

		FOR BHF USE					

LL1

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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 Reh & HCC

Address: 275 E Army Trail Rd 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 01/01/2016 to 12/31/2016 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) Randi Schlossberg-Schullo
(Title) President, Alden Management Services, Inc.

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 Reh & HCC

0036640 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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>1,192</u>	<u>1,342</u>	<u>6,992</u>	<u>9,526</u>	8
9	SNF/PED					9
10	ICF	<u>42,999</u>	<u>6,203</u>	<u>6,825</u>	<u>56,027</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>44,191</u>	<u>7,545</u>	<u>13,817</u>	<u>65,553</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.52%

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

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

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 2/1/91

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 2/1/91 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 207 and days of care provided 4,058

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Valley Ridge Reh & HCC # 0036640 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	456,694	27,572	26,796	511,062	988	512,050	(4,747)	507,303			1
2	Food Purchase		431,242		431,242	(15,821)	415,421	(14,589)	400,832			2
3	Housekeeping	265,637	40,959		306,595	440	307,035	9,184	316,219			3
4	Laundry	66,389	26,035		92,424	175	92,599		92,599			4
5	Heat and Other Utilities			277,658	277,658		277,658	847	278,505			5
6	Maintenance	52,819	569	252,054	305,442	32	305,474	60,033	365,507			6
7	Other (specify):* related party							9,263	9,263			7
8	TOTAL General Services	841,539	526,377	556,508	1,924,424	(14,186)	1,910,238	59,991	1,970,229			8
	B. Health Care and Programs											
9	Medical Director			13,590	13,590		13,590		13,590			9
10	Nursing and Medical Records	4,103,223	246,516	6,809	4,356,548	(7,034)	4,349,514	81,871	4,431,385			10
10a	Therapy	161,204	1,988	63,847	227,039		227,039		227,039			10a
11	Activities	127,823	4,739	8,714	141,276	112	141,388		141,388			11
12	Social Services	57,638			57,638		57,638		57,638			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							9,198	9,198			15
16	TOTAL Health Care and Programs	4,449,888	253,243	92,960	4,796,091	(6,922)	4,789,169	91,069	4,880,238			16
	C. General Administration											
17	Administrative	177,044			177,044		177,044	209,986	387,030			17
18	Directors Fees											18
19	Professional Services			1,122,708	1,122,708		1,122,708	(1,039,014)	83,694			19
20	Dues, Fees, Subscriptions & Promotions			82,670	82,670		82,670	(54,042)	28,628			20
21	Clerical & General Office Expenses	183,916	14,353	199,041	397,310	1,471	398,781	344,308	743,089			21
22	Employee Benefits & Payroll Taxes			862,010	862,010	8,054	870,064	(5,051)	865,013			22
23	Inservice Training & Education											23
24	Travel and Seminar			550	550	(65)	485	1,809	2,294			24
25	Other Admin. Staff Transportation			3,882	3,882		3,882	17,684	21,566			25
26	Insurance-Prop.Liab.Malpractice			281,644	281,644		281,644	9,232	290,876			26
27	Other (specify):* related party			153,892	153,892		153,892	(79,363)	74,529			27
28	TOTAL General Administration	360,960	14,353	2,706,397	3,081,711	9,460	3,091,171	(594,451)	2,496,720			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,652,388	793,973	3,355,864	9,802,225	(11,648)	9,790,577	(443,391)	9,347,186			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			75,951	75,951		75,951	380,563	456,514			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			91,637	91,637		91,637	327,005	418,642			32
33	Real Estate Taxes			231,416	231,416	(231,416)		238,877	238,877			33
34	Rent-Facility & Grounds			617,373	617,373	231,416	848,789	(848,789)				34
35	Rent-Equipment & Vehicles			12,923	12,923		12,923	52,655	65,578			35
36	Other (specify):* MIP							41,671	41,671			36
37	TOTAL Ownership			1,029,301	1,029,301		1,029,301	191,982	1,221,283			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		591,421	928,959	1,520,380	11,648	1,532,028	(231,188)	1,300,840			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			482,081	482,081		482,081		482,081			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		591,421	1,411,040	2,002,461	11,648	2,014,109	(231,188)	1,782,921			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,652,388	1,385,394	5,796,205	12,833,987		12,833,987	(482,597)	12,351,390			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		(15,821)	Employee Meals
	22	15,821	Employee Meals
22		(7,767)	Uniform Reclass
	1	988	Uniform Reclass
	3	440	Uniform Reclass
	4	175	Uniform Reclass
	6	32	Uniform Reclass
	10	4,614	Uniform Reclass
	11	112	Uniform Reclass
	21	1,406	Uniform Reclass
10		(11,648)	Oxygen Cost Reclass
	39	11,648	Oxygen Cost Reclass
33		(231,416)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	231,416	Rent - Real Estate Tax on associated landowner (Pg 6)
24		\$ (65.00)	Reclass from seminar to Special Education
	21	\$ 65.00	Reclass to Special Education from Seminar
Net (Should be zero)		\$ -	

