

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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.

<p>I. IDPH License ID Number: <u>0038455</u></p> <p>Facility Name: <u>Alden Village Health Facility</u></p> <p>Address: <u>267 East Lake Street</u> <u>Bloomington</u> <u>60108</u> Number City Zip Code</p> <p>County: <u>Du Page</u></p> <p>Telephone Number: <u>(630)529-3350</u> Fax # <u>(630)529-9866</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>11/02/1992</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input checked="" type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 724-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2012</u> to <u>12/31/2012</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) <u>Joan Carl</u> (Title) <u>Vice-President</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ Fax # () _____</td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Joan Carl</u> (Title) <u>Vice-President</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ Fax # () _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ Fax # () _____																												

Facility Name & ID Number Alden Village Health Facility

0038455 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)		0	1
2	126	Skilled Pediatric (SNF/PED)	126	46,116	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	126	TOTALS	126	46,116	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	42,875	178	169	43,222	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	42,875	178	169	43,222	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.72%

D. How many bed-hold days during this year were paid by the Department? 609 (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 11/01/92 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

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	213,241	21,726	10,800	245,767	6,559	252,326	(133)	252,193		1
2	Food Purchase		722,196		722,196	(28,406)	693,790	(358,093)	335,697		2
3	Housekeeping	182,359	37,215		219,574	5,832	225,406	4,871	230,277		3
4	Laundry	52,305	27,276		79,581		79,581		79,581		4
5	Heat and Other Utilities			164,539	164,539		164,539	2,053	166,592		5
6	Maintenance	39,085		155,266	194,351	(1,223)	193,128	45,372	238,500		6
7	Other (specify):* related party							10,890	10,890		7
8	TOTAL General Services	486,990	808,413	330,605	1,626,008	(17,238)	1,608,770	(295,040)	1,313,730		8
	B. Health Care and Programs										
9	Medical Director			35,800	35,800		35,800		35,800		9
10	Nursing and Medical Records	3,171,738	257,878	8,220	3,437,836	(41,738)	3,396,098	36,126	3,432,224		10
10a	Therapy		276		276	642,144	642,420	(21,381)	621,039		10a
11	Activities		4,731	223,180	227,911		227,911		227,911		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation	23,471			23,471		23,471		23,471		14
15	Other (specify):* related party							5,070	5,070		15
16	TOTAL Health Care and Programs	3,195,209	262,885	267,200	3,725,294	600,406	4,325,700	19,815	4,345,515		16
	C. General Administration										
17	Administrative	147,713			147,713		147,713	94,662	242,375		17
18	Directors Fees										18
19	Professional Services			429,730	429,730	(160)	429,570	(417,010)	12,560		19
20	Dues, Fees, Subscriptions & Promotions			24,563	24,563	160	24,723	(14,580)	10,143		20
21	Clerical & General Office Expenses	178,175	19,691	64,245	262,111	2,311	264,422	257,460	521,882		21
22	Employee Benefits & Payroll Taxes			656,048	656,048	11,515	667,563	(9,782)	657,781		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,936	1,936		1,936	763	2,699		24
25	Other Admin. Staff Transportation			31,682	31,682		31,682	14,079	45,761		25
26	Insurance-Prop.Liab.Malpractice			128,999	128,999		128,999	213	129,212		26
27	Other (specify):* related party			28,779	28,779		28,779	25,984	54,763		27
28	TOTAL General Administration	325,888	19,691	1,365,982	1,711,561	13,826	1,725,387	(48,210)	1,677,177		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,008,087	1,090,989	1,963,787	7,062,863	596,994	7,659,857	(323,435)	7,336,422		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 Facility

