

		FOR BHF USE					

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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.

I. IDPH License ID Number: 003-8455

Facility Name: Alden Village Health Care Facility for Children & Young Adults, Inc.

Address: 267 E. Lake St Bloomingdale 60108
Number City Zip Code

County: Du Page

Telephone Number: (630)529-3350 Fax # (630)529-9866

HFS ID Number:

Date of Initial License for Current Owners: 11/02/1992

Type of Ownership:

☐	VOLUNTARY,NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☒	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) 724-6622
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 1/1/2011 to 12/31/2011 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)	Joan Carl	
	(Title)	Vice-President	
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 Village Health Care Facility for Children & Young Adults, Inc.

003-8455 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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 6/22/11

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)		0	1
2	119	Skilled Pediatric (SNF/PED)	126	44,979	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	119	TOTALS	126	44,979	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED	40,449	315	19	40,783	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	40,449	315	19	40,783	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.67%

D. How many bed-hold days during this year were paid by the Department? 993 (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 11/01/92

J. Was the facility purchased or leased after January 1, 1978? YES x Date 11/1/92 NO

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

IV. ACCOUNTING BASIS

ACCRAUAL x MODIFIED CASH* CASH*

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Alden Village Health Care Facility for Childr # 003-8455 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	216,070	29,344	10,800	256,214	8,084	264,298	(580)	263,718			1
2	Food Purchase		686,261		686,261	(26,881)	659,380	(345,243)	314,137			2
3	Housekeeping	204,870	32,987		237,857	7,188	245,045	6,731	251,776			3
4	Laundry	53,547	32,020		85,567		85,567		85,567			4
5	Heat and Other Utilities			170,200	170,200		170,200	1,488	171,688			5
6	Maintenance	51,250		169,721	220,971		220,971	31,535	252,506			6
7	Other (specify):* Related party							11,347	11,347			7
8	TOTAL General Services	525,737	780,612	350,721	1,657,070	(11,609)	1,645,461	(294,722)	1,350,739			8
	B. Health Care and Programs											
9	Medical Director			43,200	43,200		43,200		43,200			9
10	Nursing and Medical Records	2,982,846	234,720	9,187	3,226,753	(39,596)	3,187,157	35,875	3,223,032			10
10a	Therapy					592,791	592,791	51,662	644,453			10a
11	Activities		4,631	213,662	218,293	262	218,555		218,555			11
12	Social Services											12
13	CNA Training	5,440			5,440		5,440		5,440			13
14	Program Transportation	18,236			18,236		18,236		18,236			14
15	Other (specify):* Related party							5,301	5,301			15
16	TOTAL Health Care and Programs	3,006,522	239,351	266,049	3,511,922	553,457	4,065,379	92,838	4,158,217			16
	C. General Administration											
17	Administrative	147,769			147,769		147,769	81,747	229,516			17
18	Directors Fees											18
19	Professional Services			724,911	724,911	(4,718)	720,193	(667,550)	52,643			19
20	Dues, Fees, Subscriptions & Promotions			85,217	85,217	(262)	84,955	(71,978)	12,977			20
21	Clerical & General Office Expenses	121,872	18,177	53,743	193,792	1,613	195,405	346,018	541,423			21
22	Employee Benefits & Payroll Taxes			642,081	642,081	6,062	648,143	(385)	647,758			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,224	2,224		2,224	2,727	4,951			24
25	Other Admin. Staff Transportation			26,596	26,596		26,596	14,162	40,758			25
26	Insurance-Prop.Liab.Malpractice			126,810	126,810		126,810	127	126,937			26
27	Other (specify):* Related party			(230)	(230)		(230)	54,670	54,440			27
28	TOTAL General Administration	269,641	18,177	1,661,352	1,949,170	2,695	1,951,865	(240,462)	1,711,403			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,801,900	1,038,140	2,278,122	7,118,162	544,543	7,662,705	(442,346)	7,220,359			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			47,609	47,609		47,609	450,178	497,787			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			68,596	68,596		68,596	976,754	1,045,350			32
33	Real Estate Taxes							124,005	124,005			33
34	Rent-Facility & Grounds			1,405,489	1,405,489		1,405,489	(1,401,089)	4,400			34
35	Rent-Equipment & Vehicles			19,920	19,920		19,920	32,632	52,552			35
36	Other (specify):* MIP							85,440	85,440			36
37	TOTAL Ownership			1,541,614	1,541,614		1,541,614	267,920	1,809,534			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	258,173	231,741	592,791	1,082,705	(544,543)	538,162	(34,962)	503,200			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			488,340	488,340		488,340		488,340			42
43	Other (specify):* DD Day Training	34,754		1,223,870	1,258,624		1,258,624		1,258,624			43
44	TOTAL Special Cost Centers	292,927	231,741	2,305,001	2,829,669	(544,543)	2,285,126	(34,962)	2,250,164			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,094,827	1,269,881	6,124,737	11,489,445		11,489,445	(209,388)	11,280,057			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, Column 5

