

		FOR BHF USE					

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**2014**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT (COST REPORT)**  
**FOR LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2014)**

IMPORTANT NOTICE  
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p><b>I. IDPH License ID Number:</b> <u>0036640</u></p> <p><b>Facility Name:</b> <u>Alden Valley Ridge Reh &amp; HCC</u></p> <p><b>Address:</b> <u>275 E Army Trail Rd</u> <u>Bloomington</u> <u>60108</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>DuPage</u></p> <p><b>Telephone Number:</b> <u>( 630 ) 893-9616</u> <b>Fax #</b> <u>(630) 924-1059</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>2/01/1991</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code _____         </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input checked="" type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____         </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steven M. Kroll</u> <b>Telephone Number:</b> <u>(773)286-3883</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2014</u> to <u>12/31/2014</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) <u>Steve Kroll</u> (Title) <u>Chief Financial Officer, Alden Management Services as agent</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (Telephone) <u>( )</u> Fax # ( )</td> </tr> </table> <p align="right"> <b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>  <b>201 S. Grand Avenue East</b>  <b>Springfield, IL 62763-0001</b> Phone # (217) 782-1630     </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Steve Kroll</u> (Title) <u>Chief Financial Officer, Alden Management Services as agent</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # ( )
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Steve Kroll</u> (Title) <u>Chief Financial Officer, Alden Management Services as agent</u>							
Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # ( )							

Facility Name & ID Number Alden Valley Ridge Reh & HCC

# 0036640 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	1,727	471	8,135	10,333	8
9	SNF/PED					9
10	ICF	48,880	5,941	2,168	56,989	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	50,607	6,412	10,303	67,322	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.10%

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 5,071

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: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name &amp; ID Number

Alden Valley Ridge Reh &amp; HCC

# 0036640

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

**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	464,977	28,684	25,500	519,161	1,845	521,006	(9,469)	511,537		1
2	Food Purchase		439,817		439,817	(16,641)	423,176	(13,394)	409,782		2
3	Housekeeping	273,824	44,950		318,774	688	319,462	12,562	332,024		3
4	Laundry	68,902	25,944		94,846	274	95,120		95,120		4
5	Heat and Other Utilities			260,911	260,911		260,911	(1,348)	259,563		5
6	Maintenance	50,667		244,775	295,442	50	295,492	25,965	321,457		6
7	Other (specify):* related party/Security			150	150		150	12,591	12,741		7
8	<b>TOTAL General Services</b>	858,370	539,395	531,336	1,929,101	(13,784)	1,915,317	26,907	1,942,224		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,825	12,825		12,825		12,825		9
10	Nursing and Medical Records	3,548,891	275,696	8,135	3,832,722	(10,464)	3,822,258	64,121	3,886,379		10
10a	Therapy	175,110	824	28,105	204,039		204,039		204,039		10a
11	Activities	134,624	3,785	7,612	146,021	2,800	148,821		148,821		11
12	Social Services	52,176			52,176		52,176		52,176		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							10,989	10,989		15
16	<b>TOTAL Health Care and Programs</b>	3,910,801	280,305	56,677	4,247,783	(7,664)	4,240,119	75,110	4,315,229		16
	<b>C. General Administration</b>										
17	Administrative	121,705			121,705		121,705	176,114	297,819		17
18	Directors Fees										18
19	Professional Services			1,032,232	1,032,232	(300)	1,031,932	(943,865)	88,067		19
20	Dues, Fees, Subscriptions & Promotions			35,966	35,966	470	36,436	(13,974)	22,462		20
21	Clerical & General Office Expenses	184,609	16,094	145,753	346,456	2,737	349,193	463,778	812,971		21
22	Employee Benefits & Payroll Taxes			891,562	891,562	4,496	896,058		896,058		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,671	1,671	(1,008)	663	2,330	2,993		24
25	Other Admin. Staff Transportation			8,058	8,058		8,058	22,374	30,432		25
26	Insurance-Prop.Liab.Malpractice			259,620	259,620		259,620	10,683	270,303		26
27	Other (specify):* related party			240,934	240,934		240,934	(148,095)	92,839		27
28	<b>TOTAL General Administration</b>	306,314	16,094	2,615,796	2,938,204	6,395	2,944,599	(430,655)	2,513,944		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,075,485	835,794	3,203,809	9,115,088	(15,053)	9,100,035	(328,637)	8,771,398		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 &amp; ID Number Alden Valley Ridge Reh &amp; HCC

#0036640

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

## 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	
	<b>D. Ownership</b>											
30	Depreciation			82,664	82,664		82,664	395,296	477,960			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			91,629	91,629		91,629	353,819	445,448			32
33	Real Estate Taxes			281,155	281,155	(281,155)		288,943	288,943			33
34	Rent-Facility & Grounds			639,216	639,216	281,155	920,371	(920,371)				34
35	Rent-Equipment & Vehicles			25,236	25,236	(2,625)	22,611	73,795	96,406			35
36	Other (specify):* MIP							43,034	43,034			36
37	<b>TOTAL Ownership</b>			1,119,900	1,119,900	(2,625)	1,117,275	234,516	1,351,791			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		509,931	863,277	1,373,208	17,678	1,390,886	(212,442)	1,178,444			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			489,309	489,309		489,309		489,309			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		509,931	1,352,586	1,862,517	17,678	1,880,195	(212,442)	1,667,753			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,075,485	1,345,725	5,676,295	12,097,505		12,097,505	(306,563)	11,790,942			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		\$ (16,641.00)	Employee Meals
	22	\$ 16,641.00	Employee Meals
22		\$ (12,145.00)	Uniforms
	1	\$ 1,545.00	Uniforms
	3	\$ 688.00	Uniforms
	4	\$ 274.00	Uniforms
	6	\$ 50.00	Uniforms
	10	\$ 7,214.00	Uniforms
	11	\$ 175.00	Uniforms
	21	\$ 2,199.00	Uniforms
10		\$ (17,678.00)	Oxygen - to appropriate cost center
	39	\$ 17,678.00	Oxygen - to appropriate cost center
33		\$ (281,155.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 281,155.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(300.00)	Reclass Linda Roberts Asso. Invoices
	1	300.00	Reclass Linda Roberts Asso. Invoices
35		(2,625.00)	Reclass Bills Auto inv for bus rental
	11	2,625.00	Reclass Bills Auto inv for bus rental
24		(537.99)	Reclass from seminar to Special Education
	21	537.99	Reclass to Special Education from Seminar
24		(270.00)	Reclass from seminar to Marketing

