</b>													
30	Depreciation	(19,555)	434,474	11,118	0	0	0	0	0	0	0	0	426,037	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(106,227)	438,015	86,261	0	0	0	0	0	0	0	0	418,049	32
33	Real Estate Taxes	0	966,887	34,637	0	0	0	0	0	0	0	0	1,001,524	33
34	Rent-Facility & Grounds	0	(1,854,989)	0	0	0	0	0	0	0	0	0	(1,854,989)	34
35	Rent-Equipment & Vehicles	0	0	51,413	0	0	0	0	0	0	0	0	51,413	35
36	Other (specify):*	0	54,394	0	0	0	0	0	0	0	0	0	54,394	36
37	<b>TOTAL Ownership</b>	<b>(125,782)</b>	<b>38,781</b>	<b>183,429</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>96,428</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(44,417)	(11,286)	(137,372)	0	0	0	0	0	(193,075)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(44,417)</b>	<b>(11,286)</b>	<b>(137,372)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(193,075)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(710,009)</b>	<b>86,319</b>	<b>118,334</b>	<b>(103,214)</b>	<b>(17,852)</b>	<b>(137,372)</b>	<b>125</b>	<b>4,898</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(758,771)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 1,854,989	Town Manor Associates, LLC	0.00%	\$	\$ (1,854,989)	1
2	V	32 Interest Income - RR	46	Town Manor Associates, LLC			(46)	2
3	V	19 Accounting/Professional Fees		Town Manor Associates, LLC		17,200	17,200	3
4	V	33 Real Estate Tax		Town Manor Associates, LLC		966,887	966,887	4
5	V	26 Property and Liability Insurance		Town Manor Associates, LLC		15,470	15,470	5
6	V	32 Interest on Mortgage		Town Manor Associates, LLC		428,660	428,660	6
7	V	19 Legal Fees - Non Collections		Town Manor Associates, LLC		14,626	14,626	7
8	V	30 Depreciation		Town Manor Associates, LLC		434,474	434,474	8
9	V	32 Amortization		Town Manor Associates, LLC		9,401	9,401	9
10	V	36 Mortgage Insurance Premium		Town Manor Associates, LLC		54,394	54,394	10
11	V	21 Misc Administrative Expenses		Town Manor Associates, LLC		242	242	11
12	V							12
13	V							13
14	Total		\$ 1,855,035			\$ 1,941,354	\$ * 86,319	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,841	\$ 4,841	15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,433	1,433	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		12,818	12,818	17
18	V	26 Insurance		Alden Management Services, Inc.		469	469	18
19	V	20 Dues and Subscription		Alden Management Services, Inc.		1,701	1,701	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		34,637	34,637	21
22	V	35 Rent - Equipment and Vehicle		Alden Management Services, Inc.		51,413	51,413	22
23	V	32 Interest		Alden Management Services, Inc.		86,261	86,261	23
24	V	1 Dietary		Alden Management Services, Inc.				24
25	V	3 Housekeeping		Alden Management Services, Inc.		23,473	23,473	25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		10,869	10,869	26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		63,695	63,695	27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		9,367	9,367	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		287,529	287,529	29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		113,873	113,873	30
31	V	19 Professional Fees	1,098,702	Alden Management Services, Inc.		51,664	(1,047,038)	31
32	V	21 General and Administrative	56,760	Alden Management Services, Inc.		474,476	417,716	32
33	V	6 Repairs and Maintenance	51,203	Alden Management Services, Inc.		85,362	34,159	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,206,665			\$ 1,324,999	\$ * 118,334	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Consult.	\$ 32,270	Prism Health Care Services, Inc.	0.00%	\$	(32,270)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		18,144	18,144	16
17	V	2 Tube feeding	110,416	Prism Health Care Services, Inc.		40,244	(70,172)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	98,046	Prism Health Care Services, Inc.		31,586	(66,460)	19
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,987	3,987	20
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		12,140	12,140	21
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,582	3,582	22
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		22,043	22,043	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		\$ 247,392			\$ 144,178	\$ * (103,214)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Drugs	\$ 235,416	Forum Extended Care II, Inc.	0.00%	\$ 224,229	\$	(11,187)	15
16	V	39 I.V.	43,197	Forum Extended Care II, Inc.		41,144		(2,053)	16
17	V	39 Wound Care-Product only	65,356	Forum Extended Care II, Inc.		62,250		(3,106)	17
18	V	10 House Stock	20,430	Forum Extended Care II, Inc.		19,459		(971)	18
19	V	10 Pharm Consult	5,976	Forum Extended Care II, Inc.		5,693		(283)	19
20	V	22 Employee Vaccinations	5,312	Forum Extended Care II, Inc.				(5,312)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		5,060		5,060	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		\$ 375,687			\$ 357,835	\$ *	(17,852)	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	\$ 742,711	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 605,339	\$	(137,372)	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		\$ 742,711			\$ 605,339	\$ *	(137,372)	39

