

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	(3,372)	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	(1,131)	30		9
10	Interest and Other Investment Income	(857)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(53)	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	(16,372)	21		17
18	Fines and Penalties	(155)	32		18
19	Entertainment	(645)	20		19
20	Contributions	(3,096)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(205)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(37,154)	27		24
25	Fund Raising, Advertising and Promotional	(5,318)	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)	\$ (68,359)		\$	30

BHF USE ONLY							
48		49		50		51	

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)	27,078	Pg 6s	34
35	Other- Attach Schedule	(74,602)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (47,524)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (115,883)		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 Care Facility for Children & Young Adults, Inc.

ID# 0038455

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (1,424)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2,500 -	(14,722)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	0	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	23,480	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	47	30	6
7	Late Fees on Utilities	(1,398)	5	7
8	Other Nursing Income	(210)	21	8
9	Intercompany Interest	(79,726)	32	9
10				10
11				11
12	Misc Income- Donations	(610)	21	12
13	Misc Income-Jury Duty		21	13
14	Misc Income- Record Copies	(40)	10	14
15	Misc Income- Telephone Rebate		21	15
16				16
17	Marketing Manager & Aides		21	17
18	Eliminate portion of market benefits		22	18
19	Back Out Bloomingdale Chamber Comm.			19
20	Deprecation adjustment to detail		30	20
21	Record Depreciation for Deferred Maint.			21
22	AMS Depreciation Adj.			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	(74,602)		49

