

		FOR BHF USE				

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2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2006)

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

I. IDPH Facility ID Number: 0040683

Facility Name: Alden Long Grove Rehab & HC Ctr

Address: Box 2308, RFD Old Hicks Road Long Grove 60047
 Number City Zip Code

County: Lake

Telephone Number: (847) 438-8275 **Fax #** (847) 438-3254

HFS ID Number: 36-4003486

Date of Initial License for Current Owners: 03/01/95

Type of Ownership:

<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 _____	

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/06 to 12/31/06 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Steven M. Kroll</u>	
	(Title) <u>Chief Financial Officer</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (____) _____	Fax # (____) _____
	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001	

Phone # (217) 782-1630

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683 Report Period Beginning: 01/01/06 Ending: 12/31/06

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	248	Skilled (SNF)	248	90,520	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	248	TOTALS	248	90,520	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	5,464	1,148	9,144	15,756	8
9	SNF/PED					9
10	ICF	31,793	3,297	167	35,257	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	37,257	4,445	9,311	51,013	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 56.36%

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

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

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

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

None

F. Does the facility maintain a daily midnight census? 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 3/1/95

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

YES Date 3/1/95 NO

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

YES NO If YES, enter number of beds certified 208 and days of care provided 7,889

Medicare Intermediary Administar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/06 Fiscal Year: 12/31/06

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/06 Ending: 12/31/06

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 OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	301,578	27,643	9,600	338,821	3,247	342,068	(6,334)	335,734			1
2	Food Purchase		288,553		288,553	(24,240)	264,313	(14,622)	249,691			2
3	Housekeeping	202,087	31,939		234,026	1,487	235,513		235,513			3
4	Laundry	40,804	20,312		61,116	644	61,760		61,760			4
5	Heat and Other Utilities			213,694	213,694		213,694	(16,202)	197,492			5
6	Maintenance	36,562		177,034	213,596	407	214,003	38,529	252,532			6
7	Other (specify):* Related Party Salary							42,807	42,807			7
8	TOTAL General Services	581,031	368,447	400,328	1,349,806	(18,455)	1,331,351	44,178	1,375,529			8
	B. Health Care and Programs											
9	Medical Director			62,750	62,750		62,750		62,750			9
10	Nursing and Medical Records	2,626,800	243,551	50,209	2,920,560	(41,360)	2,879,200	(3,486)	2,875,714			10
10a	Therapy	1,669			1,669		1,669		1,669			10a
11	Activities	88,483	3,292	5,213	96,988	326	97,314		97,314			11
12	Social Services	32,884			32,884		32,884		32,884			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Salary							33,660	33,660			15
16	TOTAL Health Care and Programs	2,749,836	246,843	118,172	3,114,851	(41,034)	3,073,817	30,174	3,103,991			16
	C. General Administration											
17	Administrative	186,964			186,964		186,964		186,964			17
18	Directors Fees											18
19	Professional Services			708,844	708,844	(3,676)	705,168	(644,704)	60,464			19
20	Dues, Fees, Subscriptions & Promotions			41,004	41,004		41,004	(22,097)	18,907			20
21	Clerical & General Office Expenses	127,947	18,426	78,603	224,976	784	225,760	12,957	238,717			21
22	Employee Benefits & Payroll Taxes			501,984	501,984	6,541	508,525	(5,020)	503,505			22
23	Inservice Training & Education											23
24	Travel and Seminar			10,589	10,589		10,589	1,739	12,328			24
25	Other Admin. Staff Transportation							9,444	9,444			25
26	Insurance-Prop.Liab.Malpractice			270,847	270,847		270,847	221	271,068			26
27	Other (specify):* Bad Debt/Related Party Salary			430,340	430,340		430,340	148,531	578,871			27
28	TOTAL General Administration	314,911	18,426	2,042,211	2,375,548	3,649	2,379,197	(498,929)	1,880,268			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,645,778	633,716	2,560,711	6,840,205	(55,840)	6,784,365	(424,576)	6,359,789			29

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

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr #0040683 Report Period Beginning: 01/01/06 Ending: 12/31/06

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			213,084	213,084		213,084	(3,924)	209,160			30
31	Amortization of Pre-Op. & Org.							2,597	2,597			31
32	Interest			119,626	119,626		119,626	(32,560)	87,066			32
33	Real Estate Taxes			113,594	113,594		113,594	6,664	120,258			33
34	Rent-Facility & Grounds			1,619,135	1,619,135		1,619,135		1,619,135			34
35	Rent-Equipment & Vehicles			21,574	21,574		21,574	33,979	55,553			35
36	Other (specify):* MIP & Amortiz.											36
37	TOTAL Ownership			2,087,013	2,087,013		2,087,013	6,756	2,093,769			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	4,144	505,226	649,372	1,158,742	55,840	1,214,582	(168,804)	1,045,778			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	4,144	505,226	785,152	1,294,522	55,840	1,350,362	(168,804)	1,181,558			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,649,922	1,138,942	5,432,876	10,221,740		10,221,740	(586,625)	9,635,115			45

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

Alden of Long Grove
 Reporting Period Beginning 1/1/2006
 Reporting Period Ending 12/31/2006

Reclassifications

From Line	To Line	Amount	Description
2	22	(24,240.00)	Employee Meals
		24,240.00	Employee Meals
22	1	(17,699.00)	Uniform
	3	3,247.00	Uniform
	4	1,487.00	Uniform
	6	644.00	Uniform
	10	407.00	Uniform
	11	10,804.00	Uniform
	21	326.00	Uniform
		784.00	Uniform
10	39	(55,840.00)	Oxygen
		55,840.00	Oxygen
19	10	(3,676.00)	Pathway service
		3,676.00	Pathway service
		0.00	Net

