



Facility Name & ID Number Alden Trails, Inc.

# 0042051 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 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 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	5,625			5,625	13
14	TOTALS	5,625			5,625	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 96.32%

**D. How many bed reserve days during this year were paid by the Department?**  
40 (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 08/15/98

**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 Trails, Inc. # 0042051 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
	<b>A. General Services</b>										
1	Dietary	72,902	3,714	3,645	80,261	256	80,517	(229)	80,288		1
2	Food Purchase		64,173		64,173	(9,298)	54,875	(6,731)	48,144		2
3	Housekeeping	25,003	4,726		29,729		29,729	793	30,522		3
4	Laundry		4,582		4,582		4,582		4,582		4
5	Heat and Other Utilities			15,731	15,731		15,731	278	16,009		5
6	Maintenance		574	91,854	92,428	1,546	93,974	16,936	110,910		6
7	Other (specify):* Security/Related Party			300	300		300	730	1,030		7
8	<b>TOTAL General Services</b>	97,905	77,769	111,530	287,204	(7,496)	279,708	11,777	291,485		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	546,353	19,599	648	566,600	209	566,809	6,161	572,970		10
10a	Therapy			6,233	6,233		6,233	1,087	7,320		10a
11	Activities	27,871	509	1,579	29,959		29,959		29,959		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							748	748		15
16	<b>TOTAL Health Care and Programs</b>	574,224	20,108	12,060	606,392	209	606,601	7,996	614,597		16
	<b>C. General Administration</b>										
17	Administrative	17,822			17,822		17,822	22,522	40,344		17
18	Directors Fees										18
19	Professional Services			96,015	96,015		96,015	(69,105)	26,910		19
20	Dues, Fees, Subscriptions & Promotions			4,945	4,945		4,945	(1,293)	3,652		20
21	Clerical & General Office Expenses	25,663	975	26,975	53,613		53,613	28,374	81,987		21
22	Employee Benefits & Payroll Taxes			107,795	107,795	8,833	116,628	(92)	116,536		22
23	Inservice Training & Education										23
24	Travel and Seminar			99	99		99	168	267		24
25	Other Admin. Staff Transportation			723	723		723	1,583	2,306		25
26	Insurance-Prop.Liab.Malpractice			41,708	41,708		41,708	1,362	43,070		26
27	Other (specify):* Related Party							7,803	7,803		27
28	<b>TOTAL General Administration</b>	43,485	975	278,260	322,720	8,833	331,553	(8,678)	322,875		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	715,614	98,852	401,850	1,216,316	1,546	1,217,862	11,095	1,228,957		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			9,378	9,378	(1,546)	7,832	33,528	41,360			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			10,295	10,295		10,295	29,829	40,124			32
33	Real Estate Taxes			19,084	19,084	(19,084)		22,888	22,888			33
34	Rent-Facility & Grounds			74,864	74,864	19,084	93,948	(93,948)				34
35	Rent-Equipment & Vehicles			2,775	2,775		2,775	3,928	6,703			35
36	Other (specify):* MIP							5,396	5,396			36
37	<b>TOTAL Ownership</b>			116,396	116,396	(1,546)	114,850	1,621	116,471			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		23,865		23,865		23,865	(8,949)	14,916			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		90		90		90	(90)				41
42	Provider Participation Fee			72,477	72,477		72,477		72,477			42
43	Other (specify):* Day Training			286,639	286,639		286,639		286,639			43
44	<b>TOTAL Special Cost Centers</b>		23,955	359,116	383,071		383,071	(9,039)	374,032			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	715,614	122,807	877,362	1,715,783		1,715,783	3,677	1,719,460			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		(9,298)	Employee Meals	Entered
	22	9,298	Employee Meals	Entered
22		(465)	Uniform Reclass	Entered
	1	256	Uniform Reclass	Entered
	3		Uniform Reclass	Entered
	4		Uniform Reclass	Entered
	6		Uniform Reclass	Entered
	10	209	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		(1,546)	Reclass Depreciation on Painting	
	6	1,546	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	(1,234)	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				18
19	Entertainment	(726)	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				24
25	Fund Raising, Advertising and Promotional	(437)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (4,786)		\$	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)	13,832	Pg 6s	34
35	Other- Attach Schedule	(5,369)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 8,463		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 3,677		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Alden Trails, Inc.