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(15,305)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,755	30		9
10	Interest and Other Investment Income	(4,306)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,796)	2		13
14	Non-Care Related Interest	(20,870)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(2,693)	21		17
18	Fines and Penalties	(200)	32		18
19	Entertainment	(171)	20		19
20	Contributions	(6,764)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,481)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(153,892)	27		24
25	Fund Raising, Advertising and Promotional	(9,144)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (203,867)		\$	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)	(291,683)		34
35	Other- Attach Schedule	12,953		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (278,730)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (482,597)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees Utilities	\$ (3,719)	5	1
2	Employee Flu Shots	(266)	21	2
3	Elim-Chamber of Commerce fee in GL 6825	(50)	20	3
4	Misc. Income-Record Copies	(920)	10	4
5	Misc. Income-Jury Duty	0	21	5
6	Vendor Discounts	(106)	10	6
7	Elim ABC Deprec Exp from Pg 12 series(Prior Yrs)	486	30	7
8	Elim ABC Deprec Exp from Pg 12 series(Current Yr)	(1)	30	8
9	Elim deprec exp on Pg 13 items < \$2,500	(21,370)	30	9
10	Expense current year Pg 13 items < \$2,500	39,270	6	10
11	Elim deprec exp on Pg 12 items < \$2,500	(4,030)	30	11
12	Expense current year Pg 12 items < \$2,500	2,172	6	12
13	Adj YTD Deprec Exp to Detail	1,695	30	13
14	Collection Fees GL 6965	0	21	14
15	Elim. Landowner Bank Charges	(208)	19	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	12,953		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	3,728	(8,475)	0	0	0	0	0	0	0	(4,747)	1
2	Food Purchase	(2,796)	0	0	(11,793)	0	0	0	0	0	0	0	(14,589)	2
3	Housekeeping	0	0	9,184	0	0	0	0	0	0	0	0	9,184	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,719)	0	4,566	0	0	0	0	0	0	0	0	847	5
6	Maintenance	26,137	0	32,456	0	0	0	(286)	1,726	0	0	0	60,033	6
7	Other (specify):*	0	0	9,263	0	0	0	0	0	0	0	0	9,263	7
8	TOTAL General Services	19,622	0	59,197	(20,268)	0	0	(286)	1,726	0	0	0	59,991	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,026)	0	76,434	8,987	(2,524)	0	0	0	0	0	0	81,871	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	9,198	0	0	0	0	0	0	0	0	9,198	15
16	TOTAL Health Care and Programs	(1,026)	0	85,632	8,987	(2,524)	0	0	0	0	0	0	91,069	16
	C. General Administration													
17	Administrative	0	0	209,986	0	0	0	0	0	0	0	0	209,986	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,689)	10,931	(1,047,256)	0	0	0	0	0	0	0	0	(1,039,014)	19
20	Fees, Subscriptions & Promotions	(16,129)	307	(38,220)	0	0	0	0	0	0	0	0	(54,042)	20
21	Clerical & General Office Expenses	(2,959)	0	347,267	0	0	0	0	0	0	0	0	344,308	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(5,051)	0	0	0	0	0	0	(5,051)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,809	0	0	0	0	0	0	0	0	1,809	24
25	Other Admin. Staff Transportation	0	0	17,684	0	0	0	0	0	0	0	0	17,684	25
26	Insurance-Prop.Liab.Malpractice	0	8,885	347	0	0	0	0	0	0	0	0	9,232	26
27	Other (specify):*	(153,892)	0	74,529	0	0	0	0	0	0	0	0	(79,363)	27
28	TOTAL General Administration	(175,669)	20,123	(433,854)	0	(5,051)	0	0	0	0	0	0	(594,451)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(157,073)	20,123	(289,025)	(11,281)	(7,575)	0	(286)	1,726	0	0	0	(443,391)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Valley Ridge Reh & HCC # 0036640 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	(8,465)	385,491	3,537	0	0	0	0	0	0	0	0	380,563	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(25,376)	341,865	10,516	0	0	0	0	0	0	0	0	327,005	32
33	Real Estate Taxes	0	231,416	7,461	0	0	0	0	0	0	0	0	238,877	33
34	Rent-Facility & Grounds	0	(848,789)	0	0	0	0	0	0	0	0	0	(848,789)	34
35	Rent-Equipment & Vehicles	0	0	52,655	0	0	0	0	0	0	0	0	52,655	35
36	Other (specify):*	0	41,671	0	0	0	0	0	0	0	0	0	41,671	36
37	TOTAL Ownership	(33,841)	151,654	74,169	0	0	0	0	0	0	0	0	191,982	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	(35,352)	(28,642)	(167,194)	0	0	0	0	0	(231,188)	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	(35,352)	(28,642)	(167,194)	0	0	0	0	0	(231,188)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(190,914)	171,777	(214,856)	(46,633)	(36,217)	(167,194)	(286)	1,726	0	0	0	(482,597)	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	\$ 848,789	Valley Ridge Associates, L.L.C.	0.00%	\$	\$ (848,789)	1
2	V	32	Interest Income	195	Valley Ridge Associates, L.L.C.			(195)	2
3	V	6	Repairs & Maintenance		Valley Ridge Associates, L.L.C.				3
4	V	19	Accounting Fees		Valley Ridge Associates, L.L.C.		8,375	8,375	4
5	V	19	Bank Charges		Valley Ridge Associates, L.L.C.		208	208	5
6	V	20	Corporate Annual Report Fee		Valley Ridge Associates, L.L.C.		307	307	6
7	V	33	Real Estate Taxes		Valley Ridge Associates, L.L.C.		231,416	231,416	7
8	V	26	General Insurance Expense		Valley Ridge Associates, L.L.C.		8,885	8,885	8
9	V	36	Mortgage insurance Premium		Valley Ridge Associates, L.L.C.		41,671	41,671	9
10	V	32	Interest Mortgage/Other		Valley Ridge Associates, L.L.C.		336,655	336,655	10
11	V	30	Depreciation		Valley Ridge Associates, L.L.C.		385,491	385,491	11
12	V	32	Amortization Expense		Valley Ridge Associates, L.L.C.		5,405	5,405	12
13	V	19	Legal Fees		Valley Ridge Associates, L.L.C.		2,348	2,348	13
14	Total			\$ 848,984			\$ 1,020,761	\$ * 171,777	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%	\$ 4,566	\$ 4,566	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		1,809	1,809	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		17,684	17,684	17
18	V	26	Insurance		Alden Management Services, Inc.		347	347	18
19	V	20	Dues & Subscriptions	41,868	Alden Management Services, Inc.		3,648	(38,220)	19
20	V	30	Depreciation		Alden Management Services, Inc.		3,537	3,537	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		7,461	7,461	21
22	V	35	Rent-Equip & Vehicles		Alden Management Services, Inc.		52,655	52,655	22
23	V	32	Interest		Alden Management Services, Inc.		10,516	10,516	23
24	V	1	Dietary		Alden Management Services, Inc.		3,728	3,728	24
25	V	3	Housekeeping		Alden Management Services, Inc.		9,184	9,184	25
26	V	7	Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		9,263	9,263	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		76,434	76,434	27
28	V	15	Employee Benefits-Health Care		Alden Management Services, Inc.		9,198	9,198	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		209,986	209,986	29
30	V	27	Employee Benefits-Admin		Alden Management Services, Inc.		74,529	74,529	30
31	V	19	Professional Fees	1,088,245	Alden Management Services, Inc.		40,989	(1,047,256)	31
32	V	21	Gen'l & Admin	55,140	Alden Management Services, Inc.		402,407	347,267	32
33	V	6	Repair & Maint	13,410	Alden Management Services, Inc.		45,866	32,456	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,198,663			\$ 983,807	\$ * (214,856)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consult.	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 13	\$ (26,387)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2	Tube feeding	44,784	Prism Health Care Services, Inc.		18,203	(26,581)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39	Ancillary supplies	106,969	Prism Health Care Services, Inc.		42,742	(64,227)	19
20	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		4,216	4,216	20
21	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		14,788	14,788	21
22	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		4,267	4,267	22
23	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		28,875	28,875	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			\$ 184,813			\$ 138,180	\$ * (46,633)	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	\$ 439,506	Forum Extended Care Services, Inc.	0.00%	\$ 408,850	\$ (30,656)	15
16	V	39	I.V.	7,012	Forum Extended Care Services, Inc.		6,523	(489)	16
17	V	39	Wound Care Products	31,489	Forum Extended Care Services, Inc.		29,293	(2,196)	17
18	V	10	House Stock	31,217	Forum Extended Care Services, Inc.		29,040	(2,177)	18
19	V	10	Pharm Consult	4,968	Forum Extended Care Services, Inc.		4,621	(347)	19
20	V	22	Employee Vaccinations	5,051	Forum Extended Care Services, Inc.			(5,051)	20
21	V	39	Employee Vaccinations		Forum Extended Care Services, Inc.		4,699	4,699	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			\$ 519,243			\$ 483,026	\$ * (36,217)	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	\$ 958,410	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 791,216	\$ (167,194)	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			\$ 958,410			\$ 791,216	\$ * (167,194)	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	\$ 45,305	Alden Bennett Construction Company, Inc.	0.00%	\$ 45,020	\$ (286)	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			\$ 45,305			\$ 45,020	\$ * (286)	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	\$ 6,053	Alden Design Group, Inc.	0.00%	\$ 7,779	\$ 1,726	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			\$ 6,053			\$ 7,779	\$ * 1,726	39

