

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	1,005	1,553	6,537	9,095	8
9	SNF/PED					9
10	ICF	44,167	6,249	6,849	57,265	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	45,172	7,802	13,386	66,360	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.83%

D. How many bed reserve days during this year were paid by the Department?
 _____ (Do not include bed reserve days in Section B.)

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

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 2,998

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC # 0036640 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	454,876	27,762	26,847	509,485	1,241	510,726	(2,751)	507,975		1
2	Food Purchase		424,552		424,552	(16,196)	408,356	2,537	410,893		2
3	Housekeeping	282,784	42,718		325,502	553	326,055	10,967	337,022		3
4	Laundry	52,154	24,891	100	77,145	220	77,365		77,365		4
5	Heat and Other Utilities			256,365	256,365		256,365	1,105	257,470		5
6	Maintenance	52,900	628	261,858	315,386	40	315,426	49,550	364,976		6
7	Other (specify):* related party							12,292	12,292		7
8	TOTAL General Services	842,714	520,551	545,170	1,908,435	(14,142)	1,894,293	73,700	1,967,993		8
	B. Health Care and Programs										
9	Medical Director			14,400	14,400		14,400		14,400		9
10	Nursing and Medical Records	4,093,687	228,745	9,115	4,331,547	(5,635)	4,325,912	82,310	4,408,222		10
10a	Therapy	189,830	1,584	89,917	281,330		281,330		281,330		10a
11	Activities	255,553	2,666	6,150	264,370	140	264,510		264,510		11
12	Social Services	60,864			60,864		60,864		60,864		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							11,895	11,895		15
16	TOTAL Health Care and Programs	4,599,933	232,995	119,582	4,952,510	(5,495)	4,947,015	94,205	5,041,220		16
	C. General Administration										
17	Administrative	170,442			170,442		170,442	234,909	405,351		17
18	Directors Fees										18
19	Professional Services			1,177,877	1,177,877		1,177,877	(1,092,531)	85,346		19
20	Dues, Fees, Subscriptions & Promotions			138,965	138,965		138,965	(107,123)	31,842		20
21	Clerical & General Office Expenses	198,847	20,294	204,569	423,710	1,766	425,476	351,188	776,664		21
22	Employee Benefits & Payroll Taxes			904,362	904,362	6,444	910,806	(3,867)	906,939		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,290	1,290		1,290	1,596	2,886		24
25	Other Admin. Staff Transportation			6,155	6,155		6,155	17,521	23,676		25
26	Insurance-Prop.Liab.Malpractice			298,356	298,356		298,356	8,597	306,953		26
27	Other (specify):* related party			237,506	237,506		237,506	(121,835)	115,671		27
28	TOTAL General Administration	369,289	20,294	2,969,080	3,358,663	8,210	3,366,873	(711,545)	2,655,328		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,811,936	773,841	3,633,832	10,219,609	(11,427)	10,208,182	(543,640)	9,664,542		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Valley Ridge Reh & HCC

#0036640

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			88,566	88,566		88,566	297,740	386,306			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			111,321	111,321		111,321	308,538	419,859			32
33	Real Estate Taxes			253,236	253,236	(253,236)		258,532	258,532			33
34	Rent-Facility & Grounds			621,744	621,744	253,236	874,980	(874,980)				34
35	Rent-Equipment & Vehicles			17,803	17,803		17,803	47,834	65,637			35
36	Other (specify):* MIP							40,947	40,947			36
37	TOTAL Ownership			1,092,670	1,092,670		1,092,670	78,611	1,171,281			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		690,442	901,133	1,591,575	11,427	1,603,002	(266,382)	1,336,620			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			489,661	489,661		489,661		489,661			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		690,442	1,390,794	2,081,236	11,427	2,092,663	(266,382)	1,826,281			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,811,936	1,464,282	6,117,296	13,393,514		13,393,514	(731,411)	12,662,103			45

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

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(16,196)	Employee Meals
	22	16,196	Employee Meals
22		(9,752)	Uniform Reclass
	1	1,241	Uniform Reclass
	3	553	Uniform Reclass
	4	220	Uniform Reclass
	6	40	Uniform Reclass
	10	5,792	Uniform Reclass
	11	140	Uniform Reclass
	21	1,766	Uniform Reclass
10		(11,427)	Oxygen Cost Reclass
	39	11,427	Oxygen Cost Reclass
33		(253,236)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	253,236	Rent - Real Estate Tax on associated landowner (Pg 6)

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(17,923)	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	(48,811)	30		9
10	Interest and Other Investment Income	(7,970)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,197)	2		13
14	Non-Care Related Interest	(23,389)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(4,159)	21		17
18	Fines and Penalties	(447)	32		18
19	Entertainment	(588)	20		19
20	Contributions	(6,334)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,223)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(215,506)	27		24
25	Fund Raising, Advertising and Promotional	(16,202)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (347,749)		\$	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)	(392,622)	Pg 6s	34
35	Other- Attach Schedule	8,960	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (383,662)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (731,411)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		x	\$	38
39			x		39
40	Gift and Coffee Shops		x		40
41	Barber and Beauty Shops		x		41
42	Laboratory and Radiology		x		42
43	Prescription Drugs		x		43
44			x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY							
48		49		50		51	

