



Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

# 0036640 Report Period Beginning: 1/1/10 Ending: 12/31/10

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	207	Skilled (SNF)	207	75,555	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	207	TOTALS	207	75,555	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	5,233	1,727	14,786	21,746	8
9	SNF/PED					9
10	ICF	36,774	4,315	394	41,483	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	42,007	6,042	15,180	63,229	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.69%

D. How many bed-hold days during this year were paid by the Department? none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
\_\_\_\_\_

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 02/01/91

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 02/01/91 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 207 and days of care provided 6,545

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health ( # 0036640 Report Period Beginning: 1/1/10 Ending: 12/31/10

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	461,898	33,767	18,800	514,465	835	515,300	(744)	514,556		1
2	Food Purchase		397,236		397,236	(15,400)	381,836	(22,098)	359,738		2
3	Housekeeping	251,905	42,537		294,442	1,063	295,505	7,743	303,248		3
4	Laundry	56,554	18,842		75,396	148	75,544		75,544		4
5	Heat and Other Utilities			267,610	267,610	12,075	279,685	3,060	282,745		5
6	Maintenance	67,823		206,466	274,289	27	274,316	57,068	331,384		6
7	Other (specify):* <b>Related party benf.</b>							9,145	9,145		7
8	<b>TOTAL General Services</b>	838,180	492,382	492,876	1,823,438	(1,252)	1,822,186	54,174	1,876,360		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			14,165	14,165		14,165		14,165		9
10	Nursing and Medical Records	3,271,453	305,708	9,471	3,586,632	(73,023)	3,513,609	70,553	3,584,162		10
10a	Therapy	155,502	436	11,788	167,726		167,726		167,726		10a
11	Activities	103,347	3,982	6,546	113,875	95	113,970		113,970		11
12	Social Services	46,582			46,582		46,582		46,582		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Related party benf.</b>							9,806	9,806		15
16	<b>TOTAL Health Care and Programs</b>	3,576,884	310,126	41,970	3,928,980	(72,928)	3,856,052	80,359	3,936,411		16
	<b>C. General Administration</b>										
17	Administrative	126,848			126,848		126,848	129,306	256,154		17
18	Directors Fees										18
19	Professional Services			928,297	928,297		928,297	(829,450)	98,847		19
20	Dues, Fees, Subscriptions & Promotions			84,550	84,550		84,550	(70,280)	14,270		20
21	Clerical & General Office Expenses	228,966	26,775	109,441	365,182	(11,577)	353,605	323,416	677,021		21
22	Employee Benefits & Payroll Taxes			675,100	675,100	8,834	683,934	(8,619)	675,315		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,197	6,197		6,197	3,604	9,801		24
25	Other Admin. Staff Transportation			11,500	11,500		11,500	17,802	29,302		25
26	Insurance-Prop.Liab.Malpractice			249,315	249,315		249,315	9,811	259,126		26
27	Other (specify):* <b>Related party benf.</b>			54,080	54,080		54,080	18,929	73,009		27
28	<b>TOTAL General Administration</b>	355,814	26,775	2,118,480	2,501,069	(2,743)	2,498,326	(405,481)	2,092,845		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,770,878	829,283	2,653,326	8,253,487	(76,923)	8,176,564	(270,948)	7,905,616		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 Valley Ridge Rehabilitation & Health Care Center #0036640 Report Period Beginning: 1/1/10 Ending: 12/31/10

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			64,552	64,552		64,552	324,159	388,711			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			130,621	130,621		130,621	481,636	612,257			32
33	Real Estate Taxes			191,144	191,144	(191,144)		207,445	207,445			33
34	Rent-Facility & Grounds			909,009	909,009	191,144	1,100,153	(1,100,153)				34
35	Rent-Equipment & Vehicles			24,424	24,424		24,424	45,667	70,091			35
36	Other (specify):* Mortgage Ins.							41,258	41,258			36
37	<b>TOTAL Ownership</b>			1,319,750	1,319,750		1,319,750	12	1,319,762			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		510,195	976,954	1,487,149	76,923	1,564,072	(315,883)	1,248,189			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			113,333	113,333		113,333		113,333			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		510,195	1,090,287	1,600,482	76,923	1,677,405	(315,883)	1,361,522			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,770,878	1,339,478	5,063,363	11,173,719		11,173,719	(586,818)	10,586,901			45

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

Alden Valley Ridge Rehabilitation & Health Care Center			IDPH Facility ID Number:		0036640				
Reclassifications on Pgs 3 & 4 - Column 5									
Report Period Beginning:			1/1/2010						
Report Period Ending:			12/31/2010						
From Line	To Line	Amount	Description						
2		(15,400.35)	Employee Meals						
	22	15,400.35	Employee Meals						
22		(6,566.00)	Uniforms						
	10	3,900.00	Uniforms						
	1	835.00	Uniforms						
	3	372.00	Uniforms						
	4	148.00	Uniforms						
	6	27.00	Uniforms						
	11	95.00	Uniforms						
	21	1,189.00	Uniforms						
10		(76,922.58)	Oxygen - to appropriate cost center						
	39	76,922.58	Oxygen - to appropriate cost center						
33		(191,144.26)	Rent - Real Estate Tax on associated landowner (Pg 6)						
	34	191,144.26	Rent - Real Estate Tax on associated landowner (Pg 6)						
21		(12,765.81)	Vendor Settlements						
	5	12,074.61	Vendor Settlements (may effect more than one line)						
	3	691.20	Vendor Settlements (may effect more than one line)						
<u>Others, if any:</u>									
19		(16,967.95)	Clinical Coordinators (Pathway Billing)						
	10	16,967.95	Clinical Coordinators (Pathway Billing)						
Net		-							

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		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	(24)	2		4
5	Telephone, TV & Radio in Resident Rooms	(3,875)	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	14,574	30		9
10	Interest and Other Investment Income	(3,602)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,740)	2		13
14	Non-Care Related Interest	(54,495)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(2,288)	21		17
18	Fines and Penalties	(21,776)	32		18
19	Entertainment	(1,800)	20		19
20	Contributions	(10,371)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(16,488)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(54,080)	27		24
25	Fund Raising, Advertising and Promotional	(27,486)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (183,451)		\$	30

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)	(337,769)	Various	34
35	Other- Attach Schedule	(65,598)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (403,367)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (586,818)		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						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						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY							
48		49		50		51	52

