



Facility Name & ID Number Alden Town Manor Rehab & HCC

# 0038000 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	249	Skilled (SNF)	249	90,885	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	249	TOTALS	249	90,885	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	10,093	2,869	9,144	22,106	8
9	SNF/PED					9
10	ICF	40,156	2,782		42,938	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	50,249	5,651	9,144	65,044	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.57%

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 06/15/93

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 06/01/92 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 249 and days of care provided 6,776

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 Town Manor Rehab & HCC # 0038000 Report Period Beginning: 1/1/07 Ending: 12/31/07

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	387,830	51,282	12,000	451,112	771	451,883	4,075	455,958		1
2	Food Purchase		447,836		447,836	(42,361)	405,475	(55,395)	350,080		2
3	Housekeeping	247,752	52,550		300,302	890	301,192	5,261	306,453		3
4	Laundry	69,576	23,020	96	92,692	87	92,779		92,779		4
5	Heat and Other Utilities			322,104	322,104		322,104	(9,377)	312,727		5
6	Maintenance	44,151		213,236	257,387	22	257,409	54,213	311,622		6
7	Other (specify):* Security/Rel Party Benefits			150	150		150	9,646	9,796		7
8	<b>TOTAL General Services</b>	749,309	574,688	547,586	1,871,583	(40,591)	1,830,992	8,423	1,839,415		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			38,400	38,400		38,400		38,400		9
10	Nursing and Medical Records	3,162,695	336,253	4,695	3,503,643	(96,996)	3,406,647	66,293	3,472,940		10
10a	Therapy	80,380			80,380		80,380		80,380		10a
11	Activities	59,881	3,352	2,844	66,077	52	66,129		66,129		11
12	Social Services	32,408			32,408		32,408		32,408		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Rel Party Benefits							11,129	11,129		15
16	<b>TOTAL Health Care and Programs</b>	3,335,364	339,605	45,939	3,720,908	(96,944)	3,623,964	77,422	3,701,386		16
	<b>C. General Administration</b>										
17	Administrative	116,259			116,259		116,259	105,590	221,849		17
18	Directors Fees										18
19	Professional Services			869,758	869,758	(9,406)	860,352	(734,048)	126,304		19
20	Dues, Fees, Subscriptions & Promotions			91,904	91,904		91,904	(74,192)	17,712		20
21	Clerical & General Office Expenses	216,499	35,886	61,371	313,756	1,233	314,989	315,089	630,078		21
22	Employee Benefits & Payroll Taxes			676,504	676,504	33,608	710,112	(7,210)	702,902		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,894	6,894		6,894	3,162	10,056		24
25	Other Admin. Staff Transportation			12,093	12,093		12,093	15,740	27,833		25
26	Insurance-Prop.Liab.Malpractice			241,156	241,156	(1,131)	240,025	14,910	254,935		26
27	Other (specify):* Bad Debt/Rel Party			352,413	352,413		352,413	(278,651)	73,762		27
28	<b>TOTAL General Administration</b>	332,758	35,886	2,312,093	2,680,737	24,304	2,705,041	(639,610)	2,065,431		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,417,431	950,179	2,905,618	8,273,228	(113,231)	8,159,997	(553,765)	7,606,232		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			93,068	93,068		93,068	308,244	401,312		30
31	Amortization of Pre-Op. & Org.			7,786	7,786		7,786	2,688	10,474		31
32	Interest			335,242	335,242	1,131	336,373	498,250	834,623		32
33	Real Estate Taxes							790,255	790,255		33
34	Rent-Facility & Grounds			1,774,170	1,774,170		1,774,170	(1,774,170)			34
35	Rent-Equipment & Vehicles			17,032	17,032		17,032	47,589	64,621		35
36	Other (specify):* MIP & Amortiz							60,691	60,691		36
37	<b>TOTAL Ownership</b>			2,227,298	2,227,298	1,131	2,228,429	(66,453)	2,161,976		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		509,939	632,848	1,142,787	112,100	1,254,887	(223,323)	1,031,564		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			136,327	136,327		136,327		136,327		42
43	Other (specify):*										43
44	<b>TOTAL Special Cost Centers</b>		509,939	769,175	1,279,114	112,100	1,391,214	(223,323)	1,167,891		44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	4,417,431	1,460,118	5,902,091	11,779,640		11,779,640	(843,541)	10,936,099		45

