

Facility Name & ID Number Alden Village North

0049122 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		Skilled (SNF)		0	1
2	150	Skilled Pediatric (SNF/PED)	150	54,900	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	150	TOTALS	150	54,900	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					8
9	SNF/PED	38,198	9	0	38,207	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	38,198	9		38,207	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.59%

D. How many bed reserve days during this year were paid by the Department?

259 (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 1/3/08

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

YES Date 1/3/08 NO

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

YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary Not Applicable

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Village North # 0049122 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	383,303	19,937	25,333	428,573	5,954	434,527	(1,499)	433,028		1
2	Food Purchase		581,297		581,297	(29,572)	551,725	(264,139)	287,586		2
3	Housekeeping	321,151	61,525		382,677	5,295	387,972	13,327	401,299		3
4	Laundry	122,228	19,051		141,279		141,279		141,279		4
5	Heat and Other Utilities			180,033	180,033		180,033	168	180,201		5
6	Maintenance	37,008		221,279	258,287		258,287	29,606	287,893		6
7	Other (specify):* related party							6,171	6,171		7
8	TOTAL General Services	863,691	681,811	426,644	1,972,146	(18,323)	1,953,823	(216,366)	1,737,457		8
	B. Health Care and Programs										
9	Medical Director			6,000	6,000		6,000		6,000		9
10	Nursing and Medical Records	3,689,340	234,938	4,477	3,928,755	(10,574)	3,918,181	48,893	3,967,074		10
10a	Therapy		308	23,334	23,642		23,642	6,614	30,256		10a
11	Activities	124,508	5,843	2,487	132,838		132,838		132,838		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							5,318	5,318		15
16	TOTAL Health Care and Programs	3,813,848	241,089	36,298	4,091,235	(10,574)	4,080,661	60,825	4,141,486		16
	C. General Administration										
17	Administrative	189,113			189,113		189,113	163,251	352,364		17
18	Directors Fees										18
19	Professional Services			855,792	855,792		855,792	(756,034)	99,758		19
20	Dues, Fees, Subscriptions & Promotions			29,121	29,121		29,121	(8,593)	20,527		20
21	Clerical & General Office Expenses	128,056	7,685	97,647	233,388	988	234,376	228,687	463,063		21
22	Employee Benefits & Payroll Taxes			920,175	920,175	14,237	934,412	(505)	933,907		22
23	Inservice Training & Education										23
24	Travel and Seminar			964	964		964	814	1,778		24
25	Other Admin. Staff Transportation			4,035	4,035		4,035	7,278	11,313		25
26	Insurance-Prop.Liab.Malpractice			413,931	413,931		413,931	11,217	425,148		26
27	Other (specify):* related party			35,516	35,516		35,516	29,138	64,654		27
28	TOTAL General Administration	317,169	7,685	2,357,181	2,682,035	15,225	2,697,260	(324,748)	2,372,512		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,994,708	930,584	2,820,123	8,745,416	(13,672)	8,731,744	(480,289)	8,251,455		29

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

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

Facility Name & ID Number Alden Village North

#0049122

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			34,380	34,380		34,380	279,037	313,416			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,738	1,738		1,738	605,084	606,821			32
33	Real Estate Taxes			157,263	157,263	(157,263)		184,162	184,162			33
34	Rent-Facility & Grounds			999,780	999,780	157,263	1,157,043	(1,157,043)				34
35	Rent-Equipment & Vehicles			31,483	31,483		31,483	29,191	60,674			35
36	Other (specify):* MIP							66,090	66,090			36
37	TOTAL Ownership			1,224,643	1,224,643		1,224,643	6,520	1,231,163			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		192,377		192,377	13,672	206,049	(63,748)	142,301			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			578,972	578,972		578,972		578,972			42
43	Other (specify):* DD Day Training			1,650,896	1,650,896		1,650,896		1,650,896			43
44	TOTAL Special Cost Centers		192,377	2,229,868	2,422,245	13,672	2,435,917	(63,748)	2,372,170			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,994,708	1,122,961	6,274,634	12,392,304		12,392,304	(537,516)	11,854,788			45

