



Facility Name & ID Number Alden Valley Ridge Reh & HCC

# 0036640 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	3,409	1,174	7,370	11,953	8
9	SNF/PED					9
10	ICF	45,643	4,730	3,242	53,615	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	49,052	5,904	10,612	65,568	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.78%

D. How many bed-hold days during this year were paid by the Department? \_\_\_\_\_ (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 3,784

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: 12/31/15 Fiscal Year: 12/31/15

\* 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:

01/01/2015

Ending:

12/31/2015

**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	474,711	31,162	26,700	532,573	1,263	533,836	(4,870)	528,966		1
2	Food Purchase		438,874		438,874	(16,200)	422,674	(18,431)	404,243		2
3	Housekeeping	285,579	39,318		324,897	562	325,459	12,720	338,179		3
4	Laundry	71,104	30,192		101,296	224	101,520		101,520		4
5	Heat and Other Utilities			256,919	256,919		256,919	(106)	256,813		5
6	Maintenance	51,457	218	267,282	318,957	41	318,998	71,479	390,477		6
7	Other (specify):* related party							11,383	11,383		7
8	<b>TOTAL General Services</b>	882,851	539,764	550,901	1,973,516	(14,110)	1,959,406	72,175	2,031,581		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,960	12,960		12,960		12,960		9
10	Nursing and Medical Records	3,903,494	243,257	19,314	4,166,065	(6,473)	4,159,592	74,613	4,234,205		10
10a	Therapy	178,096	1,474	43,240	222,810		222,810		222,810		10a
11	Activities	117,269	4,024	6,448	127,741	143	127,884		127,884		11
12	Social Services	54,105			54,105		54,105		54,105		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							11,431	11,431		15
16	<b>TOTAL Health Care and Programs</b>	4,252,964	248,755	81,962	4,583,681	(6,330)	4,577,351	86,044	4,663,395		16
	<b>C. General Administration</b>										
17	Administrative	180,330			180,330		180,330	203,779	384,109		17
18	Directors Fees										18
19	Professional Services			1,041,151	1,041,151		1,041,151	(957,755)	83,396		19
20	Dues, Fees, Subscriptions & Promotions			73,969	73,969		73,969	(42,778)	31,191		20
21	Clerical & General Office Expenses	186,395	16,791	121,758	324,944	2,713	327,657	395,427	723,084		21
22	Employee Benefits & Payroll Taxes			861,611	861,611	6,275	867,886	(3,107)	864,779		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,461	2,461	(916)	1,545	1,688	3,233		24
25	Other Admin. Staff Transportation			8,075	8,075		8,075	19,665	27,740		25
26	Insurance-Prop.Liab.Malpractice			259,680	259,680		259,680	10,846	270,526		26
27	Other (specify):* related party			124,829	124,829		124,829	(37,121)	87,708		27
28	<b>TOTAL General Administration</b>	366,725	16,791	2,493,534	2,877,050	8,072	2,885,122	(409,356)	2,475,766		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,502,540	805,310	3,126,397	9,434,247	(12,368)	9,421,879	(251,138)	9,170,741		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: 01/01/2015 Ending: 12/31/2015

12/31/2015

## 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			76,679	76,679		76,679	384,382	461,061			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			94,745	94,745		94,745	346,985	441,730			32
33	Real Estate Taxes			257,915	257,915	(257,915)		265,963	265,963			33
34	Rent-Facility & Grounds			638,670	638,670	257,915	896,585	(896,585)				34
35	Rent-Equipment & Vehicles			17,935	17,935		17,935	65,523	83,458			35
36	Other (specify):* MIP							42,367	42,367			36
37	<b>TOTAL Ownership</b>			1,085,944	1,085,944		1,085,944	208,635	1,294,579			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		598,815	759,096	1,357,911	12,368	1,370,279	(134,276)	1,236,003			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			484,174	484,174		484,174		484,174			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		598,815	1,243,270	1,842,085	12,368	1,854,453	(134,276)	1,720,177			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,502,540	1,404,125	5,455,611	12,362,276		12,362,276	(176,779)	12,185,497			45

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

Alden Valley Ridge Reh & HCC  
 Period Beginning: 01/01/2015  
 Period Ending: 12/31/2015

IDPH License No. 0036640

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(16,200.00)	Employee Meals
	22	16,200.00	Employee Meals
22		\$ (9,925.00)	Uniform Reclass
	1	\$ 1,263.00	Uniform Reclass
	3	\$ 562.00	Uniform Reclass
	4	\$ 224.00	Uniform Reclass
	6	\$ 41.00	Uniform Reclass
	10	\$ 5,895.00	Uniform Reclass
	11	\$ 143.00	Uniform Reclass
	21	\$ 1,797.00	Uniform Reclass
10		(12,368.00)	Oxygen Cost Reclass
	39	12,368.00	Oxygen Cost Reclass
33		(257,915.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	257,915.00	Rent - Real Estate Tax on associated landowner (Pg 6)
24		\$ (916.00)	Reclass from seminar to Special Education
	21	\$ 916.00	Reclass to Special Education from Seminar
Net (Should be zero)		\$ -	