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

**Alden - Town Manor Rehabilitation and Health Care Center, In IDPH Facility ID Number:**

**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		(42,361.00)	Employee Meals
	22	42,361.00	
10		(112,100.00)	Oxygen Costs
	39	112,100.00	
26		(1,131.00)	Insurance Expense
	32	1,131.00	
22		(8,753.00)	Employee Uniforms
	1	771.00	
	3	890.00	
	4	87.00	
	6	22.00	
	10	6,630.00	
	11	52.00	
	21	301.00	
19		(8,474.00)	Clinical Coordinators to Ln 10 (Pathway)
	10	8,474.00	
19		(932.00)	Court Reporter Service (Mosier)
	21	932.00	
		<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	14,451	30		9
10	Interest and Other Investment Income	(32,442)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,424)	2		13
14	Non-Care Related Interest	(64,956)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(2,517)	21		17
18	Fines and Penalties	(4,620)	32		18
19	Entertainment				19
20	Contributions	(17,294)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(30,829)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(352,413)	27		24
25	Fund Raising, Advertising and Promotional	(13,374)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (506,418)		\$	30

BHF USE ONLY					
48	49	50	51	52	

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(236,561)		34
35	Other- Attach Schedule	(100,562)		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (337,123)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (843,541)		37

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

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

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

## Alden Manor Rehab &amp; HCC

ID# 0038000

Report Period Beginning: 1/1/07

Ending: 12/31/07

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (13,113)	5	1
2	Late Fee on Telephone	(114)	21	2
3	Intercompany Interests	(115,262)	32	3
4	Interest expense on CMP and officers loans	(3,478)	32	4
5	Misc Income (parking lot rental)	(2,400)	6	5
6	Misc Income (medical records)	(1,186)	10	6
7	Misc Income (jury duty)	(52)	21	7
8	Misc Income (food rebate)	(2,454)	2	8
9	Vendor Settlement - AFCO	(465)	21	9
10	Vendor Settlement - AFCO	465	6	10
11	Vendor Settlement - Multiut	(1,200)	21	11
12	Vendor Settlement - Multiut	1,200	6	12
13	Vendor Settlement - Chemcraft Industries	(1,145)	21	13
14	Vendor Settlement - Chemcraft Industries	1,145	6	14
15	Marketing Manager Salaries (GL 6701 - 100-009)	(47,083)	21	15
16	Employee Benefit for Marketing Manager	(7,210)	22	16
17	Backout IHCA PAC Fees	(3,559)	20	17
18	Backout Bank Charges - Cicero Associates	(404)	21	18
19	Reduce deprec exp on Pg 13 items <\$2,500	(14,998)	30	19
20	Reduce deprec exp on Pg 12 items <\$2,500 - TM	(2,630)	30	20
21	Reduce deprec exp on Pg 12 items <\$2,500 - Cicero	(279)	30	21
22	Expense capital items <\$2,500 on Pg 13	23,595	6	22
23	Expense capital items <\$2,500 on Pg 12 - TM	12,501	6	23
24	Expense capital items <\$2,500 on Pg 12 - Cicero	6,552	6	24
25	Adjustment of depreciation	(2,969)	30	25
26	Deferred Maintenance adjustment	2,300	6	26
27	Add back prior year tax refund	58,125	33	27
28	Add back TM Rent Cr for 2006 (taken in 07)	14,645	34	28
29	Deming Leadership Training adjustment	154	24	29
30	Eliminate Non Care - Marketing costs	(1,093)	20	30
31	Eliminate Non Care - G & A costs	(75)	21	31
32	Eliminate Non Care - R & M costs	(75)	6	32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(100,562)		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