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning: 01/01/06

Ending: 12/31/06

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	OHF 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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(10,629)	30		9
10	Interest and Other Investment Income	(3,719)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,320)	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	(9,756)	21		17
18	Fines and Penalties	(4,777)	32		18
19	Entertainment	(331)	20		19
20	Contributions	(3,517)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(15,042)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(257,220)	27		24
25	Fund Raising, Advertising and Promotional	(16,246)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(305)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (322,862)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(124,100)	Various	34
35	Other- Attach Schedule See Pg 5A	(139,663)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (263,763)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (586,625)		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						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	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Alden Long Grove Rehab & HC Ctr

ID# 0040683

Report Period Beginning: 01/01/06

Ending: 12/31/06

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2	Late Fees on Utility	(6,866)	5 2
3	Late Fees on Telephone	(456)	21 3
4			4
5	Intercompany Interest	(114,357)	32 5
6			6
7	Misc Income (Med Records)	(1,441)	10 7
8	Misc Income (Food Credit)	(674)	2 8
9	Marketing Manager & Aides	(42,797)	21 9
10	Employee Benefits for Mktg Manager	(5,020)	22 10
11	Back out 30.65% of PAC Fees from standards IHCA	(3,722)	20 11
12	Vendor Settlements (7143) ComEd refund	12,036	21 12
13	Vendor Settlements (7143) ComEd refund	(12,036)	5 13
14	Add back credit posted for prior yrs' legal costs	4,420	19 14
15	Aj Deprec to correct detail	1,077	30 15
16	Expense Assets < \$2500	31,681	6 16
17	Depreciation adj for assets < \$2500	(1,508)	30 17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	(139,663)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending:

12/31/06

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)	
	A. General Services													
1	Dietary	0	0	0	(6,334)	0	0	0	0	0	0	0	(6,334)	1
2	Food Purchase	(1,994)	0	0	(12,628)	0	0	0	0	0	0	0	(14,622)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(18,902)	0	2,700	0	0	0	0	0	0	0	0	(16,202)	5
6	Maintenance	31,681	0	7,474	0	0	0	(626)	0	0	0	0	38,529	6
7	Other (specify):*	0	0	38,489	4,318	0	0	0	0	0	0	0	42,807	7
8	TOTAL General Services	10,785	0	48,663	(14,644)	0	0	(626)	0	0	0	0	44,178	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,441)	0	0	398	(2,443)	0	0	0	0	0	0	(3,486)	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	33,660	0	0	0	0	0	0	0	0	33,660	15
16	TOTAL Health Care and Programs	(1,441)	0	33,660	398	(2,443)	0	0	0	0	0	0	30,174	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(10,622)	0	(634,082)	0	0	0	0	0	0	0	0	(644,704)	19
20	Fees, Subscriptions & Promotions	(24,121)	0	2,024	0	0	0	0	0	0	0	0	(22,097)	20
21	Clerical & General Office Expenses	(40,973)	0	29,926	10,912	13,092	0	0	0	0	0	0	12,957	21
22	Employee Benefits & Payroll Taxes	(5,020)	0	0	0	0	0	0	0	0	0	0	(5,020)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,739	0	0	0	0	0	0	0	0	1,739	24
25	Other Admin. Staff Transportation	0	0	9,444	0	0	0	0	0	0	0	0	9,444	25
26	Insurance-Prop.Liab.Malpractice	0	0	221	0	0	0	0	0	0	0	0	221	26
27	Other (specify):*	(257,220)	0	377,497	14,097	14,157	0	0	0	0	0	0	148,531	27
28	TOTAL General Administration	(337,956)	0	(213,231)	25,009	27,249	0	0	0	0	0	0	(498,929)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(328,611)	0	(130,908)	10,763	24,806	0	(626)	0	0	0	0	(424,576)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06 Ending:

12/31/06

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	(11,060)	0	5,278	0	1,858	0	0	0	0	0	0	(3,924)	30
31	Amortization of Pre-Op. & Org.	0	0	2,597	0	0	0	0	0	0	0	0	2,597	31
32	Interest	(122,853)	0	86,939	0	1,757	1,597	0	0	0	0	0	(32,560)	32
33	Real Estate Taxes	0	0	6,008	0	656	0	0	0	0	0	0	6,664	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	33,979	0	0	0	0	0	0	0	0	33,979	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(133,913)	0	134,801	0	4,271	1,597	0	0	0	0	0	6,756	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	(118,936)	(52,209)	2,341	0	0	0	0	0	(168,804)	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	(118,936)	(52,209)	2,341	0	0	0	0	0	(168,804)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(462,525)	0	3,893	(108,173)	(23,132)	3,938	(626)	0	0	0	0	(586,625)	45

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending:

12/31/06

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if 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 6K		See Pg 6K		

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		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning: 01/01/06

