

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			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	698	728	7,418	8,844	8
9	SNF/PED					9
10	ICF	44,302	4,448	6,905	55,656	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	45,000	5,176	14,323	64,499	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.37%

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 4,890

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Alden Valley Ridge Rehab & HC # 0036640 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	513,434	25,213	24,528	563,175	1,326	564,501	(984)	563,517		1
2	Food Purchase		407,876		407,876	(16,258)	391,618	12,475	404,093		2
3	Housekeeping	323,851	42,683		366,534	591	367,125	9,099	376,224		3
4	Laundry	44,327	26,521		70,848	235	71,083		71,083		4
5	Heat and Other Utilities			251,787	251,787		251,787	2,466	254,253		5
6	Maintenance	51,430	76	261,997	313,503	43	313,546	52,966	366,512		6
7	Other (specify):* Security/Related party			300	300		300	8,369	8,669		7
8	TOTAL General Services	933,043	502,369	538,612	1,974,024	(14,063)	1,959,961	84,391	2,044,352		8
	B. Health Care and Programs										
9	Medical Director			34,590	34,590		34,590		34,590		9
10	Nursing and Medical Records	4,264,886	238,959	22,911	4,526,757	(8,780)	4,517,977	65,725	4,583,702		10
10a	Therapy	158,683	1,798	49,113	209,595		209,595		209,595		10a
11	Activities	272,066	2,914	7,212	282,192	150	282,342		282,342		11
12	Social Services	62,833			62,833		62,833		62,833		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,582	8,582		15
16	TOTAL Health Care and Programs	4,758,469	243,671	113,827	5,115,967	(8,630)	5,107,337	74,307	5,181,644		16
	C. General Administration										
17	Administrative	174,392			174,392		174,392	258,251	432,643		17
18	Directors Fees										18
19	Professional Services			1,200,520	1,200,520		1,200,520	(1,122,182)	78,338		19
20	Dues, Fees, Subscriptions & Promotions			137,168	137,168	(830)	136,338	(101,951)	34,387		20
21	Clerical & General Office Expenses	186,002	17,406	214,401	417,809	2,717	420,526	353,055	773,581		21
22	Employee Benefits & Payroll Taxes			894,595	894,595	5,836	900,431	(4,712)	895,719		22
23	Inservice Training & Education										23
24	Travel and Seminar			980	980		980	1,921	2,901		24
25	Other Admin. Staff Transportation			6,439	6,439		6,439	18,149	24,588		25
26	Insurance-Prop.Liab.Malpractice			527,434	527,434		527,434	8,189	535,623		26
27	Other (specify):* related party			255,822	255,822		255,822	(166,347)	89,475		27
28	TOTAL General Administration	360,394	17,406	3,237,360	3,615,160	7,723	3,622,883	(755,627)	2,867,256		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,051,906	763,446	3,889,799	10,705,151	(14,970)	10,690,181	(596,929)	10,093,252		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 Rehab & HC

#0036640

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			89,270	89,270		89,270	281,947	371,217			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			98,394	98,394		98,394	207,041	305,435			32
33	Real Estate Taxes			224,854	224,854	(224,854)		234,546	234,546			33
34	Rent-Facility & Grounds			620,572	620,572	224,854	845,426	(845,426)	0			34
35	Rent-Equipment & Vehicles			33,641	33,641		33,641	45,042	78,683			35
36	Other (specify):* MIP							40,191	40,191			36
37	TOTAL Ownership			1,066,730	1,066,730		1,066,730	(36,659)	1,030,072			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		830,464	1,022,481	1,852,945	14,970	1,867,915	(315,414)	1,552,501			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			481,747	481,747		481,747		481,747			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		830,464	1,504,229	2,334,692	14,970	2,349,662	(315,414)	2,034,248			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,051,906	1,593,910	6,460,758	14,106,574		14,106,574	(949,002)	13,157,572			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		(16,258.00)	Employee Meals
	22	16,258.00	Employee Meals
22		(10,422.00)	Uniform Reclass
	1	1,326.00	Uniform Reclass
	3	591.00	Uniform Reclass
	4	235.00	Uniform Reclass
	6	43.00	Uniform Reclass
	10	6,190.00	Uniform Reclass
	11	150.00	Uniform Reclass
	21	1,887.00	Uniform Reclass
10		(14,970.00)	Oxygen Cost Reclass
	39	14,970.00	Oxygen Cost Reclass
33		(224,854.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	224,854.00	Rent - Real Estate Tax on associated landowner (Pg 6)
20		(830.00)	DUPCOU ANNUAL FOOD EST PERMIT
	21	830.00	DUPCOU ANNUAL FOOD EST PERMIT
Net (Should be zero)		-	

