

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896 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	217	Skilled (SNF)	217	79,205	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	217	TOTALS	217	79,205	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	14,102	3,596	14,600	32,298	8
9	SNF/PED					9
10	ICF	24,600	3,162	27	27,789	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	38,702	6,758	14,627	60,087	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.86%

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 05/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/12/95 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 217 and days of care provided 12,028

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 Poplar Creek Rehab & HCC # 0032896 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	373,367	34,398	12,000	419,765	1,504	421,269	3,500	424,769		1
2	Food Purchase		374,013		374,013	(37,194)	336,819	(12,204)	324,615		2
3	Housekeeping	201,066	27,913		228,979	644	229,623	4,861	234,484		3
4	Laundry	54,262	15,299		69,561	284	69,845		69,845		4
5	Heat and Other Utilities			263,462	263,462		263,462	(6,297)	257,165		5
6	Maintenance	47,109		168,349	215,458	238	215,696	79,044	294,740		6
7	Other (specify):* Related Party - AMS/Prism							8,420	8,420		7
8	TOTAL General Services	675,804	451,623	443,811	1,571,238	(34,524)	1,536,714	77,324	1,614,038		8
	B. Health Care and Programs										
9	Medical Director			17,510	17,510		17,510		17,510		9
10	Nursing and Medical Records	3,021,857	239,302	13,687	3,274,846	(52,913)	3,221,933	62,975	3,284,908		10
10a	Therapy	12,559			12,559		12,559		12,559		10a
11	Activities	85,075	4,345	4,687	94,107	363	94,470		94,470		11
12	Social Services	20,889			20,889		20,889		20,889		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party - AMS							10,281	10,281		15
16	TOTAL Health Care and Programs	3,140,380	243,647	35,884	3,419,911	(52,550)	3,367,361	73,256	3,440,617		16
	C. General Administration										
17	Administrative	111,053			111,053		111,053	95,800	206,853		17
18	Directors Fees										18
19	Professional Services			673,475	673,475	(10,298)	663,177	(541,890)	121,287		19
20	Dues, Fees, Subscriptions & Promotions			88,381	88,381		88,381	(70,844)	17,537		20
21	Clerical & General Office Expenses	215,308	43,034	67,814	326,156		326,156	275,841	601,997		21
22	Employee Benefits & Payroll Taxes			662,375	662,375	29,297	691,672	(8,372)	683,300		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,024	8,024		8,024	2,956	10,980		24
25	Other Admin. Staff Transportation			8,957	8,957		8,957	14,541	23,498		25
26	Insurance-Prop.Liab.Malpractice			209,947	209,947	(985)	208,962	12,840	221,802		26
27	Other (specify):* Rel Party - AMS/Prism/Forum			(26,400)	(26,400)		(26,400)	94,680	68,280		27
28	TOTAL General Administration	326,361	43,034	1,692,573	2,061,968	18,014	2,079,982	(124,448)	1,955,534		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,142,545	738,304	2,172,268	7,053,117	(69,060)	6,984,057	26,132	7,010,189		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 Poplar Creek Rehab & HCC

#0032896

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			87,265	87,265		87,265	354,993	442,258			30
31	Amortization of Pre-Op. & Org.							1,741	1,741			31
32	Interest			102,276	102,276	985	103,261	623,748	727,009			32
33	Real Estate Taxes							608,522	608,522			33
34	Rent-Facility & Grounds			1,444,036	1,444,036		1,444,036	(1,444,036)				34
35	Rent-Equipment & Vehicles			18,057	18,057		18,057	43,962	62,019			35
36	Other (specify):* MIP							47,208	47,208			36
37	TOTAL Ownership			1,651,634	1,651,634	985	1,652,619	236,138	1,888,757			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		625,153	974,228	1,599,381	68,075	1,667,456	(186,865)	1,480,591			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			118,658	118,658		118,658		118,658			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		625,153	1,092,886	1,718,039	68,075	1,786,114	(186,865)	1,599,249			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,142,545	1,363,457	4,916,788	10,422,790		10,422,790	75,405	10,498,195			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 01/01/07
 Reporting Period Ending 12/31/07

Reclassifications - Pgs 3 and 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>		
2		(37,194.00)	Employee Meals		
	22	37,194.00			
10		(68,075.00)	Oxygen Costs	59085.05	68.23%
	39	68,075.00		86599.81	
					99776.66
26		(985.00)	Insurance Expense		68075.3104
	32	985.00			
19		(10,298.00)	Clinical Coordinator to Ln 10 (Pathway)		
	10	10,298.00			
22		(7,897.00)	Employee Uniforms		
	1	1,504.00			
	3	644.00			
	4	284.00			
	6	238.00			
	10	4,864.00			
	11	363.00			
	21	-			
		<hr/>			
		-			

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				9
10	Interest and Other Investment Income	(23,578)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,480)	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	(10,721)	21		17
18	Fines and Penalties	(1,250)	32		18
19	Entertainment	(1,324)	20		19
20	Contributions	(10,657)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(16,417)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	26,400	27		24
25	Fund Raising, Advertising and Promotional	(11,743)	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)	\$ (50,770)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	203,868	various	34
35	Other- Attach Schedule	(77,693)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 126,175		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 75,405		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