Facility Name & ID Number Alden Valley Ridge Reh & HCC

# 0036640

Report Period Beginning: 01/01/2015

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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	(16)	2		4
5	Telephone, TV & Radio in Resident Rooms	(13,431)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,755	30		9
10	Interest and Other Investment Income	(1,371)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,422)	2		13
14	Non-Care Related Interest	(19,737)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(3,307)	21		17
18	Fines and Penalties				18
19	Entertainment	(634)	20		19
20	Contributions	(4,264)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(419)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(124,829)	27		24
25	Fund Raising, Advertising and Promotional	(18,739)	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>	\$ (174,414)		\$	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)	(21,755)		34
35	Other- Attach Schedule	19,390		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (2,365)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (176,779)		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 & HCC

Report Period Beginning: 01/01/2015  
 Ending: 12/31/2015

ID# 0036640

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees Utilities	\$ (5,106)	5	1
2	Misc. Income-Record Copies	(1,899)	10	2
3	Misc. Income-Jury Duty	(50)	21	3
4	Vendor Discounts	(56)	10	4
5	Elim-Chamber of Commerce fee in GL 6825	(525)	20	5
6	Elim. Landowner Bank Charges	(327)	19	6
7	AMS depreciation Adjustments	(241)	30	7
8	Elim ABC Deprec Exp from Pg 12 series(Prior Yrs)	488	30	8
9	Elim ABC Deprec Exp from Pg 12 series(Current Yr)	(2)	30	9
10	Elim deprec exp on Pg 13 items < \$2,500	(21,193)	30	10
11	Expense current year Pg 13 items < \$2,500	49,181	6	11
12	Elim deprec exp on Pg 12 items < \$2,500	(3,640)	30	12
13	Expense current year Pg 12 items < \$2,500	2,003	6	13
14	Adj YTD Deprec Exp to Detail	758	30	14
15	Collection Fees GL 6965	0	21	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>		19,390	49

## STATE OF ILLINOIS

Summary A

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

# 0036640

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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	3,824	(8,694)	0	0	0	0	0	0	0	(4,870)	1
2	Food Purchase	(2,438)	0	0	(15,993)	0	0	0	0	0	0	0	(18,431)	2
3	Housekeeping	0	0	12,720	0	0	0	0	0	0	0	0	12,720	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,106)	0	5,000	0	0	0	0	0	0	0	0	(106)	5
6	Maintenance	37,753	4,440	29,049	0	0	0	(74)	311	0	0	0	71,479	6
7	Other (specify):*	0	0	11,383	0	0	0	0	0	0	0	0	11,383	7
8	<b>TOTAL General Services</b>	<b>30,209</b>	<b>4,440</b>	<b>61,976</b>	<b>(24,687)</b>	<b>0</b>	<b>0</b>	<b>(74)</b>	<b>311</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>72,175</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	(1,955)	0	72,058	5,765	(1,255)	0	0	0	0	0	0	74,613	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	11,431	0	0	0	0	0	0	0	0	11,431	15
16	<b>TOTAL Health Care and Programs</b>	<b>(1,955)</b>	<b>0</b>	<b>83,489</b>	<b>5,765</b>	<b>(1,255)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>86,044</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	203,779	0	0	0	0	0	0	0	0	203,779	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(746)	11,902	(968,911)	0	0	0	0	0	0	0	0	(957,755)	19
20	Fees, Subscriptions & Promotions	(24,162)	250	(18,866)	0	0	0	0	0	0	0	0	(42,778)	20
21	Clerical & General Office Expenses	(3,357)	0	398,784	0	0	0	0	0	0	0	0	395,427	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,107)	0	0	0	0	0	0	(3,107)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,688	0	0	0	0	0	0	0	0	1,688	24
25	Other Admin. Staff Transportation	0	0	19,665	0	0	0	0	0	0	0	0	19,665	25
26	Insurance-Prop.Liab.Malpractice	0	10,485	361	0	0	0	0	0	0	0	0	10,846	26
27	Other (specify):*	(124,829)	0	87,708	0	0	0	0	0	0	0	0	(37,121)	27
28	<b>TOTAL General Administration</b>	<b>(153,094)</b>	<b>22,637</b>	<b>(275,792)</b>	<b>0</b>	<b>(3,107)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(409,356)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(124,841)</b>	<b>27,077</b>	<b>(130,327)</b>	<b>(18,922)</b>	<b>(4,362)</b>	<b>0</b>	<b>(74)</b>	<b>311</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(251,138)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

# 0036640

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

## 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	(9,075)	389,253	4,204	0	0	0	0	0	0	0	0	384,382	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(21,108)	357,500	10,593	0	0	0	0	0	0	0	0	346,985	32
33	Real Estate Taxes	0	257,915	8,048	0	0	0	0	0	0	0	0	265,963	33
34	Rent-Facility & Grounds	0	(896,585)	0	0	0	0	0	0	0	0	0	(896,585)	34
35	Rent-Equipment & Vehicles	0	0	65,523	0	0	0	0	0	0	0	0	65,523	35
36	Other (specify):*	0	42,367	0	0	0	0	0	0	0	0	0	42,367	36
37	<b>TOTAL Ownership</b>	<b>(30,183)</b>	<b>150,450</b>	<b>88,368</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>208,635</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	(52,378)	(12,754)	(69,144)	0	0	0	0	0	(134,276)	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>(52,378)</b>	<b>(12,754)</b>	<b>(69,144)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(134,276)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(155,024)</b>	<b>177,527</b>	<b>(41,959)</b>	<b>(71,300)</b>	<b>(17,116)</b>	<b>(69,144)</b>	<b>(74)</b>	<b>311</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(176,779)</b>	<b>45</b>