Alden Valley Ridge Rehab & HC

ID# 0036640

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees Utilities	\$ (2,004)	5	1
2	Employee Flu Shots	(107)	21	2
3	Elim-Chamber of Commerce fee in GL 6825	(210)	20	3
4	Misc. Income-Record Copies	(695)	10	4
5	Misc. Income-Jury Duty	0	21	5
6	Vendor Discounts	(126)	10	6
7	Misc. income - Donations	0	21	7
8	Misc. income - Settlements	(223)	21	8
9	Elim ABC Deprec Exp from Pg 12 series(Prior Yrs)	(130)	30	9
10	Elim ABC Deprec Exp from Pg 12 series(Current Yr)	(3)	30	10
11	Elim deprec exp on Pg 13 items < \$2,500	(23,245)	30	11
12	Expense current year Pg 13 items < \$2,500	42,217	6	12
13	Elim deprec exp on Pg 12 items < \$2,500	(3,482)	30	13
14	Expense current year Pg 12 items < \$2,500	1,871	6	14
15	Adj YTD Deprec Exp to Detail	1,161	30	15
16	Collection Fees (GL 6965)	0	21	16
17	Elim. Landowner Bank Charges	(194)	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	14,829		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	3,418	(4,402)	0	0	0	0	0	0	0	(984)	1
2	Food Purchase	(2,224)	0	0	14,699	0	0	0	0	0	0	0	12,475	2
3	Housekeeping	0	0	9,099	0	0	0	0	0	0	0	0	9,099	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,004)	0	4,470	0	0	0	0	0	0	0	0	2,466	5
6	Maintenance	26,085	0	28,964	0	0	0	133	(2,216)	0	0	0	52,966	6
7	Other (specify):*	0	0	8,369	0	0	0	0	0	0	0	0	8,369	7
8	TOTAL General Services	21,857	0	54,320	10,297	0	0	133	(2,216)	0	0	0	84,391	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	(821)	0	60,313	8,900	(2,667)	0	0	0	0	0	0	65,725	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	8,582	0	0	0	0	0	0	0	0	8,582	15
16	TOTAL Health Care and Programs	(821)	0	68,895	8,900	(2,667)	0	0	0	0	0	0	74,307	16
	C. General Administration													
17	Administrative	0	0	258,251	0	0	0	0	0	0	0	0	258,251	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,637)	8,994	(1,114,539)	0	0	0	0	0	0	0	0	(1,122,182)	19
20	Fees, Subscriptions & Promotions	(18,742)	77	(83,286)	0	0	0	0	0	0	0	0	(101,951)	20
21	Clerical & General Office Expenses	(5,708)	0	358,763	0	0	0	0	0	0	0	0	353,055	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(4,712)	0	0	0	0	0	0	(4,712)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,921	0	0	0	0	0	0	0	0	1,921	24
25	Other Admin. Staff Transportation	0	0	18,149	0	0	0	0	0	0	0	0	18,149	25
26	Insurance-Prop.Liab.Malpractice	0	7,810	379	0	0	0	0	0	0	0	0	8,189	26
27	Other (specify):*	(255,822)	0	89,475	0	0	0	0	0	0	0	0	(166,347)	27
28	TOTAL General Administration	(296,909)	16,881	(470,887)	0	(4,712)	0	0	0	0	0	0	(755,627)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(275,873)	16,881	(347,672)	19,197	(7,379)	0	133	(2,216)	0	0	0	(596,929)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	(74,511)	350,373	6,085	0	0	0	0	0	0	0	0	281,947	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(127,042)	320,590	13,493	0	0	0	0	0	0	0	0	207,041	32
33	Real Estate Taxes	0	224,854	9,692	0	0	0	0	0	0	0	0	234,546	33
34	Rent-Facility & Grounds	0	(845,426)	0	0	0	0	0	0	0	0	0	(845,426)	34
35	Rent-Equipment & Vehicles	0	0	45,042	0	0	0	0	0	0	0	0	45,042	35
36	Other (specify):*	0	40,191	0	0	0	0	0	0	0	0	0	40,191	36
37	TOTAL Ownership	(201,553)	90,582	74,312	0	0	0	0	0	0	0	0	(36,659)	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	(90,594)	(47,686)	(177,134)	0	0	0	0	0	(315,414)	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	(90,594)	(47,686)	(177,134)	0	0	0	0	0	(315,414)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(477,426)	107,463	(273,360)	(71,397)	(55,065)	(177,134)	133	(2,216)	0	0	0	(949,002)	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	\$ 845,426	Valley Ridge Associates, L.L.C.		\$	\$ (845,426)	1
2	V	32 Interest Income	189	Valley Ridge Associates, L.L.C.			(189)	2
3	V	6 Repairs & Maintenance		Valley Ridge Associates, L.L.C.				3
4	V	19 Accounting Fees		Valley Ridge Associates, L.L.C.		8,800	8,800	4
5	V	19 Bank Charges		Valley Ridge Associates, L.L.C.		194	194	5
6	V	20 Corporate Annual Report Fee		Valley Ridge Associates, L.L.C.		77	77	6
7	V	33 Real Estate Taxes		Valley Ridge Associates, L.L.C.		224,854	224,854	7
8	V	26 General Insurance Expense		Valley Ridge Associates, L.L.C.		7,810	7,810	8
9	V	36 Mortgage insurance Premium		Valley Ridge Associates, L.L.C.		40,191	40,191	9
10	V	32 Interest Mortgage/Other		Valley Ridge Associates, L.L.C.		316,708	316,708	10
11	V	30 Depreciation		Valley Ridge Associates, L.L.C.		350,373	350,373	11
12	V	32 Amortization Expense		Valley Ridge Associates, L.L.C.		4,071	4,071	12
13	V	19 Legal Fees		Valley Ridge Associates, L.L.C.				13
14	Total		\$ 845,615			\$ 953,078	\$ * 107,463	14