#0038455

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

12/31/2012

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			43,026	43,026		43,026	461,461	504,487			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			119,018	119,018		119,018	1,317,820	1,436,838			32
33	Real Estate Taxes							126,998	126,998			33
34	Rent-Facility & Grounds			1,188,237	1,188,237		1,188,237	(1,183,437)	4,800			34
35	Rent-Equipment & Vehicles			6,978	6,978		6,978	42,558	49,536			35
36	Other (specify):* MIP							96,194	96,194			36
37	TOTAL Ownership			1,357,259	1,357,259		1,357,259	861,594	2,218,853			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	232,487	234,393	642,144	1,109,024	(596,994)	512,030	(19,933)	492,097			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			533,410	533,410		533,410		533,410			42
43	Other (specify):* DD Day Training	33,076		1,318,976	1,352,052		1,352,052		1,352,052			43
44	TOTAL Special Cost Centers	265,563	234,393	2,494,530	2,994,486	(596,994)	2,397,492	(19,933)	2,377,559			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,273,650	1,325,382	5,815,576	11,414,608		11,414,608	518,226	11,932,834			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 Facility
 Report Period Beginning: 01/01/2012
 Report Period Ending: 12/31/2012

IDPH Facility No. 0038455

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(28,405.56)	Employee Meals
	22	28,405.56	Employee Meals
22		(16,891.00)	Uniforms
	1	6,559.00	Uniforms
	3	5,832.00	Uniforms
	4	0.00	Uniforms
	6	0.00	Uniforms
	10	3,412.00	Uniforms
	11	0.00	Uniforms
	21	1,088.00	Uniforms
10		(45,149.77)	Oxygen - to appropriate cost center
	39	45,149.77	Oxygen - to appropriate cost center
19		(160.00)	Resident Background Check
	20	160.00	Resident Background Check
21		1,223.34	Vender Settlements
	6	(1,223.34)	Vender Settlements
<u>DD Providers Only:</u>			
	39	(642,143.63)	PT, OT,ST & RT CPT Therapy Costs
	10A	642,143.63	PT, OT,ST & RT CPT Therapy Costs

Net

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Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(2,096)	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		30		9
10	Interest and Other Investment Income	(1,286)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(105)	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	(14,974)	21		17
18	Fines and Penalties	(55)	32		18
19	Entertainment	(839)	20		19
20	Contributions	(6,757)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(751)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(28,779)	27		24
25	Fund Raising, Advertising and Promotional	(7,223)	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)	\$ (62,865)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	810,709	Various	34
35	Other- Attach Schedule	(229,618)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 581,091		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 518,226		37

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

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

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

Alden Village Health Facility

ID# 0038455

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (3,886)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(9,594)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	4,079	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	14,617	6	4
5				5
6				6
7	Adj ABC Deprec Exp from Pg 12 series -	32	30	7
8	Late Fees on Utilities	(715)	5	8
9	Intercompany Interest with AMS	(117,217)	32	9
10	Misc Income - Jury Duty	(16)	22	10
11	Misc Income - Record Copies	(60)	21	11
12	Reduce Employee Benefit for Marketing	(9,766)	22	12
13	Marketing Manager & Aides	(64,146)	21	13
14	30% Backout PAC fees	(1,971)	20	14
15	Record Depreciation for Deffered Maint.	(195)	6	15
16	Intercompany interest	(1,746)	32	16
17	Back out MidCap Legal & Accounting Fees	(38,860)	19	17
18	Back Out Bloomingdale Chamber Comm.	(175)	20	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(229,618)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	4,357	(4,490)	0	0	0	0	0	0	0	(133)	1
2	Food Purchase	(105)	0	0	(357,988)	0	0	0	0	0	0	0	(358,093)	2
3	Housekeeping	0	0	4,871	0	0	0	0	0	0	0	0	4,871	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(715)	0	2,768	0	0	0	0	0	0	0	0	2,053	5
6	Maintenance	16,405	0	28,044	0	0	0	923	0	0	0	0	45,372	6
7	Other (specify):*	0	0	5,410	5,480	0	0	0	0	0	0	0	10,890	7
8	TOTAL General Services	15,585	0	45,450	(356,998)	0	0	923	0	0	0	0	(295,040)	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	34,745	84	1,297	0	0	0	0	0	0	36,126	10
10a	Therapy	0	0	0	0	0	(21,381)	0	0	0	0	0	(21,381)	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	5,070	0	0	0	0	0	0	0	0	5,070	15
16	TOTAL Health Care and Programs	0	0	39,815	84	1,297	(21,381)	0	0	0	0	0	19,815	16
	C. General Administration													
17	Administrative	0	0	94,662	0	0	0	0	0	0	0	0	94,662	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(39,611)	7,420	(384,819)	0	0	0	0	0	0	0	0	(417,010)	19
20	Fees, Subscriptions & Promotions	(16,965)	180	2,205	0	0	0	0	0	0	0	0	(14,580)	20
21	Clerical & General Office Expenses	(79,180)	12,845	220,544	98,746	4,505	0	0	0	0	0	0	257,460	21
22	Employee Benefits & Payroll Taxes	(9,782)	0	0	0	0	0	0	0	0	0	0	(9,782)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	763	0	0	0	0	0	0	0	0	763	24
25	Other Admin. Staff Transportation	0	0	14,079	0	0	0	0	0	0	0	0	14,079	25
26	Insurance-Prop.Liab.Malpractice	0	0	213	0	0	0	0	0	0	0	0	213	26
27	Other (specify):*	(28,779)	0	43,407	11,251	105	0	0	0	0	0	0	25,984	27
28	TOTAL General Administration	(174,316)	20,445	(8,946)	109,997	4,610	0	0	0	0	0	0	(48,210)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(158,731)	20,445	76,319	(246,917)	5,907	(21,381)	923	0	0	0	0	(323,435)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2012 Ending:

12/31/2012

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(13,448)	465,299	9,610	0	0	0	0	0	0	0	0	461,461	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(120,304)	1,341,874	96,220	0	30	0	0	0	0	0	0	1,317,820	32
33	Real Estate Taxes	0	121,777	5,177	0	44	0	0	0	0	0	0	126,998	33
34	Rent-Facility & Grounds	0	(1,183,437)	0	0	0	0	0	0	0	0	0	(1,183,437)	34
35	Rent-Equipment & Vehicles	0	0	42,558	0	0	0	0	0	0	0	0	42,558	35
36	Other (specify):*	0	96,194	0	0	0	0	0	0	0	0	0	96,194	36
37	TOTAL Ownership	(133,752)	841,707	153,565	0	74	0	0	0	0	0	0	861,594	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	(19,750)	(183)	0	0	0	0	0	0	(19,933)	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	(19,750)	(183)	0	0	0	0	0	0	(19,933)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(292,483)	862,152	229,884	(266,667)	5,798	(21,381)	923	0	0	0	0	518,226	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	\$ 1,183,437	Village II, Inc.	0.00%	\$	\$ (1,183,437)	1
2	V	32 Investment Income - RR	149	Village II, Inc.			(149)	2
3	V	19 Accounting Fee		Village II, Inc.		5,400	5,400	3
4	V	33 Real Estate Tax		Village II, Inc.		121,777	121,777	4
5	V	20 Annual Report Fees		Village II, Inc.		155	155	5
6	V	32 Interest On Mortg. Note		Village II, Inc.		782,668	782,668	6
7	V	36 Mortgage Insurance Premium		Village II, Inc.		96,194	96,194	7
8	V	30 Depreciation		Village II, Inc.		465,299	465,299	8
9	V	32 Amortization/ Interest Other		Village II, Inc.		480,644	480,644	9
10	V	21 General Insurance expense		Village II, Inc.		12,845	12,845	10
11	V	32 Debt Retirement Fee		Village II, Inc.		78,711	78,711	11
12	V	19 Legal Fees-Non Collections		Village II, Inc.		2,020	2,020	12
13	V	20 Licenses & Inspections		Village II, Inc.		25	25	13
14	Total		\$ 1,183,586			\$ 2,045,738	\$ * 862,152	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%	\$ 2,768	\$ 2,768
16	V	24 Trav & Seminar		Alden Management Services, Inc.		763	763
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,079	14,079
18	V	26 Insurance		Alden Management Services, Inc.		213	213
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		2,205	2,205
20	V	30 Depreciation		Alden Management Services, Inc.		9,610	9,610
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,177	5,177
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		42,558	42,558
23	V	32 Interest		Alden Management Services, Inc.		96,220	96,220
24	V	1 Dietary		Alden Management Services, Inc.		4,357	4,357
25	V	3 Housekeeping		Alden Management Services, Inc.		4,871	4,871
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		5,410	5,410
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		34,745	34,745
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		5,070	5,070
29	V	17 Administrative Salary		Alden Management Services, Inc.		94,662	94,662
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		43,407	43,407
31	V	19 Professional Fees	417,675	Alden Management Services, Inc.		32,856	(384,819)
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		220,544	220,544
33	V	6 Repair & Maint.	19,005	Alden Management Services, Inc.		47,049	28,044
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 436,680			\$ 666,564	\$ * 229,884