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

Facility Name & ID Number

Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health C	Long Grove				30

Facility Name & ID Number Alden Valley Ridge Reh & HCC # 0036640 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	175,587	2.036	5.09	Salary	\$ 9,413	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,912	2.036	5.09	Salary	5,088	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,912	2.036	5.09	Salary	5,088	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,562	2.036	5.09	Salary	5,927	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,099	2.036	5.09	Salary	3,168	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	141,048	1.4761	5.09	Salary	7,561	6-7	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 Manangement Services, Inc.										12
13								TOTAL	\$ 36,245		13

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

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC# 0036640

Report Period Beginning:

01/01/2016Ending: 2/31/2016

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	34	\$ 89,742	\$	65,553	\$ 4,566	1
2	24	Trav & Seminar	Patient Days	34	35,559		65,553	1,809	2
3	25	Other Admin Travel	Patient Days	34	347,560		65,553	17,684	3
4	26	Insurance	Patient Days	34	6,826		65,553	347	4
5	20	Dues & Subscriptions	Patient Days	34	71,705		65,553	3,648	5
6	30	Depreciation	No of Providers/usage	34	140,451		1	3,537	6
7	33	Real Estate Tax	Patient Days/usage	34	172,398		65,553	7,461	7
8	35	Rent-Equip & Vehicle	Patient Days	34	1,034,867		65,553	52,655	8
9	32	Interest	Patient Days/usage	34	1,892,273		65,553	10,516	9
10	1	Dietary Salary	Patient Days	34	73,278	73,278	65,553	3,728	10
11	3	Housekeeping Salary	Patient Days	34	180,508	180,508	65,553	9,184	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	34	182,054		65,553	9,263	12
13	10	Nurs & Med Records Salary	Patient Days	34	1,519,466	1,519,466	65,553	76,434	13
14	15	Employee Benefits -Health Care	Patient Days	34	180,775		65,553	9,198	14
15	17	Administrative Salary	Patient Days/usage	34	4,500,263	4,500,263	65,553	209,986	15
16	27	Employee Benefits - Admin	Patient Days	34	1,464,772		65,553	74,529	16
17	19	Professional fees	Patient Days	34	1,094,912	881,977	65,553	40,989	17
18	21	Gen'I & Admin	Patient Days	34	7,908,785	6,929,587	65,553	402,407	18
19	6	Repair & Maint.	Patient Days	34	1,864,177	1,276,432	65,553	45,866	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 22,760,371	\$ 15,361,511		\$ 983,807	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	\$39,763.40	02/2011	\$ 9,009,300	\$ 8,278,148	03/01/2046	3.9400	\$ 336,655	1	
2												2	
3												3	
4	Amort of Fin Fees (GL 1918)		x	Refinancing							5,405	4	
5	Insurance Interest (GL7053)		x	Malpractice Insurance							3,266	5	
	Working Capital												
6	Related party-AMS		x	Working Capital							10,516	6	
7												7	
8	Bank Leumi		x	Working Capital		02/2011	1,187,135	1,286,167	03/06/2017	4.5000	67,302	8	
9	TOTAL Facility Related				\$39,763.40		\$ 10,196,435	\$ 9,564,315			\$ 423,144	9	
	B. Non-Facility Related*												
10	Interest Income (GL 4975)		x								(4,425)	10	
11	Interest Income on R.R.		x								(77)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (4,502)	14	
15	TOTALS (line 9+line14)						\$ 10,196,435	\$ 9,564,315			\$ 418,642	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 41,671 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