	20	270.00	Reclass from seminar to Marketing
24		(200.00)	Reclass from seminar to dues & subscription
	20	200.00	Reclass from seminar to dues & subscription
		<hr/>	
		\$ -	

Facility Name & ID Number Alden Valley Ridge Reh & HCC

# 0036640

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(12,568)	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	(517)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,004)	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	(6,137)	21		17
18	Fines and Penalties	(1,488)	32		18
19	Entertainment	(474)	20		19
20	Contributions	14,828	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,288)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(240,933)	27		24
25	Fund Raising, Advertising and Promotional	(8,827)	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>	\$ (265,345)		\$	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)	(39,352)		34
35	Other- Attach Schedule	(1,866)		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (41,218)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (306,563)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY						
48		49		50		51
						52

## Alden Valley Ridge Reh &amp; HCC

ID# 0036640

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees Utilities	\$ (5,998)	5	1
2	Employee Flu Shots	(128)	21	2
3	Misc. Income-Record Copies	(917)	10	3
4	Vendor Discounts	(70)	10	4
5	Elim-Chamber of Commerce fee in GL 6825	(525)	20	5
6	Collection Fees	(1,029)	21	6
7	Elim. Landowner Bank Charges	(181)	19	7
8	Elim ABC Deprec Exp from Pg 12 series(Prior Yrs)	784	30	8
9	Elim ABC Deprec Exp from Pg 12 series(Current Yr)	0	30	9
10	Elim deprec exp on Pg 13 items < \$2,500	(17,395)	30	10
11	Expense current year Pg 13 items < \$2,500	28,077	6	11
12	Elim deprec exp on Pg 12 items < \$2,500	(3,223)	30	12
13	Expense current year Pg 12 items < \$2,500	0	6	13
14	Adj YTD Deprec Exp to Detail	(1,261)	30	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				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>		(1,866)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Valley Ridge Reh &amp; HCC

# 0036640

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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	3,748	(13,217)	0	0	0	0	0	0	0	(9,469)	1
2	Food Purchase	(2,004)	0	0	(11,390)	0	0	0	0	0	0	0	(13,394)	2
3	Housekeeping	0	0	12,562	0	0	0	0	0	0	0	0	12,562	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,998)	0	4,650	0	0	0	0	0	0	0	0	(1,348)	5
6	Maintenance	15,509	0	10,248	0	0	0	(70)	279	0	0	0	25,965	6
7	Other (specify):*	0	0	11,425	1,166	0	0	0	0	0	0	0	12,591	7
8	<b>TOTAL General Services</b>	<b>7,507</b>	<b>0</b>	<b>42,633</b>	<b>(23,441)</b>	<b>0</b>	<b>0</b>	<b>(70)</b>	<b>279</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26,907</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	(987)	0	71,058	(58)	(5,892)	0	0	0	0	0	0	64,121	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	10,989	0	0	0	0	0	0	0	0	10,989	15
16	<b>TOTAL Health Care and Programs</b>	<b>(987)</b>	<b>0</b>	<b>82,047</b>	<b>(58)</b>	<b>(5,892)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>75,110</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	176,114	0	0	0	0	0	0	0	0	176,114	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,469)	7,931	(949,327)	0	0	0	0	0	0	0	0	(943,865)	19
20	Fees, Subscriptions & Promotions	5,002	309	(19,285)	0	0	0	0	0	0	0	0	(13,974)	20
21	Clerical & General Office Expenses	(7,294)	0	406,454	30,808	33,810	0	0	0	0	0	0	463,778	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	2,330	0	0	0	0	0	0	0	0	2,330	24
25	Other Admin. Staff Transportation	0	0	22,374	0	0	0	0	0	0	0	0	22,374	25
26	Insurance-Prop.Liab.Malpractice	0	10,364	319	0	0	0	0	0	0	0	0	10,683	26
27	Other (specify):*	(240,933)	0	87,305	3,029	2,504	0	0	0	0	0	0	(148,095)	27
28	<b>TOTAL General Administration</b>	<b>(245,694)</b>	<b>18,604</b>	<b>(273,716)</b>	<b>33,837</b>	<b>36,314</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(430,655)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(239,174)</b>	<b>18,604</b>	<b>(149,036)</b>	<b>10,338</b>	<b>30,422</b>	<b>0</b>	<b>(70)</b>	<b>279</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(328,637)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Valley Ridge Reh &amp; HCC

# 0036640

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

## 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	(6,340)	397,646	3,990	0	0	0	0	0	0	0	0	395,296	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(21,697)	363,189	11,598	0	729	0	0	0	0	0	0	353,819	32
33	Real Estate Taxes	0	281,155	7,878	0	(90)	0	0	0	0	0	0	288,943	33
34	Rent-Facility & Grounds	0	(920,371)	0	0	0	0	0	0	0	0	0	(920,371)	34
35	Rent-Equipment & Vehicles	0	0	73,795	0	0	0	0	0	0	0	0	73,795	35
36	Other (specify):*	0	43,034	0	0	0	0	0	0	0	0	0	43,034	36
37	<b>TOTAL Ownership</b>	<b>(28,037)</b>	<b>164,653</b>	<b>97,261</b>	<b>0</b>	<b>639</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>234,516</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	(68,686)	(60,619)	(83,137)	0	0	0	0	0	(212,442)	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>(68,686)</b>	<b>(60,619)</b>	<b>(83,137)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(212,442)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(267,211)	183,257	(51,775)	(58,348)	(29,558)	(83,137)	(70)	279	0	0	0	(306,563)	45