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

Facility Name & ID Number Alden Town Manor Rehab HCC

# 0038000

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

**VII. RELATED PARTIES (continued)**

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization					
15	V	6	Repairs & Maintenance	\$ 52,882	Alden Bennett Construction Company, Inc.	0.00%	\$ 53,007	\$ 125	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			\$ 52,882			\$ 53,007	\$ *	125 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	\$ 5,313	Alden Design Group, Ltd.	0.00%	\$ 10,211	\$ 4,898	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		\$ 5,313			\$ 10,211	\$ * 4,898	39

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



Facility Name &amp; ID Number

Alden Town Manor Rehab HCC

# 0038000

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 Town Manor Rehab HCC # 0038000 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	174,704	2.228	5.57	Salary	\$ 10,296	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,435	2.228	5.57	Salary	5,565	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,435	2.228	5.57	Salary	5,565	6-7	3
4	Ina Schlossberg D.	Board Member	Board member	0.00	107,477	2.228	5.57	Salary	6,334	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical records	0.00	59,912	2.228	5.57	Salary	3,531	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	174,704	1.9495	5.57	Salary	10,296	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										
13								TOTAL	\$ 41,587		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 Town Manor Rehab HCC

# 0038000

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	\$ 67,293	\$ 4,841	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	67,293	1,433	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	67,293	12,818	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	67,293	469	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	67,293	1,701	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	67,293	34,637	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	67,293	51,413	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	67,293	86,261	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	23,473	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	67,293	10,869	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	63,695	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	67,293	9,367	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	287,529	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	67,293	113,873	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	51,664	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	474,476	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	85,362	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 1,324,999	25

Facility Name & ID Number Alden Town Manor Rehab HCC # 0038000 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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Cambridge (GL 7055/2505/2021)	x		\$56,147.00	02/11	\$ 12,722,300	\$ 10,766,926	03/2046	3.9400	\$ 428,660	1									
2											2									
3											3									
4	Insurance Interest (GL7053)	x	Medical Malpractice								230	4								
5												5								
<b>Working Capital</b>																				
6	Related party - AMS	x	Working capital								86,261	6								
7												7								
8	Capital Lease Obligation (GL 7105/7030)		Capital Lease								9,401	8								
9	<b>TOTAL Facility Related</b>			\$56,147.00		\$ 12,722,300	\$ 10,766,926			\$ 524,552	9									
<b>B. Non-Facility Related*</b>																				
10	Interest Income on R.R.	x									(46)	10								
11	Interest Income (GL 4975)	x									(22,876)	11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ (22,922)	14									
15	<b>TOTALS (line 9+line14)</b>					\$ 12,722,300	\$ 10,766,926			\$ 501,630	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 54,394 Line # 36

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

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

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

**B. Real Estate Taxes**

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

1. Real Estate Tax accrual used on 2019 report.	\$	<u>787,839</u>	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.)	\$	<u>944,155</u>	2
3. Under or (over) accrual (line 2 minus line 1).	\$	<u>156,316</u>	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>810,571</u>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>966,887</u>	7
Real Estate Tax History:		<u>Plus: Related party taxes - See Pg RE_Tax page</u>	\$ <u>34,637</u>
		<u>Total Real Estate Tax Expense, Sch V, Line 33</u>	\$ <u>1,001,524</u>
Real Estate Tax Bill for Calendar Year:		<b>FOR BHF USE ONLY</b>	
2015	<u>924,936</u>	8	
2016	<u>935,908</u>	9	
2017	<u>885,543</u>	10	
2018	<u>919,970</u>	11	
2019	<u>944,155</u>	12	
<b>The current year accrual is based on an estimated 3% increase of the prior year tax.</b>			
		13	FROM R. E. TAX STATEMENT FOR 2019 \$
		14	PLUS APPEAL COST FROM LINE 5 \$
		15	LESS REFUND FROM LINE 6 \$
		16	AMOUNT TO USE FOR RATE CALCULATION \$

**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 Town Manor Rehab HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

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>34,637.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,795.59</u>	\$ <u>3,795.59</u>
4. <u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,795.59</u>	\$ <u>3,795.59</u>
5. <u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>78,934.01</u>	\$ <u>78,934.01</u>
6. <u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>109,758.87</u>	\$ <u>109,758.87</u>
7. <u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>402,656.78</u>	\$ <u>402,656.78</u>
8. <u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>179,394.47</u>	\$ <u>179,394.47</u>
9. <u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>75,363.62</u>	\$ <u>75,363.62</u>
10. <u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>75,363.62</u>	\$ <u>75,363.62</u>
	<b>TOTALS</b>	\$ <u><u>1,102,758.55</u></u>	\$ <u><u>963,699.55</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.**

