FOR BHF USE

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

I. IDPH License ID Number: 0042051

Facility Name: Alden Trails

Address: 273 Army Trail Road (Number) Bloomingdale (City) 60108 (Zip Code)

County: DuPage

Telephone Number: (630) 671-1990 **Fax #** (630) 671-0540

HFS ID Number:

Date of Initial License for Current Owners: 05/19/98

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2015 to 12/31/2015 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Randi Schlossberg-Schullo
(Title) President, Alden Management Services, Inc.

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 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 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS	5,553			5,553	13
14	TOTALS	5,553			5,553	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.09%

D. How many bed-hold days during this year were paid by the Department?
64 (Do not include bed-hold 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 [x]

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

I. On what date did you start providing long term care at this location?
Date started 8/15/98

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

	Operating Expenses	Costs Per General Ledger Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	71,011	4,302	3,600	78,913	1,006	79,919	(423)	79,496			1
2	Food Purchase		57,423		57,423	(9,034)	48,389	(5,509)	42,880			2
3	Housekeeping	24,974	4,767		29,741		29,741	1,077	30,818			3
4	Laundry		4,773		4,773		4,773		4,773			4
5	Heat and Other Utilities			19,253	19,253		19,253	132	19,385			5
6	Maintenance			61,094	61,094	1,448	62,542	10,894	73,436			6
7	Other (specify):* related party							964	964			7
8	TOTAL General Services	95,985	71,265	83,947	251,197	(6,580)	244,617	7,135	251,752			8
	B. Health Care and Programs											
9	Medical Director			3,725	3,725		3,725		3,725			9
10	Nursing and Medical Records	481,428	26,798	1,130	509,356	819	510,175	7,009	517,184			10
10a	Therapy			6,583	6,583		6,583	1,240	7,823			10a
11	Activities	18,225		500	18,725		18,725		18,725			11
12	Social Services											12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							968	968			15
16	TOTAL Health Care and Programs	499,653	26,798	11,938	538,389	819	539,208	9,217	548,425			16
	C. General Administration											
17	Administrative	19,199			19,199		19,199	17,258	36,457			17
18	Directors Fees											18
19	Professional Services			86,924	86,924		86,924	(59,264)	27,660			19
20	Dues, Fees, Subscriptions & Promotions			3,780	3,780		3,780	(1,131)	2,649			20
21	Clerical & General Office Expenses	25,060	1,113	17,807	43,980		43,980	31,918	75,898			21
22	Employee Benefits & Payroll Taxes			91,753	91,753	7,209	98,962	(623)	98,339			22
23	Inservice Training & Education											23
24	Travel and Seminar			88	88		88	143	231			24
25	Other Admin. Staff Transportation			571	571		571	1,665	2,236			25
26	Insurance-Prop.Liab.Malpractice			20,072	20,072		20,072	1,776	21,848			26
27	Other (specify):* related party			6,622	6,622		6,622	806	7,428			27
28	TOTAL General Administration	44,259	1,113	227,617	272,989	7,209	280,198	(7,452)	272,746			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	639,897	99,176	323,502	1,062,575	1,448	1,064,023	8,900	1,072,923			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 Trails #0042051 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			8,388	8,388	(1,448)	6,940	38,140	45,080			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,195	24,195		24,195	(3,449)	20,746			32
33	Real Estate Taxes			17,983	17,983	(17,983)		21,011	21,011			33
34	Rent-Facility & Grounds			63,791	63,791	17,983	81,774	(81,774)				34
35	Rent-Equipment & Vehicles			4,080	4,080		4,080	5,549	9,629			35
36	Other (specify):* MIP							5,754	5,754			36
37	**TOTAL Ownership**			118,437	118,437	(1,448)	116,989	(14,769)	102,220			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		39,769		39,769		39,769	(13,863)	25,906			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			69,873	69,873		69,873		69,873			42
43	Other (specify):* Day Training for DD's			284,440	284,440		284,440		284,440			43
44	**TOTAL Special Cost Centers**		39,769	354,313	394,082		394,082	(13,863)	380,219			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	639,897	138,945	796,252	1,575,094		1,575,094	(19,732)	1,555,362			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		$ (9,034.00)	Employee Meals
	22	$ 9,034.00	Employee Meals
22		$ (1,825.00)	Uniform Reclass
	1	$ 1,006.00	Uniform Reclass
	3		Uniform Reclass
	4		Uniform Reclass
	6		Uniform Reclass
	10	$ 819.00	Uniform Reclass
	11		Uniform Reclass
	21		Uniform Reclass
10			Oxygen Cost Reclass
	39		Oxygen Cost Reclass
33		-17983	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	17983	Rent - Real Estate Tax on associated landowner (Pg 6)
30		$ (1,448.00)	Reclass Depreciation on Painting
	6	$ 1,448.00	Reclass Depreciation on Painting

