

		FOR BHF USE					

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2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

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>0049122</u></p> <p>Facility Name: <u>Alden Village North, Inc.</u></p> <p>Address: <u>7464 N. Sheridan Rd</u> <u>Chicago</u> <u>60626</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773)338-0200</u> Fax # <u>(773)338-5122</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>1/3/08</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 <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </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>773-286-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p align="center"> I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2018</u> to <u>12/31/2018</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 align="center"> 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; vertical-align: top;">Officer or Administrator of Provider</td> <td style="padding: 5px;"> (Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u> </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;">Paid Preparer</td> <td style="padding: 5px;"> (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u> </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>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>							

Facility Name & ID Number Alden Village North, Inc.

0049122 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	150	Skilled Pediatric (SNF/PED)	150	54,750	2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	150	TOTALS	150	54,750	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF					8
9	SNF/PED	36,272	4	11	36,287	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	36,272	4	11	36,287	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.28%

D. How many bed reserve days during this year were paid by the Department?
195 (Do not include bed reserve 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 1/3/08

J. Was the facility purchased or leased after January 1, 1978?
YES Date 1/3/08 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 Not Applicable

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Alden Village North, Inc. # 0049122 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Operating Expenses	Costs Per General Ledger				Reclassification 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	321,830	16,860	24,468	363,158	5,835	368,993	6,050	375,043		1
2	Food Purchase		556,400		556,400	(30,369)	526,031	(210,714)	315,317		2
3	Housekeeping	222,899	37,794		260,693	5,188	265,881	5,119	271,000		3
4	Laundry	117,814	19,427		137,242		137,242		137,242		4
5	Heat and Other Utilities			201,244	201,244		201,244	(303)	200,941		5
6	Maintenance	44,084		224,058	268,142		268,142	26,009	294,151		6
7	Other (specify):* related party							4,709	4,709		7
8	TOTAL General Services	706,627	630,481	449,771	1,786,879	(19,346)	1,767,533	(169,130)	1,598,402		8
	B. Health Care and Programs										
9	Medical Director			6,000	6,000		6,000		6,000		9
10	Nursing and Medical Records	3,194,915	151,677	8,746	3,355,338	(25,726)	3,329,612	48,910	3,378,522		10
10a	Therapy			97,384	97,384		97,384	38,526	135,910		10a
11	Activities	132,192	6,071	1,500	139,763		139,763		139,763		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							4,828	4,828		15
16	TOTAL Health Care and Programs	3,327,107	157,749	113,629	3,598,485	(25,726)	3,572,759	92,264	3,665,023		16
	C. General Administration										
17	Administrative	167,477			167,477		167,477	168,921	336,398		17
18	Directors Fees										18
19	Professional Services			472,911	472,911		472,911	(405,063)	67,848		19
20	Dues, Fees, Subscriptions & Promotions			38,687	38,687		38,687	(7,545)	31,142		20
21	Clerical & General Office Expenses	157,143	7,275	97,740	262,159	968	263,127	189,081	452,207		21
22	Employee Benefits & Payroll Taxes			725,210	725,210	15,343	740,553	(1,789)	738,764		22
23	Inservice Training & Education										23
24	Travel and Seminar			457	457		457	1,081	1,538		24
25	Other Admin. Staff Transportation			3,739	3,739		3,739	10,210	13,949		25
26	Insurance-Prop.Liab.Malpractice			365,516	365,516		365,516	7,042	372,558		26
27	Other (specify):* related party			22,160	22,160		22,160	28,178	50,338		27
28	TOTAL General Administration	324,620	7,275	1,726,420	2,058,316	16,311	2,074,627	(9,884)	2,064,742		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,358,354	795,505	2,289,820	7,443,679	(28,761)	7,414,918	(86,750)	7,328,168		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 North, Inc.