**2019 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Alden Town Manor Rehab HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

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>Total from PG10a</u>	\$ <u>1,102,758.55</u>	\$ <u>1,102,758.55</u>
2. <u>16-32-116-023-0000</u>	<u>Nursing Home Facility</u>	\$ <u>7,938.69</u>	\$ <u>7,938.69</u>
3. <u>16-32-116-024-0000</u>	<u>Nursing Home Facility</u>	\$ <u>7,153.67</u>	\$ <u>7,153.67</u>
4. <u>16-32-116-006-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>3,309.73</u>	\$ <u>3,309.73</u>
5. <u>16-32-116-007-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>2,913.03</u>	\$ <u>2,913.03</u>
6. <u>16-32-116-008-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>4,484.08</u>	\$ <u>4,484.08</u>
7. <u>16-32-116-009-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>6,326.33</u>	\$ <u>6,326.33</u>
8. <u>16-32-116-010-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>4,727.51</u>	\$ <u>4,727.51</u>
9. <u>16-32-116-011-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>2,652.53</u>	\$ <u>2,652.53</u>
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>1,142,264.12</u></u>	\$ <u><u>1,142,264.12</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 Town Manor Rehab HCC

# 0038000

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 94,915 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

None

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

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing home facility</u>	<u>66,775</u>	<u>1991</u>	<u>\$ 1,137,260</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<u>66,775</u>		<u>\$ 1,137,260</u>	<u>3</u>



Facility Name &amp; ID Number Alden Town Manor Rehab HCC

# 0038000

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	249		1992	1992	\$ 9,104,204	\$ 289,022	30	\$ 303,473	\$ 14,451	\$ 8,479,791	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Window glass repair	1992		1,600		10			1,600	9
10		CSI - boiler repair	1994		3,268		3			3,268	10
11		Tower cleaners - drapery	1995		1,557		5			1,557	11
12		Bartlett heating -pipe insulation	1995		3,700		15			3,700	12
13		CSI - a/c repair	1995		4,093		10			4,093	13
14		CSI - a/c repair	1995		4,027		10			4,027	14
15		CSI - pipe insulation	1995		1,981		15			1,981	15
16		CSI - chiller HVAC	1996		6,042		10			6,042	16
17		The floor source - carpet installation	1996		5,345		10			5,345	17
18		Ward door specialist, Inc. - metal door	1996		1,385		15			1,385	18
19		Shalom landscaping - planting	1996		8,000		10			8,000	19
20		The floor source - carpet installation	1996		6,049		10			6,049	20
21		Bartlett heating -pipe insulation	1996		18,526		15			18,526	21
22		Over charged by Bartlett	1996		(10,500)		15			(10,500)	22
23		Alden Bennett const. - heating, vent , a/c	1996		69,300		20			69,300	23
24		Alden Bennett construction - sanitary sewer lift station	1996		23,921		20			23,921	24
25		Arrigo enterprises, Inc. - heating and cooling sys. Corridor	1996		10,931		20			10,931	25
26		Misco shawnee, Inc. - tile	1996		9,232		20			9,232	26
27		Misco shawnee, Inc. - tile	1996		9,020		20			9,020	27
28		General parts - repair dishwasher	1997		2,139		5			2,139	28
29		System Electric - 120 volt circuit installed and replaced	1997		2,085		5			2,085	29
30		Climate - freon into a/c	1997		6,221		5			6,221	30
31		Long elevator - install new eyes on elevator door	1997		3,180		5			3,180	31
32		A&B cable - outlets installation	1997		11,520		5			11,520	32
33		Arrigo enterprises, Inc. - corridor renovation	1997		24,366		20			24,366	33
34		ABC - hvac repairs	1998		39,300		20			39,300	34
35		ABC - sanitary sewer lift station	1998		1,259		20			1,259	35
36		Coit drapery	1998		12,976		5			12,976	36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Town Manor Rehab HCC

# 0038000

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	CSI - replaced fuse and cleaned ice machine	1998	3,267		10			3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071		15			2,071	40
41	Kraft paper - extractor	1999	10,000		10			10,000	41
42	New horizons - phone system	1999	3,332		10			3,332	42
43	Advanced parts & services - replace boiler	1999	2,504		20			2,504	43
44	Chicago cooling corp - cleaned condensor	1999	1,483		10			1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726		15			1,726	46
47	Climater service - repair rooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998		20			6,998	48
49	ABC - excavation work	1999	2,571		10			2,571	49
50	Alden design	2000	9,940		10			9,940	50
51	ABC	2000	8,502		10			8,502	51
52	Fox valley fire & safety	2000	1,887		10			1,887	52
53	Switching sys. - replace ATS	2000	3,343		15			3,343	53
54	ABC reverse accruals	2000	(2,571)		10			(2,571)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806		15			1,806	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109		10			3,109	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529		10			15,529	59
60	Patten (service elevator)	2001	1,547	77	20	77		1,541	60
61	Patten (water pump)	2001	2,325	116	20	116		2,311	61
62	CSI coker services (speed reduction unit)	2001	3,779		10			3,779	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121		15			2,121	63
64	Simplex time (fire alarm)	2001	3,675		15			3,675	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		1,770	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784		10			3,784	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,518,731	\$ 289,305		\$ 303,756	\$ 14,451	\$ 8,894,268	70