STATE OF ILLINOIS

Summary A

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

0038455

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,310	6,432	0	0	0	0	0	0	0	8,742	1
2	Food Purchase	(53)	0	0	(316,772)	0	0	0	0	0	0	0	(316,825)	2
3	Housekeeping	0	0	6,149	0	0	0	0	0	0	0	0	6,149	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,398)	0	3,021	0	0	0	0	0	0	0	0	1,623	5
6	Maintenance	20,108	0	18,966	0	0	0	48	0	0	0	0	39,122	6
7	Other (specify):*	0	0	5,656	0	0	0	0	0	0	0	0	5,656	7
8	TOTAL General Services	18,657	0	36,102	(310,341)	0	0	48	0	0	0	0	(255,533)	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	(40)	0	40,758	17,986	(1,760)	0	0	0	0	0	0	56,944	10
10a	Therapy	0	0	0	0	0	(10,948)	0	0	0	0	0	(10,948)	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	5,800	0	0	0	0	0	0	0	0	5,800	15
16	TOTAL Health Care and Programs	(40)	0	46,558	17,986	(1,760)	(10,948)	0	0	0	0	0	51,796	16
	C. General Administration													
17	Administrative	0	0	174,520	0	0	0	0	0	0	0	0	174,520	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(205)	7,300	(512,551)	0	0	0	0	0	0	0	0	(505,456)	19
20	Fees, Subscriptions & Promotions	(9,059)	0	1,553	0	0	0	0	0	0	0	0	(7,506)	20
21	Clerical & General Office Expenses	(17,193)	102	224,070	0	0	0	0	0	0	0	0	206,979	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,975)	0	0	0	0	0	0	(3,975)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,298	0	0	0	0	0	0	0	0	1,298	24
25	Other Admin. Staff Transportation	0	0	12,264	0	0	0	0	0	0	0	0	12,264	25
26	Insurance-Prop.Liab.Malpractice	0	8,982	256	0	0	0	0	0	0	0	0	9,238	26
27	Other (specify):*	(37,154)	0	60,465	0	0	0	0	0	0	0	0	23,311	27
28	TOTAL General Administration	(63,610)	16,384	(38,125)	0	(3,975)	0	0	0	0	0	0	(89,326)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(44,993)	16,384	44,535	(292,355)	(5,735)	(10,948)	48	0	0	0	0	(293,064)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Health Care Facility for Children & Young Ac # 0038455 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(17,230)	451,720	14,663	0	0	0	0	0	0	0	0	449,153	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(80,738)	347,857	88,844	0	0	0	0	0	0	0	0	355,963	32
33	Real Estate Taxes	0	136,549	7,758	0	0	0	0	0	0	0	0	144,307	33
34	Rent-Facility & Grounds	0	(884,550)	0	0	0	0	0	0	0	0	0	(884,550)	34
35	Rent-Equipment & Vehicles	0	0	30,438	0	0	0	0	0	0	0	0	30,438	35
36	Other (specify):*	0	69,027	0	0	0	0	0	0	0	0	0	69,027	36
37	TOTAL Ownership	(97,968)	120,603	141,703	0	0	0	0	0	0	0	0	164,338	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	18,261	(5,419)	0	0	0	0	0	0	12,842	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	18,261	(5,419)	0	0	0	0	0	0	12,842	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(142,961)	136,987	186,238	(274,094)	(11,154)	(10,948)	48	0	0	0	0	(115,883)	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	\$ 884,550	Village II, Inc.	0.00%	\$	\$ (884,550)	1
2	V	32 Interest Income Repl Reserve	77	Village II, Inc.			(77)	2
3	V	19 Accounting Fees		Village II, Inc.		7,300	7,300	3
4	V	21 Misc Administrative Expenses		Village II, Inc.		102	102	4
5	V	33 Real Estate Tax Expense		Village II, Inc.		136,549	136,549	5
6	V	26 General Insurance Expense		Village II, Inc.		8,982	8,982	6
7	V	36 Mortgage Insurance Premium		Village II, Inc.		69,027	69,027	7
8	V	32 Interest- Mortgage		Village II, Inc.		345,150	345,150	8
9	V	30 Depreciation Expense		Village II, Inc.		451,720	451,720	9
10	V	32 Amortization Expense		Village II, Inc.		2,784	2,784	10
11	V	6 Maintenance		Village II, Inc.				11
12	V			Village II, Inc.				12
13	V			Village II, Inc.				13
14	Total		\$ 884,627			\$ 1,021,614	\$ * 136,987	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%	\$ 3,021	\$	3,021	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,298		1,298	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		12,264		12,264	17
18	V	26 Insurance		Alden Management Services, Inc.		256		256	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		1,553		1,553	19
20	V	30 Depreciation		Alden Management Services, Inc.		14,663		14,663	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,758		7,758	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		30,438		30,438	22
23	V	32 Interest		Alden Management Services, Inc.		88,844		88,844	23
24	V	1 Dietary		Alden Management Services, Inc.		2,310		2,310	24
25	V	3 Housekeeping		Alden Management Services, Inc.		6,149		6,149	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		5,656		5,656	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		40,758		40,758	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		5,800		5,800	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		174,520		174,520	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		60,465		60,465	30
31	V	19 Professional Fees	553,128	Alden Management Services, Inc.		40,577		(512,551)	31
32	V	21 Gen'I & Admin	55,320	Alden Management Services, Inc.		279,390		224,070	32
33	V	6 Repair & Maint.	21,157	Alden Management Services, Inc.		40,123		18,966	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 629,605			\$ 815,843	\$ *	186,238	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary Consultant	\$ 24,168	Prism Health Care Services, Inc.	0.00%	\$	\$(24,168)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,326	14,326
17	V	2 Tube Feeding	488,365	Prism Health Care Services, Inc.		121,243	(367,122)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Ancillary Supplies	125,637	Prism Health Care Services, Inc.		45,518	(80,119)
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.			
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		16,274	16,274
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		50,350	50,350
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		13,649	13,649
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		98,380	98,380
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		\$ 644,831			\$ 370,737	\$ * (274,094)