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG6-Supp		See PG6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 920,371	Valley Ridge Associates, L.L.C.	0.00%	\$	\$ (920,371)	1
2	V	32 Interest Income	128	Valley Ridge Associates, L.L.C.			(128)	2
3	V	6 Repairs & Maintenance		Valley Ridge Associates, L.L.C.				3
4	V	19 Accounting Fees		Valley Ridge Associates, L.L.C.		7,750	7,750	4
5	V	19 Bank Charges		Valley Ridge Associates, L.L.C.		181	181	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.		281,155	281,155	7
8	V	26 General Insurance Expense		Valley Ridge Associates, L.L.C.		10,364	10,364	8
9	V	36 Mortgage insurance Premium		Valley Ridge Associates, L.L.C.		43,034	43,034	9
10	V	32 Interest Mortgage/Other		Valley Ridge Associates, L.L.C.		358,924	358,924	10
11	V	30 Depreciation		Valley Ridge Associates, L.L.C.		397,646	397,646	11
12	V	32 Amortization Expense		Valley Ridge Associates, L.L.C.		4,393	4,393	12
13	V							13
14	Total		\$ 920,499			\$ 1,103,756	\$ * 183,257	14

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

Facility Name &amp; ID Number Alden Valley Ridge Reh &amp; HCC

# 0036640

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

## 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%	\$ 4,650	\$ 4,650
16	V	24 Trav & Seminar		Alden Management Services, Inc.		2,330	2,330
17	V	25 Other Admin Travel		Alden Management Services, Inc.		22,374	22,374
18	V	26 Insurance		Alden Management Services, Inc.		319	319
19	V	20 Dues & Subscriptions	24,816	Alden Management Services, Inc.		5,531	(19,285)
20	V	30 Depreciation		Alden Management Services, Inc.		3,990	3,990
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,878	7,878
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		73,795	73,795
23	V	32 Interest		Alden Management Services, Inc.		11,598	11,598
24	V	1 Dietary		Alden Management Services, Inc.		3,748	3,748
25	V	3 Housekeeping		Alden Management Services, Inc.		12,562	12,562
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		11,425	11,425
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		71,058	71,058
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		10,989	10,989
29	V	17 Administrative Salary		Alden Management Services, Inc.		176,114	176,114
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		87,305	87,305
31	V	19 Professional Fees	1,005,001	Alden Management Services, Inc.		55,674	(949,327)
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		406,454	406,454
33	V	6 Repair & Maint	41,812	Alden Management Services, Inc.		52,060	10,248
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,071,629			\$ 1,019,854	\$ * (51,775)

\* 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.	\$ 25,500	Prism Health Care Services, Inc.	0.00%	\$ 61	\$	(25,439)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		12,222		12,222	16
17	V	2 Tube feeding	19,661	Prism Health Care Services, Inc.		8,271		(11,390)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		6,602		(58)	18
19	V	39 Ancillary supplies	110,878	Prism Health Care Services, Inc.		42,192		(68,686)	19
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		18,213		18,213	20
21	V	27 Employee benefits		Prism Health Care Services, Inc.		3,029		3,029	21
22	V	7 Employee benefits		Prism Health Care Services, Inc.		1,166		1,166	22
23	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		12,595		12,595	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		\$ 162,699			\$ 104,351	\$ *	(58,348)	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 Drugs	\$ 241,443	Forum Extended Care Services, Inc.	0.00%	\$ 204,556	\$ (36,887)
16	V	39 I.V.	131,204	Forum Extended Care Services, Inc.		111,160	(20,044)
17	V	39 Wound Care	24,144	Forum Extended Care Services, Inc.		20,456	(3,688)
18	V	10 House Stock	33,596	Forum Extended Care Services, Inc.		28,463	(5,133)
19	V	10 Pharm Consult	4,968	Forum Extended Care Services, Inc.		4,209	(759)
20	V	27 Employee Vaccin.	1,963	Forum Extended Care Services, Inc.		1,663	(300)
21	V	27 Employee Benef: G & A		Forum Extended Care Services, Inc.		2,804	2,804
22	V	21 Salary: G & A		Forum Extended Care Services, Inc.		18,594	18,594
23	V	21 Gen'l & Admin.		Forum Extended Care Services, Inc.		15,216	15,216
24	V	32 Interest		Forum Extended Care Services, Inc.		729	729
25	V	33 Real Estate Tax		Forum Extended Care Services, Inc.		(90)	(90)
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		\$ 437,318			\$ 407,760	\$ * (29,558)

\* 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	\$ 864,641	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 781,504	\$ (83,137)
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		\$ 864,641			\$ 781,504	\$ * (83,137)

\* 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	\$ 36,940	Alden Bennett Construction Company, Inc.	0.00%	\$ 36,870	\$ (70)
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	<b>Total</b>		\$ 36,940			\$ 36,870	\$ * (70)

\* 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	\$ 1,328	Alden Design Group, Inc.	0.00%	\$ 1,607	\$ 279	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	<b>Total</b>		\$ 1,328			\$ 1,607	\$ *	279	39

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

Facility Name &amp; ID Number

Alden Valley Ridge Reh &amp; HCC

# 0036640

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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 C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alz	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Valley Ridge Reh & HCC # 0036640 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	President	CEO	100.00	175,255	2.108	5.27	Salary	\$ 9,745	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	89,996	2.108	5.27	Salary	5,004	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	89,996	2.108	5.27	Salary	5,004	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	94,961	2.108	5.27	Salary	5,280	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	57,718	2.108	5.27	Salary	3,210	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 Program.										11
12											12
13								TOTAL	\$ 28,243		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 Reh & HCC

