

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC

0036640 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	5,546	1,435	10,922	17,903	8
9	SNF/PED					9
10	ICF	40,993	4,554	694	46,241	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	46,539	5,989	11,616	64,144	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.90%

D. How many bed-hold days during this year were paid by the Department?

0 (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 2/1/91

J. Was the facility purchased or leased after January 1, 1978?

YES Date 2/1/91 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 5,676

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: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	454,171	27,943	22,800	504,914	2,230	507,144	(6,399)	500,745		1
2	Food Purchase		434,024		434,024	(16,804)	417,220	(11,844)	405,376		2
3	Housekeeping	264,145	40,150		304,295	800	305,095	9,610	314,705		3
4	Laundry	65,971	28,069		94,040	319	94,359		94,359		4
5	Heat and Other Utilities			235,721	235,721		235,721	3,226	238,947		5
6	Maintenance	54,138	107	191,541	245,786	58	245,844	15,394	261,238		6
7	Other (specify):* related party							10,229	10,229		7
8	TOTAL General Services	838,425	530,293	450,062	1,818,780	(13,397)	1,805,383	20,216	1,825,599		8
	B. Health Care and Programs										
9	Medical Director			14,865	14,865		14,865		14,865		9
10	Nursing and Medical Records	3,462,485	288,868	9,977	3,761,330	(16,059)	3,745,271	51,779	3,797,050		10
10a	Therapy	178,859	1,847	11,788	192,494		192,494		192,494		10a
11	Activities	113,141	5,427	9,951	128,519	204	128,723		128,723		11
12	Social Services	50,658			50,658		50,658		50,658		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,898	8,898		15
16	TOTAL Health Care and Programs	3,805,143	296,142	46,581	4,147,866	(15,855)	4,132,011	60,677	4,192,688		16
	C. General Administration										
17	Administrative	99,420			99,420		99,420	150,039	249,459		17
18	Directors Fees										18
19	Professional Services			936,372	936,372	1,500	937,872	(838,929)	98,943		19
20	Dues, Fees, Subscriptions & Promotions			72,365	72,365	(1,500)	70,865	(54,293)	16,572		20
21	Clerical & General Office Expenses	187,152	18,235	125,945	331,332	2,652	333,984	415,267	749,251		21
22	Employee Benefits & Payroll Taxes			885,102	885,102	2,682	887,784		887,784		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,613	1,613	(529)	1,084	1,054	2,138		24
25	Other Admin. Staff Transportation			3,216	3,216		3,216	20,417	23,633		25
26	Insurance-Prop.Liab.Malpractice			238,286	238,286		238,286	10,966	249,252		26
27	Other (specify):* related party			188,292	188,292		188,292	(112,165)	76,127		27
28	TOTAL General Administration	286,572	18,235	2,451,191	2,755,998	4,805	2,760,803	(407,644)	2,353,159		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,930,140	844,670	2,947,834	8,722,644	(24,447)	8,698,197	(326,751)	8,371,446		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.

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			88,344	88,344		88,344	392,548	480,892			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			86,956	86,956		86,956	360,892	447,848			32
33	Real Estate Taxes			269,433	269,433	(269,433)		277,249	277,249			33
34	Rent-Facility & Grounds			640,169	640,169	269,433	909,602	(909,602)				34
35	Rent-Equipment & Vehicles			20,920	20,920		20,920	67,486	88,406			35
36	Other (specify):* M.I.P							43,674	43,674			36
37	TOTAL Ownership			1,105,822	1,105,822		1,105,822	232,247	1,338,069			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		586,999	1,038,984	1,625,983	24,447	1,650,430	(256,448)	1,393,982			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			463,633	463,633		463,633		463,633			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		586,999	1,502,617	2,089,616	24,447	2,114,063	(256,448)	1,857,615			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,930,140	1,431,669	5,556,273	11,918,082		11,918,082	(350,952)	11,567,130			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(16,804.00)	Employee Meals
	22	16,804.00	Employee Meals
22		(14,122.00)	Uniforms
	1	1,796.00	Uniforms
	3	800.00	Uniforms
	4	319.00	Uniforms
	6	58.00	Uniforms
	10	8,388.00	Uniforms
	11	204.00	Uniforms
	21	2,557.00	Uniforms
10		(24,447.00)	Oxygen - to appropriate cost center
	39	24,447.00	Oxygen - to appropriate cost center
33		(269,433.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	269,433.00	Rent - Real Estate Tax on associated landowner (Pg 6)
24		(529.00)	Reclass from seminar to Special Education
	21	529.00	Reclass to Special Education from Seminar
20		(1,500.00)	Reclass Frontliners in ILL-Invoice adjustments
	19	1,500.00	Reclass Frontliners in ILL-Invoice adjustments
21		(434.00)	Reclass Linda Roberts Asso. Invoices