* 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 <u>Drugs</u>	\$ 58,315	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 53,683	\$ (4,632)
16	V	39 <u>I.V.</u>		<u>Forum Extended Care Services II, Inc.</u>			
17	V	39 <u>Wound Care Products</u>	55,961	<u>Forum Extended Care Services II, Inc.</u>		51,516	(4,445)
18	V	10 <u>House Stock</u>	19,539	<u>Forum Extended Care Services II, Inc.</u>		17,987	(1,552)
19	V	10 <u>Pharm Consult.</u>	2,616	<u>Forum Extended Care Services II, Inc.</u>		2,408	(208)
20	V	22 <u>Employ. Vaccin.</u>	3,975	<u>Forum Extended Care Services II, Inc.</u>			(3,975)
21	V	39 <u>Employ. Vaccin.</u>		<u>Forum Extended Care Services II, Inc.</u>		3,659	3,659
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		\$ 140,406			\$ 129,252	\$ * (11,154)

* 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	\$ 140,842	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 129,895	\$ (10,948)
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		\$ 140,842			\$ 129,895	\$ * (10,948)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 15,898	Alden Bennett Construction Company, Inc.	0.00%	\$ 15,947	\$	48	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		\$ 15,898			\$ 15,947	\$ *	48	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Repairs & Maintenance	\$	Alden Design Group, Ltd.	0.00%	\$	\$	15
16	V			(no invoices this year)				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		\$			\$	0	\$ *

* 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. # 0038455 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and H	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	(Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	(Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health C	Long Grove				30

Facility Name & ID Number Alden Village Health Care Facility for Child # 0038455 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

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

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

	1 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 A.	Chairman-Board of D	Chairman	100.00	179,005	1.296	3.24	Salary	\$ 5,995	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,759	1.296	3.24	Salary	3,241	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,759	1.296	3.24	Salary	3,241	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	113,049	1.296	3.24	Salary	3,786	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	61,087	1.296	3.24	Salary	2,046	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	179,005	1.134	3.24	Salary	5,995	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 24,304		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 # 0038455 Report Period Beginning: 1/1/2018 Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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	36	\$ 93,217	\$	43,587	\$ 3,021	1
2	24	Trav & Seminar	Patient Days	36	40,070		43,587	1,298	2
3	25	Other Admin Travel	Patient Days	36	378,471		43,587	12,264	3
4	26	Insurance	Patient Days	36	7,901		43,587	256	4
5	20	Dues & Subscriptions	Patient Days	36	47,918		43,587	1,553	5
6	30	Depreciation	No of Providers/usage	36	241,024		1	14,663	6
7	33	Real Estate Tax	Patient Days/usage	36	225,231		43,587	7,758	7
8	35	Rent-Equip & Vehicle	Patient Days	36	939,296		43,587	30,438	8
9	32	Interest	Patient Days/usage	36	2,386,801		43,587	88,844	9
10	1	Dietary Salary	Patient Days	36	71,277	71,277	43,587	2,310	10
11	3	Housekeeping Salary	Patient Days	36	189,741	189,741	43,587	6,149	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	36	174,531		43,587	5,656	12
13	10	Nurs & Med Records Salary	Patient Days	36	1,365,622	1,365,622	43,587	40,758	13
14	15	Employee Benefits -Health Care	Patient Days	36	178,975		43,587	5,800	14
15	17	Administrative Salary	Patient Days/usage	36	5,672,224		43,587	174,520	15
16	27	Employee Benefits - Admin	Patient Days	36	1,865,905	1,865,905	43,587	60,465	16
17	19	Professional fees	Patient Days	36	1,189,339	934,398	43,587	40,577	17
18	21	Gen'I & Admin	Patient Days	36	8,621,748	7,630,656	43,587	279,390	18
19	6	Repair & Maint.	Patient Days	36	1,609,999	1,070,693	43,587	40,123	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 25,299,290	\$ 13,128,292		\$ 815,843	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge Realty		x	Mortgage	\$50,072.54	9/1/2012	\$ 15,183,700	\$ 13,688,494	9/1/2052	2.5000	\$ 345,150	1								
2												2								
3												3								
4	Insurance Interest (GL07053)		x	Medical Malpractice							1,345	4								
5	Amort of Fin Fees (GL 1918)		x	Refinancing							2,785	5								
Working Capital																				
6	Related party - AMS		x	Working Capital							88,844	6								
7												7								
8												8								
9	TOTAL Facility Related				\$50,072.54		\$ 15,183,700	\$ 13,688,494			\$ 438,124	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x								(77)	10								
11	Int Income (GL#4975)		x								(857)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (935)	14								
15	TOTALS (line 9+line14)						\$ 15,183,700	\$ 13,688,494			\$ 437,189	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 69,027 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