#0049122

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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			23,327	23,327		23,327	287,310	310,637			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			2,165	2,165		2,165	621,905	624,070			32
33	Real Estate Taxes			149,522	149,522	(149,522)		165,905	165,905			33
34	Rent-Facility & Grounds			997,370	997,370	149,522	1,146,892	(1,146,892)				34
35	Rent-Equipment & Vehicles			24,877	24,877		24,877	25,340	50,217			35
36	Other (specify):* MIP							67,802	67,802			36
37	TOTAL Ownership			1,197,262	1,197,262		1,197,262	21,370	1,218,632			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		244,131		244,131	28,761	272,892	(19,847)	253,046			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			457,962	457,962		457,962		457,962			42
43	Other (specify):* DD Day Training			1,305,738	1,305,738		1,305,738		1,305,738			43
44	TOTAL Special Cost Centers		244,131	1,763,700	2,007,831	28,761	2,036,592	(19,847)	2,016,746			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,358,354	1,039,636	5,250,782	10,648,772		10,648,772	(85,227)	10,563,545			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

004-9122
 Period Beginning: 1/1/2018
 Period Ending: 12/31/2018

IDPH License No. 36-0956794

Page 4A

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(30,369.00)	Employee Meals
	22	30,369.00	Employee Meals
22		(15,026.00)	Uniform Reclass
	1	5,835.00	Uniform Reclass
	3	5,188.00	Uniform Reclass
	4	-	Uniform Reclass
	6	-	Uniform Reclass
	10	3,035.00	Uniform Reclass
	11	-	Uniform Reclass
	21	968.00	Uniform Reclass
10		(28,761.00)	Oxygen Cost Reclass
	39	28,761.00	Oxygen Cost Reclass
33		(149,522.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	149,522.00	Rent - Real Estate Tax on associated landowner (Pg 6)

DD Providers Only:

39	\$	-	RT CPT Therapy Costs
10A	\$	-	RT CPT Therapy Costs

Net (Should be zero) -

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	(7,364)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(719)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(16)	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	(978)	21		17
18	Fines and Penalties	(564)	32		18
19	Entertainment	(551)	20		19
20	Contributions	(3,090)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,163)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(22,160)	27		24
25	Fund Raising, Advertising and Promotional	(5,198)	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)	\$ (41,801)		\$	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)	(51,016)	Pg 6s	34
35	Other- Attach Schedule	7,591	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (43,425)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (85,227)		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 North, Inc.

ID# 0049122

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (1,472)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(14,274)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,500	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	15,543	6	4
5	Elim ABC Deprec Exp from Pg 12 series -	(15)	30	5
6	Utility Late Fees	(2,818)	5	6
7	Misc Income-Jury Duty		21	7
8	Misc Income-Record Copies		10	8
9	Misc Income-Polling Site	(300)	21	9
10	Misc Income-Donations	(1,103)	21	10
11	Adj Depreciation to Pg 13's	(363)	30	11
12	Other nursing income		21	12
13	Back Out Real Estate Tax Bank Fee	(36)	21	13
14	AMS Depreciation Adj.		30	14
15	Back out R/E Tax Refund	10,930	33	15
16				16
17	Marketing Manager & Aides		21	17
18	Eliminate portion of market benefits		22	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	7,591		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village North, Inc.

0049122

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	1,923	4,127	0	0	0	0	0	0	0	6,050	1
2	Food Purchase	(16)	0	0	(210,698)	0	0	0	0	0	0	0	(210,714)	2
3	Housekeeping	0	0	5,119	0	0	0	0	0	0	0	0	5,119	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,818)	0	2,515	0	0	0	0	0	0	0	0	(303)	5
6	Maintenance	9,678	0	17,986	0	0	0	70	(1,725)	0	0	0	26,009	6
7	Other (specify):*	0	0	4,709	0	0	0	0	0	0	0	0	4,709	7
8	TOTAL General Services	6,844	0	32,252	(206,571)	0	0	70	(1,725)	0	0	0	(169,130)	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	33,932	16,053	(1,075)	0	0	0	0	0	0	48,910	10
10a	Therapy	0	0	0	0	0	38,526	0	0	0	0	0	38,526	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	4,828	0	0	0	0	0	0	0	0	4,828	15
16	TOTAL Health Care and Programs	0	0	38,760	16,053	(1,075)	38,526	0	0	0	0	0	92,264	16
	C. General Administration													
17	Administrative	0	0	168,921	0	0	0	0	0	0	0	0	168,921	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,163)	18,588	(422,488)	0	0	0	0	0	0	0	0	(405,063)	19
20	Fees, Subscriptions & Promotions	(8,838)	0	1,293	0	0	0	0	0	0	0	0	(7,545)	20
21	Clerical & General Office Expenses	(2,417)	36	191,462	0	0	0	0	0	0	0	0	189,081	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(1,789)	0	0	0	0	0	0	(1,789)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,081	0	0	0	0	0	0	0	0	1,081	24
25	Other Admin. Staff Transportation	0	0	10,210	0	0	0	0	0	0	0	0	10,210	25
26	Insurance-Prop.Liab.Malpractice	0	6,829	213	0	0	0	0	0	0	0	0	7,042	26
27	Other (specify):*	(22,160)	0	50,338	0	0	0	0	0	0	0	0	28,178	27
28	TOTAL General Administration	(34,578)	25,453	1,030	0	(1,789)	0	0	0	0	0	0	(9,884)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(27,734)	25,453	72,042	(190,518)	(2,864)	38,526	70	(1,725)	0	0	0	(86,750)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village North, Inc.