* 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 Sevices, Inc.	0.00%	\$ 46	\$ (10,754)
16	V	1 Dietarty Salary		Prism Health Care Sevices, Inc.		6,264	6,264
17	V	2 Tube Feeding	511,442	Prism Health Care Sevices, Inc.		153,454	(357,988)
18	V	10 Equip. Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84
19	V	39 Ancillary Supplies	134,167	Prism Health Care Sevices, Inc.		77,897	(56,270)
20	V	39 Vent Rent		Prism Health Care Sevices, Inc.		36,520	36,520
21	V	21 Gen'L & Admin Salary		Prism Health Care Sevices, Inc.		68,650	68,650
22	V	27 Employee Benefits		Prism Health Care Sevices, Inc.		11,251	11,251
23	V	7 Employee Benefits		Prism Health Care Sevices, Inc.		5,480	5,480
24	V	21 Gen'l & Admin		Prism Health Care Sevices, Inc.		30,096	30,096
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		\$ 663,069			\$ 396,402	\$ * (266,667)

* 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	\$ 10,616	Forum Extended Care Services II, Inc.	0.00%	\$ 13,562	\$ 2,946	15
16	V	39 Wound Care	15,215	Forum Extended Care Services II, Inc.		12,086	(3,129)	16
17	V	10 House Stock	17,662	Forum Extended Care Services II, Inc.		16,337	(1,325)	17
18	V	10 Pharmacy Consultant	2,615	Forum Extended Care Services II, Inc.		5,237	2,622	18
19	V	27 Employee Vaccin.	1,192	Forum Extended Care Services II, Inc.		946	(246)	19
20	V	27 Employee Benefits: G&A		Forum Extended Care Services II, Inc.		351	351	20
21	V	21 Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		2,563	2,563	21
22	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		1,942	1,942	22
23	V	32 Interest		Forum Extended Care Services II, Inc.		30	30	23
24	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		44	44	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		\$ 47,300			\$ 53,098	\$ * 5,798	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	\$ 205,152	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 183,771	\$ (21,381)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 205,152			\$ 183,771	\$ * (21,381)

* 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	\$ 14,951	Alden Bennett Construction Company, Inc.	0.00%	\$ 15,874	\$ 923	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		\$ 14,951			\$ 15,874	\$ *	923	39

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

Facility Name & ID Number

Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

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

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	179,033	1.292	3.23	Salary	\$ 5,967	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	66,426	1.292	3.23	Salary	2,214	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,245	1.292	3.23	Salary	1,275	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	\$ 9,456		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 Facility

0038455

Report Period Beginning:

01/01/2012

Ending: 2/31/2012

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

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

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

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	1,340,098	35	\$ 85,836	\$ 43,222	\$ 2,768	1
2	24	Trav & Seminar	Patient Days	1,340,098	35	23,644	43,222	763	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530	43,222	14,079	3
4	26	Insurance	Patient Days	1,340,098	35	6,589	43,222	213	4
5	20	Dues & Subscriptions	Patient Days	1,340,098	35	68,371	43,222	2,205	5
6	30	Depreciation	No of Providers/usage	35	35	340,112	1	9,610	6
7	33	Real Estate Tax	Patient Days	1,340,098	35	184,769	43,222	5,177	7
8	35	Rent-Equip & Vehicle	Patient Days/ysage	1,340,098	35	1,319,497	43,222	42,558	8
9	32	Interest	Patient Days	1,340,098	35	2,398,912	43,222	96,220	9
10	1	Dietary	Patient Days/usage	1,340,098	35	135,080	135,080	4,357	10
11	3	Housekeeping	Patient Days	1,340,098	35	151,028	151,028	4,871	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,340,098	35	167,731	43,222	5,410	12
13	10	Nurs & Med Records Salary	Patient Days	1,340,098	35	1,186,643	1,186,643	34,745	13
14	15	Employee Benefits -Health Care	Patient Days	1,340,098	35	157,190	43,222	5,070	14
15	17	Administrative Salary	Patient Days	1,340,098	35	3,283,025	3,283,025	94,662	15
16	27	Employee Benefits - Admin	Patient Days/usage	1,340,098	35	1,345,837	43,222	43,407	16
17	19	Professional fees	Patient Days	1,340,098	35	1,018,709	751,716	32,856	17
18	21	Gen'I & Admin	Patient Days	1,340,098	35	6,837,958	6,125,097	220,544	18
19	6	Repair & Maint.	Patient Days	1,340,098	35	1,458,765	980,107	47,049	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 20,606,226	\$ 12,612,696	\$ 666,564	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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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	\$	Paid Off	6.5000	\$ 654,143	1				
2	Cambridge		x	Mortgage		9/1/2012	15,183,700	15,128,265	9/1/2052	2.5000	128,525	2				
3	Early Retirement of Debt		x								78,711	3				
4												4				
5	Amortization-Fin/Refin Fee										481,037	5				
Working Capital																
6	Related party-AMS		x	Working Capital							96,220	6				
7	Related party-FECII		x	Working Capital							30	7				
8												8				
9	TOTAL Facility Related						\$ 30,367,400	\$ 15,128,265			\$ 1,438,666	9				
B. Non-Facility Related*																
10	Int Income on Repl Reserve										(149)	10				
11	Interest and Other Investment Income										(1,679)	11				
12												12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			(1,828)	14				
15	TOTALS (line 9+line14)						\$ 30,367,400	\$ 15,128,265			\$ 1,436,838	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 96,195 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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.		\$	119,100		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.)		\$	118,677		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(424)		3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	122,200		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.		\$	121,777		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	5221
			Total Real Estate Tax Expense, Sch V, Line 33	\$	126,998
Real Estate Tax Bill for Calendar Year:	2007	<u>51,756</u>			8
	2008	<u>54,040</u>			9
	2009	<u>111,790</u>			10
	2010	<u>115,590</u>			11
	2011	<u>118,677</u>			12
the current year accrual is based on an estimated 3% increase of the prior year tax					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2011	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

2011 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 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>303,210.00</u>	\$ <u>5,177.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>37,853.00</u>	\$ <u>44.00</u>
3. <u>02-14-107-038</u>	<u>Nursing Home Facility</u>	\$ <u>118,676.50</u>	\$ <u>118,676.50</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>459,739.50</u></u>	\$ <u><u>123,897.50</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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

Facility Name & ID Number Alden Village Health Facility

0038455 Report Period Beginning:

01/01/2012 Ending:

12/31/2012

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).

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>	1
2					2
3	TOTALS			\$ 580,000	3

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2012 Ending:

12/31/2012

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		811,273	5
6	119		2009	2009	11,600,002	297,436	39	297,436		1,164,958	6
7											7
8											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	5,475	3-25	5,475		147,817	12
13		Village construction		1996	14,046	562	25	562		9,974	13
14		Install fire door		1996	2,977		15			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		4,651	17
18		install damper motor &detector		1998	2,104	140	15	140		1,998	18
19		Replace furnace equipment		1999	1,827	122	15	122		1,706	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		10			19,015	26
27		Display phone and digital phone		2001	1,609		10			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	35	10	35		4,375	29
30		GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350	224	10	224		5,350	30
31		ABC (wall mounted eye wash)		2002	2,507	146	10	146		2,507	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 Facility