Net (Should be zero)	$ -

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 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	(862)	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	(21,719)	32		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	(1,938)	21		17
18	Fines and Penalties	(55)	32		18
19	Entertainment	(149)	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	(6,622)	27		24
25	Fund Raising, Advertising and Promotional	(1,156)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (32,831)		$	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 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)	23,116		34
35	Other- Attach Schedule	(10,017)		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 13,099		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (19,732)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS **Page 5A**

Alden Trails

ID# 0042051

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under $2,500 -	$ (1,658)	30	1
2	Elim Deprec Exp on Pg 13 items under $2500 -	(4,426)	30	2
3	Expense Pg 12 items under $2,500 - curr yr purchs +	3,029	6	3
4	Expense Pg 13 items under $2,500 - curr yr purchs +	6,068	6	4
5	Reconcile Depreciation expense	(1,810)	30	5
6	Elim ABC Deprec Exp from Pg 12 series -	67	30	6
7	Late Fees on Utilities	(291)	5	7
8	Intercompany Interest	(10,740)	32	8
9	AMS Depreciation Adj.	(241)	30	9
10	Back Out Bank Charges	(15)	21	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				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**	(10,017)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Trails # 0042051 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	324	(747)	0	0	0	0	0	0	0	(423)	1
2	Food Purchase	0	0	0	(5,509)	0	0	0	0	0	0	0	(5,509)	2
3	Housekeeping	0	0	1,077	0	0	0	0	0	0	0	0	1,077	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(291)	0	423	0	0	0	0	0	0	0	0	132	5
6	Maintenance	8,235	0	2,405	0	0	0	(8)	262	0	0	0	10,894	6
7	Other (specify):*	0	0	964	0	0	0	0	0	0	0	0	964	7
8	**TOTAL General Services**	7,944	0	5,193	(6,256)	0	0	(8)	262	0	0	0	7,135	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	6,103	975	(69)	0	0	0	0	0	0	7,009	10
10a	Therapy	0	0	0	0	0	1,240	0	0	0	0	0	1,240	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	968	0	0	0	0	0	0	0	0	968	15
16	**TOTAL Health Care and Programs**	0	0	7,071	975	(69)	1,240	0	0	0	0	0	9,217	16
	C. General Administration													
17	Administrative	0	0	17,258	0	0	0	0	0	0	0	0	17,258	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	2,692	(61,956)	0	0	0	0	0	0	0	0	(59,264)	19
20	Fees, Subscriptions & Promotions	(1,635)	0	504	0	0	0	0	0	0	0	0	(1,131)	20
21	Clerical & General Office Expenses	(1,953)	98	33,773	0	0	0	0	0	0	0	0	31,918	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(623)	0	0	0	0	0	0	(623)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	143	0	0	0	0	0	0	0	0	143	24
25	Other Admin. Staff Transportation	0	0	1,665	0	0	0	0	0	0	0	0	1,665	25
26	Insurance-Prop.Liab.Malpractice	0	1,745	31	0	0	0	0	0	0	0	0	1,776	26
27	Other (specify):*	(6,622)	0	7,428	0	0	0	0	0	0	0	0	806	27
28	**TOTAL General Administration**	(10,210)	4,535	(1,154)	0	(623)	0	0	0	0	0	0	(7,452)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(2,266)	4,535	11,110	(5,281)	(692)	1,240	(8)	262	0	0	0	8,900	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Trails # 0042051 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(8,068)	42,004	4,204	0	0	0	0	0	0	0	0	38,140	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(32,514)	17,428	11,637	0	0	0	0	0	0	0	0	(3,449)	32
33	Real Estate Taxes	0	20,329	682	0	0	0	0	0	0	0	0	21,011	33
34	Rent-Facility & Grounds	0	(81,774)	0	0	0	0	0	0	0	0	0	(81,774)	34
35	Rent-Equipment & Vehicles	0	0	5,549	0	0	0	0	0	0	0	0	5,549	35
36	Other (specify):*	0	5,754	0	0	0	0	0	0	0	0	0	5,754	36
37	**TOTAL Ownership**	(40,582)	3,741	22,072	0	0	0	0	0	0	0	0	(14,769)	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	(14,309)	446	0	0	0	0	0	0	(13,863)	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	(14,309)	446	0	0	0	0	0	0	(13,863)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(42,848)	8,276	33,182	(19,590)	(246)	1,240	(8)	262	0	0	0	(19,732)	45