1. Real Estate Tax accrual used on 2015 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	267,800	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.)				\$	245,916	2
3. Under or (over) accrual (line 2 minus line 1).				\$	(21,884)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	253,300	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.				\$	231,416	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	7,461	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	238,877	
Real Estate Tax Bill for Calendar Year:		2011	218,328	8	FOR BHF USE ONLY	
		2012	243,533	9		
		2013	262,055	10	13	FROM R. E. TAX STATEMENT FOR 2015 \$ 13
		2014	260,015	11	14	PLUS APPEAL COST FROM LINE 5 \$ 14
		2015	245,916	12	15	LESS REFUND FROM LINE 6 \$ 15
The current year accrual is based on an estimated 3% increase of the prior year tax.				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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Valley Ridge Reh & HCC COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0036640

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773)286-3883 FAX #: (773)286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party-Alden Management	\$ 146,629.00	\$ 7,461.00
2. 02-23-301-019	Alden Valley Ridge	\$ 2,864.44	\$ 2,864.44
3. 02-23-301-020	Alden Valley Ridge	\$ 243,051.82	\$ 243,051.82
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 392,545.26	\$ 253,377.26

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

A. Square Feet: 72,046

B. General Construction Type: Exterior BrickFrame SteelNumber 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	\$ 5,256,117
5										
6										
7										
8										
	Improvement Type**									
9	LEASEHOLD IMPROVEMENTS			1991	1,644,299	58,820	VARIOUS	64,007	5,187	1,643,858
10	REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.			1991	18,611		5			18,611
11	EXHAUST FAN/HVAC/BURNISHER/MISC.			1992	32,815		5,10 & 15			32,815
12	PIPE INSULATION/HVAC/MISC.			1993	31,308		5,10,15 &17			31,308
13	SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP			1994	28,814	261	5,10 & 25	261		28,092
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC			1995	28,634		10,15 & 20			28,634
15	ROOF REPAIR			1996	3,200		10			3,200
16	ROOF REPAIR			1996	2,500		10			2,500
17	PARKING LOT LIGHTING			1996	3,716		15			3,716
18	PARKING LOT LIGHTING,EMRGNCY SERVICE-POWER OUT			1997	8,767		5			8,767
19	REPAIR PUMP			1997	1,800		5			1,800
20	ROOF REPAIRS			1997	2,590		5			2,590
21	REPLACE COMPRESSOR			1997	6,885		5			6,885
22	REPLACE MIXING VALVE			1997	2,763		5			2,763
23	REPAIR PUMP			1997	2,161		5			2,161
24	REPLACE PUMP			1997	6,293		5			6,293
25	REPLACED COMPRESSOR			1997	5,000		5			5,000
26	ROOF REPAIRS			1997	1,800		5			1,800
27	DOOR HOLDER			1997	4,088		10			4,088
28	PARKING LOT			1997	131,918	6,596	20	6,596		124,800
29	INSTALL WALL PLATES/OUTLETS			1997	4,968		10			4,968
30	INSTALL CABLE			1998	5,244		10			5,244
31	PAINTING			1998	52,000	2,600	20	2,600		47,883
32	CARPETING			1998	59,500	2,975	20	2,975		54,490
33	DRAPERIES			1998	13,000	650	20	650		11,971
34	ROOF			1998	79,000	3,950	20	3,950		72,746
35										
36										

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	OIL/DRIER ON STAGE COMPRESSOR	1998	2,900		15			2,900	37
38	REPAIR TOWER	1998	2,727		15			2,727	38
39	REPLACE PRESSURE RELIEF VALVE	1998	1,940		15			1,940	39
40	CARPETING	1998	1,667		5			1,667	40
41	CARPETING	1998	15,858		5			15,858	41
42	CARPETING	1998	5,000		5			5,000	42
43	REPAIR FUEL PUMP ON GENERATOR	1998	2,532	84	20	84		1,756	43
44	FLOOR TILE	1998	4,876		10			4,876	44
45	REPAIR SHAFT AND GEAR REDUCER ON DRYER	1998	2,058		10			2,058	45
46	REPAIR VALVE IN THERAPY ROOM	1998	1,505		15			1,505	46
47	REPLACE HEAT PUMP	1998	3,773		15			3,773	47
48	CARPETING	1998	20,000		5			20,000	48
49	CARPETING	1998	18,082		5			18,082	49
50	Alden Bennet Construction (tank replacement)	1999	12,409		15			12,409	50
51	Northtown (repair dishwasher)	1999	1,695		10			1,695	51
52	Climate Service (replace hot water heater)	1999	9,561	637	15	637		8,313	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	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		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		6,734	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 machine)	2000	962		5			962	68
69	Harold(repair dish machine)	2000	1,328		5			1,328	69
70	TOTAL (lines 4 thru 69)		\$ 8,379,290	\$ 268,307		\$ 283,062	\$ 14,755	\$ 7,580,307	70

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,379,290	\$ 268,307		\$ 283,062	\$ 14,755	\$ 7,580,307	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	286	15	286		4,123	16
17	Capps (install drain)	2002	2,585		5			2,585	17
18	SMT healthcare system(body lift)	2002	10,132	676	15	676		9,965	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	\$ 269,269		\$ 284,024	\$ 14,755	\$ 7,668,441	34