From Line	To Line	Amount	Description
2		(26,881.04)	Employee Meals
	22	26,881.04	Employee Meals
22		(20,819.00)	Uniforms
	10	4,206.00	Uniforms
	1	8,084.00	Uniforms
	3	7,188.00	Uniforms
	4	-	Uniforms
	6	-	Uniforms
	11	-	Uniforms
	21	1,341.00	Uniforms
10		(48,247.66)	Oxygen - to appropriate cost center
	39	48,247.66	Oxygen - to appropriate cost center
20		(262.00)	Petty Cash - Activity Cost for Patient
	11	262.00	Petty Cash - Activity Cost for Patient
<u>Others, if any:</u>			
19		(4,446.29)	Clinical Coordinators (Pathway Billing)
	10	4,446.29	Clinical Coordinators (Pathway Billing)
19		(271.89)	MediFax/MedCom
	21	271.89	MediFax/MedCom
<u>DD Providers Only:</u>			
	39	(592,791.44)	PT, OT,ST & RT CPT Therapy Costs
	10A	592,791.44	PT, OT,ST & RT CPT Therapy Costs
Net		-	

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	(2,297)	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	(129)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(616)	21		17
18	Fines and Penalties	(1,121)	32		18
19	Entertainment	(1,460)	20		19
20	Contributions	(12,956)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(300)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	230	27		24
25	Fund Raising, Advertising and Promotional	(8,643)	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)	\$ (27,292)		\$	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)	(113,976)	Various	34
35	Other- Attach Schedule	(68,120)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (182,096)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (209,388)		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

Report Period Beginning:

Ending:

ID#

003-8455

1/1/2011

12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (3,813)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(9,401)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	5,311	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	18,680	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	(17)	30	6
7	Other Nursing Income	(140)	21	7
8	Late Fees on Utilities	(950)	5	8
9	Intercompany Interest with AMS	(65,822)	32	9
10	Misc Income - Garnishment Processing	(24)	22	10
11	Misc Income - Record Copies	(20)	21	11
12	Reduce Employee Benefit for Marketing	(361)	22	12
13	Marketing Manager & Aides	(2,308)	21	13
14	30% Backout PAC fees	(1,971)	20	14
15	Record Depreciation for Deffered Maint.	(196)	6	15
16	Bank Fees Paid by LLC	(99)	21	16
17	Deming Adjustment	(50)	24	17
18	Intercompany interest	(1,654)	32	18
19	Back out MidCap Legal & Accounting Fees	(4,638)	19	19
20	Back Out Bloomingdale Chamber Comm.	(1,000)	20	20
21	To correct YTD depreciation expense to detail	353	30	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	(68,120)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Health Care Facility for Children & Young Adults # 003-8455 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	4,518	(5,098)	0	0	0	0	0	0	0	(580)	1
2	Food Purchase	(129)	0	0	(345,114)	0	0	0	0	0	0	0	(345,243)	2
3	Housekeeping	0	0	6,731	0	0	0	0	0	0	0	0	6,731	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(950)	0	2,438	0	0	0	0	0	0	0	0	1,488	5
6	Maintenance	21,498	0	9,890	0	0	0	147	0	0	0	0	31,535	6
7	Other (specify):*	0	0	6,446	4,901	0	0	0	0	0	0	0	11,347	7
8	TOTAL General Services	20,419	0	30,023	(345,311)	0	0	147	0	0	0	0	(294,722)	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	34,980	34	861	0	0	0	0	0	0	35,875	10
10a	Therapy	0	0	0	0	0	51,662	0	0	0	0	0	51,662	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	5,301	0	0	0	0	0	0	0	0	5,301	15
16	TOTAL Health Care and Programs	0	0	40,281	34	861	51,662	0	0	0	0	0	92,838	16
	C. General Administration													
17	Administrative	0	0	81,747	0	0	0	0	0	0	0	0	81,747	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,938)	5,930	(668,542)	0	0	0	0	0	0	0	0	(667,550)	19
20	Fees, Subscriptions & Promotions	(26,030)	647	(46,595)	0	0	0	0	0	0	0	0	(71,978)	20
21	Clerical & General Office Expenses	(3,183)	12,237	219,103	114,888	2,973	0	0	0	0	0	0	346,018	21
22	Employee Benefits & Payroll Taxes	(385)	0	0	0	0	0	0	0	0	0	0	(385)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(50)	0	2,777	0	0	0	0	0	0	0	0	2,727	24
25	Other Admin. Staff Transportation	0	0	14,162	0	0	0	0	0	0	0	0	14,162	25
26	Insurance-Prop.Liab.Malpractice	0	0	127	0	0	0	0	0	0	0	0	127	26
27	Other (specify):*	230	0	42,562	12,260	(382)	0	0	0	0	0	0	54,670	27
28	TOTAL General Administration	(34,356)	18,814	(354,659)	127,148	2,591	0	0	0	0	0	0	(240,462)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(13,937)	18,814	(284,355)	(218,129)	3,452	51,662	147	0	0	0	0	(442,346)	29

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(12,878)	454,869	8,187	0	0	0	0	0	0	0	0	450,178	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(68,597)	993,594	51,659	0	98	0	0	0	0	0	0	976,754	32
33	Real Estate Taxes	0	119,590	4,373	0	42	0	0	0	0	0	0	124,005	33
34	Rent-Facility & Grounds	0	(1,401,089)	0	0	0	0	0	0	0	0	0	(1,401,089)	34
35	Rent-Equipment & Vehicles	0	0	32,632	0	0	0	0	0	0	0	0	32,632	35
36	Other (specify):*	0	85,440	0	0	0	0	0	0	0	0	0	85,440	36
37	TOTAL Ownership	(81,475)	252,404	96,851	0	140	0	0	0	0	0	0	267,920	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	(36,546)	1,584	0	0	0	0	0	0	(34,962)	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	(36,546)	1,584	0	0	0	0	0	0	(34,962)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(95,412)	271,218	(187,504)	(254,675)	5,176	51,662	147	0	0	0	0	(209,388)	45