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

0038455

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Nursing facility, 1992, \$580,000. Row 2: (blank), (blank), (blank). Row 3: TOTALS, \$580,000.

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	varies	56,839		1,152,307	5
6	119		2009	2009	11,600,002	297,436	varies	297,436		2,949,574	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	5,057	3-25	5,057		180,246	12
13		Village construction		1996	14,046	562	25	562		13,346	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		15			4,810	17
18		install damper motor &detector		1998	2,104		15			2,104	18
19		Replace furnace equipment		1999	1,827		15			1,827	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		10			4,375	29
30		GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350		10			5,350	30
31		ABC (wall mounted eye wash)		2002	2,507		10			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

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	\$	10	\$	\$	\$ 20,730	37
38	ABC- misc constrction	2003	7,580		10			7,580	38
39	Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200		10			3,200	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		924	42
43	ABC- roof repair	2003	10,121		10			10,121	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		9,427	44
45	Patton Ind-gernerator repair	2004	2,050		10			2,050	45
46	ABC - roof repairs	2004	1,918		10			1,918	46
47	GT Mechanical-heater repair	2004	1,506		10			1,506	47
48	GT Mechanical-heater repair	2004	1,878		10			1,878	48
49	ABC-roof repairs	2004	3,356		10			3,356	49
50	ABC-new tile	2004	9,043	452	20		(452)	9,043	50
51	ABC-doors	2004	3,293	220	15	220		3,262	51
52	ABC-roof canopy	2004	3,581		10			3,581	52
53	INS, Inc-rewire for DSL	2004	1,512		10			1,512	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		14,153	55
56	ABC-bathroom remodel	2004	1,641		5			1,641	56
57	ABC-install metal door	2004	1,227		10			1,227	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		10			3,213	62
63	GT Mechanical-replace 5 ton York RTU	2005	6,160		10			6,160	63
64	GT Mechanical-replace storage tank	2005	8,935		10			8,935	64
65	ABC-diswasher repairs	2006	6,824		10			6,824	65
66	ABC - elevator pump	2006	10,042	502	20	502		6,109	66
67	ABC - elevator power supply	2006	4,974	249	20	249		3,009	67
68	Oak Fire - replace smoke detectors	2006	2,655		10			2,655	68
69	ABC-Repave parking lot	2006	3,600		8			3,600	69
70	TOTAL (lines 4 thru 69)		\$ 14,319,203	\$ 362,986		\$ 362,534	\$ (452)	\$ 4,592,530	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	\$ 362,986		\$ 362,534	\$ (452)	\$ 4,592,530	1
2	ABC -firewalls to existing bldg	2007	29,867		10			29,867	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		13,609	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850		10			4,850	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refr	2008	2,703	138	10	138		2,703	5
6	JulAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		2,083	6
7	ABC-Replace Asphalt in east Lot	2008	5,010		8			5,010	7
8	ABC- Installed new railings	2009	4,540	303	15	303		2,903	8
9	ABC -Roof Installation	2009	14,288	1,429	10	1,429		12,939	9
10	ABC- RoofTop Screening fire protect	2009	8,436	844	10	844		7,596	10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106		5			4,106	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504	250	10	250		2,438	12
13	ABC- Install heater pipe in boiler room	2011	5,874	294	20	294		2,107	13