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG 6-Supp		See PG 6-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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	$ 81,774	Alden of Bloomingdale Limited Partnership	0.00%	$	$ (81,774)	1
2	V	32	Interest Income - RR	10	Alden of Bloomingdale Limited Partnership			(10)	2
3	V	32	Interest Income	13,126	Alden of Bloomingdale Limited Partnership			(13,126)	3
4	V	21	Corporate Annual Report Fee		Alden of Bloomingdale Limited Partnership		83	83	4
5	V	19	Accounting Fees		Alden of Bloomingdale Limited Partnership		2,692	2,692	5
6	V	21	Bank Charges		Alden of Bloomingdale Limited Partnership		15	15	6
7	V	33	Real Estate Tax Expense		Alden of Bloomingdale Limited Partnership		20,329	20,329	7
8	V	26	General Insurance Expense		Alden of Bloomingdale Limited Partnership		1,745	1,745	8
9	V	36	Mortgage Insurance Premium		Alden of Bloomingdale Limited Partnership		5,754	5,754	9
10	V	32	Interest - Mortgage/ IOD		Alden of Bloomingdale Limited Partnership		28,772	28,772	10
11	V	32	Interest - Other		Alden of Bloomingdale Limited Partnership				11
12	V	30	Depreciation Expense		Alden of Bloomingdale Limited Partnership		42,004	42,004	12
13	V	32	Amortization Expense		Alden of Bloomingdale Limited Partnership		1,792	1,792	13
14	Total			$ 94,910			$ 103,186	$ * 8,276	14

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	$	Alden Management Services, Inc.	0.00%	$ 423	$ 423	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		143	143	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		1,665	1,665	17
18	V	26	Insurance		Alden Management Services, Inc.		31	31	18
19	V	20	Dues & Subscriptions		Alden Management Services, Inc.		504	504	19
20	V	30	Depreciation		Alden Management Services, Inc.		4,204	4,204	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		682	682	21
22	V	35	Rent - Equipment & Vihicles		Alden Management Services, Inc.		5,549	5,549	22
23	V	32	Interest		Alden Management Services, Inc.		11,637	11,637	23
24	V	1	Dietary		Alden Management Services, Inc.		324	324	24
25	V	3	Housekeeping		Alden Management Services, Inc.		1,077	1,077	25
26	V	7	Employee Benefits - Gen'l Services		Alden Management Services, Inc.		964	964	26
27	V	10	Nursing & Medical Records Salaries		Alden Management Services, Inc.		6,103	6,103	27
28	V	15	Employee Benefits - Health Care		Alden Management Services, Inc.		968	968	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		17,258	17,258	29
30	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		7,428	7,428	30
31	V	19	Professional Fees	77,047	Alden Management Services, Inc.		15,091	(61,956)	31
32	V	21	General & Adminstrative		Alden Management Services, Inc.		33,773	33,773	32
33	V	6	Repairs & Maintenance	6,318	Alden Management Services, Inc.		8,723	2,405	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 83,365			$ 116,547	$ * 33,182	39