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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)	
1	V	34	Rent Income	\$ 1,401,089	Village II, Inc.	0.00%	\$	\$ (1,401,089)	1
2	V	32	Investment Income - RR	174	Village II, Inc.			(174)	2
3	V	19	Accounting Fee		Village II, Inc.		5,930	5,930	3
4	V	33	Real Estate Tax		Village II, Inc.		119,590	119,590	4
5	V	20	Annual Report Fees		Village II, Inc.		100	100	5
6	V	32	Interest On Mortg. Note		Village II, Inc.		974,882	974,882	6
7	V	36	Mortgage Insurance Premium		Village II, Inc.		85,440	85,440	7
8	V	30	Depreciation		Village II, Inc.		454,869	454,869	8
9	V	32	Amortization/ Interest Other		Village II, Inc.		18,886	18,886	9
10	V	21	General Insurance expense		Village II, Inc.		12,121	12,121	10
11	V	21	Bank Fees		Village II, Inc.		99	99	11
12	V	21	Checks		Village II, Inc.		17	17	12
13	V	20	Licenses & Inspections/Dues & Subscriptions		Village II, Inc.		547	547	13
14	Total			\$ 1,401,263			\$ 1,672,481	\$ * 271,218	14

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 2,438	\$ 2,438	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		2,777	2,777	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		14,162	14,162	17
18	V	26	Insurance		Alden Management Services, Inc.		127	127	18
19	V	20	Dues & Subscriptions	48,342	Alden Management Services, Inc.		1,747	(46,595)	19
20	V	30	Depreciation		Alden Management Services, Inc.		8,187	8,187	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		4,373	4,373	21
22	V	35	Rent -Equip & Vehicles		Alden Management Services, Inc.		32,632	32,632	22
23	V	32	Interest		Alden Management Services, Inc.		51,659	51,659	23
24	V	1	Dietary		Alden Management Services, Inc.		4,518	4,518	24
25	V	3	Housekeeping		Alden Management Services, Inc.		6,731	6,731	25
26	V	7	Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,446	6,446	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		34,980	34,980	27
28	V	15	Employee Benefits -Health Care		Alden Management Services, Inc.		5,301	5,301	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		81,747	81,747	29
30	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		42,562	42,562	30
31	V	19	Professional Fees	704,088	Alden Management Services, Inc.		35,546	(668,542)	31
32	V	21	Gen'I & Admin		Alden Management Services, Inc.		219,103	219,103	32
33	V	6	Repair & Maint.	31,760	Alden Management Services, Inc.		41,650	9,890	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 784,190			\$ 596,686	\$ * (187,504)	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	Diet. Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 180	\$ (10,620)	15
16	V	1	Dietarty Salary		Prism Health Care Services, Inc.		5,522	5,522	16
17	V	2	Tube Feeding	485,225	Prism Health Care Services, Inc.		140,111	(345,114)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		6,694	34	18
19	V	39	Ancillary Supplies	135,365	Prism Health Care Services, Inc.		61,033	(74,332)	19
20	V	39	Vent Rent		Prism Health Care Services, Inc.		37,786	37,786	20
21	V	21	Gen'L & Admin Salary		Prism Health Care Services, Inc.		73,486	73,486	21
22	V	27	Employee Benefits		Prism Health Care Services, Inc.		12,260	12,260	22
23	V	7	Employee Benefits		Prism Health Care Services, Inc.		4,901	4,901	23
24	V	21	Gen'l & Admin		Prism Health Care Services, Inc.		41,402	41,402	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			\$ 638,050			\$ 383,375	\$ * (254,675)	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	39	Drugs	\$ 8,615	Forum Extended Care Services II, Inc.	0.00%	\$ 11,939	\$ 3,324	15
16	V	39	Wound Care	8,328	Forum Extended Care Services II, Inc.		6,588	(1,740)	16
17	V	10	House Stock	14,699	Forum Extended Care Services II, Inc.		13,600	(1,099)	17
18	V	10	Pharmacy Consultant	2,616	Forum Extended Care Services II, Inc.		4,576	1,960	18
19	V	27	Employee Vaccin.	2,936	Forum Extended Care Services II, Inc.		2,321	(615)	19
20	V	27	Employee Benefits: G&A		Forum Extended Care Services II, Inc.		233	233	20
21	V	21	Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		1,873	1,873	21
22	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		1,100	1,100	22
23	V	32	Interest		Forum Extended Care Services II, Inc.		98	98	23
24	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		42	42	24
25	V	30	Depreciation		Forum Extended Care Services II, Inc.				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			\$ 37,194			\$ 42,370	\$ * 5,176	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a	Therapy	\$ 202,511	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 254,173	\$ 51,662	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			\$ 202,511			\$ 254,173	\$ * 51,662	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 and Maintenance	\$ 18,869	Alden Bennett Construction Company, Inc.	0.00%	\$ 19,016	\$ 147	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			\$ 18,869			\$ 19,016	\$ * 147	39