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

## XI. OWNERSHIP COSTS (continued)

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

1	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	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,518,731	\$ 289,305		\$ 303,756	\$ 14,451	\$ 8,894,268	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120		15			2,120	3
4	Alden Bennett Construction (carpet material)	2001	6,636		10			6,636	4
5	Alden Bennett Construction (repair cabinets and tip in various area)	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844		10			2,844	11
12	GT Mechincal (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803		10			1,803	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		1,733	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964		10			4,964	17
18	Thybonny Wallcoverings (Design works)	2003	2,098		10			2,098	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220		10			25,220	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709		10			2,709	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222		5			1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958		5			1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000		5			2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703		5			2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579		15			7,579	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004	4,064		5			4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682		5			1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960		5			3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible I	2004	5,000	116	15	116		5,000	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible I	2004	2,851		15			2,851	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,631,392	\$ 289,521		\$ 303,972	\$ 14,451	\$ 9,006,662	34

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

Facility Name &amp; ID Number Alden Town Manor Rehab HCC

# 0038000

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		\$ 9,631,392	\$ 289,521		\$ 303,972	\$ 14,451	\$ 9,006,662	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946		5			23,946	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146		5			3,146	4
5	CSI Coker (Booster heater, Boiler,Steamer, Dishwasher, Platewarn	2005	6,931		5			6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508	83	15	83		4,508	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320		5			1,320	7
8	TOPNOT (replace tank heat)	2005	2,298		5			2,298	8
9	TOPNOT (replace motor)	2005	1,935		5			1,935	9
10	Oak Fire and Security (Replace nurses call station)	2005	750		5			750	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925		5			9,925	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856		5			4,856	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509		5			1,509	13
14	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186		5			5,186	14
15	Patten Cat (starting systems, exhaust system, control system, coolin	2005	2,277		5			2,277	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086		10			6,086	16
17	ABC - Tarkett vinyl sheeting	2006	17,176		10			17,176	17
18	ABC - exhaust fan	2006	5,662		10			5,662	18
19	ABC - paints and repairs	2006	5,171		5			5,171	19
20	ABC - insulation	2006	5,880		10			5,880	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072		5			5,072	22
23	Topnotch - new motor, speed reducer	2007	3,613		10			3,613	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592		5			9,592	24
25	GT - Mechanical, new tower pump and seal	2007	4,573		10			4,573	25
26	ABC - New HVAC motor	2007	3,188		5			3,188	26
27	ABC - new ceiling tiles	2007	4,289		5			4,289	27
28	ABC - new plumbing faucet	2007	6,344		5			6,344	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,778,511	\$ 289,604		\$ 304,055	\$ 14,451	\$ 9,153,782	34

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

Facility Name &amp; ID Number Alden Town Manor Rehab HCC

# 0038000

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	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,778,511	\$ 289,604		\$ 304,055	\$ 14,451	\$ 9,153,782	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,925,504	\$ 294,300		\$ 308,751	\$ 14,451	\$ 9,249,553	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		\$ 9,925,504	\$ 294,300		\$ 308,751	\$ 14,451	\$ 9,249,553	1
2	Adjust for ABC Related Party Profit	2008	(111)					(111)	2
3	Adjust for ABC Related Party Profit	2009	(139)	(6)		(6)		(66)	3
4	Adjust for ABC Related Party Profit	2010	(157)	(5)		(5)		(60)	4
5	Adjust for ABC Related Party Profit	2011	294	2		2		19	5
6	Adjust for ABC Related Party Profit	2012	1,362	24		24		204	6
7	Adjust for ABC Related Party Profit	2013	582	64		64		480	7
8	Adjust for ABC Related Party Profit	2014	174	12		12		78	8
9	Adjust for ABC Related Party Profit	2015	20	2		2		9	9
10	Adjust for ABC Related Party Profit	2016	5	2		2		7	10
11	Adjust for ABC Related Party Profit	2017	98	2		2		7	11
12	Adjust for ABC Related Party Profit	2018	277	2		2		6	12
13	Adjust for ABC Related Party Profit	2019	127	2		2		6	13
14	Adjust for ABC Related Party Profit	2020	100	2		2		2	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,928,136	\$ 294,403		\$ 308,854	\$ 14,451	\$ 9,250,134	34