# 0036640

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

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	1,278,025	35	\$ 88,281	\$ 67,322	\$ 4,650	1
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	67,322	2,330	2
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	67,322	22,374	3
4	26	Insurance	Patient Days	1,278,025	35	6,060	67,322	319	4
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	67,322	5,531	5
6	30	Depreciation	No of Providers/usage	35	35	150,051	1	3,990	6
7	33	Real Estate Tax	Patient Days/usage	1,278,025	35	171,564	67,322	7,878	7
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	67,322	73,795	8
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	67,322	11,598	9
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	67,322	3,748	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	67,322	12,562	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	67,322	11,425	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	67,322	71,058	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	67,322	10,989	14
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	67,322	176,114	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	67,322	87,305	16
17	19	Professional fees	Charge/usage	1,278,025	35	1,311,498	67,322	55,674	17
18	21	Gen'I & Admin	Patient Days/usage	1,278,025	35	7,716,027	67,322	406,454	18
19	6	Repair & Maint.	Charge/usage	1,278,025	35	1,444,891	67,322	52,060	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 1,019,854	25

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2		3	4	5	6		8	9	10	11						
		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	\$40,814.75	02/2011	\$ 9,009,300	\$ 8,547,067	03/01/2046	4.1700	\$ 358,924	1						
2												2						
3												3						
4	Insurance Interest (GL07053)		X	Medical Malpractice							3,557	4						
5	Amort of Fin Fees (GL 1918)		X	Refinancing							4,393	5						
	<b>Working Capital</b>																	
6	Related party-AMS		X	Working Capital							11,598	6						
7	Related party-FECII		X	Working Capital							729	7						
8	Bank Leumi		X	Working Capital		02/2011	1,187,135	1,788,685	03/04/2014	4.5000	66,892	8						
9	<b>TOTAL Facility Related</b>				\$40,814.75		\$ 10,196,435	\$ 10,335,752			\$ 446,093	9						
	<b>B. Non-Facility Related*</b>																	
10	Interest Income on R.R.		X								(86)	10						
11	Int Income (GL#4975)		X								(559)	11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(645)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 10,196,435	\$ 10,335,752			\$ 445,448	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 43,034 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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2013 report.		\$	<u>250,800</u>		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.)		\$	<u>262,055</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>11,255</u>		3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>269,900</u>		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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>281,155</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>7,788.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>288,943</u>
Real Estate Tax Bill for Calendar Year:	2009	<u>190,244</u>	8	<b>FOR BHF USE ONLY</b>	
	2010	<u>197,921</u>	9	13	FROM R. E. TAX STATEMENT FOR 2013 \$ 13
	2011	<u>218,328</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2012	<u>243,533</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2013	<u>262,055</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<b>The current year accrual is based on an estimated 3% increase of the prior year tax</b>					

**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.**

## 2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Valley Ridge Reh & 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 2013 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 2013.

(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>317,349.00</u>	\$ <u>7,878.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(90.00)</u>
3. <u>02-23-301-019</u>	<u>Alden Valley Ridge</u>	\$ <u>2,914.06</u>	\$ <u>2,914.06</u>
4. <u>02-23-301-020</u>	<u>Alden Valley Ridge</u>	\$ <u>259,140.86</u>	\$ <u>259,140.86</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>570,237.92</u></u>	\$ <u><u>269,842.92</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

**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:

A. Land.

	1	2	3	4	
	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	<b>TOTALS</b>	<b>72,046</b>		<b>\$ 317,233</b>	<b>3</b>

**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	\$ 4,854,301	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	1,526,218	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		27,570	13
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC	1995		28,634	440	10,15 & 20	440		28,571	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		111,608	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		42,683	31
32	CARPETING	1998		59,500	2,975	20	2,975		48,540	32
33	DRAPERIES	1998		13,000	650	20	650		10,671	33
34	ROOF	1998		79,000	3,950	20	3,950		64,846	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 Reh &amp; HCC

# 0036640

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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	<a href="#">OIL/DRIER ON STAGE COMPRESSOR</a>	1998	\$ 2,900	\$	15	\$	\$	\$ 2,900	37
38	<a href="#">REPAIR TOWER</a>	1998	2,727		15			2,727	38
39	<a href="#">REPLACE PRESSURE RELIEF VALVE</a>	1998	1,940		15			1,940	39
40	<a href="#">CARPETING</a>	1998	1,667		5			1,667	40
41	<a href="#">CARPETING</a>	1998	15,858		5			15,858	41
42	<a href="#">CARPETING</a>	1998	5,000		5			5,000	42
43	<a href="#">REPAIR FUEL PUMP ON GENERATOR</a>	1998	2,532	84	20	84		1,588	43
44	<a href="#">FLOOR TILE</a>	1998	4,876		10			4,876	44
45	<a href="#">REPAIR SHAFT AND GEAR REDUCER ON DRYER</a>	1998	2,058		10			2,058	45
46	<a href="#">REPAIR VALVE IN THERAPY ROOM</a>	1998	1,505		15			1,505	46
47	<a href="#">REPLACE HEAT PUMP</a>	1998	3,773		15			3,773	47
48	<a href="#">CARPETING</a>	1998	20,000		5			20,000	48
49	<a href="#">CARPETING</a>	1998	18,082		5			18,082	49
50	<a href="#">Alden Bennet Construction (tank replacement)</a>	1999	12,409	69	15	69		12,409	50
51	<a href="#">Northtown (repair dishwasher)</a>	1999	1,695		10			1,695	51
52	<a href="#">Climate Service (replace hot water heater)</a>	1999	9,561	637	15	637		7,039	52
53	<a href="#">Taylor Plumbing (pump repair)</a>	1999	1,728		5			1,728	53
54	<a href="#">Ashland Plumbing &amp; Heating Co. (furnished and installed ejector)</a>	1999	6,658	147	15	147		6,658	54
55	<a href="#">Rykooff-Sexton (booster heater)</a>	1999	1,893		10			1,893	55
56	<a href="#">Climate Service (cleaned condenser and tower)</a>	1999	2,642		10			2,642	56
57	<a href="#">Patten Industries(generator repair)</a>	1999	2,870		10			2,870	57
58	<a href="#">Fox Valley Fire &amp; Safety(nurse call system repair)</a>	1999	1,510	75	15	75		1,510	58
59	<a href="#">Fox Valley Fire &amp; Safety(nurse call system repair)</a>	1999	1,632	82	15	82		1,632	59
60	<a href="#">Climate Service(repair tower fan)</a>	1999	4,733		10			4,733	60
61	<a href="#">Climate Service(repair tower fan)</a>	1999	2,405		10			2,405	61
62	<a href="#">New Horizons(replace power supply for phone system)</a>	1999	3,767		10			3,767	62
63	<a href="#">Patten Industries(rebuild generator)</a>	1999	7,884	394	20	394		5,946	63
64	<a href="#">Alco(nuts, bolts, lock extensions, tube cap,head screw)</a>	1999	1,779		5			1,779	64
65	<a href="#">System Electric(repair dedicated circuits)</a>	2000	2,461	164	15	164		2,447	65
66	<a href="#">Capps Plumbing (repair ejector pumps)</a>	2000	4,970	331	15	331		4,942	66
67	<a href="#">Fox Valley (re-wire smoke detectors)</a>	2000	14,576		10			14,576	67
68	<a href="#">Harold(repair dish machaine)</a>	2000	962		5			962	68
69	<a href="#">Harold(repair dish machaine)</a>	2000	1,328		5			1,328	69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 8,379,290	\$ 269,614		\$ 284,369	\$ 14,755	\$ 7,024,452	70