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

Facility Name & ID Number Alden Village Health Care Facility for Children & Young Adults, Inc. # 003-8455 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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								1
2			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	2
3			Alden-Long Grove Rehabilitation and Health Ca	Long Grove				3
4			Alden-Lincoln Park Rehabilitation and Health C	Chicago	Forum Extended Care Se	Chicago	Pharmacy	4
5			Alden-Northmoor Rehabilitation and Health Car	Chicago	Alden Management Serv	Chicago	Management	5
6			Alden-Lakeland Rehabilitation and Health Care (	Chicago				6
7			Alden of Old Town East, Inc.	Bloomingtondale	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	7
8			Alden Terrace of McHenry Rehabilitation and He	McHenry	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	8
9			Alden - Wentworth Rehabilitation and Health Ca	Chicago	Alden Courts of Waterfo	Aurora	Alzheimers Facility	9
10			Alden Estates of Naperville, Inc.	Naperville	Alden Gardens of Water	Aurora	Assisted Living	10
11			Alden - Valley Ridge Rehabilitation and Health C	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	11
12					Community Physical The	Addison	Therapy Provider	12
13			Alden - Orland Park Rehabilitation and Health C	Orland Park	Alden Bennett Construct	Chicago	General Contractor	13
14			Alden - Princeton Rehabilitation and Health Car	Chicago	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	14
15			Alden of Old Town West, Inc.	Bloomingtondale	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	15
16			Alden - Town Manor Rehabilitation and Health C	Cicero				16
17			Alden Trails, Inc.	Bloomingtondale				17
18			Alden - Poplar Creek Rehabilitation and Health (	Hoffman Estates				18
19			Alden - North Shore Rehabilitation and Health C	Skokie				19
20			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				20
21			Alden Estates of Evanston, Inc.	Evanston				21
22			Alden - Alma Nelson Manor, Inc.	Rockford				22
23			Alden - Park Strathmoor, Inc.	Rockford				23
24			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				24
25			Alden Estates of Barrington, Inc.	Barrington				25
26			Alden of Waterford, LLC	Aurora				26
27			Alden Springs, Inc.	Bloomingtondale				27
28			Alden Village North, Inc.	Chicago				28
29			Alden Estates of Skokie, Inc.	Skokie				29
30			Alden Estates of Countryside, Inc.	Jefferson, WI				30

Facility Name & ID Number Alden Village Health Care Facility for Child # 003-8455 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	179,264	1.24	3.10	Salary	\$ 5,736	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	66,512	1.24	3.10	Salary	2,128	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,295	1.24	3.10	Salary	1,225	6-7	3
4											4
5											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											10
11											11
12											12
13								TOTAL	\$ 9,089		13

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

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

Facility Name & ID Number Alden Village Health Care Facility for Children & Young A # 003-8455 Report Period Beginning: 1/1/2011 Ending: 2/31/2011

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 (773-724-6622
Fax Number (773-724-6622

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	1,315,389	34	\$ 78,619	\$	40,783	\$ 2,438	1
2	24	Trav & Seminar	Patient Days	1,315,389	34	89,570		40,783	2,777	2
3	25	Other Admin Travel	Patient Days	1,315,389	34	456,762		40,783	14,162	3
4	26	Insurance	Patient Days	1,315,389	34	4,082		40,783	127	4
5	20	Dues & Subscriptions	Patient Days	1,315,389	34	56,361		40,783	1,747	5
6	30	Depreciation	No of Providers/usage	34	34	291,758		1	8,187	6
7	33	Real Estate Tax	Patient Days	1,315,389	34	156,401		40,783	4,373	7
8	35	Rent-Equip & Vehicle	Patient Days/ysage	1,315,389	34	1,052,493		40,783	32,632	8
9	32	Interest	Patient Days	1,315,389	34	1,368,621		40,783	51,659	9
10	1	Dietary	Patient Days/usage	1,315,389	34	145,718	145,718	40,783	4,518	10
11	3	Housekeeping	Patient Days	1,315,389	34	217,102	217,102	40,783	6,731	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,315,389	34	207,899		40,783	6,446	12
13	10	Nurs & Med Records Salary	Patient Days	1,315,389	34	1,184,449	1,184,449	40,783	34,980	13
14	15	Employee Benefits -Health Care	Patient Days	1,315,389	34	170,963		40,783	5,301	14
15	17	Administrative Salary	Patient Days	1,315,389	34	2,886,253	2,886,253	40,783	81,747	15
16	27	Employee Benefits - Admin	Patient Days/usage	1,315,389	34	1,372,783		40,783	42,562	16
17	19	Professional fees	Patient Days	1,315,389	34	1,146,467	654,108	40,783	35,546	17
18	21	Gen'I & Admin	Patient Days	1,315,389	34	7,066,809	5,970,419	40,783	219,103	18
19	6	Repair & Maint.	Patient Days	1,315,389	34	1,343,350	1,077,524	40,783	41,650	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 19,296,460	\$ 12,135,573		\$ 596,686	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1	Cambridge		x	Mortgage		8/29/06	\$ 15,183,700	\$ 14,937,185	6/1/2048	6.5000	\$ 974,882	1
2												2
3												3
4												4
5	Amortization-Fin/Refin Fee		x								19,414	5
	Working Capital											
6	Related party-AMS		x	Working Capital							51,659	6
7	Related party-FECII		x	Working Capital							98	7
8												8
9	TOTAL Facility Related						\$ 15,183,700	\$ 14,937,185			\$ 1,046,053	9
	B. Non-Facility Related*											
10	Int Income on Repl Reserve										(174)	10
11	Interest and Other Investment Income										(529)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (703)	14
15	TOTALS (line 9+line14)						\$ 15,183,700	\$ 14,937,185			\$ 1,045,350	15

16)

Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$ 85,440

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.)

