



Facility Name & ID Number Alden Lakeland Rehab & HCC# 0017319 Report Period Beginning: 1/1/07 Ending: 12/31/07

## 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	300	Skilled (SNF)	300	109,500	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	300	TOTALS	300	109,500	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	21,666	4,583	6,022	32,271	8
9	SNF/PED					9
10	ICF	45,513	573		46,086	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	67,179	5,156	6,022	78,357	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 71.56%

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

0 (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)

N/AF. Does the facility maintain a daily midnight census? YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES  NO 

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO 

I. On what date did you start providing long term care at this location?

Date started 1/1/72

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

YES  Date \_\_\_\_\_ NO 

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

YES  NO  If YES, enter number  
of beds certified 300 and days of care provided 5,240Medicare Intermediary National Government Services

## IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED  
CASH\*  CASH\* Is your fiscal year identical to your tax year? YES  NO Tax Year: 12/31/07 Fiscal Year: 12/31/07

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

Facility Name & ID Number Alden Lakeland Rehab & HCC # 0017319 Report Period Beginning: 1/1/07 Ending: 12/31/07

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
	<b>A. General Services</b>										
1	Dietary	280,592	52,741	12,000	345,333	882	346,215	5,615	351,830		1
2	Food Purchase		526,754		526,754	(36,563)	490,191	(133,365)	356,826		2
3	Housekeeping	252,933	41,619		294,552	756	295,308	6,336	301,644		3
4	Laundry	97,141	30,334	40,392	167,867	132	167,999		167,999		4
5	Heat and Other Utilities			386,563	386,563		386,563	(440)	386,123		5
6	Maintenance	40,167		229,610	269,777	35	269,812	24,250	294,062		6
7	Other (specify):* Security/Rel Party	114,473			114,473		114,473	12,516	126,989		7
8	<b>TOTAL General Services</b>	<b>785,306</b>	<b>651,448</b>	<b>668,565</b>	<b>2,105,319</b>	<b>(34,758)</b>	<b>2,070,561</b>	<b>(85,088)</b>	<b>1,985,473</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			52,500	52,500		52,500		52,500		9
10	Nursing and Medical Records	3,402,336	359,720	5,073	3,767,129	(149,620)	3,617,509	80,253	3,697,762		10
10a	Therapy	47,538			47,538		47,538		47,538		10a
11	Activities	256,342	4,201	12,764	273,307	221	273,528		273,528		11
12	Social Services	31,434			31,434		31,434		31,434		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							13,401	13,401		15
16	<b>TOTAL Health Care and Programs</b>	<b>3,737,650</b>	<b>363,921</b>	<b>70,337</b>	<b>4,171,908</b>	<b>(149,399)</b>	<b>4,022,509</b>	<b>93,654</b>	<b>4,116,163</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	67,132			67,132		67,132	92,266	159,398		17
18	Directors Fees										18
19	Professional Services			977,757	977,757	(21,133)	956,624	(832,691)	123,933		19
20	Dues, Fees, Subscriptions & Promotions			88,773	88,773	4,992	93,765	(66,226)	27,539		20
21	Clerical & General Office Expenses	176,111	42,120	85,309	303,540	949	304,489	447,547	752,036		21
22	Employee Benefits & Payroll Taxes			861,598	861,598	28,638	890,236	(1,003)	889,233		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,098	6,098		6,098	2,905	9,003		24
25	Other Admin. Staff Transportation			304	304		304	18,952	19,256		25
26	Insurance-Prop.Liab.Malpractice			290,078	290,078	(1,362)	288,716	13,756	302,472		26
27	Other (specify):* Related Party			296,550	296,550		296,550	(206,104)	90,446		27
28	<b>TOTAL General Administration</b>	<b>243,243</b>	<b>42,120</b>	<b>2,606,467</b>	<b>2,891,830</b>	<b>12,084</b>	<b>2,903,914</b>	<b>(530,598)</b>	<b>2,373,316</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>4,766,199</b>	<b>1,057,489</b>	<b>3,345,369</b>	<b>9,169,057</b>	<b>(172,073)</b>	<b>8,996,984</b>	<b>(522,032)</b>	<b>8,474,952</b>		<b>29</b>

\*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 Lakeland Rehab & HCC #0017319 Report Period Beginning: 1/1/07 Ending: 12/31/07

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>D. Ownership</b>										
30	Depreciation			114,976	114,976		114,976	469,635	584,611		30
31	Amortization of Pre-Op. & Org.							1,752	1,752		31
32	Interest			162,568	162,568	1,362	163,930	739,208	903,138		32
33	Real Estate Taxes							263,355	263,355		33
34	Rent-Facility & Grounds			1,233,398	1,233,398		1,233,398	(1,233,398)			34
35	Rent-Equipment & Vehicles			20,613	20,613		20,613	57,301	77,914		35
36	Other (specify):* MIP							57,912	57,912		36
37	<b>TOTAL Ownership</b>			1,531,555	1,531,555	1,362	1,532,917	355,765	1,888,682		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers	1,194,993	861,912	730,277	2,787,182	170,711	2,957,893	(216,010)	2,741,883		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops		30		30		30	(30)			41
42	Provider Participation Fee			164,250	164,250		164,250		164,250		42
43	Other (specify):*										43
44	<b>TOTAL Special Cost Centers</b>	1,194,993	861,942	894,527	2,951,462	170,711	3,122,173	(216,040)	2,906,133		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,961,192	1,919,431	5,771,451	13,652,074		13,652,074	(382,307)	13,269,767		45

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

Input official Company Name from Pg 1

IDPH Facility ID Number:

Page 4A

Reporting Period Beginning

Reporting Period Ending

Reclassifications - Pgs 3 and 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
19		(14834.00)	Pathway
	10	14834.00	Pathway
2		(36,563.00)	Employee Meals
	22	36,563.00	Employee Meals
10		(170,711.00)	Oxygen Costs
	39	170,711.00	Oxygen Costs
26		(1,362.00)	Insurance Expense
	32	1,362.00	Insurance Expense
22		(8,675.00)	Employee Uniforms
	1	882.00	Employee Uniforms
	3	756.00	Employee Uniforms
	4	132.00	Employee Uniforms
	6	35.00	Employee Uniforms
	10	6,257.00	Employee Uniforms
	11	221.00	Employee Uniforms
	21	392.00	Employee Uniforms
19		(1,150.00)	Employee Background Check Reclass
	20	1,150.00	Employee Background Check Reclass
19		(242.00)	Subscription Fee Reclass
	20	242.00	Subscription Fee Reclass
19		(3600.00)	Member Dues Reclass
	20	3600	Member Dues Reclass
19		(557.00)	Medi-Com software service reclass
	21	557	Medi-Com software service reclass
19		(750.00)	Payroll Check Reclass
	22	750	Payroll Check Reclass