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consultant	$ 3,600	Prism Health Care Services, Inc.	0.00%	$ 20	$ (3,580)	15
16	V	1	Dietary Salary				1,804	1,804	16
17	V	2	Tube Feeding	11,401			2,627	(8,774)	17
18	V	10	Equipment Rental	360			476	116	18
19	V	39	Supplies	35,292			14,227	(21,065)	19
20	V	1	Gen'l & Admin & Benefit Costs				1,029	1,029	20
21	V	2	Gen'l & Admin & Benefit Costs				3,265	3,265	21
22	V	10	Gen'l & Admin & Benefit Costs				859	859	22
23	V	39	Gen'l & Admin & Benefit Costs				6,756	6,756	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			$ 50,653			$ 31,063	$ * (19,590)	39

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	$ 2,855	Forum Extended Care Services II, Inc.	0.00%	$ 2,756	$ (99)	15
16	V	39	I.V.						16
17	V	39	Wound Care	1,622			1,566	(56)	17
18	V	10	House Stock	1,615			1,559	(56)	18
19	V	10	Pharm. Consultant	384			371	(13)	19
20	V	22	Employee Vaccination	623				(623)	20
21	V	39	Employee Vaccination				601	601	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			$ 7,099			$ 6,853	$ * (246)	39

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a	Therapy	$ 6,583	Community Physical Therapy & Associates, Ltd.	0.00%	$ 7,823	$ 1,240	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			$ 6,583			$ 7,823	$ * 1,240	39

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs and Maintenance	$ 3,937	Alden Bennett Construction Company, Inc.	0.00%	$ 3,929	$ (8)	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			$ 3,937			$ 3,929	$ * (8)	39

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs and Maintenance	$ 1,250	Alden Design Group, Inc.	0.00%	$ 1,512	$ 262	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			$ 1,250			$ 1,512	$ * 262	39

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingdale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingdale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingdale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingdale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constru	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingdale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineerir	14
15			Alden Trails, Inc.	Bloomingdale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health 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.	Bloomingdale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	President	CEO	100.00	184,179	0.176	0.44	Salary	$ 821	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	99,556	0.176	0.44	Salary	444	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	99,556	0.176	0.44	Salary	444	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	108,664	0.176	0.44	Salary	484	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	62,239	0.176	0.44	Salary	277	21-7	5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of 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											12
13								TOTAL	$ 2,470		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 # 0042051 Report Period Beginning: 01/01/2015 Ending: 2/31/2015

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 [x] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,251,552	34	$ 95,438	$	5,553	$ 423	1
2	24	Travel & Seminar	Patient Days	1,251,552	34	32,213		5,553	143	2
3	25	Other Admin Travel	Patient Days	1,251,552	34	375,370		5,553	1,665	3
4	26	Insurance	Patient Days	1,251,552	34	6,897		5,553	31	4
5	20	Dues & Subscriptions	Patient Days	1,251,552	34	113,573		5,553	504	5
6	30	Depreciation	No. of providers	34	34	156,306		1	4,204	6
7	33	Real Estate Taxes	Patient Days/Usage	1,251,552	34	176,959		5,553	682	7
8	35	Rent - Equipment & Vihicles	Patient Days	1,251,552	34	1,250,701		5,553	5,549	8
9	32	Interest	Patient Days/Usage	1,251,552	34	2,158,573		5,553	11,637	9
10	1	Dietary	Patient Days	1,251,552	34	72,994	72,994	5,553	324	10
11	3	Houskeeping	Patient Days	1,251,552	34	242,795	242,795	5,553	1,077	11
12	7	Employee Benefits - Gen'l Service	Patient Days	1,251,552	34	217,281		5,553	964	12
13	10	Nursing & Medical Records Salar	Patient Days/Usage	1,251,552	34	1,562,220	1,562,220	5,553	6,103	13
14	15	Employee Benefits - Health Care	Patient Days	1,251,552	34	218,198		5,553	968	14
15	17	Administrative Salary	Patient Days/Usage	1,251,552	34	4,332,153	4,332,153	5,553	17,258	15
16	27	Employee Benefits - Admin	Patient Days	1,251,552	34	1,674,148		5,553	7,428	16
17	19	Professional Fees	Patient Days	1,251,552	34	1,213,223	909,774	5,553	15,091	17
18	21	General & Adminstrative	Patient Days/Usage	1,251,552	34	7,611,926	6,744,406	5,553	33,773	18
19	6	Repairs & Maintenance	Patient Days	1,251,552	34	1,835,211	1,239,870	5,553	8,723	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 23,346,179	$ 15,104,212		$ 116,547	25