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

Facility Name &amp; ID Number Alden Valley Ridge Reh &amp; HCC

# 0036640

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

## 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	<b>Totals from Page 12A, Carried Forward</b>		\$ 8,379,290	\$ 269,614		\$ 284,369	\$ 14,755	\$ 7,024,452	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		11,426	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		3,551	16
17	Capps (install drain)	2002	2,585		5			2,585	17
18	SMT healthcare system(body lift)	2002	10,132	676	15	676		8,613	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		10			2,102	21
22	ABC-Southland-New Floor	2003	857		10			857	22
23	ABC- Bathroom	2003	735		10			735	23
24	CSI-repair dishwasher	2003	2,111		5			2,111	24
25	ABC-GT Mech. Repair gas regulators	2003	2,369		10			2,369	25
26	ABC GTMech-repair water heater	2003	1,818		10			1,818	26
27	TSN Inc - DSL Cable	2004	990	8	10	8		990	27
28	Aquarium Main Serv-replace mixing valves	2004	10,501		5			10,501	28
29	ABC-new flooring	2004	2,100	53	10	53		2,100	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	114	10	114		2,276	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,467,758	\$ 271,567		\$ 286,322	\$ 14,755	\$ 7,109,846	34

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

Facility Name &amp; ID Number Alden Valley Ridge Reh &amp; HCC

# 0036640

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

## 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	<b>Totals from Page 12B, Carried Forward</b>		\$ 8,467,758	\$ 271,567		\$ 286,322	\$ 14,755	\$ 7,109,846	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	272	10	272		3,260	4
5									5
6	Capps-Furnish/Install 1 1/2 RPZ Boiler	2005	1,940	97	20	97		946	6
7	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020	602	10	602		5,819	7
8	DBS Contracting, Inc-Bore Underground for TV	2005	5,750	575	10	575		4,313	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		7,443	11
12	ABC-Patten Repair Generator	2006	5,210	521	10	521		3,907	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714		6,249	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809	381	15	381		2,857	14
15	ABC-Window Replacement	2006	31,829	3,183	10	3,183		23,346	15
16	TopNotch Cooler Door	2006	4,300	430	10	430		3,225	16
17	Ceiling, Tiling, Motors, Cabinets, Plumbing	2006	8,034	803	10	803		6,026	17
18	ABC-Bathroom Repairs	2006	10,807		5			10,807	18
19	Install TV Cabeling/Master Antenna	2007	(3,020)	(302)	10	(302)		(2,315)	19
20	Chiller Repair	2007	7,225	722	10	722		4,696	20
21	Installed Compressor	2007	9,517	634	10	634		4,229	21
22	Freezer Door Repair	2007	4,533	453	10	453		3,360	22
23									23
24									24
25	Regraded Detention Pond	2007	6,302	630	10	630		4,620	25
26	Replaced water pump motors	2007	4,095	410	10	410		2,560	26
27	New TV Lines	2007	5,750	575	10	575		4,313	27
28									28
29									29
30	Replace Sprinkler System	2007	4,500	450	10	450		3,375	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,615,471	\$ 283,530		\$ 298,285	\$ 14,755	\$ 7,221,901	34