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 269,269		\$ 284,024	\$ 14,755	\$ 7,668,441	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		1,140	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	575	10	575		5,463	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	521	10	521		4,949	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714		7,677	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809	381	15	381		3,619	14
15	ABC-Window Replacement	2006	31,829	3,183	10	3,183		29,712	15
16	TopNotch Cooler Door	2006	4,300	430	10	430		4,085	16
17	Ceiling, Tiling, Motors, Cabinets, Plumbing	2006	8,034	803	10	803		7,632	17
18	ABC-Bathroom Repairs	2006	10,807		5			10,807	18
19	Install TV Cabeling/Master Antenna	2007	(3,020)	(302)	10	(302)		(2,919)	19
20	Chiller Repair	2007	7,225	722	10	722		4,697	20
21	Installed Compressor	2007	9,517	634	10	634		5,498	21
22	Freezer Door Repair	2007	4,533	453	10	453		3,928	22
23	Regraded Detention Pond	2007	6,302	630	10	630		5,880	23
24	Replaced water pump motors	2007	4,095	410	10	410		3,380	24
25	New TV Lines	2007	5,750	575	10	575		5,463	25
26	Replace Sprinkler System	2007	4,500	450	10	450		4,275	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,615,472	\$ 279,545		\$ 294,300	\$ 14,755	\$ 7,800,147	34

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 279,545		\$ 294,300	\$ 14,755	\$ 7,800,147	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controllor PC Board	2014	86	17		17		44	27
28	Adjust for ABC Related Party Profit	2008	(632)	(42)		(42)		(210)	28
29	Adjust for ABC Related Party Profit	2009	(1,021)	(44)		(44)		(220)	29
30	Adjust for ABC Related Party Profit	2010	(194)	(7)		(7)		(35)	30
31	Adjust for ABC Related Party Profit	2011	118	10		10		50	31
32	Adjust for ABC Related Party Profit	2012	6,340	231		231		1,155	32
33	Adjust for ABC Related Party Profit	2013	4,297	340		340		1,190	33
34	TOTAL (lines 1 thru 33)		\$ 8,715,292	\$ 280,898		\$ 295,653	\$ 14,755	\$ 7,888,415	34

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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		\$ 8,715,292	\$ 280,898		\$ 295,653	\$ 14,755	\$ 7,888,415	1
2	Parking Lot Paving	2007	12,323	1,232	10	1,232		11,398	2
3	ABC-Windows	2008	3,387	339	10	339		2,710	3
4	ABC-Cooling tower/compressor	2008	73,033	4,869	15	4,869		37,536	4
5	ABC-Ceiling tile/electrical/door	2008	5,518	552	10	552		4,553	5
6	ABC-Water main	2008	18,186	727	25	727		5,940	6
7	ABC-Carpeting	2008	7,252		5			7,252	7
8	ABC-Thermal pane windows	2008	3,280	328	10	328		2,651	8
9	ABC-Landscap/masonry/irrig/lighting	2009	32,194	2,146	15	2,146		15,023	9
10	ADG-Replace solar screen window shades	2009	2,583		5			2,583	10
11	G.T.Mech-Repair/clean water cooled condenser	2009	3,521		5			3,521	11
12	G.T.Mech-Replaced busted ball valves on cooling tower	2009	3,218		5			3,218	12
13	Top Notch-Relaced Freezer Compressor	2009	5,581		5			5,581	13
14	Equ. International-Reducer Gearkit Spider Panel Front	2009	3,043	304	10	304		2,205	14
15	ABC-Plumbing replaced Broken & damaged	2009	4,902		5			4,902	15
16	ABC-Windows Replaced Broken	2009	7,852	785	10	785		5,627	16
17	ABC-Hvac motors with new motors	2009	4,773		5			4,773	17
18	ABC-Repaved bad parking lot with new paving	2009	24,646	2,465	10	2,465		18,486	18
19	ABC-Fence Installation-New Fence along Lot	2010	3,820	255	15	255		1,465	19
20	Ken's Custom-Re-upholstery of chairs-Admission Conf.Rm	2010	2,645	132	5	132		2,645	20
21	ABC-Replace Windows and Screens	2010	12,058	1,206	10	1,206		7,637	21
22	ADG-Reupholstery for Furnitures	2010	5,863		5			5,863	22
23	ADG-Fabric for furnitures	2010	6,377		5			6,377	23
24	Repaved Parking Lot	2010	8,137	543	15	543		4,931	24
25	Boiler domestic hot water-ABC	2011	11,329	566	20	566		3,257	25
26	Plumbing major replacement/pipes-Capps Plum.	2011	4,875	195	25	195		942	26
27	Elevator linestarter & wired motor - Long Elevator	2011	5,360	1,072	5	1,072		5,181	27
28	Asphalt removal & replacement-Rose Paving	2011	9,292	1,162	8	1,162		5,422	28
29	Dishwasher prewash motor assembly-TopNotch	2011	2,613	261	10	261		1,219	29
30	Evaporator Coi for walk in freezer - Top Notch	2011	3,738	374	10	374		1,745	30
31	Sprinkler & Fire Alarm Upgrade-ABC	2012	3,572	143	25	143		667	31
32	Sprinkler & Fire Alarm Upgrade-ABC	2012	86,740	3,470	25	3,470		16,193	32
33	Sprinkler installed in elevator-ABC	2012	4,141	166	25	166		705	33
34	TOTAL (lines 1 thru 33)		\$ 9,101,144	\$ 304,190		\$ 318,945	\$ 14,755	\$ 8,090,623	34