ID# 0042051

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (112)	5	1
2	Gift Shop Expense	(90)	41	2
3	Other Nursing Income	(86)	21	3
4	Intercompany Interest	(10,124)	32	4
5				5
6	Elim Deprec Exp on Pg 12 items under \$2,500 -	(2,502)	30	6
7	Elim Deprec Exp on Pg 13 items under \$2500 -	(4,989)	30	7
8	Expense Pg 12 items under \$2,500 - curr yr purchs +	3,845	6	8
9	Expense Pg 13 items under \$2,500 - curr yr purchs +	10,395	6	9
10	Reconcile Depreciation expense	(1,754)	30	10
11	Elim ABC Deprec Exp from Pg 12 series -	63	30	11
12	Bank Fees	(15)	21	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	<b>Total</b>	(5,369)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Trails, Inc.

# 0042051

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	298	(527)	0	0	0	0	0	0	0	(229)	1
2	Food Purchase	0	0	0	(6,731)	0	0	0	0	0	0	0	(6,731)	2
3	Housekeeping	0	0	793	0	0	0	0	0	0	0	0	793	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(112)	0	390	0	0	0	0	0	0	0	0	278	5
6	Maintenance	13,006	0	3,938	0	0	0	34	(42)	0	0	0	16,936	6
7	Other (specify):*	0	0	730	0	0	0	0	0	0	0	0	730	7
8	<b>TOTAL General Services</b>	<b>12,894</b>	<b>0</b>	<b>6,149</b>	<b>(7,258)</b>	<b>0</b>	<b>0</b>	<b>34</b>	<b>(42)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,777</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	5,260	1,022	(121)	0	0	0	0	0	0	6,161	10
10a	Therapy	0	0	0	0	0	1,087	0	0	0	0	0	1,087	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	748	0	0	0	0	0	0	0	0	748	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>6,008</b>	<b>1,022</b>	<b>(121)</b>	<b>1,087</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,996</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	22,522	0	0	0	0	0	0	0	0	22,522	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	2,933	(72,038)	0	0	0	0	0	0	0	0	(69,105)	19
20	Fees, Subscriptions & Promotions	(1,493)	0	200	0	0	0	0	0	0	0	0	(1,293)	20
21	Clerical & General Office Expenses	(2,160)	58	30,476	0	0	0	0	0	0	0	0	28,374	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(92)	0	0	0	0	0	0	(92)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	168	0	0	0	0	0	0	0	0	168	24
25	Other Admin. Staff Transportation	0	0	1,583	0	0	0	0	0	0	0	0	1,583	25
26	Insurance-Prop.Liab.Malpractice	0	1,329	33	0	0	0	0	0	0	0	0	1,362	26
27	Other (specify):*	0	0	7,803	0	0	0	0	0	0	0	0	7,803	27
28	<b>TOTAL General Administration</b>	<b>(3,653)</b>	<b>4,320</b>	<b>(9,253)</b>	<b>0</b>	<b>(92)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(8,678)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>9,241</b>	<b>4,320</b>	<b>2,904</b>	<b>(6,236)</b>	<b>(213)</b>	<b>1,087</b>	<b>34</b>	<b>(42)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,095</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Trails, Inc.

# 0042051

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	(9,182)	36,625	6,085	0	0	0	0	0	0	0	0	33,528	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(10,124)	28,652	11,301	0	0	0	0	0	0	0	0	29,829	32
33	Real Estate Taxes	0	22,043	845	0	0	0	0	0	0	0	0	22,888	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	3,928	0	0	0	0	0	0	0	0	3,928	35
36	Other (specify):*	0	5,396	0	0	0	0	0	0	0	0	0	5,396	36
37	<b>TOTAL Ownership</b>	<b>(19,306)</b>	<b>(1,232)</b>	<b>22,159</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,621</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(8,702)	(247)	0	0	0	0	0	0	(8,949)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(90)	0	0	0	0	0	0	0	0	0	0	(90)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>(90)</b>	<b>0</b>	<b>0</b>	<b>(8,702)</b>	<b>(247)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(9,039)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(10,155)</b>	<b>3,088</b>	<b>25,063</b>	<b>(14,938)</b>	<b>(460)</b>	<b>1,087</b>	<b>34</b>	<b>(42)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,677</b>	<b>45</b>