1. Real Estate Tax accrual used on 2010 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	115,100	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.)				\$	115,590	2
3. Under or (over) accrual (line 2 minus line 1).				\$	490	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	119,100	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.				\$	119,590	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	4,415	
Real Estate Tax Bill for Calendar Year:				\$	124,005	
2006 52,718 8				FOR BHF USE ONLY		
2007 51,756 9						
2008 54,040 10				13	FROM R. E. TAX STATEMENT FOR 2010 \$	13
2009 111,790 11				14	PLUS APPEAL COST FROM LINE 5 \$	14
2010 115,590 12				15	LESS REFUND FROM LINE 6 \$	15
The current year accrual is based on an estimated 3% increase of the prior year tax.				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.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Village Health Care for Children & Young Adult, Inc. COUNTY Du Page

FACILITY IDPH LICENSE NUMBER 003-8455

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 724-6622 FAX #: (773-283-3997

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2010 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 2010.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.	<u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>300,377.00</u>	\$ <u>4,373.00</u>
2.	<u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>42,023.00</u>	\$ <u>42.00</u>
3.	<u>02-14-107-038</u>	<u>Nursing Home Facility</u>	\$ <u>115,590.02</u>	\$ <u>115,590.02</u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
		TOTALS	\$ <u><u>457,990.02</u></u>	\$ <u><u>120,005.02</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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 68,462

B. General Construction Type: Exterior BRICKFrame STEELNumber of Stories 1

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).
None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?
If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing facility		1992	\$ 580,000	1
2					2
3	TOTALS			\$ 580,000	3

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											4
5			1998		2,216,218	56,839		56,839		754,434	5
6	119		2009	2009	11,600,002	297,436	39	297,436		867,522	6
7											7
8	Related Party-Forum			1978	14,056		25			14,056	8
	Improvement Type**										
9	Repair Heater pump, replace temp controller			1992	2,131		10			2,131	9
10	Water heater moyor;valve repair			1993	9,288		5-15			9,288	10
11	Carpentry work, water heater repair			1994	63,064		3-15			63,064	11
12	Fire alarm repairs; brickwork; install circuits			1995	185,123	5,752	3-25	5,752		142,065	12
13	Village construction			1996	14,046	562	25	562		9,412	13
14	Install fire door			1996	2,977	34	15	34		2,977	14
15	Replace compressor			1997	1,825		5			1,825	15
16	Roof patching			1998	1,700		10			1,700	16
17	Replace condensing unit			1998	4,810	321	15	321		4,330	17
18	install damper motor &detector			1998	2,104	140	15	140		1,858	18
19	Replace furnace equipment			1999	1,827	122	15	122		1,584	19
20	install automatic door			1999	8,107		10			8,107	20
21	Install display and digital phones			2000	1,726		10			1,726	21
22	Replace HVAC burners			2000	1,607		3			1,607	22
23	Replace 5 ton condensing unit			2000	1,950		5			1,950	23
24	Install 100 amp disconnect and cable			2000	1,920		5			1,920	24
25	Roof repair			2000	1,583		5			1,583	25
26	Door Alarms			2001	19,015	950	10	950		19,015	26
27	Display phone and digital phone			2001	1,609	13	10	13		1,609	27
28	ABC (misc. repairs)			2002	2,362		5			2,362	28
29	Capps Plumbing (gas regulators for main gas to building)			2002	4,375	438	10	438		4,340	29
30	GT Mechanical (semi - hermetic compressor on RTU)			2002	5,350	535	10	535		5,126	30
31	ABC (wall mounted eye wash)			2002	2,507	251	10	251		2,361	31
32	ABC (misc. repairs)			2002	1,800		5			1,800	32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Village Health Care Facility for Children & Young Adults, Inc. # 003-8455 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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 ABC--Parking lot repairs	2003	\$ 20,730	\$ 2,073	10	\$ 2,073	\$	\$ 18,657	37
38 ABC- misc constrction	2003	7,580	758	10	758		6,254	38
39 Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40 ABC-roof repairs	2003	3,200	320	10	320		2,827	40
41 GT Mechanical-A/C repair	2003	1,773		5			1,773	41
42 Capps- install new shower drain	2003	1,215	61	20	61		497	42
43 ABC- roof repair	2003	10,121	1,012	10	1,012		8,181	43
44 ABC - Electrical repairs	2004	9,474	632	15	632		5,003	44
45 Patton Ind-gernerator repair	2004	2,050	205	10	205		1,520	45
46 ABC - roof repairs	2004	1,918	192	10	192		1,440	46
47 GT Mechanical-heater repair	2004	1,506	151	10	151		1,080	47
48 GT Mechanical-heater repair	2004	1,878	188	10	188		1,331	48
49 ABC-roof repairs	2004	3,356	336	10	336		2,350	49
50 ABC-new tile	2004	9,043	904	10	904		7,082	50
51 ABC-doors	2004	3,293	220	15	220		1,722	51
52 ABC-roof canopy	2004	3,581	358	10	358		2,775	52
53 INS, Inc-rewire for DSL	2004	1,512	151	10	151		1,196	53
54 ABC-various remodeling	2004	4,661		5			4,661	54
55 ABC-new water heater for kitchen	2004	14,644	976	15	976		7,321	55
56 ABC-bathroom remodel	2004	1,641		5			1,641	56
57 ABC-install metal door	2004	1,227	123	10	123		902	57
58 Capps Plumbing-install 2 discharge lines	2005	865		5			865	58
59 Patton Ind-gernerator repair	2005	1,747		5			1,747	59
60 Oak Fire-change out 30 detectors	2005	1,885		5			1,885	60
61 Equipment International-washer repairs	2005	1,905		5			1,905	61
62 ABC-firestop installation	2005	3,213	321	10	321		1,981	62
63 GT Mechanical-replace 5 ton York RTU	2005	6,160	616	10	616		3,953	63
64 GT Mechanical-replace storage tank	2005	8,935	894	10	894		6,109	64
65 ABC-diswasher repairs	2006	6,824	682	10	682		4,036	65
66 ABC - elevator pump	2006	10,042	502	20	502		2,595	66
67 ABC - elevator power supply	2006	4,974	249	20	249		1,266	67
68 Oak Fire - replace smoke detectors	2006	2,655	266	10	266		1,352	68
69 ABC-Repave parking lot	2006	3,600	450	8	450		2,625	69
70 TOTAL (lines 4 thru 69)		\$ 14,333,259	\$ 376,033		\$ 376,033	\$	\$ 2,041,253	70