19

434.00

Reclass Linda Roberts Asso. Invoices

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	(48)	2		4
5	Telephone, TV & Radio in Resident Rooms	(11,752)	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	14,755	30		9
10	Interest and Other Investment Income	(1,061)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,286)	2		13
14	Non-Care Related Interest	(19,692)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(5,470)	21		17
18	Fines and Penalties	(30)	32		18
19	Entertainment	(354)	20		19
20	Contributions	(5,120)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,771)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(188,292)	27		24
25	Fund Raising, Advertising and Promotional	(18,773)	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)	\$ (239,894)		\$	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)	(122,897)	Various	34
35	Other- Attach Schedule	11,839	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (111,058)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (350,952)		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

BHF USE ONLY						
48		49		50		51
						52

STATE OF ILLINOIS
ALDEN VALLEY RIDGE REHAB & HCC

Report Period Beginning: 01/01/2013
Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim deprec exp on Pg 13 items < \$2,500	\$ (18,269)	30	1
2	Expense current year Pg 13 items < \$2,500	31,234	6	2
3	Elim deprec exp on Pg 12 items < \$2,500	(3,059)	30	3
4	Expense current year Pg 12 items < \$2,500	5,618	6	4
5	Adj YTD Deprec Exp to Detail	(1,665)	30	5
6				6
7	Late Fees Utilities	(758)	5	7
8	Employee Flu Shots	(140)	10	8
9	Misc. Income-Jury Duty	(34)	21	9
10	Misc. Income-Record Copies	(188)	10	10
11	Back out 30% (for 2013) of PAC fees	(1,714)	20	11
12	Elim. Landowner Bank Charges	(102)	19	12
13	Elim ABC Deprec Exp from Pg 12 series(Prior Yrs)	296	30	13
14	Elim ABC Deprec Exp from Pg 12 series(Current Yr)	170	30	14
15	Elim-Chamber of Commerce fee in GL 6825	(1,050)	20	15
16	Elim.- Frontliners in ILL invoice	1,500	20	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				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		11,839	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC

0036640

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	3,429	(9,828)	0	0	0	0	0	0	0	(6,399)	1
2	Food Purchase	(2,334)	0	0	(9,510)	0	0	0	0	0	0	0	(11,844)	2
3	Housekeeping	0	0	9,610	0	0	0	0	0	0	0	0	9,610	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(758)	0	3,984	0	0	0	0	0	0	0	0	3,226	5
6	Maintenance	25,100	7,659	(19,435)	0	0	0	2,070	0	0	0	0	15,394	6
7	Other (specify):*	0	0	9,106	1,123	0	0	0	0	0	0	0	10,229	7
8	TOTAL General Services	22,008	7,659	6,694	(18,215)	0	0	2,070	0	0	0	0	20,216	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	(328)	0	57,744	1,351	(6,988)	0	0	0	0	0	0	51,779	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	8,898	0	0	0	0	0	0	0	0	8,898	15
16	TOTAL Health Care and Programs	(328)	0	66,642	1,351	(6,988)	0	0	0	0	0	0	60,677	16
	C. General Administration													
17	Administrative	0	0	150,039	0	0	0	0	0	0	0	0	150,039	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,873)	7,452	(844,508)	0	0	0	0	0	0	0	0	(838,929)	19
20	Fees, Subscriptions & Promotions	(25,511)	309	(29,091)	0	0	0	0	0	0	0	0	(54,293)	20
21	Clerical & General Office Expenses	(5,504)	0	352,598	23,618	44,555	0	0	0	0	0	0	415,267	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,054	0	0	0	0	0	0	0	0	1,054	24
25	Other Admin. Staff Transportation	0	0	20,417	0	0	0	0	0	0	0	0	20,417	25
26	Insurance-Prop.Liab.Malpractice	0	10,677	289	0	0	0	0	0	0	0	0	10,966	26
27	Other (specify):*	(188,292)	0	70,134	2,414	3,579	0	0	0	0	0	0	(112,165)	27
28	TOTAL General Administration	(221,180)	18,438	(279,068)	26,032	48,134	0	0	0	0	0	0	(407,644)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(199,500)	26,097	(205,732)	9,168	41,146	0	2,070	0	0	0	0	(326,751)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC# 0036640

Report Period Beginning:

01/01/2013 Ending:

12/31/2013

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(7,772)	391,244	9,076	0	0	0	0	0	0	0	0	392,548	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(20,783)	368,639	11,844	0	1,192	0	0	0	0	0	0	360,892	32
33	Real Estate Taxes	0	269,433	7,346	0	470	0	0	0	0	0	0	277,249	33
34	Rent-Facility & Grounds	0	(909,602)	0	0	0	0	0	0	0	0	0	(909,602)	34
35	Rent-Equipment & Vehicles	0	0	67,486	0	0	0	0	0	0	0	0	67,486	35
36	Other (specify):*	0	43,674	0	0	0	0	0	0	0	0	0	43,674	36
37	TOTAL Ownership	(28,555)	163,388	95,752	0	1,662	0	0	0	0	0	0	232,247	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	(45,670)	(86,150)	(124,628)	0	0	0	0	0	(256,448)	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	(45,670)	(86,150)	(124,628)	0	0	0	0	0	(256,448)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(228,055)	189,485	(109,980)	(36,502)	(43,342)	(124,628)	2,070	0	0	0	0	(350,952)	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	\$ 909,602	Valley Ridge Associates, L.L.C.	0.00%	\$	\$ (909,602)	1
2	V	32 Interest Income	78	Valley Ridge Associates, L.L.C.			(78)	2
3	V	6 Repairs & Maintenance		Valley Ridge Associates, L.L.C.		7,659	7,659	3
4	V	19 Accounting Fees		Valley Ridge Associates, L.L.C.		7,350	7,350	4
5	V	19 Bank Charges		Valley Ridge Associates, L.L.C.		102	102	5
6	V	20 Corporate Annual Report Fee		Valley Ridge Associates, L.L.C.		309	309	6
7	V	33 Real Estate Taxes		Valley Ridge Associates, L.L.C.		269,433	269,433	7
8	V	26 General Insurance Expense		Valley Ridge Associates, L.L.C.		10,677	10,677	8
9	V	36 Mortgage insurance Premium		Valley Ridge Associates, L.L.C.		43,674	43,674	9
10	V	32 Interest Mortgage/Other		Valley Ridge Associates, L.L.C.		364,259	364,259	10
11	V	30 Depreciation		Valley Ridge Associates, L.L.C.		391,244	391,244	11
12	V	32 Amortization Expense		Valley Ridge Associates, L.L.C.		4,458	4,458	12
13	V			Valley Ridge Associates, L.L.C.				13
14	Total		\$ 909,680			\$ 1,099,165	\$ * 189,485	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%	\$ 3,984	\$ 3,984 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,054	1,054 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		20,417	20,417 17
18	V	26 Insurance		Alden Management Services, Inc.		289	289 18
19	V	20 Dues & Subscriptions	32,562	Alden Management Services, Inc.		3,471	(29,091) 19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076	9,076 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,346	7,346 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		67,486	67,486 22
23	V	32 Interest		Alden Management Services, Inc.		11,844	11,844 23
24	V	1 Dietary		Alden Management Services, Inc.		3,429	3,429 24
25	V	3 Housekeeping		Alden Management Services, Inc.		9,610	9,610 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		9,106	9,106 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		57,744	57,744 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		8,898	8,898 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		150,039	150,039 29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		70,134	70,134 30
31	V	19 Professional Fees	906,014	Alden Management Services, Inc.		61,506	(844,508) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		352,598	352,598 32
33	V	6 Repair & Maint	85,661	Alden Management Services, Inc.		66,226	(19,435) 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,024,237			\$ 914,257	\$ * (109,980) 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 Consult.	\$ 22,800	Prism Health Care Services, Inc.	0.00%	\$ 71	\$ (22,729)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		12,901	12,901
17	V	2 Tube feeding	22,893	Prism Health Care Services, Inc.		13,383	(9,510)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		8,011	1,351
19	V	39 Ancillary supplies	91,925	Prism Health Care Services, Inc.		46,255	(45,670)
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		13,915	13,915
21	V	27 Employee benefits		Prism Health Care Services, Inc.		2,414	2,414
22	V	7 Employee benefits		Prism Health Care Services, Inc.		1,123	1,123
23	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		9,703	9,703
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		\$ 144,278			\$ 107,776	\$ * (36,502)

* 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>	\$ 286,511	<u>Forum Extended Care Services, Inc.</u>	0.00%	\$ 236,455	\$ (50,056) 15
16	V	39 <u>I.V.</u>	173,549	<u>Forum Extended Care Services, Inc.</u>		143,229	(30,320) 16
17	V	39 <u>Wound Care</u>	33,052	<u>Forum Extended Care Services, Inc.</u>		27,278	(5,774) 17
18	V	10 <u>House Stock</u>	35,030	<u>Forum Extended Care Services, Inc.</u>		28,910	(6,120) 18
19	V	10 <u>Pharm Consult</u>	4,968	<u>Forum Extended Care Services, Inc.</u>		4,100	(868) 19
20	V	27 <u>Employee Vaccin.</u>	3,605	<u>Forum Extended Care Services, Inc.</u>		2,976	(629) 20
21	V	27 <u>Employee Benef: G & A</u>		<u>Forum Extended Care Services, Inc.</u>		4,208	4,208 21
22	V	21 <u>Salary: G & A</u>		<u>Forum Extended Care Services, Inc.</u>		28,103	28,103 22
23	V	21 <u>Gen'l & Admin.</u>		<u>Forum Extended Care Services, Inc.</u>		16,452	16,452 23
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services, Inc.</u>		1,192	1,192 24
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services, Inc.</u>		470	470 25
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		\$ 536,715			\$ 493,373	\$ * (43,342) 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	\$ 1,023,295	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 898,667	\$ (124,628)
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		\$ 1,023,295			\$ 898,667	\$ * (124,628)

* 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	\$ 33,526	Alden Bennett Construction Company, Inc.	0.00%	\$ 35,596	\$ 2,070	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		\$ 33,526			\$ 35,596	\$ *	2,070	39