**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 PG 6-Supp		See PG 6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 896,585	Valley Ridge Associates, L.L.C.		\$	\$ (896,585)	1
2	V	32 Interest Income	187	Valley Ridge Associates, L.L.C.			(187)	2
3	V	6 Repairs & Maintenance		Valley Ridge Associates, L.L.C.		4,440	4,440	3
4	V	19 Accounting Fees		Valley Ridge Associates, L.L.C.		8,075	8,075	4
5	V	19 Bank Charges		Valley Ridge Associates, L.L.C.		327	327	5
6	V	20 Corporate Annual Report Fee		Valley Ridge Associates, L.L.C.		250	250	6
7	V	33 Real Estate Taxes		Valley Ridge Associates, L.L.C.		257,915	257,915	7
8	V	26 General Insurance Expense		Valley Ridge Associates, L.L.C.		10,485	10,485	8
9	V	36 Mortgage insurance Premium		Valley Ridge Associates, L.L.C.		42,367	42,367	9
10	V	32 Interest Mortgage/Other		Valley Ridge Associates, L.L.C.		353,362	353,362	10
11	V	30 Depreciation		Valley Ridge Associates, L.L.C.		389,253	389,253	11
12	V	32 Amortization Expense		Valley Ridge Associates, L.L.C.		4,325	4,325	12
13	V	19 Professional Fees		Valley Ridge Associates, L.L.C.		3,500	3,500	13
14	Total		\$ 896,772			\$ 1,074,299	\$ * 177,527	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 5,000	\$ 5,000 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,688	1,688 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		19,665	19,665 17
18	V	26 Insurance		Alden Management Services, Inc.		361	361 18
19	V	20 Dues & Subscriptions	24,816	Alden Management Services, Inc.		5,950	(18,866) 19
20	V	30 Depreciation		Alden Management Services, Inc.		4,204	4,204 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		8,048	8,048 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		65,523	65,523 22
23	V	32 Interest		Alden Management Services, Inc.		10,593	10,593 23
24	V	1 Dietary		Alden Management Services, Inc.		3,824	3,824 24
25	V	3 Housekeeping		Alden Management Services, Inc.		12,720	12,720 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		11,383	11,383 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		72,058	72,058 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		11,431	11,431 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		203,779	203,779 29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		87,708	87,708 30
31	V	19 Professional Fees	1,018,388	Alden Management Services, Inc.		49,477	(968,911) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		398,784	398,784 32
33	V	6 Repair & Maint	57,108	Alden Management Services, Inc.		86,157	29,049 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,100,312			\$ 1,058,353	\$ * (41,959) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary Consult.	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 144	\$ (26,256)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		13,230	13,230
17	V	2 Tube feeding	41,002	Prism Health Care Services, Inc.		11,266	(29,736)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		8,809	2,149
19	V	39 Ancillary supplies	139,123	Prism Health Care Services, Inc.		58,312	(80,811)
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		4,332	4,332
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		13,743	13,743
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,616	3,616
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		28,433	28,433
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		\$ 213,185			\$ 141,885	\$ * (71,300)

\* 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	\$ 291,835	Forum Extended Care Services, Inc.	0.00%	\$ 281,665	\$ (10,170)
16	V	39 I.V.	126,920	Forum Extended Care Services, Inc.		122,497	(4,423)
17	V	39 Wound Care	33,307	Forum Extended Care Services, Inc.		32,147	(1,160)
18	V	10 House Stock	30,916	Forum Extended Care Services, Inc.		29,838	(1,078)
19	V	10 Pharm Consult	5,093	Forum Extended Care Services, Inc.		4,916	(177)
20	V	22 Vaccinations	3,107	Forum Extended Care Services, Inc.			(3,107)
21	V	39 Vaccinations		Forum Extended Care Services, Inc.		2,999	2,999
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		\$ 491,178			\$ 474,062	\$ * (17,116)

\* 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	\$ 760,617	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 691,473	\$ (69,144)
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>		\$ 760,617			\$ 691,473	\$ * (69,144)

\* 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	\$ 38,748	Alden Bennett Construction Company, Inc.	0.00%	\$ 38,674	\$ (74)
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		\$ 38,748			\$ 38,674	\$ * (74)

\* 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	\$ 1,484	Alden Design Group, Inc.	0.00%	\$ 1,795	\$ 311	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>		\$ 1,484			\$ 1,795	\$ *	311	39

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

Facility Name & ID Number

Alden Valley Ridge Reh & HCC

# 0036640

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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: 01/01/2015 Ending: 12/31/2015

## 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	175,308	2.096	5.24	Salary	\$ 9,692	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,761	2.096	5.24	Salary	5,239	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,761	2.096	5.24	Salary	5,239	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	103,430	2.096	5.24	Salary	5,718	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,241	2.096	5.24	Salary	3,275	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	\$ 29,163		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:

01/01/2015

Ending: 2/31/2015

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	1,251,552	34	\$ 95,438	\$ 65,568	\$ 5,000	1
2	24	Travel & Seminar	Patient days	1,251,552	34	32,213	65,568	1,688	2
3	25	Other Admin Travel	Patient days	1,251,552	34	375,370	65,568	19,665	3
4	26	Insurance	Patient days	1,251,552	34	6,897	65,568	361	4
5	20	Dues/Subscriptions	Patient days	1,251,552	34	113,573	65,568	5,950	5
6	30	Depreciation	No. of providers	34	34	156,306	1	4,204	6
7	33	Real Estate Tax	Patient days/usage	1,251,552	34	176,959	65,568	8,048	7
8	35	Rent-Equip/Vehicles	Patient days	1,251,552	34	1,250,701	65,568	65,523	8
9	32	Interest	Patient days/usage	1,251,552	34	2,158,573	65,568	10,593	9
10	1	Dietary Aide Coordinator Salary	Patient days	1,251,552	34	72,994	72,994	3,824	10
11	3	Housekeeping Coordinator Salary	Patient days	1,251,552	34	242,795	242,795	12,720	11
12	7	Employee Benef % -Gen'l Servs	Patient days	1,251,552	34	217,281	65,568	11,383	12
13	10	Nurs/Med Records Salary	Patient days/usage	1,251,552	34	1,562,220	1,562,220	72,058	13
14	15	Employee Benef % - Health Care	Patient days	1,251,552	34	218,198	65,568	11,431	14
15	17	Administrative Salary	Patient days/usage	1,251,552	34	4,332,153	4,332,153	203,779	15
16	27	Employee Benef %-Administrativ	Patient days	1,251,552	34	1,674,148	65,568	87,708	16
17	19	Professional Fees	Patient days	1,251,552	34	1,213,223	909,774	49,477	17
18	21	Gen'l & Admin	Patient days/usage	1,251,552	34	7,611,926	6,744,406	398,784	18
19	6	Repairs & Maintenance	Patient days	1,251,552	34	1,835,211	1,239,870	86,157	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 23,346,179	\$ 15,104,212	\$ 1,058,353	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	Reporting Period Interest Expense				
		Related**					Monthly Payment Required	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)
		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	\$ 8,411,124	03/01/2046	4.1700	\$ 353,362	1				
2												2				
3												3				
4	Insurance Interest (GL 7053)		X	Medical Malpractice							3,531	4				
5	Amort of Fin Fees (GL 1918)		X	Refinancing							4,325	5				
<b>Working Capital</b>																
6	Related party-AMS		X	Working Capital							10,593	6				
7												7				
8	Bank Leumi		X	Working Capital		02/2011	1,187,135	1,456,707	03/06/2017	4.5000	71,477	8				
9	<b>TOTAL Facility Related</b>				\$40,814.75		\$ 10,196,435	\$ 9,867,831			\$ 443,288	9				
<b>B. Non-Facility Related*</b>																
10	Interest Income on R.R.		X								(76)	10				
11	Int Income (GL#4975)		X								(1,483)	11				
12												12				
13												13				
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (1,558)	14				
15	<b>TOTALS (line 9+line14)</b>						\$ 10,196,435	\$ 9,867,831			\$ 441,730	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 42,367 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 2014 report.			\$	269,900
					1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	260,015
					2
3.	Under or (over) accrual (line 2 minus line 1).			\$	(9,885)
					3
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	267,800
					4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <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.			\$	257,915
					7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	8,048
		Total Real Estate Tax Expense, Sch V, Line 33		\$	265,963
Real Estate Tax Bill for Calendar Year:		2010	197,921	8	
		2011	218,328	9	
		2012	243,533	10	
		2013	262,055	11	
		2014	260,015	12	
<b>The current year accrual is based on an estimated 3% increase of the prior year tax</b>					
				<b>FOR BHF USE ONLY</b>	
		13	FROM R. E. TAX STATEMENT FOR 2014	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

## 2014 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 2014 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 2014.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>153,627.00</u>	\$ <u>8,048.00</u>
2. <u>02-23-301-019</u>	<u>Alden Valley Ridge</u>	\$ <u>2,891.94</u>	\$ <u>2,891.94</u>
3. <u>02-23-301-020</u>	<u>Alden Valley Ridge</u>	\$ <u>257,122.62</u>	\$ <u>257,122.62</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>413,641.56</u></u>	\$ <u><u>268,062.56</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

**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>96,720</u>	<u>1990</u>	<u>\$ 317,233</u>	<u>1</u>
2	<u>Note: building only sq ft</u>	<u>72,046</u>			<u>2</u>
3	<b>TOTALS</b>	<b>168,766</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	\$ 5,055,209	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	1,585,038	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		27,831	13
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC	1995		28,634	63	10,15 & 20	63		28,634	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		118,204	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		45,283	31
32	CARPETING	1998		59,500	2,975	20	2,975		51,515	32
33	DRAPERIES	1998		13,000	650	20	650		11,321	33
34	ROOF	1998		79,000	3,950	20	3,950		68,796	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:

01/01/2015

Ending:

12/31/2015

## 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		1,672	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		15			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		7,676	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		15			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		15			1,510	58
59	<a href="#">Fox Valley Fire &amp; Safety(nurse call system repair)</a>	1999	1,632		15			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		6,340	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	14	15	14		2,461	65
66	<a href="#">Capps Plumbing (repair ejector pumps)</a>	2000	4,970	28	15	28		4,970	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	\$ 268,412		\$ 283,167	\$ 14,755	\$ 7,302,432	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:

01/01/2015

Ending:

12/31/2015

## 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	<b>Totals from Page 12A, Carried Forward</b>		\$ 8,379,290	\$ 268,412		\$ 283,167	\$ 14,755	\$ 7,302,432	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		12,242	4
5	Water Pump repair	2001	1,706		5			1,706	5
6									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									14
15	ABC (misc. repair)	2002	2,126		5			2,126	15
16	GT (compressor)	2002	4,290	286	15	286		3,837	16
17	Capps (install drain)	2002	2,585		5			2,585	17
18	SMT healthcare system(body lift)	2002	10,132	676	15	676		9,289	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		10			990	27
28	Aquarium Main Serv-replace mixing valves	2004	10,501		5			10,501	28
29	ABC-new flooring	2004	2,100		10			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		10			2,276	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,467,758	\$ 270,190		\$ 284,945	\$ 14,755	\$ 7,389,604	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:

01/01/2015

Ending:

12/31/2015

## 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	<b>Totals from Page 12B, Carried Forward</b>		\$ 8,467,758	\$ 270,190		\$ 284,945	\$ 14,755	\$ 7,389,604	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		10			3,260	4
5									5
6	Capps-Furnish/Install 1 1/2 RPZ Boiler	2005	1,940	97	20	97		1,043	6
7	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020	201	10	201		6,020	7
8	DBS Contracting, Inc-Bore Underground for TV	2005	5,750	575	10	575		4,888	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	677	10	677		8,120	11
12	ABC-Patten Repair Generator	2006	5,210	521	10	521		4,428	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714		6,963	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809	381	15	381		3,238	14
15	ABC-Window Replacement	2006	31,829	3,183	10	3,183		26,529	15
16	TopNotch Cooler Door	2006	4,300	430	10	430		3,655	16
17	Ceiling, Tiling, Motors, Cabinets, Plumbing	2006	8,034	803	10	803		6,829	17
18	ABC-Bathroom Repairs	2006	10,807		5			10,807	18
19	Install TV Cabeling/Master Antenna	2007	(3,020)	(302)	10	(302)		(2,617)	19
20	Chiller Repair	2007	7,225	722	10	722		5,419	20
21	Installed Compressor	2007	9,517	634	10	634		4,864	21
22	Freezer Door Repair	2007	4,533	453	10	453		3,475	22
23	Regraded Detention Pond	2007	6,302	630	10	630		5,250	23
24	Replaced water pump motors	2007	4,095	410	10	410		2,970	24
25	New TV Lines	2007	5,750	575	10	575		4,888	25
26	Replace Sprinkler System	2007	4,500	450	10	450		3,825	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,615,471	\$ 281,343		\$ 296,098	\$ 14,755	\$ 7,512,478	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 8,615,471	\$ 281,343		\$ 296,098	\$ 14,755	\$ 7,512,478	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	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	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28	Adjust for ABC Related Party Profit	2008	(632)	(42)		(42)		(168)	28
29	Adjust for ABC Related Party Profit	2009	(1,021)	(44)		(44)		(176)	29
30	Adjust for ABC Related Party Profit	2010	(194)	(7)		(7)		(28)	30
31	Adjust for ABC Related Party Profit	2011	118	10		10		40	31
32	Adjust for ABC Related Party Profit	2012	6,340	231		231		924	32
33	Adjust for ABC Related Party Profit	2013	4,297	340		340		850	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,715,289	\$ 283,104		\$ 297,859	\$ 14,755	\$ 7,599,390	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>		\$ 8,715,289	\$ 283,104		\$ 297,859	\$ 14,755	\$ 7,599,390	1
2	Parking Lot Paving	2007	12,323	1,232	10	1,232		10,166	2
3	ABC-Windows	2008	3,387	339	10	339		2,371	3
4	ABC-Cooling tower/compressor	2008	73,033	4,869	15	4,869		32,667	4
5	ABC-Ceiling tile/electrical/door	2008	5,518	552	10	552		4,001	5
6	ABC-Water main	2008	18,186	727	25	727		5,213	6
7	ABC-Carpeting	2008	7,252		5			7,252	7
8	ABC-Thermal pane windows	2008	3,280	328	10	328		2,323	8
9	ABC-Landscap/masonry/irrig/lighting	2009	32,194	2,146	15	2,146		12,877	9
10	ADG-Replace solar screen window shades	2009	2,583		5			2,583	10
11	G.T.Mech-Repair/clean water cooled condenser	2009	3,521		5			3,521	11
12	G.T.Mech-Replaced busted ball valves on cooling tower	2009	3,218		5			3,218	12
13	Top Notch-Relaced Freezer Compressor	2009	5,581		5			5,581	13
14	Equ. International-Reducer Gearkit Spider Panel Front	2009	3,043	304	10	304		1,901	14
15	ABC-Plumbing replaced Broken & damaged	2009	4,902		5			4,902	15
16	ABC-Windows Replaced Broken	2009	7,852	785	10	785		4,842	16
17	ABC-Hvac motors with new motors	2009	4,773	954	5	954		4,773	17
18	ABC-Repaved bad parking lot with new paving	2009	24,646	2,465	10	2,465		16,021	18
19	ABC-Fence Installation-New Fence along Lot	2010	3,820	255	15	255		1,210	19
20	Ken's Custom-Re-upholstery of chairs-Admission Conf.Rm	2010	2,645	529	5	529		2,513	20
21	ABC-Replace Windows and Screens	2010	12,058	1,206	10	1,206		6,431	21
22	ADG-Reupholsterv for Furnitures	2010	5,863	879	5	879		5,863	22
23	ADG-Fabric for furnitures	2010	6,377	1,064	5	1,064		6,377	23
24	Repaved Parking Lot	2010	8,137	543	15	543		4,388	24
25	Boiler domestic hot water-ABC	2011	11,329	566	20	566		2,691	25
26	Plumbing major replacement/pipes-Capps Plum.	2011	4,875	195	25	195		747	26
27	Elevator linestarter & wired motor - Long Elevator	2011	5,360	1,072	5	1,072		4,109	27
28	Asphalt removal & replacement-Rose Paving	2011	9,292	1,162	8	1,162		4,260	28
29	Dishwasher prewash motor assembly-TopNotch	2011	2,613	261	10	261		958	29
30	Evaporator Coi for walk in freezer - Top Notch	2011	3,738	374	10	374		1,371	30
31	Sprinkler & Fire Alarm Upgrade-ABC	2012	3,572	143	25	143		524	31
32	Sprinkler & Fire Alarm Upgrade-ABC	2012	86,740	3,470	25	3,470		12,723	32
33	Sprinkler installed in elevator-ABC	2012	4,141	166	25	166		539	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,101,141	\$ 309,690		\$ 324,445	\$ 14,755	\$ 7,778,306	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:

01/01/2015 Ending: 12/31/2015

## 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 12E, Carried Forward</b>		\$ 9,101,141	\$ 309,690		\$ 324,445	\$ 14,755	\$ 7,778,306	1
2	Repair pumps-sewage-ABC	2012	8,237	824	10	824		3,089	2
3	Roof repair, leak area-JD & Sons	2012	3,250	325	10	325		1,273	3
4	Dampers fire and access panesl-GT Mach.	2012	14,343	1,434	10	1,434		4,302	4
5	Fire Protection, Major repair Valve-Valley Fire Protc.	2013	4,988	249	20	249		602	5
6	Spinkler Major Repairs-Valley Fire Protection	2013	5,649	1,130	5	1,130		3,390	6
7	Asphalt Paving-ABC	2013	5,936	742	8	742		1,670	7
8	Dampers Fire-ABC	2013	10,569	1,057	10	1,057		2,290	8
9	Carpentary-Remodel Corridor (1st,2nd & 3rd Flr)	2013	34,730	1,713	39	1,713		4,845	9
10	Doors-Remodel Corridor (1st,2nd & 3rd Flr)	2013	89,077	4,392	39	4,392		12,424	10
11	Acoustical-Remodel Corridor (1st,2nd & 3rd Flr)	2013	70,653	3,484	39	3,484		9,855	11
12	Painting/Wallcovering-Remodel Corridor (1st,2nd & 3rd Flr)	2013	107,843	5,318	15	5,318		15,042	12
13	Wall Protection-Remodel Corridor (1st,2nd & 3rd Flr)	2013	55,008	2,712	15	2,712		7,672	13
14	Artwork-Remodel Corridor (1st,2nd & 3rd Flr)	2013	13,929	687	15	687		1,943	14
15	Blinds & Curtains-Remodel Corridor (1st,2nd & 3rd Flr)	2013	59,610	2,939	15	2,939		8,314	15
16	Cabinets-Remodel Corridor (1st,2nd & 3rd Flr)	2013	5,155	254	15	254		719	16
17	Carpets & Flooring-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,961	343	15	343		971	17
18	Signage-Remodel Corridor (1st,2nd & 3rd Flr)	2013	14,924	736	15	736		2,082	18
19	Electrical Fixtures-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,436	317	15	317		897	19
20	Glass/Glazing-Remodel Corridor (1st,2nd & 3rd Flr)	2013	1,980	98	15	98		277	20
21	Steel framing support structure for roof cooling tower - ABC	2013	8,234	549	15	549		1,189	21
22	Dishwasher-motor/speed reducer-TopNotch	2014	8,581	1,716	5	1,716		3,432	22
23	Elevator Major repair-Align Elecation	2014	3,479	696	5	696		928	23
24	Dampers Fire-ABC	2015	12,055	1,105	10	1,105		1,139	24
25									25
26									26
27									27
28									28
29	Adjust for ABC Related Party Profit	2015	(23)	(2)		(2)		(2)	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,652,745	\$ 342,508		\$ 357,263	\$ 14,755	\$ 7,866,649	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	\$ 946,358	\$ 97,120	\$ 97,120	\$	varies	\$ 508,526	71
72	Current Year Purchases	60,755	5,133	5,133		varies	5,133	72
73	Fully Depreciated Assets	1,113,411	1,545	1,545		varies	1,113,411	73
74								74
75	TOTALS	\$ 2,120,524	\$ 103,798	\$ 103,798	\$		\$ 1,627,070	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)		\$ 12,144,353	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 446,306	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 461,061	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)		\$ 9,547,570	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 '15	\$	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: 01/01/2015

Ending: 12/31/2015

**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. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ 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: \$ 37,333 Description: <---copy machine gl 6861 & equip lease gl 6959

(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>20,224</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>616.03</u>	<u>7,392</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>27,616</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.

