

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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

I. IDPH License ID Number: 0036640

Facility Name: Alden Valley Ridge Rehabilitation & Health Care Center

Address: 275 East Army Trail Road Bloomingdale 60108
Number City Zip Code

County: DuPage

Telephone Number: (630) 893-9616 Fax # (630) 924-1059

HFS ID Number:

Date of Initial License for Current Owners: 2/01/1991

Type of Ownership:

☐ VOLUNTARY,NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☒ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 286-3883
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2012 to 12/31/2012 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or
Administrator
of Provider

(Signed) _____ (Date) _____
(Type or Print Name) Joan Carl
(Title) Vice-President

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center# 0036640 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	<u>207</u>	Skilled (SNF)	<u>207</u>	<u>75,762</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>207</u>	TOTALS	<u>207</u>	<u>75,762</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>2,676</u>	<u>1,673</u>	<u>12,262</u>	<u>16,611</u>	8
9	SNF/PED					9
10	ICF	<u>41,893</u>	<u>3,576</u>	<u>685</u>	<u>46,154</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>44,569</u>	<u>5,249</u>	<u>12,947</u>	<u>62,765</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 82.84%

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

none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

none

F. Does the facility maintain a daily midnight census?

YesG. 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 02/01/91

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

YES ☒Date 02/01/91NO ☐

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 6,303Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/12Fiscal Year: 12/31/12

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	A. General Services	1	2	3	4	5	6	7	8			
1	Dietary	472,632	33,211	22,800	528,643	922	529,565	(3,151)	526,414			1
2	Food Purchase		412,964		412,964	(15,839)	397,125	(23,434)	373,691			2
3	Housekeeping	263,584	42,355		305,939	411	306,350	7,074	313,424			3
4	Laundry	63,543	30,578		94,121	163	94,284		94,284			4
5	Heat and Other Utilities			238,227	238,227		238,227	3,808	242,035			5
6	Maintenance	54,890	203	236,482	291,575	30	291,605	(68,769)	222,836			6
7	Other (specify):* related party							8,829	8,829			7
8	TOTAL General Services	854,649	519,311	497,509	1,871,469	(14,313)	1,857,156	(75,643)	1,781,513			8
	B. Health Care and Programs											
9	Medical Director			10,935	10,935		10,935		10,935			9
10	Nursing and Medical Records	3,599,406	293,122	14,328	3,906,856	(32,883)	3,873,973	53,780	3,927,753			10
10a	Therapy	184,651	1,255	11,788	197,694		197,694		197,694			10a
11	Activities	112,205	3,999	10,744	126,948	104	127,052		127,052			11
12	Social Services	50,275			50,275		50,275		50,275			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							7,362	7,362			15
16	TOTAL Health Care and Programs	3,946,537	298,376	47,795	4,292,708	(32,779)	4,259,929	61,142	4,321,071			16
	C. General Administration											
17	Administrative	133,584			133,584		133,584	137,464	271,048			17
18	Directors Fees											18
19	Professional Services			907,879	907,879		907,879	(875,137)	32,742			19
20	Dues, Fees, Subscriptions & Promotions			82,828	82,828		82,828	(67,300)	15,528			20
21	Clerical & General Office Expenses	173,983	18,011	104,569	296,563	1,312	297,875	359,467	657,342			21
22	Employee Benefits & Payroll Taxes			758,443	758,443	8,595	767,038		767,038			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,354	1,354		1,354	1,107	2,461			24
25	Other Admin. Staff Transportation			4,719	4,719		4,719	20,445	25,164			25
26	Insurance-Prop.Liab.Malpractice			218,020	218,020		218,020	10,552	228,572			26
27	Other (specify):* related party			92,199	92,199		92,199	(24,591)	67,608			27
28	TOTAL General Administration	307,567	18,011	2,170,011	2,495,589	9,907	2,505,496	(437,993)	2,067,503			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,108,753	835,698	2,715,315	8,659,766	(37,185)	8,622,581	(452,494)	8,170,087			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	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			68,114	68,114		68,114	385,641	453,755			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			116,627	116,627		116,627	332,560	449,187			32
33	Real Estate Taxes			239,328	239,328	(239,328)		247,242	247,242			33
34	Rent-Facility & Grounds			619,809	619,809	239,328	859,137	(859,137)				34
35	Rent-Equipment & Vehicles			18,612	18,612		18,612	61,800	80,412			35
36	Other (specify):* Mortgage Ins.							44,287	44,287			36
37	TOTAL Ownership			1,062,490	1,062,490		1,062,490	212,393	1,274,883			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		435,146	958,877	1,394,023	37,185	1,431,208	(175,230)	1,255,978			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			451,370	451,370		451,370		451,370			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		435,146	1,410,247	1,845,393	37,185	1,882,578	(175,230)	1,707,348			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,108,753	1,270,844	5,188,052	11,567,649		11,567,649	(415,331)	11,152,318			45

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

Alden Valley Ridge Rehabilitation & Health Care Center
Report Period Beginning: 01/01/2012
Report Period Ending: 12/31/2012

IDPH Facility No. 0036640

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(15,838.74)	Employee Meals
	22	15,838.74	Employee Meals
22		(7,244.00)	Uniforms
	1	922.00	Uniforms
	3	411.00	Uniforms
	4	163.00	Uniforms
	6	30.00	Uniforms
	10	4,302.00	Uniforms
	11	104.00	Uniforms
	21	1,312.00	Uniforms
10		(37,184.73)	Oxygen - to appropriate cost center
	39	37,184.73	Oxygen - to appropriate cost center
33		(239,328.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	239,328.00	Rent - Real Estate Tax on associated landowner (Pg 6)

