

Facility Name & ID Number Alden Springs, Inc.

0047191 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)		0	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6	16	ICF/DD 16 or Less	16	5,840	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	5,692			5,692	13
14	TOTALS	5,692			5,692	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.47%

D. How many bed reserve days during this year were paid by the Department?
100 (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 10/13/06

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 Springs, Inc. # 0047191 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 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	69,557	4,919	3,840	78,316	877	79,193	(171)	79,022		1
2	Food Purchase		52,091		52,091	(3,989)	48,102	(1,418)	46,684		2
3	Housekeeping	25,003	4,760		29,763		29,763	803	30,566		3
4	Laundry		5,834		5,834		5,834		5,834		4
5	Heat and Other Utilities			25,621	25,621		25,621	214	25,835		5
6	Maintenance			70,244	70,244		70,244	(648)	69,596		6
7	Other (specify):* related party/Security			300	300		300	739	1,039		7
8	TOTAL General Services	94,560	67,605	100,005	262,169	(3,112)	259,057	(481)	258,576		8
	B. Health Care and Programs										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	499,722	30,276	906	530,904	714	531,618	6,018	537,636		10
10a	Therapy			5,490	5,490		5,490	781	6,271		10a
11	Activities	27,871	11	613	28,494		28,494		28,494		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							757	757		15
16	TOTAL Health Care and Programs	527,593	30,287	10,608	568,488	714	569,202	7,556	576,758		16
	C. General Administration										
17	Administrative	17,822			17,822		17,822	22,790	40,612		17
18	Directors Fees										18
19	Professional Services			95,414	95,414		95,414	(73,370)	22,044		19
20	Dues, Fees, Subscriptions & Promotions			4,357	4,357		4,357	(715)	3,642		20
21	Clerical & General Office Expenses	25,663	2,183	25,143	52,989		52,989	27,601	80,590		21
22	Employee Benefits & Payroll Taxes			88,075	88,075	2,398	90,473	(1,126)	89,347		22
23	Inservice Training & Education										23
24	Travel and Seminar							170	170		24
25	Other Admin. Staff Transportation			643	643		643	1,602	2,245		25
26	Insurance-Prop.Liab.Malpractice			41,708	41,708		41,708	1,573	43,281		26
27	Other (specify):* related party			(100)	(100)		(100)	7,996	7,896		27
28	TOTAL General Administration	43,485	2,183	255,241	300,908	2,398	303,306	(13,479)	289,827		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	665,638	100,074	365,854	1,131,566		1,131,566	(6,404)	1,125,162		29

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

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

Facility Name & ID Number Alden Springs, Inc.

#0047191

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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			12,429	12,429		12,429	49,646	62,075			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			8,670	8,670		8,670	75,747	84,417			32
33	Real Estate Taxes			37,614	37,614	(37,614)		38,469	38,469			33
34	Rent-Facility & Grounds			114,513	114,513	37,614	152,127	(152,127)	(0)			34
35	Rent-Equipment & Vehicles			865	865		865	3,975	4,840			35
36	Other (specify):* MIP											36
37	TOTAL Ownership			174,090	174,090		174,090	15,710	189,800			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		31,867		31,867		31,867	(11,733)	20,134			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			73,028	73,028		73,028		73,028			42
43	Other (specify):* day training			295,698	295,698		295,698		295,698			43
44	TOTAL Special Cost Centers		31,867	368,726	400,593		400,593	(11,733)	388,860			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	665,638	131,941	908,670	1,706,249		1,706,249	(2,427)	1,703,822			45

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

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(3,989)	Employee Meals
	22	3,989	Employee Meals
22		(1,591)	Uniform Reclass
	1	877	Uniform Reclass
	3		Uniform Reclass
	4		Uniform Reclass
	6		Uniform Reclass
	10	714	Uniform Reclass
	11		Uniform Reclass
	21		Uniform Reclass
33		(37,614)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	37,614	Rent - Real Estate Tax on associated landowner (Pg 6)
Net (Should be zero)		-	

Alden Springs, Inc.