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

Alden Village North
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0049122

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(29,572.00)	Employee Meals
	22	29,572.00	Employee Meals
22		(15,335.00)	Uniform Reclass
	1	5,954.00	Uniform Reclass
	3	5,295.00	Uniform Reclass
	4	-	Uniform Reclass
	6	-	Uniform Reclass
	10	3,098.00	Uniform Reclass
	11	-	Uniform Reclass
	21	988.00	Uniform Reclass
10		(13,672.00)	Oxygen Cost Reclass
	39	13,672.00	Oxygen Cost Reclass
33		(157,263.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	157,263.00	Rent - Real Estate Tax on associated landowner (Pg 6)
		-	

Facility Name & ID Number Alden Village North

0049122

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	(8,493)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(539)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(12)	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	17	21		17
18	Fines and Penalties	(1,040)	32		18
19	Entertainment	(61)	20		19
20	Contributions	(3,640)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers		19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(35,516)	27		24
25	Fund Raising, Advertising and Promotional	(5,858)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (55,142)		\$	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)	(478,182)		34
35	Other- Attach Schedule	(4,192)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (482,374)		36
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (537,516)		37

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

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

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

Alden Village North

ID# 0049122

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (1,788)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(14,923)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	2,109	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	11,594	6	4
5	Elim ABC Deprec Exp from Pg 12 series -	147	30	5
6	Utility Late Fees	(2,580)	5	6
7	Misc Income-Jury Duty		21	7
8	Misc Income-Record Copies	(927)	10	8
9	Misc Income-Polling Site		21	9
10	Misc Income-Donations		21	10
11	Adj Depreciation to Pg 13's	222	30	11
12	Other nursing income		21	12
13	Back Out Real Estate Tax Bank Fee	(42)	21	13
14	AMS Depreciation Adj.		30	14
15	Back out R/E Tax Refund	21,410	33	15
16				16
17	Marketing Manager & Aides		21	17
18	Eliminate portion of market benefits		22	18
19	Elim LI-ADG Deprec Exp	(19,416)	30	19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(4,192)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(1,499)	0	0	0	0	0	0	0	(1,499)	1
2	Food Purchase	(12)	0	0	(264,127)	0	0	0	0	0	0	0	(264,139)	2
3	Housekeeping	0	0	13,327	0	0	0	0	0	0	0	0	13,327	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,580)	0	2,748	0	0	0	0	0	0	0	0	168	5
6	Maintenance	5,211	0	18,069	0	0	0	79	6,247	0	0	0	29,606	6
7	Other (specify):*	0	0	6,171	0	0	0	0	0	0	0	0	6,171	7
8	TOTAL General Services	2,619	0	40,315	(265,626)	0	0	79	6,247	0	0	0	(216,366)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(927)	0	36,164	14,418	(762)	0	0	0	0	0	0	48,893	10
10a	Therapy	0	0	0	0	0	6,614	0	0	0	0	0	6,614	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	5,318	0	0	0	0	0	0	0	0	5,318	15
16	TOTAL Health Care and Programs	(927)	0	41,482	14,418	(762)	6,614	0	0	0	0	0	60,825	16
	C. General Administration													
17	Administrative	0	0	163,251	0	0	0	0	0	0	0	0	163,251	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	45,475	(801,509)	0	0	0	0	0	0	0	0	(756,034)	19
20	Fees, Subscriptions & Promotions	(9,559)	0	966	0	0	0	0	0	0	0	0	(8,593)	20
21	Clerical & General Office Expenses	(25)	119	228,593	0	0	0	0	0	0	0	0	228,687	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(505)	0	0	0	0	0	0	(505)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	814	0	0	0	0	0	0	0	0	814	24
25	Other Admin. Staff Transportation	0	0	7,278	0	0	0	0	0	0	0	0	7,278	25
26	Insurance-Prop.Liab.Malpractice	0	10,951	266	0	0	0	0	0	0	0	0	11,217	26
27	Other (specify):*	(35,516)	0	64,654	0	0	0	0	0	0	0	0	29,138	27
28	TOTAL General Administration	(45,101)	56,545	(335,687)	0	(505)	0	0	0	0	0	0	(324,748)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(43,408)	56,545	(253,890)	(251,208)	(1,267)	6,614	79	6,247	0	0	0	(480,289)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(35,757)	303,676	11,118	0	0	0	0	0	0	0	0	279,037	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,579)	600,213	6,450	0	0	0	0	0	0	0	0	605,084	32
33	Real Estate Taxes	21,410	157,263	5,489	0	0	0	0	0	0	0	0	184,162	33
34	Rent-Facility & Grounds	0	(1,157,043)	0	0	0	0	0	0	0	0	0	(1,157,043)	34
35	Rent-Equipment & Vehicles	0	0	29,191	0	0	0	0	0	0	0	0	29,191	35
36	Other (specify):*	0	66,090	0	0	0	0	0	0	0	0	0	66,090	36
37	TOTAL Ownership	(15,926)	(29,802)	52,248	0	0	0	0	0	0	0	0	6,520	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(63,142)	(606)	0	0	0	0	0	0	(63,748)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(63,142)	(606)	0	0	0	0	0	0	(63,748)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(59,334)	26,743	(201,642)	(314,350)	(1,873)	6,614	79	6,247	0	0	0	(537,516)	45