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See 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		22,043	22,043	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			\$ 97,045	\$ * 3,088	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%	\$ 390	\$	390	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		168		168	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		1,583		1,583	17
18	V	26 Insurance		Alden Management Services, Inc.		33		33	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		200		200	19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085		6,085	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		845		845	21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		3,928		3,928	22
23	V	32 Interest		Alden Management Services, Inc.		11,301		11,301	23
24	V	1 Dietary		Alden Management Services, Inc.		298		298	24
25	V	3 Houskeeping		Alden Management Services, Inc.		793		793	25
26	V	7 Employee Benefits - Gen'l Services		Alden Management Services, Inc.		730		730	26
27	V	10 Nursing & Medical Records Salaries		Alden Management Services, Inc.		5,260		5,260	27
28	V	15 Employee Benefits - Health Care		Alden Management Services, Inc.		748		748	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		22,522		22,522	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		7,803		7,803	30
31	V	19 Professional Fees	90,266	Alden Management Services, Inc.		18,228		(72,038)	31
32	V	21 General & Administrative	5,580	Alden Management Services, Inc.		36,056		30,476	32
33	V	6 Repairs & Maintenance	23,906	Alden Management Services, Inc.		27,844		3,938	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 119,752			\$ 144,815	\$ *	25,063	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary Consultant	\$ 3,600	Prism Health Care Sevices, Inc.	0.00%	\$	\$(3,600)
16	V	1 Dietary Salary		Prism Health Care Sevices, Inc.		2,134	2,134
17	V	2 Tube Feeding	13,562	Prism Health Care Sevices, Inc.		3,926	(9,636)
18	V	10 Equipment Rental	360	Prism Health Care Sevices, Inc.		594	234
19	V	39 Supplies	19,687	Prism Health Care Sevices, Inc.		5,308	(14,379)
20	V	1 Gen'l & Admin & Benefit Costs		Prism Health Care Sevices, Inc.		939	939
21	V	2 Gen'l & Admin & Benefit Costs		Prism Health Care Sevices, Inc.		2,905	2,905
22	V	10 Gen'l & Admin & Benefit Costs		Prism Health Care Sevices, Inc.		788	788
23	V	39 Gen'l & Admin & Benefit Costs		Prism Health Care Sevices, Inc.		5,677	5,677
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		\$ 37,209			\$ 22,271	\$ * (14,938)

\* 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	\$ 2,996	Forum Extended Care Services II, Inc.	0.00%	\$ 2,758	\$ (238)
16	V	39 I.V.		Forum Extended Care Services II, Inc.			
17	V	39 Wound Care Products	1,182	Forum Extended Care Services II, Inc.		1,088	(94)
18	V	10 House Stock	1,127	Forum Extended Care Services II, Inc.		1,037	(90)
19	V	10 Pharm Consultant	384	Forum Extended Care Services II, Inc.		353	(31)
20	V	22 Employee Vaccinations	92	Forum Extended Care Services II, Inc.			(92)
21	V	39 Employee Vaccinations		Forum Extended Care Services II, Inc.		85	85
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		\$ 5,781			\$ 5,321	\$ * (460)

\* 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	\$ 6,233	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 7,320	\$ 1,087	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 6,233			\$ 7,320	\$ *	1,087	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Repairs & Maintenance	\$ 11,385	Alden Bennett Construction Company, Inc.	0.00%	\$ 11,419	\$	34 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		\$ 11,385			\$ 11,419	\$ *	34 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 64	Alden Design Group, Ltd.	0.00%	\$ 22	\$	(42)	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		\$ 64			\$ 22	\$ *	(42)	39

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

Facility Name &amp; ID Number

Alden Trails, Inc.

# 0042051

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/Alz	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 Trails, Inc. # 0042051 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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	184,226	0.168	0.42	Salary	\$ 774	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	99,582	0.168	0.42	Salary	418	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	99,582	0.168	0.42	Salary	418	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	116,346	0.168	0.42	Salary	489	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	62,869	0.168	0.42	Salary	264	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	184,226	0.147	0.42	Salary	774	6-17, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										
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.										
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.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 3,137		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 Trails, Inc.