ID# 0047191
 Report Period Beginning: 1/1/2018
 Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (180)	5	1
2	Employee Flu Shots	(144)	21	2
3	Intercompany Interest Not allowed (GL#7031)	(8,499)	32	3
4	Elim. Land Owner bank charges	0	19	4
5	Gain/Loss on FMV of Swap	0	32	5
6	Marketing Manager & Aides	0	21	6
7	Elim Deprec Exp on Pg 13 items under \$2500	(3,447)	30	7
8	Expense Pg 13 items < \$2,500 Curr Yr	2,221	6	8
9	Elim Deprec on Pg 12 < \$2,500 items	(453)	30	9
10	Expense Pg 12 items < \$2,500 Curr Yr	0	6	10
11	Adj YTD Deprec Exp to Detail	42	30	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	(10,461)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Springs, Inc.# 0047191

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)	
1	A. General Services													
1	Dietary	0	0	302	(473)	0	0	0	0	0	0	0	(171)	1
2	Food Purchase	0	0	0	(1,418)	0	0	0	0	0	0	0	(1,418)	2
3	Housekeeping	0	0	803	0	0	0	0	0	0	0	0	803	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(180)	0	394	0	0	0	0	0	0	0	0	214	5
6	Maintenance	(1,564)	0	2,528	0	0	0	23	(1,635)	0	0	0	(648)	6
7	Other (specify):*	0	0	739	0	0	0	0	0	0	0	0	739	7
8	TOTAL General Services	(1,744)	0	4,766	(1,891)	0	0	23	(1,635)	0	0	0	(481)	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	5,323	1,067	(372)	0	0	0	0	0	0	6,018	10
10a	Therapy	0	0	0	0	0	781	0	0	0	0	0	781	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	757	0	0	0	0	0	0	0	0	757	15
16	TOTAL Health Care and Programs	0	0	6,080	1,067	(372)	781	0	0	0	0	0	7,556	16
	C. General Administration													
17	Administrative	0	0	22,790	0	0	0	0	0	0	0	0	22,790	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	(73,370)	0	0	0	0	0	0	0	0	(73,370)	19
20	Fees, Subscriptions & Promotions	(995)	77	203	0	0	0	0	0	0	0	0	(715)	20
21	Clerical & General Office Expenses	(2,452)	0	30,053	0	0	0	0	0	0	0	0	27,601	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(1,126)	0	0	0	0	0	0	(1,126)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	170	0	0	0	0	0	0	0	0	170	24
25	Other Admin. Staff Transportation	0	0	1,602	0	0	0	0	0	0	0	0	1,602	25
26	Insurance-Prop.Liab.Malpractice	0	1,540	33	0	0	0	0	0	0	0	0	1,573	26
27	Other (specify):*	100	0	7,896	0	0	0	0	0	0	0	0	7,996	27
28	TOTAL General Administration	(3,347)	1,617	(10,623)	0	(1,126)	0	0	0	0	0	0	(13,479)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(5,091)	1,617	223	(824)	(1,498)	781	23	(1,635)	0	0	0	(6,404)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Springs, Inc.