VII. RELATED PARTIES

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

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

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	<u>34 Rent Income</u>	\$ <u>1,157,043</u>	<u>Alden Village North II, LLC</u>	<u>0.00%</u>	\$	\$	<u>(1,157,043)</u> 1
2	V	<u>32 Interest Income Repl Reserve</u>	<u>127</u>	<u>Alden Village North II, LLC</u>				<u>(127)</u> 2
3	V	<u>32 Interest Income</u>		<u>Alden Village North II, LLC</u>				
4	V	<u>6 Repairs & Maintenance</u>		<u>Alden Village North II, LLC</u>				
5	V	<u>19 Acct Fees/Legal Fees: Non-coll</u>		<u>Alden Village North II, LLC</u>		<u>17,596</u>		<u>17,596</u> 5
6	V	<u>21 Misc Administrative Expenses</u>		<u>Alden Village North II, LLC</u>		<u>119</u>		<u>119</u> 6
7	V	<u>19 Professional Fees</u>		<u>Alden Village North II, LLC</u>		<u>27,879</u>		<u>27,879</u> 7
8	V	<u>33 Real Estate Tax Expense</u>		<u>Alden Village North II, LLC</u>		<u>157,263</u>		<u>157,263</u> 8
9	V	<u>26 General Insurance Expense</u>		<u>Alden Village North II, LLC</u>		<u>10,951</u>		<u>10,951</u> 9
10	V	<u>36 Mortgage Insurance Premium</u>		<u>Alden Village North II, LLC</u>		<u>66,090</u>		<u>66,090</u> 10
11	V	<u>32 Interest- Mortgage</u>		<u>Alden Village North II, LLC</u>		<u>594,847</u>		<u>594,847</u> 11
12	V	<u>30 Depreciation Expense</u>		<u>Alden Village North II, LLC</u>		<u>303,676</u>		<u>303,676</u> 12
13	V	<u>32 Amortization Expense</u>		<u>Alden Village North II, LLC</u>		<u>5,493</u>		<u>5,493</u> 13
14	Total		\$ <u>1,157,170</u>			\$ <u>1,183,913</u>	\$ *	<u>26,743</u> 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%	\$ 2,748	\$ 2,748	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		814	814	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		7,278	7,278	17
18	V	26 Insurance		Alden Management Services, Inc.		266	266	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		966	966	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,489	5,489	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		29,191	29,191	22
23	V	32 Interest		Alden Management Services, Inc.		6,450	6,450	23
24	V	1 Dietary		Alden Management Services, Inc.				24
25	V	3 Housekeeping		Alden Management Services, Inc.		13,327	13,327	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,171	6,171	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		36,164	36,164	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		5,318	5,318	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		163,251	163,251	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		64,654	64,654	30
31	V	19 Professional Fees	846,483	Alden Management Services, Inc.		44,974	(801,509)	31
32	V	21 Gen'l & Admin	40,800	Alden Management Services, Inc.		269,393	228,593	32
33	V	6 Repair & Maint.	20,761	Alden Management Services, Inc.		38,830	18,069	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 908,044			\$ 706,402	\$ * (201,642)	39