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center # 0036640 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	(24)	2		4
5	Telephone, TV & Radio in Resident Rooms	(15,901)	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	15,030	30		9
10	Interest and Other Investment Income	(1,867)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,488)	2		13
14	Non-Care Related Interest	(47,289)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(6,771)	21		17
18	Fines and Penalties	(3,915)	32		18
19	Entertainment	(408)	20		19
20	Contributions	(14,607)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(20,500)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(92,199)	27		24
25	Fund Raising, Advertising and Promotional	(12,186)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (202,125)		\$	30

BHF USE ONLY							
48		49		50		51	52

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 Amount	2 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)	(160,270)	Various	34
35	Other- Attach Schedule	(52,936)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (213,206)		36
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (415,331)		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 Yes	2 No	3 Amount	4 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

STATE OF ILLINOIS
Alden Valley Ridge Rehabilitation & Health Care Center

Page 5A

Report Period Beginning: ID# 0036640
Ending: 01/01/2012
12/31/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Late Fees Utilities	\$ (212)	5	1
2	Other Nursing Income	(320)	21	2
3	Misc. Income-Jury Duty	(86)	21	3
4	Misc. Income-Record Copies	(1,022)	21	4
5	Misc. Income-Comed(Light Bulb Conv-rebate)	(10,413)	21	5
6	Misc. Income-Refund Edgerton Law firm	(25)	19	6
7	Elim. Landowner Bank Charges	(186)	19	7
8	Back out 30% (for 2012) of PAC fees	(3,428)	20	8
9	Elim Chamber of Commerce fee in GL 6825	(500)	20	9
10	Elim Secretary of State chang of agent fee in GL 6825	(25)	20	10
11	Elim. Landowner Corporate annual report fee	(250)	20	11
12	Elim ABC Deprec Exp from Pg 12 series(Prior Yrs)	(83)	30	12
13	Elim ABC Deprec Exp from Pg 12 series(Current Yr)	231	30	13
14	Elim Deprec Exp on Pg 12 items under \$2,500 -	(18,839)	30	14
15	Elim Deprec Exp on Pg 13 items under \$2500 -	(3,491)	30	15
16	Expense Pg 12 items under \$2,500 - curr yr purchs +	17,000	6	16
17	Expense Pg 13 items under \$2,500 - curr yr purchs +	4,476	6	17
18	Adj YTD Deprec Exp to Detail	2,049	30	18
19	Back out AMS Allocated Legal fees	(37,812)	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	(52,936)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center # 0036640 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	6,327	(9,478)	0	0	0	0	0	0	0	(3,151)	1
2	Food Purchase	(1,512)	0	0	(21,922)	0	0	0	0	0	0	0	(23,434)	2
3	Housekeeping	0	0	7,074	0	0	0	0	0	0	0	0	7,074	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(212)	0	4,020	0	0	0	0	0	0	0	0	3,808	5
6	Maintenance	5,575	0	(77,073)	0	0	0	2,729	0	0	0	0	(68,769)	6
7	Other (specify):*	0	0	7,856	973	0	0	0	0	0	0	0	8,829	7
8	TOTAL General Services	3,851	0	(51,796)	(30,427)	0	0	2,729	0	0	0	0	(75,643)	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	0	0	50,457	84	3,239	0	0	0	0	0	0	53,780	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	7,362	0	0	0	0	0	0	0	0	7,362	15
16	TOTAL Health Care and Programs	0	0	57,819	84	3,239	0	0	0	0	0	0	61,142	16
	C. General Administration													
17	Administrative	0	0	137,464	0	0	0	0	0	0	0	0	137,464	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(58,523)	2,760	(819,374)	0	0	0	0	0	0	0	0	(875,137)	19
20	Fees, Subscriptions & Promotions	(31,404)	250	(36,146)	0	0	0	0	0	0	0	0	(67,300)	20
21	Clerical & General Office Expenses	(18,612)	25	320,263	17,524	40,267	0	0	0	0	0	0	359,467	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,107	0	0	0	0	0	0	0	0	1,107	24
25	Other Admin. Staff Transportation	0	0	20,445	0	0	0	0	0	0	0	0	20,445	25
26	Insurance-Prop.Liab.Malpractice	0	10,243	309	0	0	0	0	0	0	0	0	10,552	26
27	Other (specify):*	(92,199)	0	63,034	1,997	2,577	0	0	0	0	0	0	(24,591)	27
28	TOTAL General Administration	(200,738)	13,278	(312,898)	19,521	42,844	0	0	0	0	0	0	(437,993)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(196,887)	13,278	(306,875)	(10,822)	46,083	0	2,729	0	0	0	0	(452,494)	29

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	(5,103)	381,134	9,610	0	0	0	0	0	0	0	0	385,641	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(53,071)	373,745	11,615	0	271	0	0	0	0	0	0	332,560	32
33	Real Estate Taxes	0	239,328	7,517	0	397	0	0	0	0	0	0	247,242	33
34	Rent-Facility & Grounds	0	(859,137)	0	0	0	0	0	0	0	0	0	(859,137)	34
35	Rent-Equipment & Vehicles	0	0	61,800	0	0	0	0	0	0	0	0	61,800	35
36	Other (specify):*	0	44,287	0	0	0	0	0	0	0	0	0	44,287	36
37	TOTAL Ownership	(58,174)	179,357	90,542	0	668	0	0	0	0	0	0	212,393	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	(25,908)	(69,805)	(79,517)	0	0	0	0	0	(175,230)	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	(25,908)	(69,805)	(79,517)	0	0	0	0	0	(175,230)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(255,061)	192,635	(216,333)	(36,730)	(23,054)	(79,517)	2,729	0	0	0	0	(415,331)	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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 859,137	Valley Ridge Associates, L.L.C.		\$	\$ (859,137)	1
2	V	32	Interest Income	152	Valley Ridge Associates, L.L.C.			(152)	2
3	V	19	Accounting Fees		Valley Ridge Associates, L.L.C.		8,875	8,875	3
4	V	19	Legal Fees		Valley Ridge Associates, L.L.C.		(6,301)	(6,301)	4
5	V	19	Bank Charges		Valley Ridge Associates, L.L.C.		186	186	5
6	V	20	Corporate Annual Report Fee		Valley Ridge Associates, L.L.C.		250	250	6
7	V	21	Miscellaneous Costs		Valley Ridge Associates, L.L.C.		25	25	7
8	V	33	Real Estate Taxes		Valley Ridge Associates, L.L.C.		239,328	239,328	8
9	V	26	General Insurance Expense		Valley Ridge Associates, L.L.C.		10,243	10,243	9
10	V	36	Mortgage insurance Premium		Valley Ridge Associates, L.L.C.		44,287	44,287	10
11	V	32	Interest Mortgage/Other		Valley Ridge Associates, L.L.C.		369,377	369,377	11
12	V	30	Depreciation		Valley Ridge Associates, L.L.C.		381,134	381,134	12
13	V	32	Amortization Expense		Valley Ridge Associates, L.L.C.		4,520	4,520	13
14	Total			\$ 859,289			\$ 1,051,924	\$ * 192,635	14