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

Facility Name & ID Number Alden Village Health Care Facility for Children & Young Adults, Inc. # 003-8455 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 14,333,259	\$ 376,033		\$ 376,033	\$	\$ 2,041,253	1
2	ABC -firewalls to existing bldg	2007	29,867	2,987	10	2,987		12,944	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		5,385	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	485	10	485		2,021	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refr	2008	2,703	270	10	270		945	5
6	JulAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		683	6
7	ABC-Replace Asphalt in east Lot	2008	5,010	626	8	626		2,087	7
8	ABC- Installed new railings	2009	4,540	303	15	303		783	8
9	ALDBEN -Roof Installation	2009	14,288	1,429	10	1,429		2,937	9
10	ALDBEN- RoofTop Screening fire protect	2009	8,436	844	10	844		1,688	10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106	821	5	821		2,463	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504	250	10	250		688	12
13	ABC- Install heater pipe in boiler room	2011	5,874	49	20	49		49	13
14	GARPAV-Re-stripe exsisting lay out with new seal coat in parking	2011	3,000	156	5	156		156	14
15	GTMPRO- Radiation Dampers & Fire Blankets	2011	4,150	138	8	138		138	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,444,204	\$ 385,765		\$ 385,765	\$	\$ 2,074,219	34

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

Facility Name & ID Number Alden Village Health Care Facility for Children & Young Adults, Inc. # 003-8455 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 14,444,204	\$ 385,765		\$ 385,765	\$	\$ 2,074,219	1
2	Forum Prof Ctr: Remodeling	1979	13,418		20			13,418	2
3	Forum Prof Ctr: Build Improv - multiple	1980	26,131		15			26,131	3
4	Forum Prof Ctr: Tennant Improv	1986	824		13			824	4
5	Forum Prof Ctr: AMS remodel	1990	5,604		10			5,604	5
6	Forum Prof Ctr: Roof	1994	2,956		16			2,956	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,042	65	16	65		1,039	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,646	13	10	13		1,605	8
9	Forum Prof Ctr: Remodel/electrical	2001	641	24	7	24		595	9
10	Forum Prof Ctr: bathroom remodel	2002	567	53	5	53		527	10
11	Forum Prof Ctr: remodel suites/etc.	2003	729	74	9	74		657	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,245	104	7	104		1,954	12
13	Forum Prof Ctr: Suite renovation	2005	453	27	10	27		537	13
14	Forum Prof Ctr: Superior installations, etc.	2006	108	3	4	3		108	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	435	68	7	68		294	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	374	54	7	54		208	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	761	73	7	73		162	17
18	Forum Prof Ctr: Building Renovations	2010	1,296	263	7	263		340	18
19	Forum Prof Ctr: Building Renovations	2011	5,684	137	7	137		137	19
20	Alden Mgt Servs: Remodel suites	1993	6,963		7			6,963	20
21	Alden Mgt Servs: Remodel suites	2002	290		7			290	21
22	Alden Mgt Servs: Remodel suites	2003	6,295		7			6,295	22
23									23
24									24
25									25
26									26
27									27
28	ABC- Adjustment for realted party profit	2008	(29)	(2)		(2)		(6)	28
29	ABC- Adjustment for realted party profit	2009	(209)	(6)		(6)		(9)	29
30	ABC- Adjustment for realted party profit	2010	(237)	(9)		(9)	0	(12)	30
31	ABC- Adjustment for realted party profit	2011	46	0		0		0	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,522,238	\$ 386,707		\$ 386,707	\$ 0	\$ 2,144,837	34

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

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	\$1,213,039	\$101,956	\$101,956	\$		\$575,786	71	
72	Current Year Purchases	44,563	5,379	5,379			4,415	72	
73	Fully Depreciated Assets	315,499	1,209	1,209			315,499	73	
74								74	
75	TOTALS	\$1,573,101	\$108,544	\$108,544	\$		\$895,700	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 Purch-Anrie Yusim/Bus Purch AMS transfer		2004/2000	\$ 95,121	\$	\$	\$	5/5	\$ 95,121	76
77	Bus repairs, including 2 in MRs on Vlg II		2006	20,826				5	20,826	77
78	MIDTRA-Bus Repairs/ MIDTRA replaceengine on bus		2011	19,842	2,536	2,536		3/3	2,536	78
79	Related Party-AMS		98-'02	4,026				3	4,026	79
80	TOTALS			\$ 139,815	\$ 2,536	\$ 2,536	\$		\$ 122,509	80

E. Summary of Care-Related Assets					1	2	
		Reference				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)				\$16,815,155	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)				\$497,787	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)				\$497,787	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)				\$0	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)				\$3,163,045	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)					
	1	2	Current Book	Accumulated	
	Description & Year Acquired	Cost	Depreciation 3	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.