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

Facility Name &amp; ID Number Alden Town Manor Rehab HCC

# 0038000

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	<b>Totals from Page 12E, Carried Forward</b>		\$ 9,928,136	\$ 294,403		\$ 308,854	\$ 14,451	\$ 9,250,134	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		1,784	2
3	GT Mech - repaired cooling tower	2008	12,812		10			12,812	3
4	ABC - new tiles	2008	4,802		10			4,802	4
5	Oak Fire - fire alarm fuseable links	2009	7,561		10			7,561	5
6	ABC - masonry work for patio piers	2009	5,256		10			5,256	6
7	ABC - replaced patio door	2009	2,852		10			2,852	7
8	ABC - receiving door	2009	6,451		10			6,451	8
9									9
10	In-patient hospice unit (12 beds decertified)	2009	(1,066)					(1,066)	10
11	ABC - Asphalt	2010	12,834		8			12,834	11
12	In-patient hospice unit (12 beds decertified)	2010	(618)					(618)	12
13	In-patient hospice unit (12 beds decertified)	2011	(4,883)					(4,883)	13
14	In-patient hospice unit (12 beds decertified)	2012	(1,727)					(1,727)	14
15	In-patient hospice unit (12 beds decertified)	2013	(2,578)					(2,578)	15
16	ABC - emergency repair HVAC	2011	4,794	320	15	320		3,120	16
17	ABC - Fire exit devices	2011	24,417	977	25	977		9,037	17
18	ABC - handrail for the patio	2011	5,560	556	10	556		5,050	18
19	ABC - damaged hardware repair	2011	2,989		5			2,989	19
20	ADG - furniture fabrics	2011	3,933	393	10	393		3,865	20
21	ABC - thermal units/lights repairs	2011	6,624		5			6,624	21
22	GT Mechanical - laundry room repair	2011	8,341		5			8,341	22
23	ABC - plumbing repairs	2011	5,800		5			5,800	23
24	TopNotch - motor assembly	2011	2,600		5			2,600	24
25	ABC - handrail for the patio	2011	7,740		5			7,740	25
26	ABC - motor for the A/C unit	2011	25,424	2,542	10	2,542		23,725	26
27	US Fire Protection - fire pump contactor repairs	2011	3,100		5			3,100	27
28	Oak Fire - fire security master switchboard	2012	2,950	295	10	295		2,557	28
29	ABC - sprinkler system fire protection	2012	5,585	223	25	223		1,914	29
30	ABC - boiler repair	2012	16,491	825	20	825		6,669	30
31	GT Mechanical - laundry room damper repair	2012	7,273	727	10	727		5,937	31
32	Des Plaines Glass - flexiglass tabletops	2012	3,546	355	10	355		3,136	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,109,784	\$ 301,755		\$ 316,206	\$ 14,451	\$ 9,395,818	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 10,109,784	\$ 301,755		\$ 316,206	\$ 14,451	\$ 9,395,818	1
2	ABC - railing stairwell	2013	43,240	2,883	15	2,883		22,583	2
3	Topnotch - freezer compressor	2013	5,525		5			5,525	3
4	Topnotch - motor dishwasher	2013	4,727		5			4,727	4
5									5
6									6
7	TM - Parking Lot	1994	334,637		25			334,637	7
8	ABC - motor pump	2014	3,640		5			3,640	8
9	ABC - heating and vent	2014	7,503		5			7,503	9
10	ABC - asphalt	2014	63,275	7,909	8	7,909		48,772	10
11	ABC - asphalt	2014	5,934	742	8	742		4,637	11
12	ABC - radiation dampers	2014	11,537	1,154	10	1,154		7,116	12
13	OakFire - damper	2014	10,160		5			10,160	13
14	ADG - window	2014	13,742	1,374	10	1,374		8,702	14
15									15
16	Belec Electric - Repair kitchen for Osha	2015	3,659	426	5	426		3,659	16
17	JD & Sons - Roof repair	2015	2,850	380	5	380		2,850	17
18	ABC - paving, asphalt	2015	5,276	660	8	660		3,465	18
19	ABC - pump repair	2015	5,233		5			5,233	19
20	GT Mech - reinsulate piping & repair	2015	3,500	174	5	174		3,500	20
21									21
22	Suburban Elevator - elevator repair	2016	6,907	1,381	5	1,381		6,445	22
23	Topnotch - kitchen, motor assembly	2016	3,723	745	5	745		3,476	23
24	GT Mech - Fire Dampers	2016	4,241	424	10	424		1,908	24
25	GT Mech - pump and valve at water tower leakage	2016	6,369	1,274	5	1,274		5,308	25
26	JD Sons - roof repair	2016	2,955	591	5	591		2,463	26
27	GT Mech - HVAC repair leak, piping materials	2016	5,384	1,077	5	1,077		4,398	27
28	ABC - fence/gate repair	2016	2,805	281	10	281		1,334	28
29									29
30	Valley Fire - sprinkler system, new area	2017	2,550	102	25	102		374	30
31	FoxBuild - Masonry Bricks, North Elevation	2017	6,100	1,220	5	1,220		4,494	31
32	ABC - Firestopper for the HVAC system	2017	16,170	1,078	15	1,078		3,683	32
33	JD & Sons - Roof repair	2017	4,500	900	5	900		3,525	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,695,926	\$ 326,530		\$ 340,981	\$ 14,451	\$ 9,909,935	34