Alden Valley Ridge Reh & HCC

ID# 0036640

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees Utilities	\$ (3,436)	5	1
2	Employee Flu Shots	(364)	21	2
3	Elim-Chamber of Commerce fee in GL 6825	(410)	20	3
4	Misc. Income-Record Copies	(1,000)	10	4
5	Misc. Income-Jury Duty	0	21	5
6	Vendor Discounts	(101)	10	6
7	Misc. income - Donations	(750)	21	7
8	Misc. income - Rehab care Settlement	(14)	21	8
9	Elim ABC Deprec Exp from Pg 12 series(Prior Yrs)	0	30	9
10	Elim ABC Deprec Exp from Pg 12 series(Current Yr)	0	30	10
11	Elim deprec exp on Pg 13 items < \$2,500	(20,971)	30	11
12	Expense current year Pg 13 items < \$2,500	33,300	6	12
13	Elim deprec exp on Pg 12 items < \$2,500	(4,140)	30	13
14	Expense current year Pg 12 items < \$2,500	6,211	6	14
15	Adj YTD Deprec Exp to Detail	807	30	15
16	Collection Fees (GL 6965)	0	21	16
17	Elim. Landowner Bank Charges	(172)	19	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	8,960		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	3,741	(6,492)	0	0	0	0	0	0	0	(2,751)	1
2	Food Purchase	(3,197)	0	0	5,734	0	0	0	0	0	0	0	2,537	2
3	Housekeeping	0	0	10,967	0	0	0	0	0	0	0	0	10,967	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,436)	0	4,541	0	0	0	0	0	0	0	0	1,105	5
6	Maintenance	21,588	0	27,168	0	0	0	(56)	849	0	0	0	49,550	6
7	Other (specify):*	0	0	12,292	0	0	0	0	0	0	0	0	12,292	7
8	TOTAL General Services	14,955	0	58,709	(758)	0	0	(56)	849	0	0	0	73,700	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,101)	0	78,884	7,062	(2,535)	0	0	0	0	0	0	82,310	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	11,895	0	0	0	0	0	0	0	0	11,895	15
16	TOTAL Health Care and Programs	(1,101)	0	90,779	7,062	(2,535)	0	0	0	0	0	0	94,205	16
	C. General Administration													
17	Administrative	0	0	234,909	0	0	0	0	0	0	0	0	234,909	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,395)	8,872	(1,098,008)	0	0	0	0	0	0	0	0	(1,092,531)	19
20	Fees, Subscriptions & Promotions	(23,534)	307	(83,896)	0	0	0	0	0	0	0	0	(107,123)	20
21	Clerical & General Office Expenses	(5,287)	0	356,475	0	0	0	0	0	0	0	0	351,188	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,867)	0	0	0	0	0	0	(3,867)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,596	0	0	0	0	0	0	0	0	1,596	24
25	Other Admin. Staff Transportation	0	0	17,521	0	0	0	0	0	0	0	0	17,521	25
26	Insurance-Prop.Liab.Malpractice	0	8,226	371	0	0	0	0	0	0	0	0	8,597	26
27	Other (specify):*	(215,506)	0	93,671	0	0	0	0	0	0	0	0	(121,835)	27
28	TOTAL General Administration	(247,722)	17,405	(477,361)	0	(3,867)	0	0	0	0	0	0	(711,545)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(233,868)	17,405	(327,873)	6,304	(6,402)	0	(56)	849	0	0	0	(543,640)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(73,115)	368,073	2,782	0	0	0	0	0	0	0	0	297,740	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(31,806)	326,893	13,451	0	0	0	0	0	0	0	0	308,538	32
33	Real Estate Taxes	0	253,236	5,296	0	0	0	0	0	0	0	0	258,532	33
34	Rent-Facility & Grounds	0	(874,980)	0	0	0	0	0	0	0	0	0	(874,980)	34
35	Rent-Equipment & Vehicles	0	0	47,834	0	0	0	0	0	0	0	0	47,834	35
36	Other (specify):*	0	40,947	0	0	0	0	0	0	0	0	0	40,947	36
37	TOTAL Ownership	(104,921)	114,169	69,363	0	0	0	0	0	0	0	0	78,611	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(72,325)	(38,081)	(155,976)	0	0	0	0	0	(266,382)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(72,325)	(38,081)	(155,976)	0	0	0	0	0	(266,382)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(338,789)	131,574	(258,510)	(66,021)	(44,483)	(155,976)	(56)	849	0	0	0	(731,411)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V	34 Rent Income	\$ 874,980	Valley Ridge Associates, L.L.C.	0.00%	\$	\$ (874,980)	1	
2	V	32 Interest Income	155	Valley Ridge Associates, L.L.C.			(155)	2	
3	V	6 Repairs & Maintenance		Valley Ridge Associates, L.L.C.				3	
4	V	19 Accounting Fees		Valley Ridge Associates, L.L.C.		8,700	8,700	4	
5	V	19 Bank Charges		Valley Ridge Associates, L.L.C.		172	172	5	
6	V	20 Corporate Annual Report Fee		Valley Ridge Associates, L.L.C.		307	307	6	
7	V	33 Real Estate Taxes		Valley Ridge Associates, L.L.C.		253,236	253,236	7	
8	V	26 General Insurance Expense		Valley Ridge Associates, L.L.C.		8,226	8,226	8	
9	V	36 Mortgage insurance Premium		Valley Ridge Associates, L.L.C.		40,947	40,947	9	
10	V	32 Interest Mortgage/Other		Valley Ridge Associates, L.L.C.		322,897	322,897	10	
11	V	30 Depreciation		Valley Ridge Associates, L.L.C.		368,073	368,073	11	
12	V	32 Amortization Expense		Valley Ridge Associates, L.L.C.		4,151	4,151	12	
13	V	19 Legal Fees		Valley Ridge Associates, L.L.C.				13	
14	Total		\$ 875,135			\$ 1,006,709	\$ *	131,574	14