Facility Name & ID Number Alden Valley Ridge Reh & HCC # 0036640 Report Period Beginning: 01/01/2015 Ending: 12/31/2015  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS** (See instructions.)

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

<p><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	\$		\$	299,483	\$		\$	299,483	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				54,852				54,852	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				390,837				390,837	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					284,665			284,665	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					(69,144)	275,310			206,166	13
14	TOTAL			\$		\$	676,028	\$	559,975	\$	1,236,003	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	\$299,483.00
2.	ST	39-3	To Col 5	54,852.00
3.				
4.	PT	39-3	To Col 5	390,837.00
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			291,836.00
	Manual Input from Related Party- Forum Drugs & Vaccinations			(7,171.00)
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	284,665.00
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	(69,144.00)

From Page 6

From Page 6

Other		320,904.00	
Manual Input: Related Party - Prism		(52,379.00)	From Page 6
Manual Input: Related Party FECII - I.V.		(4,423.00)	From Page 6
Manual Input: Related Party FECII - Wound Care		(1,160.00)	From Page 6
Oxygen, from reclass worksheet (Pg 4A)		12,368.00	
13. Col 6: Supplies Total	To Col 6	----- 275,310.00 -----	
13. Total Line 13, Column 8		----- 206,166.00 -----	
14. Total		----- 1,236,003.00 =====	

Facility Name & ID Number Alden Valley Ridge Reh & HCC

# 0036640

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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	\$	\$ 105,717	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 275,000 )	2,981,934	2,981,934	3
4	Supply Inventory (priced at )	4,962	4,962	4
5	Short-Term Investments			5
6	Prepaid Insurance		18,656	6
7	Other Prepaid Expenses	13,244	13,244	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	2,086	132,754	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,002,226	\$ 3,257,267	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	1,260,850	1,399,070	15
16	Equipment, at Historical Cost	860,235	2,593,073	16
17	Accumulated Depreciation (book methods)	(1,413,597)	(9,151,628)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		100,997	21
22	Other Long-Term Assets (spec (Ref.Fee)		78,289	22
23	Other(specify): Due from Affiliate,	7,406,707	7,428,214	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 8,114,195	\$ 10,931,072	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 11,116,421	\$ 14,188,339	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 843,405	\$ 843,405	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	546,718	546,718	28
29	Short-Term Notes Payable	1,456,707	1,598,428	29
30	Accrued Salaries Payable	680,531	680,531	30
31	Accrued Taxes Payable (excluding real estate taxes)	23,419	23,419	31
32	Accrued Real Estate Taxes(Sch.IX-B)		267,800	32
33	Accrued Interest Payable	78,187	107,416	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	597,242	597,242	36
37	Due to Affiliates	1,207,120	1,207,120	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,433,329	\$ 5,872,079	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,269,403	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				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	\$ 8,707,003	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,870,929	\$ 14,579,082	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 5,245,492	\$ (390,744)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 11,116,421	\$ 14,188,339	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ 4,471,401	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>	\$ 4,471,401	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	774,091	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>	\$ 774,091	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>	\$ 5,245,492	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	\$ 12,746,328	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,746,328	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	355,414	6
7	Oxygen	24,768	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 380,182	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	590	13
14	Non-Patient Meals	16	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(331)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 275	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	1,371	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,371	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG 19A</u>	8,210	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 8,210	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,136,367	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,973,516	31
32	Health Care	4,583,681	32
33	General Administration	2,877,050	33
<b>B. Capital Expense</b>			
34	Ownership	1,085,944	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,357,911	35
36	Provider Participation Fee	484,174	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 12,362,276	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	774,091	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 774,091	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 7,767,539	44
45	Private Pay - Net Inpatient Revenue	1,025,071	45
46	Medicare - Net Inpatient Revenue	2,514,360	46
47	Other-(specify) <u>Hospice/Insurance</u>	886,589	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	552,768	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 12,746,328	49

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

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

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

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

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Record Copies-Backed out with Ln ref 21-Pg 5A	\$ 1,899
Jury Duty-Backed out with Ln ref 22-Pg 5A	\$ 50
Write Off Old Accounts Payables	\$ -
Vendor Discount	\$ 56
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 6,205
Line 28 Total:	<u>8,210</u>