0047191

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(3,859)	47,420	6,085	0	0	0	0	0	0	0	0	49,646	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(8,507)	74,564	9,690	0	0	0	0	0	0	0	0	75,747	32
33	Real Estate Taxes	0	37,614	855	0	0	0	0	0	0	0	0	38,469	33
34	Rent-Facility & Grounds	0	(152,127)	0	0	0	0	0	0	0	0	0	(152,127)	34
35	Rent-Equipment & Vehicles	0	0	3,975	0	0	0	0	0	0	0	0	3,975	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(12,366)	7,471	20,605	0	0	0	0	0	0	0	0	15,710	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	(12,232)	499	0	0	0	0	0	0	(11,733)	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	(12,232)	499	0	0	0	0	0	0	(11,733)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(17,457)	9,088	20,828	(13,056)	(999)	781	23	(1,635)	0	0	0	(2,427)	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 Rent Income	\$ 152,127	Alden Trails II, LLC		\$	\$ (152,127)	1
2	V	6 Repairs & Maintenance		Alden Trails II, LLC				2
3	V	19 Bank Charges		Alden Trails II, LLC				3
4	V	33 Real Estate Tax Expense		Alden Trails II, LLC		37,614	37,614	4
5	V	26 General Insurance Expense		Alden Trails II, LLC		1,540	1,540	5
6	V	32 Interest - Mortgage		Alden Trails II, LLC		73,095	73,095	6
7	V	30 Depreciation		Alden Trails II, LLC		47,420	47,420	7
8	V	21 Miscellaneous Costs		Alden Trails II, LLC				8
9	V	20 Corporate Annual Report Fee		Alden Trails II, LLC		77	77	9
10	V	19 Professional Fees		Alden Trails II, LLC				10
11	V	32 Amortization Expense		Alden Trails II, LLC		1,469	1,469	11
12	V			Alden Trails II, LLC				12
13	V							13
14	Total		\$ 152,127			\$ 161,215	\$ * 9,088	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%	\$ 394	\$	394	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		170		170	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		1,602		1,602	17
18	V	26 Insurance		Alden Management Services, Inc.		33		33	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		203		203	19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085		6,085	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		855		855	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		3,975		3,975	22
23	V	32 Interest		Alden Management Services, Inc.		9,690		9,690	23
24	V	1 Dietary		Alden Management Services, Inc.		302		302	24
25	V	3 Housekeeping		Alden Management Services, Inc.		803		803	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		739		739	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		5,323		5,323	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		757		757	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		22,790		22,790	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		7,896		7,896	30
31	V	19 Professional Fees	91,610	Alden Management Services, Inc.		18,240		(73,370)	31
32	V	21 Gen'l & Admin	6,432	Alden Management Services, Inc.		36,485		30,053	32
33	V	6 Repair & Maint	3,488	Alden Management Services, Inc.		6,016		2,528	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 101,530			\$ 122,358	\$ *	20,828	39

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

Facility Name & ID Number Alden Springs, Inc.

0047191

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 Consult.	\$ 3,600	Prism Health Care Services, Inc.	0.00%	\$	(3,600)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		2,134	2,134
17	V	2 Tube feeding	10,311	Prism Health Care Services, Inc.		5,820	(4,491)
18	V	10 Equip. Rental	360	Prism Health Care Services, Inc.		594	234
19	V	39 Ancillary supplies	25,085	Prism Health Care Services, Inc.		6,849	(18,236)
20	V	1 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		993	993
21	V	2 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		3,073	3,073
22	V	10 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		833	833
23	V	39 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		6,004	6,004
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		\$ 39,356			\$ 26,300	\$ * (13,056)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 3,402	Forum Extended Care Services II, Inc.	0.00%	\$ 3,132	\$ (270)
16	V	39 I.V.		Forum Extended Care Services II, Inc.			
17	V	39 Wound Care Products	3,379	Forum Extended Care Services II, Inc.		3,111	(268)
18	V	10 House Stock	4,301	Forum Extended Care Services II, Inc.		3,960	(341)
19	V	10 Pharm Consult	384	Forum Extended Care Services II, Inc.		353	(31)
20	V	22 Employee Vaccinations	1,126	Forum Extended Care Services II, Inc.			(1,126)
21	V	39 Employee Vaccinations		Forum Extended Care Services II, Inc.		1,037	1,037
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		\$ 12,592			\$ 11,593	\$ * (999)

* 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	\$ 5,490	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 6,271	\$ 781	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		\$ 5,490			\$ 6,271	\$ *	781	39

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

Facility Name & ID Number Alden Springs, Inc.

0047191

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	6 Repairs & Maintenance	\$ 7,574	Alden Bennett Construction Company, Inc.	0.00%	\$ 7,597	\$	23 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		\$ 7,574			\$ 7,597	\$ *	23 39

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

Facility Name & ID Number Alden Springs, Inc.

0047191

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	6 Repairs & Maintenance	\$ 2,481	Alden Design Group, Ltd.	0.00%	\$ 846	\$ (1,635)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
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		\$ 2,481			\$ 846	\$ * (1,635)

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

Facility Name & ID Number

Alden Springs, Inc.

0047191

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 H	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 Springs, Inc.

0047191

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	184,217	0.168	0.42	Salary	\$ 783	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	99,577	0.168	0.42	Salary	423	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	99,577	0.168	0.42	Salary	423	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	116,341	0.168	0.42	Salary	494	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	62,866	0.168	0.42	Salary	267	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	184,217	0.147	0.42	Salary	783	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	\$ 3,173		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Springs, Inc.