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

Facility Name & ID Number

ALDEN VALLEY RIDGE REHAB & HCC

0036640

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

VII. RELATED PARTIES

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

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	176,004	1.944	4.86	Salary	\$ 8,996	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	90,381	1.944	4.86	Salary	4,619	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	90,381	1.944	4.86	Salary	4,619	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	100,102	1.944	4.86	Salary	5,116	17-7	4
5	Audra Elisco	Training Coordinator	Train employees	0.00	54,564	1.944	4.86	Salary	2,789	21-7	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	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our quality assurance.										11
12											12
13								TOTAL	\$ 26,139		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 REHAB & HCC

0036640

Report Period Beginning:

01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,319,137	35	\$ 81,942	\$ 64,144	\$ 3,984	1
2	24	Trav & Seminar	Patient Days	1,319,137	35	21,681	64,144	1,054	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878	64,144	20,417	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	64,144	289	4
5	20	Dues & Subscriptions	Patient Days	1,319,137	35	71,386	64,144	3,471	5
6	30	Depreciation	No of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real Estate Tax	Patient Days/ysage	1,319,137	35	171,267	64,144	7,346	7
8	35	Rent-Equip & Vehicle	Patient Days	1,319,137	35	1,387,861	64,144	67,486	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	64,144	11,844	9
10	1	Dietary Salary	Patient Days	1,319,137	35	70,514	70,514	3,429	10
11	3	Housekeeping Salary	Patient Days	1,319,137	35	197,635	197,635	9,610	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,319,137	35	187,265	64,144	9,106	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,319,137	35	1,315,353	1,315,353	57,744	13
14	15	Employee Benefits -Health Care	Patient Days	1,319,137	35	182,984	64,144	8,898	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	150,039	15
16	27	Employee Benefits - Admin	Patient Days	1,319,137	35	1,442,333	64,144	70,134	16
17	19	Professional fees	Patient Days	1,319,137	35	1,264,885	822,981	61,506	17
18	21	Gen'I & Admin	Patient Days	1,319,137	35	7,251,269	6,199,389	352,598	18
19	6	Repair & Maint.	Patient Days	1,319,137	35	1,361,952	1,077,972	66,226	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 914,257	25

Facility Name & ID Number

ALDEN VALLEY RIDGE REHAB & HCC

0036640

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10	Reporting Period Interest Expense				
		Related**					Monthly Payment Required	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO										Original	Balance		
	A. Directly Facility Related															
	Long-Term															
1	Cambridge Realty (GL 7055)		x	Mortgage	\$40,814.75	02/2011	\$ 9,009,300	\$ 8,677,467	03/01/2046	4.1700	\$ 364,259	1				
2												2				
3												3				
4												4				
5	Insurance Interest		x	Medical Malpractice							3,483	5				
	Working Capital															
6	Related party-AMS		x	working capital							11,844	6				
7	Related party-FECII		x	working capital							1,192	7				
8	Bank Leumi		x	Working Capital		02/2011	1,187,135	1,442,295	03/04/2014	4.5000	63,751	8				
9	TOTAL Facility Related				\$40,814.75		\$ 10,196,435	\$ 10,119,763			\$ 444,529	9				
	B. Non-Facility Related*															
10	Interest Income on R.R.		x								(78)	10				
11	Int Income (GL#4975)		x								(1,061)	11				
12												12				
13	Amortization-Fin/Refin Fee		x								4,458	13				
14	TOTAL Non-Facility Related						\$	\$			\$ 3,319	14				
15	TOTALS (line 9+line14)						\$ 10,196,435	\$ 10,119,763			\$ 447,848	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 43,674 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 2012 report.		\$	224,900		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.)		\$	243,533		2
3. Under or (over) accrual (line 2 minus line 1).		\$	18,633		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	250,800		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.		\$	269,433		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	7,816.00
			Total Real Estate Tax Expense, Sch V, Line 33	\$	277,249
Real Estate Tax Bill for Calendar Year:	2008	189,430			8
	2009	190,244			9
	2010	197,921			10
	2011	218,328			11
	2012	243,533			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 2012	\$		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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME ALDEN VALLEY RIDGE REHAB & HCC COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0036640

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 2012 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 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>285,389.00</u>	\$ <u>7,346.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>470.00</u>
3. <u>02-23-301-019</u>	<u>Alden Valley Ridge</u>	\$ <u>2,708.08</u>	\$ <u>2,708.08</u>
4. <u>02-23-301-020</u>	<u>Alden Valley Ridge</u>	\$ <u>240,825.12</u>	\$ <u>240,825.12</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>564,603.20</u></u>	\$ <u><u>251,349.20</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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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.**

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

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>	1
2					2
3	TOTALS	<u>72,046</u>		<u>\$ 317,233</u>	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	207	1991		\$ 6,027,235	\$ 191,340	30	\$ 200,908	\$ 9,568	\$ 4,653,393	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	LEASEHOLD IMPROVEMENTS	1991		1,644,299	58,820	VARIOUS	64,007	5,187	1,462,211	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		27,309	13
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC	1995		28,634	440	10,15 & 20	440		28,131	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		15			3,716	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		105,012	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		40,083	31
32	CARPETING	1998		59,500	2,975	20	2,975		45,565	32
33	DRAPERIES	1998		13,000	650	20	650		10,021	33
34	ROOF	1998		79,000	3,950	20	3,950		60,896	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 VALLEY RIDGE REHAB & HCC