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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		\$ 9,101,144	\$ 304,190		\$ 318,945	\$ 14,755	\$ 8,090,623	1
2	Repair pumps-sewage-ABC	2012	8,237	824	10	824		3,913	2
3	Roof repair, leak area-JD & Sons	2012	3,250	325	10	325		1,598	3
4	Dampers fire and access panesl-GT Mach.	2012	14,343	1,434	10	1,434		5,736	4
5	Fire Protection, Major repair Valve-Valley Fire Protct.	2013	4,988	249	20	249		851	5
6	Spinkler Major Repairs-Valley Fire Protection	2013	5,649	1,130	5	1,130		4,520	6
7	Asphalt Paving-ABC	2013	5,936	742	8	742		2,412	7
8	Dampers Fire-ABC	2013	10,569	1,057	10	1,057		3,347	8
9	Carpentary-Remodel Corridor (1st,2nd & 3rd Flr)	2013	34,730	1,713	39	1,713		6,558	9
10	Doors-Remodel Corridor (1st,2nd & 3rd Flr)	2013	89,077	4,392	39	4,392		16,816	10
11	Acoustical-Remodel Corridor (1st,2nd & 3rd Flr)	2013	70,653	3,484	39	3,484		13,339	11
12	Painting/Wallcovering-Remodel Corridor (1st,2nd & 3rd Flr)	2013	107,843	5,318	15	5,318		20,360	12
13	Wall Protection-Remodel Corridor (1st,2nd & 3rd Flr)	2013	55,008	2,712	15	2,712		10,384	13
14	Artwork-Remodel Corridor (1st,2nd & 3rd Flr)	2013	13,929	687	15	687		2,630	14
15	Blinds & Curtains-Remodel Corridor (1st,2nd & 3rd Flr)	2013	59,610	2,939	15	2,939		11,253	15
16	Cabinets-Remodel Corridor (1st,2nd & 3rd Flr)	2013	5,155	254	15	254		973	16
17	Carpets & Flooring-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,961	343	15	343		1,314	17
18	Signage-Remodel Corridor (1st,2nd & 3rd Flr)	2013	14,924	736	15	736		2,818	18
19	Electrical Fixtures-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,436	317	15	317		1,214	19
20	Glass/Glazing-Remodel Corridor (1st,2nd & 3rd Flr)	2013	1,980	98	15	98		375	20
21	Steel framing support structure for roof cooling tower - ABC	2013	8,234	549	15	549		1,738	21
22	Dishwasher-motor/speed reducer-TopNotch	2014	8,581	1,716	5	1,716		5,148	22
23	Elevator Major repair-Align Elecation	2014	3,479	696	5	696		1,624	23
24	Dampers Fire-ABC	2015	12,055	1,206	10	1,206		2,345	24
25	Ceiling Drywall major repair-ABC	2016	9,235	79	39	79		79	25
26	Fire Spinkler major repair-Valley Fire Protection	2016	2,618	96	25	96		96	26
27	Grout in Kitchen-SUPINS	2016	7,700	642	10	642		642	27
28	Dishwasher major repair-TopNotch	2016	3,024	302	5	302		302	28
29	Fire Spinkler major repair(spinkler main)-Valley Fire Protection	2016	6,780	113	25	113		113	29
30	Concrete paving fron entrance-JJ Ashphalt	2016	7,500	167	15	167		167	30
31	Freezer Major Repair (Evaporator)-TopNotch	2016	5,201	260	5	260		260	31
32	Dishwasher major repair-speed reducer-TopNotch	2016	3,165		5				32
33	Boiler major repair-ABC	2016	11,451		15				33
34	TOTAL (lines 1 thru 33)		\$ 9,709,445	\$ 338,769		\$ 353,524	\$ 14,755	\$ 8,213,547	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	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	\$ 9,709,445	\$ 338,769		\$ 353,524	\$ 14,755	\$ 8,213,547	1
2	Adjust for ABC Related Party Profit	2015 (23)	(2)		(2)		(4)	2
3	Adjust for ABC Related Party Profit	2016 (130)	(1)		(1)		(1)	3
4								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)	\$ 9,709,291	\$ 338,767		\$ 353,522	\$ 14,755	\$ 8,213,543	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	\$898,519	\$89,108	\$89,108	\$	varies	\$529,282	71
72	Current Year Purchases	122,088	5,626	5,626		varies	4,342	72
73	Fully Depreciated Assets	1,192,085	8,258	8,258		varies	1,192,085	73
74								74
75	TOTALS	\$2,212,692	\$102,992	\$102,992	\$		\$1,725,709	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	4,026					4,026	77
78										78
79	Buses	Midwest Transit	1/1/2001	49,825					49,825	79
80	TOTALS			\$53,851	\$	\$	\$		\$53,851	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$12,293,067	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$441,759	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$456,514	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$14,755	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$9,993,103	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	Carpet installation-1st flr	\$18,857	92
93			93
94			94
95		\$18,857	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:

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.	12/31/2017	\$ varies
13.	12/31/2018	\$ varies
14.	12/31/2019	\$ varies

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: \$ 31,295 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	related party-PG 6A	various	\$ #####	\$ 20,682	17
18					18
19	Auto lease - gl 6890	various	358.02	4,296	19
20					20
21	TOTAL		\$ #####	\$ 24,978	21

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

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

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

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)	\$			

- (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.

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	

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	\$		\$ 361,619	\$		\$ 361,619	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			68,434			68,434	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			482,372			482,372	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				413,549		413,549	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A					(167,194)	142,059		(25,135)	13
14	TOTAL			\$		\$ 745,232	\$ 555,608		\$ 1,300,840	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	\$361,619.38
2.	ST	39-3	To Col 5	68,433.66
3.				
4.	PT	39-3	To Col 5	482,372.29
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			439,505.87
	Manual Input from Related Party- Forum Drugs & Vaccinations			(25,957.00)
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	413,548.87
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	(167,194.00)
	Other			168,448.89
	Manual Input: Related Party - Prism			(35,353.00)
	Manual Input: Related Party FECII - I.V.			(489.00)
	Manual Input: Related Party FECII - Wound Care Products			(2,196.00)
	Oxygen, from reclass worksheet (Pg 4A)			11,648.00
13.	Col 6: Supplies Total		To Col 6	142,058.89
13.	Total Line 13, Column 8			(25,135.11)
14.	Total			1,300,839.09