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

Facility Name &amp; ID Number Alden Valley Ridge Reh &amp; HCC

# 0036640

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

## 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	<b>Totals from Page 12C, Carried Forward</b>		\$ 8,615,471	\$ 283,530		\$ 298,285	\$ 14,755	\$ 7,221,901	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27	Adjust for ABC Related Party Profit	2008	(632)	(42)		(42)		(126)	27
28	Adjust for ABC Related Party Profit	2009	(1,021)	(44)		(44)		(132)	28
29	Adjust for ABC Related Party Profit	2010	(194)	(7)		(7)		(21)	29
30	Adjust for ABC Related Party Profit	2011	118	10		10		30	30
31	Adjust for ABC Related Party Profit	2012	6,340	231		231		693	31
32	Adjust for ABC Related Party Profit	2013	4,297	340		340		510	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,714,835	\$ 285,322		\$ 300,077	\$ 14,755	\$ 7,304,889	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	10
	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>		\$ 8,714,835	\$ 285,322		\$ 300,077	\$ 14,755	\$ 7,304,889	1
2	Parking Lot Paving	2007	12,323	1,232	10	1,232		8,934	2
3	ABC-Windows	2008	3,387	339	10	339		2,032	3
4	ABC-Cooling tower/compressor	2008	73,033	4,869	15	4,869		27,798	4
5	ABC-Ceiling tile/electrical/door	2008	5,518	552	10	552		3,449	5
6	ABC-Water main	2008	18,186	727	25	727		4,485	6
7	ABC-Carpeting	2008	7,252		5			7,252	7
8	ABC-Thermal pane windows	2008	3,280	328	10	328		1,995	8
9	ABC-Landscap/masonry/irrig/lighting	2009	32,194	2,146	15	2,146		10,731	9
10	ADG-Replace solar screen window shades	2009	2,583	129	5	129		2,583	10
11	G.T.Mech-Repair/clean water cooled condenser	2009	3,521	235	5	235		3,521	11
12	G.T.Mech-Replaced busted ball valves on cooling tower	2009	3,218	215	5	215		3,218	12
13	Top Notch-Relaced Freezer Compressor	2009	5,581	372	5	372		5,581	13
14	Equ. International-Reducer Gearkit Spider Panel Front	2009	3,043	304	10	304		1,597	14
15	ABC-Plumbing replaced Broken & damaged	2009	4,902	735	5	735		4,902	15
16	ABC-Windows Replaced Broken	2009	7,852	785	10	785		4,057	16
17	ABC-Hvac motors with new motors	2009	4,773	955	5	955		3,819	17
18	ABC-Repaved bad parking lot with new paving	2009	24,646	2,465	10	2,465		13,556	18
19	ABC-Fence Installation-New Fence along Lot	2010	3,820	255	15	255		955	19
20	Ken's Custom-Re-upholstery of chairs-Admission Conf.Rm	2010	2,645	529	5	529		1,984	20
21	ABC-Replace Windows and Screens	2010	12,058	1,206	10	1,206		5,225	21
22	ADG-Reupholstery for Furnitures	2010	5,863	1,173	5	1,173		4,984	22
23	ADG-Fabric for furnitures	2010	6,377	1,275	5	1,275		5,313	23
24	Repaved Parking Lot	2010	8,137	543	15	543		3,845	24
25	Boiler domestic hot water-ABC	2011	11,329	566	20	566		2,123	25
26	Plumbing major replacement/pipes-Capps Plum.	2011	4,875	195	25	195		552	26
27	Elevator linestarter & wired motor - Long Elevator	2011	5,360	1,072	5	1,072		3,037	27
28	Asphalt removal & replacement-Rose Paving	2011	9,292	1,162	8	1,162		3,098	28
29	Dishwasher prewash motor assembly-TopNotch	2011	2,613	261	10	261		696	29
30	Evaporator Coi for walk in freezer - Top Notch	2011	3,738	374	10	374		997	30
31	Sprinkler & Fire Alarm Upgrade-ABC	2012	3,572	143	25	143		381	31
32	Sprinkler & Fire Alarm Upgrade-ABC	2012	86,740	3,470	25	3,470		9,253	32
33	Sprinkler installed in elevator-ABC	2012	4,141	166	25	166		373	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,100,684	\$ 314,100		\$ 328,855	\$ 14,755	\$ 7,457,215	34

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

Facility Name &amp; ID Number Alden Valley Ridge Reh &amp; HCC

# 0036640

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

## 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		\$ 9,100,684	\$ 314,100		\$ 328,855	\$ 14,755	\$ 7,457,215	1
2	Repair pumps-sewage-ABC	2012	8,237	824	10	824		2,265	2
3	Roof repair, leak area-JD & Sons	2012	3,250	325	10	325		948	3
4	Dampers fire and access panesl-GT Mach.	2012	14,343	1,434	10	1,434		2,868	4
5	Fire Protection, Major repair Valve-Valley Fire Protc.	2013	4,988	249	20	249		353	5
6	Spinkler Major Repairs-Valley Fire Protection	2013	5,649	1,130	5	1,130		2,260	6
7	Asphalt Paving-ABC	2013	5,936	742	8	742		928	7
8	Dampers Fire-ABC	2013	10,569	1,057	10	1,057		1,233	8
9	Carpentary-Remodel Corridor (1st,2nd & 3rd Flr)	2013	34,730	1,713	39	1,713		3,132	9
10	Doors-Remodel Corridor (1st,2nd & 3rd Flr)	2013	89,077	4,392	39	4,392		8,032	10
11	Acoustical-Remodel Corridor (1st,2nd & 3rd Flr)	2013	70,653	3,484	39	3,484		6,371	11
12	Painting/Wallcovering-Remodel Corridor (1st,2nd & 3rd Flr)	2013	107,843	5,318	15	5,318		9,724	12
13	Wall Protection-Remodel Corridor (1st,2nd & 3rd Flr)	2013	55,008	2,712	15	2,712		4,960	13
14	Artwork-Remodel Corridor (1st,2nd & 3rd Flr)	2013	13,929	687	15	687		1,256	14
15	Blinds & Curtains-Remodel Corridor (1st,2nd & 3rd Flr)	2013	59,610	2,939	15	2,939		5,375	15
16	Cabinets-Remodel Corridor (1st,2nd & 3rd Flr)	2013	5,155	254	15	254		465	16
17	Carpets & Flooring-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,961	343	15	343		628	17
18	Signage-Remodel Corridor (1st,2nd & 3rd Flr)	2013	14,924	736	15	736		1,346	18
19	Electrical Fixtures-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,436	317	15	317		580	19
20	Glass/Glazing-Remodel Corridor (1st,2nd & 3rd Flr)	2013	1,980	98	15	98		179	20
21	Steel framing support structure for roof cooling tower - ABC	2013	8,234	549	15	549		640	21
22	Dishwasher-motor/speed reducer-TopNotch	2014	8,581	1,716	5	1,716		1,716	22
23	Elevator Major repair-Align Elecation	2014	3,479	232	5	232		232	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,640,255	\$ 345,351		\$ 360,106	\$ 14,755	\$ 7,512,707	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	\$ 887,285	\$ 92,575	\$ 92,575	\$	varies	\$ 431,967	71
72	Current Year Purchases	101,213	6,927	6,927		varies	6,892	72
73	Fully Depreciated Assets	1,084,992	18,351	18,351		varies	1,084,992	73
74								74
75	TOTALS	\$ 2,073,490	\$ 117,853	\$ 117,853	\$		\$ 1,523,851	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	4,026					4,026	77
78										78
79	Buses	Midwest Transit	1/1/2001	49,825					49,825	79
80	TOTALS			\$ 53,851	\$	\$	\$		\$ 53,851	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)	\$ 12,084,829	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 463,205	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 477,960	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)	\$ 9,090,409	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 '14	\$	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 Reh & HCC