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

Facility Name & ID Number Alden Valley Ridge Rehab & HC# 0036640Report Period Beginning: 1/1/2018Ending: 12/31/2018

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%	\$ 4,470	\$ 4,470
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,921	1,921
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,149	18,149
18	V	26 Insurance		Alden Management Services, Inc.		379	379
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		2,298	(83,286)
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085
21	V	33 Real Estate Tax		Alden Management Services, Inc.		9,692	9,692
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		45,042	45,042
23	V	32 Interest		Alden Management Services, Inc.		13,493	13,493
24	V	1 Dietary		Alden Management Services, Inc.		3,418	3,418
25	V	3 Housekeeping		Alden Management Services, Inc.		9,099	9,099
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		8,369	8,369
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		60,313	60,313
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		8,582	8,582
29	V	17 Administrative Salary		Alden Management Services, Inc.		258,251	258,251
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		89,475	89,475
31	V	19 Professional Fees	1,159,079	Alden Management Services, Inc.		44,540	(1,114,539)
32	V	21 Gen'l & Admin	54,672	Alden Management Services, Inc.		413,435	358,763
33	V	6 Repair & Maint	44,083	Alden Management Services, Inc.		73,047	28,964
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,343,418			\$ 1,070,058	\$ * (273,360)

* 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.	\$ 24,168	Prism Health Care Services, Inc.	0.00%	\$	(24,168)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,326	14,326
17	V	2 Tube feeding	11,648	Prism Health Care Services, Inc.		9,516	(2,132)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Ancillary supplies	173,075	Prism Health Care Services, Inc.		49,595	(123,480)
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		5,440	5,440
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		16,831	16,831
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		4,563	4,563
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		32,886	32,886
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		\$ 215,551			\$ 144,154	\$ * (71,397)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 588,259	<u>Forum Extended Care Services, Inc.</u>	0.00%	\$ 541,529	\$ (46,730)
16	V	39 <u>I.V.</u>	25,732	<u>Forum Extended Care Services, Inc.</u>		23,688	(2,044)
17	V	39 <u>Wound Care Products</u>	40,918	<u>Forum Extended Care Services, Inc.</u>		37,668	(3,250)
18	V	10 <u>House Stock</u>	28,598	<u>Forum Extended Care Services, Inc.</u>		26,326	(2,272)
19	V	10 <u>Pharm Consult</u>	4,968	<u>Forum Extended Care Services, Inc.</u>		4,573	(395)
20	V	22 <u>Employee Vaccinations</u>	4,712	<u>Forum Extended Care Services, Inc.</u>			(4,712)
21	V	39 <u>Employee Vaccinations</u>		<u>Forum Extended Care Services, Inc.</u>		4,338	4,338
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		\$ 693,187			\$ 638,122	\$ * (55,065)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 1,055,979	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 878,845	\$ (177,134)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,055,979			\$ 878,845	\$ * (177,134)

* 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 Repairs & Maintenance	\$ 43,940	Alden Bennett Construction Company, Inc.	0.00%	\$ 44,073	\$	133	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		\$ 43,940			\$ 44,073	\$ *	133	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	6 Repairs & Maintenance	\$ 3,362	Alden Design Group, Ltd.	0.00%	\$ 1,146	\$ (2,216)
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		\$ 3,362			\$ 1,146	\$ * (2,216)

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

Facility Name & ID Number

Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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 H	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	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health C	Long Grove				30

Facility Name & ID Number Alden Valley Ridge Rehab & HC # 0036640 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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.	Chairman-Board of D	Chairman	100.00	176,129	1.92	4.80	Salary	\$ 8,871	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,205	1.92	4.80	Salary	4,795	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,205	1.92	4.80	Salary	4,795	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	111,232	1.92	4.80	Salary	5,603	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,106	1.92	4.80	Salary	3,027	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	176,129	1.68	4.80	Salary	8,871	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, 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	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 35,962		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

Ending: 2/31/2018

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	1,345,058	36	\$ 93,217	\$ 64,499	\$ 4,470	1	
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	64,499	1,921	2	
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	64,499	18,149	3	
4	26	Insurance	Patient Days	1,345,058	36	7,901	64,499	379	4	
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	64,499	2,298	5	
6	30	Depreciation	No of Providers/usage	36	36	241,024	64,499	6,085	6	
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	1	9,692	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	64,499	45,042	8	
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	64,499	13,493	9	
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	64,499	3,418	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	64,499	9,099	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	64,499	8,369	12	
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	64,499	60,313	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	64,499	8,582	14	
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	64,499	258,251	15	
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	64,499	89,475	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	64,499	44,540	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	64,499	413,435	18
19	6	Repair & Maint.	Patient Days	1,345,058	35	1,609,999	1,070,693	64,499	73,047	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 1,070,058	25	