* 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: 01/01/2017 Ending: 12/31/2017

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,541	\$ 4,541 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,596	1,596 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		17,521	17,521 17
18	V	26 Insurance		Alden Management Services, Inc.		371	371 18
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		1,688	(83,896) 19
20	V	30 Depreciation		Alden Management Services, Inc.		2,782	2,782 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,296	5,296 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		47,834	47,834 22
23	V	32 Interest		Alden Management Services, Inc.		13,451	13,451 23
24	V	1 Dietary		Alden Management Services, Inc.		3,741	3,741 24
25	V	3 Housekeeping		Alden Management Services, Inc.		10,967	10,967 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		12,292	12,292 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		78,884	78,884 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		11,895	11,895 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		234,909	234,909 29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		93,671	93,671 30
31	V	19 Professional Fees	1,139,497	Alden Management Services, Inc.		41,489	(1,098,008) 31
32	V	21 Gen'l & Admin	55,140	Alden Management Services, Inc.		411,615	356,475 32
33	V	6 Repair & Maint	34,355	Alden Management Services, Inc.		61,523	27,168 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,314,576			\$ 1,056,066	\$ * (258,510) 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%	\$	\$(26,400)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,981	14,981
17	V	2 Tube feeding	19,498	Prism Health Care Services, Inc.		8,381	(11,117)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		9,694	3,034
19	V	39 Ancillary supplies	146,872	Prism Health Care Services, Inc.		44,221	(102,651)
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		4,927	4,927
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		16,851	16,851
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		4,028	4,028
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		30,326	30,326
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		\$ 199,430			\$ 133,409	\$ * (66,021)

* 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	\$ 475,614	Forum Extended Care Services, Inc.	0.00%	\$ 439,021	\$ (36,593)
16	V	39 I.V.	46,266	Forum Extended Care Services, Inc.		42,706	(3,560)
17	V	39 Wound Care Products	19,463	Forum Extended Care Services, Inc.		17,966	(1,497)
18	V	10 House Stock	27,987	Forum Extended Care Services, Inc.		25,834	(2,153)
19	V	10 Pharm Consult	4,968	Forum Extended Care Services, Inc.		4,586	(382)
20	V	22 Employee Vaccinations	3,867	Forum Extended Care Services, Inc.			(3,867)
21	V	39 Employee Vaccinations		Forum Extended Care Services, Inc.		3,569	3,569
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		\$ 578,165			\$ 533,682	\$ * (44,483)

* 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	\$ 979,307	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 823,331	\$ (155,976)
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		\$ 979,307			\$ 823,331	\$ * (155,976)

* 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	\$ 41,451	Alden Bennett Construction Company, Inc.	0.00%	\$ 41,395	\$ (56)
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		\$ 41,451			\$ 41,395	\$ * (56)

* 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	\$ 3,876	Alden Design Group, Inc.	0.00%	\$ 4,725	\$ 849	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 3,876			\$ 4,725	\$ *	849	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:

01/01/2017

Ending:

12/31/2017

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				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	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number Alden Valley Ridge Reh & HCC # 0036640 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	175,701	2.012	5.03	Salary	\$ 9,299	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,974	2.012	5.03	Salary	5,026	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,974	2.012	5.03	Salary	5,026	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	109,122	2.012	5.03	Salary	5,775	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,794	2.012	5.03	Salary	3,164	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	175,701	1.509	5.03	Salary	9,299	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 37,589		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:

01/01/2017

Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,320,269	35	\$ 90,340	\$ 66,360	\$ 4,541	1
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	66,360	1,596	2
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	66,360	17,521	3
4	26	Insurance	Patient Days	1,320,269	35	7,373	66,360	371	4
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	66,360	1,688	5
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	66,360	5,296	7
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	66,360	47,834	8
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	66,360	13,451	9
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	3,741	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	10,967	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	66,360	12,292	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	78,884	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	66,360	11,895	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	234,909	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	66,360	93,671	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	41,489	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	411,615	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	61,523	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 1,056,066	25