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



XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 10,695,926	\$ 326,530		\$ 340,981	\$ 14,451	\$ 9,909,935	1
2	ABC - Demolition, Dialysis rooms	2019	7,625	508	15	508		677	2
3	ABC - Carpentry/framing, Dialysis rooms	2019	20,741	1,383	15	1,383		1,844	3
4	ABC - Constructions, Dialysis rooms	2019	5,454	364	15	364		485	4
5	ABC - Plumbing, Dialysis rooms	2019	30,623	2,042	15	2,042		2,723	5
6	ABC - Fire protection, Dialysis rooms	2019	3,561	237	15	237		316	6
7	ABC - Boiler tubes, Boiler room	2019	5,099	340	15	340		651	7
8	Triton Plumbing - Backflow motor system, Building	2019	9,400	1,880	5	1,880		3,290	8
9	Fox Build LLC - Concrete repair, Building	2019	8,375	838	10	838		1,397	9
10	ABC - Boiler maintenance, Boiler room	2019	6,151	1,230	5	1,230		1,845	10
11	Belec Electrical - Chiller motor, Bioler room	2019	8,210	1,642	5	1,642		2,463	11
12	ABC - Chiller works, Boiler room	2019	4,694	939	5	939		1,017	12
13	ABC - Chiller repair, Boiler room	2019	6,065	404	15	404		572	13
14	GT Mech - Engineering work, cooling requirement - Boiler room	2019	5,800	1,160	5	1,160		1,257	14
15	GT Mech - Tower pump seal, Boiler room	2020	6,886	918	5	918		918	15
16	GT Mech - Damper/Actuator, Boiler room	2020	10,845	723	10	723		723	16
17	ABC - Fire alarm, Dialysis rooms	2020	3,994	266	10	266		266	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)		\$ 10,839,449	\$ 341,404		\$ 355,855	\$ 14,451	\$ 9,930,379	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,608,509	\$ 130,486	\$ 130,486	\$	various	\$ 872,811	71
72	Current Year Purchases	106,524	1,828	1,828		various	1,701	72
73	Fully Depreciated Assets	1,822,778	1,639	1,639		various	1,822,778	73
74								74
75	TOTALS	\$ 3,537,811	\$ 133,953	\$ 133,953	\$		\$ 2,697,290	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	Midwest Transit	bus/passenger	2001	49,967				5	49,967	78
79	Van	2000 Ford Super Duty	2003	2,829				5	2,829	79
80	TOTALS			\$ 56,598	\$	\$	\$		\$ 56,598	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)	\$ 15,571,118	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 475,357	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 489,808	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,451	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,684,267	85

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

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

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

If NO, see instructions.

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

10. Effective dates of current rental agreement:

Beginning 02/23/2011

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2021</u>	\$ <u>varies</u>
13.		\$
14.		\$

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

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

16. Rental Amount for movable equipment: \$ 18,183 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Auto lease - GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>15,789</u>	17
18					18
19	<u>Related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>23,920</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>39,709</u>	21

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

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

Facility Name & ID Number Alden Town Manor Rehab HCC # 0038000 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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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	\$		\$ 278,997	\$		\$ 278,997	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs			103,840			103,840	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39-3	hrs			297,218			297,218	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				229,289		229,289	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				(137,372)	243,358		105,986	13	
14	TOTAL			\$		\$ 542,683	\$ 472,647		\$ 1,015,330	14	

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	278,997.00	
2.	ST	39-3	To Col 5	103,840.00	
3.					
4.	PT	39-3	To Col 5	297,218.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			235,416.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(6,127.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	229,289.00	
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	(137,372.00)	From Page 6D, Col 8 (Except DD homes)
	Other			263,414.00	
	Manual Input: Related Party - Prism			(44,417.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(2,053.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(3,106.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			29,520.00	
13.	Col 6: Supplies Total		To Col 6	243,358.00	
13.	Total Line 13, Column 8			105,986.00	
14.	Total			1,015,330.00	