Facility Name & ID Number

Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 7,964,462	03/01/2046	3.9400	\$ 316,708	1						
2												2						
3	Amort of Fin Fees (GL 7105)		x	Refinancing							4,071	3						
4	Insurance Interest (GL7053)		x	Medical Malpractice							2,211	4						
5												5						
	Working Capital																	
6	Related party - AMS		x	Working Capital							13,493	6						
7												7						
8	Bank Leumi		x	Working Capital		02/2011	1,187,135	1,558,723	01/06/2019	4.5000	95,958	8						
9	TOTAL Facility Related				\$39,763.40		\$ 10,196,435	\$ 9,523,185			\$ 432,442	9						
	B. Non-Facility Related*																	
10	Interest Income on R.R.		x								(77)	10						
11	Interest Income (GL 4975)		x								(8,552)	11						
12	Interest Income S/H (GL 4975)		x								(118,378)	12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (127,007)	14						
15	TOTALS (line 9+line14)						\$ 10,196,435	\$ 9,523,185			\$ 305,435	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 40,191 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 2017 report.			\$	<u>257,000</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>237,354</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>(19,646)</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>244,500</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>224,854</u>	7
Real Estate Tax History:				Plus: Related party taxes - See Pg RE_Tax page	\$ <u>9,692</u>
				Total Real Estate Tax Expense, Sch V, Line 33	\$ <u>234,546</u>
Real Estate Tax Bill for Calendar Year:	2013	<u>262,055</u>	8	FOR BHF USE ONLY	
	2014	<u>260,015</u>	9	13	FROM R. E. TAX STATEMENT FOR 2017 \$
	2015	<u>245,916</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2016	<u>249,536</u>	11	15	LESS REFUND FROM LINE 6 \$
	2017	<u>237,354</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
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.

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0036640 Report Period Beginning:

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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	\$ 5,657,933	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	LEASEHOLD IMPROVEMENTS	1991		1,644,299	58,820	VARIOUS		(58,820)	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		28,614	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	522	20	522		131,918	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	1,517	20	1,517		52,000	31
32	CARPETING	1998		59,500	2,035	20	2,035		59,500	32
33	DRAPERIES	1998		13,000	379	20	379		13,000	33
34	ROOF	1998		79,000	2,304	20	2,304		79,000	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

Ending:

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XI. OWNERSHIP COSTS (continued)

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

	1	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		1,924	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	611	15	611		9,561	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		7,522	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	\$ 258,267		\$ 209,015	\$ (49,252)	\$ 8,008,818	70

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

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 258,267		\$ 209,015	\$ (49,252)	\$ 8,008,818	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		15			4,290	16
17	Capps (install drain)	2002	2,585		5			2,585	17
18	SMT healthcare system(body lift)	2002	10,132		15			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	\$ 258,267		\$ 209,015	\$ (49,252)	\$ 8,097,286	34

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

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	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	\$ 258,267		\$ 209,015	\$ (49,252)	\$ 8,097,286	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		1,334	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		10			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		10			5,210	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714		9,105	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809		15			3,809	14
15	ABC-Window Replacement	2006	31,829		10			31,829	15
16	TopNotch Cooler Door	2006	4,300		10			4,300	16
17	Ceiling, Tiling, Motors, Cabinets, Plumbing	2006	8,034		10			8,034	17
18	ABC-Bathroom Repairs	2006	10,807		5			10,807	18
19	Install TV Cabeling/Master Antenna	2007	(3,020)		10			(3,020)	19
20	Chiller Repair	2007	7,225	722	10	722		6,141	20
21	Installed Compressor	2007	9,517	634	10	634		6,766	21
22	Freezer Door Repair	2007	4,533	152	10	152		4,533	22
23	Regraded Detention Pond	2007	6,302		10			6,302	23
24	Replaced water pump motors	2007	4,095	305	10	305		4,095	24
25	New TV Lines	2007	5,750		10			5,750	25
26	Replace Sprinkler System	2007	4,500		10			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	\$ 260,891		\$ 211,639	\$ (49,252)	\$ 8,238,951	34

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

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 260,891		\$ 211,639	\$ (49,252)	\$ 8,238,951	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,760,648	\$ 263,638		\$ 214,386	\$ (49,252)	\$ 8,325,220	34