Facility Name & ID Number Alden Lakeland Rehab & HCC

# 0017319

Report Period Beginning: 1/1/07

Ending: 12/31/07

**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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	81,795	30		9
10	Interest and Other Investment Income	(12,095)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,159)	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	(2,166)	21		17
18	Fines and Penalties	(10,769)	32		18
19	Entertainment	(1,998)	20		19
20	Contributions	(8,033)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(19,165)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(296,549)	27		24
25	Fund Raising, Advertising and Promotional	(13,297)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(138)	20		28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (284,574)		\$	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)	63,743		34
35	Other- Attach Schedule	(161,476)		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (97,733)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (382,307)		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	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY						
48		49		50		51
						52

## Alden Lakeland Rehab &amp; HCC

ID# 0017319

Report Period Beginning: 1/1/07

Ending: 12/31/07

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (4,939)	5	1
2	Late fees on telephone	(108)	21	2
3	Gift Shop expenses	(30)	41	3
4	Intercompany Interest	(151,799)	32	4
5	Misc Income (record copies)	(1,610)	10	5
6	Misc Income (food rebate)	(1,257)	2	6
7	Misc Income (jury duty)	(17)	22	7
8	Marketing Manager & Aides	(6,847)	21	8
9	Back out % of Employee Benefits for Mktg	(1,238)	21	9
10	Back out 29.31% of PAC fees from IHCA bills	(3,559)	20	10
11	Vendor Settlements-(Multiut-Call One)	(1,830)	21	11
12	Vendor Settlements-(Multiut-Call One)	1,830	6	12
13	Reduce deprec exp on Pg 13 items under \$2500	(5,343)	30	13
14	Reduce deprec exp on Pg 12 items under \$2500	(1,347)	30	14
15	Expense capital items < \$2500 on Pg 13 items	14,197	6	15
16	Expense capital items < \$2500 on Pg 12 items	18,142	6	16
17	Deming Adjustment	168	24	17
18	Elim Depr Exp Already Taken in 2006	(4,995)	30	18
19	Adj Deferred Maint to Actual	(285)	6	19
20	Adj Depreciation for capitalized items expensed	389	30	20
21				21
22				22
23	Correct Prior Year Error	750	19	23
24	Eliminate non-care employee benefits	(986)	22	24
25	Eliminate non-care marketing costs	(1,559)	20	25
26	Eliminate non-care G+A Costs	(1,659)	21	26
27	Eliminate non-care R+M Costs	(1,659)	6	27
28	Eliminate Census Solutions	(5,000)	19	28
29	PAC Dinner	(885)	24	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	<b>Total</b>	(161,476)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Lakeland Rehab & HCC

# 0017319

Report Period Beginning:

1/1/07

Ending:

12/31/07

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)	
	<b>A. General Services</b>													
1	Dietary	0	0	9,086	(3,471)	0	0	0	0	0	0	0	5,615	1
2	Food Purchase	(3,416)	0	0	(129,949)	0	0	0	0	0	0	0	(133,365)	2
3	Housekeeping	0	0	6,336	0	0	0	0	0	0	0	0	6,336	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,939)	0	4,499	0	0	0	0	0	0	0	0	(440)	5
6	Maintenance	32,225	0	(7,511)	0	0	0	(464)	0	0	0	0	24,250	6
7	Other (specify):*	0	0	10,168	2,348	0	0	0	0	0	0	0	12,516	7
8	<b>TOTAL General Services</b>	<b>23,870</b>	<b>0</b>	<b>22,578</b>	<b>(131,072)</b>	<b>0</b>	<b>0</b>	<b>(464)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(85,088)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,610)	0	76,767	1,707	3,389	0	0	0	0	0	0	80,253	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	13,401	0	0	0	0	0	0	0	0	13,401	15
16	<b>TOTAL Health Care and Programs</b>	<b>(1,610)</b>	<b>0</b>	<b>90,168</b>	<b>1,707</b>	<b>3,389</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>93,654</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	92,266	0	0	0	0	0	0	0	0	92,266	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(23,415)	5,402	(814,678)	0	0	0	0	0	0	0	0	(832,691)	19
20	Fees, Subscriptions & Promotions	(28,584)	1,100	(38,742)	0	0	0	0	0	0	0	0	(66,226)	20
21	Clerical & General Office Expenses	(13,848)	0	380,930	52,279	28,186	0	0	0	0	0	0	447,547	21
22	Employee Benefits & Payroll Taxes	(1,003)	0	0	0	0	0	0	0	0	0	0	(1,003)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(717)	0	3,622	0	0	0	0	0	0	0	0	2,905	24
25	Other Admin. Staff Transportation	0	0	18,952	0	0	0	0	0	0	0	0	18,952	25
26	Insurance-Prop.Liab.Malpractice	0	13,422	334	0	0	0	0	0	0	0	0	13,756	26
27	Other (specify):*	(296,549)	0	84,387	4,882	1,176	0	0	0	0	0	0	(206,104)	27
28	<b>TOTAL General Administration</b>	<b>(364,116)</b>	<b>19,924</b>	<b>(272,929)</b>	<b>57,161</b>	<b>29,362</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(530,598)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(341,856)</b>	<b>19,924</b>	<b>(160,183)</b>	<b>(72,204)</b>	<b>32,751</b>	<b>0</b>	<b>(464)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(522,032)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

1/1/07

Ending:

12/31/07

## 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	70,499	394,383	3,226	0	1,527	0	0	0	0	0	0	469,635	30
31	Amortization of Pre-Op. & Org.	0	1,650	102	0	0	0	0	0	0	0	0	1,752	31
32	Interest	(174,663)	710,510	201,533	0	1,603	225	0	0	0	0	0	739,208	32
33	Real Estate Taxes	0	255,899	6,935	0	521	0	0	0	0	0	0	263,355	33
34	Rent-Facility & Grounds	0	(1,233,398)	0	0	0	0	0	0	0	0	0	(1,233,398)	34
35	Rent-Equipment & Vehicles	0	0	57,301	0	0	0	0	0	0	0	0	57,301	35
36	Other (specify):*	0	57,912	0	0	0	0	0	0	0	0	0	57,912	36
37	<b>TOTAL Ownership</b>	<b>(104,164)</b>	<b>186,956</b>	<b>269,097</b>	<b>0</b>	<b>3,651</b>	<b>225</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>355,765</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(58,550)	(26,323)	(131,137)	0	0	0	0	0	(216,010)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(30)	0	0	0	0	0	0	0	0	0	0	(30)	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	<b>TOTAL Special Cost Centers</b>	<b>(30)</b>	<b>0</b>	<b>0</b>	<b>(58,550)</b>	<b>(26,323)</b>	<b>(131,137)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(216,040)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(446,050)</b>	<b>206,880</b>	<b>108,914</b>	<b>(130,754)</b>	<b>10,079</b>	<b>(130,912)</b>	<b>(464)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(382,307)</b>	<b>45</b>