Facility Name & ID Number Alden Town Manor Rehab HCC

# 0038000

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 75,241	\$ 117,989	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (244,500) )	1,628,503	1,628,503	3
4	Supply Inventory (priced at )	83,267	83,267	4
5	Short-Term Investments			5
6	Prepaid Insurance		31,528	6
7	Other Prepaid Expenses	24,756	24,756	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>	26,113	620,387	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,837,880	\$ 2,506,430	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	158,836	158,836	12
13	Land		1,155,166	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	907,705	971,795	15
16	Equipment, at Historical Cost	935,996	3,817,650	16
17	Accumulated Depreciation (book methods)	(1,513,083)	(12,107,165)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		166,185	21
22	Other Long-Term Assets (spe <u>Refinancing Fee</u> )		136,724	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 489,454	\$ 3,403,395	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 2,327,334	\$ 5,909,825	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 891,052	\$ 897,952	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	293,506	293,506	28
29	Short-Term Notes Payable		254,108	29
30	Accrued Salaries Payable	633,710	633,710	30
31	Accrued Taxes Payable (excluding real estate taxes)	247,178	247,178	31
32	Accrued Real Estate Taxes(Sch.IX-B)		972,500	32
33	Accrued Interest Payable		35,351	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Exp/Ins,due to IDPA,SalesTax/Provi</u>	7,029,614	7,029,614	36
37	<u>Due to Affiliates - current</u>	586,184	586,184	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 9,681,244	\$ 10,950,103	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,512,818	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Affiliates</u>	2,846,055	2,824,498	43
44	<u>Mcr Adv Fund &amp; FICA-Deferred</u>	383,644	383,644	44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 3,229,699	\$ 13,720,960	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 12,910,943	\$ 24,671,063	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (10,583,609)	\$ (18,761,238)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 2,327,334	\$ 5,909,825	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (8,287,500)	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (8,287,500)	<b>6</b>
<b>A. Additions (deductions):</b>			
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(2,296,109)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (2,296,109)	<b>17</b>
<b>B. Transfers (Itemize):</b>			
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (10,583,609)	<b>24</b> *

\* 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 14,442,494	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 14,442,494	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients	256,520	5
6	Therapy	267,674	6
7	Oxygen	10,923	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 535,117	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	40	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	857	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 897	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	22,876	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 22,876	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	see Pg 19A	17,973	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 17,973	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,019,357	30

2			
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,386,522	31
32	Health Care	6,831,968	32
33	General Administration	4,332,995	33
<b>B. Capital Expense</b>			
34	Ownership	2,031,009	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,178,885	35
36	Provider Participation Fee	554,087	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 17,315,466	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(2,296,109)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (2,296,109)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 11,323,942	44
45	Private Pay - Net Inpatient Revenue	184,200	45
46	Medicare - Net Inpatient Revenue	1,225,279	46
47	Other-(specify) Hospice	1,709,029	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows	44	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 14,442,494	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 &amp; ID Number

Alden Town Manor Rehab HCC

# 0038000

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	
Record Copies-Backed out with Ln ref 21-Pg 5A	
Jury Duty-Backed out with Ln ref 22-Pg 5A	378
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	1,250
Vendor Discount	2
Medical Records	290
United Healthcare-(Rebate/Incentive)	7,204
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	8,849
Line 28 Total:	<u><u>17,973</u></u>

Facility Name & ID Number Alden Town Manor Rehab HCC

# 0038000

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	2,089	2,097	\$ 101,646	\$ 48.47	1
2	Assistant Director of Nursing	3,974	4,006	167,495	41.81	2
3	Registered Nurses	19,295	21,520	831,306	38.63	3
4	Licensed Practical Nurses	39,742	43,021	1,563,021	36.33	4
5	CNAs & Orderlies	67,515	76,097	1,661,185	21.83	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,870	4,405	108,654	24.67	8
9	Activity Director	2,056	2,080	42,381	20.38	9
10	Activity Assistants	4,693	5,101	80,853	15.85	10
11	Social Service Workers	2,546	2,585	82,823	32.04	11
12	Dietician					12
13	Food Service Supervisor	2,064	2,080	56,321	27.08	13
14	Head Cook	3,992	4,080	71,197	17.45	14
15	Cook Helpers/Assistants	21,339	24,000	379,798	15.82	15
16	Dishwashers					16
17	Maintenance Workers	1,752	1,932	47,951	24.82	17
18	Housekeepers	22,091	24,637	415,946	16.88	18
19	Laundry	4,716	5,232	88,887	16.99	19
20	Administrator	2,080	2,080	102,941	49.49	20
21	Assistant Administrator	4,104	4,160	148,955	35.81	21
22	Other Administrative	6,541	6,630	194,221	29.29	22
23	Office Manager					23
24	Clerical	3,939	4,177	57,151	13.68	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,140	4,172	171,043	41.00	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	294	324	4,314	13.31	31
32	Other Health Care Unit Manager	27,114	29,441	548,705	18.64	32
33	Other(specify) MemCare:Dir/Acti	9,223	10,350	217,951	21.06	33
34	TOTAL (lines 1 - 33)	259,169	284,207	\$ 7,144,745 *	\$ 25.14	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	2742/mo	\$ 32,900	1-3	35
36	Medical Director	2194/mo	26,325	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	498/mo	5,976	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	140/mo	1,679	11-3	44
45	Social Service Consultant	233/mo	2,800	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 69,680		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	776 hrs	\$ 83,505	10-3	50
51	Licensed Practical Nurses	3686 hrs	258,015	10-3	51
52	Certified Nurse Assistants/Aides	5829 hrs	320,139	10-3	52
53	TOTAL (lines 50 - 52)		\$ 661,659		53