**Ending:** 12/31/2015

Facility Name & ID Number Alden Valley Ridge Reh & HCC

# 0036640

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 107,137	\$ 51.51	1
2	Assistant Director of Nursing	2,072	2,072	76,037	36.70	2
3	Registered Nurses	35,381	37,237	1,231,780	33.08	3
4	Licensed Practical Nurses	30,742	33,213	991,334	29.85	4
5	CNAs & Orderlies	83,207	89,192	1,209,640	13.56	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,222	2,520	57,482	22.81	8
9	Activity Director	1,784	1,804	38,782	21.50	9
10	Activity Assistants	6,273	6,771	78,487	11.59	10
11	Social Service Workers	2,087	2,087	54,203	25.97	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	88,407	42.50	13
14	Head Cook	6,240	6,240	91,385	14.64	14
15	Cook Helpers/Assistants	26,497	28,157	294,919	10.47	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	51,457	24.74	17
18	Housekeepers	20,749	22,706	285,579	12.58	18
19	Laundry	5,577	6,570	71,104	10.82	19
20	Administrator	2,080	2,080	114,396	55.00	20
21	Assistant Administrator	2,200	2,200	65,934	29.97	21
22	Other Administrative	8,192	8,401	221,711	26.39	22
23	Office Manager	2,080	2,080	58,653	28.20	23
24	Clerical	2,705	2,737	26,547	9.70	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,051	4,202	163,160	38.83	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	1,064	1,064	18,644	17.52	32
33	Other(specify) Memory care Sup	7,641	7,946	105,762	13.31	33
34	TOTAL (lines 1 - 33)	259,076	275,517	\$ 5,502,540 *	\$ 19.97	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	2225/Monthly	\$ 26,700	1-3	35
36	Medical Director	1080/Monthly	12,960	9-3	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	8	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	56	\$ 47,828		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	89	\$ 3,834	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	89	\$ 3,834		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 E. Rickman	Administrator	0	\$ 114,396	Workers' Compensation Insurance	\$ 195,833	IDPH License Fee	\$	
Griselda Guzman	Asst.Admin.	0	31,167	Unemployment Compensation Insurance	21,955	Advertising: Employee Recruitment	716	
Bridget Staberg	Asst.Admin.	0	34,767	FICA Taxes	405,029	Health Care Worker Background Check		
				Employee Health Insurance	174,660	(Indicate # of checks performed 15 )	520	
				Employee Meals	16,200	Patient Background Checks	209 2,490	
				Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of ILL	19,872	
				Dental/Life Insurance	5,106	Collaborative Health Care	500	
				Employee Relations/Misc Payroll Costs	7,784	Surety Bond Fees/Corp.Annual Report	1,143	
				Tuition Reimbursement/401K Match	36,180			
				Employee Drug Tests	2,032	Related party- AMS	5,950	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 180,330	TOTAL (agree to Schedule V, line 22, col.8)	\$ 864,779	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 31,191	
(List each licensed administrator separately.)								
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	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	Related party- AMS	1,688
(Attach a copy of any management service agreement)							Seminar Expense	
C. Professional Services							Cynthia Chow/Rachelle Blough	315
Vendor/Payee	Type		Amount				IL Council on Long Term care	285
Alden Management Services, Inc.	Consulting fees		\$ 971,480				IL Health Care Association	945
AMS (Eliminated)	Allocated Legal Fees		46,908				Entertainment Expense	( )
Janet Hermann/Medicaid	Legal Fees:Non Collections		402				(agree to Sch. V, line 24, col. 8)	
Ariana Fisch/Chicago Title Company	Legal Fees:Collections		65				TOTAL	\$ 3,233
Markley Investigation/Stone Pogrun	Legal Fees:Collections		294					
Valer Enterprises Inc.	Legal Fees:Collections		60					
Achieve Accreditation,	Accreditation Consl.service		2,823					
Joint Commission	Accreditation Cert. service		2,600					
Bank Leumi/Simndl Law Group	Loan Doc.fee/Contract review fe		944					
First Advantage Corp	Tax credit services		348					
Baker Tilly Virchow Krause	Accounting Fees		15,126					
Chritina Novotny	Accounting Fees		100					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,041,151					
(For legal fee disclosure, see page 39 of instructions)								

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden Valley Ridge Reh & HCC  
 Legal Fee Support  
 2015

Legal Fees Reported on Pg 21, Section C:	\$	47,729.55
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(419.47)
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>402.08</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Medicaid Legal Fees	12/10/15	300.00
Janet L Hermann	11/18/14	102.08
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><b>402.08</b></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Markley Investigations Inc.	2/26/2015	78.00
Markley Investigations Inc.	4/1/2015	78.00
Markley Investigations Inc.	6/10/2015	50.00
Stone Pogrund & Korey LLC	10/1/2015	88.47
Valer Enterprises Inc.	6/26/2015	30.00
Valer Enterprises Inc.	12/31/2014	30.00
Ariana Fisch	3/31/2015	5.00
Chicago Title Company	11/20/2015	60.00
<b>TOTAL Collection-NOT ALLOWABLE LEGAL FEES</b>		<u><b>419.47</b></u>

<b>Vendor Name</b>	<b>Invoice Date</b>	<b>Amount</b>
AMS Legal exp Allocation 2015	1/1/2015	3,909.00
AMS Legal exp Allocation 2015	02/01/15	3,909.00
AMS Legal exp Allocation 2015	03/01/15	3,909.00
AMS Legal exp Allocation 2015	04/01/15	3,909.00
AMS Legal exp Allocation 2015	05/01/15	3,909.00
AMS Legal exp Allocation 2015	06/01/15	3,909.00
AMS Legal exp Allocation 2015	07/01/15	3,909.00
AMS Legal exp Allocation 2015	08/01/15	3,909.00
AMS Legal exp Allocation 2015	09/01/15	3,909.00
AMS Legal exp Allocation 2015	10/01/15	3,909.00
AMS Legal exp Allocation 2015	11/01/15	3,909.00
AMS Legal exp Allocation 2015	12/01/15	3,909.00
<b>TOTAL Allocated Legal Fees</b>		<b><u>46,908.00</u></b>
<b>Total Legal Cost</b>		<b><u>47,729.55</u></b>

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		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
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16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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

# 0036640

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNAs-Yes,RN/LPNs-no (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. HCC of Illinois \$19,872
- (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. \$ 63,157 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. \$ 484,174  
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. \$ 16,200 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.