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Cambridge		X	Mortgage	$4,317.00	9/1/12	$ 1,212,967	$ 1,140,319	12/31/2047	2.5000	$ 28,772	1
2												2
3												3
4												4
5	Amort of Fin Fees (GL 7105)		X	Refinancing							1,792	5
	Working Capital											
6	Related party-AMS		X	Working Capital							11,637	6
7												7
8	Insurance Interest (GL 7053)		X	Medical Malparactice							275	8
9	TOTAL Facility Related				$4,317.00		$ 1,212,967	$ 1,140,319			$ 42,476	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		X								(10)	10
11	Int Income (GL#4975)		X								(21,720)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (21,730)	14
15	TOTALS (line 9+line14)						$ 1,212,967	$ 1,140,319			$ 20,746	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** 5,754 **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.)**

Facility Name & ID Number Alden Trails # 0042051 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2014 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 20,930	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.)		$ 20,178	2
3. Under or (over) accrual (line 2 minus line 1).		$ (752)	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 21,081	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.		$ 20,329	7
	Plus: Related Party Taxes (2) - See Pg RE_Tax	$ 682	
	Total Real Estate Tax Expense, Sch V, Line 33	$ 21,011	

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2010	16,663	8
	2011	18,248	9
	2012	18,899	10
	2013	20,337	11
	2014	20,178	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 2014	$	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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Trails 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 2014 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 2014.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	See attached (Supplement)	Related party-Alden Management	$ 153,627.00	$ 682.00
2.	02-23-301-016	Nursing Home Facility	$ 20,178.26	$ 20,178.26
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 173,805.26	$ 20,860.26

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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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 # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 [x] (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? [x] (a) Own the Equipment [x] (b) Rent equipment from a Related Organization. [x] (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 [x] 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	nursing facility	38,474	1995	$ 147,679	1
2					2
3	TOTALS	38,474		$ 147,679	3

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	16		1997	1997	$ 934,861	$ 23,372	40	$ 23,372	$	$ 409,627	4
5											5
6											6
7											7
8											8
	Improvement Type**										
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		9,282	12
13	Panels			2003	5,175		5			5,175	13
14	Replaced Floor Tile			2006	2,730	273	10	273		2,684	14
15	New Sidewalk Ramp Railing-ABC			2008	3,722	248	15	248		2,077	15
16	Install Automatic Doors-ABC			2008	5,909	591	10	591		4,334	16
17	Sealcoat Parking Lot - ABC			2009	4,981	623	8	623		4,049	17
18											18
19	Kitchen work(cabinetry,floor repair,wall repair & paint) - ABC			2011	11,117	556	20	556		2,641	19
20	Asphalt removal & replacement sealcoating marking restripe-ROSPAV			2011	6,637	830	8	830		3,527	20
21	Valve maintenance/install stocked spare head cabinet - USFIRE			2011	2,500	500	5	500		2,000	21
22											22
23	ABC - Repair pump/plugged w/ debris, not working			2012	4,819	482	10	482		1,888	23
24	ABC - Replace septic tank pumps			2012	6,829	683	10	683		2,106	24
25											25
26	Sprinkler, Fire Work - ALDBEN			2015	10,015	334	25	334		334	26
27	Sprinkler Pipes Replaced - VALFIR			2015	3,262	22	25	22		22	27
28											28
29											29
30	Adj for ABC related party profit			2008	(55)					(55)	30
31	Adj for ABC related party profit			2009	(66)					(66)	31
32	Adj for ABC related party profit			2011	86	6		6		33	32
33	Adj for ABC related party profit			2012	719	62		62		217	33
34	Adj for ABC related party profit			2015	(19)	(1)		(1)		(1)	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 Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 1,022,615	$ 29,295		$ 29,295	$	$ 454,992	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,113,525	$ 30,568		$ 30,568	$	$ 540,463	34