**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
See Pg 6K		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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,233,398	Lawrence Avenue Building Limited Partnership		\$	\$ (1,233,398)	1
2	V	32 Interest Income Repl Reserve	1,169	Lawrence Avenue Building Limited Partnership			(1,169)	2
3	V	19 Accounting Fees		Lawrence Avenue Building Limited Partnership		4,850	4,850	3
4	V	19 Bank Charges		Lawrence Avenue Building Limited Partnership		552	552	4
5	V	20 Dues & Subscriptions		Lawrence Avenue Building Limited Partnership		1,100	1,100	5
6	V	33 Real Estate Tax Expense		Lawrence Avenue Building Limited Partnership		255,899	255,899	6
7	V	26 General Insurance Expense		Lawrence Avenue Building Limited Partnership		13,422	13,422	7
8	V	36 Mortgage Insurance Premium		Lawrence Avenue Building Limited Partnership		57,912	57,912	8
9	V	32 Interest - Other		Lawrence Avenue Building Limited Partnership		711,679	711,679	9
10	V	30 Depreciation Expense		Lawrence Avenue Building Limited Partnership		394,383	394,383	10
11	V	31 Amortization Expense		Lawrence Avenue Building Limited Partnership		1,650	1,650	11
12	V							12
13	V							13
14	Total		\$ 1,234,567			\$ 1,441,447	\$ * 206,880	14

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

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning: 1/1/07

Ending: 12/31/07

## 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		\$	Alden Management Services, Inc.	0.00%	\$		15
16	V	19 Professional Fees	883,200	Alden Management Services, Inc.		68,522	(814,678)	16
17	V	5 Utilities		Alden Management Services, Inc.		4,499	4,499	17
18	V	24 Travel & Seminar		Alden Management Services, Inc.		3,622	3,622	18
19	V	25 Other Admin Travel		Alden Management Services, Inc.		18,952	18,952	19
20	V	26 Insurance		Alden Management Services, Inc.		334	334	20
21	V	20 Dues & Subscriptions	39,510	Alden Management Services, Inc.		768	(38,742)	21
22	V	30 Depreciation		Alden Management Services, Inc.		3,226	3,226	22
23	V	31 Amortization		Alden Management Services, Inc.		102	102	23
24	V	33 Real Estate Taxes		Alden Management Services, Inc.		6,935	6,935	24
25	V	35 Rent Equip & Vehic		Alden Management Services, Inc.		57,301	57,301	25
26	V	32 Interest		Alden Management Services, Inc.		201,533	201,533	26
27	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		9,086	9,086	27
28	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		6,336	6,336	28
29	V	7 Empl'ee benefit %:Gn'l Servs		Alden Management Services, Inc.		10,168	10,168	29
30	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		76,767	76,767	30
31	V	15 Empl'ee benefit %:Health Care		Alden Management Services, Inc.		13,401	13,401	31
32	V	17 Administrative Salary		Alden Management Services, Inc.		92,266	92,266	32
33	V							33
34	V	27 Empl'ee benefit % Administrative		Alden Management Services, Inc.		84,387	84,387	34
35	V	21 Gen'l & Admin:Salary&Non-Salary		Alden Management Services, Inc.		380,930	380,930	35
36	V	6 Repair&Maint:Salary&Non Salary	65,522	Alden Management Services, Inc.		58,011	(7,511)	36
37	V							37
38	V							38
39	Total		\$ 988,232			\$ 1,097,146	\$ * 108,914	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		\$	Prism Health Care Services, Inc.	0.00%	\$		15
16	V	1 Diet Cons	12,000	Prism Health Care Services, Inc.		4,124	(7,876)	16
17	V	1 Diet Salary		Prism Health Care Services, Inc.		4,405	4,405	17
18	V	2 Tube Feed	203,361	Prism Health Care Services, Inc.		73,412	(129,949)	18
19	V	10 Equip Rent	3,060	Prism Health Care Services, Inc.		4,767	1,707	19
20	V	39 Supplies	262,363	Prism Health Care Services, Inc.		164,614	(97,749)	20
21	V	39 Vent Rent		Prism Health Care Services, Inc.		39,199	39,199	21
22	V	21 Salary G&A		Prism Health Care Services, Inc.		20,804	20,804	22
23	V	27 Emp Benef		Prism Health Care Services, Inc.		4,882	4,882	23
24	V	7 Emp Benef		Prism Health Care Services, Inc.		2,348	2,348	24
25	V	21 G&A		Prism Health Care Services, Inc.		31,475	31,475	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		\$ 480,784			\$ 350,030	\$ * (130,754)	39

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

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning: 1/1/07

Ending: 12/31/07

## 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	\$ 224,058	Forum Extended Care Services II, Inc.	0.00%	\$ 332,327	\$ 108,269	15
16	V	39	I.V.	144,062	Forum Extended Care Services II, Inc.		15,806	(128,256)	16
17	V	39	Wound Care	30,809	Forum Extended Care Services II, Inc.		24,473	(6,336)	17
18	V	10	House Stock	14,034	Forum Extended Care Services II, Inc.		13,393	(641)	18
19	V	10	Pharm Consult	11,700	Forum Extended Care Services II, Inc.		15,730	4,030	19
20	V	27	Employ Vaccin	3,784	Forum Extended Care Services II, Inc.		2,968	(816)	20
21	V	27	Emp Benef:G&A		Forum Extended Care Services II, Inc.		1,992	1,992	21
22	V	21	Salary: G&A		Forum Extended Care Services II, Inc.		15,122	15,122	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		13,064	13,064	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		1,603	1,603	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		521	521	25
26	V	30	Depreciation		Forum Extended Care Services II, Inc.		1,527	1,527	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		\$ 428,447				\$ 438,526	\$ * 10,079	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	\$ 716,391	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 585,254	\$ (131,137)	15
16	V	32	Interest		Community Physical Therapy & Associates, Ltd.		225	225	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			\$ 716,391			\$ 585,479	\$ * (130,912)	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	\$ 34,014	Alden Bennett Construction Company, Inc.	0.00%	\$ 33,550	\$ (464)	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			\$ 34,014			\$ 33,550	\$ *	(464) 39