**Alden Valley Ridge Rehabilitation & Health Care Center**

**ID# 0036640**

**Report Period Beginning: 1/1/10**

**Ending: 12/31/10**

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees Utilities	\$ (468)	5	1
2	Other Nursing Income	(462)	21	2
3	Misc. Income-Other	(182)	21	3
4	Misc. Income-Record Copies	(1,332)	21	4
5	Misc. Income-Wages Services fees (Garnishment)	(67)	21	5
6	Misc. Income-Jury Duty	(50)	21	6
7	Marketing Manager Salary	(60,912)	21	7
8	Back out % of employee benefits for Mktg Manger	(8,619)	22	8
9	Back out 30% (for 2009) of PAC fees	(3,428)	20	9
10	Deming Adjustment	(975)	24	10
11	Elim. Landowner Bank Charges	(231)	19	11
12	Elim Deprec on Pg 12 < \$2,500 items-VR	(522)	30	12
13	Elim Deprec on Pg 12 < \$2,500 items-VR Ass.	(2,430)	30	13
14	Adj for ABC related profit-Pg 12(Prior Yr)	(86)	30	14
15	Adj for ABC related profit-Pg 12(Current Yr)	(7)	30	15
16	Elim Deprec on Pg 13 < \$2,500 items	(14,832)	30	16
17	Expense Pg 13 items< \$2,500 Curr Yr	27,722	6	17
18	Expense Pg 13 items< \$2,500	320	6	18
19	Adj YTD Deprec Exp to Detail	1,462	30	19
20	Elim Chamber of Commerce fee in GL 6825	(500)	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	<b>Total</b>	(65,598)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Valley Ridge Rehabilitation &amp; Health Care Center

# 0036640

Report Period Beginning:

1/1/10

Ending:

12/31/10

## 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	5,743	(6,487)	0	0	0	0	0	0	0	(744)	1
2	Food Purchase	(1,764)	0	0	(20,334)	0	0	0	0	0	0	0	(22,098)	2
3	Housekeeping	0	0	7,743	0	0	0	0	0	0	0	0	7,743	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(468)	0	3,528	0	0	0	0	0	0	0	0	3,060	5
6	Maintenance	24,167	0	33,277	0	0	0	(376)	0	0	0	0	57,068	6
7	Other (specify):*	0	0	7,865	1,280	0	0	0	0	0	0	0	9,145	7
8	<b>TOTAL General Services</b>	<b>21,935</b>	<b>0</b>	<b>58,156</b>	<b>(25,541)</b>	<b>0</b>	<b>0</b>	<b>(376)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>54,174</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	65,702	512	4,339	0	0	0	0	0	0	70,553	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	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	9,806	0	0	0	0	0	0	0	0	9,806	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>75,508</b>	<b>512</b>	<b>4,339</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80,359</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	129,306	0	0	0	0	0	0	0	0	129,306	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,719)	9,859	(822,590)	0	0	0	0	0	0	0	0	(829,450)	19
20	Fees, Subscriptions & Promotions	(43,585)	770	(27,465)	0	0	0	0	0	0	0	0	(70,280)	20
21	Clerical & General Office Expenses	(65,293)	95	329,210	22,865	36,539	0	0	0	0	0	0	323,416	21
22	Employee Benefits & Payroll Taxes	(8,619)	0	0	0	0	0	0	0	0	0	0	(8,619)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(975)	0	4,579	0	0	0	0	0	0	0	0	3,604	24
25	Other Admin. Staff Transportation	0	0	17,802	0	0	0	0	0	0	0	0	17,802	25
26	Insurance-Prop.Liab.Malpractice	0	9,625	186	0	0	0	0	0	0	0	0	9,811	26
27	Other (specify):*	(54,080)	0	67,609	2,996	2,404	0	0	0	0	0	0	18,929	27
28	<b>TOTAL General Administration</b>	<b>(189,271)</b>	<b>20,349</b>	<b>(301,363)</b>	<b>25,861</b>	<b>38,943</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(405,481)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(167,336)</b>	<b>20,349</b>	<b>(167,699)</b>	<b>832</b>	<b>43,282</b>	<b>0</b>	<b>(376)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(270,948)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center# 0036640

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(1,841)	324,451	1,549	0	0	0	0	0	0	0	0	324,159	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(79,873)	489,035	71,244	0	1,230	0	0	0	0	0	0	481,636	32
33	Real Estate Taxes	0	201,119	5,880	0	446	0	0	0	0	0	0	207,445	33
34	Rent-Facility & Grounds	0	(1,100,153)	0	0	0	0	0	0	0	0	0	(1,100,153)	34
35	Rent-Equipment & Vehicles	0	0	45,667	0	0	0	0	0	0	0	0	45,667	35
36	Other (specify):*	0	41,258	0	0	0	0	0	0	0	0	0	41,258	36
37	<b>TOTAL Ownership</b>	<b>(81,714)</b>	<b>(44,290)</b>	<b>124,340</b>	<b>0</b>	<b>1,676</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(46,148)	(61,605)	(208,130)	0	0	0	0	0	(315,883)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(46,148)</b>	<b>(61,605)</b>	<b>(208,130)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(315,883)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(249,049)	(23,941)	(43,359)	(45,316)	(16,647)	(208,130)	(376)	0	0	0	0	(586,818)	45