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

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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		\$ 8,760,648	\$ 263,638		\$ 214,386	\$ (49,252)	\$ 8,325,220	1
2	Adjust for ABC Related Party Profit	2012	6,340	231		231		1,617	2
3	Adjust for ABC Related Party Profit	2013	4,297	340		340		1,870	3
4	Parking Lot Paving	2007	12,323					12,323	4
5	ABC-Windows	2008	3,387	338	10	338		3,387	5
6	ABC-Cooling tower/compressor	2008	73,033	4,869	15	4,869		47,274	6
7	ABC-Ceiling tile/electrical/door	2008	5,518	413	10	413		5,518	7
8	ABC-Water main	2008	18,186	727	25	727		7,394	8
9	ABC-Carpeting	2008	7,252					7,252	9
10	ABC-Thermal pane windows	2008	3,280	301	10	301		3,280	10
11	ABC-Landscap/masonry/irrig/lighting	2009	32,194	2,146	15	2,146		19,315	11
12	ADG-Replace solar screen window shades	2009	2,583					2,583	12
13	G.T.Mech-Repair/clean water cooled condenser	2009	3,521					3,521	13
14	G.T.Mech-Replaced busted ball valves on cooling tower	2009	3,218					3,218	14
15	Top Notch-Relaced Freezer Compressor	2009	5,581					5,581	15
16	Equ. International-Reducer Gearkit Spider Panel Front	2009	3,043	304	10	304		2,813	16
17	ABC-Plumbing replaced Broken & damaged	2009	4,902					4,902	17
18	ABC-Windows Replaced Broken	2009	7,852	785	10	785		7,197	18
19	ABC-Hvac motors with new motors	2009	4,773					4,773	19
20	ABC-Repaved bad parking lot with new paving	2009	24,646	2,465	10	2,465		23,416	20
21	ABC-Fence Installation-New Fence along Lot	2010	3,820	255	15	255		1,975	21
22	Ken's Custom-Re-upholstery of chairs-Admission Conf.Rm	2010	2,645					2,645	22
23	ABC-Replace Windows and Screens	2010	12,058	1,206	10	1,206		10,049	23
24	ADG-Reupholstery for Furnitures	2010	5,863					5,863	24
25	ADG-Fabric for furnitures	2010	6,377					6,377	25
26	Repaved Parking Lot	2010	8,137	543	15	543		6,017	26
27	Boiler domestic hot water-ABC	2011	11,329	566	20	566		4,389	27
28	Plumbing major replacement/pipes-Capps Plum.	2011	4,875	195	25	195		1,332	28
29	Elevator linestarter & wired motor - Long Elevator	2011	5,360					5,360	29
30	Asphalt removal & replacement-Rose Paving	2011	9,292	1,162	8	1,162		7,746	30
31	Dishwasher prewash motor assembly-TopNotch	2011	2,613	261	10	261		1,741	31
32	Evaporator Coi for walk in freezer - Top Notch	2011	3,738	374	10	374		2,493	32
33	Sprinkler & Fire Alarm Upgrade-ABC	2012	3,572	143	25	143		953	33
34	TOTAL (lines 1 thru 33)		\$ 9,066,256	\$ 281,262		\$ 232,010	\$ (49,252)	\$ 8,549,394	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		\$ 9,066,256	\$ 281,262		\$ 232,010	\$ (49,252)	\$ 8,549,394	1
2	Sprinkler & Fire Alarm Upgrade-ABC	2012	86,740	3,470	25	3,470		23,133	2
3	Sprinkler installed in elevator-ABC	2012	4,141	166	25	166		1,037	3
4	Repair pumps-sewage-ABC	2012	8,237	824	10	824		5,561	4
5	Roof repair, leak area-JD & Sons	2012	3,250	325	10	325		2,248	5
6	Dampers fire and access panesl-GT Mach.	2012	14,343	1,434	10	1,434		8,604	6
7	Fire Protection, Major repair Valve-Valley Fire Protc.	2013	4,988	249	20	249		1,349	7
8	Spinkler Major Repairs-Valley Fire Protection	2013	5,649					5,649	8
9	Asphalt Paving-ABC	2013	5,936	742	8	742		3,896	9
10	Dampers Fire-ABC	2013	10,569	1,057	10	1,057		5,461	10
11	Carpentary-Remodel Corridor (1st,2nd & 3rd Flr)	2013	34,730	1,713	39	1,713		9,984	11
12	Doors-Remodel Corridor (1st,2nd & 3rd Flr)	2013	89,077	4,392	39	4,392		25,600	12
13	Acoustical-Remodel Corridor (1st,2nd & 3rd Flr)	2013	70,653	3,484	39	3,484		20,307	13
14	Painting/Wallcovering-Remodel Corridor (1st,2nd & 3rd Flr)	2013	107,843	5,318	15	5,318		30,996	14
15	Wall Protection-Remodel Corridor (1st,2nd & 3rd Flr)	2013	55,008	2,712	15	2,712		15,808	15
16	Artwork-Remodel Corridor (1st,2nd & 3rd Flr)	2013	13,929	687	15	687		4,004	16
17	Blinds & Curtains-Remodel Corridor (1st,2nd & 3rd Flr)	2013	59,610	2,939	15	2,939		17,131	17
18	Cabinets-Remodel Corridor (1st,2nd & 3rd Flr)	2013	5,155	254	15	254		1,481	18
19	Carpets & Flooring-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,961	343	15	343		2,000	19
20	Signage-Remodel Corridor (1st,2nd & 3rd Flr)	2013	14,924	736	15	736		4,290	20
21	Electrical Fixtures-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,436	317	15	317		1,848	21
22	Glass/Glazing-Remodel Corridor (1st,2nd & 3rd Flr)	2013	1,980	98	15	98		571	22
23	Steel framing support structure for roof cooling tower - ABC	2013	8,234	549	15	549		2,836	23
24	Dishwasher-motor/speed reducer-TopNotch	2014	8,581	1,716	5	1,716		8,580	24
25	Elevator Major repair-Align Elecation	2014	3,479	696	5	696		3,016	25
26	Dampers Fire-ABC	2015	12,055	1,206	10	1,206		4,757	26
27	Celling Drywall major repair-ABC	2016	9,235	292	39	292		663	27
28	Fire Spinkler major repair-Valley Fire Protection	2016	2,618	105	25	105		306	28
29	Grout in Kitchen-SUPINS	2016	7,700	770	10	770		2,182	29
30	Dishwasher major repair-TopNotch	2016	3,024	605	5	605		1,512	30
31	Fire Spinkler major repair(spinkler main)-Valley Fire Protection	2016	6,780	271	25	271		655	31
32	Concrete paving fron entrance-JJ Asphalt	2016	7,500	500	15	500		1,167	32
33	Freezer Major Repair (Evaporator)-TopNotch	2016	5,201	1,040	5	1,040		2,340	33
34	TOTAL (lines 1 thru 33)		\$ 9,750,822	\$ 320,272		\$ 271,020	\$ (49,252)	\$ 8,768,366	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 12F, Carried Forward		\$ 9,750,822	\$ 320,272		\$ 271,020	\$ (49,252)	\$ 8,768,366	1
2	Dishwasher major repair-speed reducer-TopNotch	2016	3,165	633	5	633		1,266	2
3	Boiler major repair-ABC	2016	11,451	763	15	763		1,527	3
4	Fire Dampers-GT Mechanicals	2017	9,561	956	10	956		1,832	4
5	Chiller major repiar-GT Mechanicals	2017	4,057	811	5	811		1,284	5
6	Air Conditioner major repiar-GT Mechanicals	2017	6,843	1,369	5	1,369		2,167	6
7	Steamer major repair (Boiler Assembly)-TopNotch	2017	3,106	621	5	621		880	7
8	Steamer major repair-TopNotch	2017	2,695	539	5	539		719	8
9	Sprinkler Valve-VALFIR	2018	4,710	157	10	157		157	9
10	Boiler Polot Assembly & Ignition modul-GT Mechanicals	2018	2,877	96	5	96		96	10
11	Elevator oil line gasket-SUBELE	2018	3,800	63	5	63		63	11
12	Wall repair for projection TV-ABC	2018	2,691	45	5	45		45	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22	Adjust for ABC Related Party Profit	2008	(632)	(45)		(45)		(297)	22
23	Adjust for ABC Related Party Profit	2009	(1,021)	(68)		(68)		(332)	23
24	Adjust for ABC Related Party Profit	2010	(194)	(16)		(16)		(58)	24
25	Adjust for ABC Related Party Profit	2011	118	10		10		70	25
26	Adjust for ABC Related Party Profit	2015	(23)	(2)		(2)		(8)	26
27	Adjust for ABC Related Party Profit	2016	(130)	(9)		(9)		(11)	27
28	Adjust for ABC Related Party Profit	2018	(17)	(3)		(3)		(3)	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,803,877	\$ 326,192		\$ 276,940	\$ (49,252)	\$ 8,777,762	34