0049122

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(16,124)	297,349	6,085	0	0	0	0	0	0	0	0	287,310	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,282)	615,596	7,591	0	0	0	0	0	0	0	0	621,905	32
33	Real Estate Taxes	10,930	149,522	5,453	0	0	0	0	0	0	0	0	165,905	33
34	Rent-Facility & Grounds	0	(1,146,892)	0	0	0	0	0	0	0	0	0	(1,146,892)	34
35	Rent-Equipment & Vehicles	0	0	25,340	0	0	0	0	0	0	0	0	25,340	35
36	Other (specify):*	0	67,802	0	0	0	0	0	0	0	0	0	67,802	36
37	TOTAL Ownership	(6,476)	(16,623)	44,469	0	0	0	0	0	0	0	0	21,370	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(14,056)	(5,791)	0	0	0	0	0	0	(19,847)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(14,056)	(5,791)	0	0	0	0	0	0	(19,847)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(34,211)	8,830	116,511	(204,574)	(8,655)	38,526	70	(1,725)	0	0	0	(85,227)	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	\$ 1,146,892	Alden Village North II, LLC	0.00%	\$	\$ (1,146,892)	1
2	V	32 Interest Income Repl Reserve	286	Alden Village North II, LLC			(286)	2
3	V	32 Interest Income		Alden Village North II, LLC				3
4	V	6 Repairs & Maintenance		Alden Village North II, LLC				4
5	V	19 Acct Fees/Legal Fees: Non-coll		Alden Village North II, LLC		15,088	15,088	5
6	V	21 Misc Administrative Expenses		Alden Village North II, LLC		36	36	6
7	V	19 Professional Fees		Alden Village North II, LLC		3,500	3,500	7
8	V	33 Real Estate Tax Expense		Alden Village North II, LLC		149,522	149,522	8
9	V	26 General Insurance Expense		Alden Village North II, LLC		6,829	6,829	9
10	V	36 Mortgage Insurance Premium		Alden Village North II, LLC		67,802	67,802	10
11	V	32 Interest- Mortgage		Alden Village North II, LLC		610,248	610,248	11
12	V	30 Depreciation Expense		Alden Village North II, LLC		297,349	297,349	12
13	V	32 Amortization Expense		Alden Village North II, LLC		5,634	5,634	13
14	Total		\$ 1,147,178			\$ 1,156,008	\$ * 8,830	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%	\$ 2,515	\$	2,515	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,081		1,081	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		10,210		10,210	17
18	V	26 Insurance		Alden Management Services, Inc.		213		213	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		1,293		1,293	19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085		6,085	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,453		5,453	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		25,340		25,340	22
23	V	32 Interest		Alden Management Services, Inc.		7,591		7,591	23
24	V	1 Dietary		Alden Management Services, Inc.		1,923		1,923	24
25	V	3 Housekeeping		Alden Management Services, Inc.		5,119		5,119	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		4,709		4,709	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		33,932		33,932	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		4,828		4,828	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		168,921		168,921	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		50,338		50,338	30
31	V	19 Professional Fees	461,681	Alden Management Services, Inc.		39,193		(422,488)	31
32	V	21 Gen'l & Admin	41,136	Alden Management Services, Inc.		232,598		191,462	32
33	V	6 Repair & Maint.	48,825	Alden Management Services, Inc.		66,811		17,986	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 551,642			\$ 668,153	\$ *	116,511	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	372,716	Prism Health Care Services, Inc.		118,799	(253,917)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Ancillary Supplies	149,952	Prism Health Care Services, Inc.		50,962	(98,990)
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.		488	488
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		13,969	13,969
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		43,219	43,219
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		11,716	11,716
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		84,446	84,446
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		\$ 553,496			\$ 348,922	\$ * (204,574)