**VII. RELATED PARTIES**

**A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if 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 Pg 6K		See Pg 6K		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 1,100,153	Valley Ridge Associates, L.L.C.		\$	\$ (1,100,153)	1
2	V	32 Interest Income	126	Valley Ridge Associates, L.L.C.			(126)	2
3	V	19 Accounting Fees/Prof. Fees		Valley Ridge Associates, L.L.C.		9,628	9,628	3
4	V	33 Legal RE-Tax Appeal Cost		Valley Ridge Associates, L.L.C.		9,975	9,975	4
5	V	19 Bank Charges		Valley Ridge Associates, L.L.C.		231	231	5
6	V	21 Licenses & Inspections		Valley Ridge Associates, L.L.C.		95	95	6
7	V	20 Dues & Subscription		Valley Ridge Associates, L.L.C.		770	770	7
8	V	33 Real Estate Taxes		Valley Ridge Associates, L.L.C.		191,144	191,144	8
9	V	26 General Insurance Expense		Valley Ridge Associates, L.L.C.		9,625	9,625	9
10	V	36 Mortgage insurance Premium		Valley Ridge Associates, L.L.C.		41,258	41,258	10
11	V	32 Interest Mortgage		Valley Ridge Associates, L.L.C.		486,954	486,954	11
12	V	30 Depreciation		Valley Ridge Associates, L.L.C.		324,451	324,451	12
13	V	32 Amortization Expense		Valley Ridge Associates, L.L.C.		2,207	2,207	13
14	Total		\$ 1,100,279			\$ 1,076,338	\$ * (23,941)	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%	\$ 3,528	\$ 3,528 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		4,579	4,579 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		17,802	17,802 17
18	V	26 Insurance		Alden Management Services, Inc.		186	186 18
19	V	20 Dues & Subscriptions	29,004	Alden Management Services, Inc.		1,539	(27,465) 19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549	1,549 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,880	5,880 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		45,667	45,667 22
23	V	32 Interest		Alden Management Services, Inc.		71,244	71,244 23
24	V	1 Dietary		Alden Management Services, Inc.		5,743	5,743 24
25	V	3 Housekeeping		Alden Management Services, Inc.		7,743	7,743 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		7,865	7,865 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		65,702	65,702 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		9,806	9,806 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		129,306	129,306 29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		67,609	67,609 30
31	V	19 Professional Fees	883,640	Alden Management Services, Inc.		61,050	(822,590) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		329,210	329,210 32
33	V	6 Repair & Maint	18,134	Alden Management Services, Inc.		51,411	33,277 33
34	V			Alden Management Services, Inc.			
35	V			Alden Management Services, Inc.			
36	V						
37	V						
38	V						
39	Total		\$ 930,778			\$ 887,419	\$ * (43,359) 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 <u>Diet. Consultant</u>	\$ 18,800	<u>Prism Health Care Services, Inc.</u>	0.00%	\$ 2,665	\$ (16,135)
16	V	1 <u>Dietary Salary</u>		<u>Prism Health Care Services, Inc.</u>		9,648	9,648
17	V	2 <u>Tube Feeding</u>	32,385	<u>Prism Health Care Services, Inc.</u>		12,051	(20,334)
18	V	10 <u>Equip. Rental</u>	6,660	<u>Prism Health Care Services, Inc.</u>		7,172	512
19	V	39 <u>Ancillary Services</u>	94,576	<u>Prism Health Care Services, Inc.</u>		48,428	(46,148)
20	V	21 <u>Gen'l &amp; Admin Salary</u>		<u>Prism Health Care Services, Inc.</u>		16,049	16,049
21	V	27 <u>Employee Benefits</u>		<u>Prism Health Care Services, Inc.</u>		2,996	2,996
22	V	7 <u>Employee Benefits</u>		<u>Prism Health Care Services, Inc.</u>		1,280	1,280
23	V	21 <u>Gen'l &amp; Admin</u>		<u>Prism Health Care Services, Inc.</u>		6,816	6,816
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	<b>Total</b>		\$ 152,421			\$ 107,105	\$ * (45,316)

\* 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>	\$ 220,840	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 310,570	\$ 89,730	15
16	V	39 <u>I.V.</u>	168,362	<u>Forum Extended Care Services II, Inc.</u>		20,877	(147,485)	16
17	V	39 <u>Wound Care</u>	18,293	<u>Forum Extended Care Services II, Inc.</u>		14,443	(3,850)	17
18	V	10 <u>House Stock</u>	17,685	<u>Forum Extended Care Services II, Inc.</u>		16,252	(1,433)	18
19	V	10 <u>Pharm Consult</u>	8,396	<u>Forum Extended Care Services II, Inc.</u>		14,168	5,772	19
20	V	27 <u>Employee Vaccin.</u>	1,824	<u>Forum Extended Care Services II, Inc.</u>		1,440	(384)	20
21	V	27 <u>Employee Benef: G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,788	2,788	21
22	V	21 <u>Salary: G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		22,393	22,393	22
23	V	21 <u>Gen'l &amp; Admin.</u>		<u>Forum Extended Care Services II, Inc.</u>		14,146	14,146	23
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,230	1,230	24
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		446	446	25
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>				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	<b>Total</b>		\$ 435,400			\$ 418,753	\$ * (16,647)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 958,942	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 750,812	\$ (208,130)
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		\$ 958,942			\$ 750,812	\$ * (208,130)

\* 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 Repair & Maintenance	\$ 28,535	Alden Bennett Construction Company, Inc.	0.00%	\$ 28,159	\$	(376)	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		\$ 28,535			\$ 28,159	\$ *	(376)	39

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

Alden Valley Ridge Rehabil Alden Valley Ridge Rehabilitation & Health Care (Provider No. 0036640

Report Period Beginning:

1/1/10

Ending: 12/31/10

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
		The Forum Professional Center, LP	Chicago	Home Office rental
Heather Health Care Center, Inc.	Harvey			
Alden-Long Grove Rehabilitation and Health Care Center, Inc.	Long Grove	Forum Extended Care Services II, Inc.	Chicago	Pharmacy
Alden-Lincoln Park Rehabilitation and Health Care Center, Inc.	Chicago	Alden Management Services, Inc.	Chicago	Management
Alden-Northmoor Rehabilitation and Health Care Center, Inc.	Chicago			
Alden-Lakeland Rehabilitation and Health Care Center, Inc.	Chicago	Alden Gardens of Bloomingdale, Inc.	Bloomingdale	Supportive Living Facility
Alden of Old Town East, Inc.	Bloomingdale	Alden Garden Courts of DesPlaines, LLC	DesPlaines	Assisted Living/Alzheimers Facility
Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	McHenry	Alden Courts of Waterford, LLC	Aurora	Alzheimers Facility
Alden - Wentworth Rehabilitation and Health Care Center, Inc.	Chicago	Alden Gardens of Waterford, LLC	Aurora	Assisted Living
Alden Estates of Naperville, Inc.	Naperville	Prism Health Care Services, Inc.	Schaumburg	Nursing and Durable Equipment
Alden - Valley Ridge Rehabilitation and Health Care Center, Inc.	Bloomingdale	Community Physical Therapy & Associates, Ltd.	Addison	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingdale	Alden Bennett Construction Company, Inc.	Chicago	General Contractor
Alden - Orland Park Rehabilitation and Health Care Center, Inc.	Orland Park			
Alden - Princeton Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town West, Inc.	Bloomingdale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingdale			
Alden - Poplar Creek Rehabilitation and Health Care Center, Inc.	Hoffman Estates			
Alden - North Shore Rehabilitation and Health Care Center, Inc.	Skokie			
Alden - Des Plaines Rehabilitation and Health Care Center, Inc.	Des Plaines			
Alden Estates of Evanston, Inc.	Evanston			
Alden - Alma Nelson Manor, Inc.	Rockford			
Alden - Park Strathmoor, Inc.	Rockford			
Alden - Meadow Park Health Care Center, Inc.	Clinton, WI			
Alden Estates of Barrington, Inc.	Barrington			
Alden of Waterford, LLC	Aurora			
Alden Springs, Inc.	Bloomingdale			
Alden Village North, Inc.	Chicago			
Alden Estates of Skokie, Inc.	Skokie			
Alden Estates of Countryside, Inc.	Jefferson, WI			