See Pg 6L	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 Rental Income	\$ 1,788,815	Alden Cicero Associates Limited Partnership		\$	\$ (1,788,815)	1
2	V	32 Investment Income RR	1,563	Alden Cicero Associates Limited Partnership			(1,563)	2
3	V	19 Accounting Fees		Alden Cicero Associates Limited Partnership		4,850	4,850	3
4	V	33 Real Estate Tax		Alden Cicero Associates Limited Partnership		711,700	711,700	4
5	V	26 Property & Liability Insurance		Alden Cicero Associates Limited Partnership		14,633	14,633	5
6	V	32 Interest on Mortgage		Alden Cicero Associates Limited Partnership		585,405	585,405	6
7	V	32 Interest on Operating Loss Loan		Alden Cicero Associates Limited Partnership		116,182	116,182	7
8	V	30 Depreciation		Alden Cicero Associates Limited Partnership		296,531	296,531	8
9	V	31 Amortization		Alden Cicero Associates Limited Partnership		2,603	2,603	9
10	V	36 Mortgage Insurance Premium		Alden Cicero Associates Limited Partnership		60,691	60,691	10
11	V	21 Misc Administrative Expenses		Alden Cicero Associates Limited Partnership		954	954	11
12	V	19 Professional Fees		Alden Cicero Associates Limited Partnership		19,017	19,017	12
13	V							13
14	Total		\$ 1,790,378			\$ 1,812,566	\$ * 22,188	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>3,736</u>	\$ <u>3,736</u>
16	V	<u>24</u> <u>Travel &amp; Seminar</u>		<u>Alden Management Services, Inc.</u>		<u>3,008</u>	<u>3,008</u>
17	V	<u>25</u> <u>Other Admin Travel</u>		<u>Alden Management Services, Inc.</u>		<u>15,740</u>	<u>15,740</u>
18	V	<u>26</u> <u>Insurance</u>		<u>Alden Management Services, Inc.</u>		<u>277</u>	<u>277</u>
19	V	<u>20</u> <u>Dues &amp; Subscription</u>	<u>39,510</u>	<u>Alden Management Services, Inc.</u>		<u>638</u>	<u>(38,872)</u>
20	V	<u>30</u> <u>Depreciation</u>		<u>Alden Management Services, Inc.</u>		<u>16,611</u>	<u>16,611</u>
21	V	<u>31</u> <u>Amortization</u>		<u>Alden Management Services, Inc.</u>		<u>85</u>	<u>85</u>
22	V	<u>33</u> <u>Real Estate Tax</u>		<u>Alden Management Services, Inc.</u>		<u>19,985</u>	<u>19,985</u>
23	V	<u>35</u> <u>Rent - Equipment &amp; Vehicles</u>		<u>Alden Management Services, Inc.</u>		<u>47,589</u>	<u>47,589</u>
24	V	<u>32</u> <u>Interest</u>		<u>Alden Management Services, Inc.</u>		<u>17,421</u>	<u>17,421</u>
25	V	<u>1</u> <u>Dietary</u>		<u>Alden Management Services, Inc.</u>		<u>7,546</u>	<u>7,546</u>
26	V	<u>3</u> <u>Housekeeping</u>		<u>Alden Management Services, Inc.</u>		<u>5,261</u>	<u>5,261</u>
27	V	<u>7</u> <u>Employee Benefits - Gen'l Services</u>		<u>Alden Management Services, Inc.</u>		<u>8,445</u>	<u>8,445</u>
28	V	<u>10</u> <u>Nursing &amp; Medical records Salaries</u>		<u>Alden Management Services, Inc.</u>		<u>63,756</u>	<u>63,756</u>
29	V	<u>15</u> <u>Employee Benefits - Health Care</u>		<u>Alden Management Services, Inc.</u>		<u>11,129</u>	<u>11,129</u>
30	V	<u>17</u> <u>Administrative Salary</u>		<u>Alden Management Services, Inc.</u>		<u>105,590</u>	<u>105,590</u>
31	V						
32	V	<u>27</u> <u>Employee Benefits - Admin</u>		<u>Alden Management Services, Inc.</u>		<u>70,084</u>	<u>70,084</u>
33	V	<u>19</u> <u>Professional Fees (GL 6801)</u>	<u>783,994</u>	<u>Alden Management Services, Inc.</u>		<u>56,908</u>	<u>(727,086)</u>
34	V	<u>21</u> <u>General &amp; Administrative</u>		<u>Alden Management Services, Inc.</u>		<u>316,367</u>	<u>316,367</u>
35	V	<u>6</u> <u>Repairs and Maintenance</u>	<u>38,784</u>	<u>Alden Management Services, Inc.</u>		<u>48,179</u>	<u>9,395</u>
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ <b>862,288</b>			\$ <b>818,355</b>	\$ * <b>(43,933)</b>