0047191

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

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

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

1	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	\$ 5,692	\$ 394	1
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	5,692	170	2
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	5,692	1,602	3
4	26	Insurance	Patient Days	1,345,058	36	7,901	5,692	33	4
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	5,692	203	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	5,692	855	7
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	5,692	3,975	8
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	5,692	9,690	9
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	302	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	803	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	5,692	739	12
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	5,323	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	5,692	757	14
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	5,692	22,790	15
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	7,896	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	18,240	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	36,485	18
19	6	Repair & Maint.	Patient Days	1,345,058	35	1,609,999	1,070,693	6,016	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 122,358	25

Facility Name & ID Number Alden Springs, Inc.

0047191

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	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	MB Bank (GL 2513/2021/7035)		x	Mortgage	Varies	8/29/12	\$ 1,520,000	\$ 1,302,113	9/05/2022	3.5000	\$ 72,353	1								
2												2								
3	FMV of Derivative		X	Rate Swap interest							742	3								
4	Amort of Fin Fees (GL 7105)		x	Refinancing							1,469	4								
5	Insurance Interest (GL7053)		x	Medical Malpractice							171	5								
Working Capital																				
6	Related party - AMS		x	Working Capital							9,690	6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 1,520,000	\$ 1,302,113			\$ 84,425	9								
B. Non-Facility Related*																				
10	Interest Income (GL 4975)		x								(8)	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (8)	14								
15	TOTALS (line 9+line14)						\$ 1,520,000	\$ 1,302,113			\$ 84,417	15								

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

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

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

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2017 report.		\$	<u>35,300</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>35,914</u>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>614</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>37,000</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>37,614</u>	7
Real Estate Tax History:			Plus: Related party taxes - See Pg RE_Tax page	\$ <u>855</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$ <u>38,469</u>
Real Estate Tax Bill for Calendar Year:	2013	<u>34,394</u>	8	
	2014	<u>34,127</u>	9	
	2015	<u>33,802</u>	10	
	2016	<u>34,300</u>	11	
	2017	<u>35,914</u>	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.				
				FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2017	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

Facility Name & ID Number Alden Springs, Inc.

0047191 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (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>22,035</u>	<u>2006</u>	<u>\$ 398,630</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	22,035		\$ 398,630	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			2006		\$ 1,583,599	\$ 39,590	40	\$ 39,590	\$	\$ 484,977	4
5			2006		69,510	1,738	40	1,738		21,288	5
6			2006		20,156	504	40	504		6,383	6
7											7
8											8
		Impr									
9	Wiring		2006		840	42	20	42		515	9
10											10
11	Drywall Carp	Drywall Carpentry	2007		18,677	1,245	15	1,245		14,527	11
12	Plumb, Floor	Plumb, Floor Prep, Fencing-ABC Renovation	2007		23,127					23,127	12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Springs, Inc.

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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		\$ 1,715,910	\$ 43,119		\$ 43,119	\$	\$ 550,817	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)		\$ 1,861,086	\$ 45,866		\$ 45,866	\$	\$ 637,086	34

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

Facility Name & ID Number Alden Springs, Inc.

0047191

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	\$ 227,159	\$ 13,031	\$ 13,031	\$	varies	\$ 120,729	71
72	Current Year Purchases	3,079	2,643	2,643		varies	2,643	72
73	Fully Depreciated Assets	173,402	535	535		varies	173,402	73
74								74
75	TOTALS	\$ 403,640	\$ 16,209	\$ 16,209	\$		\$ 296,774	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 2,667,159	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 62,075	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 62,075	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)	\$ 937,662	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Springs, Inc.

0047191

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 1/1/2007

Ending 11/1/2026

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

Fiscal Year Ending Annual Rent

12. 12/31/2019 \$ 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: \$ 1,113 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-PG 6A</u>	<u>various</u>	\$ <u>188.50</u>	\$ <u>2,262</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>188.50</u>	\$ <u>2,262</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.