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health # 0036640 Report Period Beginning: 1/1/10 Ending: 12/31/10

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,887	1.972	4.93	Salary	\$ 9,113	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,259	1.972	4.93	Salary	3,381	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,573	1.972	4.93	Salary	1,947	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 14,441		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 Valley Ridge Rehabilitation & Health Care Center # 0036640 Report Period Beginning: 1/1/10 Ending: 12/31/10

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	1,283,623	33	\$ 71,628	\$ 63,229	\$ 3,528	1
2	24	Trav & Seminar	Patient Days	1,283,623	33	92,957	63,229	4,579	2
3	25	Other Admin Travel	Patient Days	1,283,623	33	361,409	63,229	17,802	3
4	26	Insurance	Patient Days	1,283,623	33	3,773	63,229	186	4
5	20	Dues & Subscriptions	Patient Days	1,283,623	33	31,234	63,229	1,539	5
6	30	Depreciation	No of Providers/usage	33	33	64,513	1	1,549	6
7	33	Real Estate Tax	Patient Days/ysage	1,283,623	33	135,456	63,229	5,880	7
8	35	Rent-Equip & Vehicle	Patient Days	1,283,623	33	927,091	63,229	45,667	8
9	32	Interest	Patient Days/usage	1,283,623	33	1,179,658	63,229	71,244	9
10	1	Dietary Salary	Patient Days	1,283,623	33	116,597	116,597	5,743	10
11	3	Housekeeping Salary	Patient Days	1,283,623	33	157,195	157,195	7,743	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,283,623	33	159,672	63,229	7,865	12
13	10	Nurs & Med Records Salary	Patient Days	1,283,623	33	1,369,902	1,369,902	65,702	13
14	15	Employee Benefits -Health Care	Patient Days	1,283,623	33	199,071	63,229	9,806	14
15	17	Administrative Salary	Patient Days/usage	1,283,623	33	2,862,453	2,862,453	129,306	15
16	27	Employee Benefits - Admin	Patient Days	1,283,623	33	1,372,540	63,229	67,609	16
17	19	Professional fees	Patient Days	1,283,623	33	1,239,391	672,679	61,050	17
18	21	Gen'I & Admin	Patient Days	1,283,623	33	6,683,349	5,909,984	329,210	18
19	6	Repair & Maint.	Patient Days	1,283,623	33	1,043,713	824,986	51,411	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 887,419	25

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health C # 0036640 Report Period Beginning: 1/1/10 Ending: 12/31/10

**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										
										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			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Cambridge Realty (GL 7055)		x	Mortgage	\$50,767.00	09/02	\$ 9,009,300	\$ 8,197,102	08/20/1937	5.9000	\$ 486,954	1							
2												2							
3												3							
4												4							
5	Insurance Interest		x	Medical Malpractice							2,590	5							
<b>Working Capital</b>																			
6	Bank Leumi		x	Working Capital		12/12/08	1,135,173	1,135,173	Various		51,760	6							
7	Related party-AMS		x								71,244	7							
8	Related party-FECH		x								1,230	8							
9	TOTAL Facility Related				\$50,767.00		\$ 10,144,473	\$ 9,332,275			\$ 613,777	9							
<b>B. Non-Facility Related*</b>																			
10	Interest Income on R.R.										(126)	10							
11	Int Income (GL#4646/4975)										(3,601)	11							
12												12							
13	Amortization-Fin/Refin Fee		x								2,207	13							
14	TOTAL Non-Facility Related						\$	\$			\$ (1,520)	14							
15	TOTALS (line 9+line14)						\$ 10,144,473	\$ 9,332,275			\$ 612,257	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 41,258 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 Valley Ridge Rehabilitation & Health Care Center

# 0036640

Report Period Beginning:

1/1/10

Ending:

12/31/10

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 72,046 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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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:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>72,046</u>	<u>1990</u>	<u>\$ 317,233</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>72,046</b>		<b>\$ 317,233</b>	<b>3</b>

Facility Name &amp; ID Number Alden Valley Ridge Rehabilitation &amp; Health Care Center

# 0036640

Report Period Beginning:

1/1/10

Ending:

12/31/10

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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	207	1991		6,027,235	191,340	30	200,908	9,568	4,050,669	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	LEASEHOLD IMPROVEMENTS	1991		1,644,299	58,820	VARIOUS	64,007	5,187	1,270,190	9
10	REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.	1991		18,611		5			18,611	10
11	EXHAUST FAN/HVAC/BURNISHER/MISC.	1992		32,815		5,10 & 15			32,815	11
12	PIPE INSULATION/HVAC/MISC.	1993		31,308		5,10,15 & 17			31,308	12
13	SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP	1994		28,814	261	5,10 & 25	261		26,526	13
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC	1995		28,634	743	10,15 & 20	743		27,808	14
15	ROOF REPAIR	1996		3,200		10			3,200	15
16	ROOF REPAIR	1996		2,500		10			2,500	16
17	PARKING LOT LIGHTING	1996		3,716	248	15	248		3,573	17
18	PARKING LOT LIGHTING,EMRGNCY SERVICE-POWER OUT	1997		8,767		5			8,767	18
19	REPAIR PUMP	1997		1,800		5			1,800	19
20	ROOF REPAIRS	1997		2,590		5			2,590	20
21	REPLACE COMPRESSOR	1997		6,885		5			6,885	21
22	REPLACE MIXING VALVE	1997		2,763		5			2,763	22
23	REPAIR PUMP	1997		2,161		5			2,161	23
24	REPLACE PUMP	1997		6,293		5			6,293	24
25	REPLACED COMPRESSOR	1997		5,000		5			5,000	25
26	ROOF REPAIRS	1997		1,800		5			1,800	26
27	DOOR HOLDER	1997		4,088		10			4,088	27
28	PARKING LOT	1997		131,918	6,596	20	6,596		85,224	28
29	INSTALL WALL PLATES/OUTLETS	1997		4,968		10			4,968	29
30	INSTALL CABLE	1998		5,244		10			5,244	30
31	PAINTING	1998		52,000	2,600	20	2,600		32,283	31
32	CARPETING	1998		59,500	2,975	20	2,975		36,940	32
33	DRAPERIES	1998		13,000	650	20	650		8,071	33
34	ROOF	1998		79,000	3,950	20	3,950		49,046	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 &amp; ID Number Alden Valley Ridge Rehabilitation &amp; Health Care Center