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

XNO

		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:		Related party-cost is backed out		\$			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

XNO

Terms:

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

15. Is Movable equipment rental included in building rental?

YES

XNO
16. Rental Amount for movable equipment: \$14,984Description:copy mach gl 6861, postage meter gl 6850, & office equip gl 6859
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	related party- Pg 6A	various	\$ #####	\$ 22,165	17
18					18
19	Auto lease GL 6890	various	982.00	11,784	19
20					20
21	TOTAL		\$ #####	\$ 33,949	21

10. Effective dates of current rental agreement:

Beginning04/01/1999
Ending03/31/2019

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

	Fiscal Year Ending	Annual Rent
12.	/2012	\$Varies
13.	/2013	\$Varies
14.	/2014	\$Varies

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☒ YES

☐ 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

6

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

40

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

5

IN OTHER FACILITY

HOURS PER CNA

67

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)		2,040		2,040
4	Clinical Wages (b)		3,400		3,400
5	In-House Trainer Wages (c)			1,192	1,192
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 5,440	\$ 1,192	\$ 6,632
10	SUM OF line 9, col. 1 and 2 (e)	\$	5,440		

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	5
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	1
2. From other facilities (f)	
TOTAL TRAINED	6

(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.)

		1	2	3	4	5	6	7	8	
	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 prescrpts				11,939		11,939	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
	Academic Education		hrs							11
12	Other (specify):	39-1,39-3, if any		258,173			79,433		337,606	12
13	Other (specify): See Pg 16A					0	153,655		153,655	13
14	TOTAL			\$ 258,173		\$	\$ 245,026		\$ 503,200	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.

Village, Inc
2011

Page 16A

				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	\$64,851.93
2.	ST	39-3	To Col 5	11,637.69
3.				
4.	PT	39-3	To Col 5	100,821.32
5.				
6.				
7.				
8.				
				177,310.94
Less: OT, ST, & PT costs - reclassified to 10A for DD facilities				(177,310.94)
				0.00
Pharmacy Supplies per GL				8,614.94
Manual Input from Related Party- Forum Drugs				3,324.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	11,938.94
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	258,173.36
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	79,432.83
Total Exceptional Care (Line 12, Col 8)				337,606.19
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	0.00
Other				559,173.53
Less: Respiratory Therapy Costs reclassified to line 10A on Pg 4A				(415,481)
Manual Input: Related Party - Prism				(36,546.00)
Manual Input: Related Party FECII - I.V.				0.00
Manual Input: Related Party FECII - Wound Care				(1,740.00)
Oxygen, from reclass worksheet (Pg 4A)				48,247.66
13.	Col 6: Supplies Total		To Col 6	153,654.69
13.	Total Line 13, Column 8			153,654.69
14.	Total			503,199.82

		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 4,000)	4,841,955	4,841,955	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		11,727	6
7	Other Prepaid Expenses	7,993	50,598	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties		108,148	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,849,948	\$ 5,012,427	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		13,816,721	14
15	Leasehold Improvements, at Historical Cost	689,987	1,819,796	15
16	Equipment, at Historical Cost	527,860	671,494	16
17	Accumulated Depreciation (book methods)	(978,023)	(3,180,919)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		195,951	21
22	Other Long-Term Assets (spe Fin Fees, net		480,256	22
23	Other(specify): Due from affiliates			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 239,824	\$ 14,383,300	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,089,772	\$ 19,395,727	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,706,268	\$ 1,713,490	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	9,723	9,723	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	354,400	354,400	30
31	Accrued Taxes Payable (excluding real estate taxes)	61,899	61,899	31
32	Accrued Real Estate Taxes(Sch.IX-B)		119,100	32
33	Accrued Interest Payable		80,907	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Insur,DueState,SalesTax,etc./Due	3,237,893	3,180,791	36
37	S.T. portion of L.T. debt		104,220	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,370,183	\$ 5,624,530	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,832,965	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates			43
44	S/holder loans, others			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 14,832,965	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,370,183	\$ 20,457,494	46
47	TOTAL EQUITY(page 18, line 24)	\$ (280,411)	\$ (1,061,767)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,089,772	\$ 19,395,727	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,101,853	1
2	Restatements (describe):		2
3	external audit adjustment made after 2006 cost report was	(38,704)	3
4	submitted. These have no effect on prior years report.		4
5	Bad Debt, Medicare revenues (non allowables).		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,063,149	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,343,559)	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)	\$ (1,343,559)	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)	\$ (280,411)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Village Health Care Facility for Children & 1 # 003-8455 Report Period Beginning: 1/1/2011Ending: 12/31/2011

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.