Facility Name & ID Number

Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge Realty (GL 7055)		x	Mortgage	\$39,763.40	02/2011	\$ 9,009,300	\$ 8,124,390	03/01/2046	3.9400	\$ 322,897	1						
2												2						
3	Amort of Fin Fees (GL 7105)		x	Refinancing							4,151	3						
4	Insurance Interest (GL7053)		x	Medical Malpractice							3,599	4						
5												5						
Working Capital																		
6	Related party-AMS		x	Working Capital							13,451	6						
7												7						
8	Bank Leumi		x	Working Capital		02/2011	1,187,135	1,595,353	09/06/2018	4.5000	83,886	8						
9	TOTAL Facility Related				\$39,763.40		\$ 10,196,435	\$ 9,719,742			\$ 427,984	9						
B. Non-Facility Related*																		
10	Interest Income (GL 4975)		x								(8,049)	10						
11	Interest Income on R.R.		x								(76)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (8,125)	14						
15	TOTALS (line 9+line14)						\$ 10,196,435	\$ 9,719,742			\$ 419,859	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 40,947 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.					
1.	Real Estate Tax accrual used on 2016 report.			\$	<u>253,300</u>	1	
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	<u>249,536</u>	2	
3.	Under or (over) accrual (line 2 minus line 1).			\$	<u>(3,764)</u>	3	
4.	Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>257,000</u>	4	
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5	
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6	
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>253,236</u>	7	
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	<u>5,296</u>		
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>258,532</u>		
Real Estate Tax Bill for Calendar Year:	2012	<u>243,533</u>	8	FOR BHF USE ONLY			
	2013	<u>262,055</u>	9	13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
	2014	<u>260,015</u>	10	14	PLUS APPEAL COST FROM LINE 5	\$	14
	2015	<u>245,916</u>	11	15	LESS REFUND FROM LINE 6	\$	15
	2016	<u>249,536</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

The current year accrual is based on an estimated 3% increase of the prior year tax.

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.

2016 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 2016 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 2016.

(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>105,372.00</u>	\$ <u>5,296.00</u>
2. <u>02-23-301-019</u>	<u>Alden Valley Ridge</u>	\$ <u>2,907.02</u>	\$ <u>2,907.02</u>
3. <u>02-23-301-020</u>	<u>Alden Valley Ridge</u>	\$ <u>246,629.32</u>	\$ <u>246,629.32</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>354,908.34</u></u>	\$ <u><u>254,832.34</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

PLEASE NOTE: Payment information from the Internet or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