\* 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	89,339	Prism Health Care Services, Inc.		38,822	(50,517)
18	V	10 Equipment Rental	3,060	Prism Health Care Services, Inc.		4,767	1,707
19	V	39 Ancillary Supplies	141,564	Prism Health Care Services, Inc.		71,852	(69,712)
20	V	21 Gen & Admin Salary		Prism Health Care Services, Inc.		10,643	10,643
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		2,498	2,498
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		1,201	1,201
23	V	21 General & Administrative		Prism Health Care Services, Inc.		16,102	16,102
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		\$ 245,963			\$ 154,414	\$ * (91,549)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 173,891	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 257,919	\$ 84,028
16	V	39 <u>IV</u>	139,937	<u>Forum Extended Care Services II, Inc.</u>		15,353	(124,584)
17	V	39 <u>Wound Care</u>	36,856	<u>Forum Extended Care Services II, Inc.</u>		29,277	(7,579)
18	V	10 <u>House Stock</u>	6,215	<u>Forum Extended Care Services II, Inc.</u>		5,931	(284)
19	V	10 <u>Pharmacy Consultant</u>	6,676	<u>Forum Extended Care Services II, Inc.</u>		8,976	2,300
20	V	27 <u>Employee Vaccination</u>	2,418	<u>Forum Extended Care Services II, Inc.</u>		1,896	(522)
21	V	27 <u>Employee Benefits: G&amp;A</u>		<u>Forum Extended Care Services II, Inc.</u>		1,702	1,702
22	V	21 <u>Gen'l &amp; Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		12,918	12,918
23	V	21 <u>Gen'l &amp; Admin.</u>		<u>Forum Extended Care Services II, Inc.</u>		11,160	11,160
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,369	1,369
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		445	445
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>		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	<b>Total</b>		\$ 365,993			\$ 348,473	\$ * (17,520)

\* 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	\$ 617,803	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 512,327	\$ (105,476)
16	V	32 Interest		Community Physical Therapy & Associates, Ltd.		194	194
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		\$ 617,803			\$ 512,521	\$ * (105,282)

\* 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	\$ 34,103	Alden Bennett Construction Company, Inc.	0.00%	\$ 33,638	\$ (465)	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		\$ 34,103			\$ 33,638	\$ *	(465) 39

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

Facility Name & ID Number

Alden Town Manor Rehab & HCC

Provider No.

0038000

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			

**Cicero Associates Limited Partnership**  
**Summary of Owners**

Name	Ownership %
Schlossberg, Floyd	40.9090%
Schlossberg, Mildred	10.1010%
Schullo, Randi	1.0100%
Carl, Sam and Joan	12.1210%
Goldsand, Stuart	7.0710%
Eaton,Ronald and Marcia	6.0610%
Sezenov, LU (LS Commodities)	6.0610%
Holway, William	5.0510%
Vercillo, John	2.0200%
Bailes, Dr. Julian	2.0200%
Kern, Judy Trust	2.0200%
Schullo, Ritchie	2.0200%
Carl, Brett	1.0100%
Carl, Aaron	1.0100%
Saunders, Lawrence	1.0100%
Frymire, Ellen	0.5050%
	<b>100.00%</b>

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 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	40.91	161,368	2.252	0.06	Salary	\$ 9,632	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	60,848	2.252	0.06	Salary	3,632	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	35,822	2.252	0.06	Salary	2,138	6-7	3
4	Joan Carl	Secretary	Vice President	12.12	161,368	2.252	0.06	Salary	9,632	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 25,034		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 Town Manor Rehab & HCC