# 0036640

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-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	OIL/DRIER ON STAGE COMPRESSOR	1998	\$ 2,900	\$ 193	15	\$ 193	\$	\$ 2,463	37
38	REPAIR TOWER	1998	2,727	182	15	182		2,274	38
39	REPLACE PRESSURE RELIEF VALVE	1998	1,940	129	15	129		1,615	39
40	CARPETING	1998	1,667		5			1,667	40
41	CARPETING	1998	15,858		5			15,858	41
42	CARPETING	1998	5,000		5			5,000	42
43	REPAIR FUEL PUMP ON GENERATOR	1998	2,532	127	20	127		1,563	43
44	FLOOR TILE	1998	4,876		10			4,876	44
45	REPAIR SHAFT AND GEAR REDUCER ON DRYER	1998	2,058		10			2,058	45
46	REPAIR VALVE IN THERAPY ROOM	1998	1,505	100	15	100		1,219	46
47	REPLACE HEAT PUMP	1998	3,773	252	15	252		3,063	47
48	CARPETING	1998	20,000		5			20,000	48
49	CARPETING	1998	18,082		5			18,082	49
50	Alden Bennet Construction (tank replacement)	1999	12,409	827	15	827		9,857	50
51	Northtown (repair dishwasher)	1999	1,695		10			1,695	51
52	Climate Service (replace hot water heater)	1999	9,561	637	15	637		7,488	52
53	Taylor Plumbing (pump repair)	1999	1,728		5			1,728	53
54	Ashland Plumbing & Heating Co. (furnished and installed ejector pump)	1999	6,658	444	15	444		5,179	54
55	Rykoff-Sexton (booster heater)	1999	1,893		10			1,893	55
56	Climate Service (cleaned condenser and tower)	1999	2,642		10			2,642	56
57	Patten Industries(generator repair)	1999	2,870		10			2,870	57
58	Fox Valley Fire & Safety(nurse call system repair)	1999	1,510	101	15	101		1,134	58
59	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632	109	15	109		1,225	59
60	Climate Service(repair tower fan)	1999	4,733		10			4,733	60
61	Climate Service(repair tower fan)	1999	2,405		10			2,405	61
62	New Horizons(replace power supply for phone system)	1999	3,767		10			3,767	62
63	Patten Industries(rebuild generator)	1999	7,884	394	20	394		4,368	63
64	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779		5			1,779	64
65	System Electric(repair dedicated circuits)	2000	2,461	164	15	164		1,791	65
66	Capps Plumbing (repair ejector pumps)	2000	4,970	331	15	331		3,615	66
67	Fox Valley (re-wire smoke detectors)	2000	14,576	363	10	363		14,576	67
68	Harold(repair dish machaine)	2000	962		5			962	68
69	Harold(repair dish machaine)	2000	1,328		5			1,328	69
70	TOTAL (lines 4 thru 69)		\$ 8,379,290	\$ 272,536		\$ 287,291	\$ 14,755	\$ 5,885,896	70

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

Facility Name &amp; ID Number Alden Valley Ridge Rehabilitation &amp; Health Care Center

# 0036640

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-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	<b>Totals from Page 12A, Carried Forward</b>		\$ 8,379,290	\$ 272,536		\$ 287,291	\$ 14,755	\$ 5,885,896	1
2	new horizons-install phone line	2000	2,742	138	10			2,742	2
3	CSI -Coker Service (new motor)	2001	3,865	387	10	387		3,803	3
4	State mandated tank removal	2001	12,242	816	15	816		8,161	4
5	Water Pump repair	2001	1,706		5			1,706	5
6	GT (new shaft)	2001	2,491		5			2,491	6
7	new horizons-install phone line	2001	1,572		5			1,572	7
8	GT (replace fan blade)	2001	3,534		5			3,534	8
9	Alco sales & service (beds)	2001	2,324	233	10	233		2,172	9
10	Alco sales & service (beds)	2001	233	23	10	23		214	10
11	GT (repalace motor)	2001	791	79	10	79		731	11
12	GT (replace heat exchanger)	2001	1,332		5			1,332	12
13	GT (repair leaking piping)	2001	1,381		5			1,381	13
14	GT (refund for shaft)	2002	(2,491)		5			(2,491)	14
15	ABC (misc. repair)	2002	2,126		5			2,126	15
16	GT (compressor)	2002	4,290	286	15	286		2,383	16
17	Capps (install drain)	2002	2,585	43	5			2,585	17
18	SMT healthcare system(body lift)	2002	10,132	676	15	676		5,800	18
19	ABC --(carpet in two elevators))	2002	1,279	128	10	128		1,130	19
20	ABC (new gate)	2002	3,362	336	10	336		2,857	20
21	ABC-New door	2003	2,102	210	10	210		1,593	21
22	ABC-Southland-New Floor	2003	857	86	10	86		687	22
23	ABC- Bathroom	2003	735	73	10	73		530	23
24	CSI-repair dishwasher	2003	2,111		5			2,111	24
25	ABC-GT Mech. Repair gas regulators	2003	2,369	237	10	237		1,876	25
26	ABC GTMech-repair water heater	2003	1,818	182	10	182		1,425	26
27	TSN Inc - DSL Cable	2004	990	99	10	99		685	27
28	Aquarium Main Serv-replace mixing valves	2004	10,501		5			10,501	28
29	ABC-new flooring	2004	2,100	210	10	210		1,417	29
30	Aqua Service-boiler mixing valve/storage tank prep	2004	1,205		5			1,205	30
31	Aqua Service-boiler mixing valve/storage tank prep	2004	2,906		5			2,906	31
32	Aqua Service-rebuilt valves,plumbing	2004	3,002		5			3,002	32
33	ABC-new flooring	2004	2,276	228	10	228		1,481	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,467,758	\$ 277,006		\$ 291,580	\$ 14,755	\$ 5,959,544	34