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	nursing facility	96,720	1990	\$ 317,233	1
2	Note: building only sq ft	72,046			2
3	TOTALS	168,766		\$ 317,233	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	207	1991		6,027,235	191,340	30	200,908	9,568	5,457,025	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	LEASEHOLD IMPROVEMENTS	1991		1,644,299	58,820	VARIOUS	441	(58,379)	1,644,299	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		28,353	13
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC	1995		28,634		10,15 & 20			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		131,396	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		50,483	31
32	CARPETING	1998		59,500	2,975	20	2,975		57,465	32
33	DRAPERIES	1998		13,000	650	20	650		12,621	33
34	ROOF	1998		79,000	3,950	20	3,950		76,696	34
35										35
36										36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	OIL/DRIER ON STAGE COMPRESSOR	1998	2,900		15			2,900	37
38	REPAIR TOWER	1998	2,727		15			2,727	38
39	REPLACE PRESSURE RELIEF VALVE	1998	1,940		15			1,940	39
40	CARPETING	1998	1,667		5			1,667	40
41	CARPETING	1998	15,858		5			15,858	41
42	CARPETING	1998	5,000		5			5,000	42
43	REPAIR FUEL PUMP ON GENERATOR	1998	2,532	84	20	84		1,840	43
44	FLOOR TILE	1998	4,876		10			4,876	44
45	REPAIR SHAFT AND GEAR REDUCER ON DRYER	1998	2,058		10			2,058	45
46	REPAIR VALVE IN THERAPY ROOM	1998	1,505		15			1,505	46
47	REPLACE HEAT PUMP	1998	3,773		15			3,773	47
48	CARPETING	1998	20,000		5			20,000	48
49	CARPETING	1998	18,082		5			18,082	49
50	Alden Bennet Construction (tank replacement)	1999	12,409		15			12,409	50
51	Northtown (repair dishwasher)	1999	1,695		10			1,695	51
52	Climate Service (replace hot water heater)	1999	9,561	637	15	637		8,950	52
53	Taylor Plumbing (pump repair)	1999	1,728		5			1,728	53
54	Ashland Plumbing & Heating Co. (furnished and installed ejector)	1999	6,658		15			6,658	54
55	Rvkoff-Sexton (booster heater)	1999	1,893		10			1,893	55
56	Climate Service (cleaned condenser and tower)	1999	2,642		10			2,642	56
57	Patten Industries(generator repair)	1999	2,870		10			2,870	57
58	Fox Valley Fire & Safety(nurse call system repair)	1999	1,510		15			1,510	58
59	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632		15			1,632	59
60	Climate Service(repair tower fan)	1999	4,733		10			4,733	60
61	Climate Service(repair tower fan)	1999	2,405		10			2,405	61
62	New Horizons(replace power supply for phone system)	1999	3,767		10			3,767	62
63	Patten Industries(rebuild generator)	1999	7,884	394	20	394		7,128	63
64	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779		5			1,779	64
65	System Electric(repair dedicated circuits)	2000	2,461		15			2,461	65
66	Capps Plumbing (repair ejector pumps)	2000	4,970		15			4,970	66
67	Fox Valley (re-wire smoke detectors)	2000	14,576		10			14,576	67
68	Harold(repair dish machaine)	2000	962		5			962	68
69	Harold(repair dish machaine)	2000	1,328		5			1,328	69
70	TOTAL (lines 4 thru 69)		\$ 8,379,290	\$ 268,307		\$ 219,496	\$ (48,811)	\$ 7,799,803	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,379,290	\$ 268,307		\$ 219,496	\$ (48,811)	\$ 7,799,803	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		15			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	167	15	167		4,290	16
17	Capps (install drain)	2002	2,585		5			2,585	17
18	SMT healthcare system(body lift)	2002	10,132	167	15	167		10,132	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	TOTAL (lines 1 thru 33)		\$ 8,467,758	\$ 268,641		\$ 219,830	\$ (48,811)	\$ 7,888,271	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,467,758	\$ 268,641		\$ 219,830	\$ (48,811)	\$ 7,888,271	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		1,237	6
7	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020		10			6,020	7
8	DBS Contracting, Inc-Bore Underground for TV	2005	5,750	287	10	287		5,750	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		10			8,120	11
12	ABC-Patten Repair Generator	2006	5,210	261	10	261		5,210	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714		8,391	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809	190	15	190		3,809	14
15	ABC-Window Replacement	2006	31,829	2,117	10	2,117		31,829	15
16	TopNotch Cooler Door	2006	4,300	215	10	215		4,300	16
17	Ceiling, Tiling, Motors, Cabinets, Plumbing	2006	8,034	402	10	402		8,034	17
18	ABC-Bathroom Repairs	2006	10,807		5			10,807	18
19	Install TV Cabeling/Master Antenna	2007	(3,020)	(101)	10	(101)		(3,020)	19
20	Chiller Repair	2007	7,225	722	10	722		5,419	20
21	Installed Compressor	2007	9,517	634	10	634		6,132	21
22	Freezer Door Repair	2007	4,533	453	10	453		4,381	22
23	Regraded Detention Pond	2007	6,302	422	10	422		6,302	23
24	Replaced water pump motors	2007	4,095	410	10	410		3,790	24
25	New TV Lines	2007	5,750	287	10	287		5,750	25
26	Replace Sprinkler System	2007	4,500	225	10	225		4,500	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,615,472	\$ 275,976		\$ 227,165	\$ (48,811)	\$ 8,027,312	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,615,472	\$ 275,976		\$ 227,165	\$ (48,811)	\$ 8,027,312	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17		17		60	29
30	Adjust for ABC Related Party Profit	2008	(632)	(42)		(42)		(252)	30
31	Adjust for ABC Related Party Profit	2009	(1,021)	(44)		(44)		(264)	31
32	Adjust for ABC Related Party Profit	2010	(194)	(7)		(7)		(42)	32
33	Adjust for ABC Related Party Profit	2011	118	10		10		60	33
34	TOTAL (lines 1 thru 33)		\$ 8,692,697	\$ 276,933		\$ 228,122	\$ (48,811)	\$ 8,115,775	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,692,697	\$ 276,933		\$ 228,122	\$ (48,811)	\$ 8,115,775	1
2	Adjust for ABC Related Party Profit	2012	6,340	231		231		1,386	2
3	Adjust for ABC Related Party Profit	2013	4,297	340		340		1,530	3