14	GARPAV-Re-stripe existing lay out with new seal coat in parking	2011	3,000	375	8		(375)	3,000	14
15	GTMPRO- Radiation Dampers & Fire Blankets	2011	4,150	415	8	519	104	3,667	15
16	GTMECH-Damper(fire),Ceiling redation damper repair	2012	9,099	910	10	910		5,687	16
17	ABC-Emergency hot water heater replace	2012	23,395	2,340	10	2,340		14,819	17
18	AprAMS IC-AMEEXP Floyd-Patten: Generator repairs	2013	4,885	570	5	570		4,885	18
19	ABC-dampers, fire radiation	2013	2,674	88	5	88		2,674	19
20	ABC-Wall protection: dining, activity 5 & 7, room C114, C116, C1	2013	5,481	548	10	548		2,877	20
21	ABC-dampers, fire radiation	2013	12,440	1,866	5	1,866		12,440	21
22	Tile Replacement-ALDBEN	2014	3,320	166	20	166		692	22
23	Dampers,fire radiation replace-ABC	2014	5,481	548	10	548		2,603	23
24									24
25	Flooring (new base), shower area -ALDBEN	2015	21,940	1,097	20	1,097		3,565	25
26	Belts, for dryer & washer-EQUINT	2015	3,117	623	5	623		1,921	26
27	Village - Parking Lot	2015	214,466	8,578	25	8,578		23,972	27
28	Gutter/roof replace - roof - ALDBEN	2018	2,834	213	10	213		213	28
29	Body (auto) work - outside -BILAUT-AMEEXP	2018	3,338	668	5	668		668	29
30	Dryer repair & install parts - laundry area - EQUINT	2018	3,832	128	5	128		128	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,746,451	\$ 386,752		\$ 386,029	\$ (723)	\$ 4,766,552	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		\$ 14,746,451	\$ 386,752		\$ 386,029	\$ (723)	\$ 4,766,552	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,891,627	\$ 389,499		\$ 388,776	\$ (723)	\$ 4,852,821	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 12D, Carried Forward	\$ 14,891,627	\$ 389,499		\$ 388,776	\$ (723)	\$ 4,852,821		1
2	ABC- Adjustment for realted party profit	2008	(29)	(2)	(2)		(20)		2
3	ABC- Adjustment for realted party profit	2009	(209)	(6)	(6)		(51)		3
4	ABC- Adjustment for realted party profit	2010	(237)	(9)	(9)		(75)		4
5	ABC- Adjustment for realted party profit	2011	46	1	1		7		5
6	ABC- Adjustment for realted party profit	2012	1,444	48	48		336		6
7	ABC- Adjustment for realted party profit	2013	241	20	20		112		7
8	ABC- Adjustment for realted party profit	2014	(17)	(2)	(2)		(7)		8
9	ABC- Adjustment for realted party profit	2015	(42)	(4)	(4)		(14)		9
10	ABC- Adjustment for realted party profit	2018	9	1	1		1		10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 14,892,833	\$ 389,547		\$ 388,824	\$ (723)	\$ 4,853,109		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	\$ 745,002	\$ 49,347	\$ 49,347	\$	varies	\$ 436,720	71
72	Current Year Purchases	35,014	3,663	3,663		varies	3,450	72
73	Fully Depreciated Assets	1,091,797	26,251	26,251		varies	1,091,797	73
74								74
75	TOTALS	\$ 1,871,812	\$ 79,260	\$ 79,260	\$		\$ 1,531,966	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				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78	Bus repairs, including 2 in MRs on Vlg II		2006	8,315				5	8,315	78
79	MIDTRA-Bus Repairs & Bus Engine/BILAUT-Restraint		2011/2015	21,473	408		(408)	3/5/4	21,473	79
80	TOTALS			\$ 33,590	\$ 408	\$	\$ (408)		\$ 33,591	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)	\$ 17,378,236	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 469,214	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 468,083	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (1,131)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,418,665	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 eliminated