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

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 848,052	\$ 77,565	\$ 77,565	\$	varies	\$ 439,321	71
72	Current Year Purchases	45,035	7,462	7,462		varies	6,027	72
73	Fully Depreciated Assets	1,466,828	7,652	7,652		varies	1,466,828	73
74								74
75	TOTALS	\$ 2,359,916	\$ 92,679	\$ 92,679	\$		\$ 1,912,177	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	3,802				3	3,802	77
78										78
79	Buses	Midwest Transit	1/1/2001	57,818	1,598	1,598		5	51,957	79
80	TOTALS			\$ 61,620	\$ 1,598	\$ 1,598	\$		\$ 55,759	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)	\$ 12,542,646	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 420,469	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 371,217	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (49,252)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,745,698	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 Rehab & HC

0036640

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is eliminated

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>12/31/2019</u>	\$ <u>varies</u>
13.	<u>12/31/2020</u>	\$ <u>varies</u>
14.	<u>12/31/2021</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: \$ 15,207 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>25,628</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		\$ <u>#####</u>	\$ <u>23,634</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>49,262</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	\$		\$ 374,465	\$		\$ 374,465	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			83,005			83,005	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			549,615			549,615	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				545,867		545,867	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG 16A	39-1, 39-3, if any				(177,133)	176,682		(451)	13
14	TOTAL			\$		\$ 829,952	\$ 722,549		\$ 1,552,501	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	374,465.00	
2.	ST	39-3	To Col 5	83,005.00	
3.					
4.	PT	39-3	To Col 5	549,615.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			588,259.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(42,392.00)	From Page 6
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	<u>545,867.00</u>	
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)			<u>0.00</u>	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(177,133.00)	From Page 6
	Other			257,600.00	
	Manual Input: Related Party - Prism			(90,594.00)	From Page 6
	Manual Input: Related Party FECII - I.V.			(2,044.00)	From Page 6
	Manual Input: Related Party FECII - Wound Care Products			(3,250.00)	From Page 6
	Oxygen, from reclass worksheet (Pg 4A)			14,970.00	
13.	Col 6: Supplies Total		To Col 6	<u>176,682.00</u>	
13.	Total Line 13, Column 8			<u>(451.00)</u>	
14.	Total			<u>1,552,501.00</u> =====	