* 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>	\$ 83,312	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 76,694	\$ (6,618)
16	V	39 <u>I.V.</u>		<u>Forum Extended Care Services II, Inc.</u>			
17	V	39 <u>Wound Care Products</u>	10,315	<u>Forum Extended Care Services II, Inc.</u>		9,495	(819)
18	V	10 <u>House Stock</u>	9,932	<u>Forum Extended Care Services II, Inc.</u>		9,143	(789)
19	V	10 <u>Pharm Consult.</u>	3,600	<u>Forum Extended Care Services II, Inc.</u>		3,314	(286)
20	V	22 <u>Employ. Vaccin.</u>	1,789	<u>Forum Extended Care Services II, Inc.</u>			(1,789)
21	V	39 <u>Employ. Vaccin.</u>		<u>Forum Extended Care Services II, Inc.</u>		1,647	1,647
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		\$ 108,948			\$ 100,293	\$ * (8,655)

* 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	\$ 97,384	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 135,910	\$ 38,526	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		\$ 97,384			\$ 135,910	\$ *	38,526	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	\$ 23,138	Alden Bennett Construction Company, Inc.	0.00%	\$ 23,208	\$	70	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		\$ 23,138			\$ 23,208	\$ *	70	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	\$ 2,618	Alden Design Group, Ltd.	0.00%	\$ 893	\$ (1,725)
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		\$ 2,618			\$ 893	\$ * (1,725)

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

Facility Name & ID Number

Alden Village North, Inc.

0049122

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 F	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/Alz	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 North, Inc. # 0049122 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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	180,009	1.08	2.70	Salary	\$ 4,991	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,302	1.08	2.70	Salary	2,698	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,302	1.08	2.70	Salary	2,698	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	113,683	1.08	2.70	Salary	3,152	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	61,430	1.08	2.70	Salary	1,703	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	180,009	0.945	2.70	Salary	4,991	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
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.										
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.										
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.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 20,233		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 North, Inc.

0049122

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

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

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

1	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	1,345,058	36	\$ 93,217	\$ 36,287	\$ 2,515	1
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	36,287	1,081	2
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	36,287	10,210	3
4	26	Insurance	Patient Days	1,345,058	36	7,901	36,287	213	4
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	36,287	1,293	5
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	36,287	5,453	7
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	36,287	25,340	8
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	36,287	7,591	9
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	1,923	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	5,119	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	36,287	4,709	12
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	33,932	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	36,287	4,828	14
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	36,287	168,921	15
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	50,338	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	39,193	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	232,598	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	66,811	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 668,153	25

Facility Name & ID Number Alden Village North, Inc.

0049122

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Interest Expense	10
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	Cambridge Realty Capital, Ltd.		x	Mortgage	\$63,213.43	8/29/13	\$ 12,960,000	\$ 12,259,940	7/1/2051	4.9500	\$ 610,248	1
2												2
3												3
4	Insurance Interest (GL07053)		x	Medical Malpractice							1,602	4
5	Amort of Fin Fees (GL 1918)		x	Refinancing							5,633	5
Working Capital												
6	Related party - AMS		x								7,591	6
7												7
8												8
9	TOTAL Facility Related				\$63,213.43		\$ 12,960,000	\$ 12,259,940			\$ 625,074	9
B. Non-Facility Related*												
10	Interest Income on R.R.		x								(286)	10
11	Int Income (GL#4975)		x								(719)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (1,004)	14
15	TOTALS (line 9+line14)						\$ 12,960,000	\$ 12,259,940			\$ 624,070	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 67,802 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 2017 report.		\$	143,500	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.)		\$	149,752	2
3. Under or (over) accrual (line 2 minus line 1).		\$	6,252	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	154,200	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.		\$	160,452	7
Real Estate Tax History:			Plus: Related party taxes - See Pg RE Tax page	
			Total Real Estate Tax Expense, Sch V, Line 33	
			\$	5,453
			\$	165,905
Real Estate Tax Bill for Calendar Year:	2013	<u>123,095</u>	8	
	2014	<u>125,575</u>	9	
	2015	<u>127,475</u>	10	
	2016	<u>139,331</u>	11	
	2017	<u>149,752</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 2017	\$	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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Village North, Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049122