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

STATE OF ILLINIOS

Facility Name & ID Number

Alden-Lakeland Rehabilitation and Health Care Cr Provider No. 001-7319

Report Period Beginning:

1/1/2007

Ending:

12/31/2007

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
		The Forum Professional Center, LP	Chicago	Home Office rental
Heather Health Care Center, Inc.	Harvey			
Alden-Long Grove Rehabilitation and Health Care Center, Inc.	Long Grove	Forum Extended Care Services II, Inc.	Chicago	Pharmacy
Alden-Lincoln Park Rehabilitation and Health Care Center, Inc.	Chicago	Alden Management Services, Inc.	Chicago	Management
Alden-Northmoor Rehabilitation and Health Care Center, Inc.	Chicago			
Alden-Lakeland Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town East, Inc.	Bloomingtondale	Alden Garden Courts of DesPlaines, LLC	DesPlaines	Assisted Living/Alzheimers Facility
Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	McHenry	Alden Courts of Waterford, LLC	Aurora	Alzheimers Facility
Alden - Wentworth Rehabilitation and Health Care Center, Inc.	Chicago	Alden Gardens of Waterford, LLC	Aurora	Assisted Living
Alden - Naperville Rehabilitation and Health Care Center, Inc.	Naperville	Prism Health Care Services, Inc.	Schaumburg	Nursing and Durable Equipment
Alden - Valley Ridge Rehabilitation and Health Care Center, Inc.	Bloomingtondale	Community Physical Therapy & Associates, Ltd.	Wood Dale	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingtondale	Alden Bennett Construction Company, Inc.	Chicago	General Contractor
Alden - Orland Park Rehabilitation and Health Care Center, Inc.	Orland Park			
Alden - Princeton Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town West, Inc.	Bloomingtondale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingtondale			
Alden - Poplar Creek Rehabilitation and Health Care Center, Inc.	Hoffman Estates			
Alden - North Shore Rehabilitation and Health Care Center, Inc.	Skokie			
Alden - Des Plaines Rehabilitation and Health Care Center, Inc.	Des Plaines			
Alden Estates of Evanston, Inc.	Evanston			
Alden - Alma Nelson Manor, Inc.	Rockford			
Alden - Park Strathmoor, Inc.	Rockford			
Alden - Meadow Park Health Care Center, Inc.	Clinton, WI			
Alden Estates of Barrington, Inc.	Barrington			
Alden of Waterford, LLC	Aurora			
Alden Springs, Inc.	Bloomingtondale			

Facility Name & ID Number Alden Lakeland Rehab & HCC # 0017319 Report Period Beginning: 1/1/07 Ending: 12/31/07

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	159,402	2.712	0.07	Salary	\$ 11,598	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	60,107	2.712	0.07	Salary	4,373	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	35,385	2.712	0.07	Salary	2,575	6-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										7
8	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 18,546		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 Lakeland Rehab & HCC

# 0017319

Report Period Beginning: 1/1/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,154,703	29	\$ 66,329	\$ 78,318	\$ 4,499	1
2	24	Trav & Seminar	Patient Days	1,154,703	29	53,403	78,318	3,622	2
3	25	Other Admin Travel	Patient Days	1,154,703	29	279,431	78,318	18,952	3
4	26	Insurance	Patient Days	1,154,703	29	4,925	78,318	334	4
5	20	Dues & Subscriptions	Patient Days	1,154,703	29	11,328	78,318	768	5
6	30	Depreciation	No. of Providers/usage	29	29	93,554	1	3,226	6
7	31	Amortization	Patient Days	1,154,703	29	1,500	78,318	102	7
8	33	Real Estate Tax	Patient Days/usage	1,154,703	29	102,244	78,318	6,935	8
9	35	Rent-Equip & Vehicles	Patient Days	1,154,703	29	844,835	78,318	57,301	9
10	32	Interest	Patient Days/usage	1,154,703	29	2,971,357	78,318	201,533	10
11	1	Dietary	Patient Days	1,154,703	29	133,965	133,965	9,086	11
12	3	Housekeeping	Patient Days	1,154,703	29	93,421	93,421	6,336	12
13	7	Employee Benefits-Gen'l Servs	Patient Days	1,154,703	29	149,914	78,318	10,168	13
14	10	Nurs & Med Records Salary	Patient Days	1,154,703	29	1,131,835	1,178,420	76,767	14
15	15	Employee Benefits-Health Care	Patient Days	1,154,703	29	197,574	78,318	13,401	15
16	17	Administrative Salary	Patient Days/usage	1,154,703	29	1,360,349	1,091,420	92,266	16
17									17
18	27	Employee Benefits-Admin	Patient Days	1,154,703	29	1,244,181	78,318	84,387	18
19	19	Professional Fees	Patient Days	1,154,703	29	1,010,272	531,592	68,522	19
20	21	Gen'l & Admin	Patient Days	1,154,703	29	5,616,348	4,942,836	380,930	20
21	6	Repair & Maint	Patient Days	1,154,703	29	855,298	666,770	58,011	21
22									22
23									23
24									24
25	TOTALS					\$ 16,222,063	\$ 8,638,424	\$ 1,097,146	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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
<b>A. Directly Facility Related</b>																
<b>Long-Term</b>																
1	Cambridge Realty		x	Mortgage	\$87,518.00	8/27/02	\$ 11,977,000	\$ 11,547,907	8/26/42	6.1400	\$ 711,679	1				
2												2				
3												3				
4												4				
5	Insurance Interest-see reclass		x								1,362	5				
<b>Working Capital</b>																
6	Related Party - CPT										225	6				
7	Related Party - AMS										201,533	7				
8	Related Party - FECII										1,603	8				
9	<b>TOTAL Facility Related</b>				\$87,518.00		\$ 11,977,000	\$ 11,547,907			\$ 916,402	9				
<b>B. Non-Facility Related*</b>																
10	Interest Income Replacement Reserve										(1,169)	10				
11	Interest and Other Investment Income										(12,095)	11				
12												12				
13												13				
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (13,264)	14				
15	<b>TOTALS (line 9+line14)</b>						\$ 11,977,000	\$ 11,547,907			\$ 903,138	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 57,912 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.)

Facility Name & ID Number Alden Lakeland Rehab & HCC

# 0017319 Report Period Beginning: 1/1/07

Ending: 12/31/07

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

<p><b>Important</b>, 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 2006 report.		\$ 347,400	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.)		\$ 297,199	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (50,201)	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 306,100	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 255,899	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2002	350,233	8
	2003	315,686	9
	2004	322,699	10
	2005	337,321	11
	2006	297,199	12
<u>The current year accrual is based on an estimated 3% increase of the prior year tax.</u>			
<b>FOR BHF USE ONLY</b>			
	13	FROM R. E. TAX STATEMENT FOR 2006 \$	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:** 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 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 2007 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.