# 0036640

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

**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. 12/31/2015                      \$ varies

13. 12/31/2016                      \$ varies

14. 12/31/2017                      \$ 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: \$ 41,173

Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>27,131</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>834.78</u>	<u>10,017</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>37,148</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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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**

<b>COMPLETED</b>		
1. From this facility		
2. From other facilities (f)		
<b>DROP-OUTS</b>		
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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	294,563	\$		\$	294,563	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				68,694				68,694	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				485,067				485,067	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					204,556			204,556	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):	39-1, 39-3, if any										12
13	Other (specify):	See Pg 16A					(83,137)	208,701			125,564	13
14	TOTAL			\$		\$	765,187	\$	413,257	\$	1,178,444	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	-	\$294,563.00
2.	ST	39-3	To Col 5	-	68,694.00
3.					
4.	PT	39-3	To Col 5	-	485,067.00
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			-	241,443.00
	Manual Input from Related Party- Forum Drugs				(36,887.00)
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	204,556.00
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		(83,137.00)

Other		-	283,443.00
Manual Input: Related Party - Prism			(68,686.00)
Manual Input: Related Party FECII - I.V.			(20,045.00)
Manual Input: Related Party FECII - Wound Care			(3,689.00)
Oxygen, from reclass worksheet (Pg 4A)			17,678.00
			-----
13. Col 6: Supplies Total	To Col 6	-	208,701.00
			-----
13. Total Line 13, Column 8		-	125,564.00
			-----
14. Total		-	1,178,444.00
			=====

Facility Name &amp; ID Number Alden Valley Ridge Reh &amp; HCC

# 0036640

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(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	\$	\$ 43,077	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 222,000 )	3,672,057	3,672,057	3
4	Supply Inventory (priced at )	4,962	4,962	4
5	Short-Term Investments			5
6	Prepaid Insurance		20,393	6
7	Other Prepaid Expenses	12,223	12,223	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party		121,876	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,689,242	\$ 3,874,588	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		8,192,370	14
15	Leasehold Improvements, at Historical Cost	1,270,907	1,409,127	15
16	Equipment, at Historical Cost	816,039	2,487,681	16
17	Accumulated Depreciation (book methods)	(1,343,123)	(8,691,901)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		100,558	21
22	Other Long-Term Assets (spec (Ref.Fee)		82,614	22
23	Other(specify): Due from Affiliate,	5,749,663	6,102,997	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 6,493,486	\$ 9,974,132	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,182,728	\$ 13,848,720	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 487,782	\$ 487,782	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	325,659	325,659	28
29	Short-Term Notes Payable	1,788,685	1,924,628	29
30	Accrued Salaries Payable	592,634	592,634	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,881	21,881	31
32	Accrued Real Estate Taxes(Sch.IX-B)		269,900	32
33	Accrued Interest Payable	58,849	88,550	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	Accr Exp/Ins,due to IDPA,SalesTax	803,066	803,066	36
37	Due to Affiliates	1,195,171	1,195,171	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,273,727	\$ 5,709,271	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,411,124	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	Due to Affiliates			43
44	Sharehold.loan, other	437,600	437,600	44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 437,600	\$ 8,848,724	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,711,327	\$ 14,557,995	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 4,471,401	\$ (709,275)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 10,182,728	\$ 13,848,720	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ 3,466,345	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ 3,466,345	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	1,005,056	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 1,005,056	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>		23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 4,471,401	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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,718,586	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,718,586	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	333,394	6
7	Oxygen	26,646	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 360,040	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	657	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	128	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 785	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	517	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 517	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See page 19A, if any	22,633	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 22,633	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,102,561	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,929,101	31
32	Health Care	4,247,783	32
33	General Administration	2,938,204	33
<b>B. Capital Expense</b>			
34	Ownership	1,119,900	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,373,208	35
36	Provider Participation Fee	489,309	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 12,097,505	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,005,056	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,005,056	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 7,928,718	44
45	Private Pay - Net Inpatient Revenue	1,242,533	45
46	Medicare - Net Inpatient Revenue	2,537,851	46
47	Other-(specify) <u>Hospice/Insurance</u>	582,928	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	426,556	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 12,718,586	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>
<b>Misc. Income GL#4977 (discribe) (is offset against Sch.# V)</b>	
Record Copies-Backed out with Ln ref 21-Pg 5A	\$ 917
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Write Off Old Accounts Payables	\$ 13,945
Vendor Discount	\$ 70
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 7,701
Line 28 Total:	<u><u>22,633</u></u>