0036640

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	OIL/DRIER ON STAGE COMPRESSOR	1998	\$ 2,900	\$ 48	15	\$ 48	\$	\$ 2,900	37
38	REPAIR TOWER	1998	2,727	91	15	91		2,727	38
39	REPLACE PRESSURE RELIEF VALVE	1998	1,940	65	15	65		1,940	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	84	20	84		1,505	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	84	15	84		1,505	46
47	REPLACE HEAT PUMP	1998	3,773	210	15	210		3,773	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		12,340	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		6,402	52
53	Taylor Plumbing (pump repair)	1999	1,728		5			1,728	53
54	Ashland Plumbing & Heating Co. (furnished and installed ejector)	1999	6,658	444	15	444		6,511	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		1,435	58
59	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632	109	15	109		1,550	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		5,552	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		2,283	65
66	Capps Plumbing (repair ejector pumps)	2000	4,970	331	15	331		4,611	66
67	Fox Valley (re-wire smoke detectors)	2000	14,576		10			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	\$ 271,219		\$ 285,974	\$ 14,755	\$ 6,740,083	70

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,379,290	\$ 271,219		\$ 285,974	\$ 14,755	\$ 6,740,083	1
2	new horizons-install phone line	2000	2,742		10			2,742	2
3	CSI -Coker Service (new motor)	2001	3,865		10			3,865	3
4	State mandated tank removal	2001	12,242	816	15	816		10,610	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		10			2,324	9
10	Alco sales & service (beds)	2001	233		10			233	10
11	GT (repalace motor)	2001	791		10			791	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		3,265	16
17	Capps (install drain)	2002	2,585		5			2,585	17
18	SMT healthcare system(body lift)	2002	10,132	676	15	676		7,937	18
19	ABC --(carpet in two elevators))	2002	1,279		10			1,279	19
20	ABC (new gate)	2002	3,362		10			3,362	20
21	ABC-New door	2003	2,102	89	10	89		2,102	21
22	ABC-Southland-New Floor	2003	857		10			857	22
23	ABC- Bathroom	2003	735	59	10	59		735	23
24	CSI-repair dishwasher	2003	2,111		5			2,111	24
25	ABC-GT Mech. Repair gas regulators	2003	2,369	20	10	20		2,369	25
26	ABC GTMech-repair water heater	2003	1,818	30	10	30		1,818	26
27	TSN Inc - DSL Cable	2004	990	99	10	99		982	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		2,048	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		2,162	33
34	TOTAL (lines 1 thru 33)		\$ 8,467,758	\$ 273,731		\$ 288,486	\$ 14,755	\$ 6,823,524	34