Ending: 12/31/06

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	19 Professional fees	\$ 657,123	Alden Management Services, Inc.		\$ 23,041	\$ (634,082)	15
16	V	21 Clerical and G & A		Alden Management Services, Inc.		29,926	29,926	16
17	V	5 Utilities		Alden Management Services, Inc.		2,700	2,700	17
18	V	6 Maintenance		Alden Management Services, Inc.		7,474	7,474	18
19	V	24 Travel & seminar		Alden Management Services, Inc.		1,739	1,739	19
20	V	26 Insurance		Alden Management Services, Inc.		221	221	20
21	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		2,024	2,024	21
22	V	30 Depreciation		Alden Management Services, Inc.		5,278	5,278	22
23	V	31 Amortization		Alden Management Services, Inc.		2,597	2,597	23
24	V	33 Real estate taxes		Alden Management Services, Inc.		6,008	6,008	24
25	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		33,979	33,979	25
26	V	32 Interest		Alden Management Services, Inc.		86,939	86,939	26
27	V	7 Salaries-general serv		Alden Management Services, Inc.		38,489	38,489	27
28	V	15 Salaries-health care		Alden Management Services, Inc.		33,660	33,660	28
29	V	27 Salaries-general admin		Alden Management Services, Inc.		377,497	377,497	29
30	V	25 Other Admin Travel		Alden Management Services, Inc.		9,444	9,444	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		\$ 657,123			\$ 661,016	\$ * 3,893	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 Consultant	\$ 9,600	Prism Health Care Services, Inc.		\$ 3,266	\$ (6,334)	15
16	V	7 Dietary Sal & Wages		Prism Health Care Services, Inc.		4,318	4,318	16
17	V	2 Tude Feeding	42,199	Prism Health Care Services, Inc.		29,571	(12,628)	17
18	V	10 Equipment Rental-patient care	3,060	Prism Health Care Services, Inc.		3,458	398	18
19	V	39 Ancillary supplies	158,069	Prism Health Care Services, Inc.		35,265	(122,804)	19
20	V	39 Ancillary Vent Rentals		Prism Health Care Services, Inc.		3,868	3,868	20
21	V	27 Gen'l & Admin Salaries		Prism Health Care Services, Inc.		14,097	14,097	21
22	V	21 Gen'l & Admin Expense		Prism Health Care Services, Inc.		10,912	10,912	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		\$ 212,928			\$ 104,755	\$ * (108,173)	39

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/06 Ending: 12/31/06

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39	Drugs	\$ 188,705	Forum Extended Care Services II, Inc.		\$ 264,952	\$ 76,247	15
16	V	10	House Stock	13,023	Forum Extended Care Services II, Inc.		11,740	(1,283)	16
17	V	39	IV	140,465	Forum Extended Care Services II, Inc.		14,541	(125,924)	17
18	V	39	Wound Care	11,603	Forum Extended Care Services II, Inc.		9,071	(2,532)	18
19	V	10	Pharmacy Consulting	9,807	Forum Extended Care Services II, Inc.		8,647	(1,160)	19
20	V	27	Employee Vaccin	1,969	Forum Extended Care Services II, Inc.		1,540	(429)	20
21	V	27	G & A Salary		Forum Extended Care Services II, Inc.		14,586	14,586	21
22	V	21	Gen'l Admin		Forum Extended Care Services II, Inc.		13,092	13,092	22
23	V	32	Interest		Forum Extended Care Services II, Inc.		1,757	1,757	23
24	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		656	656	24
25	V	30	Depreciation		Forum Extended Care Services II, Inc.		1,858	1,858	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		\$ 365,572			\$ 342,440	\$ *	(23,132)	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	\$ 622,203	Community Physical Therapy & Associates, Ltd.		\$ 624,544	\$ 2,341	15
16	V	32	Interest				1,597	1,597	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			\$ 622,203			\$ 626,141	\$ * 3,938	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 and Mainten	\$ 40,989	Alden Bennett Construction Company, Inc.		\$ 40,363	\$ (626)	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			\$ 40,989			\$ 40,363	\$ *	(626) 39

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

STATE OF ILLINOIS

Facility Name & ID Number ALDEN NURSING CENTER - LONG GROVE # 004-0683

Report Period Beginning 01/01/06

Ending: 12/31/06

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Orland Park	Orland Park
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Waterford	Aurora
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Village for Children & Young Adults	Bloomingtondale
ANC Northmoor	Chicago
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Clinton, WI
ANC Poplar Creek	Hoffman Estates
ANC Estates of Barrington	Barrington
Alden Springs	Bloomingtondale

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Prism Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Thereapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/06 Ending: 12/31/06

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 Schlossberg a.	President	Chief Executive	100.00	133,137	1.824	4.56	Salary	\$ 6,363	27-7	1
2	Lauren Magnusson b.	Nurse Coordinator	Nursing Admin		78,036	1.824	4.56	Salary	3,729	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	Construct/Mainten		50,626	1.824	4.56	Salary	2,419	7-7	3
4											4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10											10
11											11
12											12
13								TOTAL	\$ 12,511		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 Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W Peterson Ave
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-3743

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	See Page 8A (also on Page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Therapeutic Systems		X							\$ 218	1									
2											2									
3											3									
4											4									
5											5									
Working Capital																				
6	Related Party-AMS & Other	X		Working Capital						86,939	6									
7	Related Party-FEC II	X		Working Capital						1,757	7									
8	Related Party-CPT	X		Working Capital						1,597	8									
9	TOTAL Facility Related					\$	\$			\$ 90,511	9									
B. Non-Facility Related*																				
10	Offset interest expense with interest income (GL4964,4983,4646)									(3,445)	10									
11											11									
12											12									
13											13									
14	TOTAL Non-Facility Related					\$	\$			\$ (3,445)	14									
15	TOTALS (line 9+line14)					\$	\$			\$ 87,066	15									

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

* 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

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2005 report.		\$ 117,400	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.)		\$ 113,794	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (3,606)	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 117,200	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.		\$ 113,594	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2001	103,443	8
	2002	105,538	9
	2003	107,599	10
	2004	113,986	11
	2005	113,794	12
<u>Accrual based on 3% increase over prior year bill (113,794)</u>			
FOR BHF USE ONLY			
	13	FROM R. E. TAX STATEMENT FOR 2005 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2006 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Long Grove Rehab & HC Ctr COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0040683

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2005 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 2005.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>14-36-100-002</u>	<u>Nursing Home Facility</u>	\$ <u>113,794.00</u>	\$ <u>113,794.00</u>
2. <u>SEE</u>	<u>Related Party-AMS</u>	\$ <u>131,720.00</u>	\$ <u>6,008.00</u>
3. <u>ATTACHED</u>	<u>Related Party-Forum</u>	\$ <u>14,554.00</u>	\$ <u>656.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>260,068.00</u>	\$ <u>120,458.00</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 & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683 Report Period Beginning:

01/01/06 Ending:

12/31/06

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,632 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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).