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	$ 88,337	$ 12,484	$ 12,484	$	varies	$ 51,682	71
72	Current Year Purchases	13,637	1,181	1,181		varies	1,181	72
73	Fully Depreciated Assets	203,582	847	847		varies	203,582	73
74								74
75	TOTALS	$ 305,556	$ 14,512	$ 14,512	$		$ 256,445	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	related party - AMS	various	1998-2004	$ 4,026	$	$	$	3	$ 4,026	76
77	Bus	2001-Bus Midwest Transit	2001	16,646				5	16,646	77
78	transport	Bus	2000 & 2003	6,558				3	6,558	78
79										79
80	TOTALS			$ 27,230	$	$	$		$ 27,230	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)	$ 1,593,990	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 45,080	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 45,080	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)	$ 824,138	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 # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party cost is backed out
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 [x] 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

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 [x] NO Terms: *

10. Effective dates of current rental agreement:
    Beginning 12/02/1996
    Ending 11/30/2036

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

	Fiscal Year Ending	Annual Rent
12.	12/31/16	$ varies
13.	12/31/17	$ varies
14.	12/31/18	$ varies

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

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO
16. Rental Amount for movable equipment: $ 4,542 Description: '<---copy machine gl 6861 - $4080 & equip lease gl 6959 -$462
    (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	related party-PG 6A	various	$ 142.75	$ 1,713	17
18					18
19	Auto lease - gl 6890	various	0.00		19
20					20
21	TOTAL		$ 142.75	$ 1,713	21

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

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [x] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   skilled nursing on site

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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.

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
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 prescrpts				3,358		3,358	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A						22,548		22,548	13
14	TOTAL			$		$	$ 25,906		$ 25,906	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.		Page 16 Col 5: PT,OT, & ST Col 6: Supplies	
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.						
	Phamacy Supplies per GL			-	2,856.00	
	Manual Input from Related Party- Forum Drugs				502.00	From Page 6C

9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	3,358.00	

10.						
11.						
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00	

	Total Exceptional Care (Line 12, Col 8)			-	0.00	

13.	Other:	See Pg 16A				
13.	Col 5: Manual Input: Related Party - CPT		To Col 5			From Page 6D

Other		-	36,914.00	
Manual Input: Related Party - Prism			(14,309.00)	From Page 6B
Manual Input: Related Party FECII - I.V.			0.00	From Page 6C
Manual Input: Related Party FECII - Wound Care			(57.00)	From Page 6C
Oxygen, from reclass worksheet (Pg 4A)				
			---	
13. Col 6: Supplies Total	To Col 6	-	22,548.00	
			---	
13. Total Line 13, Column 8		-	22,548.00	
			---	
14. Total		-	25,906.00	
			==========	

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2015 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 3,700)	261,154	261,154	3
4	Supply Inventory (priced at)	610	610	4
5	Short-Term Investments			5
6	Prepaid Insurance		5,544	6
7	Other Prepaid Expenses	1,454	1,454	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd Parties	21,719	21,719	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 284,937	$ 290,481	10
	B. Long-Term Assets			
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	37,645	73,113	15
16	Equipment, at Historical Cost	102,027	309,710	16
17	Accumulated Depreciation (book methods)	(107,304)	(671,583)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		11,377	21
22	Other Long-Term Assets (spe Refinancing Fees		32,165	22
23	Other(specify): Due from Affiliates	464,052	682,693	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 496,420	$ 1,520,015	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 781,357	$ 1,810,496	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 135,175	$ 130,966	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,684	7,684	28
29	Short-Term Notes Payable		23,566	29
30	Accrued Salaries Payable	65,855	65,855	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,370	2,370	31
32	Accrued Real Estate Taxes(Sch.IX-B)		20,801	32
33	Accrued Interest Payable	1,084	2,376	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Insurance/Due to IDPA	28,201	28,201	36
37	Due to Affiliates (Short Term)	127,217	127,217	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 367,586	$ 409,036	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,116,754	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 1,116,754	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 367,586	$ 1,525,790	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 413,771	$ 284,706	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 781,357	$ 1,810,496	48

*(See instructions.)