4	Parking Lot Paving	2007	12,323	925	10	925		12,323	4
5	ABC-Windows	2008	3,387	339	10	339		3,049	5
6	ABC-Cooling tower/compressor	2008	73,033	4,869	15	4,869		42,405	6
7	ABC-Ceiling tile/electrical/door	2008	5,518	552	10	552		5,105	7
8	ABC-Water main	2008	18,186	727	25	727		6,667	8
9	ABC-Carpeting	2008	7,252		5			7,252	9
10	ABC-Thermal pane windows	2008	3,280	328	10	328		2,979	10
11	ABC-Landscap/masonry/irrig/lighting	2009	32,194	2,146	15	2,146		17,169	11
12	ADG-Replace solar screen window shades	2009	2,583		5			2,583	12
13	G.T.Mech-Repair/clean water cooled condenser	2009	3,521		5			3,521	13
14	G.T.Mech-Replaced busted ball valves on cooling tower	2009	3,218		5			3,218	14
15	Top Notch-Relaced Freezer Compressor	2009	5,581		5			5,581	15
16	Equ. International-Reducer Gearkit Spider Panel Front	2009	3,043	304	10	304		2,509	16
17	ABC-Plumbing replaced Broken & damaged	2009	4,902		5			4,902	17
18	ABC-Windows Replaced Broken	2009	7,852	785	10	785		6,412	18
19	ABC-Hvac motors with new motors	2009	4,773		5			4,773	19
20	ABC-Repaved bad parking lot with new paving	2009	24,646	2,465	10	2,465		20,951	20
21	ABC-Fence Installation-New Fence along Lot	2010	3,820	255	15	255		1,720	21
22	Ken's Custom-Re-upholstery of chairs-Admission Conf.Rm	2010	2,645		5			2,645	22
23	ABC-Replace Windows and Screens	2010	12,058	1,206	10	1,206		8,843	23
24	ADG-Reupholstery for Furnitures	2010	5,863		5			5,863	24
25	ADG-Fabric for furnitures	2010	6,377		5			6,377	25
26	Repaved Parking Lot	2010	8,137	543	15	543		5,474	26
27	Boiler domestic hot water-ABC	2011	11,329	566	20	566		3,823	27
28	Plumbing major replacement/pipes-Capps Plum.	2011	4,875	195	25	195		1,137	28
29	Elevator linestarter & wired motor - Long Elevator	2011	5,360	179	5	179		5,360	29
30	Asphalt removal & replacement-Rose Paving	2011	9,292	1,162	8	1,162		6,584	30
31	Dishwasher prewash motor assembly-TopNotch	2011	2,613	261	10	261		1,480	31
32	Evaporator Coi for walk in freezer - Top Notch	2011	3,738	374	10	374		2,119	32
33	Sprinkler & Fire Alarm Upgrade-ABC	2012	3,572	143	25	143		810	33
34	TOTAL (lines 1 thru 33)		\$ 8,998,305	\$ 295,828		\$ 247,017	\$ (48,811)	\$ 8,322,325	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 8,998,305	\$ 295,828		\$ 247,017	\$ (48,811)	\$ 8,322,325	1
2	Sprinkler & Fire Alarm Upgrade-ABC	2012	86,740	3,470	25	3,470		19,663	2
3	Sprinkler installed in elevator-ABC	2012	4,141	166	25	166		871	3
4	Repair pumps-sewage-ABC	2012	8,237	824	10	824		4,737	4
5	Roof repair, leak area-JD & Sons	2012	3,250	325	10	325		1,923	5
6	Dampers fire and access panesl-GT Mach.	2012	14,343	1,434	10	1,434		7,170	6
7	Fire Protection, Major repair Valve-Valley Fire Protc.	2013	4,988	249	20	249		1,100	7
8	Spinkler Major Repairs-Valley Fire Protection	2013	5,649	1,129	5	1,129		5,649	8
9	Asphalt Paving-ABC	2013	5,936	742	8	742		3,154	9
10	Dampers Fire-ABC	2013	10,569	1,057	10	1,057		4,404	10
11	Carpentary-Remodel Corridor (1st,2nd & 3rd Flr)	2013	34,730	1,713	39	1,713		8,271	11
12	Doors-Remodel Corridor (1st,2nd & 3rd Flr)	2013	89,077	4,392	39	4,392		21,208	12
13	Acoustical-Remodel Corridor (1st,2nd & 3rd Flr)	2013	70,653	3,484	39	3,484		16,823	13
14	Painting/Wallcovering-Remodel Corridor (1st,2nd & 3rd Flr)	2013	107,843	5,318	15	5,318		25,678	14
15	Wall Protection-Remodel Corridor (1st,2nd & 3rd Flr)	2013	55,008	2,712	15	2,712		13,096	15
16	Artwork-Remodel Corridor (1st,2nd & 3rd Flr)	2013	13,929	687	15	687		3,317	16
17	Blinds & Curtains-Remodel Corridor (1st,2nd & 3rd Flr)	2013	59,610	2,939	15	2,939		14,192	17
18	Cabinets-Remodel Corridor (1st,2nd & 3rd Flr)	2013	5,155	254	15	254		1,227	18
19	Carpets & Flooring-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,961	343	15	343		1,657	19
20	Signage-Remodel Corridor (1st,2nd & 3rd Flr)	2013	14,924	736	15	736		3,554	20
21	Electrical Fixtures-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,436	317	15	317		1,531	21
22	Glass/Glazing-Remodel Corridor (1st,2nd & 3rd Flr)	2013	1,980	98	15	98		473	22
23	Steel framing support structure for roof cooling tower - ABC	2013	8,234	549	15	549		2,287	23
24	Dishwasher-motor/speed reducer-TopNotch	2014	8,581	1,716	5	1,716		6,864	24
25	Elevator Major repair-Align Elecation	2014	3,479	696	5	696		2,320	25
26	Dampers Fire-ABC	2015	12,055	1,206	10	1,206		3,551	26
27	Celling Drywall major repair-ABC	2016	9,235	292	39	292		371	27
28	Fire Spinkler major repair-Valley Fire Protection	2016	2,618	105	25	105		201	28
29	Grout in Kitchen-SUPINS	2016	7,700	770	10	770		1,412	29
30	Dishwasher major repair-TopNotch	2016	3,024	605	5	605		907	30
31	Fire Spinkler major repair(spinkler main)-Valley Fire Protection	2016	6,780	271	25	271		384	31
32	Concrete paving fron entrance-JJ Asphalt	2016	7,500	500	15	500		667	32
33	Freezer Major Repair (Evaporator)-TopNotch	2016	5,201	1,040	5	1,040		1,300	33
34	TOTAL (lines 1 thru 33)		\$ 9,682,871	\$ 335,967		\$ 287,156	\$ (48,811)	\$ 8,502,287	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 9,682,871	\$ 335,967		\$ 287,156	\$ (48,811)	\$ 8,502,287	1
2	Dishwasher major repair-speed reducer-TopNotch	2016	3,165	633	5	633		633	2
3	Boiler major repair-ABC	2016	11,451	763	15	763		763	3
4	Fire Dampers-GT Mechanicals	2017	9,561	876	10	876		876	4
5	Chiller major repiar-GT Mechanicals	2017	4,057	473	5	473		473	5
6	Air Conditioner major repiar-GT Mechanicals	2017	6,843	798	5	798		798	6
7	Steamer major repair (Boiler Assembly)-TopNotch	2017	3,106	259	5	259		259	7
8	Steamer major repair-TopNotch	2017	2,695	180	5	180		180	8
9									9
10									10
11									11
12									12
13									13
14	Adjust for ABC Related Party Profit	2015	(23)	(2)		(2)		(6)	14
15	Adjust for ABC Related Party Profit	2016	(130)	(1)		(1)		(2)	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,723,594	\$ 339,947		\$ 291,136	\$ (48,811)	\$ 8,506,262	34