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4		Related party-Forum		1978	\$ 14,839	\$	25	\$	\$	\$ 14,839	4
5											5
6											6
7											7
8											8
		Improvement Type**									
9		SHELVING		1995	5,122	256	20	256		3,009	9
10		ROOF REPAIR		1995	3,000	100	10	100		3,000	10
11		STEAMER REPAIR		1995	2,686	90	10	90		2,686	11
12		EXIT DOOR-FIRE		1995	4,225	282	15	282		3,216	12
13		REPAIR BOILER/HVAC-MAJ.REP.		1995	4,712		5			4,712	13
14		PIPE/VALVE/THERMOSTAT		1996	1,460	73	20	73		821	14
15		ELECTRICAL REPAIR/INSTALLATION		1996	2,110	106	20	106		1,152	15
16		SIGN		1996	7,233		5			7,233	16
17		WATER HEATER ON DISHWASHER		1996	7,464	249	10	249		7,464	17
18		WALLGUARD		1996	2,096	140	15	140		1,468	18
19		INSTALL BOILER-MAJ.REP.		1996	33,750	1,688	20	1,688		17,579	19
20		REPLACE CONDENSOR WALK IN COOLER		1996	5,514	322	10	322		5,514	20
21		INSTALL ALUM. LOGO		1996	1,995	166	12	166		1,870	21
22		DESIGN SERVICE		1996	8,100	405	20	405		4,151	22
23		WASHROOM IMPROVEMENTS		1996	2,186	109	20	109		1,129	23
24		PIPING-MAJ.REP.		1996	4,000	267	15	267		2,689	24
25		PIPING-MAJ.REP.		1996	3,500	233	15	233		2,391	25
26		ATASH(replaced heat detector&fire dampers)		1997	959		5			959	26
27		ATASH(installed access panels)		1997	924		5			924	27
28		ATASH(fire alarm repairs)		1997	2,212		5			2,212	28
29		CLIMATE(installation of water heaters)		1997	7,342		5			7,342	29
30		CLIMATE(replced hydro.boiler)		1997	4,568		5			4,568	30
31		Wally's flooring(install new tiles).		1997	2,659		5			2,659	31
32		ATASH(SPRINKLER WORK)INV.#9120&9121		1997	3,072		5			3,072	32
33		ATASH(SPRINKLER WORKS)		1997	2,062		5			2,062	33
34		Climate srvc(two water heater)		1997	15,600		5			15,600	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 Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl(install light fixtures)	1997	\$ 7,207	\$	5	\$	\$	\$ 7,207	37
38	Wigdahl(install light fixtures)	1997	6,204		5			6,204	38
39	Climate(install compressor)	1997	6,750		5			6,750	39
40	Star contractor(door frame)	1997	2,973		5			2,973	40
41	Wally's flooring(install new tiles).	1997	2,659		5			2,659	41
42	Climate svcs(new pipe and air vents)	1997	6,354		5			6,354	42
43	EQUIPMENT INT'L LTD. (labor, parts, assembly)	1997	2,542		5			2,542	43
44	DOOR	1997	3,109	311	10	311		3,031	44
45	INSTALL NEW DROP CEILING	1997	2,175	181	12	181		1,767	45
46	DESIGN SERVICES	1997	931	47	20	47		462	46
47	NEW DRIVEWAY LIGHTING	1998	8,101	540	15	540		4,816	47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752		5			1,752	48
49	REPLACE BOILER	1998	4,253	212	20	212		1,891	49
50	REPAIR PUMP MOTOR	1998	3,312		5			3,312	50
51	REPAIR DRYERS	1998	2,534	253	10	253		2,238	51
52	REPAIR EMEGENCY CIRCUITS	1998	1,510	151	10	151		1,334	52
53	REPAIR EMEGENCY LIGHTING SYSTEM	1998	273	27	10	27		241	53
54	REPLAC E COMPRESSOR	1998	1,301	130	10	130		1,149	54
55	REPLACE SEAVES ON ROOF	1998	10,500	700	15	700		5,892	55
56	REPLACE HOT WATER HEATER	1998	2,200	220	10	220		1,870	56
57	REPAIR GENERATOR	1998	5,228	349	15	349		2,905	57
58	REPLACE BEARING IN WASHER	1998	1,296	65	20	65		545	58
59	PATTEN-REPAIR GENERATOR	1998	655	33	20	33		276	59
60	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		10,399	60
61	D.B.S. Contracting(sleeve pipeline for sprinkler system)	1999	5,720	572	10	572		4,528	61
62									62
63	Climate Service (pipework for boiler and storage tank)	1999	2,032		5			2,032	63
64	D.B.S. Contracting (need invoice)	1999	3,425	343	10	343		2,598	64
65	Chicago Cooling (repair pump)	1999	2,482		5			2,482	65
66	AMC Building Material	1999	4,131	454	10	413	(41)	3,304	66
67	AMC Sprinklers	1999	3,853	424	10	385	(39)	3,080	67
68	System Electric(generator repair)	1999	2,720	272	10	272		1,972	68
69	Patten Industries(install starter)	1999	5,495	550	10	550		3,985	69
70	TOTAL (lines 4 thru 69)		\$ 299,904	\$ 11,631		\$ 11,551	\$ (80)	\$ 226,871	70