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? <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			
		1	2	3	4
		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	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 PG 16A	# of prescripts				4,169		4,169	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG 16A	39-1, 39-3, if any					15,965		15,965	13
14	TOTAL			\$		\$	20,134		\$ 20,134	14

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.	
1.	OT		39-3	To Col 5		\$0.00
2.	ST		39-3	To Col 5		0.00
3.						
4.	PT		39-3	To Col 5		0.00
5.						
6.						
7.						
8.	Less PT, OT, & ST costs reclassified to Line 10A for "DD type facilities					0.00
						<u>0.00</u>
	Less: OT, ST, & PT costs - reclassified to 10A for DD facilities					<u>0.00</u>
						0.00
	Pharmacy Supplies per GL					3,402.41
	Manual Input from Related Party- Forum Drugs & Vaccinations					766.51
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		<u>4,168.92</u>
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)					<u>0.00</u>
13.	Other:		See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT			To Col 5		0.00
	Other					28,464.50
	Manual Input: Related Party - Prism					(12,231.45)
	Manual Input: Related Party FECII - I.V.					
	Manual Input: Related Party FECII - Wound Care Products					(268.44)
	Oxygen, from reclass worksheet (Pg 4A)					
13.	Col 6: Supplies Total			To Col 6		<u>15,964.61</u>
13.	Total Line 13, Column 8					<u>15,964.61</u>
14.	Total					<u>20,133.53</u> =====

Facility Name & ID Number Alden Springs, Inc.

0047191

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	\$	\$ 22,986	1
2	Cash-Patient Deposits	900	900	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	145,213	145,213	3
4	Supply Inventory (priced at)	561	561	4
5	Short-Term Investments			5
6	Prepaid Insurance		1,500	6
7	Other Prepaid Expenses	1,840	1,840	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 148,514	\$ 173,000	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		398,630	13
14	Buildings, at Historical Cost		1,674,106	14
15	Leasehold Improvements, at Historical Cost	23,431	23,431	15
16	Equipment, at Historical Cost	135,515	320,664	16
17	Accumulated Depreciation (book methods)	(108,641)	(791,372)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec (Refinan.Fee)		5,509	22
23	Other(specify): <u>FMV of Derivative</u>		19,898	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 50,305	\$ 1,650,866	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 198,819	\$ 1,823,866	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 153,261	\$ 153,261	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		42,127	29
30	Accrued Salaries Payable	98,613	98,613	30
31	Accrued Taxes Payable (excluding real estate taxes)	3,599	3,599	31
32	Accrued Real Estate Taxes(Sch.IX-B)		37,000	32
33	Accrued Interest Payable		6,122	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	41,332	41,332	36
37	<u>Due to Affiliates</u>	78,384	146,367	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 375,189	\$ 528,421	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		1,259,985	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates & Wage allocation</u>	138,003	138,003	43
44	<u>FMV of Derivative</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 138,003	\$ 1,397,988	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 513,192	\$ 1,926,409	46
47	TOTAL EQUITY(page 18, line 24)	\$ (314,373)	\$ (102,543)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 198,819	\$ 1,823,866	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (205,451)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (205,451)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(133,392)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Prior years shared salaries	24,470	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (108,922)	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)	\$ (314,373)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Springs, Inc.

0047191

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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	\$ 1,275,699	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 1,275,699	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	144	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 144	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	8	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 8	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Day Training</u>	297,006	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 297,006	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 1,572,857	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	262,169	31
32	Health Care	568,488	32
33	General Administration	300,908	33
B. Capital Expense			
34	Ownership	174,090	34
C. Ancillary Expense			
35	Special Cost Centers	327,565	35
36	Provider Participation Fee	73,028	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 1,706,249	40
41	Income before Income Taxes (line 30 minus line 40)**	(133,392)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (133,392)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,275,699	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)	\$ 1,275,699	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not yet avail. If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Alden Springs, Inc.

