

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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.

<p>I. IDPH License ID Number: <u>0036640</u></p> <p>Facility Name: <u>Alden Valley Ridge Rehab HCC</u></p> <p>Address: <u>275 E Army Trail Rd</u> <u>Bloomington</u> <u>60108</u> <small>Number City Zip Code</small></p> <p>County: <u>DuPage</u></p> <p>Telephone Number: <u>(630) 893-9616</u> Fax # <u>(630) 924-1059</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>2/01/1991</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) <u>Derek Smart</u></td> </tr> <tr> <td></td> <td colspan="2">(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Print Name and Title) _____</td> </tr> <tr> <td colspan="2">(Firm Name & Address) _____</td> </tr> <tr> <td>(Telephone) <u>773-286-3883</u></td> <td>Fax # <u>773-286-8038</u></td> </tr> </table> <p>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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Derek Smart</u>			(Title) <u>CFO, Alden Management Services, Inc., as agent</u>		Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>773-286-3883</u>	Fax # <u>773-286-8038</u>
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Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	207	Skilled (SNF)	207	75,762	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	207	TOTALS	207	75,762	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	145	753	4,263	5,161	8
9	SNF/PED					9
10	ICF	42,500	2,747	5,361	50,608	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	42,645	3,500	9,624	55,769	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.61%

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

0 (Do not include bed reserve days in Section B.)

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

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

none

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 2/1/1991

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

YES Date 2/1/1991 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 207 and days of care provided 3,145

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Alden Valley Ridge Rehab HCC # 0036640 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	519,510	28,565	25,333	573,408	1,813	575,221	(7,032)	568,189		1
2	Food Purchase		364,079		364,079	(15,871)	348,208	3,072	351,280		2
3	Housekeeping	380,143	65,621		445,764	808	446,572	19,453	466,025		3
4	Laundry	75,163	26,539		101,702	321	102,023		102,023		4
5	Heat and Other Utilities			220,454	220,454		220,454	2,262	222,716		5
6	Maintenance	55,941	575	222,597	279,114	59	279,173	50,204	329,377		6
7	Other (specify):* related party/Security			300	300		300	9,008	9,308		7
8	TOTAL General Services	1,030,758	485,379	468,684	1,984,821	(12,870)	1,971,951	76,968	2,048,919		8
	B. Health Care and Programs										
9	Medical Director			32,490	32,490		32,490		32,490		9
10	Nursing and Medical Records	4,539,949	403,533	304,940	5,248,422	(4,970)	5,243,452	59,947	5,303,398		10
10a	Therapy	264,431	949	55,168	320,548		320,548		320,548		10a
11	Activities	127,390	3,543	3,910	134,842	205	135,047		135,047		11
12	Social Services	64,629			64,629		64,629		64,629		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Res. Att/rel. party	143,441			143,441		143,441	7,763	151,204		15
16	TOTAL Health Care and Programs	5,139,840	408,024	396,507	5,944,372	(4,765)	5,939,607	67,710	6,007,316		16
	C. General Administration										
17	Administrative	185,912			185,912		185,912	238,290	424,202		17
18	Directors Fees										18
19	Professional Services			1,041,095	1,041,095		1,041,095	(943,470)	97,625		19
20	Dues, Fees, Subscriptions & Promotions			143,056	143,056		143,056	(104,837)	38,219		20
21	Clerical & General Office Expenses	180,754	16,388	223,618	420,760	(2,040)	418,720	316,662	735,381		21
22	Employee Benefits & Payroll Taxes			1,073,590	1,073,590	1,622	1,075,212	(2,907)	1,072,305		22
23	Inservice Training & Education										23
24	Travel and Seminar			270	270		270	1,188	1,458		24
25	Other Admin. Staff Transportation			6,316	6,316		6,316	10,623	16,939		25
26	Insurance-Prop.Liab.Malpractice			571,225	571,225		571,225	11,498	582,723		26
27	Other (specify):* related party			100,001	100,001		100,001	(5,629)	94,372		27
28	TOTAL General Administration	366,667	16,388	3,159,171	3,542,225	(418)	3,541,807	(478,583)	3,063,224		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,537,265	909,791	4,024,362	11,471,417	(18,053)	11,453,364	(333,905)	11,119,459		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			93,042	93,042		93,042	237,504	330,547			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			69,485	69,485		69,485	295,146	364,631			32
33	Real Estate Taxes			96,011	96,011	(96,011)		104,022	104,022			33
34	Rent-Facility & Grounds			643,090	643,090	96,011	739,101	(739,101)				34
35	Rent-Equipment & Vehicles			38,785	38,785		38,785	42,609	81,394			35
36	Other (specify):* MIP							38,534	38,534			36
37	TOTAL Ownership			940,413	940,413		940,413	(21,286)	919,127			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		768,390	893,545	1,661,935	18,053	1,679,988	(319,551)	1,360,437			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			442,310	442,310		442,310		442,310			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		768,390	1,335,855	2,104,245	18,053	2,122,298	(319,551)	1,802,747			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,537,265	1,678,181	6,300,630	14,516,076		14,516,076	(674,742)	13,841,334			45

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

Alden Valley Ridge Rehab HCC
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0036640

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(15,871)	Employee Meals
	22	15,871	Employee Meals
22		(14,248.89)	Uniform Reclass
	1	1,812.68	Uniform Reclass
	3	807.52	Uniform Reclass
	4	321.42	Uniform Reclass
	6	58.67	Uniform Reclass
	10	8,463.31	Uniform Reclass
	11	205.39	Uniform Reclass
	21	2,579.89	Uniform Reclass
10		(18,053)	Oxygen Cost Reclass
	39	18,053	Oxygen Cost Reclass
33		(96,011)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	96,011	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(4,620)	TeamTsi Corp Reclass
	10	4,620	TeamTsi Corp Reclass
		<u>0.00</u>	

Note for internal purposes: check your reclasses on last year's file, as there may be reclasses specific to your facility.

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(19,756)	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	(81,766)	30		9
10	Interest and Other Investment Income	(13,870)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,190)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(22,320)	21		17
18	Fines and Penalties	(7,846)	32		18
19	Entertainment	(1,968)	20		19
20	Contributions	(7,398)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(32,149)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(100,001)	27		24
25	Fund Raising, Advertising and Promotional	(96,505)	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)	\$ (386,769)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(236,469)		34
35	Other- Attach Schedule	(51,504)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (287,973)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (674,742)		37

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

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

(See instructions.)