# 0038000 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	\$ 65,044	\$ 3,736	1
2	24	Travel & Seminar	Patient Days	1,154,703	29	53,403	65,044	3,008	2
3	25	Other Admin Travel	Patient Days	1,154,703	29	279,431	65,044	15,740	3
4	26	Insurance	Patient Days	1,154,703	29	4,925	65,044	277	4
5	20	Dues & Subscription	Patient Days	1,154,703	29	11,328	65,044	638	5
6	30	Depreciation	No. of Providers/Usage	29	29	481,719	1	16,611	6
7	31	Amortization	Patient Days	1,154,703	29	1,500	65,044	84	7
8	33	Real Estate Tax	Patient Days	1,154,703	29	354,787	65,044	19,985	8
9	35	Rent - Equipment & Vehicles	Patient Days	1,154,703	29	844,835	65,044	47,589	9
10	32	Interest	Patient Days	1,154,703	29	309,269	65,044	17,421	10
11	1	Dietary	Patient Days	1,154,703	29	133,965	133,965	7,546	11
12	3	Housekeeping	Patient Days	1,154,703	29	93,421	93,421	5,262	12
13	7	Employee Benefits - Gen'l Services	Patient Days	1,154,703	29	149,914	65,044	8,445	13
14	10	Nursing & Medical records Salaries	Patient Days	1,154,703	29	1,131,838	1,178,420	63,756	14
15	15	Employee Benefits - Health Care	Patient Days	1,154,703	29	197,574	65,044	11,129	15
16	17	Administrative Salary	Patient Days/usage	1,154,703	29	1,874,502	1,091,420	105,590	16
17									17
18	27	Employee Benefits - Admin	Patient Days	1,154,703	29	1,244,181	65,044	70,084	18
19	19	Professional Fees (GL 6801)	Patient Days	1,154,703	29	1,010,272	531,592	56,908	19
20	21	General & Administrative	Patient Days	1,154,703	29	5,616,348	4,942,836	316,367	20
21	6	Repairs and Maintenance	Patient Days	1,154,703	29	855,298	666,770	48,179	21
22									22
23									23
24									24
25	TOTALS					\$ 14,714,839	\$ 8,638,424	\$ 818,355	25

Facility Name &amp; ID Number

Alden Town Manor Rehab &amp; HCC

# 0038000

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	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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Cambridge GL 7055		x	Mortgage	\$58,980.00	11/2002	\$ 10,617,600	\$ 10,073,784	12/2037	6.7500	\$ 585,405	1								
2	Cambridge GL 7057		x	Operating Loss Loan	\$11,691.00	11/2002	2,104,700	1,996,900	10/2038	6.7500	116,182	2								
3	Leumi (TM 2011/7035)		x	Working Capital	\$26,250.00	7/2004	1,800,000	1,640,959	08/01/2008	7.7500	146,926	3								
4												4								
5	Insurance Interest-see reclass		x	malpractice insurance							1,131	5								
<b>Working Capital</b>																				
6	Related Party - CPT	x		Working Capital							194	6								
7	Related Party - AMS	x		Working Capital							17,421	7								
8	Related Party - FECII	x		Working Capital							1,369	8								
9	TOTAL Facility Related				\$96,921.00		\$ 14,522,300	\$ 13,711,643			\$ 868,628	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income Repl Reserve										(1,563)	10								
11	Int Inc (Corp) GL 4646/4975										(32,442)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (34,005)	14								
15	TOTALS (line 9+line14)						\$ 14,522,300	\$ 13,711,643			\$ 834,623	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 60,691 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.		\$	<b>794,100</b>	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.)		\$	<b>769,825</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(24,275)</b>	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>794,100</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>769,825</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2002	<b>712,289</b>	8
	2003	<b>753,936</b>	9
	2004	<b>815,611</b>	10
	2005	<b>770,960</b>	11
	2006	<b>769,825</b>	12

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

<b>FOR BHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2006	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

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

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2007 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