0038455

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	\$	\$ 20,730	37
38	ABC- misc construction	2003	7,580	758	10	758		7,012	38
39	Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200	320	10	320		3,147	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		558	42
43	ABC- roof repair	2003	10,121	1,012	10	1,012		9,193	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		5,635	44
45	Patton Ind-gernerator repair	2004	2,050	205	10	205		1,725	45
46	ABC - roof repairs	2004	1,918	192	10	192		1,632	46
47	GT Mechanical-heater repair	2004	1,506	151	10	151		1,231	47
48	GT Mechanical-heater repair	2004	1,878	188	10	188		1,519	48
49	ABC-roof repairs	2004	3,356	336	10	336		2,686	49
50	ABC-new tile	2004	9,043	904	10	904		7,986	50
51	ABC-doors	2004	3,293	220	15	220		1,942	51
52	ABC-roof canopy	2004	3,581	358	10	358		3,133	52
53	INS, Inc-rewire for DSL	2004	1,512	151	10	151		1,347	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		8,297	55
56	ABC-bathroom remodel	2004	1,641		5			1,641	56
57	ABC-install metal door	2004	1,227	123	10	123		1,025	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		2,302	62
63	GT Mechanical-replace 5 ton York RTU	2005	6,160	616	10	616		4,569	63
64	GT Mechanical-replace storage tank	2005	8,935	894	10	894		7,003	64
65	ABC-diswasher repairs	2006	6,824	682	10	682		4,718	65
66	ABC - elevator pump	2006	10,042	502	20	502		3,097	66
67	ABC - elevator power supply	2006	4,974	249	20	249		1,515	67
68	Oak Fire - replace smoke detectors	2006	2,655	266	10	266		1,618	68
69	ABC-Repave parking lot	2006	3,600	450	8	450		3,075	69
70	TOTAL (lines 4 thru 69)		\$ 14,319,203	\$ 373,940		\$ 373,940	\$	\$ 2,401,414	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		\$ 14,319,203	\$ 373,940		\$ 373,940	\$	\$ 2,401,414	1
2	ABC -firewalls to existing bldg	2007	29,867	2,987	10	2,987		15,931	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		6,560	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	485	10	485		2,506	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refri	2008	2,703	270	10	270		1,215	5
6	JuLAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		883	6
7	ABC-Replace Asphalt in east Lot	2008	5,010	626	8	626		2,713	7
8	ABC- Installed new railings	2009	4,540	303	15	303		1,086	8
9	ALDBEN -Roof Installation	2009	14,288	1,429	10	1,429		4,366	9
10	ALDBEN- RoofTop Screening fire protect	2009	8,436	844	10	844		2,532	10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106	821	5	821		3,284	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504	250	10	250		938	12
13	ABC- Install heater pipe in boiler room	2011	5,874	294	20	294		343	13
14	GARPAV-Re-stripe existing lav out with new seal coat in parking	2011	3,000	600	5	600		756	14
15	GTMPRO- Radiation Dampers & Fire Blankets	2011	4,150	519	8	519		657	15
16	GTMECH-Damper(fire),Ceiling redation damper repair	2012	9,099	227	10	227		227	16
17	ABC-Emergency hot water heater replace	2012	23,395	780	10	780		780	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)		\$ 14,462,642	\$ 385,749		\$ 385,749	\$	\$ 2,446,190	34

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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 14,462,642	\$ 385,749		\$ 385,749	\$	\$ 2,446,190	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25									25
26	ABC- Adjustment for realted party profit	2008	(29)	(2)		(2)		(8)	26
27	ABC- Adjustment for realted party profit	2009	(209)	(6)		(6)		(15)	27
28	ABC- Adjustment for realted party profit	2010	(237)	(9)		(9)	0	(21)	28
29	ABC- Adjustment for realted party profit	2011	46	1		1		1	29
30	ABC- Adjustment for realted party profit	2012	1,444	48		48		48	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,549,948	\$ 387,282		\$ 387,282	\$ 0	\$ 2,524,859	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	\$ 1,245,730	\$ 107,001	\$ 107,001	\$	various	\$ 680,802	71
72	Current Year Purchases	50,173	4,184	4,184		various	4,184	72
73	Fully Depreciated Assets	322,692	640	640		various	322,692	73
74								74
75	TOTALS	\$ 1,618,595	\$ 111,825	\$ 111,825	\$		\$ 1,007,678	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	5,380	5,380		3/3	7,916	78
79	Related Party-AMS		98-'02	3,911				3	3,911	79
80	TOTALS			\$ 139,700	\$ 5,380	\$ 5,380	\$		\$ 127,773	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)	\$ 16,888,243	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 504,487	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 504,487	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)	\$ 3,660,310	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