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

Alden Valley Ridge Rehab HCC

ID# 0036640

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees Utilities	\$ (1,750)	5	1
2	Late fees - telephone	0	21	2
3	Employee Flu Shots	0	21	3
4	Intercompany Interest	(60,199)	32	4
5	Elim-Chamber of Commerce fee in GL 6825	(452)	20	5
6	Misc. Income-Record Copies	(471)	10	6
7	Misc. Income-Jury Duty	0	21	7
8	Vendor Discounts	(31)	10	8
9	Misc. income - Donations		21	9
10	Misc. income - Settlements	1	21	10
11	Elim ABC Deprec Exp from Pg 12 series(Prior Yrs)	32	30	11
12	Elim ABC Deprec Exp from Pg 12 series(Current Yr)	3	30	12
13	Elim deprec exp on Pg 13 items < \$2,500	(25,500)	30	13
14	Expense current year Pg 13 items < \$2,500	40,213	6	14
15	Elim deprec exp on Pg 12 items < \$2,500	(3,802)	30	15
16	Expense current year Pg 12 items < \$2,500	4,477	6	16
17	Adj YTD Deprec Exp to Detail	(3,721)	30	17
18	Collection Fees (GL 6965)	0	21	18
19	Elim. Landowner Bank Charges	(304)	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	(51,504)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
1	A. General Services													
1	Dietary	0	0	0	(7,032)	0	0	0	0	0	0	0	(7,032)	1
2	Food Purchase	(3,190)	0	0	6,262	0	0	0	0	0	0	0	3,072	2
3	Housekeeping	0	0	19,453	0	0	0	0	0	0	0	0	19,453	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,750)	0	4,012	0	0	0	0	0	0	0	0	2,262	5
6	Maintenance	24,934	0	23,538	0	0	0	94	1,638	0	0	0	50,204	6
7	Other (specify):*	0	0	9,008	0	0	0	0	0	0	0	0	9,008	7
8	TOTAL General Services	19,995	0	56,011	(770)	0	0	94	1,638	0	0	0	76,968	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	(502)	0	52,787	9,441	(1,779)	0	0	0	0	0	0	59,947	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	7,763	0	0	0	0	0	0	0	0	7,763	15
16	TOTAL Health Care and Programs	(502)	0	60,550	9,441	(1,779)	0	0	0	0	0	0	67,710	16
	C. General Administration													
17	Administrative	0	0	238,290	0	0	0	0	0	0	0	0	238,290	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(32,453)	19,898	(930,915)	0	0	0	0	0	0	0	0	(943,470)	19
20	Fees, Subscriptions & Promotions	(106,323)	77	1,409	0	0	0	0	0	0	0	0	(104,837)	20
21	Clerical & General Office Expenses	(22,319)	0	338,981	0	0	0	0	0	0	0	0	316,662	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,907)	0	0	0	0	0	0	(2,907)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,188	0	0	0	0	0	0	0	0	1,188	24
25	Other Admin. Staff Transportation	0	0	10,623	0	0	0	0	0	0	0	0	10,623	25
26	Insurance-Prop.Liab.Malpractice	0	11,109	389	0	0	0	0	0	0	0	0	11,498	26
27	Other (specify):*	(100,001)	0	94,372	0	0	0	0	0	0	0	0	(5,629)	27
28	TOTAL General Administration	(261,097)	31,084	(245,663)	0	(2,907)	0	0	0	0	0	0	(478,583)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(241,604)	31,084	(129,102)	8,671	(4,686)	0	94	1,638	0	0	0	(333,905)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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	(114,754)	341,140	11,118	0	0	0	0	0	0	0	0	237,504	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(81,915)	307,447	69,614	0	0	0	0	0	0	0	0	295,146	32
33	Real Estate Taxes	0	96,011	8,011	0	0	0	0	0	0	0	0	104,022	33
34	Rent-Facility & Grounds	0	(739,101)	0	0	0	0	0	0	0	0	0	(739,101)	34
35	Rent-Equipment & Vehicles	0	0	42,609	0	0	0	0	0	0	0	0	42,609	35
36	Other (specify):*	0	38,534	0	0	0	0	0	0	0	0	0	38,534	36
37	TOTAL Ownership	(196,669)	44,031	131,352	0	0	0	0	0	0	0	0	(21,286)	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	(114,228)	(24,468)	(180,855)	0	0	0	0	0	(319,551)	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	(114,228)	(24,468)	(180,855)	0	0	0	0	0	(319,551)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(438,273)	75,115	2,250	(105,557)	(29,154)	(180,855)	94	1,638	0	0	0	(674,742)	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 PG-Supp		See PG-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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 739,101	Valley Ridge Associates, L.L.C.	0.00%	\$	\$ (739,101)	1
2	V	32 Interest Income	32	Valley Ridge Associates, L.L.C.			(32)	2
3	V	6 Repairs & Maintenance		Valley Ridge Associates, L.L.C.				3
4	V	19 Accounting Fees		Valley Ridge Associates, L.L.C.		14,000	14,000	4
5	V	19 Bank Charges		Valley Ridge Associates, L.L.C.		304	304	5
6	V	20 Corporate Annual Report Fee		Valley Ridge Associates, L.L.C.		77	77	6
7	V	33 Real Estate Taxes		Valley Ridge Associates, L.L.C.		96,011	96,011	7
8	V	26 General Insurance Expense		Valley Ridge Associates, L.L.C.		11,109	11,109	8
9	V	36 Mortgage insurance Premium		Valley Ridge Associates, L.L.C.		38,534	38,534	9
10	V	32 Interest Mortgage/Other		Valley Ridge Associates, L.L.C.		303,576	303,576	10
11	V	30 Depreciation		Valley Ridge Associates, L.L.C.		341,140	341,140	11
12	V	32 Amortization Expense		Valley Ridge Associates, L.L.C.		3,903	3,903	12
13	V	19 Legal Fees/Professional Fees		Valley Ridge Associates, L.L.C.		5,594	5,594	13
14	Total		\$ 739,133			\$ 814,248	\$ * 75,115	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%	\$ 4,012	\$ 4,012	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,188	1,188	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		10,623	10,623	17
18	V	26 Insurance		Alden Management Services, Inc.		389	389	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		1,409	1,409	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		8,011	8,011	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		42,609	42,609	22
23	V	32 Interest		Alden Management Services, Inc.		69,614	69,614	23
24	V	3 Dietary		Alden Management Services, Inc.		19,453	19,453	24
25	V	7 Housekeeping		Alden Management Services, Inc.		9,008	9,008	25
26	V	10 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		52,787	52,787	26
27	V	15 Nurs & Med Records Salary		Alden Management Services, Inc.		7,763	7,763	27
28	V	17 Employee Benefits-Health Care		Alden Management Services, Inc.		238,290	238,290	28
29	V	27 Administrative Salary		Alden Management Services, Inc.		94,372	94,372	29
30	V	19 Employee Benefits-Admin	979,928	Alden Management Services, Inc.		49,013	(930,915)	30
31	V	21 Professional Fees	54,240	Alden Management Services, Inc.		393,221	338,981	31
32	V	6 Gen'l & Admin	12,520	Alden Management Services, Inc.		36,058	23,538	32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,046,688			\$ 1,048,938	\$ * 2,250	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.	\$ 25,333	Prism Health Care Services, Inc.	0.00%	\$	(25,333)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		4,058	4,058	16
17	V	2 Tube feeding	25,533	Prism Health Care Services, Inc.		12,364	(13,169)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		3,649	(3,011)	18
19	V	39 Ancillary supplies	194,433	Prism Health Care Services, Inc.		22,450	(171,983)	19
20	V	39 Vent Rent		Prism Health Care Services, Inc.		12	12	20
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		14,243	14,243	21
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		19,431	19,431	22
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		12,452	12,452	23
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		57,743	57,743	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		\$ 251,959			\$ 146,402	\$ * (105,557)	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 <u>Drugs</u>	\$ 473,752	<u>Forum Extended Care II, Inc.</u>	0.00%	\$ 451,240	\$	(22,512)	15
16	V	39 <u>I.V.</u>	47,579	<u>Forum Extended Care II, Inc.</u>		45,318		(2,261)	16
17	V	39 <u>Wound Care-Product only</u>	51,859	<u>Forum Extended Care II, Inc.</u>		49,395		(2,464)	17
18	V	10 <u>House Stock</u>	32,459	<u>Forum Extended Care II, Inc.</u>		30,916		(1,543)	18
19	V	10 <u>Pharm Consult</u>	4,968	<u>Forum Extended Care II, Inc.</u>		4,732		(236)	19
20	V	22 <u>Employee Vaccinations</u>	2,907	<u>Forum Extended Care II, Inc.</u>				(2,907)	20
21	V	39 <u>Employee Vaccinations</u>		<u>Forum Extended Care II, Inc.</u>		2,769		2,769	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		\$ 613,524			\$ 584,370	\$ *	(29,154)	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	\$ 965,230	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 784,375	\$ (180,855)	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		\$ 965,230			\$ 784,375	\$ * (180,855)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 39,459	Alden Bennett Construction Company, Inc.	0.00%	\$ 39,553	\$	94	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		\$ 39,459			\$ 39,553	\$ *	94	39