# 0042051

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	\$ 5,625	\$ 390	1
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	5,625	168	2
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	5,625	1,583	3
4	26	Insurance	Patient Days	1,345,058	36	7,901	5,625	33	4
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	5,625	200	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	5,625	845	7
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	5,625	3,928	8
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	5,625	11,301	9
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	298	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	793	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	5,625	730	12
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	5,260	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	5,625	748	14
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	5,625	22,522	15
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	7,803	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	18,228	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	36,056	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	27,844	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 144,815	25

Facility Name & ID Number

Alden Trails, Inc.

# 0042051

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**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	Cambridge		x	Mortgage		9/1/12	\$ 1,212,967	\$ 1,067,820	12/31/2047	2.5000	\$ 26,981	1					
2												2					
3												3					
4	Insurance Interest (GL7053)		x	Medical Malpractice							171	4					
5	Amort. of Finance Fees (GL 7105)		x	Refinancing							1,680	5					
<b>Working Capital</b>																	
6	Related party - AMS		x	Working Capital							11,301	6					
7												7					
8												8					
9	<b>TOTAL Facility Related</b>						\$ 1,212,967	\$ 1,067,820			\$ 40,133	9					
<b>B. Non-Facility Related*</b>																	
10	Interest Income (GL 4975)		x									10					
11	Int. Income on R.R.		x								(9)	11					
12												12					
13												13					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (9)	14					
15	<b>TOTALS (line 9+line14)</b>						\$ 1,212,967	\$ 1,067,820			\$ 40,124	15					

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 Trails, Inc. COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0042051

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) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>202,125.00</u>	\$ <u>845.00</u>
2. <u>02-23-301-016</u>	<u>Nursing Home Facility</u>	\$ <u>21,234.00</u>	\$ <u>21,234.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>223,359.00</u></u>	\$ <u><u>22,079.00</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?        YES   x   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach 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 Trails, Inc.

# 0042051 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 6,610 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

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

If so, please complete the following:

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>38,474</u>	<u>1995</u>	<u>\$ 147,679</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>38,474</b>		<b>\$ 147,679</b>	<b>3</b>

**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	1997	1997	\$ 934,861	\$ 23,372	40	\$ 23,372	\$	\$ 479,743	4
5										5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	2 TV Modules		1999	1,775		5			1,775	9
10	Sprinkler System		1999	1,690		15			1,690	10
11	Replace heads-Irrigation system		1998	1,653		15			1,653	11
12	Carpentry, Ceramic,Quarry, Corain tops		2003	14,274	714	20	714		11,424	12
13	Panels		2003	5,175		5			5,175	13
14	Replaced Floor Tile		2006	2,730		10			2,730	14
15	New Sidewalk Ramp Railing-ABC		2008	3,722	248	15	248		2,821	15
16	Install Automatic Doors-ABC		2008	5,909	393	10	393		5,909	16
17	Sealcoat Parking Lot - ABC		2009	4,981		8			4,981	17
18										18
19	Kitchen work(cabinetry,floor repair,wall repair & paint) - ABC		2011	11,117	556	20	556		4,309	19
20	Asphalt removal & replacement sealcoating marking restripe-ROSPAV		2011	6,637	830	8	830		6,017	20
21	Valve maintenance/install stocked spare head cabinet - USFIRE		2011	2,500		5			2,500	21
22										22
23	ABC - Repair pump/plugged w/ debris, not working		2012	4,819	482	10	482		3,334	23
24	ABC - Replace septic tank pumps		2012	6,829	683	10	683		4,155	24
25										25
26	Sprinkler, Fire Work - ALDBEN		2015	10,015	401	25	401		1,537	26
27	Sprinkler Pipes Replaced - VALFIR		2015	3,262	130	25	130		412	27
28										28
29	Replace Tile in Shower Room - ALDBEN		2017	8,905	228	39	228		399	29
30	Sprinkler, fire, pipes - VALFIR		2017	2,505	501	5	501		585	30
31										31
32	Repair Catch Basin - ADVPAV - Parking Lot		2018	6,000	900	5	900		900	32
33	Repair and Repave Catch Basin - ADVPAV - Parking Lot		2018	2,500	333	5	333		333	33
34	Repair Dormers - ALDBEN - Roof		2018	2,575	86	10	86		86	34
35	Motor, Washer - EQUINT - Washing Machine		2018	2,654		5				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 Trails, Inc.