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 850,701	\$ 81,734	\$ 81,734	\$		\$ 476,124	71
72	Current Year Purchases	155,830	8,234	8,234			8,234	72
73	Fully Depreciated Assets	1,333,399	5,202	5,202			1,333,399	73
74								74
75	TOTALS	\$ 2,339,930	\$ 95,170	\$ 95,170	\$		\$ 1,817,757	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,911					3,911	77
78										78
79	Buses	Midwest Transit	1/1/2001	49,825					49,825	79
80	TOTALS			\$ 53,736	\$	\$	\$		\$ 53,736	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,434,493	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 435,117	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 386,306	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (48,811)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,377,755	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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.	<u>12/31/2018</u>	\$ <u>varies</u>
13.	<u>12/31/2019</u>	\$ <u>varies</u>
14.	<u>12/31/2020</u>	\$ <u>varies</u>

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 16,344 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>21,358</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>607.56</u>	<u>7,291</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>28,649</u>	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site.</u></p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 349,845	\$		\$ 349,845	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			55,848			55,848	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			477,533			477,533	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				442,591		442,591	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				(155,976)	166,779		10,803	13
14	TOTAL			\$		\$ 727,250	\$ 609,370		\$ 1,336,620	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	\$349,844.98
2.	ST	39-3	To Col 5	55,847.57
3.				
4.	PT	39-3	To Col 5	477,533.12
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			475,614.13
	Manual Input from Related Party- Forum Drugs & Vaccinations			(33,023.00)
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	442,591.13
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	(155,976.00)
	Other			232,735.13
	Manual Input: Related Party - Prism			(72,326.00)
	Manual Input: Related Party FECII - I.V.			(3,560.00)
	Manual Input: Related Party FECII - Wound Care Products			(1,497.00)
	Oxygen, from reclass worksheet (Pg 4A)			11,427.00
13.	Col 6: Supplies Total		To Col 6	166,779.13
13.	Total Line 13, Column 8			10,803.13
14.	Total			1,336,619.93

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 15,383	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 142,182)	3,546,972	3,546,972	3
4	Supply Inventory (priced at)	4,962	4,962	4
5	Short-Term Investments			5
6	Prepaid Insurance		17,302	6
7	Other Prepaid Expenses	13,049	13,049	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	1,072	134,498	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,566,055	\$ 3,732,166	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		290,687	13
14	Buildings, at Historical Cost		8,201,604	14
15	Leasehold Improvements, at Historical Cost	1,329,242	1,467,462	15
16	Equipment, at Historical Cost	970,611	2,828,336	16
17	Accumulated Depreciation (book methods)	(1,565,993)	(10,057,587)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		99,029	21
22	Other Long-Term Assets (spe Refi.Fee)		68,733	22
23	Other(specify): <u>Due from Affiliate,</u>	8,046,779	8,104,073	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,780,639	\$ 11,002,336	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,346,694	\$ 14,734,503	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 671,801	\$ 671,801	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	443,358	443,358	28
29	Short-Term Notes Payable	1,595,353	1,755,280	29
30	Accrued Salaries Payable	793,269	793,269	30
31	Accrued Taxes Payable (excluding real estate taxes)	27,986	27,986	31
32	Accrued Real Estate Taxes(Sch.IX-B)		257,000	32
33	Accrued Interest Payable	123,602	150,277	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	116,778	116,778	36
37	<u>Due to Affiliates</u>	1,115,480	1,115,480	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,887,626	\$ 5,331,228	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,964,462	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	<u>Sharehold.loan, other</u>	437,600	437,600	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 437,600	\$ 8,402,062	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,325,226	\$ 13,733,291	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,021,468	\$ 1,001,212	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,346,694	\$ 14,734,503	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 6,239,531	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,239,531	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	781,937	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 781,937	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 7,021,468	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,733,981	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,733,981	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	389,072	6
7	Oxygen	15,763	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 404,835	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	13,552	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 13,552	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	7,970	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 7,970	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	15,114	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 15,114	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,175,452	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,908,435	31
32	Health Care	4,952,510	32
33	General Administration	3,358,663	33
B. Capital Expense			
34	Ownership	1,092,670	34
C. Ancillary Expense			
35	Special Cost Centers	1,591,575	35
36	Provider Participation Fee	489,661	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,393,514	40
41	Income before Income Taxes (line 30 minus line 40)**	781,937	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 781,937	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 7,717,675	44
45	Private Pay - Net Inpatient Revenue	1,602,222	45
46	Medicare - Net Inpatient Revenue	2,170,973	46
47	Other-(specify) <u>Hospice</u>	1,017,159	47
48	Other-(specify) <u>Ins,Veterans,Charity/Sales Allow</u>	1,225,952	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,733,981	49

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

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

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

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC# 0036640Report Period Beginning 01/01/2017 Ending:12/31/2017**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	\$ 1,000
Jury Duty-Backed out with Ln ref 22-Pg 5A	\$ -
Donation-Backed out with Ln ref 21-Pg 5A	\$ 750
Rehab Care Settlement-Backed out with Ln ref 21-Pg 5A	\$ 14
Write Off Old Accounts Payables	
Vendor Discount	\$ 101
United Healthcare-(Rebate/Incentive)	\$ 7,562
U'SAgain LLc	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 5,687
Line 28 Total:	<u>15,114</u>