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

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 1,777	Alden Design Group, Ltd.	0.00%	\$ 3,415	\$ 1,638	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		\$ 1,777			\$ 3,415	\$ *	1,638	39

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

Facility Name & ID Number

Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services	Schaumburg	Nursing and Durables	10
11			Alden - Orland Park Rehabilitation and Health Care	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipment	Fort Atkinson	Nursing and Durables	13
14			Alden - Town Manor Rehabilitation and Health Care	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care	Hoffman Estates	Family Solutions for Services	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care	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.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health Care	Long Grove				30

Facility Name & ID Number Alden Valley Ridge Rehab HCC # 0036640 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 I	Chairman	100.00	176,467	1.844	4.61	Salary	\$ 8,533	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,388	1.844	4.61	Salary	4,612	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,388	1.844	4.61	Salary	4,612	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	108,562	1.844	4.61	Salary	5,249	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	60,517	1.844	4.61	Salary	2,926	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	176,467	1.6135	4.61	Salary	8,533	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										
13								TOTAL	\$ 34,466		13

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

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

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,209,117	36	\$ 86,976	\$ 55,769	\$ 4,012	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	55,769	1,188	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	55,769	10,623	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	55,769	389	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	55,769	1,409	5
6	30	Depreciation	No of Providers/usage	36	36	408,834	1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354	55,769	8,011	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	55,769	42,609	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	55,769	69,614	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	19,453	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	55,769	9,008	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	52,787	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	55,769	7,763	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	238,290	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	55,769	94,372	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	49,013	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	393,221	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	36,058	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 1,048,938	25

Facility Name & ID Number

Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	\$ 7,625,102	03/01/2046	3.9400	\$ 303,576	1								
2												2								
3	Amort of Fin Fees (GL 7105)										3,903	3								
4	Insurance Interest (GL7053)										192	4								
5												5								
Working Capital																				
6	Related party - AMS		x	Working capital							69,614	6								
7												7								
8												8								
9	TOTAL Facility Related				\$39,763.40		\$ 9,009,300	\$ 7,625,102			\$ 377,285	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x								(32)	10								
11	Interest Income (GL 4975)		x								(13,870)	11								
12	IDPA AUDIT- interest		x								867	12								
13	Finance charges (GL 7035)		x								381	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (12,654)	14								
15	TOTALS (line 9+line14)						\$ 9,009,300	\$ 7,625,102			\$ 364,631	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 38,534 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 2019 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$ 243,400	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.)			\$ 167,211	2
3. Under or (over) accrual (line 2 minus line 1).			\$ (76,189)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ 172,200	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.			\$ 96,011	7
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page	\$ 8,011	
		Total Real Estate Tax Expense, Sch V, Line 33	\$ 104,022	
Real Estate Tax Bill for Calendar Year:	2015 245,916	8	FOR BHF USE ONLY	
	2016 249,536	9		
	2017 237,354	10	13	FROM R. E. TAX STATEMENT FOR 2019 \$ 13
	2018 236,293	11	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2019 167,211	12	15	LESS REFUND FROM LINE 6 \$ 15
<u>The current year accrual is based on an estimated 3% increase of the prior year tax.</u>			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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Valley Ridge Rehab HCC COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0036640

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

TELEPHONE 773-724-6362 FAX #: 872-469-1725

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>173,696.00</u>	\$ <u>8,011.00</u>
2. <u>02-23-301-019</u>	<u>Alden Valley Ridge</u>	\$ <u>3,408.18</u>	\$ <u>3,408.18</u>
3. <u>02-23-301-020</u>	<u>Alden Valley Ridge</u>	\$ <u>163,802.36</u>	\$ <u>163,802.36</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>340,906.54</u></u>	\$ <u><u>175,221.54</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,046 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing home facility</u>	<u>96,720</u>	<u>1990</u>	<u>\$ 317,233</u>	<u>1</u>
2	<u>Note: building only sq ft</u>	<u>72,046</u>			<u>2</u>
3	TOTALS	168,766		\$ 317,233	3