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 299,904	\$ 11,631		\$ 11,551	\$ (80)	\$ 226,871	1
2	AMC Building Material	1999	1,876	206	10	188	(19)	1,504	2
3	Fox Valley(sprinkler repair)	1999	1,803	120	15	120		861	3
4	Alden Bennet Cons.install tank)	1999	6,281	628	10	628		4,449	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		9,689	5
6	AMC Security system	1999	7,273	727	10	727		5,151	6
7	AMC carpentry	1999	8,577	943	10	858	(86)	6,864	7
8	Climate Service (repair HVAC)	1999	9,358	936	10	936		6,629	8
9	ABC-construction mainten. Adjustment-various	1999	1,129	409	10	113	(296)	904	9
10	Climate services (A/C REPAIR)	2000	2,482		5			2,482	10
11									11
12	B&L Locksmith (knob set)	2000	3,750	250	15	250		1,708	12
13	Alden Bennett Construction (major repairs)	2000	1,628		5			1,628	13
14	D.B.S. Contracting (repair lawn sprikler system)	2000	1,635	164	5	164		1,635	14
15	D.B.S. Contracting (repair lawn sprikler system)	2000	2,285	229	5	229		2,285	15
16	Alden Bennett Construction (major repairs)	2000	2,643	291	10	264	(27)	1,848	16
17	Alden Bennett Construction (time & material billing per fac)	2000	2,105	231	10	211	(21)	1,477	17
18	alden design-architectural/designing	2000	2,628	131	20	131		843	18
19	alden design-architectural/designing	2000	3,300	165	20	165		1,059	19
20	ABC-time & materials-maj. Leasehold improv-various	2000	1,918	141	15	128	(13)	896	20
21									21
22	Patten industries 1137844(major repair for electric starting motor)	2001	4,103	410	10	410		2,461	22
23	Alden bennett construction (drive way improvement)	2001	1,096	80	15	73	(7)	438	23
24	T & T irrigation (lawn sprinkler system)	2001	2,064	206	10	206		1,083	24
25	Alden bennett construction	2001	9,690	1,066	10	969	(97)	5,814	25
26	New horizons commu1884(installation hardware phone)	2001	1,986	199	10	199		1,175	26
27	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	154,182	27
28	Alden Bennett Constr.-Roof repairs	2002	1,856	408	5	371	(37)	1,855	28
29	CSI-Coker	2002	2,502	500	5	500		2,460	29
30	Alden Bennett Constr.-Misc repairs	2002	1,628	626	5	326	(301)	1,630	30
31	Valley Fire Protection Systems (replace fire sprinkler pipes)	2003	9,000	900	10	900		3,600	31
32	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324	865	5	865		3,459	32
33	Alden Bennett Constr (Misc. repairs)	2003	5,417	1,192	5	1,083	(108)	4,332	33
34	TOTAL (lines 1 thru 33)		\$ 1,080,870	\$ 52,741		\$ 49,629	\$ (3,111)	\$ 461,272	34

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,080,870	\$ 52,741		\$ 49,629	\$ (3,111)	\$ 461,272	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public spa	2003	22,250	2,781	8	2,781		9,966	2
3	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289	858	5	858		2,931	3
4	C I Service (Alden Design) (2nd floor-corridor window treatments)	2003	12,949	1,619	8	1,619		5,397	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675	709	8	709		2,364	5
6									6
7	Controlled Irrigation (repair sprinkler system)	2003	2,137	427	5	427		1,424	7
8	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	17,025	1,873	10	1,703	(170)	6,812	8
9	A & B Custom Cable (cable installation)	2003	3,100	310	10	310		1,008	9
10	Alden Bennett Constr (roof repairs)	2003	12,754	1,403	10	1,275	(128)	5,100	10
11	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE S	2003	3,927	288	15	262	(26)	1,048	11
12	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920	2,990	8	2,990		10,465	12
13	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495	250	10	250		874	13
14	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207	30,401	8	30,401		106,403	14
15	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PU	2003	6,175	710	10	618	(93)	2,472	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDENT	2003	33,234	4,154	8	4,154		13,847	16
17	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2003	20,151	2,519	8	2,519		8,186	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393	9,821	8	5,799	(4,022)	23,196	18
19	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477	25,871	8	23,560	(2,311)	94,240	19
20	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065	407	10	407		1,557	20
21									21
22	Equipment International (replace bearings in washer)	1998	1,738	116	15	116		947	22
23									23
24	Graphic Systems (remodelled second floor Signage)	2004	2,519	252	10	252		735	24
25	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	1,314	25
26	CSI Coker -1 Walkin cooler replacement	2004	2,980	596	5	596		1,788	26
27	GT Mechanical (Circ Pump-Doctors' room leaking)	2004	1,667	111	15	111		250	27
28	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325	633	10	633		1,371	28
29	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		488	29
30	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431	243	10	243		506	30
31	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		633	31
32	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566	157	10	157		327	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,769,646	\$ 143,237		\$ 133,353	\$ (9,885)	\$ 766,921	34