**2006 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Alden Lakeland Rehab & HCC COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0017319

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2006 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 2006.

(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>14-08-419-040-0000</u>	<u>nursing home</u>	\$ <u>297,199.28</u>	\$ <u>297,199.28</u>
2. <u>See Attached</u>	<u>Related Party-Alden Management</u>	\$ <u>241,399.00</u>	\$ <u>6,935.00</u>
3. <u>See Attached</u>	<u>Related Party-Forum</u>	\$ <u>37,806.00</u>	\$ <u>521.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>576,404.28</u>	\$ <u>304,655.28</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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

**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 Lakeland Rehab & HCC

# 0017319

Report Period Beginning:

1/1/07

Ending:

12/31/07

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 89,500 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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).

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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	<u>300 bed facility</u>		<u>1995</u>	<u>\$ 1,040,000</u>	1
2					2
3	<b>TOTALS</b>			<b>\$ 1,040,000</b>	3

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

1/1/07

Ending:

12/31/07

**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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	300			1978	8,882,363	222,111	40	222,059	(52)	3,004,052	4
5			1995		577		40	14	14	176	5
6			1995		245		40	6	6	75	6
7				1996	13,250		40			3,284	7
8	Related Party-Forum			1978	14,541		25			14,541	8
	Improvement Type**										
9		GENERAL REMODELING		1994	\$ 1,640,753	\$ 46,074	15	\$ 112,813	\$ 66,739	\$ 1,430,061	9
10		NEW AIR CONDITIONER		1994	185,718	4,827	15	12,381	7,554	155,426	10
11		OXYGEN AND SUCTION SYSTEM		1994	89,080	2,315	15	5,939	3,624	76,870	11
12		3RD FLOOR NURSES STATION		1994	14,234	370	15	949	579	12,007	12
13		REBUILD SHOWERS AND STALL		1994	47,131	1,225	15	3,142	1,917	40,196	13
14		PATIENT ROOM LIGHTING		1994	34,763	903	15	2,318	1,415	29,326	14
15		CARPETING		1994	20,688		10			20,688	15
16		NEW DOOR LOCK AND HARDWARE		1994	25,312		10			25,312	16
17		VARIOUS OTHER ITEMS		1994	85,896		10			85,896	17
18		DECORATING		1986	5,000		3			5,000	18
19		DECORATING,PUMPS, ROOF REPAIR, COMPRESSOR REPAIR		1987	15,543		3-5			15,543	19
20		ELECTRICAL REPAIRS, CARPENTRY,PUMP REPAIR		1988	15,804		5			15,804	20
21		PUMP REPAIR		1989	2,510		5			2,510	21
22		REPAIR: PUMPS AND COMPRESSOR		1990	32,782		5-10			32,782	22
23		REPAIR: PUMPS, FANS, HEATER,ROOF		1991	16,753		5			16,753	23
24		REPAIR: BOILER,FANS, THERMOSTAT		1992	32,033	59	5-20	58	(1)	32,033	24
25		COLOR RENDERING,REPAIR: COOLING TOWER, ELECT TIMER,		1993	8,916	490	5-15	490		8,705	25
26		DRAPERIES AND CUBICLES; COMPRESSOR REPAIR		1994	45,438	565	5-20	565		44,386	26
27		REPAIR: ELEVATOR, LAUNDRY ROOM, PUMPS,A.C, INSULLATIO		1995	415,705	17,541	5-20	17,541	(0)	296,739	27
28		NEW ELECTRIC GENERATOR, NEW COOLING TOWER		1996	191,725	9,510	5-20	9,510		114,056	28
29		INSTALL NEW CIRCUITS		1997	2,176		5			2,176	29
30		CLEAN FAN COILS		1997	4,622		5			4,622	30
31		REPAIR LIGHTING CIRCUIT & BALLAST		1997	2,327		5			2,327	31
32		REBUILD COMPRESSOR		1997	4,268		5			4,268	32
33		REPAIR CALL LIGHTS		1997	2,350		5			2,350	33
34		INSTALL NEW SMOKE DETECTOR		1997	2,661		5			2,661	34
35		SPRAYED FIREPROOFING		1997	3,965		5			3,965	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 &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

1/1/07

Ending:

12/31/07

**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	
37	Climate Service, Inc (replace fans)	1998	4,725		5			4,725	37
38	**Wigdahl(replaced outlets)	1998	2,300	230	10	230		2,281	38
39	Wigdahl(replaced outlets)	1998	334	33	10	33		330	39
40	Long Elevator(modify restrictors)	1998	2,200	110	20	110		1,082	40
41	Incorporation(kickplates & correr guards)	1998	2,309		5			2,309	41
42	Incorporation(kickplates & larone)	1998	4,547		5			4,547	42
43	Shine Rite Maintenance (strip and refinish 30 rooms)	1998	6,480		5			6,480	43
44	Star Contractors (install locks)	1998	5,581	558	10	558		5,488	44
45	Supreme Sheet Metal (Fire dampers)	1998	10,000	667	15	667		6,334	45
46	CSI (replace fan coil units)	1998	6,340	423	15	423		3,946	46
47	Atash Fire & Safety (install annunciator panel)	1998	5,890	393	15	393		3,764	47
48	CSI (rebuild compressor)	1998	7,056	470	15	470		4,389	48
49	Supreme Sheet Metal (install fire dampers)	1998	11,680	1,168	10	1,168		10,804	49
50	Alden Bennett Construction (plan of correction)	1998	2,222	222	10	222		2,036	50
51	Supreme Sheet Metal (install fire dampers)	1998	7,750	775	10	775		7,040	51
52	Supreme Sheet Metal (install fire dampers)								52
53	Patton (repair generator)	1999	1,702	113	15	113		1,020	53
54	Alden Bennett Construction(general)	1999	11,471	1,147	10	1,147		9,654	54
55	Welding Supply(oxygen piping installed)	1999	13,176	659	20	659		5,436	55
56	ISS/Chicago Sound &Comm.(call system)	1999	28,500	1,900	15	1,900		15,517	56
57	Alden Bennett Construction(general)	1999	23,560	1,571	15	1,571		12,697	57
58	Alden Bennet Construction- oxygen tank	1999	9,475	474	20	474		3,791	58
59	Alden Bennett Construction(oxyg tank)	1999	35,016	1,751	20	1,751		14,078	59
60									60
61	Climate Service, Inc (repair boiler)	2000	4,892	245	20	245		1,957	61
62	A&B custom cable-install cable tv	2000	13,824	1,382	10	1,382		10,712	62
63	Fox Valley-install new fire safety pump	2000	4,423	221	20	221		1,713	63
64									64
65									65
66									66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 12,084,582	\$ 320,502		\$ 402,296	\$ 81,794	\$ 5,646,719	70