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

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

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

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

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

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

15. Is Movable equipment rental included in building rental? _____

YES NO

16. Rental Amount for movable equipment: \$ 21,634 Description: Copy machine \$16,155.62 and equipment lease \$5,478.00

(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>17,319</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		\$ <u>#####</u>	\$ <u>17,571</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>34,890</u>	21

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input 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>Info avail. upon request.</u></p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	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	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				57,342		57,342	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>									12
13	Other (specify): <u>See PG 16A</u>	39-1, 39-3, if any					209,530		209,530	13
14	TOTAL			\$		\$	266,872		\$ 266,872	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5		
2.	ST	39-3	To Col 5		
3.					
4.	PT	39-3	To Col 5		
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			58,315.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(973.44)	From Page 6
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	57,341.56	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
	Total Exceptional Care (Line 12, Col 8)			0.00	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	0.00	From Page 6
	Other			225,930.92	
	Less: Respiratory Therapy Costs reclassified to line 10A on Pg 4A			(44,333.00)	
	Manual Input: Related Party - Prism			18,261.35	From Page 6
	Manual Input: Related Party FECII - I.V.			0.00	From Page 6
	Manual Input: Related Party FECII - Wound Care Products			(4,445.44)	From Page 6
	Oxygen, from reclass worksheet (Pg 4A)			12,930.00	
13.	Col 3: Transport. Specialist -Input to Column 3			1,186.38	
13.	Col 6: Supplies Total		To Col 6	209,530.21	
13.	Total Line 13, Column 8			209,530.21	
14.	Total			266,871.78	

3C

3D

3B
3C
3C

Facility Name & ID Number Alden Village Health Care Facility for Children & Young A# 0038455 Report Period Beginning: 1/1/2018 Ending: 12/31/2018
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2018 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 20,034	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (19,000))	1,058,850	1,058,850	3
4	Supply Inventory (priced at)	4,088	4,088	4
5	Short-Term Investments			5
6	Prepaid Insurance		9,026	6
7	Other Prepaid Expenses	7,768	58,815	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>		111,009	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,070,706	\$ 1,261,822	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	693,945	1,960,335	15
16	Equipment, at Historical Cost	445,095	813,678	16
17	Accumulated Depreciation (book methods)	(1,062,307)	(6,477,311)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		108,964	21
22	Other Long-Term Assets (specify):		53,082	22
23	Other(specify): <u>Due from Affiliate</u>	1,674,676	1,674,676	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,751,410	\$ 12,530,145	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,822,116	\$ 13,791,967	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 898,825	\$ 898,825	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	27,130	27,130	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	578,759	578,759	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,508	21,508	31
32	Accrued Real Estate Taxes(Sch.IX-B)		136,000	32
33	Accrued Interest Payable		28,518	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Ins, Exps, IDPA, Sales Tax, etc.</u>	293,730	293,730	36
37	<u>Due to Affiliates/Short Term Payable</u>	1,406,604	1,587,219	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,226,557	\$ 3,571,689	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		13,426,852	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 13,426,852	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,226,557	\$ 16,998,541	46
47	TOTAL EQUITY(page 18, line 24)	\$ (404,441)	\$ (3,206,574)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,822,116	\$ 13,791,967	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (477,209)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(51,542)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (528,751)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	124,311	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)	\$ 124,311	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)	\$ (404,441)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Village Health Care Facility for Children & Y # 0038455 Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,615,695	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,615,695	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	24,825	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 24,825	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	70,588	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	210	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 70,798	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	857	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 857	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	1,880,136	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,880,136	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,592,311	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,851,686	31
32	Health Care	3,750,349	32
33	General Administration	2,114,221	33
B. Capital Expense			
34	Ownership	1,019,632	34
C. Ancillary Expense			
35	Special Cost Centers	2,161,320	35
36	Provider Participation Fee	570,793	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,468,000	40
41	Income before Income Taxes (line 30 minus line 40)**	124,311	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 124,311	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,571,962	44
45	Private Pay - Net Inpatient Revenue	18,190	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Hospice/Insurance</u>	25,543	47
48	Other-(specify) <u>VA/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,615,695	49