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 1,769,646	\$ 143,237		\$ 133,353	\$ (9,885)	\$ 766,921	1
2	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2004	(22,058)	(2,757)	8	(2,757)		(8,042)	2
3	TNS Inc. (DSL cable)	2004	1,725	345	5	345		1,006	3
4	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recla	2004	13,902	2,228	8	1,738	(491)	5,214	4
5	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDENT	2004	(33,234)	(4,154)	8	(4,154)		(13,847)	5
6	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2004	(20,151)	(2,519)	8	(2,519)		(8,186)	6
7	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sys	2004	2,301	132	20	115	(17)	345	7
8	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sys	2004	878	51	20	44	(7)	132	8
9	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,M	2004	15,285	1,758	10	1,529	(229)	4,587	9
10	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	3,755	376	10	376		1,096	10
11	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	7,160	716	10	716		2,088	11
12	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	969	97	10	97		283	12
13	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/K	2004	5,512	551	10	551		1,653	13
14	ALDEN BENNETT CONSTRUCTION (West side-Permanent Ligh	2004	3,541	177	20	177		472	14
15	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107	3,013	8	3,013		8,789	15
16	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generator	2004	10,656	426	25	426		994	16
17	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler S	2004	13,017	521	25	521		1,389	17
18									18
19	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347	735	10	735		1,102	19
20	Alden Bennett Comstruction(Passage on door)	2005	3,662	732	5	732		1,403	20
21	ABC(piping and electrical work)	2005	4,619	462	10	462		501	21
22	Central States Automatic Sprinklers(Drv Pipe Valve & Sprinkler P	2005	9,514	381	25	381		698	22
23	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		196	23
24	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		141	24
25	CSI Coker(Refridgerator Repairs)	2005	1,511	151	10	151		264	25
26	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		156	26
27	CSI Coker(Refridgerator Repairs)	2005	3,971	397	10	397		695	27
28	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139	828	5	828		1,380	28
29	Cybor Fire Protection(Sprinkler repair)	2005	4,660	466	10	466		777	29
30	Cybor Fire Protection(Sprinkler repair)	2005	2,000	200	10	200		300	30
31	GT Mechanical(Dining room AC Repairs)	2005	1,922	192	10	192		272	31
32	Capps Plumbing (Drainage Major repairs)	2005	1,755	176	10	176		220	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,847,631	\$ 149,190		\$ 138,561	\$ (10,629)	\$ 772,999	34

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 1,847,631	\$ 149,190		\$ 138,561	\$ (10,629)	\$ 772,999	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265	327	10	327		409	2
3	PattenCat(ATS Terminal Connect)	2005	4,454	445	10	445		556	3
4	TopNotch(Dishwasher major repairs)	2005	2,177	218	10	218		254	4
5	GT Mechanical Repair work on Heaters	2005	1,665	333	5	333		361	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758	352	5	352		381	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740	174	10	174		189	7
8									8
9	New Roof	2006	20,350	1,187	10	1,187		1,187	9
10	Replace Multiple Doors	2006	20,822	694	10	694		694	10
11	Replace Multiple Doors	2006	4,949	82	10	82		82	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552	266	10	266		266	12
13	Installed new door required by Life safety code	2006	2,653	199	10	199		199	13
14	ABC-Replaced broken A/C pump	2006	5,821	291	10	291		291	14
15	ABC-Bathroom repairs	2006	6,217		10				15
16	Installed Exhaust for Elevator	2006	2,842	142	15	142		142	16
17	Installed Water Heater	2006	11,078	369	15	369		369	17
18	Repaired Boiler and Tank	2006	3,562	20	15	20		20	18
19	Installed new piping	2006	4,470	164	25	164		164	19
20	Replaced Fire Supression system in kitchen	2006	2,564	77	25	77		77	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,951,569	\$ 154,530		\$ 143,902	\$ (10,629)	\$ 778,640	34

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 1,951,569	\$ 154,530		\$ 143,902	\$ (10,629)	\$ 778,640	1
2									2
3	Related Party-Forum Prof Center Building:	1980	11,260		15			11,260	3
4	Leasehold Improvement-Remodeling	1980	17,639		20			17,639	4
5	Leasehold Improvement-Remodeling	1987	912		13			912	5
6	Leasehold Improvement-Tenant Improvement	1988	14,634		10			14,634	6
7	Leasehold Improvement-AMS Remodel	1994	3,269	204	16	204		2,453	7
8	Leasehold Improvement-Roof	1996	1,153	72	16	72		789	8
9	Leasehold Improvement-Build.Improv.	2000	89		3			89	9
10	Leasehold Improvement-Asphalting	2001	157	16	10	16		81	10
11	Leasehold Improvement-DAI	2002	681	77	7	77		324	11
12	Leasehold Improvement-Bathrooms	2003	1,672	167	10	167		669	12
13	Leasehold Improvement-Suite Renovation	2004	2,071	360	7	360		835	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	1980	73		23			73	14
15	Leasehold Improvement-Add-on Improvement, fixture base	2001	126	6	5	6		126	15
16	Leasehold Improvement-Add-on Improvement, lighting base								16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:	1993	6,060		7			6,060	26
27	Leasehold Improvement-Remodeling	2002	4,961	709	7	709		2,746	27
28	Leasehold Improvement-Remodeling	2003	5,189	741	7	741		2,856	28
29	Leasehold Improvement-Remodeling								29
30									30
31									31
32	Forum Extended Care, LLC-building/building improv	1999	12,928	306	30	306		2,445	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,034,442	\$ 157,188		\$ 146,559	\$ (10,629)	\$ 842,631	34