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

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary Consult.	\$ 25,333	Prism Health Care Services, Inc.	0.00%	\$	\$(25,333)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,243	14,243
17	V	2 Tube feeding	393,979	Prism Health Care Services, Inc.		100,629	(293,350)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792
19	V	39 Ancillary supplies	169,553	Prism Health Care Services, Inc.		52,917	(116,636)
20	V	39 Vent Rent.		Prism Health Care Services, Inc.		432	432
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		9,591	9,591
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		29,223	29,223
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		8,626	8,626
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		53,062	53,062
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 595,525			\$ 281,175	\$ * (314,350)

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

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Drugs	\$ 13,898	Forum Extended Care II, Inc.	0.00%	\$ 13,238	\$ (660)	15
16	V	39 I.V.	35	Forum Extended Care II, Inc.		33	(2)	16
17	V	39 Wound Care-Product only	8,926	Forum Extended Care II, Inc.		8,502	(424)	17
18	V	10 House Stock	12,409	Forum Extended Care II, Inc.		11,820	(590)	18
19	V	10 Pharm Consult	3,635	Forum Extended Care II, Inc.		3,462	(173)	19
20	V	22 Employee Vaccinations	505	Forum Extended Care II, Inc.			(505)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		481	481	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		\$ 39,408			\$ 37,535	\$ * (1,873)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	10a Therapy	\$ 23,334	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 29,948	\$ 6,614	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		\$ 23,334			\$ 29,948	\$ *	6,614	39

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

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Repairs & Maintenance	\$ 33,490	Alden Bennett Construction Company, Inc.	0.00%	\$ 33,569	\$ 79	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		\$ 33,490			\$ 33,569	\$ *	79 39

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

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 6,775	Alden Design Group, Ltd.	0.00%	\$ 13,022	\$ 6,247	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		\$ 6,775			\$ 13,022	\$ *	6,247	39

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

Facility Name & ID Number

Alden Village North

0049122

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Village North # 0049122 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	179,154	1.264	3.16	Salary	\$ 5,846	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,840	1.264	3.16	Salary	3,160	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,840	1.264	3.16	Salary	3,160	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	110,215	1.264	3.16	Salary	3,596	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical records	0.00	61,438	1.264	3.16	Salary	2,005	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	179,154	1.106	3.16	Salary	5,846	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	\$ 23,613		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 Village North

0049122 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	\$ 38,207	\$ 2,748	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	38,207	814	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	38,207	7,278	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	38,207	266	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	38,207	966	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	38,207	5,489	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	38,207	29,191	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	38,207	6,450	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	13,327	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	38,207	6,171	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	36,164	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	38,207	5,318	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	163,251	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	38,207	64,654	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	44,974	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	269,393	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	38,830	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 706,402	25