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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		1991		\$ 6,027,235	\$ 191,340	30	\$ 168,394	\$ (22,946)	\$ 6,027,235	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	LEASEHOLD IMPROVEMENTS	1991		1,644,299	58,820	VARIOUS		(58,820)	1,644,299	9
10	REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.	1991		18,611		5			18,611	10
11	EXHAUST FAN/HVAC/BURNISHER/MISC.	1992		32,815		5,10 & 15			32,815	11
12	PIPE INSULATION/HVAC/MISC.	1993		31,308		5,10,15 & 17			31,308	12
13	SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP	1994		28,814		5,10 & 25			28,814	13
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC	1995		28,634		10,15 & 20			28,634	14
15	ROOF REPAIR	1996		3,200		10			3,200	15
16	ROOF REPAIR	1996		2,500		10			2,500	16
17	PARKING LOT LIGHTING	1996		3,716		15			3,716	17
18	PARKING LOT LIGHTING,EMRGNCY SERVICE-POWER OUT	1997		8,767		5			8,767	18
19	REPAIR PUMP	1997		1,800		5			1,800	19
20	ROOF REPAIRS	1997		2,590		5			2,590	20
21	REPLACE COMPRESSOR	1997		6,885		5			6,885	21
22	REPLACE MIXING VALVE	1997		2,763		5			2,763	22
23	REPAIR PUMP	1997		2,161		5			2,161	23
24	REPLACE PUMP	1997		6,293		5			6,293	24
25	REPLACED COMPRESSOR	1997		5,000		5			5,000	25
26	ROOF REPAIRS	1997		1,800		5			1,800	26
27	DOOR HOLDER	1997		4,088		10			4,088	27
28	PARKING LOT	1997		131,918		20			131,918	28
29	INSTALL WALL PLATES/OUTLETS	1997		4,968		10			4,968	29
30	INSTALL CABLE	1998		5,244		10			5,244	30
31	PAINTING	1998		52,000		20			52,000	31
32	CARPETING	1998		59,500		20			59,500	32
33	DRAPERIES	1998		13,000		20			13,000	33
34	ROOF	1998		79,000		20			79,000	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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		2,092	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		15			9,561	52
53	Taylor Plumbing (pump repair)	1999	1,728		5			1,728	53
54	Ashland Plumbing & Heating Co. (furnished and installed ejector p	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		20			7,884	63
64	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779		5			1,779	64
65	System Electric(repair dedicated circuits)	2000	2,461		15			2,461	65
66	Capps Plumbing (repair ejector pumps)	2000	4,970		15			4,970	66
67	Fox Valley (re-wire smoke detectors)	2000	14,576		10			14,576	67
68	Harold(repair dish machaine)	2000	962		5			962	68
69	Harold(repair dish machaine)	2000	1,328		5			1,328	69
70	TOTAL (lines 4 thru 69)		\$ 8,379,290	\$ 250,244		\$ 168,478	\$ (81,766)	\$ 8,378,850	70

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

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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	\$ 250,244		\$ 168,478	\$ (81,766)	\$ 8,378,850	1
2	new horizons-install phone line	2000	2,742		10			2,742	2
3	CSI -Coker Service (new motor)	2001	3,865		10			3,865	3
4	State mandated tank removal	2001	12,242		15			12,242	4
5	Water Pump repair	2001	1,706		5			1,706	5
6									6
7	new horizons-install phone line	2001	1,572		5			1,572	7
8	GT (replace fan blade)	2001	3,534		5			3,534	8
9	Alco sales & service (beds)	2001	2,324		10			2,324	9
10	Alco sales & service (beds)	2001	233		10			233	10
11	GT (repalace motor)	2001	791		10			791	11
12	GT (replace heat exchanger)	2001	1,332		5			1,332	12
13	GT (repair leaking piping)	2001	1,381		5			1,381	13
14									14
15	ABC (misc. repair)	2002	2,126		5			2,126	15
16	GT (compressor)	2002	4,290		15			4,290	16
17	Capps (install drain)	2002	2,585		5			2,585	17
18	SMT healthcare system(body lift)	2002	10,132		15			10,132	18
19	ABC --(carpet in two elevators))	2002	1,279		10			1,279	19
20	ABC (new gate)	2002	3,362		10			3,362	20
21	ABC-New door	2003	2,102		10			2,102	21
22	ABC-Southland-New Floor	2003	857		10			857	22
23	ABC- Bathroom	2003	735		10			735	23
24	CSI-repair dishwasher	2003	2,111		5			2,111	24
25	ABC-GT Mech. Repair gas regulators	2003	2,369		10			2,369	25
26	ABC GTMech-repair water heater	2003	1,818		10			1,818	26
27	TSN Inc - DSL Cable	2004	990		10			990	27
28	Aquarium Main Serv-replace mixing valves	2004	10,501		5			10,501	28
29	ABC-new flooring	2004	2,100		10			2,100	29
30	Aqua Service-boiler mixing valve/storage tank prep	2004	1,205		5			1,205	30
31	Aqua Service-boiler mixing valve/storage tank prep	2004	2,906		5			2,906	31
32	Aqua Service-rebuilt valves,plumbing	2004	3,002		5			3,002	32
33	ABC-new flooring	2004	2,276		10			2,276	33
34	TOTAL (lines 1 thru 33)		\$ 8,467,758	\$ 250,244		\$ 168,478	\$ (81,766)	\$ 8,467,318	34

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

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,467,758	\$ 250,244		\$ 168,478	\$ (81,766)	\$ 8,467,318	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		1,528	6
7	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020		10			6,020	7
8	DBS Contracting, Inc-Bore Underground for TV	2005	5,750		10			5,750	8
9									9
10	Cybor Fire Protection-Sprinkler System Pipe Work	2005	4,500		5			4,500	10
11	A&B Custom Cable-Install 70 rms antennas	2005	8,120		10			8,120	11
12	ABC-Patten Repair Generator	2006	5,210		10			5,210	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714		10,533	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809		15			3,809	14
15	ABC-Window Replacement	2006	31,829		10			31,829	15
16	TopNotch Cooler Door	2006	4,300		10			4,300	16
17	Ceiling, Tiling, Motors, Cabinets, Plumbing	2006	8,034		10			8,034	17
18	ABC-Bathroom Repairs	2006	10,807		5			10,807	18
19	Install TV Cabeling/Master Antenna	2007	(3,020)		10			(3,020)	19
20	Chiller Repair	2007	7,225	362	10	362		7,225	20
21	Installed Compressor	2007	9,517	634	10	634		8,034	21
22	Freezer Door Repair	2007	4,533		10			4,533	22
23	Regraded Detention Pond	2007	6,302		10			6,302	23
24	Replaced water pump motors	2007	4,095		10			4,095	24
25	New TV Lines	2007	5,750		10			5,750	25
26	Replace Sprinkler System	2007	4,500		10			4,500	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,615,472	\$ 252,051		\$ 170,285	\$ (81,766)	\$ 8,612,957	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,615,472	\$ 252,051		\$ 170,285	\$ (81,766)	\$ 8,612,957	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,762,465	\$ 256,747		\$ 174,981	\$ (81,766)	\$ 8,708,728	34