# 0042051

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	2008	(55)				(55)	37
38	Adj for ABC related party profit	2009	(66)				(66)	38
39	Adj for ABC related party profit	2011	86	6	6		51	39
40	Adj for ABC related party profit	2012	719	62	62		403	40
41	Adj for ABC related party profit	2015	(19)	(2)	(2)		(7)	41
42	Adj for ABC related party profit	2017	(12)	(2)	(2)		(3)	42
43	Adj for ABC related party profit	2018	(8)	(1)	(1)		(1)	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)		\$ 1,047,733	\$ 29,920		\$ 29,920	\$ 542,790	70

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

Facility Name &amp; ID Number Alden Trails, Inc.

# 0042051

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 1,047,733	\$ 29,920		\$ 29,920	\$	\$ 542,790	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,192,909	\$ 32,667		\$ 32,667	\$	\$ 629,059	34

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

Facility Name & ID Number Alden Trails, Inc.

# 0042051

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	\$ 137,766	\$ 5,301	\$ 5,301	\$	varies	\$ 61,229	71
72	Current Year Purchases	19,438	3,022	3,022		varies	2,932	72
73	Fully Depreciated Assets	226,952	370	370		varies	226,952	73
74								74
75	TOTALS	\$ 384,156	\$ 8,693	\$ 8,693	\$		\$ 291,113	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	2001 - Bus Midwest Transit	2001	\$ 16,646	\$	\$	\$		\$ 16,646	76
77	Related Party - AMS	Various	1998-2004	3,802				3	3,802	77
78	Transport	Bus	2000 & 2003	6,558					6,558	78
79										79
80	TOTALS			\$ 27,006	\$	\$	\$		\$ 27,006	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)	\$ 1,751,750	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 41,360	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 41,360	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)	\$ 947,178	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 Trails, Inc.

# 0042051

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	<b>TOTAL</b>				\$			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.	<u>12/31/2019</u>	\$ <u>varies</u>
13.	<u>12/31/2020</u>	\$ <u>varies</u>
14.	<u>12/31/2021</u>	\$ <u>varies</u>

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: \$ 3,442 Description: copy machine GL 6861 - \$2,775 and equipment lease GL 6859 - \$667

(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>186.25</u>	\$ <u>2,235</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>0.00</u>		19
20					20
21	<b>TOTAL</b>		\$ <u>186.25</u>	\$ <u>2,235</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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	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				2,843		2,843	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					12,073		12,073	13
14	TOTAL			\$		\$	14,916		\$ 14,916	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			2,995.79	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(153.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	2,842.79	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3		
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6		
	Total Exceptional Care (Line 12, Col 8)			0.00	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		From Page 6D
	Other			20,868.97	
	Manual Input: Related Party - Prism			(8,702.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			0.00	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(94.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)				
13.	Col 6: Supplies Total		To Col 6	12,072.97	
13.	Total Line 13, Column 8			12,072.97	
14.	Total			14,915.76	

Facility Name &amp; ID Number Alden Trails, Inc.

# 0042051

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	127,981	127,981	3
4	Supply Inventory (priced at )	610	610	4
5	Short-Term Investments			5
6	Prepaid Insurance		5,249	6
7	Other Prepaid Expenses	553	553	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>Due From 3rd Party</b>			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 129,144	\$ 134,393	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		147,679	13
14	Buildings, at Historical Cost		934,861	14
15	Leasehold Improvements, at Historical Cost	57,441	104,127	15
16	Equipment, at Historical Cost	113,029	350,109	16
17	Accumulated Depreciation (book methods)	(129,194)	(814,468)	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 (spe <b>Refinancing Fees</b>		27,010	22
23	Other(specify): <b>Due From Affiliates</b>	878,639	910,247	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 919,915	\$ 1,668,650	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,049,059	\$ 1,803,043	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 144,311	\$ 140,294	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,664	1,664	28
29	Short-Term Notes Payable		25,399	29
30	Accrued Salaries Payable	89,505	89,505	30
31	Accrued Taxes Payable (excluding real estate taxes)	3,103	3,103	31
32	Accrued Real Estate Taxes(Sch.IX-B)		21,868	32
33	Accrued Interest Payable		2,225	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<b>Accr Exp/Ins,due to IDPA,Sales Tax</b>	46,264	46,264	36
37	<b>Due to Affiliates</b>	94,112	94,112	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 378,959	\$ 424,434	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,042,421	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 1,042,421	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 378,959	\$ 1,466,855	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 670,100	\$ 336,188	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 1,049,059	\$ 1,803,043	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 829,682	1
2	Restatements (describe):		2
3	Non-Allowable cost or revenue adjustments recorded		3
4	after prior year report submitted	29,288	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 858,970	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(188,870)	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)	\$ (188,870)	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 670,100	24 *

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Alden Trails, Inc.