Facility Name & ID Number

Alden Village North

0049122

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge Realty Capital, Ltd.		x	Mortgage	\$63,213.43	8/29/13	\$ 12,960,000	\$ 11,941,715	7/1/2051	4.9500	\$ 594,847	1								
2												2								
3												3								
4	Insurance Interest (GL07053)		x	Medical Malpractice								138	4							
5	Amort of Fin Fees (GL 1918)		x	Refinancing								5,493	5							
Working Capital																				
6	Related party - AMS		x	Working capital								6,450	6							
7													7							
8	Avaya (GL 7030)		x	Capital Lease								560	8							
9	TOTAL Facility Related				\$63,213.43		\$ 12,960,000	\$ 11,941,715			\$ 607,487	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x									(127)	10							
11	Interest Income (GL 4975)		x									(539)	11							
12													12							
13													13							
14	TOTAL Non-Facility Related						\$	\$			\$ (666)	14								
15	TOTALS (line 9+line14)						\$ 12,960,000	\$ 11,941,715			\$ 606,821	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 66,090 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.)

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Village North COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049122

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>5,489.00</u>
2. <u>11-29-307-019-0000</u>	<u>Nursing facility</u>	\$ <u>40,265.64</u>	\$ <u>40,265.64</u>
3. <u>11-29-307-020-0000</u>	<u>Nursing facility</u>	\$ <u>38,791.18</u>	\$ <u>38,791.18</u>
4. <u>11-29-307-022-0000</u>	<u>Nursing facility</u>	\$ <u>96,616.13</u>	\$ <u>96,616.13</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>349,368.95</u></u>	\$ <u><u>181,161.95</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 Village North

0049122

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,814 B. General Construction Type: Exterior Load Bearing CMU, B Frame Steel stud Number of Stories 3+Basement

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>33,315</u>	<u>2008</u>	<u>\$ 358,296</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	33,315		\$ 358,296	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	150	2008	1968	\$ 2,984,341	\$ 76,522	39	\$ 76,522	\$	\$ 994,786	4
5	Constuction Project HUD 2009-2011		2011	6,830,905	175,151	39	175,151		1,707,723	5
6										6
7										7
8	Related Party-Forum		1978	13,669		25			13,669	8
	Improvement Type**									
9	ABC-Doors		2008	5,996		10			5,996	9
10	ABC-Doors		2008	3,091		10			3,091	10
11	A&B Cable-Cable lines		2008	4,230		10			4,230	11
12	ABC-Remodel - plumbing		2008	4,635		5			4,635	12
13	ABC-Door entry system		2008	2,850		10			2,850	13
14	ABC-Hvac- major repair to system		2008	4,583		5			4,583	14
15	Capps-Drains - major repairs		2008	3,875		5			3,875	15
16	Renovate-gen'l labor AMS		2008	10,664		5			10,664	16
17	Renovate-gen'l labor AMS		2008	11,352		5			11,352	17
18	Capps-Repipe shower lines		2008	4,585		5			4,585	18
19	ABCPlumbing - major repair		2008	4,885		5			4,885	19
20	Wire building for cable		2009	6,518		10			6,518	20
21	Wire building for cable		2009	6,240		10			6,240	21
22	Wire building for cable		2009	2,800		10			2,800	22
23	ABCPlumbing - major repair		2009	17,539	877	20	877		10,451	23
24	ABC-Replace elevator shaft		2009	9,794	490	20	490		5,798	24
25	ABC-Replace elevator shaft		2009	39,178	1,959	20	1,959		23,181	25
26	Central States-Replace sprinkler alarm panel		2009	2,650		5			2,650	26
27	Patten-Major generator repair		2009	2,992		5			2,992	27
28	Patten-Major generator repair		2009	10,604		5			10,604	28
29	Fire sprinkler repair & corrections Focus Fire		2010	2,672		5			2,672	29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Village North

0049122

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	ABC Job 1058-Phone lines new thruout	2011	\$ 9,348	\$ 623	15	\$ 623		\$ 5,882	37
38	ABC Job 1058-Carpet labor-children's exit	2011	2,000	133	15	133		1,256	38
39	ABC Job 1058-Ceramic flooring in kitchen	2011	1,369	91	15	91		859	39
40	ABC Job 1058-Structural Steel-exterior railings	2011	7,501	500	15	500		4,721	40
41	ABC Job 1058-Plumbing-kitchen sink and cleanout covers	2011	4,546	303	15	303		2,861	41
42	ABC Job 1058-concrete coring	2011	327	22	15	22		208	42
43	ABC Job 1058-Parking Lot-paving	2011	7,144	476	15	476		4,494	43
44	ABC Job 1058-Kitchen equipment	2011	3,542	236	15	236		2,228	44
45	ABC Job 1058-Finish Hardware-door kickplates, handles	2011	900	60	15	60		567	45
46	ABC Job 1058-Elevator-stainless steel cladding	2011	14,550	970	15	970		9,159	46
47	ABC Job 1058-Millwork cabinets-nurses station / work areas	2011	1,728	115	15	115		1,086	47
48	ABC Job 1058-Countertops-nurses station / work areas	2011	1,344	90	15	90		850	48
49	ABC Job 1058-Drywall-lower level	2011	3,398	227	15	227		2,143	49
50	ABC Job 1058-Smoke detectors-lower level	2011	3,365	224	15	224		2,115	50
51									51
52	Railing Ramp (2)-ALDBEN	2013	3,295	220	15	220		1,668	52
53	Hot water heater-J&EPLU	2013	3,168		5			3,168	53
54	Freezer, non-HVAC-TOPNOT	2013	3,049		5			3,049	54
55									55
56	Masonry and concrete work - FOXBUI	2014	4,200		5			4,200	56
57	Masonry, brick/tuckpointing (building)-ALDBEN	2015	18,703	748	25	748		3,740	57
58	Van A/C condensor module-AugAMS-WRIEXP-T&M Amoco	2015	3,088		4			3,088	58
59									59
60	Microbial Growth Remediation -DEDRES	2017	10,165	1	3	1		10,165	60
61	Duct & Pipe Insulation for HVAC - ALDBEN	2017	34,234	3,423	10	3,423		13,122	61
62	Plumbing, Storm structure plumbing -facility ground- TRIPLU	2018	6,180	412	15	412		961	62
63	Alarm relocation -building area - AFFCUS	2018	3,365	673	5	673		1,851	63
64	Roof Top Unit-Replacements -roof top - GTMECH	2019	5,466	1,093	5	1,093		2,004	64
65	Plumbing repairs -kitchen area - TRIPLU	2019	5,888	1,178	5	1,178		1,865	65
66	Pump, vacuum service - building area - DOCOXY	2019	5,650	1,130	5	1,130		1,507	66
67	Motor, other parts -utility area - GTMECH	2019	4,429	886	5	886		960	67
68	Painting -room 303 wall and other parts of building - ALDBEN	2019	3,470	1,157	3	1,157		2,314	68
69	Cooling tower, servicing - utility area - GTMECH	2020	6,736	786	5	786		786	69
70	TOTAL (lines 4 thru 69)		\$ 10,172,796	\$ 270,776		\$ 270,776	\$	\$ 2,943,707	70

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

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,172,796	\$ 270,776		\$ 270,776	\$	\$ 2,943,707	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,319,789	\$ 275,472		\$ 275,472	\$	\$ 3,039,478	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		\$ 10,319,789	\$ 275,472		\$ 275,472	\$	\$ 3,039,478	1
2	Adj for ABC Related Party Profit	2008	(173)					(173)	2
3	Adj for ABC Related Party Profit	2009	(878)	(38)		(38)		(456)	3
4	Adj for ABC Related Party Profit-None	2010							4
5	Adj for ABC Related Party Profit	2011	475	28		28		266	5
6	Adj for ABC Related Party Profit	2013	44	4		4		30	6
7	Adj for ABC Related Party Profit	2014							7
8	Adj for ABC Related Party Profit	2015	(35)	(1)		(1)		(8)	8
9	Adj for ABC Related Party Profit	2017	(46)	(8)		(8)		(27)	9
10	Adj for ABC Related Party Profit	2019	244	162		162		243	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,319,420	\$ 275,619		\$ 275,619	\$	\$ 3,039,354	34

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

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 316,260	\$ 31,886	\$ 31,886	\$	various	\$ 146,507	71
72	Current Year Purchases	86,794	3,933	3,933		various	3,933	72
73	Fully Depreciated Assets	1,411,096	1,978	1,978		various	1,411,096	73
74								74
75	TOTALS	\$ 1,814,149	\$ 37,797	\$ 37,797	\$		\$ 1,561,536	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,495,667	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 313,416	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 313,416	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,604,691	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	Leasehold Improvement-ADG-2018	\$ 757,218	\$ 19,416	\$ 38,832	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 757,218	\$ 19,416	\$ 38,832	91

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 1/2/08

Ending 12/31/21

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

Fiscal Year Ending Annual Rent

12. 12/31/21 \$ 1,150,014

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: \$ 20,520 Description: Copy machine \$15,930.95 and equipment lease \$4,589.37

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>13,581</u>	17
18					18
19	<u>Auto lease-GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>15,552</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>29,133</u>	21

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input checked="" type="checkbox"/> YES <input 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>Info avail. upon request.</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
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B. EXPENSES

ALLOCATION OF COSTS (d)

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

- (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.

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG16A	# of prescripts				13,718		13,718	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See PG 16A	39-1, 39-3, if any								12
13	Other (specify): See PG16A	39-1, 39-3, if any					128,583		128,583	13
14	TOTAL			\$		\$	\$ 142,301		\$ 142,301	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5		
2.	ST	39-3	To Col 5		
3.					
4.	PT	39-3	To Col 5		
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			13,897.94	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(180.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	13,717.94	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
	Total Exceptional Care (Line 12, Col 8)			0.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	0.00	From Page 6D, Col 8 (Except DD homes)
	Other			178,478.00	
	Manual Input: Related Party - Prism			(63,141.12)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(1.66)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(424.14)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			13,672.00	
13.	Col 6: Supplies Total		To Col 6	128,583.07	
13.	Total Line 13, Column 8			128,583.07	
14.	Total			142,301.01	

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 40,737	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (35,250))	1,153,861	1,153,861	3
4	Supply Inventory (priced at)	51,642	51,642	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	11,396	202,403	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	851	851	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,217,750	\$ 1,449,494	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	7,167	7,167	12
13	Land		358,296	13
14	Buildings, at Historical Cost		9,815,246	14
15	Leasehold Improvements, at Historical Cost	1,082,391	1,248,227	15
16	Equipment, at Historical Cost	249,144	1,835,022	16
17	Accumulated Depreciation (book methods)	(540,480)	(4,684,360)	17
18	Deferred Charges	94,600	198,433	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		492,704	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Due from Affiliate</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 892,822	\$ 9,270,734	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,110,572	\$ 10,720,228	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,002,831	\$ 1,005,331	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	26,472	26,472	28
29	Short-Term Notes Payable	1,591	172,889	29
30	Accrued Salaries Payable	460,467	460,467	30
31	Accrued Taxes Payable (excluding real estate taxes)	172,462	172,462	31
32	Accrued Real Estate Taxes(Sch.IX-B)		180,900	32
33	Accrued Interest Payable		49,260	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Ins, Exp, IDPA, Sales Tax, Prov Rel</u>	5,302,315	5,302,315	36
37	<u>Due to Affiliates</u>	1,046,493	1,046,493	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,012,630	\$ 8,416,588	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	5,110	5,110	39
40	Mortgage Payable		11,770,417	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliate</u>	10,287,158	10,109,577	43
44	<u>Fica-Deferred</u>	120,818	120,818	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 10,413,086	\$ 22,005,922	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 18,425,716	\$ 30,422,510	46
47	TOTAL EQUITY (page 18, line 24)	\$ (16,315,144)	\$ (19,702,282)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,110,572	\$ 10,720,228	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (16,787,518)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	10,746	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (16,776,772)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	461,628	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 461,628	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (16,315,144)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached. Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,156,297	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,156,297	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	40,548	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 40,548	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	539	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 539	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	1,656,549	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,656,549	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,853,932	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,972,146	31
32	Health Care	4,091,235	32
33	General Administration	2,682,035	33
B. Capital Expense			
34	Ownership	1,224,643	34
C. Ancillary Expense			
35	Special Cost Centers	1,843,273	35
36	Provider Participation Fee	578,972	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,392,304	40
41	Income before Income Taxes (line 30 minus line 40)**	461,628	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 461,628	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 11,157,579	44
45	Private Pay - Net Inpatient Revenue	(1,283)	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Hospice</u>		47
48	Other-(specify) <u>Insur,Vets,Charity/Sales Allows</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,156,297	49

* This must agree with page 4, line 45, column 4.
 ** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet avail. If not, please attach a reconciliation.
 *** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.
 ****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number

Alden Village North

0049122

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	927
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	
Vendor Discount	
United Healthcare-(Rebate/Incentive)	
Day Training Income	1,650,896
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	4,726
Line 28 Total:	<u><u>1,656,549</u></u>

Facility Name & ID Number Alden Village North

0049122

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	2,125	2,133	\$ 123,753	\$ 58.01	1
2	Assistant Director of Nursing	2,117	2,125	80,257	37.77	2
3	Registered Nurses	18,313	20,610	845,208	41.01	3
4	Licensed Practical Nurses	17,806	19,043	606,553	31.85	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,056	2,080	41,330	19.87	9
10	Activity Assistants	4,395	4,788	71,777	14.99	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,072	2,080	50,444	24.25	13
14	Head Cook					14
15	Cook Helpers/Assistants	17,305	19,829	332,859	16.79	15
16	Dishwashers					16
17	Maintenance Workers	1,672	1,723	37,008	21.48	17
18	Housekeepers	17,976	19,520	321,151	16.45	18
19	Laundry	6,469	7,418	122,228	16.48	19
20	Administrator	2,056	2,080	122,302	58.80	20
21	Assistant Administrator	2,056	2,080	66,811	32.12	21
22	Other Administrative	2,056	2,080	38,366	18.45	22
23	Office Manager					23
24	Clerical	4,380	4,990	89,689	17.98	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	7,816	8,005	138,807	17.34	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	93,655	102,694	1,894,762	18.45	30
31	Medical Records					31
32	Other Health C; Beh Health Coord.	345	347	11,401	32.86	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	204,668	223,623	\$ 4,994,708 *	\$ 22.34	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	2111/month	\$ 25,333	1-3	35
36	Medical Director	500/month	6,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	300/month	3,600	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	43	2,387	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	43	\$ 37,319		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	5	\$ 774	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	5	\$ 774		53

Alden Village North
Legal Fee Support
2020

PG 21A

Legal Fees Reported on Pg 21, Section C:

\$ 47,752.17

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

-

Non-allowable legal fees, if any, deducted on

(47,520.00)

- AMS Allocated Legal Fees: GL 680600-100-003

+ Add Back voided invoice of prior year, if any

Allowable Legal Fees

\$ 232.17

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
--------------------	---------------------	---------------

Von Briesen & Roper S.C

09/23/20

232.17

TOTAL ALLOWABLE LEGAL FEES 232.17

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
--------------------	---------------------	---------------

TOTAL Collection-NOT ALLOWABLE LEGAL FEES -

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
--------------------	---------------------	---------------

AMS Allocated Legal Fees

1/1/20- 12/31/20

47,520.00

TOTAL Allocated Legal Fees 47,520.00

Total Legal Cost

47,752.17

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? RN/LPN=No; HabAides (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. Center for Develop Disab. \$10,560
- (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. \$ 36,534 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 578,972
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. \$ 29,572 Has any meal income been offset against related costs? no Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ no
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? no
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? no
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: n/a
- (18) Have all costs which do not relate to the provision of long term care been adjusted out 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.