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	2,090	2,204	\$ 118,954	\$ 53.98	1
2	Assistant Director of Nursing	4,343	4,343	166,233	38.28	2
3	Registered Nurses	34,322	36,826	1,249,725	33.94	3
4	Licensed Practical Nurses	31,923	34,940	1,034,394	29.60	4
5	CNAs & Orderlies	78,714	85,573	1,226,975	14.34	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,397	2,684	62,636	23.34	8
9	Activity Director	2,080	2,080	45,054	21.66	9
10	Activity Assistants	7,621	8,049	83,650	10.39	10
11	Social Service Workers	2,080	2,080	60,864	29.26	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	89,720	43.13	13
14	Head Cook	6,232	6,240	93,071	14.92	14
15	Cook Helpers/Assistants	22,978	25,217	272,085	10.79	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	52,900	25.43	17
18	Housekeepers	19,966	21,902	282,784	12.91	18
19	Laundry	5,092	5,580	52,154	9.35	19
20	Administrator	2,072	2,080	106,431	51.17	20
21	Assistant Administrator	2,000	2,000	64,011	32.01	21
22	Other Administrative	8,434	8,434	229,188	27.17	22
23	Office Manager					23
24	Clerical	4,969	5,278	96,852	18.35	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,032	4,032	149,797	37.15	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager/Res	14,148	14,357	161,689	11.26	32
33	Other(specify) Memory care Sup	6,424	6,797	112,769	16.59	33
34	TOTAL (lines 1 - 33)	266,077	284,855	\$ 5,811,936 *	\$ 20.40	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	2237/Monthly	\$ 26,847	1-3	35
36	Medical Director	1200/Monthly	14,400	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	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	20	1,400	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	68	\$ 50,255		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	69	\$ 3,635	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	69	\$ 3,635		53

Alden Valley Ridge Reh & HCC
 Legal Fee Support
 2017

PG 21A

Legal Fees Reported on Pg 21, Section C: \$ 49,279.65

Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22 (3,223.32)

Non-allowable legal fees, if any, deducted on
 - Pg 6A (AMS Allocated Legal Fees) (45,192.00)
 + Add Back voided invoice of prior year, if any

Allowable Legal Fees \$ 864.33

In Detail:

Vendor Name	Invoice Date	Amount
Simandl Law Group,S.C.	01/20/17	60.91
Sheriff of DuPage County	01/11/17	45.00
Sheriff of DuPage County	07/07/17	45.00
18th Judicial Circuit court	03/24/17	196.00
18th Judicial Circuit court	06/22/17	276.42
18th Judicial Circuit court	08/04/17	9.00
18th Judicial Circuit court	08/08/17	8.00
18th Judicial Circuit court	08/04/17	9.00
18th Judicial Circuit court	08/01/17	206.00
18th Judicial Circuit court	09/01/17	9.00
TOTAL ALLOWABLE LEGAL FEES		864.33

Vendor Name	Invoice Date	Amount
Ariana Fisch	6/6/2017	21.00
Markley Investigation Inc.	7/7/2017	78.00
Markley Investigation Inc.	7/20/2017	50.00
Markley Investigation Inc.	9/15/2017	50.00
Markley Investigation Inc.	9/15/2017	50.00
Markley Investigation Inc.	7/20/2017	78.00
Markley Investigation Inc.	9/15/2017	33.00
Markley Investigation Inc.	9/15/2017	78.00
Markley Investigation Inc.	9/15/2017	78.00
Recorder of Deeds DuPage County	6/6/2017	40.00
Recorder of Deeds DuPage County	6/6/2017	5.00
Sheriff of DuPage County	4/11/2017	44.00
Sheriff of DuPage County	2/22/2017	73.00
STOPOG Stone Pogrund & Kor	4/30/2017	500.00
STOPOG Stone Pogrund & Korey	5/31/2017	13.12
STOPOG Stone Pogrund & Korey L	6/30/2017	25.00
STOPOG Stone Pogrund & Korey L	8/31/2017	111.52
STOPOG Stone Pogrund & Korey L	9/30/2017	513.12
STOPOG Stone Pogrund Korey LLC	10/31/2017	811.52
STOPOG Stone Pogrund Korey LLC	11/30/2017	556.04
18th Judicial Circuit court	6/6/2017	15.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		3,223.32

Vendor Name	Invoice Date	Amount
AMS Legal exp Allocation 2017	1/1/2017	3,766.00
AMS Legal exp Allocation 2017	2/1/2017	3,766.00
AMS Legal exp Allocation 2017	3/1/2017	3,766.00
AMS Legal exp Allocation 2017	4/1/2017	3,766.00
AMS Legal exp Allocation 2017	5/1/2017	3,766.00
AMS Legal exp Allocation 2017	6/1/2017	3,766.00
AMS Legal exp Allocation 2017	7/1/2017	3,766.00
AMS Legal exp Allocation 2017	8/1/2017	3,766.00
AMS Legal exp Allocation 2017	9/1/2017	3,766.00
AMS Legal exp Allocation 2017	10/1/2017	3,766.00
AMS Legal exp Allocation 2017	11/1/2017	3,766.00
AMS Legal exp Allocation 2017	12/1/2017	3,766.00

TOTAL Allocated Legal Fees 45,192.00

Total Legal Cost **49,279.65**

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 57,520 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? N/A
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 489,661
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 16,196 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