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

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

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

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

Facility Name & ID Number Alden Village Health Care Facility for Children & Young Adults, Inc. # 003-8455 Report Period Beg01/01/2018 Ending: 12/31/2018

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	
Jury Duty- Backed out with line reference 22 on page 5A	\$ -
Telephone Rebate- Backed out with line reference 22 on page 5A	\$ -
Record Copies- Backed out with line reference 22 on page 5A	\$ 40
Donations- Backed out with line reference 22 on page 5A	\$ 610
Day Training Income	\$ 1,875,887
Write off old A/P	\$ 1,804
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	\$ 1,795
Line 28 Total:	<u>1,880,136</u>

Facility Name & ID Number Alden Village Health Care Facility for Children & Young Adults # 0038455 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,064	2,080	\$ 95,073	\$ 45.71	1
2	Assistant Director of Nursing	2,154	2,162	89,343	41.32	2
3	Registered Nurses	32,266	34,751	1,161,182	33.41	3
4	Licensed Practical Nurses	11,854	13,363	350,228	26.21	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,880	1,922	36,820	19.16	9
10	Activity Assistants	20,148	20,953	216,500	10.33	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	53,432	25.69	13
14	Head Cook					14
15	Cook Helpers/Assistants	17,994	19,295	236,773	12.27	15
16	Dishwashers					16
17	Maintenance Workers	2,056	2,080	58,777	28.26	17
18	Housekeepers	20,243	22,155	273,351	12.34	18
19	Laundry	4,006	4,453	55,084	12.37	19
20	Administrator	2,056	2,080	125,553	60.36	20
21	Assistant Administrator	2,056	2,080	78,673	37.82	21
22	Other Administrative	2,056	2,080	69,788	33.55	22
23	Office Manager					23
24	Clerical	3,899	4,174	62,261	14.92	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	9,946	10,103	199,398	19.74	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	83,616	89,493	1,247,912	13.94	30
31	Medical Records					31
32	Other Health Care: Behavioral Health	345	346	9,521	27.52	32
33	Other(specify) <u>Transportation sp</u>	75	75	1,186	15.92	33
34	TOTAL (lines 1 - 33)	220,794	235,724	\$ 4,420,857 *	\$ 18.75	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	2039/month	\$ 24,468	1-3	35
36	Medical Director	300/month	3,600	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	218/month	2,616	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20	880	11-3	44
45	Social Service Consultant	47/month	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	20	\$ 32,124		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	23	\$ 3,421	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	23	\$ 3,421		53

Alden Village Health Care Facility for Children & Young Adults, Inc.
 Legal Fee Support
 2018

Legal Fees Reported on Pg 21, Section C:	\$ 48,287.17
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(205.02)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(45,192.00)
Allowable Legal Fees	<u>\$ 2,890.15</u>

In Detail:

Vendor Name	Invoice Date	Amount
MidCap Legal	1/1/18-12/31/18	2,890.15
TOTAL ALLOWABLE LEGAL FEES		<u><u>2,890.15</u></u>

Vendor Name	Invoice Date	Amount
A. Fisch (DuPage Circuit Court)	06/07/18	205.02
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u><u>205.02</u></u>

Vendor Name	Invoice Date	Amount
AMS Allocated Legal Fees	1/1/18-12/31/18	45,192.00
TOTAL Allocated Legal Fees		<u><u>45,192.00</u></u>

Total Legal Cost	<u><u>48,287.17</u></u>
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Facility Name & ID Number Alden Village Health Care Facility for Children & Young Adults, Inc. # 0038455 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Hab Aides:Yes,RN/LPN (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
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. II.Health Care Ass. \$12,096
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 45,952 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 570,793
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.
- (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. \$ 34,167 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? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: n/a
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees