

Facility Name & ID Number Alden of Old Town West, Inc.

0042077 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6	16	ICF/DD 16 or Less	16	5,840	6
7	16	TOTALS	16	5,840	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					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS	5,754			5,754	13
14	TOTALS	5,754			5,754	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 98.53%

D. How many bed reserve days during this year were paid by the Department?
24 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

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

I. On what date did you start providing long term care at this location?
Date started 05/19/98

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 _____ and days of care provided _____

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number

Alden of Old Town West, Inc.

0042077

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	70,717	2,054	3,765	76,536	97	76,633	(1,050)	75,583		1
2	Food Purchase		51,428		51,428	(8,950)	42,478	344	42,822		2
3	Housekeeping	22,190	5,319		27,509		27,509	812	28,321		3
4	Laundry		5,136		5,136		5,136		5,136		4
5	Heat and Other Utilities			17,398	17,398		17,398	276	17,674		5
6	Maintenance		221	64,813	65,034	1,370	66,404	11,847	78,251		6
7	Other (specify):* Security/Related Party			300	300		300	747	1,047		7
8	TOTAL General Services	92,907	64,158	86,276	243,341	(7,483)	235,858	12,976	248,834		8
	B. Health Care and Programs										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	460,496	19,400	1,037	480,933	649	481,582	5,536	487,118		10
10a	Therapy			5,968	5,968		5,968	903	6,871		10a
11	Activities	27,871	456	1,340	29,667		29,667		29,667		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							766	766		15
16	TOTAL Health Care and Programs	488,367	19,856	11,945	520,168	649	520,817	7,205	528,022		16
	C. General Administration										
17	Administrative	17,822			17,822		17,822	23,039	40,861		17
18	Directors Fees										18
19	Professional Services			102,386	102,386		102,386	(77,007)	25,379		19
20	Dues, Fees, Subscriptions & Promotions			3,986	3,986		3,986	(192)	3,794		20
21	Clerical & General Office Expenses	27,555	731	27,013	55,299		55,299	27,850	83,149		21
22	Employee Benefits & Payroll Taxes			104,087	104,087	8,204	112,291	(548)	111,743		22
23	Inservice Training & Education										23
24	Travel and Seminar			99	99		99	171	270		24
25	Other Admin. Staff Transportation			643	643		643	1,619	2,262		25
26	Insurance-Prop.Liab.Malpractice			41,708	41,708		41,708	1,363	43,071		26
27	Other (specify):* Related Party			1,620	1,620		1,620	6,362	7,982		27
28	TOTAL General Administration	45,377	731	281,542	327,650	8,204	335,854	(17,343)	318,511		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	626,651	84,745	379,763	1,091,159	1,370	1,092,529	2,838	1,095,367		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			7,233	7,233	(1,370)	5,863	36,215	42,078		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			10,345	10,345		10,345	29,806	40,151		32
33	Real Estate Taxes			19,084	19,084	(19,084)		19,158	19,158		33
34	Rent-Facility & Grounds			74,864	74,864	19,084	93,948	(93,948)			34
35	Rent-Equipment & Vehicles			1,238	1,238		1,238	4,018	5,256		35
36	Other (specify):* MIP							5,396	5,396		36
37	TOTAL Ownership			112,764	112,764	(1,370)	111,394	645	112,039		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		4,340		4,340		4,340	554	4,894		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			80,546	80,546		80,546		80,546		42
43	Other (specify):*			323,272	323,272		323,272		323,272		43
44	TOTAL Special Cost Centers		4,340	403,818	408,158		408,158	554	408,712		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	626,651	89,085	896,345	1,612,081		1,612,081	4,037	1,616,118		45