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC

0036640

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

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 12B, Carried Forward		\$ 8,467,758	\$ 273,731		\$ 288,486	\$ 14,755	\$ 6,823,524	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		2,988	4
5									5
6	Capps-Furnish/Install 1 1/2 RPZ Boiler	2005	1,940	97	20	97		849	6
7	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020	602	10	602		5,217	7
8	DBS Contracting, Inc-Bore Underground for TV	2005	5,750	575	10	575		3,738	8
9									9
10	Cybor Fire Protection-Sprinkler System Pipe Work	2005	4,500		5			4,500	10
11	A&B Custom Cable-Install 70 rms antennas	2005	8,120	812	10	812		6,631	11
12	ABC-Patten Repair Generator	2006	5,210	521	10	521		3,386	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714		5,535	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809	381	15	381		2,476	14
15	ABC-Window Replacement	2006	31,829	3,183	10	3,183		20,163	15
16	TopNotch Cooler Door	2006	4,300	430	10	430		2,795	16
17	Ceiling, Tiling, Motors, Cabinets, Plumbing	2006	8,034	803	10	803		5,222	17
18	ABC-Bathroom Repairs	2006	10,807		5			10,807	18
19	Install TV Cabeling/Master Antenna	2007	(3,020)	(302)	10	(302)		(2,013)	19
20	Chiller Repair	2007	7,225	722	10	722		3,974	20
21	Installed Compressor	2007	9,517	634	10	634		3,595	21
22	Freezer Door Repair	2007	4,533	453	10	453		2,907	22
23									23
24									24
25	Regraded Detention Pond	2007	6,302	630	10	630		3,990	25
26	Replaced water pump motors	2007	4,095	410	10	410		2,150	26
27	New TV Lines	2007	5,750	575	10	575		3,738	27
28									28
29									29
30	Replace Sprinkler System	2007	4,500	450	10	450		2,925	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,615,471	\$ 285,749		\$ 300,504	\$ 14,755	\$ 6,923,617	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,615,471	\$ 285,749		\$ 300,504	\$ 14,755	\$ 6,923,617	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	24
25									25
26	Adjust for ABC Related Party Profit	2008	(632)	(42)		(42)		(84)	26
27	Adjust for ABC Related Party Profit	2009	(1,021)	(44)		(44)		(88)	27
28	Adjust for ABC Related Party Profit	2010	(194)	(7)		(7)		(14)	28
29	Adjust for ABC Related Party Profit	2011	118	10		10		20	29
30	Adjust for ABC Related Party Profit	2012	6,340	231		231		462	30
31	Adjust for ABC Related Party Profit	2013	4,297	170		170		170	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,711,146	\$ 287,378		\$ 302,133	\$ 14,755	\$ 7,004,032	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,711,146	\$ 287,378		\$ 302,133	\$ 14,755	\$ 7,004,032	1
2	Parking Lot Paving	2007	12,323	1,232	10	1,232		7,702	2
3	ABC-Windows	2008	3,387	339	10	339		1,693	3
4	ABC-Cooling tower/compressor	2008	73,033	4,869	15	4,869		22,929	4
5	ABC-Ceiling tile/electrical/door	2008	5,518	552	10	552		2,897	5
6	ABC-Water main	2008	18,186	727	25	727		3,758	6
7	ABC-Carpeting	2008	7,252	1,330	5	1,330		7,252	7
8	ABC-Thermal pane windows	2008	3,280	328	10	328		1,667	8
9	ABC-Landscap/masonry/irrig/lighting	2009	32,194	2,146	15	2,146		8,585	9
10	ADG-Replace solar screen window shades	2009	2,583	517	5	517		2,454	10
11	G.T.Mech-Repair/clean water cooled condenser	2009	3,521	704	5	704		3,286	11
12	G.T.Mech-Replaced busted ball valves on cooling tower	2009	3,218	644	5	644		3,003	12
13	Top Notch-Relaced Freezer Compressor	2009	5,581	1,116	5	1,116		5,209	13
14	Equ. International-Reducer Gearkit Spider Panel Front	2009	3,043	304	10	304		1,293	14
15	ABC-Plumbing replaced Broken & damaged	2009	4,902	980	5	980		4,167	15
16	ABC-Windows Replaced Broken	2009	7,852	785	10	785		3,272	16
17	ABC-Hvac motors with new motors	2009	4,773	955	5	955		2,864	17
18	ABC-Repaved bad parking lot with new paving	2009	24,646	2,465	10	2,465		11,091	18
19	ABC-Fence Installation-New Fence along Lot	2010	3,820	255	15	255		700	19
20	Ken's Custom-Re-upholstery of chairs-Admission Conf.Rm	2010	2,645	529	5	529		1,455	20
21	ABC-Replace Windows and Screens	2010	12,058	1,206	10	1,206		4,019	21
22	ADG-Reupholstery for Furnitures	2010	5,863	1,173	5	1,173		3,811	22
23	ADG-Fabric for furnitures	2010	6,377	1,275	5	1,275		4,038	23
24	Repaved Parking Lot	2010	8,137	543	15	543		3,302	24
25	Boiler domestic hot water-ABC	2011	11,329	566	20	566		1,557	25
26	Plumbing major replacement/pipes-Capps Plum.	2011	4,875	195	25	195		357	26
27	Elevator linestarter & wired motor - Long Elevator	2011	5,360	1,072	5	1,072		1,965	27
28	Asphalt removal & replacement-Rose Paving	2011	9,292	1,162	8	1,162		1,936	28
29	Dishwasher prewash motor assembly-TopNotch	2011	2,613	261	10	261		435	29
30	Evaporator Coi for walk in freezer - Top Notch	2011	3,738	374	10	374		623	30
31	Sprinkler & Fire Alarm Upgrade-ABC	2012	3,572	143	25	143		238	31
32	Sprinkler & Fire Alarm Upgrade-ABC	2012	86,740	3,470	25	3,470		5,783	32
33	Sprinkler installed in elevator-ABC	2012	4,141	166	25	166		207	33
34	TOTAL (lines 1 thru 33)		\$ 9,096,995	\$ 319,758		\$ 334,513	\$ 14,755	\$ 7,127,580	34