0047191

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	2,349	113,243	46.09	3
4	Licensed Practical Nurses	2,511	73,190	26.64	4
5	CNAs & Orderlies				5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	923	18,338	19.38	9
10	Activity Assistants				10
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor				13
14	Head Cook	3,952	69,557	15.38	14
15	Cook Helpers/Assistants				15
16	Dishwashers				16
17	Maintenance Workers				17
18	Housekeepers	1,474	25,003	15.31	18
19	Laundry				19
20	Administrator	452	17,822	36.98	20
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	8,422	17.88	28
29	Resident Services Coordinator				29
30	Habilitation Aides (DD Homes)	19,311	304,867	14.66	30
31	Medical Records				31
32	Other Health C: Facility Manager	1,032	25,663	24.68	32
33	Other(specify) Behavioral Health	345	9,533	27.47	33
34	TOTAL (lines 1 - 33)	32,779	\$ 665,638 *	\$ 18.78	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	320/Monthly	\$ 3,840	1-3	35
36	Medical Director	300/Monthly	3,600	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	32/Monthly	384	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	4	193	11-3	44
45	Social Service Consultant	3	420	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	7	\$ 8,437		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Nancy Rodriguez	Administrator	0	\$ 3,550	Workers' Compensation Insurance	\$ 15,340	IDPH License Fee	\$	
Jennifer Kristy Moran	Executive Director	0	14,272	Unemployment Compensation Insurance	1,855	Advertising: Employee Recruitment	183	
		0		FICA Taxes	49,096	Health Care Worker Background Check		
		0		Employee Health Insurance	16,818	(Indicate # of checks performed)		
		0		Employee Meals	3,989	Patient Background Checks	2	
		0		Illinois Municipal Retirement Fund (IMRF)*		Health care council of ILL	1,536	
		0		Dental/Vision/Life Insurance	410	Collaborative Healthcare/The Center for Dev	1,275	
		0		Employee Drug Tests	93	Surety bond fees-Marsh USA Inc.	170	
		0		Misc Payroll Costs/401K Match	1,307	Citi/Secretary of State/Broadcast Music	256	
		0		Employee Relations	439	Related party-AMS	203	
		0		Employee Vaccinations	1,126	Less: Public Relations Expense	()	
		0		Related party-Forum	(1,126)	Non-allowable advertising	()	
		0				Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 17,822	TOTAL (agree to Schedule V, line 22, col.8)		\$ 3,642		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Related party - AMS	170
C. Professional Services							Seminar Expense	
Vendor/Payee	Type		Amount					
Alden Management Services, Inc.	Consulting fees		\$ 67,610					
AMS (Eliminated)	Allocated Legal Fees		24,000					
BDO, USA	Accounting fee		1,085					
Baker Tilly Virchow Krause	Accounting fee		2,608					
Alden Group-MidCap	Accounting fee		47					
Alden Group-MidCap	Legal Fees		64					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 95,414	TOTAL			\$	
							Entertainment Expense ()	
							(agree to Sch. V, line 24, col. 8)	
							TOTAL \$ 170	

* Attach copy of IMRF notifications

**See instructions.

Legal Fee Support
2018

Legal Fees Reported on Pg 21, Section C: \$ 24,064.01

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 \$ 64.01

<--Check: should match total for Allow. Fees

In Detail:

Vendor Name	Invoice Date	Amount
MIDCAP Allo.Legal Fees 01/18	1/31/2018	45.67
MIDCAP Allo.Legal Fees 06/18	6/30/2018	1.25
MIDCAP Allo.Legal Fees 07/18	7/31/2018	3.74
MIDCAP Allo.Legal Fees 09/18	9/30/2018	2.91
MIDCAP Allo.Legal Fees 11/18	11/30/2018	10.44
TOTAL ALLOWABLE LEGAL FEES		64.01

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

Vendor Name	Invoice Date	Amount
AMS Legal exp Allocation 2018	1/1/2018	2,000.00
AMS Legal exp Allocation 2018	2/1/2018	2,000.00
AMS Legal exp Allocation 2018	3/1/2018	2,000.00
AMS Legal exp Allocation 2018	4/1/2018	2,000.00
AMS Legal exp Allocation 2018	5/1/2018	2,000.00
AMS Legal exp Allocation 2018	6/1/2018	2,000.00
AMS Legal exp Allocation 2018	7/1/2018	2,000.00
AMS Legal exp Allocation 2018	8/1/2018	2,000.00
AMS Legal exp Allocation 2018	9/1/2018	2,000.00
AMS Legal exp Allocation 2018	10/1/2018	2,000.00
AMS Legal exp Allocation 2018	11/1/2018	2,000.00
AMS Legal exp Allocation 2018	12/1/2018	2,000.00
TOTAL Allocated Legal Fees		24,000.00

Total Legal Cost **24,064.01**

s in new detail section below.

Facility Name & ID Number Alden Springs, Inc.

0047191

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? C.N.A-Yes, RN/LPNs-N
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. II.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. \$ 8,793 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. \$ 73,028
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 benefit on Schedule V. \$ 3,989 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