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Aguilar, Angel	Administrator	0	102,941	Workers' Compensation Insurance	221,577	IDPH License Fee		
Dragomir, Catalin	Assistant Administrator	0	80,393	Unemployment Compensation Insurance	27,653	Advertising: Employee Recruitment	1,871	
Rodriguez, Cindy	Assistant Administrator	0	68,562	FICA Taxes	534,077	Health Care Worker Background Check (Indicate # of checks performed <u>74</u> )	2,424	
		0		Employee Health Insurance	148,770	Patient Background Checks <u>87</u>	870	
		0		Employee Meals	42,409	Linked Seniors/BMI /American Health Care/	5,551	
		0		Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of IL	22,752	
		0		Union, Health & Welfare	171,084	Corporate Annual Fee/Surety Bond Fee	1,077	
		0		Dental & Life	1,686	Collaborative Healthcare	382	
		0		Pension	51,603	Related Party - AMS	1,701	
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b> (List each licensed administrator separately.)			<b>\$ 251,896</b>	Empl Relations/Drug Test/Misc Payroll Costs	52,849	Less: Public Relations Expense ( )		
				Vaccination/401k/Tuition Reimbursements/Jury D	30,710	Non-allowable advertising ( )		
						Yellow page advertising ( )		
				Related Party - FECS	(5,312)			
						<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>	<b>\$ 36,628</b>	
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b> (Attach a copy of any management service agreement)			<b>\$</b>	<b>TOTAL (agree to Schedule V, line 22, col.8)</b>	<b>\$ 1,277,106</b>			
<b>B. Administrative - Other</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
							Related party	1,433
							Seminar Expense	
							NIC Conference	268
							WI Health Care/RCP Inc	1,278
							Entertainment Expense ( )	
							(agree to Sch. V, line 24, col. 8)	
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b> (For legal fee disclosure, see page 39 of instructions)			<b>\$ 1,171,601</b>	<b>TOTAL</b>		<b>\$</b>	<b>TOTAL</b>	<b>\$ 2,979</b>

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden - Town Manor Rehabilitation and Health Care Center, Inc.  
 Legal Fee Support  
 2020

PG 21A

Legal Fees Reported on Pg 21, Section C: \$ 95,592.00

Less: Collection, estates, & other non-allowable legal fees (46,330.00)  
 listed on Pg 5, Line 22

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

Allowable Legal Fees \$ 1,742.00

In Detail:

Vendor Name - 696600-100-000	Invoice Date	Amount
Pogrund & Kelly (Stone Pogrund & Korey)	01/20 to 12/20	12,710.00
SBs Inc	01/20 to 2/20	2,455.00
MIDCAR Midwest Care Management	03/20 to 12/20	14,434.00
Ruben Garcia & Assoc	12/20	3,635.00
Stern & Associates	02/20 and 07/20	6,393.00
FMS Law Group	09/20	1,925.00
Law Office of Mary Raleigh	01/20 and 09/20	4,042.00
Kerry Pollizzi/Eric Pavell Law	01/20 and 06/20	736.00
<b>TOTAL Non-ALLOWABLE LEGAL FEES</b>		<b><u>46,330.00</u></b>

Vendor Name - 680600-100-000 - Allowal	Invoice Date	Amount
Alden Group (Midcap charges)	06/20 to 10/20	728.00
Phelan Law Group	03/20	765.00
Ariana Fisch	03/20	17.00
Von Briesen & Roper Law Group	10/20	232.00

**TOTAL Collection - ALLOWABLE LEGAL FEES 1,742.00**

Vendor Name - 680600-100-003	Invoice Date	Amount
Corp Legal Cost Alloc - 2020	01/20 to 2/20	47,520.00

**TOTAL Allocated Legal Fees 47,520.00**

Total Legal Cost **95,592.00**

Facility Name &amp; ID Number Alden Town Manor Rehab HCC

# 0038000

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes; RN/LPN: No (13) 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
- (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. \$22,752
- (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. \$ 51,891 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 554,087  
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. \$ 42,409 Has any meal income been offset against related costs? no Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? no  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ none  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? no  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? no  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes  
**g. Does the facility transport residents to and from day training? no**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? no  
Firm Name: n/a
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. yes  
Attach invoices and a summary of services for all architect and appraisal fees.