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	\$ 48,518	\$ 66,498	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 175,000)	2,406,613	2,406,613	3
4	Supply Inventory (priced at)	4,962	4,962	4
5	Short-Term Investments			5
6	Prepaid Insurance		17,953	6
7	Other Prepaid Expenses	11,476	11,476	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	8,978	135,014	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,480,547	\$ 2,642,515	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		8,192,370	14
15	Leasehold Improvements, at Historical Cost	1,319,695	1,457,915	15
16	Equipment, at Historical Cost	884,471	2,688,891	16
17	Accumulated Depreciation (book methods)	(1,483,114)	(9,606,636)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		95,492	21
22	Other Long-Term Assets (spe CIP/Refi.Fee)	18,857	91,741	22
23	Other(specify): Due from Affiliate,	8,180,355	8,217,782	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,920,264	\$ 11,428,242	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,400,811	\$ 14,070,758	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 413,638	\$ 413,638	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	405,013	405,013	28
29	Short-Term Notes Payable	1,286,167	1,439,926	29
30	Accrued Salaries Payable	742,149	742,149	30
31	Accrued Taxes Payable (excluding real estate taxes)	25,247	25,247	31
32	Accrued Real Estate Taxes(Sch.IX-B)		253,300	32
33	Accrued Interest Payable	98,782	125,962	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,SalesTax	212,835	212,835	36
37	Due to Affiliates	1,539,850	1,539,850	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,723,681	\$ 5,157,919	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,124,390	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	Sharehold.loan, other	437,600	437,600	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 437,600	\$ 8,561,990	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,161,281	\$ 13,719,909	46
47	TOTAL EQUITY(page 18, line 24)	\$ 6,239,531	\$ 350,849	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,400,811	\$ 14,070,758	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,245,492	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,245,492	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	994,039	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)	\$ 994,039	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)	\$ 6,239,531	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 13,364,374	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,364,374	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	418,915	6
7	Oxygen	26,292	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 445,207	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	68	12
13	Barber and Beauty Care	299	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	331	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	266	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 964	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	4,307	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,307	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	13,174	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 13,174	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,828,025	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,924,424	31
32	Health Care	4,796,091	32
33	General Administration	3,081,711	33
	B. Capital Expense		
34	Ownership	1,029,301	34
	C. Ancillary Expense		
35	Special Cost Centers	1,520,380	35
36	Provider Participation Fee	482,081	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,833,987	40
41	Income before Income Taxes (line 30 minus line 40)**	994,039	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 994,039	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 7,298,828	44
45	Private Pay - Net Inpatient Revenue	1,523,755	45
46	Medicare - Net Inpatient Revenue	2,627,931	46
47	Other-(specify)	995,974	47
48	Other-(specify)	917,886	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,364,374	49

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

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

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

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

Facility Name & ID Number Alden Valley Ridge Reh & HCC # 0036640 Report Period Beginning 01/01/2016 Ending: 12/31/2016

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	\$ 920
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Write Off Old Accounts Payables	\$ 715
Vendor Discount	\$ 106
United Healthcare-(Rebate/Incentive)	\$ 4,978
U'SAgain LLc	\$ 20
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 6,434
Line 28 Total:	<u>13,174</u>

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	1,856	1,934	\$ 99,029	\$ 51.20	1
2	Assistant Director of Nursing	2,000	2,000	78,296	39.15	2
3	Registered Nurses	35,786	37,889	1,293,384	34.14	3
4	Licensed Practical Nurses	30,683	33,443	1,009,902	30.20	4
5	CNAs & Orderlies	88,488	95,041	1,315,188	13.84	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,228	2,553	61,015	23.90	8
9	Activity Director	1,532	1,532	33,344	21.77	9
10	Activity Assistants	6,699	7,138	75,578	10.59	10
11	Social Service Workers	3,769	3,769	76,539	20.31	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	89,309	42.94	13
14	Head Cook	6,144	6,144	91,605	14.91	14
15	Cook Helpers/Assistants	24,420	25,978	275,780	10.62	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	52,819	25.39	17
18	Housekeepers	18,905	20,495	265,636	12.96	18
19	Laundry	6,386	6,810	66,389	9.75	19
20	Administrator	2,160	2,160	125,715	58.20	20
21	Assistant Administrator	1,768	1,768	51,330	29.03	21
22	Other Administrative	7,666	7,666	202,247	26.38	22
23	Office Manager	2,091	2,091	60,817	29.09	23
24	Clerical	2,454	2,501	21,040	8.41	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,048	4,160	161,278	38.77	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager)	1,393	1,393	24,372	17.50	32
33	Other(specify) Memory care Sup	8,363	8,583	121,776	14.19	33
34	TOTAL (lines 1 - 33)	262,999	279,208	\$ 5,652,388 *	\$ 20.24	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	2225/Monthly	\$ 26,796	1-3	35
36	Medical Director	1133/Monthly	13,590	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	52	2,860	11-3	44
45	Social Service Consultant	12	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	64	\$ 49,054		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	31	\$ 1,355	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	31	\$ 1,355		53