Alden Poplar Creek Rehab & HCC

ID# 0032896

Report Period Beginning: 1/1/07

Ending: 12/31/07

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (6,297)	5	1
2	Intercompany Interest	(101,025)	32	2
3	Misc Income (med. records, jury duty, food rebate)	(2,468)	21	3
4	Marketing Manager (GL 6701-100-009)	(52,361)	21	4
5	Vendor Settlement - Multiut Corp	(310)	21	5
6	Vendor Settlement - Multiut Corp	310	6	6
7	Vendor Settlement - Chemcraft Industries	(1,245)	21	7
8	Vendor Settlement - Chemcraft Industries	1,245	6	8
9	Employee Benefit for Marketing Manager	(8,372)	22	9
10	IHCA PAC Fees to backout	(3,511)	20	10
11	Bank Charges - Poplar Creek LLC	(40)	21	11
12	Reduce deprec exp on Pg 13 items < \$2,500	(5,478)	30	12
13	Reduce deprec exp on Pg 12 items < \$2,500 - PC	(3,254)	30	13
14	Reduce deprec exp on Pg 12 items < \$2,500 - PC LLC	(694)	30	14
15	Expense capital items >\$2,500 on Pg 13	21,784	6	15
16	Expense capital items >\$2,500 on Pg 12 - PC	25,667	6	16
17	Expense capital items >\$2,500 on Pg 12 - PC LLC	3,611	6	17
18	Deferred Maintenance adjustment	(571)	6	18
19	Overstatement of depreciation	161	30	19
20	Add back prior year tax refund	59,816	33	20
21	Deming Leadership Training adjustment	177	24	21
22	Eliminate Non Care Marketing costs	(4,688)	20	22
23	Eliminate Non Care - G & A costs	(75)	21	23
24	Eliminate Non Care - R & M costs	(75)	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	(77,693)		49

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	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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 1,444,036	Alden Nursing Center of Poplar Creek, LLC		\$	\$ (1,444,036)	1
2	V	32 Investment Income RR	2,224	Alden Nursing Center of Poplar Creek, LLC			(2,224)	2
3	V	19 Accounting Fees		Alden Nursing Center of Poplar Creek, LLC		4,850	4,850	3
4	V	33 Real Estate Tax		Alden Nursing Center of Poplar Creek, LLC		542,716	542,716	4
5	V	26 Property/Liability Insurance		Alden Nursing Center of Poplar Creek, LLC		12,584	12,584	5
6	V	32 Interest on Mortgage		Alden Nursing Center of Poplar Creek, LLC		594,854	594,854	6
7	V	30 Depreciation		Alden Nursing Center of Poplar Creek, LLC		359,505	359,505	7
8	V	31 Amortization		Alden Nursing Center of Poplar Creek, LLC		1,663	1,663	8
9	V	36 Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		47,208	47,208	9
10	V	21 Misc Administrative Fees		Alden Nursing Center of Poplar Creek, LLC		840	840	10
11	V	19 Professional Fees				41,106	41,106	11
12	V							12
13	V							13
14	Total		\$ 1,446,260			\$ 1,605,326	\$ * 159,066	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	<u>5</u> <u>Utilities</u>	\$	<u>Alden Management Services, Inc.</u>	<u>0.00%</u>	\$ <u>3,452</u>	\$	<u>15</u>
16	V	<u>24</u> <u>Travel & Seminar</u>		<u>Alden Management Services, Inc.</u>		<u>2,779</u>		<u>16</u>
17	V	<u>25</u> <u>Other Admin Travel</u>		<u>Alden Management Services, Inc.</u>		<u>14,541</u>		<u>17</u>
18	V	<u>26</u> <u>Insurance</u>		<u>Alden Management Services, Inc.</u>		<u>256</u>		<u>18</u>
19	V	<u>20</u> <u>Dues & Subscription</u>	<u>39,510</u>	<u>Alden Management Services, Inc.</u>		<u>589</u>		<u>19</u>
20	V	<u>30</u> <u>Depreciation</u>		<u>Alden Management Services, Inc.</u>		<u>3,226</u>		<u>20</u>
21	V	<u>31</u> <u>Amortization</u>		<u>Alden Management Services, Inc.</u>		<u>78</u>		<u>21</u>
22	V	<u>33</u> <u>Real Estate Tax</u>		<u>Alden Management Services, Inc.</u>		<u>5,321</u>		<u>22</u>
23	V	<u>35</u> <u>Rent - Equipment & Vehicles</u>		<u>Alden Management Services, Inc.</u>		<u>43,962</u>		<u>23</u>
24	V	<u>32</u> <u>Interest</u>		<u>Alden Management Services, Inc.</u>		<u>154,620</u>		<u>24</u>
25	V	<u>1</u> <u>Dietary</u>		<u>Alden Management Services, Inc.</u>		<u>6,971</u>		<u>25</u>
26	V	<u>3</u> <u>Housekeeping</u>		<u>Alden Management Services, Inc.</u>		<u>4,861</u>		<u>26</u>
27	V	<u>7</u> <u>Employee Benefits - Gen'l Services</u>		<u>Alden Management Services, Inc.</u>		<u>7,801</u>		<u>27</u>
28	V	<u>10</u> <u>Nursing & Medical records Salaries</u>		<u>Alden Management Services, Inc.</u>		<u>58,897</u>		<u>28</u>
29	V	<u>15</u> <u>Employee Benefits - Health Care</u>		<u>Alden Management Services, Inc.</u>		<u>10,281</u>		<u>29</u>
30	V	<u>17</u> <u>Administrative Salary</u>		<u>Alden Management Services, Inc.</u>		<u>95,800</u>		<u>30</u>
31	V							<u>31</u>
32	V	<u>27</u> <u>Employee Benefits - Admin</u>		<u>Alden Management Services, Inc.</u>		<u>64,742</u>		<u>32</u>
33	V	<u>19</u> <u>Professional Fees (GL 6801)</u>	<u>624,000</u>	<u>Alden Management Services, Inc.</u>		<u>52,571</u>		<u>33</u>
34	V	<u>21</u> <u>General & Administrative</u>		<u>Alden Management Services, Inc.</u>		<u>292,257</u>		<u>34</u>
35	V	<u>6</u> <u>Repairs and Maintenance</u>	<u>16,566</u>	<u>Alden Management Services, Inc.</u>		<u>44,507</u>		<u>35</u>
36	V							<u>36</u>
37	V							<u>37</u>
38	V							<u>38</u>
39	Total		\$ 680,076			\$ 867,512	\$ *	183,984 <u>39</u>

* 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 Diet Consultant	\$ 12,000	Prism Health Care Services, Inc.	0.00%	\$ 4,124	\$ (7,876)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		4,405	4,405
17	V	2 Tube Feeding	26,132	Prism Health Care Services, Inc.		15,408	(10,724)
18	V	10 Equipment Rental	3,060	Prism Health Care Services, Inc.		4,767	1,707
19	V	39 Ancillary Supplies	85,518	Prism Health Care Services, Inc.		41,480	(44,038)
20	V	21 Gen & Admin Salary		Prism Health Care Services, Inc.		5,483	5,483
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		1,287	1,287
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		619	619
23	V	21 General & Administrative		Prism Health Care Services, Inc.		8,295	8,295
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 126,710			\$ 85,868	\$ * (40,842)

* 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	\$ 290,834	Forum Extended Care Services II, Inc.	0.00%	\$ 431,371	\$ 140,537
16	V	39 IV	226,100	Forum Extended Care Services II, Inc.		24,806	(201,294)
17	V	39 Wound Care	11,623	Forum Extended Care Services II, Inc.		9,232	(2,391)
18	V	10 House Stock	11,650	Forum Extended Care Services II, Inc.		11,118	(532)
19	V	10 Pharmacy Consultant	8,428	Forum Extended Care Services II, Inc.		11,331	2,903
20	V	27 Employee Vaccination	1,423	Forum Extended Care Services II, Inc.		1,116	(307)
21	V	27 Employee Benefits: G&A		Forum Extended Care Services II, Inc.		2,558	2,558
22	V	21 Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		19,414	19,414
23	V	21 Gen'l & Admin.		Forum Extended Care Services II, Inc.		16,772	16,772
24	V	32 Interest		Forum Extended Care Services II, Inc.		2,058	2,058
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		669	669
26	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,527	1,527
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 550,058			\$ 531,972	\$ * (18,086)

* 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	\$ 934,516	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 854,837	\$ (79,679)
16	V	32 Interest		Community Physical Therapy & Associates, Ltd.		293	293
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 934,516			\$ 855,130	\$ * (79,386)

* 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 Maintenance	\$ 63,682	Alden Bennett Construction Company, Inc.	0.00%	\$ 62,814	\$ (868)	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		\$ 63,682			\$ 62,814	\$ * (868)	39

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

Facility Name & ID Number

Alden Poplar Creek Rehab & HCC

Provider No.

0032896

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 Poplar Creek Rehab & HCC # 0032896 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	162,102	2.08	0.05	Salary	\$ 8,898	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	61,125	2.08	0.05	Salary	3,355	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	35,985	2.08	0.05	Salary	1,975	6-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 14,228		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 Poplar Creek Rehab & HCC

0032896

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	29	\$ 66,329	\$	60,087	\$ 3,452	1
2	24	Travel & Seminar	Patient Days	29	53,403		60,087	2,779	2
3	25	Other Admin Travel	Patient Days	29	279,431		60,087	14,541	3
4	26	Insurance	Patient Days	29	4,925		60,087	256	4
5	20	Dues & Subscription	Patient Days	29	11,328		60,087	589	5
6	30	Depreciation	No. of Providers/Usage	29	93,554		1	3,226	6
7	31	Amortization	Patient Days	29	1,500		60,087	78	7
8	33	Real Estate Tax	Patient Days	29	102,244		60,087	5,320	8
9	35	Rent - Equipment & Vehicles	Patient Days	29	844,835		60,087	43,962	9
10	32	Interest	Patient Days	29	2,971,361		60,087	154,620	10
11	1	Dietary	Patient Days	29	133,965	133,965	60,087	6,971	11
12	3	Housekeeping	Patient Days	29	93,421	93,421	60,087	4,861	12
13	7	Employee Benefits - Gen'l Services	Patient Days	29	149,914		60,087	7,801	13
14	10	Nursing & Medical records Salaries	Patient Days	29	1,131,835	1,178,420	60,087	58,897	14
15	15	Employee Benefits - Health Care	Patient Days	29	197,574		60,087	10,281	15
16	17	Administrative Salary	Patient Days/usage	29	1,841,006	1,091,420	60,087	95,800	16
17									17
18	27	Employee Benefits - Admin	Patient Days	29	1,244,181		60,087	64,743	18
19	19	Professional Fees (GL 6801)	Patient Days	29	1,010,272	531,592	60,087	52,571	19
20	21	General & Administrative	Patient Days	29	5,616,348	4,942,836	60,087	292,257	20
21	6	Repairs and Maintenance	Patient Days	29	855,298	666,770	60,087	44,507	21
22									22
23									23
24									24
25	TOTALS				\$ 16,702,724	\$ 8,638,424		\$ 867,512	25

Facility Name & ID Number

Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

1/1/07

Ending:

12/31/07

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		7	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			
	A. Directly Facility Related																
	Long-Term																
1	Cambridge		x	Mortgage		09/02	\$ 9,875,100	\$ 9,282,695	12/2037	6.5000	\$ 594,855	1					
2												2					
3												3					
4												4					
5	Insurance Interest-see reclass		x	malpractice insurance								985					
	Working Capital																
6	Related Party - CPT	x		Working Capital								293					
7	Related Party - AMS	x		Working Capital								154,620					
8	Related Party - FECII	x		Working Capital								2,058					
9	TOTAL Facility Related						\$ 9,875,100	\$ 9,282,695			\$ 752,811	9					
	B. Non-Facility Related*																
10	Interest Income Repl Reserve											(2,224)					
11	Patient Int Income (GL4646)											(23,578)					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (25,802)	14					
15	TOTALS (line 9+line14)						\$ 9,875,100	\$ 9,282,695			\$ 727,009	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 47,208 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

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

B. Real Estate Taxes

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.		\$	<u>626,500</u>	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.)		\$	<u>605,532</u>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(20,968)</u>	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>623,500</u>	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.		\$	<u>602,532</u>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2002	<u>567,026</u>	8
	2003	<u>598,508</u>	9
	2004	<u>588,666</u>	10
	2005	<u>608,207</u>	11
	2006	<u>605,532</u>	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 Poplar Creek Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0032896

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 Ser</u>	\$ <u>241,399.00</u>	\$ <u>5,321.00</u>
2. <u>See Attached (12 Pg Supplement)</u>	<u>Related Party-Forum Professional Cen</u>	\$ <u>37,806.00</u>	\$ <u>669.00</u>
3. <u>07-07-300-012-000</u>	<u>Nursing Home Facility</u>	\$ <u>605,532.00</u>	\$ <u>605,532.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>884,737.00</u>	\$ <u>611,522.00</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 Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

1/1/07

Ending:

12/31/07

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325 B. General Construction Type: Exterior brick Frame steel Number of Stories 3

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>62,115</u>	<u>1978</u>	<u>\$ 90,580</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	62,115		\$ 90,580	3

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

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	217	1995	1988	9,202,500	230,062	40	230,062		2,792,765	4
5										5
6										6
7										7
8	Related Party-Forum		1978	14,541		25			14,541	8
	Improvement Type**									
9	Electrical work/deoc/construction/fire alarm		1988	34,647		5-10			34,647	9
10	Sink repair/painting/marble work/class/electrical		1989	142,814		5-10			142,814	10
11	Install pump/village street signal/heater motor		1990	12,416		5-15			12,416	11
12	Replace boiler/replace a/c unit/replace condensor		1991	11,622		5-15			11,622	12
13	Flooring/clean condensor/roto-rooter/sprinkler/pump		1992	15,458	199	5-25	199		13,653	13
14	HVAC/electrical work/flooring/fan/counter /cabinets		1993	72,195	1,181	5-20	1,181		62,577	14
15	HVAC/prior credits applied		1994	(5,559)		10-15			(5,559)	15
16	A/C work/electricity repair/HVAC repairs		1995	23,105	1,523	5-15	1,523		21,238	16
17	Increase lighting levels on first floor		1996	8,838	589	15	589		6,578	17
18	Repair and epoxy all shower bases		1996	7,164	478	15	478		5,336	18
19	Clean coils to existing NU-AHL		1996	7,164		10			7,164	19
20	Laundry-enclose dryer area, door etc.		1996	7,763	388	20	388		4,366	20
21	Redesign PT,OT, activity area		1996	11,943	597	20	597		6,867	21
22	Repair restucco 2 entrance monuments		1996	5,014		10			5,014	22
23	Remove & replace roof with new		1996	89,573	4,479	20	4,479		50,386	23
24	Replace 2-25 gallon 450 BTU hot water heaters		1996	41,801	2,787	15	2,787		31,584	24
25	Add alternate biler phasing standby/back		1996	5,972	398	15	398		4,479	25
26	Change roof exhausts		1996	13,137	876	15	876		9,927	26
27	Repaint all painted surfaces in soda shop		1996	1,850		5			1,850	27
28	Add pantries w/kitchen equip to 1,2,3rd floors		1996	122,492	6,125	20	6,125		68,903	28
29	Siegert (sprinkler system)		1996	29,000	1,933	15	1,933		22,715	29
30	Tri-star install cooler assec.		1997	1,864		5			1,864	30
31	Cummis/onan -install pump		1997	4,959		5			4,959	31
32	Network environment -repair pipe		1997	8,000		5			8,000	32
33	Network environment -repair pipe		1997	6,800		5			6,800	33
34	A&B install cable in all rooms		1997	4,680	351	10	351		4,680	34
35										35
36										36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

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			\$	\$		\$	\$	\$	37
38	Wigdahl electric-insall outlet and lights	1998	1,778		5			1,778	38
39	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	39
40	CSI-maint. On choller and clean condensor valves	1998	8,400	840	10	840		7,980	40
41	CSI -repair compressor and freon	1998	2,330	155	15	155		1,448	41
42	CSI-repair condensing unit on cooler	1998	1,869	187	10	187		1,745	42
43	ABC	1998	1,748,376	47,254	5-20	47,254		467,987	43
44	ABC	1998	13,080	1,308	10	1,308		11,881	44
45	Alpha Sign-signs and plaques	1999	9,881	494	20	494		4,240	45
46	CSI-repair condensor	1999	1,528	153	10	153		1,274	46
47	Fos valley fire & safety-smoke detectors	1999	6,502	650	10	650		5,309	47
48	CSI-repair boiler	1999	1,875	125	15	125		1,021	48
49	CSI - compressor	1999	1,531	102	15	102		825	49
50	Equipment Int.-washing machine	1999	1,936		5			1,936	50
51	ABC-concrete, fencing	1999	12,735	849	15	849		6,863	51
52	Climate Services, -replace coil/thermostat	1999	5,425	543	10	543		4,885	52
53	DBS contracting-install lawn sprinkler system	2000	1,863	124	15	124		931	53
54	New Horizons	2000	525		3			525	54
55	New Horizons	2000	667		3			667	55
56	New Horizons	2000	714		3			714	56
57	New Horizons	2000	824		3			824	57
58	Alden Design	2000	4,440	222	20	222		1,628	58
59	Alden Design	2000	5,500	275	20	275		1,994	59
60	Walter Mayer -interior finishes	2000	4,000	267	15	267		2,090	60
61	CSI-window treatment	2000	19,411		5			19,411	61
62	DBS contracting - Alden sign	2000	1,500		5			1,500	62
63	Equipment Int.-repair dryer	2000	1,864		3			1,864	63
64	A&B custom cable install cable tv 1st floor rooms	1998	5,760		5			5,760	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,770,747	\$ 305,514		\$ 305,514	\$	\$ 3,913,946	70

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

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

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 12A, Carried Forward		\$ 11,770,747	\$ 305,514		\$ 305,514	\$	\$ 3,913,946	1
2	Equipment Int. -repair dryer	2000	926		3			926	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530		5			1,530	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356		5			2,356	4
5	ABC -misc. construction work	2000	5,949		5			5,949	5
6	Equipment Int. -repair dryer	2000	1,036		5			1,036	6
7	Equipment Int. -repair dryer	2000	1,103		5			1,103	7
8	Equipment Int. -repair dryer	2000	1,103		5			1,103	8
9	Washtown Equipment(repair washers)	2001	572		3			572	9
10	CAPPS - Plumbing	2001	5,565	557	10	557		3,758	10
11	Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
12	Alden Bennett Construction (misc. repairs)	2001	2,160		5			2,160	12
13	CAPPS - Plumbing (plumbing repairs)	2001	1,865		5			1,865	13
14	Long Elevator (car stations in two elevators)	2001	4,800	320	15	320		2,000	14
15	Fire Pros (fire alarm control panel upgrade)	2001	1,650	165	10	165		1,031	15
16	GT Mechanical (laundry exhaust fan for dryers)	2001	2,398	359	5	359		2,398	16
17	The Floor Source (carpeting in dining room)	2001	2,866		3			2,866	17
18	Capps - Plumbing (plumbing repairs)	2001	2,215		5			2,215	18
19	ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		16,582	19
20	ABC - Misc. Repairs	2002	3,734	373	10	373		1,959	20
21	Alden Bennett Construction (carpeting)	2002	(6,617)		3			(6,617)	21
22	Capps Plumbing (hot water pump)	2002	1,885	126	5	126		1,885	22
23	Capps Plumbing (install new drain)	2002	1,685	140	5	140		1,685	23
24	GT Mechanical (condenser pump motor)	2002	2,505	251	10	251		1,401	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769	777	10	777		4,273	25
26	GT Mechanical (replaced motor)	2002	3,112	312	5	312		3,112	26
27	Alden Bennett Construction(chain link gate)	2002	2,565	256	5	256		2,565	27
28	GT Mechanical (replace motor)	2002	2,287	306	5	306		2,287	28
29	GT Mechanical (taco pump)	2002	3,808	381	10	381		2,032	29
30	Capps Plumbing & Sewer (handicapped accesible fountains	2002	2,500	250	10	250		1,292	30
31	New Horizons Communication (phone & jacks instal	2002	3,651	365	10	365		1,856	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,903,739	\$ 313,422		\$ 313,422	\$	\$ 3,987,743	34

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

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

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 12B, Carried Forward		\$ 11,903,739	\$ 313,422		\$ 313,422	\$	\$ 3,987,743	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785	578	10	578		2,601	2
3	Alden Bennett Construction (3rd Floor remodelling)	2003	5,731	573	10	573		2,626	3
4	Alden Bennett Construction(elevator)	2003	2,595	519	5	519		2,249	4
5	CSI Coker Service (Refridgerator repairs)	2003	5,283	1,057	5	1,057		4,932	5
6	CSI Coker Service (kitchedn eqpt repairs)	2003	2,833	567	5	567		2,457	6
7	Patten CAT (AMS Billings)(engine reapears)	2003	1,598	320	5	320		1,360	7
8	GT Mechanical (plumbing reapiers)	2003	2,544	509	5	509		2,121	8
9	Alden Bennett Construction (Carept/elevator cab.)	2003	1,437	479	3	479		1,437	9
10	GT Mechanical (plumbing reapiers)	2004	2,810	562	5	562		2,201	10
11	GT Mechanical (plumbing reapiers)	2004	1,267	253	5	253		991	11
12	GT Mechanical (plumbing reapiers)	2004	4,055	270	15	270		990	12
13	GT Mechanical (plumbing reapiers)	2004	4,469	893	5	893		3,051	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		362	14
15	Oak Fire/Security Systems(fire pumpair re)	2004	2,550	510	5	510		1,615	15
16	System Electric (electrical work)	2005	1,080	216	5	216		522	16
17	Capps Plumbing (new weighted suspended floats)	2005	1,426	285	5	285		618	17
18	A & B Custom Cable (cable wires/dist amp)	2005	1,541	154	10	154		409	18
19	Capps Plumbing (new ball valve/ 3rd floor kitchen sink)	2005	2,185	437	5	437		1,020	19
20	Door alarm	2005	2,508	376	5	376		376	20
21	CSI Coker (Dishwasher repair)	2005	3,467	693	5	693		1,964	21
22	Equipment International (tumbler weldment)	2005	3,656	366	10	366		945	22
23	GT Mechanical (laundry exhaust fan)	2005	3,769	754	5	754		2,199	23
24	GT Mechanical (laundry exhaust fan)	2005	3,800	760	5	760		2,217	24
25	GT Mechanical (replace lower motor)	2005	4,558	228	5	228		228	25
26	ABC (windows)	2005	4,756	951	5	951		2,140	26
27	GT Mechanical (major repair to AC)	2005	6,216	622	10	622		1,658	27
28									28
29	Long Elevator (new relay, contacts and PC board)	2006	2,854	285	5	285		285	29
30	ABC (Flagpole, aerator, shower)	2006	2,838	213	5	213		213	30
31	ABC (Fasco motor, rebuild kit, cables, faucet)	2006	3,167	106	5	106		106	31
32	Capps Plumbing (new tempering and IP valves)	2006	4,388	293	15	293		415	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,001,038	\$ 327,357		\$ 327,357	\$	\$ 4,032,051	34

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

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

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 12C, Carried Forward		\$ 12,001,038	\$ 327,357		\$ 327,357	\$	\$ 4,032,051	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)		\$ 12,081,137	\$ 330,168		\$ 330,168	\$	\$ 4,097,327	34

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

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		\$ 12,081,137	\$ 330,168		\$ 330,168	\$	\$ 4,097,327	1
2	Lee's Carpet - office carpet	2007	3,153	263	10	263		263	2
3	ABC - Parking Lot repair	2007	5,165	86	10	86		86	3
4	ABC - new smoke detectors	2007	7,883	723	10	723		723	4
5	ABC - new door	2007	2,626	219	10	219		219	5
6	ABC - new carpet	2007	17,048	1,279	10	1,279		1,279	6
7	ABC - new door operator	2007	2,559	299	5	299		299	7
8	ABC - new carpet	2007	42,573	2,483	10	2,483		2,483	8
9	ABC - new carpet	2007	23,548	1,177	10	1,177		1,177	9
10	ABC - new Burkay 670,000 btu	2007	26,526	1,326	10	1,326		1,326	10
11	ABC - new piping condenser	2007	27,385	1,369	10	1,369		1,369	11
12	ABC - new carpet	2007	10,740	537	10	537		537	12
13	ABC - Parking Lot repair	2007	9,393	78	10	78		78	13
14	ABC - Parking Lot repair	2007	4,959	41	10	41		41	14
15	ABC - new elevator rails	2007	6,633	55	10	55		55	15
16	ABC - new evac signage	2007	4,201	35	10	35		35	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)		\$ 12,275,529	\$ 340,138		\$ 340,138	\$	\$ 4,107,297	34

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

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	\$ 1,227,289	\$ 95,102	\$ 95,102	\$	various	\$ 804,689	71
72	Current Year Purchases	74,262	6,105	6,105		various	6,105	72
73	Fully Depreciated Assets	329,327	884	884		various	329,327	73
74								74
75	TOTALS	\$ 1,630,878	\$ 102,091	\$ 102,091	\$		\$ 1,140,121	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 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)	\$ 13,997,104	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 442,258	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 442,258	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,247,535	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party - cost is backed out

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

If NO, see instructions. YES NO

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

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

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

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

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: \$ 9,314 Description: copy machine lease (GL 6861)

(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 - non patients (GL 6890)</u>		\$ <u>728.64</u>	\$ <u>8,744</u>	17
18					18
19	<u>related Party - AMS (6A)</u>		<u>#####</u>	<u>25,043</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>33,787</u>	21

10. Effective dates of current rental agreement:

Beginning November 2007

Ending October 2017

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

Fiscal Year Ending Annual Rent

12. 12/31/08 \$ varies

13. 12/31/09 \$ varies

14. 12/31/10 \$ varies

* 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 checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled Nursing on site</u></p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 400,840	\$		\$ 400,840	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			26,567			26,567	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			507,108			507,108	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				431,371		431,371	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					(79,679)	194,383		114,704	13
14	TOTAL			\$		\$ 854,836	\$ 625,755		\$ 1,480,591	14

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

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

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$400,839.79
2. ST	39-3	To Col 5	26,566.73
3.			
4. PT	39-3	To Col 5	507,109.06
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			290,834.24
Manual Input from Related Party- Forum Drugs			140,537.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	431,371.24
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
Total Exceptional Care (Line 12, Col 8)			0.00
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(79,679.00)
Other			374,031.46
Manual Input: Related Party - Prism			(44,038.00)
Manual Input: Related Party FECII - I.V.			(201,294.00)
Manual Input: Related Party FECII - Wound Care			(2,391.00)
Oxygen, from reclass worksheet			68,075.00
13. Col 6: Supplies Total		To Col 6	194,383.46
13. Total Line 13, Column 8			194,383.46
14. Total			1,480,591.28

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,816,514	1
2	Restatements (describe):		2
3	external audit adjustment made after 2006 cost report was		3
4	submitted. These have no effect on prior years report.	(327)	4
5	Bad Debt, Medicare revenues (non allowables).		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,816,187	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,325,726	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)	\$ 1,325,726	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)	\$ 4,141,913	24 *

* This must agree with page 17, line 47.

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

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

1

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 11,548,165	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,548,165	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	37,891	6
7	Oxygen	63,671	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 101,562	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,883	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	27,218	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 29,101	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	23,578	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 23,578	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income/Gain on Sale of Assets	23,735	28
28a	Adjustment to Prior Year's expense	22,375	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 46,110	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,748,516	30

2

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,571,238	31
32	Health Care	3,419,911	32
33	General Administration	2,061,968	33
	B. Capital Expense		
34	Ownership	1,651,634	34
	C. Ancillary Expense		
35	Special Cost Centers	1,599,381	35
36	Provider Participation Fee	118,658	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,422,790	40
41	Income before Income Taxes (line 30 minus line 40)**	1,325,726	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,325,726	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 Poplar Creek Rehab & HCC

0032896

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	1,936	2,053	\$ 74,698	\$ 36.38	1
2	Assistant Director of Nursing	2,080	2,080	71,827	34.53	2
3	Registered Nurses	31,768	31,582	1,097,951	34.77	3
4	Licensed Practical Nurses	19,248	20,555	536,517	26.10	4
5	CNAs & Orderlies	77,827	82,010	1,044,753	12.74	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	36,144	17.38	9
10	Activity Assistants	4,782	5,180	48,931	9.45	10
11	Social Service Workers	2,034	2,106	33,448	15.88	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	41,689	20.04	13
14	Head Cook					14
15	Cook Helpers/Assistants	31,920	34,118	331,678	9.72	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	47,109	22.65	17
18	Housekeepers	19,206	20,773	201,065	9.68	18
19	Laundry	6,212	6,644	54,262	8.17	19
20	Administrator	2,080	2,080	111,053	53.39	20
21	Assistant Administrator					21
22	Other Administrative	6,384	6,400	158,781	24.81	22
23	Office Manager	2,080	2,080	37,841	18.19	23
24	Clerical	1,899	1,997	18,687	9.36	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,088	60,934	29.18	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Director	2,041	2,174	24,982	11.49	32
33	Other(specify) Alzheimer Supervi	6,594	7,201	110,195	15.30	33
34	TOTAL (lines 1 - 33)	226,403	237,361	\$ 4,142,545 *	\$ 17.45	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	1959/monthly	23,510	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	434/monthly	5,208	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	228/monthly	2,739	11-3	44
45	Social Service Consultant	64/monthly	768	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 44,225		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 Poplar Creek Rehab & HCC

0032896

Report Period Beginning: 1/1/07

Ending: 12/31/07

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Sherry Lea Marquart	Administrator	0	\$ 111,053	Workers' Compensation Insurance	\$ 93,368	IDPH License Fee	\$	
				Unemployment Compensation Insurance	35,689	Advertising: Employee Recruitment	5,492	
				FICA Taxes	311,124	Health Care Worker Background Check		
				Employee Health Insurance	47,758	(Indicate # of checks performed 105)	1,050	
				Employee Meals	37,194	Patient Background Checks	231	
				Illinois Municipal Retirement Fund (IMRF)*		IL Health Care Association	10,236	
				Union, Health & Welfare	115,982	Surety Bond Fees	1,000	
				Pension	31,829	Hoffman Est Chamber/Medicare DDE/Others	1,548	
				Dental & Life	515	Eliminate Non Care Cost	(4,688)	
				Relations, Misc Payroll Costs, Drug Tests,		Related Party - AMS	589	
				Vaccinations, 401 K Match	18,213	Less: Public Relations Expense	()	
				Back out Benefits for Marketing	(8,372)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 111,053	TOTAL (agree to Schedule V, line 22, col.8)		\$ 17,537		
(List each licensed administrator separately.)								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL			Related Party - AMS	2,779
(Attach a copy of any management service agreement)							Seminar Expense	
C. Professional Services								
Vendor/Payee	Type		Amount					
AMS	Management Fees		\$ 624,000				Leadership Training (Deming)	5,951
Pathway	Medical Consultant		10,298				Family Alliance Dementia seminar	1,530
Ken Fisch	Legal Fees		14,845				Alzhemers/Others seminar	720
BDO Siedman/Reznick Group	Accounting Fees		6,575				Entertainment Expense	()
Ungaretti & Harris	Legal Fees		7,262				(agree to Sch. V,	
Greenburg/Herman/Laner/Dumbrow	Legal Fees		5,842				line 24, col. 8)	
SMS	Billing Consultant		3,611				TOTAL	\$ 10,980
Marzullo Reporting	Medical Records Fees		447					
Medifax EDI	Billing Consultant		403					
Ava Daly	Accounting Fees		82					
Chicago Hearing Society	Interpreter Fee		110					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 673,475					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications

**See instructions.

Alden Nursing Center - Poplar Creek
Legal Fee Support
2007

Pg 21A

Legal Fees Reported on Pg 21, Section C:	27,949.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(16,417.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>-</u>
Allowable Legal Fees	<u><u>11,532.00</u></u>

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	Amount of Expense Amortized Per Year							
																	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	Painting	1988	\$ 4,226	5	\$	\$	\$	\$	\$	\$	\$	\$												
2	Service Master	1988	3,962	10																				
3	Complete Temp	1989	1,300	5																				
4	Service Master	1990	3,182	5																				
5	CSI	1992	4,754	5																				
6	Bob's painting	1993	1,460	5																				
7	Bob's painting	1994	7,715	5																				
8	Climate Service-insulation	1995	2,051	12	171	171	171	171																
9	Onassis-painting	11/95	1,339	3																				
10	Totals from PG22b		78,377	3-15	3,034	2,836	862	420	420	420	420													
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20	TOTALS		\$ 108,366		\$ 3,205	\$ 3,007	\$ 1,033	\$ 591	\$ 420	\$ 420	\$ 420	\$												

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

(See instructions.)

	1	2	3	4	6	7	8	9	10	11	12	13	14
	Month & Year		Total Cost	Useful Life	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012
	Improvement Type	Improvement Was Made											
21	PAINTING	5/95	840	3									
22	PAINTING	7/95	1,166	3									
23	INSTALL A/C	7/95	1,605	10	160	85							
24	PAINTING	9/95	1,535	3									
25	motor (hvac)	3/96	1,846	10	185	185	140						
26	hvac repair	6/96	2,283	10	228	228	130						
27	door	5/96	1,026	15	68	68	68	68	68	68	68	68	68
28	condensor	4/96	1,182	10	118	118	87						
29	hot water...	12/96	3,397	15	226	226	226	226	226	226	226	226	226
30	a/c repair	6/96	1,891	15	126	126	126	126	126	126	126	126	126
31	pump repair	8/96	1,988	10	199	199	85						
32	mixed air dam	4/97	1,853	3									
33	repair leaks in	6/97	2,365	3									
34	replace tower	6/97	1,795	3									
35	pipe insulating	12/97	2,474	3									
36	CSI (belt on fa	4/98	1,811	3									
37	CSI (seal on c	7/98	3,302	3									
38	CSI (replace r	8/98	2,350	3									
39	CSI (install ve	9/98	2,141	3									
40	PAINTING **	9/98	7,092	3									
41	PAINTING **	12/98	4,743	3									
42	Chicago Cooli	6/99	1,998	3									
43	Onassis-painti	7/99	8,037	3									
44	Chicago Cooli	02/00	3,416	3	0								
45	Capps-Plumbi	06/00	1,511	3	0								
46	GT Mechanical	10/00	2,820	3	0								
47	2000-painting	7/00	6,738	3	0								
48	2001 Capps (p	10/02	1,460	3	487	364							
49	TOTALS		74,666		1,797	1,599	862	420	420	420	420	420	420

** = reclassified from line 6 per cost report instructions (if interior painting is over 1,500 for the year, must put in def. Maint.

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
50	TOTALS FROM PAGE 22A		74,666		1,797	1,599	862	420	420	420	420	420	420
51	Security Services (dooraalarm system,eleva)	12/02	1,220	3	407	406							
51	Capps-Plumbing & sewer (repair water sys)	01/03	2,491	3	830	831	0						
51													
51													
51													
51													
51													
51													
51													
51													
51													
51													
51													
51													
51													
51													
51													
51	TOTALS		78,377		3,034	2,836	862	420	420	420	420	420	420

** = reclassified from line 6 per cost report instructions (if interior painting is over 1,500 for the year, must put in def. Maint.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

1/1/07

Ending:

12/31/07

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. II. Health Care Assoc. \$10,236
- (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. \$ 46,080 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. \$ 118,658
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. \$ 37,194 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. \$ _____
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? _____ 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