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 2017 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 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>202,125.00</u>	\$ <u>5,453.00</u>
2. <u>11-29-307-019-0000</u>	<u>Nursing facility</u>	\$ <u>34,307.15</u>	\$ <u>34,307.15</u>
3. <u>11-29-307-020-0000</u>	<u>Nursing facility</u>	\$ <u>33,085.22</u>	\$ <u>33,085.22</u>
4. <u>11-29-307-022-0000</u>	<u>Nursing facility</u>	\$ <u>82,360.04</u>	\$ <u>82,360.04</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>351,877.41</u></u>	\$ <u><u>155,205.41</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 North, Inc.

0049122 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,814 B. General Construction Type: Exterior Load Bearing CMU, B Frame Steel stud Number of Stories 3+Basement

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>33,315</u>	<u>2008</u>	<u>\$ 358,296</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	33,315		\$ 358,296	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	150	2008	1968	\$ 2,984,341	\$ 76,522	39	\$ 76,522	\$	\$ 841,742	4
5	Constuction Project HUD 2009-2011		2011	6,830,905	175,151	39	175,151		1,357,421	5
6										6
7										7
8	Related Party-Forum		1978	13,669		25			13,669	8
	Improvement Type**									
9	ABC-Doors		2008	5,996	47	10	47		5,996	9
10	ABC-Doors		2008	3,091	52	10	52		3,091	10
11	A&B Cable-Cable lines		2008	4,230	70	10	70		4,230	11
12	ABC-Remodel - plumbing		2008	4,635		5			4,635	12
13	ABC-Door entry system		2008	2,850	190	10	190		2,850	13
14	ABC-Hvac- major repair to system		2008	4,583		5			4,583	14
15	Capps-Drains - major repairs		2008	3,875		5			3,875	15
16	Renovate-gen'l labor AMS		2008	10,664		5			10,664	16
17	Renovate-gen'l labor AMS		2008	11,352		5			11,352	17
18	Capps-Repipe shower lines		2008	4,585		5			4,585	18
19	ABCPlumbing - major repair		2008	4,885		5			4,885	19
20	Wire building for cable		2009	6,518	652	10	652		6,465	20
21	Wire building for cable		2009	6,240	624	10	624		6,188	21
22	Wire building for cable		2009	2,800	280	10	280		2,683	22
23	ABCPlumbing - major repair		2009	17,539	877	20	877		8,697	23
24	ABC-Replace elevator shaft		2009	9,794	490	20	490		4,818	24
25	ABC-Replace elevator shaft		2009	39,178	1,959	20	1,959		19,263	25
26	Central States-Replace sprinkler alarm panel		2009	2,650		5			2,650	26
27	Patten-Major generator repair		2009	2,992		5			2,992	27
28	Patten-Major generator repair		2009	10,604		5			10,604	28
29	Fire sprinkler repair & corrections Focus Fire		2010	2,672		5			2,672	29
30										30
31										31
32										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 North, Inc.