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

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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		\$ 8,762,465	\$ 256,747		\$ 174,981	\$ (81,766)	\$ 8,708,728	1
2	Adjust for ABC Related Party Profit	2012	6,340	231		231		2,079	2
3	Adjust for ABC Related Party Profit	2013	4,297	340		340		2,550	3
4	Parking Lot Paving	2007	12,323					12,323	4
5	ABC-Windows	2008	3,387					3,387	5
6	ABC-Cooling tower/compressor	2008	73,033	4,869	15	4,869		57,012	6
7	ABC-Ceiling tile/electrical/door	2008	5,518					5,518	7
8	ABC-Water main	2008	18,186	727	25	727		8,848	8
9	ABC-Carpeting	2008	7,252					7,252	9
10	ABC-Thermal pane windows	2008	3,280					3,280	10
11	ABC-Landscap/masonry/irrig/lighting	2009	32,194	2,146	15	2,146		23,607	11
12	ADG-Replace solar screen window shades	2009	2,583					2,583	12
13	G.T.Mech-Repair/clean water cooled condenser	2009	3,521					3,521	13
14	G.T.Mech-Replaced busted ball valves on cooling tower	2009	3,218					3,218	14
15	Top Notch-Relaced Freezer Compressor	2009	5,581					5,581	15
16	Equ. International-Reducer Gearkit Spider Panel Front	2009	3,043					3,043	16
17	ABC-Plumbing replaced Broken & damaged	2009	4,902					4,902	17
18	ABC-Windows Replaced Broken	2009	7,852					7,852	18
19	ABC-Hvac motors with new motors	2009	4,773					4,773	19
20	ABC-Repaved bad parking lot with new paving	2009	24,646	1,230	10	1,230		24,646	20
21	ABC-Fence Installation-New Fence along Lot	2010	3,820	255	15	255		2,485	21
22	Ken's Custom-Re-upholstery of chairs-Admission Conf.Rm	2010	2,645					2,645	22
23	ABC-Replace Windows and Screens	2010	12,058	803	10	803		12,058	23
24	ADG-Reupholstery for Furnitures	2010	5,863					5,863	24
25	ADG-Fabric for furnitures	2010	6,377					6,377	25
26	Repaved Parking Lot	2010	8,137	543	15	543		7,103	26
27	Boiler domestic hot water-ABC	2011	11,329	566	20	566		5,521	27
28	Plumbing major replacement/pipes-Capps Plum.	2011	4,875	195	25	195		1,722	28
29	Elevator linestarter & wired motor - Long Elevator	2011	5,360					5,360	29
30	Asphalt removal & replacement-Rose Paving	2011	9,292	384	8	384		9,292	30
31	Dishwasher prewash motor assembly-TopNotch	2011	2,613	261	10	261		2,263	31
32	Evaporator Coi for walk in freezer - Top Notch	2011	3,738	374	10	374		3,241	32
33	Sprinkler & Fire Alarm Upgrade-ABC	2012	3,572	143	25	143		1,239	33
34	TOTAL (lines 1 thru 33)		\$ 9,068,073	\$ 269,814		\$ 188,048	\$ (81,766)	\$ 8,959,872	34

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

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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		\$ 9,068,073	\$ 269,814		\$ 188,048	\$ (81,766)	\$ 8,959,872	1
2	Sprinkler & Fire Alarm Upgrade-ABC	2012	86,740	3,470	25	3,470		30,073	2
3	Sprinkler installed in elevator-ABC	2012	4,141	166	25	166		1,369	3
4	Repair pumps-sewage-ABC	2012	8,237	824	10	824		7,209	4
5	Roof repair, leak area-JD & Sons	2012	3,250	325	10	325		2,898	5
6	Dampers fire and access panesl-GT Mach.	2012	14,343	1,434	10	1,434		11,472	6
7	Fire Protection, Major repair Valve-Valley Fire Protc.	2013	4,988	249	20	249		1,847	7
8	Spinkler Major Repairs-Valley Fire Protection	2013	5,649					5,649	8
9	Asphalt Paving-ABC	2013	5,936	742	8	742		5,380	9
10	Dampers Fire-ABC	2013	10,569	1,057	10	1,057		7,575	10
11	Carpentary-Remodel Corridor (1st,2nd & 3rd Flr)	2013	34,730	1,713	39	1,713		13,410	11
12	Doors-Remodel Corridor (1st,2nd & 3rd Flr)	2013	89,077	4,392	39	4,392		34,384	12
13	Acoustical-Remodel Corridor (1st,2nd & 3rd Flr)	2013	70,653	3,484	39	3,484		27,275	13
14	Painting/Wallcovering-Remodel Corridor (1st,2nd & 3rd Flr)	2013	107,843	5,318	15	5,318		41,632	14
15	Wall Protection-Remodel Corridor (1st,2nd & 3rd Flr)	2013	55,008	2,712	15	2,712		21,232	15
16	Artwork-Remodel Corridor (1st,2nd & 3rd Flr)	2013	13,929	687	15	687		5,378	16
17	Blinds & Curtains-Remodel Corridor (1st,2nd & 3rd Flr)	2013	59,610	2,939	15	2,939		23,009	17
18	Cabinets-Remodel Corridor (1st,2nd & 3rd Flr)	2013	5,155	254	15	254		1,989	18
19	Carpets & Flooring-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,961	343	15	343		2,686	19
20	Signage-Remodel Corridor (1st,2nd & 3rd Flr)	2013	14,924	736	15	736		5,762	20
21	Electrical Fixtures-Remodel Corridor (1st,2nd & 3rd Flr)	2013	6,436	317	15	317		2,482	21
22	Glass/Glazing-Remodel Corridor (1st,2nd & 3rd Flr)	2013	1,980	98	15	98		767	22
23	Steel framing support structure for roof cooling tower - ABC	2013	8,234	549	15	549		3,934	23
24	Dishwasher-motor/speed reducer-TopNotch	2014	8,581					8,581	24
25	Elevator Major repair-Align Elecation	2014	3,479					3,479	25
26	Dampers Fire-ABC	2015	12,055	1,206	10	1,206		7,169	26
27	Celling Drywall major repair-ABC	2016	9,235	292	39	292		1,247	27
28	Fire Spinkler major repair-Valley Fire Protection	2016	2,618	105	25	105		516	28
29	Grout in Kitchen-SUPINS	2016	7,700	770	10	770		3,722	29
30	Dishwasher major repair-TopNotch	2016	3,024	605	5	605		2,722	30
31	Fire Spinkler major repair(spinkler main)-Valley Fire Protection	2016	6,780	271	25	271		1,197	31
32	Concrete paving fron entrance-JJ Asphalt	2016	7,500	500	15	500		2,167	32
33	Freezer Major Repair (Evaporator)-TopNotch	2016	5,201	1,040	5	1,040		4,420	33
34	TOTAL (lines 1 thru 33)		\$ 9,752,639	\$ 306,412		\$ 224,646	\$ (81,766)	\$ 9,252,504	34