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,020	\$ 4,020	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		1,107	1,107	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		20,445	20,445	17
18	V	26	Insurance		Alden Management Services, Inc.		309	309	18
19	V	20	Dues & Subscriptions	39,348	Alden Management Services, Inc.		3,202	(36,146)	19
20	V	30	Depreciation		Alden Management Services, Inc.		9,610	9,610	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		7,517	7,517	21
22	V	35	Rent-Equip & Vehicles		Alden Management Services, Inc.		61,800	61,800	22
23	V	32	Interest		Alden Management Services, Inc.		11,615	11,615	23
24	V	1	Dietary		Alden Management Services, Inc.		6,327	6,327	24
25	V	3	Housekeeping		Alden Management Services, Inc.		7,074	7,074	25
26	V	7	Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		7,856	7,856	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		50,457	50,457	27
28	V	15	Employee Benefits-Health Care		Alden Management Services, Inc.		7,362	7,362	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		137,464	137,464	29
30	V	27	Employee Benefits-Admin		Alden Management Services, Inc.		63,034	63,034	30
31	V	19	Professional Fees	867,086	Alden Management Services, Inc.		47,712	(819,374)	31
32	V	21	Gen'l & Admin		Alden Management Services, Inc.		320,263	320,263	32
33	V	6	Repair & Maint	145,396	Alden Management Services, Inc.		68,323	(77,073)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,051,830			\$ 835,497	\$ * (216,333)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consult.	\$ 22,800	Prism Health Care Sevices, Inc.	0.00%	\$ 97	\$ (22,703)	15
16	V	1	Dietary Salary		Prism Health Care Sevices, Inc.		13,225	13,225	16
17	V	2	Tube feeding	32,169	Prism Health Care Sevices, Inc.		10,247	(21,922)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39	Ancillary supplies	56,046	Prism Health Care Sevices, Inc.		30,138	(25,908)	19
20	V	21	Gen'l & Admin Salary		Prism Health Care Sevices, Inc.		12,183	12,183	20
21	V	27	Employee benefits		Prism Health Care Sevices, Inc.		1,997	1,997	21
22	V	7	Employee benefits		Prism Health Care Sevices, Inc.		973	973	22
23	V	21	Gen'l & Admin		Prism Health Care Sevices, Inc.		5,341	5,341	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			\$ 117,675			\$ 80,945	\$ * (36,730)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 209,928	Forum Extended Care Services II, Inc.	0.00%	\$ 268,188	\$ 58,260	15
16	V	39	I.V.	140,477	Forum Extended Care Services II, Inc.		17,447	(123,030)	16
17	V	39	Wound Care	24,485	Forum Extended Care Services II, Inc.		19,450	(5,035)	17
18	V	10	House Stock	38,992	Forum Extended Care Services II, Inc.		36,067	(2,925)	18
19	V	10	Pharm Consult	6,154	Forum Extended Care Services II, Inc.		12,318	6,164	19
20	V	27	Employee Vaccin.	2,706	Forum Extended Care Services II, Inc.		2,147	(559)	20
21	V	27	Employee Benef: G & A		Forum Extended Care Services II, Inc.		3,136	3,136	21
22	V	21	Salary: G & A		Forum Extended Care Services II, Inc.		22,907	22,907	22
23	V	21	Gen'l & Admin.		Forum Extended Care Services II, Inc.		17,360	17,360	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		271	271	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		397	397	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			\$ 422,742			\$ 399,688	\$ * (23,054)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 944,413	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 864,896	\$ (79,517)	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			\$ 944,413			\$ 864,896	\$ * (79,517)	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	Repair & Maintenance	\$ 42,495	Alden Bennett Construction Company, Inc.	0.00%	\$ 45,224	\$ 2,729	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			\$ 42,495			\$ 45,224	\$ * 2,729	39

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

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center # 0036640 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health # 0036640 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	176,335	1.872	4.68	Salary	\$ 8,665	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,425	1.872	4.68	Salary	3,215	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,669	1.872	4.68	Salary	1,851	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 13,731		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 Rehabilitation & Health Care Center # 0036640 Report Period Beginning: 01/01/2012 Ending: 2/31/2012