0049122

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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 Job 1058-Phone lines new thruout	2011	\$ 9,348	\$ 623	15	\$ 623		\$ 4,636	37
38	ABC Job 1058-Carpet labor-children's exit	2011	2,000	133	15	133		990	38
39	ABC Job 1058-Ceramic flooring in kitchen	2011	1,369	91	15	91		677	39
40	ABC Job 1058-Structural Steel-exterior railings	2011	7,501	500	15	500		3,721	40
41	ABC Job 1058-Plumbing-kitchen sink and cleanout covers	2011	4,546	303	15	303		2,255	41
42	ABC Job 1058-concrete coring	2011	327	22	15	22		164	42
43	ABC Job 1058-Parking Lot-paving	2011	7,144	476	15	476		3,542	43
44	ABC Job 1058-Kitchen equipment	2011	3,542	236	15	236		1,756	44
45	ABC Job 1058-Finish Hardware-door kickplates, handles	2011	900	60	15	60		447	45
46	ABC Job 1058-Elevator-stainless steel cladding	2011	14,550	970	15	970		7,219	46
47	ABC Job 1058-Millwork cabinets-nurses station / work areas	2011	1,728	115	15	115		856	47
48	ABC Job 1058-Countertops-nurses station / work areas	2011	1,344	90	15	90		670	48
49	ABC Job 1058-Drywall-lower level	2011	3,398	227	15	227		1,689	49
50	ABC Job 1058-Smoke detectors-lower level	2011	3,365	224	15	224		1,667	50
51									51
52	Railing Ramp (2)-ALDBEN	2013	3,295	220	15	220		1,228	52
53	Hot water heater-J&EPLU	2013	3,168	51	5	51		3,168	53
54	Freezer, non-HVAC-TOPNOT	2013	3,049	457	5	457		3,049	54
55									55
56	Masonry and concrete work - FOXBUI	2014	4,200	840	5	840		3,640	56
57	Masonry, brick/tuckpointing (building)-ALDBEN	2015	18,703	748	25	748		2,244	57
58	Van A/C condensor module-AugAMS-WRIEXP-T&M Amoco	2015	3,088	772	4	772		2,445	58
59									59
60	Microbial Growth Remediation -DEDRES	2017	10,165	3,388	3	3,388		6,776	60
61	Duct & Pipe Insulation for HVAC - ALDBEN	2017	34,234	3,423	10	3,423		6,276	61
62	Plumbing, Storm structure plumbing -facility ground- TRIPLU	2018	6,180	137	15	137		137	62
63	Alarm relocation -building area - AFFCUS	2018	3,365	505	5	505		505	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 10,141,157	\$ 271,525		\$ 271,525	\$	\$ 2,400,367	70

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

Facility Name & ID Number Alden Village North, Inc.

0049122

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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		\$ 10,141,157	\$ 271,525		\$ 271,525	\$	\$ 2,400,367	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)		\$ 10,286,333	\$ 274,272		\$ 274,272	\$	\$ 2,486,636	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,286,333	\$ 274,272		\$ 274,272	\$	\$ 2,486,636	1
2	Adj for ABC Related Party Profit	2008	(173)					(173)	2
3	Adj for ABC Related Party Profit	2009	(878)	(38)		(38)		(380)	3
4	Adj for ABC Related Party Profit-None	2010							4
5	Adj for ABC Related Party Profit	2011	475	28		28		210	5
6	Adj for ABC Related Party Profit	2013	44	4		4		22	6
7	Adj for ABC Related Party Profit	2014							7
8	Adj for ABC Related Party Profit	2015	(35)	(1)		(1)		(5)	8
9	Adj for ABC Related Party Profit	2017	(46)	(8)		(8)		(11)	9
10									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)		\$ 10,285,720	\$ 274,257		\$ 274,257	\$	\$ 2,486,298	34

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

Facility Name & ID Number Alden Village North, Inc.

0049122

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 304,931	\$ 26,146	\$ 26,146	\$		\$ 123,428	71
72	Current Year Purchases	32,475	5,469	5,469			4,269	72
73	Fully Depreciated Assets	1,364,044	4,765	4,765			1,364,044	73
74								74
75	TOTALS	\$ 1,701,450	\$ 36,380	\$ 36,380	\$		\$ 1,491,741	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										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	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)	\$ 12,349,268	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 310,637	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 310,637	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,981,842	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	Leasehold Improvement-ADG-2018	\$ 757,218	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 757,218	\$	\$	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 North, Inc.