3C

3D

3B
3C
3C

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 18,917	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>241,000</u>)	4,272,383	4,272,383	3
4	Supply Inventory (priced at)	4,963	4,963	4
5	Short-Term Investments			5
6	Prepaid Insurance		17,686	6
7	Other Prepaid Expenses	17,510	17,510	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	10,484	163,619	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,305,340	\$ 4,495,078	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	1,341,450	1,479,670	15
16	Equipment, at Historical Cost	939,025	2,872,226	16
17	Accumulated Depreciation (book methods)	(1,648,231)	(10,490,199)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		89,630	21
22	Other Long-Term Assets (spe Refi.Fee)		64,662	22
23	Other(specify): <u>Due from Affiliate,</u>	7,856,524	7,898,143	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,488,768	\$ 10,406,422	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,794,108	\$ 14,901,500	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 528,142	\$ 528,142	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	520,281	520,281	28
29	Short-Term Notes Payable		166,343	29
30	Accrued Salaries Payable	780,652	780,652	30
31	Accrued Taxes Payable (excluding real estate taxes)	28,138	28,138	31
32	Accrued Real Estate Taxes(Sch.IX-B)		244,500	32
33	Accrued Interest Payable	5,929	32,079	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>	306,497	306,497	36
37	<u>Due to Affiliates</u>	1,202,389	1,202,389	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,372,028	\$ 3,809,021	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,558,723	1,558,723	39
40	Mortgage Payable		7,798,118	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,558,723	\$ 9,356,841	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,930,751	\$ 13,165,862	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,863,357	\$ 1,735,639	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,794,108	\$ 14,901,500	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 7,021,468	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,021,468	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	404,289	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)	\$ 404,289	17
B. Transfers (Itemize):			
18	Transfer Shareholder Loan to Equity	437,600	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 437,600	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 7,863,357	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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	\$ 13,943,388	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,943,388	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	399,160	6
7	Oxygen	19,198	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 418,358	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	257	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 257	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	126,817	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 126,817	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	22,043	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 22,043	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,510,863	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,974,024	31
32	Health Care	5,115,967	32
33	General Administration	3,615,160	33
B. Capital Expense			
34	Ownership	1,066,730	34
C. Ancillary Expense			
35	Special Cost Centers	1,852,945	35
36	Provider Participation Fee	481,747	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,106,574	40
41	Income before Income Taxes (line 30 minus line 40)**	404,289	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 404,289	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,652,336	44
45	Private Pay - Net Inpatient Revenue	1,132,558	45
46	Medicare - Net Inpatient Revenue	3,138,074	46
47	Other-(specify) <u>Hospice</u>	1,308,420	47
48	Other-(specify) <u>Ins,Veterans,Charity/Sales Allow</u>	712,001	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,943,388	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 Rehab & HC

0036640

Report Period Beginning 01/01/2018 Ending:

12/31/2018

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	695
Jury Duty-Backed out with Ln ref 22-Pg 5A	-
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	223
Write Off Old Accounts Payables	
Vendor Discount	126
United Healthcare-(Rebate/Incentive)	12,940
U'SAgain LLc	23
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	8,037
Line 28 Total:	<u>22,043</u>

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,064	2,080	\$ 120,745	\$ 58.05	1
2	Assistant Director of Nursing	3,172	3,216	126,794	39.43	2
3	Registered Nurses	40,585	42,995	1,455,223	33.85	3
4	Licensed Practical Nurses	29,144	31,791	937,612	29.49	4
5	CNAs & Orderlies	83,463	89,730	1,345,996	15.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,199	2,550	58,373	22.89	8
9	Activity Director	1,840	1,950	46,275	23.74	9
10	Activity Assistants	7,789	8,503	92,088	10.83	10
11	Social Service Workers	2,056	2,080	62,833	30.21	11
12	Dietician					12
13	Food Service Supervisor	2,776	2,792	106,915	38.29	13
14	Head Cook	6,184	6,240	94,832	15.20	14
15	Cook Helpers/Assistants	21,882	24,352	311,687	12.80	15
16	Dishwashers					16
17	Maintenance Workers	1,944	1,968	51,430	26.13	17
18	Housekeepers	21,426	23,519	323,851	13.77	18
19	Laundry	3,377	3,678	44,327	12.05	19
20	Administrator	2,072	2,080	111,225	53.47	20
21	Assistant Administrator	1,977	2,010	63,168	31.43	21
22	Other Administrative	6,359	6,449	173,730	26.94	22
23	Office Manager					23
24	Clerical	5,270	5,544	112,581	20.31	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,104	4,209	156,469	37.18	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care: Unit Manager/Res	14,962	15,420	172,027	11.16	32
33	Other(specify) Memory care Supv	3,828	3,903	83,724	21.45	33
34	TOTAL (lines 1 - 33)	268,473	287,055	\$ 6,051,906 *	\$ 21.08	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	2044/Monthly	\$ 24,528	1-3	35
36	Medical Director	2083/Monthly	34,590	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	49	2,695	11-3	44
45	Social Service Consultant	16	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	65	\$ 67,901		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	\$387/visit	\$ 7,230	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$ 7,230		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	
Jaimee Demmon	Administrator	0	\$ 111,225	Workers' Compensation Insurance	\$ 149,214	IDPH License Fee	\$	
Elizabeth Catheri Choate	Asst.Admin.	0	14,219	Unemployment Compensation Insurance	22,230	Advertising: Employee Recruitment	4,376	
Kristen Refvik	Asst.Admin.	0	31,944	FICA Taxes	446,202	Health Care Worker Background Check	1,757	
Robert Strhanoski	Asst.Admin.	0	17,004	Employee Health Insurance	245,728	(Indicate # of checks performed 54)		
		0		Employee Meals	16,258	Patient Background Checks	299 4,303	
		0		Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of ILL	19,872	
		0		Dental/Vision/Life Insurance	5,277	Activity Connection.com/Broadcast Music, In	736	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 174,392	Employee Relations/Misc Payroll Costs	6,882	Surety Bond Fees/Corp.Annual Report	730	
(List each licensed administrator separately.)				Tuition Reimbursement/401K Match	688	Collaborative Healthcare	315	
				Employee Drug Tests/Empl. Vaccinations	7,952	Related Party - AMS	2,298	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
				Related party-Forum	(4,712)	Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 895,719	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 34,387	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
						\$	Out-of-State Travel	\$
							In-State Travel	
							Related party - AMS	1,921
							Seminar Expense	
							Cynthia Chow/Village of Bloomingdale	205
							IL Council on Long Term care	250
							ACHCA/Alzheimer's Association	525
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,200,520	TOTAL		\$	TOTAL	\$ 2,901
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Legal Fees Reported on Pg 21, Section C:	\$ 62,771.10
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(16,442.97)
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	\$ 1,136.13