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

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 9,752,639	\$ 306,412		\$ 224,646	\$ (81,766)	\$ 9,252,504	1
2	Dishwasher major repair-speed reducer-TopNotch	2016	3,165	633	5	633		2,532	2
3	Boiler major repair-ABC	2016	11,451	763	15	763		3,053	3
4	Fire Dampers-GT Mechanicals	2017	9,561	956	10	956		3,744	4
5	Chiller major repiar-GT Mechanicals	2017	4,057	811	5	811		2,906	5
6	Air Conditioner major repiar-GT Mechanicals	2017	6,843	1,369	5	1,369		4,905	6
7	Steamer major repair (Boiler Assembly)-TopNotch	2017	3,106	621	5	621		2,122	7
8	Steamer major repair-TopNotch	2017	2,695	539	5	539		1,797	8
9	Sprinkler Valve-VALFIR	2018	4,710	471	10	471		1,099	9
10	Boiler Pilot Assembly & Ignition modul-GT Mechanicals	2018	2,877	575	5	575		1,246	10
11	Elevator oil line gasket-SUBELE	2018	3,800	760	5	760		1,583	11
12	Wall repair for projection TV-ABC	2018	2,691	538	5	538		1,121	12
13	Valve, Elevator major repair-SUBELE	2019	3,600	720	5	720		1,440	13
14	Shower Tiles, 1st floor Shower room	2019	11,671	2,334	5	2,334		4,085	14
15	Shower Tiles, 1st floor Shower room	2019	4,518	904	5	904		1,506	15
16	Elevator major repair-SUBELE	2019	7,600	760	5	760		1,267	16
17	Landscaping-new trees-SEBLAN	2019	2,544	254	10	254		297	17
18	Generator major repair-Altorfer Ind	2020	4,332	794	5	794		794	18
19	Roof major repair-JD & Sons	2020	4,650	775	5	775		775	19
20	Chiller major repair-ABC	2020	28,279	1,414	5	1,414		1,414	20
21									21
22	Adjust for ABC Related Party Profit	2008	(632)	(45)		(45)		(387)	22
23	Adjust for ABC Related Party Profit	2009	(1,021)	(68)		(68)		(468)	23
24	Adjust for ABC Related Party Profit	2010	(194)	(16)		(16)		(148)	24
25	Adjust for ABC Related Party Profit	2011	118	10		10		90	25
26	Adjust for ABC Related Party Profit	2015	(23)	(2)		(2)		(12)	26
27	Adjust for ABC Related Party Profit	2016	(130)	(9)		(9)		(29)	27
28	Adjust for ABC Related Party Profit	2018	(17)	(3)		(3)		(9)	28
29	Adjust for ABC Related Party Profit	2019	1,138	165		165		330	29
30	Adjust for ABC Related Party Profit	2020	67	3		3		3	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,874,093	\$ 322,439		\$ 240,673	\$ (81,766)	\$ 9,289,560	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	\$ 820,480	\$ 81,599	\$ 81,599	\$	various	\$ 526,570	71
72	Current Year Purchases	94,687	4,804	4,804		various	4,715	72
73	Fully Depreciated Assets	1,548,950	1,873	1,873		various	1,548,950	73
74								74
75	TOTALS	\$ 2,464,117	\$ 88,275	\$ 88,275	\$		\$ 2,080,235	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79	Buses	Midwest Transit	1/1/2001	57,818	1,598	1,598		5	55,154	79
80	TOTALS			\$ 61,620	\$ 1,598	\$ 1,598	\$		\$ 58,956	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)	\$ 12,717,063 81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 412,313 82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 330,547 83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (81,766) 84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,428,751 85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

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

10. Effective dates of current rental agreement:

Beginning 01/11

Ending 12/21

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

Fiscal Year Ending Annual Rent

12. 12/31/2021 \$ varies

13. \$

14. \$

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

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

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

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 15,109 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-PG 6A</u>		\$ <u>#####</u>	\$ <u>19,824</u>	17
18					18
19	<u>Auto lease-GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>27,670</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>47,494</u>	21

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

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

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

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

ALLOCATION OF COSTS (d)

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

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	

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

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

	Service	1 Schedule V Line & Column Reference	2		4	5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff			Outside Practitioner (other than consultant)					
			Units of Service	Cost		Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 312,440	\$		\$ 312,440	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs			124,321			124,321	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39-3	hrs			448,052			448,052	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	See PG16A	# of prescripts				454,009		454,009	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any				(180,855)	202,470		21,615	13	
14	TOTAL			\$		\$ 703,958	\$ 656,479		\$ 1,360,437	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	312,439.77	
2.	ST	39-3	To Col 5	124,320.60	
3.					
4.	PT	39-3	To Col 5	448,052.37	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			473,752.24	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(19,743.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	454,009.24	
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: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(180,855.00)	From Page 6D, Col 8 (Except DD homes)
	Other			303,369.66	
	Manual Input: Related Party - Prism			(114,228.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(2,261.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(2,464.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			18,053.32	
13.	Col 6: Supplies Total		To Col 6	202,469.98	
13.	Total Line 13, Column 8			21,614.98	
14.	Total			1,360,436.96	