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

Facility Name &amp; ID Number Alden Valley Ridge Rehabilitation &amp; Health Care Center

# 0036640

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-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	<b>Totals from Page 12B, Carried Forward</b>		\$ 8,467,758	\$ 277,006		\$ 291,580	\$ 14,574	\$ 5,959,544	1
2	ABC-hot water heater/valve repair	2004	2,215		5			2,215	2
3	Equipment Int'l-repair laundry equipment	2004	2,305		5			2,305	3
4	ABC-elevator repairs	2004	3,260	326	10	326		2,065	4
5									5
6	Capps-Furnish/Install 1 1/2 RPZ Boiler	2005	1,940	97	20	97		558	6
7	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020	602	10	602		3,411	7
8	DBS Contracting, Inc-Bore Underground for TV	2005	5,750	575	10	575		3,067	8
9									9
10	Cybor Fire Protection-Sprinkler System Pipe Work	2005	4,500	600	5	600		4,500	10
11	A&B Custom Cable-Install 70 rms antennas	2005	8,120	812	10	812		4,195	11
12	ABC-Patten Repair Generator	2006	5,210	521	10	521		2,562	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714		3,392	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809	254	15	254		1,185	14
15	ABC-Window Replacement	2006	31,829	3,183	10	3,183		13,848	15
16	TopNotch Cooler Door	2006	4,300	430	10	430		1,863	16
17	ABC-Bathroom Repairs	2006	20,841	4,168	5	4,168		18,409	17
18									18
19	Install TV Cabeling/Master Antenna	2007	(3,020)	(302)	10	(302)		(1,107)	19
20	Chiller Repair	2007	7,225	723	10	723		2,590	20
21	Installed Compressor	2007	9,517	952	10	952		3,253	21
22	Freezer Door Repair	2007	4,533	453	10	453		1,548	22
23									23
24									24
25	Regraded Detention Pond	2007	6,302	630	10	630		2,100	25
26	Replaced water pump motors	2007	4,095	410	10	410		1,332	26
27	New TV Lines	2007	5,750	575	10	575		2,013	27
28									28
29									29
30	Replace Sprinkler System	2007	4,500	450	10	450		1,575	30
31									31
32	Ceiling, Tiling, Motors, Cabinets, Plumbing	2007	8,034	803	10	803		2,811	32
33	Thermo Pane Windows, Bathroom mirrors	2007	7,371	737	10	737		2,580	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,632,876	\$ 294,719		\$ 309,293	\$ 14,574	\$ 6,041,814	34

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	<b>Totals from Page 12C, Carried Forward</b>	\$ 8,632,876	\$ 294,719		\$ 309,293	\$ 14,574	\$ 6,041,814	1	
2	Forum Prof Ctr: Remodeling	12,778		20			12,778	2	
3	Forum Prof Ctr: Build Improv - multiple	24,885		15			24,885	3	
4	Forum Prof Ctr: Tennant Improv	785		13			785	4	
5	Forum Prof Ctr: AMS remodel	5,337		10			5,337	5	
6	Forum Prof Ctr: Roof	2,815	175	16	175		2,815	6	
7	Forum Prof Ctr: Build Improv-multiple	993	62	16	62		927	7	
8	Forum Prof Ctr: Asphalt/Design/etc.	1,568	112	10	112		1,517	8	
9	Forum Prof Ctr: Remodel/electrical	611	33	7	33		544	9	
10	Forum Prof Ctr: bathroom remodel	540	50	5	50		452	10	
11	Forum Prof Ctr: remodel suites/etc.	694	70	9	70		555	11	
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2,138	104	7	104		1,762	12	
13	Forum Prof Ctr: Suite renovation	432	62	10	62		485	13	
14	Forum Prof Ctr: Superior installations, etc.	85	12	4	12		85	14	
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	415	65	7	65		215	15	
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	346	60	7	60		142	16	
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	715	68	7	68		82	17	
18	Forum Prof Ctr: Building Renovations	1,161	330	7	330		330	18	
19	Alden Mgt Servs: Remodel suites	7,174	23	7	23		7,163	19	
20	Alden Mgt Servs: Remodel suites	299		7			299	20	
21	Alden Mgt Servs: Remodel suites	6,486	161	7	161		6,474	21	
22								22	
23								23	
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30	Adjust for ABC Related Party Profit	(632)	(42)		(42)		(42)	30	
31	Adjust for ABC Related Party Profit	(1,021)	(44)		(44)		(44)	31	
32	Adjust for ABC Related Party Profit	(194)	(7)		(7)		(7)	32	
33								33	
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 8,701,287	\$ 296,013		\$ 310,587	\$ 14,574	\$ 6,109,352	34	

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

Facility Name &amp; ID Number Alden Valley Ridge Rehabilitation &amp; Health Care Center