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC

0036640

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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 12E, Carried Forward		\$ 9,096,995	\$ 319,758		\$ 334,513	\$ 14,755	\$ 7,127,580	1
2	Repair pumps-sewage-ABC	2012	8,237	824	10	824		1,441	2
3	Roof repair, leak area-JD & Sons	2012	3,250	515	10	515		623	3
4	Dampers fire and access panesl-GT Mach.	2012	14,343	1,434	10	1,434		1,434	4
5									5
6	Fire Protection, Major repair Valve-Valley Fire Protc.	2013	4,988	104	20	104		104	6
7	Spinkler Major Repairs-Valley Fire Protection	2013	5,649	1,130	5	1,130		1,130	7
8	Chiller-Control Board & Combo Board-GT Mech.	2013	12,500	486	15	486		486	8
9	Asphalt Paving-ABC	2013	5,936	186	8	186		186	9
10	Dampers Fire-ABC	2013	10,569	176	10	176		176	10
11	Carpentry-Remodel Corridor (1st,2nd & 3rd Flr)	2013	34,730	1,419	39	1,419		1,419	11
12	Doors-Remodel Corridor (1st,2nd & 3rd Flr)	2013	89,077	3,639	39	3,639		3,639	12
13	Acoustical-Remodel Corridor (1st,2nd & 3rd Flr)	2013	70,653	2,887	39	2,887		2,887	13
14	Painting/Wallcovering-Remodel Corridor (1st,2nd & 3rd Flr)	2013	107,843	4,406	15	4,406		4,406	14
15	Wall Protection-Remodel Corridor (1st,2nd & 3rd Flr)	2013	55,008	2,248	15	2,248		2,248	15
16	Artwork-Remodel Corridor (1st,2nd & 3rd Flr)	2013	13,929	569	15	569		569	16
17	Blinds & Curtains-Remodel Corridor (1st,2nd & 3rd Flr)	2013	59,610	2,436	15	2,436		2,436	17
18	Cabinets-Remodel Corridor (1st,2nd & 3rd Flr)	2013	5,155	211	15	211		211	18
19	Carpets & Flooring-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,961	284	15	284		284	19
20	Signage-Remodel Corridor (1st,2nd & 3rd Flr)	2013	14,924	610	15	610		610	20
21	Electrical Fixtures-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,436	263	15	263		263	21
22	Glass/Glazing-Remodel Corridor (1st,2nd & 3rd Flr)	2013	1,980	81	15	81		81	22
23									23
24	Steel framing support structure for roof cooling tower - ABC	2013	8,234	91	15	91		91	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)		\$ 9,637,005	\$ 343,756		\$ 358,511	\$ 14,755	\$ 7,152,304	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,019,677	\$ 108,399	\$ 108,399	\$	Various	\$ 442,706	71
72	Current Year Purchases	82,518	7,791	7,791		Various	7,791	72
73	Fully Depreciated Assets	958,649	6,191	6,191		Various	958,649	73
74								74
75	TOTALS	\$ 2,060,844	\$ 122,381	\$ 122,381	\$		\$ 1,409,146	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	Buses	Midwest Transit	1/1/2001	\$ 49,825	\$	\$	\$		\$ 49,825	76
77										77
78										78
79	Related Party-AMS	Various	98-'02	3,911				3	3,911	79
80	TOTALS			\$ 53,736	\$	\$	\$		\$ 53,736	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)	\$ 12,068,818	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 466,137	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 480,892	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,755	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,615,186	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	no CIP for '13	\$	92
93			93
94			94
95		\$	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 01/11

Ending 12/21

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

Fiscal Year Ending Annual Rent

12. 12/31/2014 \$ Varies

13. 12/31/2015 \$ Varies

14. 12/31/2016 \$ Varies

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 49,052 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>26,189</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>474.53</u>	<u>5,694</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>31,883</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.

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?</p> <p><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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 321,561	\$		\$ 321,561	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			69,999			69,999	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			631,735			631,735	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				236,455		236,455	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>					(124,628)	258,861		134,233	13
14	TOTAL			\$		\$ 898,667	\$ 495,316		\$ 1,393,982	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		\$0.00	\$321,560.66
2.	ST		39-3	To Col 5		0.00	69,999.38
3.							
4.	PT		39-3	To Col 5		0.00	631,734.57
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					0.00	286,510.63
	Manual Input from Related Party- Forum Drugs						(50,056.00)
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		0.00	236,454.63
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		0.00	0.00
	Total Exceptional Care (Line 12, Col 8)					0.00	0.00
13.	Other:	See Pg 16A					

13. Col 5: Manual Input: Related Party - CPT	To Col 5		(124,628.00)
Other		0.00	316,177.00
Manual Input: Related Party - Prism			(45,669.00)
Manual Input: Related Party FECII - I.V.			(30,320.00)
Manual Input: Related Party FECII - Wound Care			(5,774.00)
Oxygen, from reclass worksheet (Pg 4A)			24,447.00

13. Col 6: Supplies Total	To Col 6	0.00	258,861.00

13. Total Line 13, Column 8		0.00	134,233.00

14. Total		0.00	1,393,982.24
			=====

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC# 0036640Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(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	\$ 57,201	\$ 78,295	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>137,500</u>)	2,481,815	2,481,815	3
4	Supply Inventory (priced at)	4,962	4,962	4
5	Short-Term Investments			5
6	Prepaid Insurance		20,364	6
7	Other Prepaid Expenses	11,184	11,184	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>		127,857	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,555,162	\$ 2,724,477	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		290,687	13
14	Buildings, at Historical Cost		7,977,756	14
15	Leasehold Improvements, at Historical Cost	1,276,335	1,624,180	15
16	Equipment, at Historical Cost	796,694	2,408,098	16
17	Accumulated Depreciation (book methods)	(1,268,160)	(8,219,292)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		99,699	21
22	Other Long-Term Assets (spec (Ref.Fee)		87,007	22
23	Other(specify): <u>Due from Affiliate,</u>	4,775,847	5,072,531	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,580,716	\$ 9,340,666	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,135,878	\$ 12,065,143	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 486,687	\$ 486,687	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	104,531	104,531	28
29	Short-Term Notes Payable		130,400	29
30	Accrued Salaries Payable	516,654	516,654	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,753	19,753	31
32	Accrued Real Estate Taxes(Sch.IX-B)		250,800	32
33	Accrued Interest Payable	38,656	68,810	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,due to IDPA,SalesTax</u>	162,422	172,769	36
37	<u>Due to Affiliates</u>	1,460,936	1,460,936	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,789,639	\$ 3,211,340	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,442,295	1,442,295	39
40	Mortgage Payable		8,547,067	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>			43
44	<u>Sharehold.loan, other</u>	437,600	437,600	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,879,895	\$ 10,426,962	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,669,534	\$ 13,638,302	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,466,345	\$ (1,573,159)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,135,878	\$ 12,065,143	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,202,657	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(21,299)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,181,358	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	284,987	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)	\$ 284,987	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)	\$ 3,466,345	24 *