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/06 Ending: 12/31/06

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 535,696	\$ 59,351	\$ 59,351	\$	Various	\$ 258,623	71
72	Current Year Purchases	19,349	1,198	1,198		Various	1,198	72
73	Fully Depreciated Assets	142,835	1,938	1,938		Various	142,835	73
74								74
75	TOTALS	\$ 697,879	\$ 62,487	\$ 62,487	\$		\$ 402,657	75

D. Vehicle Depreciation (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	Car engine/bus/van	Various/Dodge	98-'04	8,164				3	8,164	77
78	Related Party-AMS	Various/Bus/Autos	1998-2004	4,817	113	113		3	4,787	78
79										79
80	TOTALS			\$ 12,981	\$ 113	\$ 113	\$		\$ 12,951	80

E. Summary of Care-Related Assets

	1	Reference	2	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)		\$ 2,745,303	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 219,789	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 209,160	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ (10,629)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 1,258,239	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$ N/A	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: T.L. Enterprises

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		248	03/01/95	\$ 1,734,011	15	15	3
4	Additions							4
5								5
6								6
7	TOTAL		248		\$ 1,734,011			7

10. Effective dates of current rental agreement:

Beginning 03/1/95

Ending 03/1/10

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

Fiscal Year Ending Annual Rent

12.	<u>/2007</u>	\$ <u>1,734,011</u>
13.	<u>/2008</u>	\$ <u>1,734,011</u>
14.	<u>/2009</u>	\$ <u>1,734,011</u>

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

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

9. Option to Buy: YES NO Terms: Purchase option/Deposit *

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: \$ 9,787 Description: Copier Machine Lease

(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-AMS</u>	<u>Various</u>	\$ <u>#####</u>	\$ <u>33,979</u>	17
18	<u>Work/Patient Care</u>	<u>Various</u>	<u>982.25</u>	<u>11,787</u>	18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>45,766</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.

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/06 Ending: 12/31/06

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		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)	\$			

C. CONTRACTUAL INCOME

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

\$ _____

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 172,529	\$		\$ 172,529	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			44,733			44,733	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			358,107			358,107	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescripts				264,952		264,952	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program			4,145			6,384		10,529	12
13	Other (specify):	See Pg 16A				2,341	192,587		194,928	13
14	TOTAL			\$ 4,145		\$ 577,710	\$ 463,923		\$ 1,045,778	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)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	Col. No.
1. OT	39-3	To Col 5	\$172,528.69
2. ST	39-3	To Col 5	44,732.79
3.			
4. PT	39-3	To Col 5	358,107.10
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			188,705.07
Manual Input from Related Party- Forum Drugs			76,247.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	264,952.07
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	4,144.47
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	6,384.32
Total Exceptional Care (Line 12, Col 8)			10,528.79
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	2,341.00
Other			384,139.96
Manual Input: Related Party - Prism			(118,936.00)
Manual Input: Related Party FECII - I.V.			(125,924.00)
Manual Input: Related Party FECII - Wound Care			(2,532.00)
Oxygen, from reclass worksheet			55,840.00
13. Col 6: Supplies Total		To Col 6	192,587.96
13. Total Line 13, Column 8			194,928.96
14. Total			1,045,778.40

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr# 0040683Report Period Beginning: 01/01/06

Ending:

12/31/06

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>257,000</u>)	1,723,362		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,078		6
7	Other Prepaid Expenses	5,080		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	283,324		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,022,844	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	2,240,252		15
16	Equipment, at Historical Cost	604,400		16
17	Accumulated Depreciation (book methods)	(1,246,523)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	87,038		21
22	Other Long-Term Assets (specify):	744,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,429,167	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,452,011	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,023,086	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	272,383		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	400,148		30
31	Accrued Taxes Payable (excluding real estate taxes)	24,318		31
32	Accrued Real Estate Taxes(Sch.IX-B)	117,200		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr ins, exps, idpa, sale tax</u>	983,281		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,820,416	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	12,722,942		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 12,722,942	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 15,543,358	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (11,091,347)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,452,011	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (9,120,505)	1
2	Restatements (describe):		2
3	Prior Year adjustment	(490,695)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (9,611,200)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,480,147)	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)	\$ (1,480,147)	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)	\$ (11,091,347)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr# 0040683Report Period Beginning: 01/01/06Ending: 12/31/06**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	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,472,250	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,472,250	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	86,178	6
7	Oxygen	74,913	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 161,091	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	1,305	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	180	15
16	Rental of Facility Space		16
17	Sale of Drugs	680	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	185	19
20	Radiology and X-Ray		20
21	Other Medical Services	84,036	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 86,386	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,720	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,720	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	18,146	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 18,146	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,741,593	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,349,806	31
32	Health Care	3,114,851	32
33	General Administration	2,375,548	33
B. Capital Expense			
34	Ownership	2,087,013	34
C. Ancillary Expense			
35	Special Cost Centers	1,158,742	35
36	Provider Participation Fee	135,780	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,221,740	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,480,147)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,480,147)	43

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

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

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

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

Long Grove
2006

Column 1
Amount

Page 19A

Misc Income (Med Records)	1,441.00
Misc Income (Food Credits)	674.00
	0.00
	0.00
Adjustment to prior year expense	16,031.72
	0.00
	0.00
	0.00