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

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. 12/31/13 \$ Varies

13. 12/31/14 \$ Varies

14. 12/31/15 \$ Varies

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 13,583 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>21,344</u>	17
18					18
19	<u>Auto Lease GL 6890</u>	<u>various</u>	<u>0.00</u>	<u>0</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>21,344</u>	21

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

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

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/2012 Ending: 12/31/2012
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8		
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units	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							13,562					13,562		9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs														10
11	Academic Education		hrs														11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3			232,487					74,396					306,883		12
13	Other (specify): <u>See Pg 16A</u>									171,653					171,653		13
14	TOTAL				\$ 232,487			\$		\$ 259,610				\$	492,097		14

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

XIV. Special Services (Direct Cost)

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	\$64,949.32
2.	ST	39-3	To Col 5	15,156.72
3.				
4.	PT	39-3	To Col 5	125,045.59
5.				
6.				
7.				
8.				
				205,151.63
	Less: OT, ST, & PT costs - reclassified to 10A for DD facilities			(205,151.63)
				0.00
	Pharmacy Supplies per GL			10,615.68
	Manual Input from Related Party- Forum Drugs			2,946.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	13,561.68
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	232,486.92
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	74,395.85
	Total Exceptional Care (Line 12, Col 8)			306,882.77

13. Other:	See Pg 16A		-----
13. Col 5: Manual Input: Related Party - CPT		To Col 5	0.00
Other			586,374.60
Less: Respiratory Therapy Costs reclassified to line 10A on Pg 4A			(436,992)
Manual Input: Related Party - Prism			(19,751.00)
Manual Input: Related Party FECII - I.V.			0.00
Manual Input: Related Party FECII - Wound Care			(3,129.00)
Oxygen, from reclass worksheet (Pg 4A)			45,150.00
13. Col 6: Supplies Total		To Col 6	----- 171,652.60
13. Total Line 13, Column 8			----- 171,652.60
14. Total			----- 492,097.05 =====

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2012

Ending:

12/31/2012

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(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>24,000</u>)	3,729,717	3,729,717	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		12,313	6
7	Other Prepaid Expenses	8,117	58,729	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>		66,959	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,737,834	\$ 3,867,718	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	689,801	1,866,354	15
16	Equipment, at Historical Cost	511,393	719,587	16
17	Accumulated Depreciation (book methods)	(1,013,682)	(3,681,876)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		162,798	21
22	Other Long-Term Assets (spec <u>Fin Fees, net</u>)		70,522	22
23	Other(specify): <u>Due from affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 187,512	\$ 13,534,106	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,925,346	\$ 17,401,824	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,297,090	\$ 1,181,779	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	69,777	69,777	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	407,814	407,814	30
31	Accrued Taxes Payable (excluding real estate taxes)	69,934	69,934	31
32	Accrued Real Estate Taxes(Sch.IX-B)		122,200	32
33	Accrued Interest Payable		31,517	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	2,991,359	2,944,675	36
37	<u>S.T. portion of L.T. debt</u>		225,233	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,835,974	\$ 5,052,929	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,903,032	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)	\$	\$ 14,903,032	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,835,974	\$ 19,955,961	46
47	TOTAL EQUITY(page 18, line 24)	\$ (910,628)	\$ (2,554,137)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,925,346	\$ 17,401,824	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (280,411)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	(41,616)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (322,027)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(588,601)	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)	\$ (588,601)	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)	\$ (910,628)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,348,316	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,348,316	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	48,527	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 48,527	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	9,902	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,245	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 11,147	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,286	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,286	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>	1,416,731	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,416,731	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,826,007	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,626,008	31
32	Health Care	3,725,294	32
33	General Administration	1,711,561	33
B. Capital Expense			
34	Ownership	1,357,259	34
C. Ancillary Expense			
35	Special Cost Centers	2,461,076	35
36	Provider Participation Fee	533,410	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,414,608	40
41	Income before Income Taxes (line 30 minus line 40)**	(588,601)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (588,601)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,261,462	44
45	Private Pay - Net Inpatient Revenue	53,249	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Hospice</u>	33,898	47
48	Other-(specify) <u>Charity/Sales Allow</u>	(293)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,348,316	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet 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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2012 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	76
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	1,407,573