# 0036640

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-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	<b>Totals from Page 12D, Carried Forward</b>		\$ 8,701,287	\$ 296,013		\$ 310,587	\$ 14,574	\$ 6,109,352	1
2	Parking Lot Paving	2007	12,323	1,232	10	1,232		4,004	2
3									3
4	ABC-Windows	2008	3,387	339	10	339		677	4
5	ABC-Cooling tower/compressor	2008	73,033	4,869	15	4,869		11,767	5
6	ABC-Ceiling tile/electrical/door	2008	5,518	552	10	552		1,242	6
7	ABC-Water main	2008	18,186	727	25	727		1,575	7
8	ABC-Carpeting	2008	7,252	1,450	5	1,450		3,021	8
9	ABC-Thermal pane windows	2008	3,280	328	10	328		683	9
10	ABC-Landscap/masonry/irrig/lighting	2009	32,194	2,146	15	2,146		2,146	10
11	ADG-Replace solar screen window shades	2009	2,583	517	5	517		904	11
12	G.T.Mech-Repair/clean water cooled condenser	2009	3,521	704	5	704		1,173	12
13	G.T.Mech-Replaced busted ball valves on cooling tower	2009	3,218	644	5	644		1,073	13
14	Top Notch-Relaced Freezer Compressor	2009	5,581	1,116	5	1,116		1,860	14
15	Equ. International-Reducer Gearkit Spider Panel Front	2009	4,794	304	10	304		424	15
16	ABC-Plumbing replaced Broken & damaged	2009	4,902	980	5	980		1,225	16
17	ABC-Windows Replaced Broken	2009	7,852	785	10	785		916	17
18	ABC-Hvac motors with new motors	2009	4,773	477	10	477		517	18
19	ABC-Repaved bad parking lot with new paving	2009	24,646	2,465	10	2,465		3,697	19
20	ABC-Fence Installation-New Fence along Lot	2010	3,820	191	15	191		191	20
21	Ken's Custom-Re-upholstery of chairs-Admission Conf.Rm	2010	2,645	441	5	441		441	21
22	ABC-Replace Windows and Screens	2010	12,058	402	10	402		402	22
23	ADG-Reupholstery for Furnitures	2010	5,863	293	5	293		293	23
24	ADG-Fabric for furnitures	2010	6,377	213	5	213		213	24
25									25
26	Repaved Parking Lot	2010	8,137	543	15	543		1,673	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,957,227	\$ 317,731		\$ 332,305	\$ 14,574	\$ 6,149,469	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 467,090	\$ 47,779	\$ 47,779	\$		\$ 218,972	71
72	Current Year Purchases	127,599	8,092	8,092			8,092	72
73	Fully Depreciated Assets	884,249	535	535			884,249	73
74								74
75	TOTALS	\$ 1,478,938	\$ 56,406	\$ 56,406	\$		\$ 1,111,313	75

D. Vehicle Depreciation (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	Buses	Midwest Transit	1/1/2001	\$ 49,825	\$	\$	\$		\$ 49,825	76
77										77
78										78
79	Related Party-AMS	Various	98-'02	4,148				3	4,148	79
80	TOTALS			\$ 53,973	\$	\$	\$		\$ 53,973	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)	\$ 10,807,371	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 374,137	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 388,711	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,574	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,314,755	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center # 0036640 Report Period Beginning: 1/1/10 Ending: 12/31/10

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: related party cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

If NO, see instructions.

		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

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: \$ 25,689 Description: Copy Machine Lease & Various office equipment.

(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>31,088</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>13,429</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>44,517</u>	21

10. Effective dates of current rental agreement:

Beginning 06/00  
Ending 12/10

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2011</u>	\$ <u>Varies</u>
13.	<u>/2012</u>	\$ <u>Varies</u>
14.	<u>/2013</u>	\$ <u>Varies</u>

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		3	4
		1	2		
		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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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	\$		\$ 374,489	\$		\$ 374,489	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			92,593			92,593	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			491,859			491,859	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				310,571		310,571	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>					(208,130)	186,807		(21,323)	13
14	TOTAL			\$		\$ 750,811	\$ 497,378		\$ 1,248,189	14

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

XIV. Special Services (Direct Cost)

Page 16

Col 5: PT,OT, & ST

Col 6: Supplies

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$374,489.20
2.	ST	39-3	To Col 5	92,593.47
3.				
4.	PT	39-3	To Col 5	491,859.43
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			220,840.06
	Manual Input from Related Party- Forum Drugs			89,731.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	310,571.06
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	(208,130.00)
	Other			307,367.15
	Manual Input: Related Party - Prism			(46,148.00)
	Manual Input: Related Party FECII - I.V.			(147,485.00)
	Manual Input: Related Party FECII - Wound Care			(3,850.00)
	Oxygen, from reclass worksheet (Pg 4A)			76,922.58
13.	Col 6: Supplies Total		To Col 6	186,806.73
13.	Total Line 13, Column 8			(21,323.27)
14.	Total			1,248,189.89

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center # 0036640 Report Period Beginning: 1/1/10 Ending: 12/31/10  
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/10 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 65,692	\$ 68,847	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>90,000</u> )	850,647	850,647	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		8,818	6
7	Other Prepaid Expenses	4,647	4,647	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	74,835	202,165	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 995,821	\$ 1,135,124	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		290,687	13
14	Buildings, at Historical Cost		7,880,053	14
15	Leasehold Improvements, at Historical Cost	745,809	1,089,834	15
16	Equipment, at Historical Cost	739,614	1,792,430	16
17	Accumulated Depreciation (book methods)	(1,068,686)	(6,903,270)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		124,903	21
22	Other Long-Term Assets (spe <u>Ref. Fees</u> )		114,970	22
23	Other(specify): <u>Due from Affiliates</u>	4,899,315	5,206,063	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,316,052	\$ 9,595,670	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,311,873	\$ 10,730,795	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 553,354	\$ 563,329	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	220,384	220,384	28
29	Short-Term Notes Payable		129,021	29
30	Accrued Salaries Payable	419,081	419,081	30
31	Accrued Taxes Payable (excluding real estate taxes)	64,546	64,546	31
32	Accrued Real Estate Taxes(Sch.IX-B)		196,000	32
33	Accrued Interest Payable	525,540	565,842	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	47,811	110,791	36
37	<u>Due to Affiliates</u>	1,447,610	1,447,610	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,278,326	\$ 3,716,604	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	1,135,173	1,135,173	39
40	Mortgage Payable		8,068,081	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>			43
44	<u>S/holder loans, Others</u>	437,600	437,600	44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 1,572,773	\$ 9,640,854	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,851,099	\$ 13,357,459	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,460,774	\$ (2,626,664)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 6,311,873	\$ 10,730,795	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>980,099</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>external audit adjustments made after 2006 cost report</b>	<b>8,485</b>	<b>3</b>
<b>4</b>	<b>was submitted. These have no effect on prior years report</b>		<b>4</b>
<b>5</b>	<b>Bad debt, Medicare revenues (non allowables)</b>		<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>988,584</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>472,190</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>472,190</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,460,774</b>	<b>24</b> *

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Alden Valley Ridge Rehabilitation &amp; Health Care C # 0036640 Report Period Beginning: 1/1/10