# 0042051

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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 1,238,639	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 1,238,639	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		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	86	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 86	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG 19A</u>	288,188	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 288,188	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 1,526,913	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	287,204	31
32	Health Care	606,392	32
33	General Administration	322,720	33
<b>B. Capital Expense</b>			
34	Ownership	116,396	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	310,594	35
36	Provider Participation Fee	72,477	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 1,715,783	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(188,870)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (188,870)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,238,639	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	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 1,238,639	49

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

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

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

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

Facility Name &amp; ID Number Alden Trails, Inc.

# 42051

Report Period Beginning 1/1/2018

Ending:

12/31/2018

## Details of Page 19, Line 28

DescriptionAmount

461500-100-000 Day Training Income

\$ 286,638

498500-100-000 Gain On Sale Of Assets

\$ 1,550

Line 28 Total:

288,188

Facility Name & ID Number Alden Trails, Inc.

# 0042051

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	2,350	113,243	46.07	3
4	Licensed Practical Nurses	(4)	73,190	26.66	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	3,826	72,902	16.29	14
15	Cook Helpers/Assistants				15
16	Dishwashers				16
17	Maintenance Workers				17
18	Housekeepers	1,473	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)	22,410	351,498	14.75	30
31	Medical Records				31
32	Other Health C: Behavioral Special	345	9,533	27.47	32
33	Other(specify) Facility Manager	1,032	25,663	24.68	33
34	TOTAL (lines 1 - 33)	33,237	\$ 715,614 *	\$ 18.62	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	\$ 3,645	1-3	35
36	Medical Director	3,600	10-3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	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	220	11-3	44
45	Social Service Consultant	280	11-3	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 8,129		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 Trails, Inc.

# 0042051

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**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	\$ 18,595	IDPH License Fee	\$	
Jennifer Moran	Executive Director	0	14,272	Unemployment Compensation Insurance	1,984	Advertising: Employee Recruitment	168	
		0		FICA Taxes	43,871	Health Care Worker Background Check		
		0		Employee Health Insurance	39,105	(Indicate # of checks performed 2 )	65	
		0		Employee Meals	9,298	Patient Background Checks	30	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bonds	180	
		0		Dental, Life, Vision Insurance	588	Corporate Annual Fees	153	
		0		Employee Relations	2,503	Health Care Council of Illinois	1,536	
		0		Miscellaneous Payroll	281	BMI Broadcast Radio/Collaborative Healthca	1,320	
TOTAL (agree to Schedule V, line 17, col. 1)				Drug Tests	31	Related party-AMS	200	
(List each licensed administrator separately.)			\$ 17,822	Vaccinations	92	Less: Public Relations Expense	( )	
				401K Match	280	Non-allowable advertising	( )	
				Related party-Forum	(92)	Yellow page advertising	( )	
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
Description			Amount	\$ 116,536		\$ 3,652		
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services, Inc.	Consulting fees		\$ 66,266				Out-of-State Travel	\$
Mid-Cap	Legal Fees - Non Collections		367					
Alden Management Services, Inc.	Allocated Legal Fees		24,000					
MPRO Administration Org.	Professional Fees		1,555				In-State Travel	
BDO Seidman	Accounting Fees		1,085					
Mid-Cap	Accounting Fees		134					
Baker Tilly	Accounting Fees		2,608				Related party - AMS	168
							Seminar Expense	
							Illinois Healthcare Association	99
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)			\$ 96,015				TOTAL	\$ 267

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden Trails, 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:

Vendor Name	Invoice Date	Amount
Mid-Cap	3/18,6/18,9/18,10/18,11/18	367.00

**TOTAL ALLOWABLE LEGAL FEES** 367.00

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

Vendor Name	Invoice Date	Amount
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AMS Eliminated 24,000.00

**TOTAL Allocated Legal Fees** 24,000.00

Total Legal Cost 24,367.00

Facility Name &amp; ID Number Alden Trails, Inc.

# 0042051

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. 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. \$ 8,345 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. \$ 72,477  
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. \$ 9,298 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