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	2,080	2,080	\$ 125,461	\$ 60.32	1
2	Assistant Director of Nursing	1,936	2,000	62,417	31.21	2
3	Registered Nurses	28,742	30,619	943,508	30.81	3
4	Licensed Practical Nurses	18,056	19,303	474,454	24.58	4
5	CNAs & Orderlies					5
6	CNA Trainees					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	1,589	1,749	37,876	21.66	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,178	17,718	175,363	9.90	15
16	Dishwashers					16
17	Maintenance Workers	1,560	1,560	39,085	25.05	17
18	Housekeepers	16,582	17,885	182,359	10.20	18
19	Laundry	4,614	5,098	52,305	10.26	19
20	Administrator	2,080	2,080	90,494	43.51	20
21	Assistant Administrator	1,768	1,768	57,220	32.36	21
22	Other Administrative	3,952	3,952	119,892	30.34	22
23	Office Manager	2,080	2,080	35,194	16.92	23
24	Clerical	2,600	2,716	23,090	8.50	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	10,392	10,392	170,387	16.40	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	129,356	136,562	1,627,998	11.92	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>DT Transportation</u>	3,353	3,556	56,547	15.90	33
34	TOTAL (lines 1 - 33)	246,918	261,118	\$ 4,273,650 *	\$ 16.37	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	35,800	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	222,620	11-3	44
45	Social Service Consultant	3	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	3,294	\$ 272,396		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

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	
Longo, Laurie M	Administrator	0	\$ 90,493	Workers' Compensation Insurance	\$ 134,765	IDPH License Fee	\$	
Harris, Yvonne	Assistant Administ	0	57,220	Unemployment Compensation Insurance	67,184	Advertising: Employee Recruitment	834	
		0		FICA Taxes	319,482	Health Care Worker Background Check		
		0		Employee Health Insurance	102,755	(Indicate # of checks performed 52)	1,560	
		0		Employee Meals	28,406	Patient Background Checks	32 320	
		0		Illinois Municipal Retirement Fund (IMRF)*		Secretary of State/Sun-time Media	41	
		0		Dental, Life, Relations, Pension & Misc	7,605	Related Party-Village, LLC	180	
				Employee Drug Test	3,616	Collabrative Healthcare	405	
				401k Match	2,558	IHCA dues, less pac fees	4,598	
				Employee Vaccinations	1,192	Related parties	2,205	
				Offset Benefit Costs with Misc. Income	(16)	Less: Public Relations Expense	()	
				Employee Benefit -Marketing	(9,766)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 147,713				\$ 657,781		\$ 10,143		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
None	\$			Not Applicable		\$	Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$ 2,699	
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Servs.	Consulting	\$ 379,863						
BDO Siedman/Virchow Krause	Accounting Fees	4,806						
MidCap (Eliminated)	Accounting Fees	1,640						
Michigan Peer Review Organization	Quality Control & Review	1,940						
First Advantage	Tax Consultants	1,710						
Kenneth J. Fisch	Legal-Collection	751						
AMS (Eliminated)	Allocated Legal Fees	37,812						
MidCap (Eliminated)	Alloc. Legal -Non Collection Fee	1,048						
IL State Police	Patient Background Check	160						
Note: \$160 of the above IL state of Police cost was reclassified to Ln 20 on Pg 3.								
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 429,730								

* 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	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	Paint, Tinted Paint	06/12	838	3						140		
5	Paint, Tinted	11/12	503	3						14		
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 7,916		\$ 273	\$ 273	\$ 436	\$ 344	\$ 279	\$ 271	\$	\$

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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
- (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. \$ 42,386 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. \$ 533,410
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. \$ 28,406 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.