Ending: 12/31/10

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 11,222,374	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,222,374	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	364,991	6
7	Oxygen	39,636	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 404,627	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,049	13
14	Non-Patient Meals	24	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	11,745	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 12,818	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	3,602	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 3,602	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Page 19A	2,488	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 2,488	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,645,909	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,823,438	31
32	Health Care	3,928,980	32
33	General Administration	2,501,069	33
<b>B. Capital Expense</b>			
34	Ownership	1,319,750	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,487,149	35
36	Provider Participation Fee	113,333	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,173,719	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	472,190	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 472,190	43

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

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

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

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

STATE OF ILLINOIS

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care # 0036640 Report Period Beginning: 1/1/10 Ending: 12/31/10

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Details of Page 19, Line 28

Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Workers Comp. refund-Backed out with Ln ref 22-Pg 5A	182.00
Record Copies-Backed out with Ln ref 21-Pg 5A	1,332.00
Jury Duty-Backed out with Ln ref 22-Pg 5A	50.00
Wage Service Fee-Backed out with Ln ref 22-Pg 5A	67.00
Write Off Old A/P (GL#4983)- (related to prior yr, not offset on Sch.# V)	(116.00)
Recovery of Bad Debts (private only, is not offset on Sch.# V)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	973.00
Total of Line 28	<u><u>2,488.00</u></u>

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

# 0036640

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	2,104	2,144	\$ 93,941	\$ 43.82	1
2	Assistant Director of Nursing	2,000	2,000	72,321	36.16	2
3	Registered Nurses	29,796	32,188	988,453	30.71	3
4	Licensed Practical Nurses	28,073	29,757	814,759	27.38	4
5	CNAs & Orderlies	80,867	86,404	1,053,760	12.20	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,773	4,303	78,413	18.22	8
9	Activity Director	2,080	2,080	40,702	19.57	9
10	Activity Assistants	5,844	6,260	62,645	10.01	10
11	Social Service Workers	2,104	2,201	46,582	21.16	11
12	Dietician					12
13	Food Service Supervisor	2,064	2,080	77,237	37.13	13
14	Head Cook	5,456	5,472	76,988	14.07	14
15	Cook Helpers/Assistants	28,022	30,249	307,673	10.17	15
16	Dishwashers					16
17	Maintenance Workers	3,296	3,296	67,823	20.58	17
18	Housekeepers	20,614	22,355	251,905	11.27	18
19	Laundry	5,505	6,039	56,554	9.36	19
20	Administrator	2,080	2,080	126,848	60.98	20
21	Assistant Administrator					21
22	Other Administrative	8,944	8,956	227,522	25.40	22
23	Office Manager	2,080	2,080	52,683	25.33	23
24	Clerical	2,556	2,715	25,850	9.52	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,840	3,840	120,235	31.31	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	1,968	1,982	29,649	14.96	32
33	Other(specify) Alzheimer Sup&Aid	6,007	6,356	98,335	15.47	33
34	TOTAL (lines 1 - 33)	249,073	264,837	\$ 4,770,878 *	\$ 18.01	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	1566/Monthly	\$ 18,800	1-3	35
36	Medical Director	1180/monthly	14,165	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	414/Monthly	4,968	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	290/Monthly	3,476	11-3	44
45	Social Service Consultant	274/Monthly	1,096	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 42,505		49

C. CONTRACT NURSES

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

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
Don Dalicandro	Administrator	0	\$ 126,848	Workers' Compensation Insurance	\$ 133,619	IDPH License Fee	\$	
				Unemployment Compensation Insurance	28,601	Advertising: Employee Recruitment	985	
				FICA Taxes	356,009	Health Care Worker Background Check		
				Employee Health Insurance	134,610	(Indicate # of checks performed 65 )	650	
				Employee Meals	15,400	Patient Background Checks	1,490	
				Illinois Municipal Retirement Fund (IMRF)*		Related party-AMS	1,539	
				Dental/Life Insurance	4,685	IHCA dues, less pac fees	7,998	
				Employee Relations/Misc Payroll Costs	5,221	Creative Forecasting/ESPN subscripts	100	
				Tuition Reimbursement/401K Match	1,758	Surety bond fees-Marsh USA Inc.	738	
				Employee Drug Tests/Vaccinations	4,032	Valley Ridge Asso.- Dues & Subscrip.	770	
				Mkt Manager Benefit back out	(8,619)	Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 126,848	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)								
B. Administrative - Other								
Description			Amount					
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$					
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type	Amount	Description	Line #	Amount	Description	Amount	
Alden Management Services	Consulting Fees	\$ 850,384			\$	Out-of-State Travel	\$	
Ken Fisch	Legal Fees:Non-Collections	16,838						
Reimbursement- legal/collection	Legal Fees:Collections	(350)						
Janet L. Hermann	Legal Fees:Collections	237				In-State Travel		
AMS (Eliminated)	Allocated Legal Fees	33,456				PESI LLC/Healthcare Info Network Inc.	698	
Medi.Com	Billing Consultants	553				Leadership Training	2,275	
Pathways-reclassified to Nurs.	Clinical Consultants	16,968				Related party-AMS	4,579	
Baker Tilly/Ava Daley	Accounting Fees	9,561				Seminar Expense		
First Advantage Corporation	Tax Credit Services	80				IL Health Care Assoc./IL Council on Long	1,445	
Linda Robert Ass.	Nutrition service Consl.	570				Campbell Training Sol./Pathway Health	804	
						Entertainment Expense	( )	
TOTAL (agree to Schedule V, line 19, column 3)			\$ 928,297	TOTAL		(agree to Sch. V, line 24, col. 8)		
(If total legal fees exceed \$5,000, attach copy of invoices.)						TOTAL		
						\$ 9,801		

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden Valley Ridge	
Legal Fee Support	
2010	
Legal Fees Reported on Pg 21, Section C:	\$ 50,181.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(16,488.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)	(33,456.00)
Allowable Legal Fees	\$ 237.00

**Total Allow. Legal Fees should be the sum of the invoices you are providing.**



Facility Name &amp; ID Number Alden Valley Ridge Rehabilitation &amp; Health Care Center

# 0036640

Report Period Beginning: 1/1/10

Ending: 12/31/10

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Il. Health Care Assn. \$ 7998.00
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 52,199 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. \$ 113,333  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 15,400 Has any meal income been offset against related costs? \_\_\_\_\_ 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: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.