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 585,501	1
2	Restatements (describe):		2
3	**Non-allowable cost or revenue adjustments recorded**	(61,317)	3
4	**after prior year report submitted:**		4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 524,184	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(110,413)	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)**	$ (110,413)	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)**	$ 413,771	24 *

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 1,156,947	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 1,156,947	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	21,719	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 21,719	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	286,015	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 286,015	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 1,464,681	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	251,197	31
32	Health Care	538,389	32
33	General Administration	272,989	33
	B. Capital Expense		
34	Ownership	118,437	34
	C. Ancillary Expense		
35	Special Cost Centers	324,209	35
36	Provider Participation Fee	69,873	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 1,575,094	40
41	**Income before Income Taxes (line 30 minus line 40)****	(110,413)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (110,413)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,156,947	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 1,156,947	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.**

Details of Page 19, Line 28

Description	Amount
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Day Training Income	$284,440
Gain on Sale of Assets	$ 1,575
Line 28 Total:	286,015

Ending: **12/31/2015**

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing			$	$	1
2	Assistant Director of Nursing					2
3	Registered Nurses	1,962	2,071	81,630	39.42	3
4	Licensed Practical Nurses	3,016	3,172	83,042	26.18	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	464	464	9,772	21.06	9
10	Activity Assistants	60	60	1,242	20.70	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	106	107	2,683	25.07	13
14	Head Cook	4,975	4,975	68,328	13.73	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	1,458	1,632	24,974	15.30	18
19	Laundry					19
20	Administrator	520	520	19,199	36.92	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)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	22,259	23,647	316,756	13.40	30
31	Medical Records					31
32	Other Health C: Behavioral Health	208	208	7,211	34.67	32
33	Other(specify) Facility Manager	1,036	1,040	25,060	24.10	33
34	TOTAL (lines 1 - 33)	36,064	37,896	$ 639,897 *	$ 16.89	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	300/Month	$ 3,600	1-3	35
36	Medical Director	310/Month	3,725	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	32/Month	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	220	11-3	44
45	Social Service Consultant	4	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	8	$ 8,209		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Rodriquez, Nancy E.	Administrator	0	$ 19,199
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 19,199

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services, Inc.	Consulting fees	$ 57,848
Alden Group (Midcap Charges)	Legal Fees - Non Collections	162
Medicaid Legal Fees	Legal Fees - Non Collections	3,846
AMS Eliminated	Allocated Legal Fees	19,200
Simandl Law Group	Professional Fees	311
MPRO Administration Org.	Professional Fees	1,360
First Advantage Tax	Tax Consulting	288
BDO Seidman	Accounting Fees	1,270
Alden Group (Midcap Charges)	Accounting Fees	206
Baker Tilly LLC.	Accounting Fees	2,433
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 86,924

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 18,226
Unemployment Compensation Insurance	6,982
FICA Taxes	38,275
Employee Health Insurance	24,174
Employee Meals	9,034
Illinois Municipal Retirement Fund (IMRF)*	
Dental & Life	309
Employee Relations, Misc Payroll, Drug Tests	1,072
Vaccination, 401K Match, Tuition Reimburse	890
Related Party - Forum	(623)
TOTAL (agree to Schedule V, line 22, col.8)	$ 98,339

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	59
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks 2	20
Surety Bond Fees	125
Corporate Annual Fee	155
Health Care Council of Illinois	1,536
Collaborative Healthcare	250
Related Party-AMS	504
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 2,649

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Related Party-AMS	143
Seminar Expense	
IL Council on Long Term Care	71
Hayes and Weisel Independent Solutions	17
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 231

* Attach copy of IMRF notifications

**See instructions.

Alden Trails
Legal Fee Support
2015

Legal Fees Reported on Pg 21, Section C:	$	23,208.00
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)		(19,200.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	$	4,008.00

In Detail:

Vendor Name	Invoice Date	Amount
Alden Group (Midcap Charges)	1/1/15-12/31/15	162
Nixon Peabody	12/10/15	3,846.00
TOTAL ALLOWABLE LEGAL FEES		**4,008.00**

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

Vendor Name	Invoice Date	Amount
AMS Allocated Legal Fees	1/1/15-12/31/15	19,200.00

TOTAL Allocated Legal Fees	**19,200.00**
Total Legal Cost	**23,208.00**

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			$		$	$	$	$	$	$	$	$	$
2	Painting	09/14	4,344	3								483	1,448
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 4,344		$	$	$	$	$	$	$	$ 483	$ 1,448

Facility Name & ID Number Alden Trails # 0042051 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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. Health Care Council of Illinois - $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? 10 yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 9,993 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. $ 69,873
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 9,034 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:

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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.