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

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	\$	\$ 31,697	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 255,750)	2,119,197	2,119,197	3
4	Supply Inventory (priced at)	111,413	111,413	4
5	Short-Term Investments			5
6	Prepaid Insurance		21,444	6
7	Other Prepaid Expenses	24,606	24,606	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	28,385	287,501	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,283,601	\$ 2,595,858	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		290,687	13
14	Buildings, at Historical Cost		8,201,604	14
15	Leasehold Improvements, at Historical Cost	1,374,429	1,515,735	15
16	Equipment, at Historical Cost	1,028,662	3,074,359	16
17	Accumulated Depreciation (book methods)	(1,822,070)	(11,345,731)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		106,152	21
22	Other Long-Term Assets (spe <u>Refi.Fee</u>)		56,769	22
23	Other(specify): <u>Due from Affiliate,</u>	13,540,235	13,540,235	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,121,256	\$ 15,439,810	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,404,857	\$ 18,035,668	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 672,634	\$ 676,834	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	631,162	631,162	28
29	Short-Term Notes Payable		179,958	29
30	Accrued Salaries Payable	699,687	699,687	30
31	Accrued Taxes Payable (excluding real estate taxes)	230,542	230,542	31
32	Accrued Real Estate Taxes(Sch.IX-B)		172,200	32
33	Accrued Interest Payable		25,036	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,due to IDPA,SalesTax, Prov.</u>	5,663,483	5,663,483	36
37	<u>Due to Affiliates</u>	801,607	887,479	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,699,115	\$ 9,166,381	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	996,942	996,942	39
40	Mortgage Payable		7,445,143	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44	<u>Fica-Deferred</u>	156,304	156,304	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,153,246	\$ 8,598,389	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,852,361	\$ 17,764,770	46
47	TOTAL EQUITY(page 18, line 24)	\$ 6,552,496	\$ 270,898	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 16,404,857	\$ 18,035,668	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 7,627,171	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,627,171	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,074,675)	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)	\$ (1,074,675)	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)	\$ 6,552,496	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,899,764	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,899,764	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	503,953	6
7	Oxygen	17,543	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 521,496	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	13,870	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 13,870	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	6,271	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,271	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,441,401	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,984,821	31
32	Health Care	5,944,372	32
33	General Administration	3,542,225	33
B. Capital Expense			
34	Ownership	940,413	34
C. Ancillary Expense			
35	Special Cost Centers	1,661,935	35
36	Provider Participation Fee	442,310	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,516,076	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,074,675)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,074,675)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,350,099	44
45	Private Pay - Net Inpatient Revenue	802,602	45
46	Medicare - Net Inpatient Revenue	2,121,908	46
47	Other-(specify) Hospice/Insurance	815,638	47
48	Other-(specify) Veterans,Charity/Sales Allows	809,517	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,899,764	49

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

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

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

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

Facility Name & ID Number

Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	
Record Copies-Backed out with Ln ref 21-Pg 5A	471
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	1
Write Off Old Accounts Payables	
Vendor Discount	31
Unclaimed Porperty	246
United Healthcare-(Rebate/Incentive)	3,835
Humana Services	20
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	1,666
Line 28 Total:	<u><u>6,270</u></u>

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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	600	600	\$ 31,245	\$ 52.08	1
2	Assistant Director of Nursing	1,971	2,113	88,222	41.75	2
3	Registered Nurses	38,770	42,672	1,641,983	38.48	3
4	Licensed Practical Nurses	21,540	23,879	803,961	33.67	4
5	CNAs & Orderlies	76,916	84,687	1,621,376	19.15	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,292	2,727	71,581	26.25	8
9	Activity Director	2,072	2,080	50,563	24.31	9
10	Activity Assistants	5,249	5,445	76,827	14.11	10
11	Social Service Workers	2,056	2,080	64,629	31.07	11
12	Dietician					12
13	Food Service Supervisor	2,056	2,080	94,720	45.54	13
14	Head Cook	6,168	6,240	108,779	17.43	14
15	Cook Helpers/Assistants	17,504	19,986	316,011	15.81	15
16	Dishwashers					16
17	Maintenance Workers	2,056	2,080	55,941	26.89	17
18	Housekeepers	20,755	23,487	380,144	16.19	18
19	Laundry	4,683	5,115	75,163	14.69	19
20	Administrator	2,080	2,080	136,321	65.54	20
21	Assistant Administrator	1,760	1,760	49,591	28.18	21
22	Other Administrative	7,483	7,515	265,928	35.39	22
23	Office Manager					23
24	Clerical	4,745	5,063	107,675	21.27	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,390	4,422	168,756	38.16	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager/Resi	11,258	11,737	219,671	18.72	32
33	Other(specify) Memory care Supd	5,463	5,825	108,178	18.57	33
34	TOTAL (lines 1 - 33)	241,867	263,673	\$ 6,537,265 *	\$ 24.79	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	2110/Monthly	\$ 25,333	1-3	35
36	Medical Director	2710/Monthly	32,490	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	27	1,499	11-3	44
45	Social Service Consultant	20	1,400	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	47	\$ 65,690		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,464	\$ 219,573	10-3	50
51	Licensed Practical Nurses	979	51,931	10-3	51
52	Certified Nurse Assistants/Aides	648	17,016	10-3	52
53	TOTAL (lines 50 - 52)	4,091	\$ 288,520		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Taylor Herron	Administrator	0	\$ 117,427	Workers' Compensation Insurance	\$ 201,685	IDPH License Fee	\$	
Rachel Diane Spellman	Administrator	0	18,894	Unemployment Compensation Insurance	23,567	Advertising: Employee Recruitment	8,347	
Anthony Agrueta	Asst.Admin.	0	49,591	FICA Taxes	484,801	Health Care Worker Background Check		
		0		Employee Health Insurance	289,753	(Indicate # of checks performed 18)	585	
		0		Employee Meals	15,871	Patient Background Checks	178 2,303	
		0		Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of ILL	19,872	
		0		Dental/Vision/Life Insurance	4,680	Linked Seniors/Broadcast Music, Inc.	3,858	
		0		Employee Relations/Misc Payroll Costs	24,928	ScreenScape/Corp.Annual Report/Surety Bor	1,013	
		0		Tuition Reimbursement/401K Match	14,976	Collaborative Healthcare/American Health C	831	
		0		Employee Drug Tests/Empl. Vaccinations	14,951	Related Party - AMS	1,410	
		0				Less: Public Relations Expense	()	
		0		Related party-FECS	(2,907)	Non-allowable advertising	()	
		0				Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 185,912	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,072,305	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 38,219	
(List each licensed administrator separately.)								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$				Related party - AMS	1,188
(Attach a copy of any management service agreement)							Seminar Expense	
C. Professional Services							WHCA/WICAL	270
Vendor/Payee	Type		Amount					
Alden Management Services	consulting fee		\$ 934,804				Entertainment Expense	()
AMS (Eliminated)	Allocated Legal Fees		47,520				(agree to Sch. V, line 24, col. 8)	
Stone Pogrund & Korey/Midwest Ca	Legal Fees:Collections		19,428				TOTAL	\$ 1,458
Recorder of Deed/18th Judicial Ct	Legal Fees:Collections/Non Colle		50					
SB2 Inc/Stern & Associates	Legal Fees:Collections		12,677					
Achieve Accreditation/NPDB-HRSA.	Accreditation Cert. service		5,700					
MidCap	Legal Fees:Non Collections		633					
Joint Commission	Accreditation Cert. service		8,470					
MidCap	Accounting Fees		4,155					
C. Novotny/International Micro Desi	Accounting Fees		190					
Baker Tilly Virchow Krause	Accounting/Prof. Fees		7,468					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,041,095	TOTAL		\$		
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Alden - Valley Ridge Rehabilitation and Health Care Center, Inc. Legal Fee Support 2020	PG 21A
Legal Fees Reported on Pg 21, Section C:	\$ 80,308.82
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(32,148.92)
Non-allowable legal fees, if any, deducted on - AMS Allocated Legal Fees: GL 680600-100-003 + Add Back voided invoice of prior year, if any	(47,520.00)
Allowable Legal Fees	<u>\$ 639.90</u>