	0.00 18,146.72
	=====

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,858	2,026	\$ 81,133	\$ 40.05	1
2	Assistant Director of Nursing	1,721	1,881	66,072	35.13	2
3	Registered Nurses	35,340	37,665	1,203,786	31.96	3
4	Licensed Practical Nurses	7,269	7,700	221,683	28.79	4
5	CNAs & Orderlies	73,963	79,726	960,258	12.04	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	106	121	1,029	8.50	8
9	Activity Director	2,008	2,088	33,041	15.82	9
10	Activity Assistants	5,578	5,929	55,442	9.35	10
11	Social Service Workers	1,968	2,000	32,884	16.44	11
12	Dietician					12
13	Food Service Supervisor	416	416	11,951	28.73	13
14	Head Cook	6,601	7,233	79,766	11.03	14
15	Cook Helpers/Assistants	22,862	24,075	209,861	8.72	15
16	Dishwashers					16
17	Maintenance Workers	2,032	2,137	36,562	17.11	17
18	Housekeepers	21,667	23,007	202,087	8.78	18
19	Laundry	4,834	5,212	40,804	7.83	19
20	Administrator	1,904	2,080	117,149	56.32	20
21	Assistant Administrator	1,888	2,080	69,815	33.56	21
22	Other Administrative	4,096	4,304	86,638	20.13	22
23	Office Manager	1,952	2,244	27,271	12.15	23
24	Clerical	2,244	2,338	18,077	7.73	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,089	1,144	32,984	28.83	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Alzheimers Aides</u>	3,141	3,301	61,629	18.67	33
34	TOTAL (lines 1 - 33)	204,537	218,707	\$ 3,649,922 *	\$ 16.69	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	800/month	\$ 9,600	1-3	35
36	Medical Director	5313/month	63,750	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	496/month	5,952	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	243/month	2,918	11-3	44
45	Social Service Consultant	51/month	610	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 82,830		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

0040683

Report Period Beginning: 01/01/06

Ending: 12/31/06

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	
Evangelia Foutris	Asst Admin		\$ 69,815	Workers' Compensation Insurance	\$ 79,661	IDPH License Fee	\$	
Maria Rosete	Administrator		117,149	Unemployment Compensation Insurance	40,952	Advertising: Employee Recruitment	71	
				FICA Taxes	274,062	Health Care Worker Background Check	400	
				Employee Health Insurance	80,867	(Indicate # of checks performed 40)		
				Employee Meals	24,240	Patient Background Checks	237 2,370	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,018	
						Dues & Subscriptions	4,602	
				Related Party-FEC II & AMS		Related Party-AMS	2,024	
				Dental, Life & Pension	2,277	IL Healthcare Assoc	8,422	
				Misc, Tuition, Employee Relations	1,755			
				Drug Tests, 401K match, Vaccinations	4,711	Less: Public Relations Expense	()	
				Marketing Manager Benefit Deduction	(5,020)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 186,964	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 18,907
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	
							Auto & Travel	30
							Misc. Gas	6,756
							Related Party-AMS	1,739
							Seminar Expense	
							Alzheimer's Association	769
							ILL Health Care Assoc	2,089
							Leadership Training	945
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)							TOTAL	\$ 12,328
C. Professional Services				TOTAL				
Vendor/Payee	Type		Amount					
Alden Management Service	Management Fees		\$ 657,123					
BDO Seidman	Accounting Fees		14,350					
Ken Fisch/Greenberg	Legal Fees		18,072					
Pathway	clinical consultants		3,676					
SMS	Glucose Bill. Consult.		13,928					
MediCom	billing consult.		464					
Midwest Medical Records	Medical Rec. Retrieval		1,231					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)						\$		
			\$ 708,844					

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number

Alden Nursing Center - Long Grove

Ending: 12/31/2006

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

(See instructions.)

	1	2	3	4	6	7	8	9	10	11	12	13	14
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	Climate Srv-repair pump	12/97	1,859	3									
2	Custom Appl-a/c's	1/98	2,940	3									
3	painting 1998	3/98	4,139	3									
4	painting 1998	6/98	5,582	3									
5	painting 1998	9/98	4,240	3									
6	painting 1998	12/98	3,014	3									
7	H.Scales-abt appliance	8/99	3,034	3									
8	CSI-flow switch/hvac	10/99	3,828	3	0								
9	Capps-sewer rodding	9/99	1,680	3	0								
10	CSI- hvac	12/99	2,482	3	0								
11	Painting>\$1,500 ytd 1999	7/99	13,288	3	0								
12	CAPPS PLUMBING (SEWAGE CLE	5/00	5,430	3	603	0							
13	VENDOR REC REVERSING		(2,482)	3									
14	GT MECHANICAL (chiller circulatir	8/00	1,523	3	296	0							
15	WRITE OFF CUST MAPP ?		(2,940)	3									
16	Alde Bennett Construction (time & m	12/00	21,314	3	6,512	0							
17	Painting>\$1,500 ytd 2000	7/00	8,699	3	1,450	0							
18	GT Mechan. (hvac repair)	2001	1,507	3	502	503	301	126	75				
19	Painting>\$1,500 for 2001	2001	2,048	3	683	341	0						
20	Sherwin Williams --Painting	1/02	9,990	3	3,330	3,330							
21	CSI -- Service Cleveland	2/02	6,313	3	2,104	2,104	1,526						
22	GT Mechan. (compressor-A/C)	5/04	3,119	3		693	1,040	623	346				
23	TopNotch(cooler)	5-Dec	1,590	5				318	318	318	318		
24	Totals from Page 22 . . .		92,482		277	277	266	486	486	486	486	486	486
25	TOTALS		194,678		15,756	7,248	3,133	1,553	1,225	804	804	486	486

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Il. Health Care Assn. \$12,144
- (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? 14 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 36,280 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. _____
- (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. \$ 135,780
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. \$ 24,240 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.