0049122

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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 1/2/08

Ending 12/31/21

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>1,150,014</u>
13.	<u>12/31/2020</u>	\$ <u>1,150,014</u>
14.	<u>12/31/2021</u>	\$ <u>1,150,014</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: \$ 13,105 Description: Copy machine \$9,325.16 and equipment lease \$3,780.18

(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>14,418</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		\$ <u>#####</u>	\$ <u>15,552</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>29,970</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				78,340		78,340	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See PG 16A	39-1, 39-3, if any					553		553	12
13	Other (specify): See PG 16A	39-1, 39-3, if any					174,153		174,153	13
14	TOTAL			\$		\$	253,046		\$ 253,046	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			83,311.65	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(4,971.29)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	78,340.36	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	552.78	
	Total Exceptional Care (Line 12, Col 8)			552.78	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	0.00	From Page 6D
	Other			160,266.80	
	Manual Input: Related Party - Prism			(14,055.72)	From Page 6B
	Manual Input: Related Party FECII - I.V.			0.00	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(819.38)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			28,761.00	
13.	Col 6: Supplies Total		To Col 6	174,152.70	
13.	Total Line 13, Column 8			174,152.70	
14.	Total			253,045.84	

Facility Name & ID Number Alden Village North, Inc.

0049122

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	\$	\$ 29,577	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (33,000))	1,081,160	1,081,160	3
4	Supply Inventory (priced at)	1,749	1,749	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	21,488	205,473	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,104,397	\$ 1,317,958	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		358,296	13
14	Buildings, at Historical Cost		9,815,246	14
15	Leasehold Improvements, at Historical Cost	1,075,947	1,216,017	15
16	Equipment, at Historical Cost	223,190	1,710,040	16
17	Accumulated Depreciation (book methods)	(478,161)	(4,019,599)	17
18	Deferred Charges	94,600	209,491	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		383,343	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Due from Affiliate</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 915,576	\$ 9,672,833	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,019,973	\$ 10,990,791	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 865,026	\$ 865,026	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,086	10,086	28
29	Short-Term Notes Payable		155,183	29
30	Accrued Salaries Payable	522,917	522,917	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,844	20,844	31
32	Accrued Real Estate Taxes(Sch.IX-B)		154,200	32
33	Accrued Interest Payable		50,572	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Ins, Exp, IDPA, Sales Tax, etc.</u>	325,866	325,866	36
37	<u>Due to Affiliates</u>	1,190,148	1,190,148	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,934,887	\$ 3,294,843	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		12,104,757	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliate</u>	15,741,999	15,616,405	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 15,741,999	\$ 27,721,162	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 18,676,886	\$ 31,016,005	46
47	TOTAL EQUITY(page 18, line 24)	\$ (16,656,913)	\$ (20,025,215)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,019,973	\$ 10,990,791	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (15,220,760)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	10,308	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (15,210,452)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,446,462)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,446,462)	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)	\$ (16,656,913)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Village North, Inc.

0049122

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

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,826,902	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,826,902	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	31,445	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 31,445	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	31,734	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 31,734	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	719	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 719	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	1,311,511	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,311,511	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,202,311	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,786,879	31
32	Health Care	3,598,485	32
33	General Administration	2,058,316	33
B. Capital Expense			
34	Ownership	1,197,262	34
C. Ancillary Expense			
35	Special Cost Centers	1,549,869	35
36	Provider Participation Fee	457,962	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,648,772	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,446,462)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,446,462)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,823,820	44
45	Private Pay - Net Inpatient Revenue	822	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Hospice/Insurance</u>	2,260	47
48	Other-(specify) <u>VA/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,826,902	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 Nun Alden Village North, Inc.# 0049122

Report Period Begin 1/1/2018 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)	
Misc Income-Jury Duty	
Misc Income-Record Copies	
Misc Income-Polling Site	\$ 300
Misc Income-Donations	\$ 1,103
Day Training Income (not offset, actual costs repr	\$ 1,305,738
Adj. to Prior Year Activity	
Write Off Old A/P	\$ 456
Gain on sale of asset	\$ 3,913
Line 28 Total:	<u><u>1,311,511</u></u>

Facility Name & ID Number Alden Village North, Inc.