use this format. Do not copy/paste from prior year.

←-Check: should match total for Allow. Fees in new detail section below.

In Detail:		
Vendor Name	Invoice Date	Amount
Midcap Financial Services, LLC	10/31/2020	577.36
Midcap Financial Services, LLC	7/31/2020	26.06
Midcap Financial Services, LLC	6/30/2020	30.48
18th Judicial Circuit court	3/31/2020	6.00
TOTAL ALLOWABLE LEGAL FEES		<u>639.90</u>

Vendor Name	Invoice Date	Amount
Recorder of Deeds DuPag	2/28/2020	44.00
Midwest Care Management Services, Inc.	12/6/2019	350.00
Midwest Care Management Services, Inc.	12/6/2019	550.00
Midwest Care Management Services, Inc.	12/9/2019	525.00
Midwest Care Management Services, Inc.	1/13/2020	262.50
Midwest Care Management Services, Inc.	1/13/2020	888.50
Midwest Care Management Services, Inc.	1/14/2020	387.50
Midwest Care Management Services, Inc.	2/10/2020	775.00
Midwest Care Management Services, Inc.	2/13/2020	1,075.00
Midwest Care Management Services, Inc.	3/11/2020	343.75
Midwest Care Management Services, Inc.	3/11/2020	237.50
Midwest Care Management Services, Inc.	4/9/2020	150.00
Midwest Care Management Services, Inc.	4/9/2020	462.50
Midwest Care Management Services, Inc.	5/8/2020	137.50
Midwest Care Management Services, Inc.	5/12/2020	62.50
Midwest Care Management Services, Inc.	6/9/2020	262.50
Midwest Care Management Services, Inc.	6/11/2020	300.00
Midwest Care Management Services, Inc.	6/11/2020	181.25
Midwest Care Management Services, Inc.	8/21/2020	462.50
Midwest Care Management Services, Inc.	9/24/2020	300.00
Midwest Care Management Services, Inc.	9/24/2020	112.50
Midwest Care Management Services, Inc.	9/28/2020	50.00
Midwest Care Management Services, Inc.	10/21/2020	262.50
Midwest Care Management Services, Inc.	11/8/2020	363.55
Midwest Care Management Services, Inc.	11/8/2020	300.00
Midwest Care Management Services, Inc.	12/15/2020	440.00
SB2 Inc.	1/1/2020	204.45
SB2 Inc.	2/1/2020	204.45
SB2 Inc.	3/1/2020	204.45
SB2 Inc.	4/1/2020	204.45
SB2 Inc.	5/1/2020	204.45
SB2 Inc.	6/1/2020	204.45
SB2 Inc.	7/1/2020	204.45
SB2 Inc.	8/1/2020	204.45
SB2 Inc.	9/1/2020	204.45
SB2 Inc.	10/1/2020	204.45
SB2 Inc.	11/1/2020	204.45
SB2 Inc.	12/1/2020	204.45
Stern & Associates	1/30/2020	1,512.50
Stern & Associates	2/20/2020	75.00
Stern & Associates	2/25/2020	2,857.25
Stern & Associates	4/1/2020	424.00
Stern & Associates	6/16/2020	1,101.50
Stern & Associates	6/18/2020	4,253.50
Stone Pogrund & Korey LLC	1/31/2020	850.00
Stone Pogrund & Korey LLC	2/29/2020	925.90
Stone Pogrund & Korey LLC	3/31/2020	981.28
Stone Pogrund & Korey LLC	4/30/2020	914.01
Stone Pogrund & Korey LLC	5/31/2020	1,023.27
Stone Pogrund & Korey LLC	6/30/2020	850.00
Stone Pogrund & Korey LLC	7/31/2020	700.00
Stone Pogrund & Korey LLC	8/31/2020	700.00
Stone Pogrund & Korey LLC	9/30/2020	700.00
Stone Pogrund & Korey LLC	10/30/2020	700.00
Stone Pogrund & Korey LLC	11/30/2020	1,113.06
Stone Pogrund & Korey LLC	12/31/2020	728.20
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>32,148.92</u>

Vendor Name	Invoice Date	Amount
AMS Legal exp Allocation 2020	1/1/2020	3,960.00
AMS Legal exp Allocation 2020	2/1/2020	3,960.00
AMS Legal exp Allocation 2020	3/1/2020	3,960.00
AMS Legal exp Allocation 2020	4/1/2020	3,960.00
AMS Legal exp Allocation 2020	5/1/2020	3,960.00
AMS Legal exp Allocation 2020	6/1/2020	3,960.00
AMS Legal exp Allocation 2020	7/1/2020	3,960.00
AMS Legal exp Allocation 2020	8/1/2020	3,960.00
AMS Legal exp Allocation 2020	9/1/2020	3,960.00
AMS Legal exp Allocation 2020	10/1/2020	3,960.00
AMS Legal exp Allocation 2020	11/1/2020	3,960.00
AMS Legal exp Allocation 2020	12/1/2020	3,960.00
TOTAL Allocated Legal Fees		<u>47,520.00</u>

Total Legal Cos: 80,308.82

\$ -

Facility Name & ID Number Alden Valley Ridge Rehab HCC

0036640

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNAs-Yes,RN/LPNs-no (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. HCC of IL. \$19,872
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 45,784 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 442,310
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 15,871 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 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? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: n/a
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. yes
Attach invoices and a summary of services for all architect and appraisal fees.