

		FOR BHF USE					

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2007
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2007)

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

I. IDPH License ID Number: 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 1/1/07 to 12/31/07 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>Joan Carl</u>	
	(Title) <u>Vice-President</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: 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	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	6,208	1,311	7,271	14,790	8
9	SNF/PED					9
10	ICF	40,209	5,020	209	45,438	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	46,417	6,331	7,480	60,228	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.54%

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 6,354

Medicare 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 Long Grove Rehab & HC Ctr # 0040683 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
	A. General Services										
1	Dietary	343,002	32,623	12,000	387,625	1,901	389,526	3,516	393,042		1
2	Food Purchase		349,490		349,490	(27,159)	322,331	(21,568)	300,763		2
3	Housekeeping	209,194	41,934		251,128	870	251,998	4,873	256,871		3
4	Laundry	43,582	11,386		54,968	377	55,345		55,345		4
5	Heat and Other Utilities			211,001	211,001		211,001	(637)	210,364		5
6	Maintenance	36,168	624	190,395	227,187	238	227,425	47,502	274,927		6
7	Other (specify):* Security/Related Party	68,383			68,383		68,383	8,519	76,902		7
8	TOTAL General Services	700,329	436,057	413,396	1,549,782	(23,773)	1,526,009	42,205	1,568,214		8
	B. Health Care and Programs										
9	Medical Director			40,800	40,800		40,800		40,800		9
10	Nursing and Medical Records	3,285,536	248,437	10,805	3,544,778	(49,115)	3,495,663	63,958	3,559,621		10
10a	Therapy										10a
11	Activities	155,275	7,089	5,914	168,278	191	168,469		168,469		11
12	Social Services	30,191			30,191		30,191		30,191		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							10,305	10,305		15
16	TOTAL Health Care and Programs	3,471,002	255,526	57,519	3,784,047	(48,924)	3,735,123	74,263	3,809,386		16
	C. General Administration										
17	Administrative	114,639			114,639		114,639	102,941	217,580		17
18	Directors Fees										18
19	Professional Services			770,475	770,475	(7,190)	763,285	(681,988)	81,297		19
20	Dues, Fees, Subscriptions & Promotions			76,018	76,018		76,018	(55,315)	20,703		20
21	Clerical & General Office Expenses	211,344	24,888	81,002	317,234	459	317,693	245,125	562,818		21
22	Employee Benefits & Payroll Taxes			545,827	545,827	16,798	562,625	(9,472)	553,153		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,302	7,302		7,302	2,913	10,215		24
25	Other Admin. Staff Transportation			8,175	8,175		8,175	14,575	22,750		25
26	Insurance-Prop.Liab.Malpractice			251,792	251,792	(1,126)	250,666	257	250,923		26
27	Other (specify):* Related Party			234,153	234,153		234,153	(166,817)	67,336		27
28	TOTAL General Administration	325,983	24,888	1,974,744	2,325,615	8,941	2,334,556	(547,781)	1,786,775		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,497,314	716,471	2,445,659	7,659,444	(63,756)	7,595,688	(431,313)	7,164,375		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: 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
	D. Ownership										
30	Depreciation			228,489	228,489		228,489	(12,510)	215,979		30
31	Amortization of Pre-Op. & Org.							78	78		31
32	Interest			120,628	120,628	1,126	121,754	6,363	128,117		32
33	Real Estate Taxes			129,558	129,558		129,558	5,725	135,283		33
34	Rent-Facility & Grounds			1,717,197	1,717,197		1,717,197		1,717,197		34
35	Rent-Equipment & Vehicles			17,209	17,209		17,209	44,066	61,275		35
36	Other (specify):*										36
37	TOTAL Ownership			2,213,081	2,213,081	1,126	2,214,207	43,722	2,257,929		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		396,514	550,918	947,432	62,630	1,010,062	(89,290)	920,772		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		396,514	686,698	1,083,212	62,630	1,145,842	(89,290)	1,056,552		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,497,314	1,112,985	5,345,438	10,955,737		10,955,737	(476,881)	10,478,856		45

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

Reporting Period Beginning 1/1/2007

Reporting Period Ending 12/31/2007

Reclassifications - Pgs 3 and 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(27,159.00)	Employee Meals
	22	27,159.00	
10		(62,630.00)	Oxygen Costs
	39	62,630.00	
26		(1,126.00)	Insurance Expense
	32	1,126.00	
22		(10,361.00)	Employee Uniforms
	1	1,901.00	
	3	870.00	
	4	377.00	
	6	238.00	
	10	6,325.00	
	11	191.00	
	21	459.00	
19		(7,190.00)	Pathway service
	10	7,190.00	Pathway service
		<hr/>	
		-	

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

0040683

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	(10,557)	30		9
10	Interest and Other Investment Income	(29,720)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,252)	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	(4,964)	21		17
18	Fines and Penalties	(4,811)	32		18
19	Entertainment	(1,197)	20		19
20	Contributions	(5,087)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(22,125)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(234,153)	27		24
25	Fund Raising, Advertising and Promotional	(14,356)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (328,222)		\$	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)	54,029	Various	34
35	Other- Attach Schedule	(202,688)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (148,659)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (476,881)		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	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: 1/1/07

Ending: 12/31/07

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utility	\$ (4,488)	5	1
2	Late Fees on Telephone	(78)	21	2
3	Intercompany Interest	(115,463)	32	3
4				4
5	Misc Income (Med Records)	(952)	10	5
6	Misc Income (Food Credit)	(114)	2	6
7	Misc Income (Jury Duty)	(29)	22	7
8	Misc Income (Vending Machine)	(151)	2	8
9	Misc Income (Utility)	(209)	5	9
10	Marketing Manager & Aides	(77,662)	21	10
11	Employee Benefits for Mktg Manager	(9,443)	22	11
12	Back out 29.31% of PAC Fees from standards IHCA	(3,856)	20	12
13	Vendor Settlements (7143) Chemcraft refund	(1,203)	21	13
14	Vendor Settlements (7143) Multit Corp refund	(600)	21	14
15	Vendor Settlements (7143) Multit Corp refund	600	5	15
16	Vendor Settlements (7143) Chemcraft refund	1,203	10	16
17	Aj Deprec to correct detail	(2,465)	30	17
18	Expense Assets < \$2500	17,461	6	18
19	Depreciation adj for assets < \$2500	(4,241)	30	19
20	Deming Leadership Training	128	24	20
21	Eliminate non-care employee benefits		22	21
22	Eliminate non-care marketing costs	(900)	20	22
23	Eliminate non-care G & A costs	(113)	21	23
24	Eliminate non-care R & M costs	(113)	6	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	(202,688)		49

STATE OF ILLINOIS

Summary A

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

0040683

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)	
	A. General Services													
1	Dietary	0	0	6,987	(3,471)	0	0	0	0	0	0	0	3,516	1
2	Food Purchase	(1,517)	0	0	(20,051)	0	0	0	0	0	0	0	(21,568)	2
3	Housekeeping	0	0	4,873	0	0	0	0	0	0	0	0	4,873	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,097)	0	3,460	0	0	0	0	0	0	0	0	(637)	5
6	Maintenance	17,348	0	30,626	0	0	0	(472)	0	0	0	0	47,502	6
7	Other (specify):*	0	0	7,819	700	0	0	0	0	0	0	0	8,519	7
8	TOTAL General Services	11,734	0	53,765	(22,822)	0	0	(472)	0	0	0	0	42,205	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	251	0	59,035	1,707	2,965	0	0	0	0	0	0	63,958	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	10,305	0	0	0	0	0	0	0	0	10,305	15
16	TOTAL Health Care and Programs	251	0	69,340	1,707	2,965	0	0	0	0	0	0	74,263	16
	C. General Administration													
17	Administrative	0	0	102,941	0	0	0	0	0	0	0	0	102,941	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(22,125)	0	(659,863)	0	0	0	0	0	0	0	0	(681,988)	19
20	Fees, Subscriptions & Promotions	(25,396)	0	(29,919)	0	0	0	0	0	0	0	0	(55,315)	20
21	Clerical & General Office Expenses	(84,620)	0	292,942	15,593	21,210	0	0	0	0	0	0	245,125	21
22	Employee Benefits & Payroll Taxes	(9,472)	0	0	0	0	0	0	0	0	0	0	(9,472)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	128	0	2,785	0	0	0	0	0	0	0	0	2,913	24
25	Other Admin. Staff Transportation	0	0	14,575	0	0	0	0	0	0	0	0	14,575	25
26	Insurance-Prop.Liab.Malpractice	0	0	257	0	0	0	0	0	0	0	0	257	26
27	Other (specify):*	(234,153)	0	64,895	1,456	985	0	0	0	0	0	0	(166,817)	27
28	TOTAL General Administration	(375,638)	0	(211,387)	17,049	22,195	0	0	0	0	0	0	(547,781)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(363,653)	0	(88,282)	(4,066)	25,160	0	(472)	0	0	0	0	(431,313)	29

STATE OF ILLINOIS

Summary B

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

0040683

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	(17,263)	0	3,226	0	1,527	0	0	0	0	0	0	(12,510)	30
31	Amortization of Pre-Op. & Org.	0	0	78	0	0	0	0	0	0	0	0	78	31
32	Interest	(149,994)	0	154,983	0	1,207	167	0	0	0	0	0	6,363	32
33	Real Estate Taxes	0	0	5,333	0	392	0	0	0	0	0	0	5,725	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	44,066	0	0	0	0	0	0	0	0	44,066	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(167,257)	0	207,686	0	3,126	167	0	0	0	0	0	43,722	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	(38,958)	(26,069)	(24,263)	0	0	0	0	0	(89,290)	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	(38,958)	(26,069)	(24,263)	0	0	0	0	0	(89,290)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(530,910)	0	119,404	(43,024)	2,217	(24,096)	(472)	0	0	0	0	(476,881)	45

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 1/1/07 Ending: 12/31/07

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

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

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr# 0040683Report Period Beginning: 1/1/07Ending: 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	19 Professional Fees	\$ 712,559	Alden Management Services, Inc.	0.00%	\$ 52,696	\$ (659,863)	15
16	V	21 Gen'l & Admin		Alden Management Services, Inc.		292,942	292,942	16
17	V	5 Utilities		Alden Management Services, Inc.		3,460	3,460	17
18	V	6 Repair/Mainten.	13,985	Alden Management Services, Inc.		44,611	30,626	18
19	V	24 Travel/Seminar		Alden Management Services, Inc.		2,785	2,785	19
20	V	26 Insurance		Alden Management Services, Inc.		257	257	20
21	V	20 Dues/Subscriptions	30,510	Alden Management Services, Inc.		591	(29,919)	21
22	V	30 Depreciation		Alden Management Services, Inc.		3,226	3,226	22
23	V	31 Amortization		Alden Management Services, Inc.		78	78	23
24	V	33 Real Estate Taxes		Alden Management Services, Inc.		5,333	5,333	24
25	V	35 Rent-Equip & Vehic		Alden Management Services, Inc.		44,066	44,066	25
26	V	32 Interest		Alden Management Services, Inc.		154,983	154,983	26
27	V	7 Gen'l Service Salary		Alden Management Services, Inc.		7,819	7,819	27
28	V	15 Health Care Salary		Alden Management Services, Inc.		10,305	10,305	28
29	V							29
30	V	25 Other Admin Travel		Alden Management Services, Inc.		14,575	14,575	30
31	V	1 Dietary		Alden Management Services, Inc.		6,987	6,987	31
32	V	3 Housekeeping		Alden Management Services, Inc.		4,873	4,873	32
33	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		64,895	64,895	33
34	V	10 Nurse Medical Records		Alden Management Services, Inc.		59,035	59,035	34
35	V	17 Administrative Salary		Alden Management Services, Inc.		102,941	102,941	35
36	V							36
37	V							37
38	V							38
39	Total		\$ 757,054			\$ 876,458	\$ * 119,404	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	\$ 12,000	Prism Health Care Services, Inc.	0.00%	\$ 4,124	\$ (7,876)	15
16	V	1 Dietary Sal & Wages		Prism Health Care Services, Inc.		4,405	4,405	16
17	V	2 Tude Feeding	52,370	Prism Health Care Services, Inc.		32,319	(20,051)	17
18	V	10 Equipment Rental-patient care	3,060	Prism Health Care Services, Inc.		4,767	1,707	18
19	V	39 Ancillary supplies	75,965	Prism Health Care Services, Inc.		37,007	(38,958)	19
20	V	39 Ancillary Vent Rentals		Prism Health Care Services, Inc.				20
21	V	27 Gen'l & Admin Salaries		Prism Health Care Services, Inc.		1,456	1,456	21
22	V	21 Gen'l & Admin Expense		Prism Health Care Services, Inc.		6,205	6,205	22
23	V	7 Emplovee Benefits		Prism Health Care Services, Inc.		700	700	23
24	V	21 Gen't & Admin		Prism Health Care Services, Inc.		9,388	9,388	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		\$ 143,395			\$ 100,371	\$ * (43,024)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Drugs	\$ 163,199	Forum Extended Care Services II, Inc.	0.00%	\$ 242,060	\$ 78,861	15
16	V	10 House Stock	13,218	Forum Extended Care Services II, Inc.		12,614	(604)	16
17	V	39 IV	113,240	Forum Extended Care Services II, Inc.		12,424	(100,816)	17
18	V	39 Wound Care	20,005	Forum Extended Care Services II, Inc.		15,891	(4,114)	18
19	V	10 Pharmacy Consulting	10,362	Forum Extended Care Services II, Inc.		13,931	3,569	19
20	V	27 Employee Vaccin	2,386	Forum Extended Care Services II, Inc.		1,872	(514)	20
21	V	27 G & A Salary		Forum Extended Care Services II, Inc.		1,499	1,499	21
22	V	21 Gen'l Admin Salary		Forum Extended Care Services II, Inc.		11,379	11,379	22
23	V	32 Interest		Forum Extended Care Services II, Inc.		1,207	1,207	23
24	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		392	392	24
25	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,527	1,527	25
26	V	21 Gen'l Admin		Forum Extended Care Services II, Inc.		9,831	9,831	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		\$ 322,410			\$ 324,627	\$ * 2,217	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 532,820	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 508,557	\$ (24,263)	15
16	V	32	Interest		Community Physical Therapy & Associates, Ltd.		167	167	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			\$ 532,820			\$ 508,724	\$ * (24,096)	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	\$ 34,640	Alden Bennett Construction Company, Inc.	0.00%	\$ 34,168	\$ (472)	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		\$ 34,640			\$ 34,168	\$ *	(472)	39

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

STATE OF ILLINIOS

Facility Name & ID Number

Alden-Long Grove Rehabilitation and Health Care Center, Ir Provider No. 004-0683

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 Long Grove Rehab & HC Ctr # 0040683 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	162,081	2.088	0.05	Salary	\$ 8,919	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	61,117	2.088	0.05	Salary	3,363	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	35,980	2.088	0.05	Salary	1,980	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	\$ 14,262		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:

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,154,703	29	\$ 66,329	\$ 60,228	\$ 3,460	1
2	24	Travel & Seminar	Patient Days	1,154,703	29	53,403	60,228	2,785	2
3	25	Other Admin Travel	Patient Days	1,154,703	29	279,431	60,228	14,575	3
4	26	Insurance	Patient Days	1,154,703	29	4,925	60,228	257	4
5	20	Dues & Subscription	Patient Days	1,154,703	29	11,328	60,228	591	5
6	30	Depreciation	Patient Days	29	29	93,554	1	3,226	6
7	31	Amortization	Patient Days	1,154,703	29	1,500	60,228	78	7
8	33	Real estates Tax	Patient Days	1,154,703	29	102,244	60,228	5,333	8
9	35	Rent - Equip & Vehicles	Patient Days	1,154,703	29	844,835	60,228	44,066	9
10	32	Interest	Patient Days	1,154,703	29	2,971,370	60,228	154,983	10
11	1	Dietary	Patient Days	1,154,703	29	133,965	133,965	6,987	11
12	3	Housekeeping	Patient Days	1,154,703	29	93,421	93,421	4,873	12
13	7	Employee benefits - Gen'l Srvc	Patient Days	1,154,703	29	149,914	60,228	7,819	13
14	10	Nurs & Med Records Salary	Patient Days	1,154,703	29	1,131,824	1,178,420	59,035	14
15	15	Employee benefits - Health care	Patient Days	1,154,703	29	197,574	60,228	10,305	15
16	17	Administrative Salary	Patient Days	1,154,703	29	1,973,604	1,091,420	102,941	16
17									17
18	27	Employee benefits - Admin	Patient Days	1,154,703	29	1,244,181	60,228	64,895	18
19	19	Professional Fees	Patient Days	1,154,703	29	1,010,290	531,592	52,696	19
20	21	Gen'l & Admin	Patient Days	1,154,703	29	5,616,348	4,942,836	292,942	20
21	6	Repair & Maintenance	Patient Days	1,154,703	29	855,298	666,770	44,611	21
22									22
23									23
24									24
25	TOTALS					\$ 16,835,338	\$ 8,638,424	\$ 876,458	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	AFCO interest		X	Insurance			\$	\$		\$ 355	1									
2											2									
3											3									
4											4									
5	Insurance Interest-see reclass		x							1,126	5									
Working Capital																				
6	Related Party - CPT	X		Working Capital						167	6									
7	Related Party - AMS	X		Working Capital						154,983	7									
8	Related Party - FECII	X		Working Capital						1,207	8									
9	TOTAL Facility Related						\$	\$		\$ 157,838	9									
B. Non-Facility Related*																				
10	Offset Interest expense with interest income (GL4975,4983,4646)									(29,721)	10									
11											11									
12											12									
13											13									
14	TOTAL Non-Facility Related						\$	\$		\$ (29,721)	14									
15	TOTALS (line 9+line14)						\$	\$		\$ 128,117	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

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2006 report.	\$	117,200	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.)	\$	121,558	2
3. Under or (over) accrual (line 2 minus line 1).	\$	4,358	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	125,200	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.	\$	129,558	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2002	105,538	8
	2003	107,599	9
	2004	113,986	10
	2005	113,794	11
	2006	121,558	12

The current year accrual is based on an estimated 3% increase of the prior year tax.

FOR BHF USE ONLY			
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 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)286-8038

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>See Attached (12 Pg Supplement)</u>	<u>Related Party-Alden Management Serv</u>	\$ <u>241,399.00</u>	\$ <u>5,333.00</u>
2. <u>See Attached (12 Pg Supplement)</u>	<u>Related Party-Forum Professional Cen</u>	\$ <u>37,806.00</u>	\$ <u>392.00</u>
3. <u>14-36-100-002</u>	<u>Nursing Home Facility</u>	\$ <u>121,558.00</u>	\$ <u>121,558.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>400,763.00</u>	\$ <u>127,283.00</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 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 Long Grove Rehab & HC Ctr

0040683 Report Period Beginning:

1/1/07 Ending:

12/31/07

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

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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					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8		Related Party-Forum		1978	14,541		25			14,541	8
		Improvement Type**									
9		SHELVING		1995	5,122	256	20	256		3,265	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		3,498	12
13		REPAIR BOILER/HVAC-MAJ.REP.		1995	4,712		5			4,712	13
14		PIPE/VALVE/THERMOSTAT		1996	1,460	73	20	73		894	14
15		ELECTRICAL REPAIR/INSTALLATION		1996	2,110	106	20	106		1,258	15
16		SIGN		1996	7,233		5			7,233	16
17		WATER HEATER ON DISHWASHER		1996	7,464		10			7,464	17
18		WALLGUARD		1996	2,096	140	15	140		1,608	18
19		INSTALL BOILER-MAJ.REP.		1996	33,750	1,688	20	1,688		19,267	19
20		REPLACE CONDENSOR WALK IN COOLER		1996	5,514		10			5,514	20
21		INSTALL ALUM. LOGO		1996	1,995	125	12	125		1,995	21
22		DESIGN SERVICE		1996	8,100	405	20	405		4,556	22
23		WASHROOM IMPROVEMENTS		1996	2,186	109	20	109		1,238	23
24		PIPING-MAJ.REP.		1996	4,000	267	15	267		2,956	24
25		PIPING-MAJ.REP.		1996	3,500	233	15	233		2,624	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

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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	78	10	78		3,109	44
45	INSTALL NEW DROP CEILING	1997	2,175	181	12	181		1,948	45
46	DESIGN SERVICES	1997	931	47	20	47		509	46
47	NEW DRIVEWAY LIGHTING	1998	8,101	540	15	540		5,356	47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752		5			1,752	48
49	REPLACE BOILER	1998	4,253	212	20	212		2,103	49
50	REPAIR PUMP MOTOR	1998	3,312		5			3,312	50
51	REPAIR DRYERS	1998	2,534	253	10	253		2,491	51
52	REPAIR EMEGENCY CIRCUITS	1998	1,510	151	10	151		1,485	52
53	REPAIR EMEGENCY LIGHTING SYSTEM	1998	273	27	10	27		268	53
54	REPLAC E COMPRESSOR	1998	1,301	130	10	130		1,279	54
55	REPLACE SEAVES ON ROOF	1998	10,500	700	15	700		6,592	55
56	REPLACE HOT WATER HEATER	1998	2,200	220	10	220		2,090	56
57	REPAIR GENERATOR	1998	5,228	349	15	349		3,254	57
58	REPLACE BEARING IN WASHER	1998	1,296	65	20	65		610	58
59	PATTEN-REPAIR GENERATOR	1998	655	33	20	33		309	59
60	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		11,713	60
61	D.B.S. Contracting(sleeve pipeline for sprinkler system)	1999	5,720	572	10	572		5,100	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		2,941	64
65	Chicago Cooling (repair pump)	1999	2,482		5			2,482	65
66	AMC Building Material	1999	4,131	454	10	413	(41)	3,717	66
67	AMC Sprinklers	1999	3,853	424	10	385	(39)	3,465	67
68	System Electric(generator repair)	1999	2,720	272	10	272		2,244	68
69	Patten Industries(install starter)	1999	5,495	550	10	550		4,535	69
70	TOTAL (lines 4 thru 69)		\$ 299,606	\$ 10,786		\$ 10,706	\$ (80)	\$ 237,092	70

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

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XI. OWNERSHIP COSTS (continued)

B. Building 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		\$ 299,606	\$ 10,786		\$ 10,706	\$ (80)	\$ 237,092	1
2	AMC Building Material	1999	1,876	206	10	188	(19)	1,692	2
3	Fox Valley(sprinkler repair)	1999	1,803	120	15	120		981	3
4	Alden Bennet Cons.install tank	1999	6,281	628	10	628		5,077	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		11,057	5
6	AMC Security system	1999	7,273	727	10	727		5,878	6
7	AMC carpentry	1999	8,577	943	10	858	(86)	7,722	7
8	Climate Service (repair HVAC)	1999	9,358	936	10	936		7,565	8
9	ABC-construction mainten. Adjustment-various	1999	1,129	409	10	113	(296)	1,017	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		1,958	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		5			1,635	14
15	D.B.S. Contracting (repair lawn sprikler system)	2000	2,285		5			2,285	15
16	Alden Bennett Construction (major repairs)	2000	2,643	291	10	264	(27)	2,112	16
17	Alden Bennett Construction (time & material billing per fac)	2000	2,105	231	10	211	(21)	1,688	17
18	alden design-architectural/designing	2000	2,628	131	20	131		974	18
19	alden design-architectural/designing	2000	3,300	165	20	165		1,224	19
20	ABC-time & materials-maj. Leasehold improv-various	2000	1,918	141	15	128	(13)	1,024	20
21									21
22	Patten industries 1137844(major repair for electric starting motor)	2001	4,103	410	10	410		2,871	22
23	Alden bennett construction (drive way improvement)	2001	1,096	80	15	73	(7)	511	23
24	T & T irrigation (lawn sprinkler system)	2001	2,064	206	10	206		1,289	24
25	Alden bennett construction	2001	9,690	1,066	10	969	(97)	6,783	25
26	New horizons commu1884(installation hardware phone)	2001	1,986	199	10	199		1,374	26
27	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	179,879	27
28	Alden Bennett Constr.-Roof repairs	2002	1,856	1	5	38	(37)	1,856	28
29	CSI-Coker	2002	2,502	42	5	42		2,502	29
30	Alden Bennett Constr.-Misc repairs	2002	1,628	626	5	326	(301)	1,628	30
31	Valley Fire Protection Systems (replace fire sprinkler pipes)	2003	9,000	900	10	900		4,500	31
32	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324	865	5	865		4,324	32
33	Alden Bennett Constr (Misc. repairs)	2003	5,417	1,192	5	1,083	(108)	5,415	33
34	TOTAL (lines 1 thru 33)		\$ 1,080,572	\$ 50,638		\$ 47,601	\$ (3,111)	\$ 508,023	34

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

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XI. OWNERSHIP COSTS (continued)**B. Building 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		\$ 1,080,572	\$ 50,638		\$ 47,601	\$ (3,037)	\$ 508,023	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public spa	2003	22,250	2,781	8	2,781		12,747	2
3	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289	858	5	858		3,789	3
4	C I Service (Alden Design) (2nd floor-corridor window treatments)	2003	12,949	1,619	8	1,619		7,016	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675	709	8	709		3,073	5
6									6
7	Controlled Irrigation (repair sprinkler system)	2003	2,137	427	5	427		1,851	7
8	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	17,025	1,873	10	1,703	(170)	8,515	8
9	A & B Custom Cable (cable installation)	2003	3,100	310	10	310		1,318	9
10	Alden Bennett Constr (roof repairs)	2003	12,754	1,403	10	1,275	(128)	6,375	10
11	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE S	2003	3,927	288	15	262	(26)	1,310	11
12	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920	2,990	8	2,990		13,455	12
13	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495	250	10	250		1,124	13
14	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207	30,401	8	30,401		136,804	14
15	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PU	2003	6,175	710	10	618	(93)	3,090	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDENT	2003	33,234	4,154	8	4,154		18,001	16
17	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2003	20,151	2,519	8	2,519		10,705	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393	9,821	8	5,799	(4,022)	28,995	18
19	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477	25,871	8	23,560	(2,311)	117,800	19
20	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065	407	10	407		1,964	20
21									21
22	Equipment International (replace bearings in washer)	1998	1,738	116	15	116		1,063	22
23									23
24	Graphic Systems (remodelled second floor Signage)	2004	2,519	252	10	252		987	24
25	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	1,752	25
26	CSI Coker -1 Walkin cooler replacement	2004	2,980	596	5	596		2,384	26
27	GT Mechanical (Circ Pump-Doctors' room leaking)	2004	1,667	111	15	111		361	27
28	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325	633	10	633		2,004	28
29	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		722	29
30	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431	243	10	243		749	30
31	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		937	31
32	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566	157	10	157		484	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,769,348	\$ 141,135		\$ 131,324	\$ (9,811)	\$ 897,398	34

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

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XI. OWNERSHIP COSTS (continued)**B. Building 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		\$ 1,769,348	\$ 141,135		\$ 131,324	\$ (9,811)	\$ 897,398	1
2									2
3	Related Party-Forum Prof Center Building:								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	Related Party-AMS:								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	Forum Extended Care, LLC-building/building improv	1999	10,485	266	30	266		2,420	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,849,447	\$ 143,946		\$ 134,135	\$ (9,811)	\$ 962,674	34

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

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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	Totals from Page 12D, Carried Forward		\$ 1,849,447	\$ 143,946		\$ 134,135	\$ (9,811)	\$ 962,674	1
2	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2004	(22,058)	(2,757)	8	(2,757)		(10,799)	2
3	TNS Inc. (DSL cable)	2004	1,725	345	5	345		1,351	3
4	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recla	2004	13,902	2,228	8	1,738	(491)	6,952	4
5	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDENT	2004	(33,234)	(4,154)	8	(4,154)		(18,001)	5
6	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2004	(20,151)	(2,519)	8	(2,519)		(10,705)	6
7	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sys	2004	2,301	132	20	115	(17)	460	7
8	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sys	2004	878	51	20	44	(7)	176	8
9	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,M	2004	15,285	1,758	10	1,529	(229)	6,116	9
10	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	3,755	376	10	376		1,472	10
11	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	7,160	716	10	716		2,804	11
12	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	969	97	10	97		380	12
13	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/K	2004	5,512	551	10	551		2,204	13
14	ALDEN BENNETT CONSTRUCTION (West side-Permanent Ligh	2004	3,541	177	20	177		649	14
15	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107	3,013	8	3,013		11,802	15
16	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generator	2004	10,656	426	25	426		1,420	16
17	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler S	2004	13,017	521	25	521		1,910	17
18									18
19	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347	735	10	735		1,837	19
20	Alden Bennett Comstruction(Passage on door)	2005	3,662	732	5	732		2,135	20
21	ABC(piping and electrical work)	2005	4,619	462	10	462		963	21
22	Central States Automatic Sprinklers(Drv Pipe Valve & Sprinkler P	2005	9,514	381	25	381		1,079	22
23	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		303	23
24	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		218	24
25	CSI Coker(Refridgerator Repairs)	2005	1,511	151	10	151		415	25
26	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		245	26
27	CSI Coker(Refridgerator Repairs)	2005	3,971	397	10	397		1,092	27
28	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139	828	5	828		2,208	28
29	Cybor Fire Protection(Sprinkler repair)	2005	4,660	466	10	466		1,243	29
30	Cybor Fire Protection(Sprinkler repair)	2005	2,000	200	10	200		500	30
31	GT Mechanical(Dining room AC Repairs)	2005	1,922	192	10	192		464	31
32	Capps Plumbing (Drainage Major repairs)	2005	1,755	176	10	176		396	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,927,432	\$ 149,898		\$ 139,343	\$ (10,555)	\$ 973,963	34

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

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0040683

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	Totals from Page 12E, Carried Forward		\$ 1,927,432	\$ 149,898		\$ 139,343	\$ (10,555)	\$ 973,963	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265	327	10	327		736	2
3	PattenCat(ATS Terminal Connect)	2005	4,454	445	10	445		1,001	3
4	TopNotch(Dishwasher major repairs)	2005	2,177	218	10	218		472	4
5	GT Mechanical Repair work on Heaters	2005	1,665	333	5	333		694	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758	352	5	352		733	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740	174	10	174		363	7
8									8
9	New Roof	2006	20,350	2,035	10	2,035		3,222	9
10	Replace Multiple Doors	2006	20,822	2,082	10	2,082		2,776	10
11	Replace Multiple Doors	2006	4,949	495	10	495		577	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552	355	10	355		622	12
13	Installed new door required by Life safety code	2006	2,653	265	10	265		464	13
14	ABC-Replaced broken A/C pump	2006	5,821	582	10	582		873	14
15	ABC-Bathroom repairs	2006	6,217	622	10	622		622	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	187		332	16
17	Installed Water Heater	2006	11,078	739	15	739		1,108	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		257	18
19	Installed new piping	2006	4,470	179	25	179		343	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		180	20
21									21
22	ABC Wiring for Cable TV	2007	12,438	311	10	311		311	22
23	Aldben electrical secutity system	2007	11,248	750	15	750		750	23
24	Alden Bennett Conduit w/Switch	2007	7,500	458	15	458		458	24
25	Censau replaced broken pipe in attic	2007	3,807	349	10	349		349	25
26	Topnot Installed booster heater	2007	4,970	414	10	414		414	26
27	ALDBEN new wiring for fire and phone system	2007	19,644	1,091	15	1,091		1,091	27
28	ALDBEN install new expansion tank and valves dish washer	2007	3,387	254	10	254		254	28
29	ALDBEN Construct	2007	17,231	1,149	10	1,149		1,149	29
30	ALDBEN heating/vent work	2007	22,222	1,296	10	1,296		1,296	30
31	Topnot new kitchen freezer door	2007	4,655	272	10	272		272	31
32									32
33	ALDBEN new wiring for fire and phone system	2007	(8,745)	(875)	5	(875)		(875)	33
34	TOTAL (lines 1 thru 33)		\$ 2,129,726	\$ 165,099		\$ 154,543	\$ (10,555)	\$ 994,807	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:

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 2,129,726	\$ 165,099		\$ 154,543	\$ (10,557)	\$ 994,807	1
2									2
3	ALDBEN install sprinkler drip	2007	6,063	253	10	253		253	3
4	Masland contract carpet	2007	4,623	308	5	308		308	4
5	Installed Cable wiring	2007	6,639	443	5	443		443	5
6	Resident room carpet	2007	5,390	359	5	359		359	6
7	Central States Automaition A/C	2007	15,203	380	10	380		380	7
8	New Carpet	2007	5,392	90	10	90		90	8
9	Seal and stripe parking Lot	2007	7,229	151	8	151		151	9
10	Replaced 4in of sprinkler pipe	2007	4,399		10				10
11	Parking lot sealed	2007	8,308		10				11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,192,973	\$ 167,083		\$ 156,526	\$ (10,557)	\$ 996,790	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: 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	\$ 495,783	\$ 54,331	\$ 54,331	\$		\$ 271,911	71
72	Current Year Purchases	37,398	2,931	2,931			2,931	72
73	Fully Depreciated Assets	178,038	2,162	2,162			178,038	73
74								74
75	TOTALS	\$ 711,219	\$ 59,424	\$ 59,424	\$		\$ 452,880	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	Car engine/bus/van	Various/Dodge	98-'04	\$ 8,164	\$	\$	\$	3	\$ 8,164	76
77										77
78										78
79	Related Party-AMS	Lumina/Chev/2004	2004	117	29	29		3	117	79
80	TOTALS			\$ 8,281	\$ 29	\$ 29	\$		\$ 8,281	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)		\$ 2,912,473	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 226,536	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 215,979	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ (10,557)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 1,457,952	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		\$ 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	\$ 1,717,197	15	15	3
4	Additions							4
5								5
6								6
7	TOTAL		248		\$ 1,717,197			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>/2008</u>	\$ <u>1,717,197</u>
13.	<u>/2009</u>	\$ <u>1,717,197</u>
14.	<u>/2010</u>	\$ <u>1,717,197 (estimate)</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: \$ 9,772 Description: Copier Machine Lease \$9,314 and Postage Meter \$459

(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>25,102</u>	17
18	<u>Work/Patient Care</u>	<u>Various</u>	<u>619.75</u>	<u>7,437</u>	18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>32,539</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.

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 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	\$		\$ 183,137	\$		\$ 183,137	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			29,536			29,536	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			320,147			320,147	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				242,060		242,060	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								12
13	Other (specify): See Pg 16A					(24,263)	170,155		145,892	13
14	TOTAL			\$		\$ 508,557	\$ 412,215		\$ 920,772	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)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$183,137.41
2. ST	39-3	To Col 5	29,535.54
3.			
4. PT	39-3	To Col 5	320,147.18
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			163,199.41
Manual Input from Related Party- Forum Drugs			78,861.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	242,060.41
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
Total Exceptional Care (Line 12, Col 8)			0.00
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(24,263.00)
Other			251,413.88
Manual Input: Related Party - Prism			(38,959.00)
Manual Input: Related Party FECII - I.V.			(100,816.00)
Manual Input: Related Party FECII - Wound Care			(4,114.00)
Oxygen, from reclass worksheet			62,630.00
13. Col 6: Supplies Total		To Col 6	170,154.88
13. Total Line 13, Column 8			170,154.88
14. Total			920,772.42

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr# 0040683Report 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*	
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>193,000</u>)	1,696,488		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,059		6
7	Other Prepaid Expenses	11,211		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	385,062		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,101,820	\$	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	2,436,367		15
16	Equipment, at Historical Cost	641,434		16
17	Accumulated Depreciation (book methods)	(1,476,440)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	83,139		21
22	Other Long-Term Assets (spe <u>Purchase Options</u>)	744,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,428,500	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,530,320	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,193,055	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	253,821		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	487,063		30
31	Accrued Taxes Payable (excluding real estate taxes)	25,468		31
32	Accrued Real Estate Taxes(Sch.IX-B)	125,200		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>	838,195		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,922,802	\$	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>	13,859,183		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 13,859,183	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 16,781,985	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (12,251,665)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,530,320	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,091,347)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,091,347)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,160,318)	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)	\$ (1,160,318)	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)	\$ (12,251,665)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr# 0040683Report 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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,534,554	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,534,554	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	108,522	6
7	Oxygen	52,033	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 160,555	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	1,181	12
13	Barber and Beauty Care	1,004	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	18,128	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	862	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	40,322	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 61,497	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	29,720	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 29,720	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	9,093	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,093	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,795,419	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,549,782	31
32	Health Care	3,784,047	32
33	General Administration	2,325,615	33
B. Capital Expense			
34	Ownership	2,213,081	34
C. Ancillary Expense			
35	Special Cost Centers	947,432	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)*	\$ 10,955,737	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,160,318)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,160,318)	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.

Alden-Long Grove Rehabilitation and Health Care Center, Inc. IDPH Facility 004-0683

Reporting Period Beginning 1/1/2007

Reporting Period Ending 12/31/2007

Amount

Page 19A

Misc Income (Med Records)	952.00
Misc Income (Food Credits)	114.00
Misc Income (Jury Duty)	29.00
Misc Income (Utility)	209.00
Misc Income (Vending Machine)	151.00
Adjustment to prior year expense	7,638.00
	0.00
	0.00
	0.00

	0.00 9,093.00
	=====

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

0040683

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	1,984	2,048	\$ 74,835	\$ 36.54	1
2	Assistant Director of Nursing	2,056	2,056	69,978	34.04	2
3	Registered Nurses	38,418	39,923	1,320,340	33.07	3
4	Licensed Practical Nurses	16,886	17,429	520,724	29.88	4
5	CNAs & Orderlies	90,179	95,659	1,219,055	12.74	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,056	2,056	30,849	15.00	9
10	Activity Assistants	6,870	7,045	62,636	8.89	10
11	Social Service Workers	1,863	1,862	30,191	16.21	11
12	Dietician					12
13	Food Service Supervisor	519	520	14,713	28.29	13
14	Head Cook	6,917	7,175	88,156	12.29	14
15	Cook Helpers/Assistants	23,814	25,384	240,132	9.46	15
16	Dishwashers					16
17	Maintenance Workers	2,048	2,048	36,168	17.66	17
18	Housekeepers	22,165	22,965	209,194	9.11	18
19	Laundry	4,890	5,214	43,582	8.36	19
20	Administrator	2,032	2,032	112,166	55.20	20
21	Assistant Administrator	120	120	2,473	20.61	21
22	Other Administrative	7,096	7,096	169,087	23.83	22
23	Office Manager	1,918	1,918	24,822	12.94	23
24	Clerical	2,102	2,118	17,436	8.23	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,975	2,003	49,957	24.94	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselors	3,613	3,669	61,790	16.84	32
33	Other(specify) Alzheimers Aides	8,071	8,173	99,030	12.12	33
34	TOTAL (lines 1 - 33)	247,592	258,513	\$ 4,497,314 *	\$ 17.40	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/month	\$ 12,000	1-3	35
36	Medical Director	3400/month	40,800	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	250/month	3,003	11-3	44
45	Social Service Consultant	103/month	1,236	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 62,991		49

C. CONTRACT NURSES

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

Facility Name & ID Number

Alden Nursing Center - Long Grove

12/31/2007

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

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012
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									
9	Capps-sewer rodding	9/99	1,680	3									
10	CSI- hvac	12/99	2,482	3									
11	Painting>\$1,500 ytd 1999	7/99	13,288	3									
12	CAPPS PLUMBING (SEWAGE CLEA	5/00	5,430	3	0								
13	VENDOR REC REVERSING		(2,482)	3									
14	GT MECHANICAL (chiller circulating	8/00	1,523	3	0								
15	WRITE OFF CUST MAPP ?		(2,940)	3									
16	Alde Bennett Construction (time & ma	12/00	21,314	3	0								
17	Painting>\$1,500 ytd 2000	7/00	8,699	3	0								
18	GT Mechan. (hvac repair)	2001	1,507	3	503	301	126	75					
19	Painting>\$1,500 for 2001	2001	2,048	3	341	0							
20	Sherwin Williams --Painting	1/02	9,990	3	3,330								
21	CSI -- Service Cleveland	2/02	6,313	3	2,104	1,526							
22	GT Mechan. (compressor-A/C)	5/04	3,119	3	693	1,040	623	549					
23	TopNotch(cooler)	5-Dec	1,590	5			318	318	318	318	318		
24	Totals from Page 22 . . .		92,482		277	266	486	486	486	486	486	486	486
25	TOTALS		\$ 194,678		7,248	3,133	1,553	1,428	804	804	486	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 Assoc. \$13,156
- (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. \$ 41,253 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. \$ 27,159 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? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ 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.