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	1,340,098	35	\$ 85,836	\$	62,765	\$ 4,020	1
2	24	Trav & Seminar	Patient Days	1,340,098	35	23,644		62,765	1,107	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530		62,765	20,445	3
4	26	Insurance	Patient Days	1,340,098	35	6,589		62,765	309	4
5	20	Dues & Subscriptions	Patient Days	1,340,098	35	68,371		62,765	3,202	5
6	30	Depreciation	No of Providers/usage	35	35	340,112		1	9,610	6
7	33	Real Estate Tax	Patient Days/ysage	1,340,098	35	184,769		62,765	7,517	7
8	35	Rent-Equip & Vehicle	Patient Days	1,340,098	35	1,319,497		62,765	61,800	8
9	32	Interest	Patient Days/usage	1,340,098	35	2,398,912		62,765	11,615	9
10	1	Dietary Salary	Patient Days	1,340,098	35	135,080	135,080	62,765	6,327	10
11	3	Housekeeping Salary	Patient Days	1,340,098	35	151,028	151,028	62,765	7,074	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,340,098	35	167,731		62,765	7,856	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,340,098	35	1,186,643	1,186,643	62,765	50,457	13
14	15	Employee Benefits -Health Care	Patient Days	1,340,098	35	157,190		62,765	7,362	14
15	17	Administrative Salary	Patient Days/usage	1,340,098	35	3,283,025	3,283,025	62,765	137,464	15
16	27	Employee Benefits - Admin	Patient Days	1,340,098	35	1,345,837		62,765	63,034	16
17	19	Professional fees	Patient Days	1,340,098	35	1,018,709	751,716	62,765	47,712	17
18	21	Gen'I & Admin	Patient Days	1,340,098	35	6,837,958	6,125,097	62,765	320,263	18
19	6	Repair & Maint.	Patient Days	1,340,098	35	1,458,765	980,107	62,765	68,323	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 835,497	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3		4	5	6		7		8	9	10	
	Name of Lender	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	\$40,814.75	02/2011	\$ 9,009,300	\$ 8,802,551	03/01/2046	4.1700	\$ 369,377	1			
2												2			
3												3			
4	Insurance Interest		x	Workers Comp							200	4			
5	Insurance Interest		x	Medical Malpractice							3,000	5			
	Working Capital														
6	Related party-AMS		x	Working Capital							11,615	6			
7	Related party-FECII		x	Working Capital							271	7			
8	Bank Leumi		x	Working Capital		02/2011	1,187,135	1,187,135	03/04/2014	4.5000	62,223	8			
9	TOTAL Facility Related				\$40,814.75		\$ 10,196,435	\$ 9,989,686			\$ 446,686	9			
	B. Non-Facility Related*														
10	Interest Income on R.R.										(152)	10			
11	Int Income (GL#4975)										(1,867)	11			
12												12			
13	Amortization-Fin/Refin Fee										4,520	13			
14	TOTAL Non-Facility Related						\$	\$			\$ 2,501	14			
15	TOTALS (line 9+line14)						\$ 10,196,435	\$ 9,989,686			\$ 449,187	15			

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 44,287 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.)

1. Real Estate Tax accrual used on 2011 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$ 203,900	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$ 218,328	2
3. Under or (over) accrual (line 2 minus line 1).			\$ 14,428	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ 224,900	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.			\$ 239,328	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax	\$ 7,914.00	
		Total Real Estate Tax Expense, Sch V, Line 33	\$ 247,242	
Real Estate Tax Bill for Calendar Year:		FOR BHF USE ONLY		
2007	194,384	8		
2008	189,430	9		
2009	190,244	10		
2010	197,921	11		
2011	218,328	12		
the current year accrual is based on an estimated 3% increase of the prior year tax		13	FROM R. E. TAX STATEMENT FOR 2011 \$	13
		14	PLUS APPEAL COST FROM LINE 5 \$	14
		15	LESS REFUND FROM LINE 6 \$	15
		16	AMOUNT TO USE FOR RATE CALCULATION \$	16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME
Alden - Valley Ridge Rehabilitation and Health Care Center, I
COUNTY
DuPage

FACILITY IDPH LICENSE NUMBER
003-6640

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 2011 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 2011.

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. See attached (Supplement)	Related party-Alden Management	\$ 303,210.00	\$ 7,517.00
2. See attached (Supplement)	Related Party-Forum Extended Care	\$ 37,853.00	\$ 397.00
3. 02-23-301-019	Alden Valley Ridge	\$ 2,614.56	\$ 2,614.56
4. 02-23-301-020	Alden Valley Ridge	\$ 215,712.76	\$ 215,712.76
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 559,390.32	\$ 226,241.32

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

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	72,046	1990	\$ 317,233	1
2					2
3	TOTALS	72,046		\$ 317,233	3

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0036640

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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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	207		1991		6,027,235	191,340	30	200,908	9,568	4,452,485	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	LEASEHOLD IMPROVEMENTS			1991	1,644,299	58,820	VARIOUS	64,007	5,187	1,398,204	9
10	REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.			1991	18,611		5			18,611	10
11	EXHAUST FAN/HVAC/BURNISHER/MISC.			1992	32,815		5,10 & 15			32,815	11
12	PIPE INSULATION/HVAC/MISC.			1993	31,308		5,10,15 &17			31,308	12
13	SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP			1994	28,814	261	5,10 & 25	261		27,048	13
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC			1995	28,634	83	10,15 & 20	83		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		98,416	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		37,483	31
32	CARPETING			1998	59,500	2,975	20	2,975		42,590	32
33	DRAPERIES			1998	13,000	650	20	650		9,371	33
34	ROOF			1998	79,000	3,950	20	3,950		56,946	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

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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	
37	OIL/DRIER ON STAGE COMPRESSOR	1998	\$ 2,900	\$ 193	15	\$ 193	\$	\$ 2,849	37
38	REPAIR TOWER	1998	2,727	182	15	182		2,638	38
39	REPLACE PRESSURE RELIEF VALVE	1998	1,940	129	15	129		1,873	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	127	20	127		1,817	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	100	15	100		1,419	46
47	REPLACE HEAT PUMP	1998	3,773	252	15	252		3,567	47
48	CARPETING	1998	20,000		5			20,000	48
49	CARPETING	1998	18,082		5			18,082	49
50	Alden Bennet Construction (tank replacement)	1999	12,409	827	15	827		10,684	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		8,762	52
53	Taylor Plumbing (pump repair)	1999	1,728		5			1,728	53
54	Ashland Plumbing & Heating Co. (furnished and installed ejector)	1999	6,658	444	15	444		6,067	54
55	Rykoff-Sexton (booster heater)	1999	1,893		10			1,893	55
56	Climate Service (cleaned condenser and tower)	1999	2,642		10			2,642	56
57	Patten Industries(generator repair)	1999	2,870		10			2,870	57
58	Fox Valley Fire & Safety(nurse call system repair)	1999	1,510	101	15	101		1,336	58
59	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632	109	15	109		1,443	59
60	Climate Service(repair tower fan)	1999	4,733		10			4,733	60
61	Climate Service(repair tower fan)	1999	2,405		10			2,405	61
62	New Horizons(replace power supply for phone system)	1999	3,767		10			3,767	62
63	Patten Industries(rebuild generator)	1999	7,884	394	20	394		5,156	63
64	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779		5			1,779	64
65	System Electric(repair dedicated circuits)	2000	2,461	164	15	164		2,119	65
66	Capps Plumbing (repair ejector pumps)	2000	4,970	331	15	331		4,277	66
67	Fox Valley (re-wire smoke detectors)	2000	14,576		10			14,576	67
68	Harold(repair dish machaine)	2000	962		5			962	68
69	Harold(repair dish machaine)	2000	1,328		5			1,328	69
70	TOTAL (lines 4 thru 69)		\$ 8,379,290	\$ 271,265		\$ 286,020	\$ 14,755	\$ 6,457,612	70

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

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,379,290	\$ 271,265		\$ 286,020	\$ 14,755	\$ 6,457,612	1
2	new horizons-install phone line	2000	2,742		10			2,742	2
3	CSI -Coker Service (new motor)	2001	3,865		10			3,865	3
4	State mandated tank removal	2001	12,242	816	15	816		9,793	4
5	Water Pump repair	2001	1,706		5			1,706	5
6	GT (new shaft)	2001	2,491		5			2,491	6
7	new horizons-install phone line	2001	1,572		5			1,572	7
8	GT (replace fan blade)	2001	3,534		5			3,534	8
9	Alco sales & service (beds)	2001	2,324		10			2,324	9
10	Alco sales & service (beds)	2001	233		10			233	10
11	GT (repalace motor)	2001	791		10			791	11
12	GT (replace heat exchanger)	2001	1,332		5			1,332	12
13	GT (repair leaking piping)	2001	1,381		5			1,381	13
14	GT (refund for shaft)	2002	(2,491)		5			(2,491)	14
15	ABC (misc. repair)	2002	2,126		5			2,126	15
16	GT (compressor)	2002	4,290	286	15	286		2,955	16
17	Capps (install drain)	2002	2,585		5			2,585	17
18	SMT healthcare system(body lift)	2002	10,132	676	15	676		7,152	18
19	ABC --(carpet in two elevators))	2002	1,279	21	10	128	107	1,386	19
20	ABC (new gate)	2002	3,362	169	10	336	167	3,529	20
21	ABC-New door	2003	2,102	210	10	210		2,013	21
22	ABC-Southland-New Floor	2003	857	84	10	86	2	859	22
23	ABC- Bathroom	2003	735	73	10	73		676	23
24	CSI-repair dishwasher	2003	2,111		5			2,111	24
25	ABC-GT Mech. Repair gas regulators	2003	2,369	237	10	237		2,350	25
26	ABC GTMech-repair water heater	2003	1,818	182	10	182		1,789	26
27	TSN Inc - DSL Cable	2004	990	99	10	99		883	27
28	Aquarium Main Serv-replace mixing valves	2004	10,501		5			10,501	28
29	ABC-new flooring	2004	2,100	210	10	210		1,837	29
30	Aqua Service-boiler mixing valve/storage tank prep	2004	1,205		5			1,205	30
31	Aqua Service-boiler mixing valve/storage tank prep	2004	2,906		5			2,906	31
32	Aqua Service-rebuilt valves,plumbing	2004	3,002		5			3,002	32
33	ABC-new flooring	2004	2,276	228	10	228		1,937	33
34	TOTAL (lines 1 thru 33)		\$ 8,467,758	\$ 274,556		\$ 289,587	\$ 15,031	\$ 6,538,687	34

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

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Report Period Beginning:

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

1	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 12B, Carried Forward		\$ 8,467,758	\$ 274,556		\$ 289,587	\$ 15,031	\$ 6,538,687	1
2	ABC-hot water heater/valve repair	2004	2,215		5			2,215	2
3	Equipment Int'l-repair laundry equipment	2004	2,305		5			2,305	3
4	ABC-elevator repairs	2004	3,260	326	10	326		2,717	4
5									5
6	Capps-Furnish/Install 1 1/2 RPZ Boiler	2005	1,940	97	20	97		752	6
7	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020	602	10	602		4,615	7
8	DBS Contracting, Inc-Bore Underground for TV	2005	5,750	575	10	575		4,217	8
9									9
10	Cybor Fire Protection-Sprinkler System Pipe Work	2005	4,500		5			4,500	10
11	A&B Custom Cable-Install 70 rms antennas	2005	8,120	812	10	812		5,819	11
12	ABC-Patten Repair Generator	2006	5,210	521	10	521		3,604	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714	(0)	4,820	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809	254	15	254	0	1,693	14
15	ABC-Window Replacement	2006	31,829	3,183	10	3,183		20,214	15
16	TopNotch Cooler Door	2006	4,300	430	10	430		2,723	16
17	Ceiling, Tiling, Motors, Cabinets, Plumbing	2006	8,034	803	10	803		4,418	17
18	ABC-Bathroom Repairs	2006	10,807		5			10,807	18
19	Install TV Cabeling/Master Antenna	2007	(3,020)	(302)	10	(302)		(1,711)	19
20	Chiller Repair	2007	7,225	723	10	723		4,036	20
21	Installed Compressor	2007	9,517	952	10	952		5,157	21
22	Freezer Door Repair	2007	4,533	453	10	453		2,454	22
23									23
24									24
25	Regraded Detention Pond	2007	6,302	630	10	630		3,360	25
26	Replaced water pump motors	2007	4,095	410	10	410		2,152	26
27	New TV Lines	2007	5,750	575	10	575		3,163	27
28									28
29									29
30	Replace Sprinkler System	2007	4,500	450	10	450		2,475	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,615,471	\$ 286,764		\$ 301,795	\$ 15,031	\$ 6,635,192	34

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

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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	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 12C, Carried Forward		\$ 8,615,471	\$ 286,764		\$ 301,795	\$ 15,031	\$ 6,635,192	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25	Adjust for ABC Related Party Profit	2008	(632)	(42)		(42)		(42)	25
26	Adjust for ABC Related Party Profit	2009	(1,021)	(44)		(44)		(44)	26
27	Adjust for ABC Related Party Profit	2010	(194)	(7)		(7)		(7)	27
28	Adjust for ABC Related Party Profit	2011	118	10		10		10	28
29	Adjust for ABC Related Party Profit	2012	6,340	231		231		231	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,706,373	\$ 288,412		\$ 303,443	\$ 15,031	\$ 6,714,003	34

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

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

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01/01/2012

Ending:

12/31/2012

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 12D, Carried Forward		\$ 8,706,373	\$ 288,412		\$ 303,443	\$ 15,031	\$ 6,714,003	1
2	<u>Parking Lot Paving</u>	2007	12,323	1,232	10	1,232		6,468	2
3	<u>ABC-Windows</u>	2008	3,387	339	10	339		1,355	3
4	<u>ABC-Cooling tower/compressor</u>	2008	73,033	4,869	15	4,869		18,060	4
5	<u>ABC-Ceiling tile/electrical/door</u>	2008	5,518	552	10	552		2,346	5
6	<u>ABC-Water main</u>	2008	18,186	727	25	727		3,031	6
7	<u>ABC-Carpeting</u>	2008	7,252	1,450	5	1,450		5,921	7
8	<u>ABC-Thermal pane windows</u>	2008	3,280	328	10	328		1,339	8
9	<u>ABC-Landscap/masonry/irrig/lighting</u>	2009	32,194	2,146	15	2,146		6,438	9
10	<u>ADG-Replace solar screen window shades</u>	2009	2,583	517	5	517		1,938	10
11	<u>G.T.Mech-Repair/clean water cooled condenser</u>	2009	3,521	704	5	704		2,581	11
12	<u>G.T.Mech-Replaced busted ball valves on cooling tower</u>	2009	3,218	644	5	644		2,361	12
13	<u>Top Notch-Relaced Freezer Compressor</u>	2009	5,581	1,116	5	1,116		4,092	13
14	<u>Equ. International-Reducer Gearkit Spider Panel Front</u>	2009	3,043	304	10	304		1,032	14
15	<u>ABC-Plumbing replaced Broken & damaged</u>	2009	4,902	980	5	980		3,185	15
16	<u>ABC-Windows Replaced Broken</u>	2009	7,852	785	10	785		2,486	16
17	<u>ABC-Hvac motors with new motors</u>	2009	4,773	955	5	955	(0)	1,909	17
18	<u>ABC-Repaved bad parking lot with new paving</u>	2009	24,646	2,465	10	2,465		8,627	18
19	<u>ABC-Fence Installation-New Fence along Lot</u>	2010	3,820	255	15	255		701	19
20	<u>Ken's Custom-Re-upholstery of chairs-Admission Conf.Rm</u>	2010	2,645	529	5	529		1,499	20
21	<u>ABC-Replace Windows and Screens</u>	2010	12,058	1,206	10	1,206		2,814	21
22	<u>ADG-Reupholstery for Furnitures</u>	2010	5,863	1,173	5	1,173		2,639	22
23	<u>ADG-Fabric for furnitures</u>	2010	6,377	1,275	5	1,275		2,763	23
24	<u>Repaved Parking Lot</u>	2010	8,137	543	15	543		2,759	24
25	<u>Boiler domestic hot water-ABC</u>	2011	11,329	566	20	566		991	25
26	<u>Plumbing major replacement/pipes-Capps Plum.</u>	2011	4,875	163	25	163		894	26
27	<u>Elevator linestarter & wired motor - Long Elevator</u>	2011	5,360	1,072	5	1,072		1,608	27
28	<u>Asphalt removal & replacement-Rose Paving</u>	2011	9,292	1,162	8	1,162		1,452	28
29	<u>Dishwasher prewash motor assembly-TopNotch</u>	2011	2,613	261	10	261		348	29
30	<u>Evaporator Coi for walk in freezer - Top Notch</u>	2011	3,738	374	10	374		498	30
31	<u>Sprinkler & Fire Alarm Upgrade-ABC</u>	2012	3,572	143	25	143		143	31
32	<u>Sprinkler & Fire Alarm Upgrade-ABC</u>	2012	86,740	2,891	25	2,891		2,891	32
33	<u>Sprinkler installed in elevator-ABC</u>	2012	4,141	83	25	83		83	33
34	TOTAL (lines 1 thru 33)		\$ 9,092,222	\$ 320,220		\$ 335,251	\$ 15,030	\$ 6,809,255	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 12E, Carried Forward		\$ 9,092,222	\$ 320,220		\$ 335,251	\$ 15,030	\$ 6,809,255	1
2	Repair pu,ps-sewage-ABC	2012	8,237	618	10	618		618	2
3	Roof repair, leak area-JD & Sons	2012	3,250	108	5	108		108	3
4	Dampers fire and access panesl-GT Mach.	2012	14,343		10				4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,118,052	\$ 320,946		\$ 335,977	\$ 15,030	\$ 6,809,981	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$828,771	\$94,306	\$94,306	\$	various	\$365,097	71
72	Current Year Purchases	262,786	22,327	22,327		various	19,913	72
73	Fully Depreciated Assets	920,688	1,145	1,145		various	920,688	73
74								74
75	TOTALS	\$2,012,245	\$117,778	\$117,778	\$		\$1,305,698	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Buses	Midwest Transit	1/1/2001	\$49,825	\$	\$	\$		\$49,825	76
77										77
78										78
79	Related Party-AMS	Various	98-'02	3,911				3	3,911	79
80	TOTALS			\$53,736	\$	\$	\$		\$53,736	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$11,501,266	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$438,724	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$453,755	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$15,030	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$8,169,415	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	Corridor remodel	\$269,021	92
93			93
94			94
95		\$269,021	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

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

**

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?

16. Rental Amount for movable equipment: \$ 27,313 Description: Copy Machine Lease & Various office equipment.

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related party-Pg 6A	various	\$ #####	\$ 30,995	17
18					18
19	Auto Lease GL 6890	various	548.26	6,579	19
20					20
21	TOTAL		\$ #####	\$ 37,574	21

10. Effective dates of current rental agreement:

Beginning 01/11

Ending 12/21

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

Fiscal Year Ending Annual Rent

12. 12/31/13 \$ Varies

13. 12/31/14 \$ Varies

14. 12/31/15 \$ Varies

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES
☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☐
IN OTHER FACILITY☐
COMMUNITY COLLEGE☐
HOURS PER CNA_____

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐
IN OTHER FACILITY☐
HOURS PER CNA_____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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.)										
		1	2	3	4	5	6	7	8	
	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	\$		\$ 283,855	\$		\$ 283,855	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			83,930			83,930	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			576,628			576,628	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				268,188		268,188	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3								12
13	Other (specify): <u>See Pg 16A</u>					(79,517)	122,894		43,377	13
14	TOTAL			\$		\$ 864,896	\$ 391,082		\$ 1,255,978	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.

XIV. Special Services (Direct Cost)				Page 16
				Col 5: PT,OT, & ST
				Col 6: Supplies
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$283,855.00
2.	ST	39-3	To Col 5	83,930.00
3.				
4.	PT	39-3	To Col 5	576,628.00
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			209,928.00
	Manual Input from Related Party- Forum Drugs			58,260.00
				From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	268,188.00
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		

13. Col 5: Manual Input: Related Party - CPT	To Col 5	(79,517.00)	From Page 6D
Other		239,682.00	
Manual Input: Related Party - Prism		(25,908.00)	From Page 6B
Manual Input: Related Party FECII - I.V.		(123,030.00)	From Page 6C
Manual Input: Related Party FECII - Wound Care		(5,035.00)	From Page 6C
Oxygen, from reclass worksheet (Pg 4A)		37,184.73	

13. Col 6: Supplies Total	To Col 6	122,893.73	

13. Total Line 13, Column 8		43,376.73	

14. Total		1,255,977.73	
		=====	

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center # 0036640 Report Period Beginning: 01/01/2012 Ending: 12/31/2012
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2012 (last day of reporting year)

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	\$	\$ 54,770	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>70,000</u>)	2,354,718	2,354,718	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		9,815	6
7	Other Prepaid Expenses	5,865	5,865	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	24,455	143,045	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,385,038	\$ 2,568,213	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		290,687	13
14	Buildings, at Historical Cost		7,974,506	14
15	Leasehold Improvements, at Historical Cost	774,130	1,121,975	15
16	Equipment, at Historical Cost	761,887	2,317,058	16
17	Accumulated Depreciation (book methods)	(1,184,566)	(7,744,454)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		100,762	21
22	Other Long-Term Assets (specify: <u>CIP/Ref.Fee</u>)	269,021	360,486	22
23	Other(specify): <u>Due from affiliates</u>	4,818,650	5,264,455	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,439,122	\$ 9,685,476	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,824,160	\$ 12,253,689	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 630,648	\$ 634,843	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	128,964	128,964	28
29	Short-Term Notes Payable		125,083	29
30	Accrued Salaries Payable	526,452	526,452	30
31	Accrued Taxes Payable (excluding real estate taxes)	73,133	73,133	31
32	Accrued Real Estate Taxes(Sch.IX-B)		224,900	32
33	Accrued Interest Payable	116,318	146,907	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	227,320	227,320	36
37	<u>Due to affiliates</u>	1,293,933	1,293,933	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,996,768	\$ 3,381,535	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,187,135	1,187,135	39
40	Mortgage Payable		8,677,467	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>			43
44	<u>S/holder loans, others</u>	437,600	437,600	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,624,735	\$ 10,302,202	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,621,503	\$ 13,683,738	46
47	TOTAL EQUITY (page 18, line 24)	\$ 3,202,657	\$ (1,430,049)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,824,160	\$ 12,253,689	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,394,721	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	276,233	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,670,954	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	531,703	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)	\$ 531,703	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,202,657	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care C # 0036640 Report Period Beginning: 01/01/2012Ending: 12/31/2012**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

	1		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 11,738,342	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,738,342	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	298,775	6
7	Oxygen	37,092	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 335,868	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	913	13
14	Non-Patient Meals	24	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	408	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,344	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,867	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,867	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>	21,931	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 21,931	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,099,352	30

	1		2
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,871,469	31
32	Health Care	4,292,708	32
33	General Administration	2,495,589	33
	B. Capital Expense		
34	Ownership	1,062,490	34
	C. Ancillary Expense		
35	Special Cost Centers	1,394,023	35
36	Provider Participation Fee	451,370	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,567,649	40
41	Income before Income Taxes (line 30 minus line 40)**	531,703	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 531,703	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 6,330,373	44
45	Private Pay - Net Inpatient Revenue	809,774	45
46	Medicare - Net Inpatient Revenue	3,364,423	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,023,286	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	210,486	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,738,342	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 done 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.

STATE OF ILLINOIS

Facility Name & ID Number	Alden Valley Ridge Rehabilitation & Health Care Center
--------------------------------------	---

0036640

Report Period Beginning 01/01/2012

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	\$ 1,022
Jury Duty-Backed out with Ln ref 22-Pg 5A	\$ 86
Edgerton Law Firm-Backed out Ln ref 19-Pg 5A	\$ 25
ComEd Rebate-Light bulb conversion	\$ 10,413
Write Off Old A/P (GL#4983)- (related to prior yr, not offset on Sch.# V)	
Recovery of Bad Debts (private only, is not offset on Sch.# V)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 10,385
Line 28 Total:	<u>21,931</u>

Ending: 12/31/2012

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,080	\$ 98,237	\$ 47.23	1
2	Assistant Director of Nursing	2,080	2,080	77,676	37.34	2
3	Registered Nurses	27,209	29,691	941,191	31.70	3
4	Licensed Practical Nurses	32,962	35,342	1,009,637	28.57	4
5	CNAs & Orderlies	91,470	97,643	1,215,103	12.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,895	3,142	62,053	19.75	8
9	Activity Director	2,056	2,056	40,315	19.61	9
10	Activity Assistants	6,471	6,907	71,890	10.41	10
11	Social Service Workers	2,080	2,080	50,275	24.17	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	81,730	39.29	13
14	Head Cook	6,258	6,258	92,388	14.76	14
15	Cook Helpers/Assistants	28,237	30,236	298,513	9.87	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	54,889	26.39	17
18	Housekeepers	20,952	22,567	263,585	11.68	18
19	Laundry	5,775	6,286	63,543	10.11	19
20	Administrator	2,080	2,080	70,384	33.84	20
21	Assistant Administrator	2,160	2,160	63,199	29.26	21
22	Other Administrative	8,518	8,518	217,246	25.50	22
23	Office Manager	2,072	2,080	55,099	26.49	23
24	Clerical	2,510	2,587	24,237	9.37	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,880	4,064	135,847	33.43	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager	740	740	10,747	14.52	32
33	Other(specify) Alzimer Sup&Aid	6,084	6,455	110,969	17.19	33
34	TOTAL (lines 1 - 33)	262,729	279,212	\$ 5,108,753 *	\$ 18.30	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	1900/Monthly	\$ 22,800	1-3	35
36	Medical Director	911/monthly	10,935	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	414/Monthly	4,968	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	275/Monthly	3,284	11-3	44
45	Social Service Consultant	70/Monthly	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 42,827		49

C. CONTRACT NURSES

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

Facility Name & ID Number

Alden Valley Ridge Rehabilitation & Health Care C

STATE OF ILLINOIS

0036640

Report Period Beginning:

01/01/2012

Page 21

Ending: 12/31/2012

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Trevor Husinga	Administrator	0	\$ 70,384
Emily J. Hanson	Asst.Admin.	0	13,637
Cindy L. Hoffmeyer	Asst.Admin.	0	20,452
Bryan A Pottow	Asst.Admin.	0	29,111
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 133,584

B. Administrative - Other

Description	Amount
	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services	Consulting	\$ 829,274
Latimar Levay	Legal Fees:Non-Collections	2,474
AMS (Eliminated)	Allocated Legal Fees	37,812
First Advantage Corporation	Tax Credit Services	288
Life Saftey Resource LLC	Consulting - Fire Saftey	3,891
Baker Tilly/BDO Siedman	Accounting Fees	13,423
Ava Daley/KPMG	Accounting Fees	217
Ken Fisch	Legal Fees:Collections	19,996
Markley Investigation	Legal Fees:Collections	50
Edgerton Law Firm	Legal Fees:Collections	155
Clerk of Circuit court	Legal Fees:Collections	250
Sherif of Dupage county	Legal Fees:Collections	49
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)		\$ 907,879

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 161,398
Unemployment Compensation Insurance	29,636
FICA Taxes	375,168
Employee Health Insurance	167,849
Employee Meals	15,839
Illinois Municipal Retirement Fund (IMRF)*	
Dental/Life Insurance	3,648
Employee Relations/Misc Payroll Costs	4,201
Tuition Reimbursement/401K Match	4,497
Employee Drug Tests/Vaccinations	4,802
TOTAL (agree to Schedule V, line 22, col.8)	

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$
Advertising: Employee Recruitment	116
Health Care Worker Background Check (Indicate # of checks performed 31)	910
Patient Background Checks 173	2,003
IHCA dues, less pac fees	7,998
Collaborative Healthcare	405
Surety bond fees/Corp.Annual Report fee	893
Valley Ridge Asso.- Dues & Subscrip.	
Related party-	3,202
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related party-	1,107
Seminar Expense	
IL Health Care Assoc./IL Council on Long	1,050
Alzheimer's Association	125
CMS Initiative	179
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 2,461

* Attach copy of IMRF notifications

**See instructions.

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Alden Valley Ridge	
Legal Fee Support	
2012	
Legal Fees Reported on Pg 21, Section C:	\$ 60,786.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(20,500.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)	(37,812.00)
Allowable Legal Fees	\$ 2,474.00

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

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

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	None for 2012		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Il. Health Care Assn. \$ 7998.00

(3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 60,118 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. \$ 451,370
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 15,839 Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? 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 out of Schedule V? Yes

(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.