**Ending:** 12/31/2014

Facility Name & ID Number Alden Valley Ridge Reh & HCC

# 0036640

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,064	2,235	\$ 113,199	\$ 50.65	1
2	Assistant Director of Nursing	2,128	2,240	82,565	36.86	2
3	Registered Nurses	26,295	28,075	937,880	33.41	3
4	Licensed Practical Nurses	34,397	37,614	1,091,521	29.02	4
5	CNAs & Orderlies	80,322	86,443	1,127,207	13.04	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,179	2,341	51,327	21.93	8
9	Activity Director	2,040	2,101	45,016	21.43	9
10	Activity Assistants	8,166	8,617	89,609	10.40	10
11	Social Service Workers	2,080	2,080	52,176	25.08	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	85,835	41.27	13
14	Head Cook	6,158	6,158	87,354	14.19	14
15	Cook Helpers/Assistants	26,329	28,328	291,789	10.30	15
16	Dishwashers					16
17	Maintenance Workers	1,880	1,934	50,667	26.20	17
18	Housekeepers	20,398	22,201	273,824	12.33	18
19	Laundry	6,075	6,440	68,902	10.70	19
20	Administrator	2,080	2,080	100,276	48.21	20
21	Assistant Administrator	720	720	21,429	29.76	21
22	Other Administrative	8,401	8,424	221,994	26.35	22
23	Office Manager	2,080	2,080	57,558	27.67	23
24	Clerical	3,025	3,084	28,839	9.35	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,208	3,208	109,041	33.99	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Mgr/	1,624	1,692	22,180	13.11	32
33	Other(specify) Alzimer Sup&Aid	4,734	4,973	65,297	13.13	33
34	TOTAL (lines 1 - 33)	248,463	265,148	\$ 5,075,485 *	\$ 19.14	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	2125/Monthly	\$ 25,500	1-3	35
36	Medical Director	1070/monthly	12,825	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	48	2,640	11-3	44
45	Social Service Consultant	24	1,680	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	72	\$ 47,613		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	8	\$ 1,773	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	8	\$ 1,773		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Emily J. Hanson	Administrator	0	\$ 65,179	Workers' Compensation Insurance	\$ 220,765	IDPH License Fee	\$	
Emily E. Rickman	Administrator	0	35,097	Unemployment Compensation Insurance	27,336	Advertising: Employee Recruitment	2,240	
Griselda Guzman	Asst.Admin.	0	21,429	FICA Taxes	372,929	Health Care Worker Background Check		
				Employee Health Insurance	199,846	(Indicate # of checks performed 30)	973	
				Employee Meals	16,641	Patient Background Checks	89	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees/Corp. Annual Report	1,202	
				Dental/Life Insurance	4,872	College of Dupage-Job Fair	200	
				Employee Relations/Misc Payroll Costs	15,309	Health Care Council of ILL	11,426	
				Tuition Reimbursement/401K Match	33,677			
				Employee Drug Tests/Vaccinations	4,683	Related party- AMS	5,531	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)			\$ 121,705	\$ 896,058		\$ 22,462		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
	\$					\$	Out-of-State Travel	\$
							In-State Travel	
							Related party- AMS	2,330
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	Seminar Expense	
(Attach a copy of any management service agreement)							Cynthia Chow and Associates	120
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Services	consulting fees	\$ 958,093					Loyola University/Healthcare Info Network	
Baker Tilly/BDO/KPMG	Accounting Fees	14,134					IL Council on Long Term care	
AMS (Eliminated)	Allocated Legal Fees	46,908					Entertainment Expense	
Achieve Accreditation,	Accreditation Consl.service	3,392					( )	
Joint Commission	Accreditation Cert. service	6,635					(agree to Sch. V,	
Joint Commission	consulting service(HIPAA)	1,082					line 24, col. 8)	
Edward J.Molloy & Assoc	Surveyors fees	(600)					\$ 2,993	
Bernard Natale/Clerk of Circuit Cou	Legal Fees:Collections	1,020						
Edgerton & Edgerton/Markley Inves	Legal Fees:Collections	629						
Recorder of Deeds/Chicago Title Co	Legal Fees:Collections	374						
Valer Enterprises Inc.	Legal Fees:Collections	265						
Linda Roberts Asso.(Reclass)	Food Service Consultant	300						
TOTAL (agree to Schedule V, line 19, column 3)								
(For legal fee disclosure, see page 39 of instructions)			\$ 1,032,232					

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden Valley Ridge Reh & HCC  
 Legal Fee Support  
 2014

Legal Fees Reported on Pg 21, Section C:	\$	49,196.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(2,288.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u><u>-</u></u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
		-
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><u>-</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Clerk of Circuit Court	12/9/2014	60.00
Clerk of Circuit Court	10/23/2014	50.00
Recorder of Deeds DuPage County	11/21/2014	30.00
Chicago Title Company	10/20/2014	60.00
Edgerton & Edgerton Attorney of Law	11/21/2014	170.00
Valer Enterprises Inc.	9/1/2014	265.23
Recorder of Deeds Cook County	9/10/2014	18.00
Recorder of Deeds Cook County	8/11/2014	32.00
Edgerton & Edgerton Attorney of Law	8/11/2014	225.00
Markley Investigations Inc.	6/30/2014	78.00
Markley Investigations Inc.	6/30/2014	78.00
Bernard J Natale Ltd.	7/14/2014	96.25
Sheriff of DuPage County	6/8/2014	94.00

Clerk of Circuit Court	6/6/2014	250.00
Clerk of Circuit Court	5/12/2014	50.00
Clerk of Circuit Court	5/12/2014	30.00
Clerk of Circuit Court	4/23/2014	250.00
Sheriff of DuPage County	4/23/2014	70.00
Markley Investigations Inc.	4/8/2014	78.00
Recorder of Deeds DuPage County	3/11/2014	30.00
Clerk of Circuit Court	2/25/2014	50.00
Bernard J Natale Ltd.	2/4/2014	183.75
Recorder of Deeds DuPage County	1/13/2014	40.00

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES** 2,288.23

<b>Vendor Name</b>	<b>Invoice Date</b>	<b>Amount</b>
AMS Corp Legal Cost Alloc-2014	01/31/14	3,909.00
AMS Corp Legal Cost Alloc-2014	02/28/14	3,909.00
AMS Corp Legal Cost Alloc-2014	03/31/14	3,909.00
AMS Corp Legal Cost Alloc-2014	04/30/14	3,909.00
AMS Corp Legal Cost Alloc-2014	05/31/14	3,909.00
AMS Corp Legal Cost Alloc-2014	06/30/14	3,909.00
AMS Corp Legal Cost Alloc-2014	07/31/14	3,909.00
AMS Corp Legal Cost Alloc-2014	08/31/14	3,909.00
AMS Corp Legal Cost Alloc-2014	09/30/14	3,909.00
AMS Corp Legal Cost Alloc-2014	10/31/14	3,909.00
AMS Corp Legal Cost Alloc-2014	11/30/14	3,909.00
AMS Corp Legal Cost Alloc-2014	12/31/14	3,909.00

**TOTAL Allocated Legal Fees** 46,908.00

Total Legal Cost 49,196.23

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 2014	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNAs-Yes,RN/LPNs-no
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. HCC of Illinois \$11,426
- (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. \$ 63,251 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? \_\_\_\_\_  
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. \$ 489,309  
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. \$ 16,641 Has any meal income been offset against related costs? No Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation
  - a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
  - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_
  - c. What percent of all travel expense relates to transportation of nurses and patients? 0
  - d. Have vehicle usage logs been maintained? NO
  - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
  - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
  - g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.