<-Check: should match total for Allow. Fee:

In Detail:

Vendor Name	Invoice Date	Amount
18th Judicial Circuit court	03/09/18	205.02
18th Judicial Circuit court	03/20/18	9.00
18th Judicial Circuit court	04/24/18	8.00
18th Judicial Circuit court	06/14/18	205.02
18th Judicial Circuit court	07/23/18	6.00
18th Judicial Circuit court	08/28/18	6.00
18th Judicial Circuit court	08/29/18	6.00
18th Judicial Circuit court	09/26/18	205.02
18th Judicial Circuit court	10/22/18	205.02
Ariana Fisch	06/29/18	45.00
Ariana Fisch	06/29/18	45.00
Cook County Recorder of Deeds	07/27/18	51.05
DuPage County Sheriff	02/28/18	45.00
Markley Investigations Inc.	09/27/18	50.00
Sheriff of DuPage County	09/18/18	45.00
TOTAL ALLOWABLE LEGAL FEES		1,136.13

Vendor Name	Invoice Date	Amount
Chicago Title Company , LLC	6/29/2018	60.00
Clerk of the Circuit Court of Dupage County	2/8/2018	70.00
Recorder of Deeds DuPage County	2/2/2018	30.00
SB2INC SB2 Inc.	12/18/2017	295.50
SB2INC SB2 Inc.	12/31/2017	295.50
SB2INC SB2 Inc.	2/1/2018	295.50
SB2INC SB2 Inc.	3/1/2018	295.50
SB2INC SB2 Inc.	4/2/2018	295.50
SB2INC SB2 Inc.	5/1/2018	295.50
SB2INC SB2 Inc.	6/1/2018	334.08
SB2INC SB2 Inc.	7/2/2018	295.50
SB2INC SB2 Inc.	8/1/2018	295.50
SB2INC SB2 Inc.	9/4/2018	295.50
SB2INC SB2 Inc.	10/1/2018	295.50
SB2INC SB2 Inc.	12/3/2018	204.45
Sheriff of DuPage County	8/14/2018	45.00
Stone Pogrund & Korey L	12/31/2017	593.70
Stone Pogrund & Korey L	1/31/2018	500.00
Stone Pogrund & Korey L	2/28/2018	586.71
Stone Pogrund & Korey L	3/31/2018	781.16
Stone Pogrund & Korey L	4/30/2018	830.04
Stone Pogrund & Korey L	5/31/2018	1,143.90
Stone Pogrund & Korey L	6/30/2018	1,164.39
Stone Pogrund & Korey L	7/31/2018	1,165.06
Stone Pogrund & Korey L	8/31/2018	1,179.50
Stone Pogrund & Korey L	9/30/2018	1,185.74
Stone Pogrund & Korey L	11/1/2018	968.68
Stone Pogrund & Korey L	11/30/2018	1,487.99
Stone Pogrund & Korey L	12/31/2018	1,157.57
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		16,442.97

Vendor Name	Invoice Date	Amount
AMS Legal exp Allocation 2018	1/1/2018	3,766.00
AMS Legal exp Allocation 2018	2/1/2018	3,766.00
AMS Legal exp Allocation 2018	3/1/2018	3,766.00
AMS Legal exp Allocation 2018	4/1/2018	3,766.00
AMS Legal exp Allocation 2018	5/1/2018	3,766.00
AMS Legal exp Allocation 2018	6/1/2018	3,766.00
AMS Legal exp Allocation 2018	7/1/2018	3,766.00
AMS Legal exp Allocation 2018	8/1/2018	3,766.00
AMS Legal exp Allocation 2018	9/1/2018	3,766.00
AMS Legal exp Allocation 2018	10/1/2018	3,766.00
AMS Legal exp Allocation 2018	11/1/2018	3,766.00
AMS Legal exp Allocation 2018	12/1/2018	3,766.00
TOTAL Allocated Legal Fees		45,192.00
Total Legal Cost		62,771.10

\$ -

s in new detail section below.

Facility Name & ID Number Alden Valley Ridge Rehab & HC

0036640

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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. II.Health Care Ass. \$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. \$ 46,939 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 481,747
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 benefit on Schedule V. \$ 16,258 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: n/a
- (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