

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 Patient Days by Level of Care and Primary Source of Payment				5 Total
		3 Medicaid Recipient	4 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

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

I. On what date did you start providing long term care at this location?
Date started 11/01/92

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

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES 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.

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

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 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
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.

Alden Village Health Care Facility for Children & Young Adults, Inc.
 Report Period Beginning: 1/1/2011
 Ending: 12/31/2011

IDPH Facility No. 003-8455

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
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		-	

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

ID# 003-8455
 Report Period Beginning: 1/1/2011
 Ending: 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 Ac

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

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Health Care Facility for Children & Young A# 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

	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 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						
35	V						
36	V						
37	V						
38	V						
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)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		5,522	5,522
17	V	2 Tube Feeding	485,225	Prism Health Care Services, Inc.		140,111	(345,114)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		6,694	34
19	V	39 Ancillary Supplies	135,365	Prism Health Care Services, Inc.		61,033	(74,332)
20	V	39 Vent Rent		Prism Health Care Services, Inc.		37,786	37,786
21	V	21 Gen'L & Admin Salary		Prism Health Care Services, Inc.		73,486	73,486
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		12,260	12,260
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		4,901	4,901
24	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		41,402	41,402
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 638,050			\$ 383,375	\$ * (254,675)

* 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 Care	Long Grove				3
4			Alden-Lincoln Park Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	4
5			Alden-Northmoor Rehabilitation and Health Care	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 Health Care	McHenry	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	8
9			Alden - Wentworth Rehabilitation and Health Care	Chicago	Alden Courts of Waterfo	Aurora	Alzheimers Facility	9
10			Alden Estates of Naperville, Inc.	Naperville	Alden Gardens of Waterf	Aurora	Assisted Living	10
11			Alden - Valley Ridge Rehabilitation and Health Care	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 Care	Orland Park	Alden Bennett Construct	Chicago	General Contractor	13
14			Alden - Princeton Rehabilitation and Health Care	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 Care	Cicero				16
17			Alden Trails, Inc.	Bloomingtondale				17
18			Alden - Poplar Creek Rehabilitation and Health Care	(Hoffman Estates				18
19			Alden - North Shore Rehabilitation and Health Care	Skokie				19
20			Alden - Des Plaines Rehabilitation and Health Care	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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,315,389	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	4,518	10
11	3	Housekeeping	Patient Days	1,315,389	34	217,102	217,102	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	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	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	35,546	17
18	21	Gen'I & Admin	Patient Days	1,315,389	34	7,066,809	5,970,419	219,103	18
19	6	Repair & Maint.	Patient Days	1,315,389	34	1,343,350	1,077,524	41,650	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 19,296,460	\$ 12,135,573	\$ 596,686	25

Facility Name & ID Number

Alden Village Health Care Facility for Childr

003-8455

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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		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-FECH		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.)

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 68,462 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 1

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>		<u>1992</u>	<u>\$ 580,000</u>	<u>1</u>
2					<u>2</u>
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	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4											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

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	
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-gerenerator 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-gerenerator 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.

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.

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 replacengine 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 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)	\$ 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 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.

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 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:		<u>Related party-cost is backed out</u>		\$			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 NO Terms: _____*

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 14,984 Description: 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	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>22,165</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>982.00</u>	<u>11,784</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>33,949</u>	21

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending 03/31/2019

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.

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site</u></p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/> <u>6</u></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/> <u>5</u></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>67</u></p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)		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	<u>5</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	<u>1</u>
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.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$			\$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescripts				11,939		11,939	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		258,173			79,433		337,606	12
13	Other (specify): <u>See Pg 16A</u>					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

XIV. Special Services (Direct Cost)

Page 16
Col 5: PT,OT, & ST
Col 6: Supplies

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

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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>4,000</u>)	<u>4,841,955</u>	<u>4,841,955</u>	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		<u>11,727</u>	6
7	Other Prepaid Expenses	<u>7,993</u>	<u>50,598</u>	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>		<u>108,148</u>	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ <u>4,849,948</u>	\$ <u>5,012,427</u>	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		<u>580,000</u>	13
14	Buildings, at Historical Cost		<u>13,816,721</u>	14
15	Leasehold Improvements, at Historical Cost	<u>689,987</u>	<u>1,819,796</u>	15
16	Equipment, at Historical Cost	<u>527,860</u>	<u>671,494</u>	16
17	Accumulated Depreciation (book methods)	<u>(978,023)</u>	<u>(3,180,919)</u>	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		<u>195,951</u>	21
22	Other Long-Term Assets (spe <u>Fin Fees, net</u>)		<u>480,256</u>	22
23	Other(specify): <u>Due from affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ <u>239,824</u>	\$ <u>14,383,300</u>	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ <u>5,089,772</u>	\$ <u>19,395,727</u>	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ <u>1,706,268</u>	\$ <u>1,713,490</u>	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>9,723</u>	<u>9,723</u>	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	<u>354,400</u>	<u>354,400</u>	30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>61,899</u>	<u>61,899</u>	31
32	Accrued Real Estate Taxes(Sch.IX-B)		<u>119,100</u>	32
33	Accrued Interest Payable		<u>80,907</u>	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc./Due</u>	<u>3,237,893</u>	<u>3,180,791</u>	36
37	<u>S.T. portion of L.T. debt</u>		<u>104,220</u>	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ <u>5,370,183</u>	\$ <u>5,624,530</u>	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		<u>14,832,965</u>	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to affiliates</u>			43
44	<u>S/holder loans, others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ <u>14,832,965</u>	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ <u>5,370,183</u>	\$ <u>20,457,494</u>	46
47	TOTAL EQUITY(page 18, line 24)	\$ <u>(280,411)</u>	\$ <u>(1,061,767)</u>	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ <u>5,089,772</u>	\$ <u>19,395,727</u>	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: 1/1/2011

Ending: 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.

		1	
Revenue		Amount	
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	See page -19A	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

		2	
Expenses		Amount	
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

Facility Name & ID Number Alden Village Health Care Facility for Children & Young A # 003-8455

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

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

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	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

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	11 110	
		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			
		0		401k Match	2,577	IHCA dues, less pac fees	4,598	
		0		Employee Vaccinations	2,936	Related parties	1,747	
		0		Offset Benefit Costs with Misc. Income	(24)	Less: Public Relations Expense	()	
		0		Employee Benefit -Marketing	(361)	Non-allowable advertising	()	
		0				Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)						TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)			\$ 147,769		\$ 647,758	\$ 12,977		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
None				Not Applicable			Out-of-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)				TOTAL			In-State Travel	
(Attach a copy of any management service agreement)							IL Health Care Association	
							A National and IL Perspective	
							Related parties	
							Seminar Expense	
							Leadership Training	
							IL Council Long Term Care	
							Seminars/Conventions/Harper College	
							Entertainment Expense	
							()	
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3)							TOTAL	
(If total legal fees exceed \$5,000, attach copy of invoices.)							\$ 4,951	

* 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								
													Amount of Expense Amortized Per Year							
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010
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.