* This must agree with page 17, line 47.

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

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

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

		1		
I. Revenue		Amount		
A. Inpatient Care				
1	Gross Revenue -- All Levels of Care	\$ 11,839,854	1	
2	Discounts and Allowances for all Levels	()	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,839,854	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	330,622	6	
7	Oxygen	23,005	7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 353,627	8	
C. Other Operating Revenue				
9	Payments for Education		9	
10	Other Government Grants		10	
11	CNA Training Reimbursements		11	
12	Gift and Coffee Shop	69	12	
13	Barber and Beauty Care	767	13	
14	Non-Patient Meals	48	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	224	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,108	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	1,061	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,061	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	<u>See Page 19A</u>	7,419	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,419	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,203,069	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,818,780	31	
32	Health Care	4,147,866	32	
33	General Administration	2,755,998	33	
B. Capital Expense				
34	Ownership	1,105,822	34	
C. Ancillary Expense				
35	Special Cost Centers	1,625,983	35	
36	Provider Participation Fee	463,633	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,918,082	40	
41	Income before Income Taxes (line 30 minus line 40)**	284,987	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 284,987	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,578,369	44
45	Private Pay - Net Inpatient Revenue	1,127,650	45
46	Medicare - Net Inpatient Revenue	2,901,144	46
47	Other-(specify) <u>Hospice/Insurance</u>	825,062	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	407,628	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,839,854	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.

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Record Copies-Backed out with Ln ref 21-Pg 5A	\$ 188
Jury Duty-Backed out with Ln ref 22-Pg 5A	\$ 34
Refund from the State of ILL for late License fee payments	\$ 2,446
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 4,750
Line 28 Total:	<u><u>7,418</u></u>

Ending: 12/31/2013

Facility Name & ID Number **ALDEN VALLEY RIDGE REHAB & HCC**

0036640

Report Period Beginning: **01/01/2013**

Ending:

12/31/2013

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 98,158	\$ 47.19	1
2	Assistant Director of Nursing	2,064	2,064	78,848	38.20	2
3	Registered Nurses	22,302	24,114	779,543	32.33	3
4	Licensed Practical Nurses	37,261	39,991	1,111,350	27.79	4
5	CNAs & Orderlies	89,386	95,154	1,195,386	12.56	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,408	2,610	57,140	21.89	8
9	Activity Director	1,784	1,784	37,267	20.89	9
10	Activity Assistants	7,109	7,517	75,875	10.09	10
11	Social Service Workers	2,072	2,080	50,658	24.35	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	83,338	40.07	13
14	Head Cook	6,272	6,452	92,266	14.30	14
15	Cook Helpers/Assistants	26,594	28,044	278,569	9.93	15
16	Dishwashers					16
17	Maintenance Workers	2,040	2,040	54,138	26.54	17
18	Housekeepers	20,747	22,366	264,145	11.81	18
19	Laundry	6,011	6,554	65,971	10.07	19
20	Administrator	2,080	2,230	84,475	37.88	20
21	Assistant Administrator	640	640	14,945	23.35	21
22	Other Administrative	8,467	8,475	216,884	25.59	22
23	Office Manager	2,080	2,080	55,884	26.87	23
24	Clerical	3,871	4,043	36,102	8.93	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,728	3,808	124,063	32.58	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: <u>Alzimer Sup&Aid</u>	5,597	5,963	75,135	12.60	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	256,673	272,169	\$ 4,930,140 *	\$ 18.11	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	1900/Monthly	\$ 22,800	1-3	35
36	Medical Director	1239/monthly	14,865	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	305/Monthly	3,664	11-3	44
45	Social Service Consultant	47/Monthly	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 46,857		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	7	387	10-3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	7	\$ 387		53

ALDEN VALLEY RIDGE REHAB & HCC	
Legal Fee Support	
2013	
Legal Fees Reported on Pg 21, Section C:	45,763.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(1,771.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)	(43,992.00)
Allowable Legal Fees	\$ -

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

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	None for 2013	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC

0036640

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$3,999 & HCC of Illinois \$4,761
- (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. \$ 59,394 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. \$ 463,633
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. \$ 16,804 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?
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? N/A
Attach invoices and a summary of services for all architect and appraisal fees.