	Revenue	Amount	1
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 8,805,227	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,805,227	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	31,949	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 31,949	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	(19,027)	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	952	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	140	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ (17,935)	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	<u>See page -19A</u>	1,326,645	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,326,645	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,145,886	30

	Expenses	Amount	2
	A. Operating Expenses		
31	General Services	1,657,070	31
32	Health Care	3,511,922	32
33	General Administration	1,949,170	33
	B. Capital Expense		
34	Ownership	1,541,614	34
	C. Ancillary Expense		
35	Special Cost Centers	2,341,329	35
36	Provider Participation Fee	488,340	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,489,445	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,343,559)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,343,559)	43

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

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

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

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

Facility Name & ID Number Alden Village Health Care Facility for Ch # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	44
Wage Service Fee- Backed out with line reference 22 on page 5A	
Record Copies- Backed out with line reference 22 on page 5A	
Jury Duty- Backed out with line reference 22 on page 5A	
Food Rebates- Backed out with line reference 2 on page 5A	
DayTraining Income	1,312,465

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,000	2,000	\$ 124,606	\$ 62.30	1
2	Assistant Director of Nursing	2,080	2,080	68,108	32.74	2
3	Registered Nurses	27,923	30,275	898,295	29.67	3
4	Licensed Practical Nurses	17,341	18,333	443,985	24.22	4
5	CNAs & Orderlies					5
6	CNA Trainees	640	640	5,440	8.50	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,789	1,789	37,653	21.05	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,941	18,518	178,417	9.63	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	51,250	24.64	17
18	Housekeepers	19,926	21,003	204,870	9.75	18
19	Laundry	4,946	5,346	53,547	10.02	19
20	Administrator	2,080	2,080	81,758	39.31	20
21	Assistant Administrator	2,080	2,080	66,011	31.74	21
22	Other Administrative	2,160	2,160	62,542	28.95	22
23	Office Manager	2,063	2,079	35,344	17.00	23
24	Clerical	2,675	2,785	23,986	8.61	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	9,422	9,422	156,206	16.58	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	123,750	130,866	1,549,819	11.84	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) DT Transportation	2,983	3,171	52,990	16.71	33
34	TOTAL (lines 1 - 33)	242,879	256,707	\$ 4,094,827 *	\$ 15.95	34

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	900/Monthly	\$ 10,800	1-3	35
36	Medical Director	3600/Monthly	43,200	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	218/Monthly	2,616		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	3,291	212,251	11-3	44
45	Social Service Consultant	3	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	3,294	\$ 269,707		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

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

** See instructions.

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	
Harris, Yvonne	Assistant Administ	0	\$ 66,011	Workers' Compensation Insurance	\$	142,676	IDPH License Fee	\$	
Longo, Laurie M	Administrator	0	81,758	Unemployment Compensation Insurance		61,475	Advertising: Employee Recruitment	2,975	
		0		FICA Taxes		305,102	Health Care Worker Background Check	1,750	
		0		Employee Health Insurance		93,495	(Indicate # of checks performed 175)		
		0		Employee Meals		26,881	Patient Background Checks	11	
		0		Illinois Municipal Retirement Fund (IMRF)*			Surety Bond Fees	1,150	
		0		Dental, Life, Relations, Pension & Misc		9,097	Related Party-Village, LLC	647	
		0		Employee Drug Test		3,904			
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 147,769	401k Match		2,577	IHCA dues, less pac fees	4,598	
(List each licensed administrator separately.)				Employee Vaccinations		2,936	Related parties	1,747	
B. Administrative - Other				Offset Benefit Costs with Misc. Income		(24)	Less: Public Relations Expense	()	
Description				Employee Benefit -Marketing		(361)	Non-allowable advertising	()	
None							Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)		\$ 647,758	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 12,977
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount	
Vendor/Payee	Type	Amount		Not Applicable		\$	Out-of-State Travel	\$	
Alden Management Services, Inc.	Consulting	\$	668,088						
BDO Siedman/Virchow Krause	Accounting Fees		10,036						
MidCap (Eliminated)	Accounting Fees		1,553						
Medi.Com/Pathway	Billing/Consultants		4,718				In-State Travel		
First Advantage	Tax Consultants		742				IL Health Care Association	1,166	
Linda Roberts & Assoc.,	Food Audit		389				A National and IL Perspective	250	
Kenneth J. Fisch	Legal-Collection		300				Related parties	2,777	
AMS (Eliminated)	Allocated Legal Fees		36,000				Seminar Expense		
MidCap (Eliminated)	Alloc. Legal -Non Collection Fee		3,085				Leadership Training	200	
							IL Council Long Term Care	120	
							Seminars/Conventions/Harper College	438	
Note: \$4,446 of the above Pathways cost was reclassified to							Entertainment Expense	()	
Ln 10 on Pg 3. & \$272 Medi.Com cost were reclassified to Ln 21 on Pg 3.							(agree to Sch. V,		
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)		\$ 4,951
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 724,911						

* Attach copy of IMRF notifications

**See instructions.

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	Compressor A/C	11/94	\$ 2,191	15	\$ 146	\$ 146	\$ 146	\$ 0	\$	\$	\$	\$	\$
2	Relocating water pipe	7/95	3,545	15	127	127	127	64					
3	Painting	5/09	839	3			163	280	279	117	0	0	
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 6,575		\$ 273	\$ 273	\$ 436	\$ 344	\$ 279	\$ 117	\$	\$	\$

Facility Name & ID Number Alden Village Health Care Facility for Children & Young Adults, Inc. # 003-8455 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA=\$4,598 IL Assoc. of HC=\$0
- (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. \$ 33,576 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. _____
- (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. \$ 488,340
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. \$ 26,881 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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. \$ N/A
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? Yes
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 88,596
- (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 of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.