0049122

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	2,357	2,365	\$ 102,676	\$ 43.42	1
2	Assistant Director of Nursing	1,836	1,859	70,100	37.72	2
3	Registered Nurses	18,533	19,662	728,057	37.03	3
4	Licensed Practical Nurses	20,763	22,182	617,052	27.82	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,056	2,080	54,721	26.31	9
10	Activity Assistants	5,250	5,633	67,937	12.06	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,056	2,080	49,252	23.68	13
14	Head Cook					14
15	Cook Helpers/Assistants	18,445	20,361	272,577	13.39	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	44,084	21.19	17
18	Housekeepers	15,529	16,742	222,899	13.31	18
19	Laundry	7,906	8,811	117,814	13.37	19
20	Administrator	1,824	1,840	111,775	60.75	20
21	Assistant Administrator	2,056	2,080	55,702	26.78	21
22	Other Administrative	2,064	2,080	36,065	17.34	22
23	Office Manager					23
24	Clerical	4,443	4,878	77,715	15.93	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	7,696	7,915	126,466	15.98	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	98,541	105,389	1,491,382	14.15	30
31	Medical Records					31
32	Other Health C: Unit Manager/Beh	2,844	3,102	68,715	22.15	32
33	Other(specify) Resident Service D	1,816	1,906	43,363	22.75	33
34	TOTAL (lines 1 - 33)	218,085	233,043	\$ 4,358,354 *	\$ 18.70	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	500/month	6,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	300/month	3,600	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				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 34,068		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	8	\$ 1,161	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	8	\$ 1,161		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
CZAJKA, CHRISTIANE	Administrator	0	\$ 111,775	Workers' Compensation Insurance	\$ 109,685	IDPH License Fee	\$		
OTTENWALDER, MARK	Asst Administrator	0	55,702	Unemployment Compensation Insurance	20,315	Advertising: Employee Recruitment	2,515		
				FICA Taxes	323,676	Health Care Worker Background Check			
				Employee Health Insurance	74,871	(Indicate # of checks performed 52)	1,690		
				Employee Meals	30,369	Patient Background Checks	180		
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond/Annual Rpt Fee	1,081		
				Union Health & Welfare	120,528	Health Care Council	14,400		
				Dental, Vision, & Life Insurance	1,445	Collaborative Health/Center for Develop	8,482		
				Pension & 401K Match	43,708	Pediatric Complex Care Assoc.	1,500		
				Employee Drug Testing/Vaccinations	4,842	Related Party - AMS	1,293		
				Empl. Relations/Tuition/ Misc Payroll Costs	11,115	Less: Public Relations Expense	()		
				Related Party -Forum Pharmacy	(1,789)	Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 167,477	TOTAL (agree to Schedule V, line 22, col.8)		\$ 738,764	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 31,142
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	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
							Related party - AMS	1,081	
							Seminar Expense		
							IARF	457	
							Entertainment Expense	()	
							(agree to Sch. V, line 24, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL	\$ 1,538	
C. Professional Services									
Vendor/Payee	Type		Amount						
Alden Management Services, Inc.	Consulting Fees		\$ 416,489						
AMS	Allocated Legal Fees		45,192						
Baker Tilly Virchow Krause, LLP	Accounting Services		5,216						
BDO Seidman	Tax Prep Services		2,169						
IIT Chicago-Kent College of Law	Legal Fees- Non-Collection		426						
Von Briesen & Roper	Legal Fees- Non-Collection		9						
Byron L. Mason	Legal Fees- Non-Collection		1,238						
MPRO Admin Org	Professional Review		670						
Pacific Interpreters	Translation		340						
Righeimer Martin & Cinquino	Legal Fees: Collections		1,163						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 472,911						

* Attach copy of IMRF notifications

**See instructions.

Alden Village North, Inc.
 Legal Fee Support
 2018

Legal Fees Reported on Pg 21, Section C:	\$	48,026.81
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(1,162.50)
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>1,672.31</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Von Briesen & Roper S.C	01/23/18	9.29
Byron L. Mason	04/16/18	1,237.50
IIT Chicago-Kent College of Law	05/07/18	239.06
IIT Chicago-Kent College of Law	11/13/18	186.46
TOTAL ALLOWABLE LEGAL FEES		<u><u>1,672.31</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Righeimer Martin & Cinquino	02/14/18	1,162.50
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u><u>1,162.50</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
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>48,026.81</u></u>

Facility Name & ID Number Alden Village North, Inc.

0049122

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? 'RN/LPN=No; HabAide' (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. \$14,400
- (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. \$ 32,456 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. \$ 457,962
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 benefit on Schedule V. \$ 30,369 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: 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