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

004-2007
 Period Beginning: 1/1/2018
 Period Ending: 12/31/2018

IDPH License No. 39-3966583

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description	
2		(8,950)	Employee Meals	Entered
	22	8,950	Employee Meals	Entered
22		(746)	Uniform Reclass	Entered
	1	97	Uniform Reclass	Entered
	3		Uniform Reclass	Entered
	4		Uniform Reclass	Entered
	6		Uniform Reclass	Entered
	10	649	Uniform Reclass	Entered
	11		Uniform Reclass	Entered
	21		Uniform Reclass	Entered
10		None	Oxygen Cost Reclass	Entered
	39	None	Oxygen Cost Reclass	Entered
33		(19,084)	Rent - Real Estate Tax on associated landowner (Pg 6)	
	34	19,084	Rent - Real Estate Tax on associated landowner (Pg 6)	
30		(1,370)	Reclass Depreciation on Painting	
	6	1,370	Reclass Depreciation on Painting	

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	(4,672)	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				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(2,059)	21		17
18	Fines and Penalties	(50)	32		18
19	Entertainment	(44)	20		19
20	Contributions	(330)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,620)	27		24
25	Fund Raising, Advertising and Promotional	(23)	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)	\$ (8,798)		\$	30

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)	15,973	Pg 6s	34
35	Other- Attach Schedule	(3,138)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 12,835		36
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 4,037		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

BHF USE ONLY						
48		49		50		52

Alden of Old Town West, Inc.

ID# 0042077

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Late Fees on Utilities	\$ (123)	5	1
2	Other Nursing Income	(21)	21	2
3	Intercompany Interest	(10,124)	32	3
4				4
5	Elim Deprec Exp on Pg 12 items under \$2,500 -	(1,297)	30	5
6	Elim Deprec Exp on Pg 13 items under \$2500 -	(4,565)	30	6
7	Expense Pg 12 items under \$2,500 - curr yr purchs +	4,342	6	7
8	Expense Pg 13 items under \$2,500 - curr yr purchs +	9,298	6	8
9	Reconcile Depreciation expense	(631)	30	9
10	Elim ABC Deprec Exp from Pg 12 series -	(2)	30	10
11	Bank Fees	(15)	21	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(3,138)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	305	(1,355)	0	0	0	0	0	0	0	(1,050)	1
2	Food Purchase	0	0	0	344	0	0	0	0	0	0	0	344	2
3	Housekeeping	0	0	812	0	0	0	0	0	0	0	0	812	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(123)	0	399	0	0	0	0	0	0	0	0	276	5
6	Maintenance	8,968	0	2,834	0	0	0	45	0	0	0	0	11,847	6
7	Other (specify):*	0	0	747	0	0	0	0	0	0	0	0	747	7
8	TOTAL General Services	8,845	0	5,097	(1,011)	0	0	45	0	0	0	0	12,976	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	5,381	327	(172)	0	0	0	0	0	0	5,536	10
10a	Therapy	0	0	0	0	0	903	0	0	0	0	0	903	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	766	0	0	0	0	0	0	0	0	766	15
16	TOTAL Health Care and Programs	0	0	6,147	327	(172)	903	0	0	0	0	0	7,205	16
	C. General Administration													
17	Administrative	0	0	23,039	0	0	0	0	0	0	0	0	23,039	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	2,933	(79,940)	0	0	0	0	0	0	0	0	(77,007)	19
20	Fees, Subscriptions & Promotions	(397)	0	205	0	0	0	0	0	0	0	0	(192)	20
21	Clerical & General Office Expenses	(2,095)	58	29,887	0	0	0	0	0	0	0	0	27,850	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(548)	0	0	0	0	0	0	(548)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	171	0	0	0	0	0	0	0	0	171	24
25	Other Admin. Staff Transportation	0	0	1,619	0	0	0	0	0	0	0	0	1,619	25
26	Insurance-Prop.Liab.Malpractice	0	1,329	34	0	0	0	0	0	0	0	0	1,363	26
27	Other (specify):*	(1,620)	0	7,982	0	0	0	0	0	0	0	0	6,362	27
28	TOTAL General Administration	(4,112)	4,320	(17,003)	0	(548)	0	0	0	0	0	0	(17,343)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	4,733	4,320	(5,759)	(684)	(720)	903	45	0	0	0	0	2,838	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden of Old Town West, Inc.# 0042077

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	(6,495)	36,625	6,085	0	0	0	0	0	0	0	0	36,215 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(10,174)	28,652	11,328	0	0	0	0	0	0	0	0	29,806 32
33	Real Estate Taxes	0	18,293	865	0	0	0	0	0	0	0	0	19,158 33
34	Rent-Facility & Grounds	0	(93,948)	0	0	0	0	0	0	0	0	0	(93,948) 34
35	Rent-Equipment & Vehicles	0	0	4,018	0	0	0	0	0	0	0	0	4,018 35
36	Other (specify):*	0	5,396	0	0	0	0	0	0	0	0	0	5,396 36
37	TOTAL Ownership	(16,669)	(4,982)	22,296	0	0	0	0	0	0	0	0	645 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	346	208	0	0	0	0	0	0	554 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	346	208	0	0	0	0	0	0	554 44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(11,936)	(662)	16,537	(338)	(512)	903	45	0	0	0	0	4,037 45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG6-Supp		See PG6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 93,948	Alden of Bloomingdale Limited Partnership		\$	\$ (93,948)	1
2	V	32 Interest Income - RR	9	Alden of Bloomingdale Limited Partnership			(9)	2
3	V	32 Interest Income		Alden of Bloomingdale Limited Partnership				3
4	V	21 Corporate Annual Report Fee		Alden of Bloomingdale Limited Partnership		43	43	4
5	V	19 Accounting Fees		Alden of Bloomingdale Limited Partnership		2,933	2,933	5
6	V	21 Bank Fees		Alden of Bloomingdale Limited Partnership		15	15	6
7	V	33 Real Estate Tax Expense		Alden of Bloomingdale Limited Partnership		18,293	18,293	7
8	V	26 General Insurance Expense		Alden of Bloomingdale Limited Partnership		1,329	1,329	8
9	V	36 Mortgage Insurance Premium		Alden of Bloomingdale Limited Partnership		5,396	5,396	9
10	V	32 Interest - Mortgage/ IOD		Alden of Bloomingdale Limited Partnership		26,981	26,981	10
11	V	32 Interest - Other		Alden of Bloomingdale Limited Partnership				11
12	V	30 Depreciation Expense		Alden of Bloomingdale Limited Partnership		36,625	36,625	12
13	V	32 Amortization Expense		Alden of Bloomingdale Limited Partnership		1,680	1,680	13
14	Total		\$ 93,957			\$ 93,295	\$ *	(662) 14

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

Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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%	\$ 399	\$ 399	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		171	171	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		1,619	1,619	17
18	V	26 Insurance		Alden Management Services, Inc.		34	34	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		205	205	19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		865	865	21
22	V	35 Rent- Equipment & Vehicles		Alden Management Services, Inc.		4,018	4,018	22
23	V	32 Interest		Alden Management Services, Inc.		11,328	11,328	23
24	V	1 Dietary		Alden Management Services, Inc.		305	305	24
25	V	3 Housekeeping		Alden Management Services, Inc.		812	812	25
26	V	7 Employee Benefits- Gen'l Services		Alden Management Services, Inc.		747	747	26
27	V	10 Nursing & Medical Record Salaries		Alden Management Services, Inc.		5,381	5,381	27
28	V	15 Employee Benefits- Health Care		Alden Management Services, Inc.		766	766	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		23,039	23,039	29
30	V	27 Employee Benefits- Admin		Alden Management Services, Inc.		7,982	7,982	30
31	V	19 Professional Fees	98,192	Alden Management Services, Inc.		18,252	(79,940)	31
32	V	21 General & Administrative	6,996	Alden Management Services, Inc.		36,883	29,887	32
33	V	6 Repairs & Maintenance	7,491	Alden Management Services, Inc.		10,325	2,834	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 112,679			\$ 129,216	\$ * 16,537	39

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

Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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 Consultant	\$ 3,600	Prism Health Care Sevices, Inc.	0.00%	\$	\$ (3,600)	15
16	V	1 Dietary Salary		Prism Health Care Sevices, Inc.		2,134	2,134	16
17	V	2 Tube Feeding		Prism Health Care Sevices, Inc.				17
18	V	10 Equipment Rental	360	Prism Health Care Sevices, Inc.		594	234	18
19	V	39 Supplies	448	Prism Health Care Sevices, Inc.		121	(327)	19
20	V	1 Gen'l & Admin & Benefit Costs		Prism Health Care Sevices, Inc.		111	111	20
21	V	2 Gen'l & Admin & Benefit Costs		Prism Health Care Sevices, Inc.		344	344	21
22	V	10 Gen'l & Admin & Benefit Costs		Prism Health Care Sevices, Inc.		93	93	22
23	V	39 Gen'l & Admin & Benefit Costs		Prism Health Care Sevices, Inc.		673	673	23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 4,408			\$ 4,070	\$ * (338)	39

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

Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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	\$ 3,664	Forum Extended Care Services II, Inc.	0.00%	\$ 3,373	\$ (291)
16	V	39 I.V.		Forum Extended Care Services II, Inc.			
17	V	39 Wound Care Products	77	Forum Extended Care Services II, Inc.		71	(6)
18	V	10 House Stock	1,815	Forum Extended Care Services II, Inc.		1,671	(144)
19	V	10 Pharm Consultant	352	Forum Extended Care Services II, Inc.		324	(28)
20	V	22 Employee Vaccinations	548	Forum Extended Care Services II, Inc.			(548)
21	V	39 Employee Vaccinations		Forum Extended Care Services II, Inc.		505	505
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 6,456			\$ 5,944	\$ * (512)

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

Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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	\$ 5,968	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 6,871	\$ 903	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		\$ 5,968			\$ 6,871	\$ *	903	39

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

Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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	4	5	6	7	8			
		Cost Per General Ledger Item	Amount	Cost to Related Organization Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)			
15	V	6	Repairs & Maintenance	\$ 14,958	Alden Bennett Construction Company, Inc.	0.00%	\$ 15,003	\$ 45	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			\$ 14,958			\$ 15,003	\$ *	45	39

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

Facility Name & ID Number

Alden of Old Town West, Inc.

0042077

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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			Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	Skokie	Family Home Health Services, Inc.		Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		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 of Old Town West, Inc. # 0042077 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	184,209	0.172	0.43	Salary	\$ 791	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	99,572	0.172	0.43	Salary	428	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	99,572	0.172	0.43	Salary	428	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	116,335	0.172	0.43	Salary	500	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	62,863	0.172	0.43	Salary	270	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	184,209	0.1505	0.43	Salary	791	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 3,208		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 of Old Town West, Inc.

0042077

Report Period Beginning:

1/1/2018

Ending: 2/31/2018

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	1,345,058	36	\$ 93,217	\$ 5,754	\$ 399	1	
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	5,754	171	2	
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	5,754	1,619	3	
4	26	Insurance	Patient Days	1,345,058	36	7,901	5,754	34	4	
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	5,754	205	5	
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6	
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	5,754	865	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	5,754	4,018	8	
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	5,754	11,328	9	
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	5,754	305	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	5,754	812	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	5,754	747	12	
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	5,754	5,381	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	5,754	766	14	
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	5,754	23,039	15	
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	5,754	7,982	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	5,754	18,252	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	5,754	36,883	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	5,754	10,325	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 129,216	25	

Facility Name & ID Number

Alden of Old Town West, Inc.

0042077

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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		x	Mortgage	\$4,317.00	9/1/12	\$ 1,212,967	\$ 1,067,820	12/31/47	2.5000	\$ 26,981					
2																
3																
4	Insurance Interest (GL 7053)		x	Medical Malpractice							171					
5	Amortization of Fin Fees		x	Refinancing							1,680					
Working Capital																
6	Related party - AMS		x	Working Capital							11,328					
7																
8																
9	TOTAL Facility Related				\$4,317.00		\$ 1,212,967	\$ 1,067,820			\$ 40,160					
B. Non-Facility Related*																
10	Interest Income		x													
11	Int. Income on R.R.		x								(9)					
12																
13																
14	TOTAL Non-Facility Related						\$	\$			\$ (9)					
15	TOTALS (line 9+line14)						\$ 1,212,967	\$ 1,067,820			\$ 40,151					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 5,396 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.)

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden of Old Town West, Inc. COUNTY Dupage
 FACILITY IDPH LICENSE NUMBER 0042077
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll
 TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 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 2017.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<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>202,125.00</u>	\$ <u>865.00</u>
2. <u>02-15-112-007</u>	<u>Nursing Home Facility</u>	\$ <u>17,622.00</u>	\$ <u>17,622.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u>219,747.00</u>	\$ <u>18,487.00</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 a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 of Old Town West, Inc.

0042077 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 6,848 B. General Construction Type: Exterior Brick Veneer Frame Wood Number of Stories 1

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>18,000</u>	<u>1995</u>	<u>\$ 150,868</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	18,000		\$ 150,868	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	16		1998	1998	\$ 934,861	\$ 23,372	40	\$ 23,372	\$	\$ 456,373
5										
6										
7										
8										
	Improvement Type**									
9		Sprinkler system		1999	1,510		15			1,510
10		ABC-counter tops		2004	8,102		10			8,102
11		ABC-Installed Dining Room Flooring		2005	5,421	361	15	361		4,844
12		ABC-Kitchen Repairs		2005	6,146	410	15	410		5,534
13										
14		Kitchen work(cabinetry,floor repair,wall repair & paint) - ABC		2011	11,117	556	20	556		4,309
15		Valve sprinkler/fire & replace ball valve - USFIRE		2011	4,190		5			4,190
16										
17		USFIRE - Repair fire safety equipment		2012	4,785	479	10	479		3,153
18										
19										
20		Patio Walkway-raise and level-Alden Bennett		2014	2,742	183	15	183		747
21										
22		Sprinkler, Fire Work - ALDBEN		2015	10,015	401	25	401		1,537
23										
24		Replace Tile in Shower Room - ALDBEN		2016	5,242	134	39	134		313
25										
26		Replace Tile in Shower Room - ALDBEN		2017	6,240	160	39	160		293
27		Replace Tile in Shower Room - ALDBEN		2017	8,905	228	39	228		399
28										
29		Fire System Repairs - DEDRES - Fire System		2018	18,000	3,300	5	3,300		3,300
30		Repair Dormers - ALDBEN - Roof		2018	6,900	230	10	230		230
31										
32										
33										
34										
35										
36										

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	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 Adj for ABC related party profit	2011	86	6		6		51	37
38 Adj for ABC related party profit	2014	(5)	(1)		(1)		(1)	38
39 Adj for ABC related party profit	2015	(19)	(2)		(2)		(7)	39
40 Adj for ABC related party profit	2016	(33)	(2)		(2)		(5)	40
41 Adj for ABC related party profit	2017	(12)	(2)		(2)		(3)	41
42 Adj for ABC related party profit	2018	(21)	(1)		(1)		(1)	42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 1,034,172	\$ 29,812		\$ 29,812	\$	\$ 494,868	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	Totals from Page 12C, Carried Forward		\$ 1,034,172	\$ 29,812		\$ 29,812	\$	\$ 494,868	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	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,179,348	\$ 32,559		\$ 32,559	\$	\$ 581,137	34

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

Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 131,379	\$ 4,935	\$ 4,935	\$	varies	\$ 58,951	71
72	Current Year Purchases	13,014	3,779	3,779		varies	3,052	72
73	Fully Depreciated Assets	210,283	805	805		varies	210,283	73
74								74
75	TOTALS	\$ 354,676	\$ 9,519	\$ 9,519	\$		\$ 272,286	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	Bus Transfer from AMS	Bus	2001	\$ 16,646	\$	\$	\$	5	\$ 16,646	76
77	Related Party - AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 20,448	\$	\$	\$		\$ 20,448	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)	\$ 1,705,340	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 42,078	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 42,078	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)	\$ 873,871	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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 12/02/1996

Ending 11/30/2036

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

Fiscal Year Ending Annual Rent

12. 12/31/2019 \$ varies

13. 12/31/2020 \$ varies

14. 12/31/2021 \$ varies

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: \$ 1,377

Description: copy machine GL 6861 - \$1,238 and equipment lease GL 6859 - \$139

(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>190.50</u>	\$ <u>2,286</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>190.50</u>	\$ <u>2,286</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 of Old Town West, Inc.

#

0042077

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$ _____

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service			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 PG 16A	# of prescripts							3,878					3,878	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Exceptional Care</u>									152					152	12
13	Other (specify): <u>See PG 16A</u>	39-1, 39-3, if any								864					864	13
14	TOTAL			\$		\$		\$		4,894		\$		4,894		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			3,663.92	
	Manual Input from Related Party- Forum Drugs & Vaccinations			214.00	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	3,877.92	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3		
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	151.60	
	Total Exceptional Care (Line 12, Col 8)			151.60	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		From Page 6D
	Other			524.87	
	Manual Input: Related Party - Prism			345.00	From Page 6B
	Manual Input: Related Party FECII - I.V.			0.00	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(6.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)				
13.	Col 6: Supplies Total		To Col 6	863.87	
13.	Total Line 13, Column 8			863.87	
14.	Total			4,893.39	

Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	142,463	142,463	3
4	Supply Inventory (priced at)	690	690	4
5	Short-Term Investments			5
6	Prepaid Insurance		5,249	6
7	Other Prepaid Expenses	1,471	1,471	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 144,624	\$ 149,873	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		141,874	13
14	Buildings, at Historical Cost		934,861	14
15	Leasehold Improvements, at Historical Cost	69,264	115,950	15
16	Equipment, at Historical Cost	66,192	301,780	16
17	Accumulated Depreciation (book methods)	(91,731)	(775,514)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		9,085	21
22	Other Long-Term Assets (spec Refinancing Fees)		27,010	22
23	Other(specify): Due From Affiliates	1,465,465	1,468,693	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,509,190	\$ 2,223,739	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,653,814	\$ 2,373,612	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 155,616	\$ 151,599	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,932	1,932	28
29	Short-Term Notes Payable		25,399	29
30	Accrued Salaries Payable	108,849	108,849	30
31	Accrued Taxes Payable (excluding real estate taxes)	4,051	4,051	31
32	Accrued Real Estate Taxes(Sch.IX-B)		18,148	32
33	Accrued Interest Payable		2,225	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,Sales Tax	38,863	38,863	36
37	Due to Affiliates	19,143	19,143	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 328,454	\$ 370,209	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,042,421	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 1,042,421	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 328,454	\$ 1,412,630	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,325,360	\$ 960,982	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,653,814	\$ 2,373,612	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,246,158	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	(33,816)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,212,342	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	113,018	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)	\$ 113,018	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)	\$ 1,325,360	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	\$ 1,399,776	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 1,399,776	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	21	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 21	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	325,302	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 325,302	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 1,725,099	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	243,341	31
32	Health Care	520,168	32
33	General Administration	327,650	33
B. Capital Expense			
34	Ownership	112,764	34
C. Ancillary Expense			
35	Special Cost Centers	327,612	35
36	Provider Participation Fee	80,546	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 1,612,081	40
41	Income before Income Taxes (line 30 minus line 40)**	113,018	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 113,018	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,399,776	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Hospice/Insurance</u>		47
48	Other-(specify) <u>VA/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 1,399,776	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 of Old Town West, Inc.

004-2007

Report Period Beginning: 01/01/2018 Ending:

12/31/2018

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
461500-100-000 Day Training Income	\$ 323,272
498300-100-000 Write Off Old A/P	\$ 140
498500-100-000 Gain On Sale Of Assets	\$ 1,890

Line 28 Total:	<u><u>325,302</u></u>
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Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4	
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing		\$	\$	1
2	Assistant Director of Nursing				2
3	Registered Nurses	2,439	2,729	94,018	34.45
4	Licensed Practical Nurses	(1,428)	1,972	62,485	31.69
5	CNAs & Orderlies				5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	923	946	18,338	19.38
10	Activity Assistants				10
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor				13
14	Head Cook	4,422	4,754	70,717	14.88
15	Cook Helpers/Assistants				15
16	Dishwashers				16
17	Maintenance Workers				17
18	Housekeepers	1,482	1,560	22,190	14.22
19	Laundry				19
20	Administrator	452	481	17,822	37.05
21	Assistant Administrator				21
22	Other Administrative				22
23	Office Manager				23
24	Clerical				24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)	430	472	8,422	17.84
29	Resident Services Coordinator				29
30	Habilitation Aides (DD Homes)	17,850	19,075	295,571	15.50
31	Medical Records				31
32	Other Health C: Behavioral Special	345	347	9,533	27.47
33	Other(specify) Facility Manager	1,032	1,040	27,555	26.50
34	TOTAL (lines 1 - 33)	27,947	33,376	\$ 626,651 *	\$ 18.78

* 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	314/Month	\$ 3,765	1-3 35
36	Medical Director	300/Month	3,600	10-3 36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	29/Month	352	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	4	220	11-3 44
45	Social Service Consultant	8	560	11-3 45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	12	\$ 8,497	49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden of Old Town West, Inc.

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	
Nancy Rodriguez	Administrator	0	\$ 3,550	Workers' Compensation Insurance	\$ 15,280	IDPH License Fee	\$	
Jennifer Moran	Executive Director	0	14,272	Unemployment Compensation Insurance	5,085	Advertising: Employee Recruitment	273	
		0		FICA Taxes	49,109	Health Care Worker Background Check		
		0		Employee Health Insurance	31,208	(Indicate # of checks performed 3)	97	
		0		Employee Meals	8,950	Patient Background Checks	1	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bonds	200	
		0		Dental, Life, Vision Insurance	617	Corporate Annual Fees	153	
				Employee Relations	622	BMI Broadcast Radio/Collaborative Healthca	1,320	
				Misc. Payroll/Drug Tests	420	Health Care Council of Illinois	1,536	
				Vaccinations	548	Related party-AMS	205	
				401K Match	452	Less: Public Relations Expense	()	
				Related party-Forum	(548)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 17,822	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 3,794
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
\$				\$			\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 102,386				\$			\$ 270	
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services, Inc.	Consulting fees		\$ 74,192				Out-of-State Travel	
Mid-Cap	Allocated Legal Fees		367				\$	
Alden Management Services, Inc.	Allocated Legal Fees		24,000					
BDO Seidman	Accounting Fees		1,085				In-State Travel	
Mid-Cap	Accounting Fees		134					
Baker Tilly	Accounting Fees		2,608				Related party - AMS	
							171	
							Seminar Expense	
							Illinois Healthcare Association	
							99	
							Entertainment Expense	
							()	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Alden of Old Town West, Inc.
 Legal Fee Support
 2018

Legal Fees Reported on Pg 21, Section C: \$ 24,367.00

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

Non-allowable legal fees, if any, deducted on
 - Pg 6A (AMS Allocated Legal Fees) (24,000.00)
 + Add Back voided invoice of prior year, if any

Allowable Legal Fees \$ 367.00

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Midcap	3/18,6/18,9/18,10/18,11/18	367.00

TOTAL ALLOWABLE LEGAL FEES 367.00

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
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TOTAL Collection-NOT ALLOWABLE LEGAL FEES -

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
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AMS (Eliminated) 24,000.00

TOTAL Allocated Legal Fees 24,000.00

Total Legal Cost 24,367.00

Facility Name & ID Number Alden of Old Town West, Inc.

0042077

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? HAB:Yes;RN/LPN:No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Health Care Ass. \$1,536
- (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
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 7,117 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. \$ 80,546
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. \$ 8,950 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. \$ _____
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.