STATE OF ILLINOIS

Facility Name & ID Number Alden Valley Ridge Reh & HCC

0036640

Report Period Beginning: 01/01/2016

Page 21

Ending: 12/31/2016

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name		Function	Ownership %	Amount	Description		Amount	Description		Amount	
Emily E. Rickman		Administrator	0	\$ 79,150	Workers' Compensation Insurance		\$ 201,281	IDPH License Fee		\$	
Jaimee Demmon		Administrator	0	46,565	Unemployment Compensation Insurance		18,724	Advertising: Employee Recruitment		1,710	
Bridget Staberg		Asst.Admin.	0	16,256	FICA Taxes		415,598	Health Care Worker Background Check			
Jacob Pientok		Asst.Admin.	0	35,073	Employee Health Insurance		180,358	(Indicate # of checks performed 0)		0	
					Employee Meals		15,821	Patient Background Checks		195 2,057	
					Illinois Municipal Retirement Fund (IMRF)*			Health Care Council of ILL		19,872	
					Dental/Life Insurance		5,006	Activity Connection.com		143	
TOTAL (agree to Schedule V, line 17, col. 1)					Employee Relations/Misc Payroll Costs		10,767	Surety Bond Fees/Corp.Annual Report		1,199	
(List each licensed administrator separately.)				\$ 177,044	Tuition Reimbursement/401K Match		15,442				
B. Administrative - Other					Employee Drug Tests/Empl. Vaccinations		7,067	Related Party - AMS		3,648	
Description				Amount				Less: Public Relations Expense (			
				\$				Non-allowable advertising (			
					Related Party -Forum Pharmacy		(5,051)	Yellow page advertising (			
					TOTAL (agree to Schedule V, line 22, col.8)		\$ 865,013	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 28,628	
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
C. Professional Services									Out-of-State Travel		\$
Vendor/Payee		Type		Amount							
Alden Management Services, Inc.		consulting fee		\$ 1,043,053							
AMS (Eliminated)		Allocated Legal Fees		45,192							
Gozdecki,Del Guidice/Simndl Law G		Vendor law suite/Union Nego		1,164							
Clerk of Circuit court/Sheriff of Cook		Legal Fees:Non Collections		329					In-State Travel		
Stone Pogrund & Korey LLC		Legal Fees:Non Collections		2,152							
Joint Commission		Accreditation Cert. service		2,600							
First Advantage Corp		Tax credit services		696					Related Party - AMS		1,809
Achieve Accreditation,		Accreditation Consl.service		4,229					Seminar Expense		
Mix Solutions, Inc.		Case Management		6,839					Cynthia Chow		130
Chritina Novotny/KPMG LLp		Accounting Fees		216					IL Council on Long Term care		355
Baker Tilly Virchow Krause		Accounting Fees		16,239							
TOTAL (agree to Schedule V, line 19, column 3)					TOTAL		\$		Entertainment Expense (		
(For legal fee disclosure, see page 39 of instructions)				\$ 1,122,708					(agree to Sch. V, line 24, col. 8)		\$ 2,294

* Attach copy of IMRF notifications

**See instructions.

Alden Valley Ridge Reh & HCC
Legal Fee Support
2016

Legal Fees Reported on Pg 21, Section C:	\$	48,757.67
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(2,480.81)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(45,192.00)
Allowable Legal Fees	\$	<u>1,084.86</u>

<u>In Detail:</u>		
Vendor Name	Invoice Date	Amount
Gozdecki, Del Giudice, Americus,Farkas	2/10/2016	372.74
Gozdecki, Del Giudice, Americus,Farkas	12/24/2015	159.96
Gozdecki, Del Giudice, Americus,Farkas	12/24/2015	144.08
Simandl Law Group S.C.	12/13/2016	21.31
Simandl Law Group S.C.	11/17/2016	386.77
TOTAL ALLOWABLE LEGAL FEES		<u>1,084.86</u>

Vendor Name	Invoice Date	Amount
Clerk of The Circuit Court	6/28/2016	269.00
Sheriff of Cook County	6/28/2016	60.00
STOPOG Stone Pogrund & Korey LLc	3/31/2016	50.00
STOPOG Stone Pogrund & Korey LLc	6/1/2016	110.00
STOPOG Stone Pogrund & Korey LLc	6/30/2016	81.47
STOPOG Stone Pogrund & Korey LLc	7/29/2016	343.75
STOPOG Stone Pogrund & Korey LLc	8/31/2016	471.59
STOPOG Stone Pogrund & Korey LLc	9/30/2016	595.00
STOPOG Stone Pogrund & Korey LLc	10/31/2016	500.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>2,480.81</u>

Vendor Name	Invoice Date	Amount
AMS Legal exp Allocation 2016	1/1/2016	3,766.00
AMS Legal exp Allocation 2016	02/01/16	3,766.00
AMS Legal exp Allocation 2016	03/01/16	3,766.00
AMS Legal exp Allocation 2016	04/01/16	3,766.00
AMS Legal exp Allocation 2016	05/01/16	3,766.00
AMS Legal exp Allocation 2016	06/01/16	3,766.00
AMS Legal exp Allocation 2016	07/01/16	3,766.00
AMS Legal exp Allocation 2016	08/01/16	3,766.00
AMS Legal exp Allocation 2016	09/01/16	3,766.00
AMS Legal exp Allocation 2016	10/01/16	3,766.00
AMS Legal exp Allocation 2016	11/01/16	3,766.00
AMS Legal exp Allocation 2016	12/01/16	3,766.00
TOTAL Allocated Legal Fees		<u>45,192.00</u>

Total Legal Cost	<u>48,757.67</u>
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XX. GENERAL INFORMATION:

- (1)

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

CNAs-Yes,RN/LPNs-no

(2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

HCC of Illinois \$19,872

(3)

Did the nursing home make political contributions or payments to a political action organization?
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?
If YES, what is the capacity?

No

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes

7.5

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.
\$
Line

62,568

10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

n/a

(9)

Are you presently operating under a sublease agreement?

YES

x

NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YES
NO
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

x

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.
This amount is to be recorded on line 42 of Schedule V.

\$

482,081

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

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

(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?
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.

No

(15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.
Has any meal income been offset against related costs?

\$

15,821

No

Indicate the amount.

\$

(16)

Travel and Transportation

a. Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b. Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No

\$

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?
Indicate the amount of income earned from providing such transportation during this reporting period.

No

\$

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

No

(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.
Attach invoices and a summary of services for all architect and appraisal fees

Yes