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

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

1/1/07

Ending:

12/31/07

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 12,084,582	\$ 320,502		\$ 402,296	\$ 81,794	\$ 5,646,719	1
2	Fox Valley-repair hvac pump	2000	1,969	98	20	98		762	2
3	System electric-circuit for sump pump	2000	2,361	118	20	118		905	3
4	System electric-emergency lighting	2000	5,190	346	15	346		2,624	4
5	System Electric-install circuits	2000	1,570	78	20	78		587	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		526	6
7	GT Mechanical-repair boiler	2000	2,698	135	20	135		1,012	7
8	ABC-fireproofing	2000	2,503	125	20	125		917	8
9	ABC-seal & stripe parking lot	2000	977	98	10	98		701	9
10	Richard G. Radke-color rendering	1993	6,620		5			6,620	10
11	Remodeling-Lawrence Ave Partnership (building)	1994	140,050	3,501	40	3,501		45,516	11
12	ABC-oxygen tank wiring	2000	26,715		3			26,715	12
13	ABC-wallpapering	2000	3,543		3			3,543	13
14	EWS - Oxygen tank repairs	2001	2,157	270	8	270		1,799	14
15	Simplex Time Recorder (fire alarm repairs)	2001	1,810	121	15	121		795	15
16	Simplex Time Recorder (fire alarm repairs)	2001	1,529	102	15	102		671	16
17	GT Mechanical-replace trane rooftop unit	2001	17,800	1,187	15	1,187		7,714	17
18	Long Elevator-repair elevator	2001	757	76	10	76		487	18
19	Long Elevator-replace boards	2001	4,659	466	10	466		2,990	19
20	Alden Bennett - various	2001	1,720	172	10	172		1,132	20
21	Alden Bennett - various	2001	8,688	579	15	579		3,716	21
22	Alden Bennett - various	2001	11,481	765	15	765		4,783	22
23	Medline Industries	2002	1,205	120	10	120		631	23
24	GT Mechanical-replace relay board/compressor	2002	1,696	113	15	113		622	24
25	CSI Coker- booster heater	2002	5,238	349	15	349		2,065	25
26	Alden Bennett -building improvement	2002	3,358	224	15	224		1,288	26
27	Alden Bennett -building improvement	2002	2,478	248	10	248		1,260	27
28	Alden Bennett -building improvement	2002	3,161	316	10	316		1,659	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,348,269	\$ 330,179		\$ 411,973	\$ 81,794	\$ 5,768,758	34

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

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

1/1/07

Ending:

12/31/07

**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 12,348,269	\$ 330,179		\$ 411,973	\$ 81,794	\$ 5,768,758	1
2	GT Mechanical-rebuild compressor	2003	6,500	433	15	433	0	2,131	2
3	Simplex Grinnell -replace smoke detectors	2003	4,225	423	10	423	(0)	2,078	3
4	Simplex Grinnell-repair fire pump	2003	2,094	209	10	209	0	977	4
5	Simplex Grinnell fire system connection	2003	1,710	171	10	171		798	5
6	CSI Coker-Hobart dishwasher	2003	1,522	304	5	304		1,344	6
7	Simplex Grinnell-2 duct smoke detectors	2003	1,620	162	10	162	0	702	7
8	Simplex Grinnell-2 duct smoke detectors & electric	2003	1,961	196	10	196	(0)	833	8
9	GT Mechanical-repair boiler	2003	1,340	268	5	268	0	1,117	9
10	GT Mechanical-replace boiler relief valve	2003	931	186	5	186	0	775	10
11	Alden Bennett Cons.-roof repair & rails installed	2003	7,517	752	10	752	(0)	3,195	11
12	GT Mchancial-back up pump bearing	2004	1,713	171	10	171		656	12
13	GT Mchancial-main house pump	2004	1,555	156	10	156		572	13
14	GT Mechanical-cooling towwe repairs	2004	1,259	125	10	125		1,219	14
15	CAPPS Plumbing-replaced kitchen faucets, drains	2004							15
16	ABC-repair kitchen, freezer doors and misc repairs	2004	8,038	804	10	804		2,948	16
17	Oak First Signal Circuit-elevator repair	2004	2,075	208	10	208		728	17
18	ABC misc repairs	2004	6,005	600	10	600		2,150	18
19	GT Mechanical-laundry motor replacement	2004	2,966	297	10	297		1,039	19
20	GT Mechanical-cooling gtower fan motor	2004	4,181	418	10	418		1,463	20
21	ISS/chicao Sound/ repair address sound	2004	2,092	209	10	209		714	21
22	ABC misc repairs	2004	5,832	583	10	583		1,992	22
23	GT Mechanical-A/C for East side of bldg	2004	1,007	101	10	101		345	23
24	System Electric-walk in cooler lights	2004	904	60	15	60		200	24
25	Oak First-installation of smoke dectors in front of elevators	2004	6,500	650	10	650		2,113	25
26	Top Notch-repaired faucet/drains	2004	1,627	163	10	163		503	26
27	ABC-Medical Gas Revisions	2004	27,009	2,700	10	2,700		10,126	27
28	CAPPS Plumbing-replaced kitchen faucets, drains	2005	1,320	66	20	66		264	28
29	Cybor Fire Protection Fire Sprinkler	2005	3,195	456	7	456		1,102	29
30	ABC New water cooling system	2005	153,553	7,678	20	7,678		19,835	30
31	ABC New water cooling system	2005	12,097	605	20	605		1,462	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,620,617	\$ 349,334		\$ 431,128	\$ 81,794	\$ 5,832,140	34

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

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

1/1/07

Ending:

12/31/07

**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	<b>Totals from Page 12C, Carried Forward</b>		\$ 12,620,617	\$ 349,334		\$ 431,128	\$ 81,794	\$ 5,832,140	1
2									2
3	<b>Related Party-Forum Prof Center Building:</b>								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,204	200	16	200		2,604	8
9	Leasehold Improvement-Build.Improv.	1996	1,130	71	16	71		843	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		95	11
12	Leasehold Improvement-Bathrooms	2002	667	73	7	73		391	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		819	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	2,050	391	7	391		1,213	14
15	Leasehold Improvement-sidewalks-City of Chic.	2007	106	21	5	21		21	15
16	Leasehold Improvement-Carpet: Superior Install.	2007	97	19	5	19		19	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	841	168	5	168		168	17
18	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	18
19	Leasehold Improvement-Add-on Improvement, lighting base	2001	123		5			123	19
20	Leasehold Improvements-fire extinguishers	2007	10	2	5	2		2	20
21									21
22									22
23									23
24	<b>Related Party-AMS:</b>								24
25	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	25
26	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		3,386	26
27	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		3,525	27
28									28
29									29
30	<b>Forum Extended Care, LLC-building/building improv</b>	1999	10,485	266	30	266		2,420	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,700,715	\$ 352,145		\$ 433,939	\$ 81,794	\$ 5,897,416	34

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

Facility Name & ID Number Alden Lakeland Rehab & HCC

# 0017319

Report Period Beginning:

1/1/07

Ending:

12/31/07

**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	<b>Totals from Page 12D, Carried Forward</b>		\$ 12,700,715	\$ 352,145		\$ 433,939	\$ 81,794	\$ 5,897,416	1
2	OakFire - install smoke detectors in elevator shaft	2006	8,528	853	10	853		1,137	2
3	ABC - install new sheet flooring in resident/ laundry room	2006	4,368	437	10	437		765	3
4	New Motor Blower	2007	3,295	275	10	275		275	4
5	Roof Repair	2007	7,020	468	10	468		468	5
6	Damaged Tarkett vinyl tiling replaced	2007	36,006	2,100	10	2,100		2,100	6
7	Cleaned Tower	2007	3,023	176	10	176		176	7
8	New Carpeting	2007	5,969	249	10	249		249	8
9	Chiller Room Exhaust	2007	33,741	1,406	10	1,406		1,406	9
10	Chiller	2007	4,075	170	10	170		170	10
11	Suction System	2007	19,666	656	10	656		656	11
12	Electrical and Plumbing Replacement	2007	3,303	110	10	110		110	12
13	Replaced broken plumbing	2007	3,177	79	10	79		79	13
14	Replaced broken plumbing	2007	2,965	74	10	74		74	14
15	New Concrete Pad	2007	7,076	118	10	118		118	15
16	New parts for motors roof fans	2007	4,644	77	10	77		77	16
17	New Floor Drain New Supply Lines	2007	8,564	71	10	71		71	17
18	New concrete pad and trough basin	2007	5,247	44	10	44		44	18
19	New Boiler Tubes-ABC	2007	15,820		10				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	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,877,202	\$ 359,507		\$ 441,302	\$ 81,794	\$ 5,905,391	34

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

Facility Name & ID Number Alden Lakeland Rehab & HCC # 0017319 Report Period Beginning: 1/1/07 Ending: 12/31/07

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	\$ 1,847,243	\$ 136,460	\$ 136,460	\$	Various	\$ 1,539,054	71
72	Current Year Purchases	46,935	5,376	5,376		Various	5,376	72
73	Fully Depreciated Assets	349,957	1,444	1,444		Various	349,957	73
74								74
75	TOTALS	\$ 2,244,135	\$ 143,280	\$ 143,280	\$		\$ 1,894,387	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										77
78										78
79	Related Party-AMS	Lumina/Chev/2004	2004	117	29	29		3	117	79
80	TOTALS			\$ 117	\$ 29	\$ 29	\$		\$ 117	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)	\$ 16,161,454	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 502,816	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 584,611	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 81,794	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,799,895	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 Rent is eliminated

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning 3/31/04

Ending 3/31/14

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

Fiscal Year Ending                      Annual Rent

12.	<u>/2008</u>	\$ <u>Varies</u>
13.	<u>/2009</u>	\$ <u>Varies</u>
14.	<u>/2010</u>	\$ <u>Varies</u>

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 9,715 Description: Copy 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>Transport</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>32,642</u>	17
18					18
19	<u>Related Party-AMS</u>	<u>Various</u>	<u>#####</u>	<u>57,301</u>	19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>89,943</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 Lakeland Rehab & HCC # 0017319 Report Period Beginning: 1/1/07 Ending: 12/31/07

**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)	
<b>TOTAL TRAINED</b>	

- (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	\$		\$ 258,583	\$		\$ 258,583	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			63,260			63,260	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			293,776			293,776	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				332,327		332,327	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39-1, 39-3, if any		1,194,993			132,428		1,327,421	12
13	Other (specify): See Pg 16A					(131,137)	597,653		466,516	13
14	<b>TOTAL</b>			\$ 1,194,993		\$ 484,482	\$ 1,062,408		\$ 2,741,883	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

XIV. Special Services (Direct Cost)

Page 16  
Col 5: PT,OT, & ST  
Col 6: Supplies

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$258,583.00
2. ST	39-3	To Col 5	63,260.00
3.			
4. PT	39-3	To Col 5	293,776.00
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			224,058.25
Manual Input from Related Party- Forum Drugs			108,269.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	<u>332,327.25</u>
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	1,194,993.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	132,428.00
Total Exceptional Care (Line 12, Col 8)			<u>1,327,421.00</u>
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(131,137.00)
Other			620,084.00
Manual Input: Related Party - Prism			(58,550.00)
Manual Input: Related Party FECII - I.V.			(128,256.00)
Oxygen, from reclass worksheet			170,711.00
Manual Input: Reclass Party FECII-Wound Care			(6,336.00)
13. Col 6: Supplies Total		To Col 6	<u>597,653.00</u>
13. Total Line 13, Column 8			<u>597,653.00</u>
14. Total			<u>2,741,883.25</u>

Facility Name & ID Number Alden Lakeland Rehab & HCC# 0017319Report Period Beginning: 1/1/07

Ending:

12/31/07

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>152,000</u> )	2,340,356	2,340,356	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		9,851	6
7	Other Prepaid Expenses	48,990	87,388	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties</u>	238,389	347,585	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,627,735	\$ 2,785,181	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,040,001	13
14	Buildings, at Historical Cost		11,253,031	14
15	Leasehold Improvements, at Historical Cost	1,729,682	1,895,332	15
16	Equipment, at Historical Cost	738,777	4,577,566	16
17	Accumulated Depreciation (book methods)	(1,702,242)	(6,771,473)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		65,981	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(8,798)	20
21	Restricted Funds		241,031	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 766,217	\$ 12,292,671	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,393,952	\$ 15,077,852	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,162,272	\$ 1,053,469	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	125,617	125,617	28
29	Short-Term Notes Payable		96,702	29
30	Accrued Salaries Payable	588,065	588,065	30
31	Accrued Taxes Payable (excluding real estate taxes)	33,488	33,488	31
32	Accrued Real Estate Taxes(Sch.IX-B)		306,100	32
33	Accrued Interest Payable		59,087	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>accr ins, exps, idpa, sales tax, etc</u>	103,043	103,043	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,012,485	\$ 2,365,571	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,449,345	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>	17,024,396	15,802,061	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 17,024,396	\$ 27,251,406	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 19,036,881	\$ 29,616,977	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (15,642,929)	\$ (14,539,125)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,393,952	\$ 15,077,852	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (14,449,866)	1
2	Restatements (describe):		2
3	external audit adjustments made after 2006 cost report		3
4	was submitted. These have no effect on prior years report:	(121,249)	4
5	Bad Debt, Medicare Revenues (non-allowables)		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (14,571,115)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(1,071,814)	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)	\$ (1,071,814)	17
<b>B. Transfers (Itemize):</b>			
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)	\$ (15,642,929)	24 *

\* This must agree with page 17, line 47.

Facility Name & ID Number Alden Lakeland Rehab & HCC# 0017319Report Period Beginning: 1/1/07Ending: 12/31/07**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,133,769	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,133,769	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	57,938	6
7	Oxygen	300,117	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 358,056	8
<b>C. Other Operating Revenue</b>			
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	1,679	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	12,941	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 14,620	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	12,095	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 12,095	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Misc Inc/Gain on Sale of Assets	12,021	28
28a	Adj to Prior Year Expense	49,700	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 61,721	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,580,260	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,105,319	31
32	Health Care	4,171,908	32
33	General Administration	2,891,830	33
<b>B. Capital Expense</b>			
34	Ownership	1,531,555	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,787,212	35
36	Provider Participation Fee	164,250	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,652,074	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,071,814)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,071,814)	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.

Facility Name & ID Number Alden Lakeland Rehab & HCC

# 0017319

Report Period Beginning: 1/1/07

Ending: 12/31/07

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	1,551	1,551	\$ 65,484	\$ 42.22	1
2	Assistant Director of Nursing	995	995	36,445	36.63	2
3	Registered Nurses	51,525	54,306	1,950,393	35.91	3
4	Licensed Practical Nurses	32,592	34,605	943,868	27.28	4
5	CNAs & Orderlies	104,563	110,028	1,201,369	10.92	5
6	CNA Trainees					6
7	Licensed Therapist	10,058	10,502	289,720	27.59	7
8	Rehab/Therapy Aides	2,319	2,688	36,530	13.59	8
9	Activity Director	1,963	1,987	24,587	12.37	9
10	Activity Assistants	4,725	5,131	46,123	8.99	10
11	Social Service Workers	1,818	1,818	31,434	17.29	11
12	Dietician					12
13	Food Service Supervisor	2,088	2,088	37,104	17.77	13
14	Head Cook	224	318	5,622	17.68	14
15	Cook Helpers/Assistants	22,453	23,982	237,867	9.92	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	40,167	19.31	17
18	Housekeepers	23,506	25,300	252,933	10.00	18
19	Laundry	7,672	8,253	97,141	11.77	19
20	Administrator	1,560	1,705	56,652	33.23	20
21	Assistant Administrator	268	268	10,480	39.10	21
22	Other Administrative	5,905	5,933	131,895	22.23	22
23	Office Manager	2,075	2,075	31,393	15.13	23
24	Clerical	2,496	2,516	23,831	9.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,522	3,482	106,193	30.50	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	224	224	3,856	17.21	31
32	Other Health Care Behavioral Counselors	9,888	10,092	185,632	18.39	32
33	Other(specify) Security	12,196	12,649	114,473	9.05	33
34	TOTAL (lines 1 - 33)	308,266	324,576	\$ 5,961,192 *	\$ 18.37	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	1000/Monthly	\$ 12,000	1-3	35
36	Medical Director	4375/Monthly	52,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	600/Monthly	7,200	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	166	12,439	11-3	44
45	Social Service Consultant	5	183	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	171	\$ 84,322		49

C. CONTRACT NURSES

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



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**C. Professional Services**

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>	<u>Description</u>
Census Solutions	Census Program Builder	5,000	Eliminated on Pg 5A
Resolute System LLC	Mediation	563	
Dr Nalini Ahluwalia	Medical Consultant Reversal	(500)	
Resident Criminal Background Check	Background Checks	1,150	<b>Reclassified in Page 4A</b>
Extended Care Info Network	Subscription Fee	242	<b>Reclassified in Page 4A</b>
First Advantage	Tax Consulting Service	720	
College of American Pathologists	Critical Care Survey	486	
Payroll Check	Entered Twice	(750)	
McCorkle Court Reporter	Court Reporter	534	
Illinois Association of Health Care	Member Dues	3,600	<b>Reclassified in Page 4A</b>
	Total	11,045	

Facility Name & ID Number Alden Lakeland Rehab & HCC

# 0017319

Report Period Beginning: 1/1/07

Ending: 12/31/07

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

(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
1	hvac/pipes/pumps/repairs	1/88	\$ 3,500	5	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	hvac/pipes/pumps/repairs	2/88	2,444	5									
3	hvac/pipes/pumps/repairs	3/88	2,385	5									
4	hvac/pipes/pumps/repairs	7/88	1,766	5									
5	hvac/pipes/pumps/repairs	10/88	3,200	5									
6	hvac/pipes/pumps/repairs	12/88	2,510	5									
7	boiler/hvac repair	6/89	5,114	5									
8	fan/pump/boiler repairs	10/90	4,240	5									
9	fan/pump/boiler repairs	11/90	3,482	5									
10	fan/pump/boiler repairs	12/90	2,233	5									
11	see page 22a	1991-1995	220,093	5-20	1,540	1,540	1,540	1,540	1,540	1,540	1,540	797	797
12	see page 22b	1996	41,372	3-20	696	696	696	696	696	505	505	505	505
13	see page 22c	1997	16,366	3									
14	see page 22c	1998	103,843	3									
15	see page 22d	1999	18,157	3									
16	painting>\$1,500 ytd 1999	7/99	12,619	3									
17	see page 22d	2000	15,388	3	133	0							
18													
19													
20	TOTALS		\$ 458,712		\$ 2,369	\$ 2,236	\$ 2,236	\$ 2,236	\$ 2,236	\$ 2,045	\$ 2,045	\$ 1,302	\$ 1,302

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Il. Health Care Assoc. \$13,197
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 17,815 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. \$ 164,250  
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. \$ 36,563 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. \$ N/A  
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. \$ 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 \$5,000, 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.