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

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

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>          </u>
2. <u>See Attached (12 Pg Supplement)</u>	<u>Related Party-Forum Professional Cen</u>	\$ <u>37,806.00</u>	\$ <u>          </u>
3. <u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,841.55</u>	\$ <u>1,841.55</u>
4. <u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,841.55</u>	\$ <u>1,841.55</u>
5. <u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>63,762.40</u>	\$ <u>63,762.40</u>
6. <u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>88,916.63</u>	\$ <u>88,916.63</u>
7. <u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>331,956.52</u>	\$ <u>331,956.52</u>
8. <u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>148,988.61</u>	\$ <u>148,988.61</u>
9. <u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>62,508.24</u>	\$ <u>62,508.24</u>
10. <u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>62,853.53</u>	\$ <u>62,853.53</u>
	<b>TOTALS</b>	\$ <u>1,041,874.03</u>	\$ <u>762,669.03</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.

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 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 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 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 Office of Health Finance at (217) 782-1630.

**2000 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

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

Enter the tax index number and real estate tax assessed for 2000 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 2000.

(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.	Total from Page 10a	\$ 1,041,874.03	\$ 762,669.03
2.	<u>16-32-116-023-0000</u> <u>Nursing Home Facility</u>	\$ 3,842.04	\$ 3,842.04
3.	<u>16-32-116-024-0000</u> <u>Nursing Home Facility</u>	\$ 3,314.01	\$ 3,314.01
4.	<u>16-32-116-006-0000</u> <u>Nursing Home Fac - Parking Lot</u>	\$ 1,746.11	\$ 1,746.11
5.	<u>16-32-116-007-0000</u> <u>Nursing Home Fac - Parking Lot</u>	\$ 1,428.03	\$ 1,428.03
6.	<u>16-32-116-008-0000</u> <u>Nursing Home Fac - Parking Lot</u>	\$ 2,688.58	\$ 2,688.58
7.	<u>16-32-116-009-0000</u> <u>Nursing Home Fac - Parking Lot</u>	\$ 4,166.50	\$ 4,166.50
8.	<u>16-32-116-010-0000</u> <u>Nursing Home Fac - Parking Lot</u>	\$ 2,809.38	\$ 2,809.38
9.	<u>16-32-116-011-0000</u> <u>Nursing Home Fac - Parking Lot</u>	\$ 1,586.76	\$ 1,586.76
10.		\$	\$
<b>TOTALS</b>		\$ <u>1,063,455.44</u>	\$ <u>784,250.44</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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Alden Town Manor Rehab & HCC

# 0038000

Report Period Beginning:

1/1/07

Ending:

12/31/07

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 94,195 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).

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

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>	<u>66,775</u>	<u>1991</u>	<u>\$ 1,137,260</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>66,775</b>		<b>\$ 1,137,260</b>	<b>3</b>

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

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	249	1992	1992	9,104,204	289,022	30	303,473	14,451	4,534,642	4
5										5
6										6
7										7
8	Related Party-Forum		1978	14,541		25			14,541	8
	Improvement Type**									
9	Window glass repair		1992	1,600		10			1,600	9
10	CSI - boiler repair		1994	3,268		3			3,268	10
11	Tower cleaners - drapery		1995	1,557		5			1,557	11
12	Bartlett heating -pipe insulation		1995	3,700	328	15	328		3,124	12
13	CSI - a/c repair		1995	4,093		10			4,093	13
14	CSI - a/c repair		1995	4,027		10			4,027	14
15	CSI - pipe insulation		1995	1,981	132	15	132		1,672	15
16	CSI - chiller HVAC		1996	6,042		10			6,042	16
17	The floor source - carpet installation		1996	5,345		10			5,345	17
18	Ward door specialist, Inc. - metal door		1996	1,385	92	15	92		1,061	18
19	Shalom landscaping - planting		1996	8,000		10			8,000	19
20	The floor source - carpet installation		1996	6,049		10			6,049	20
21	Bartlett heating -pipe insulation		1996	18,526	1,235	15	1,235		15,232	21
22	Over charged by Bartlett		1996	(10,500)					(10,500)	22
23	Alden Bennett const. - heating, vent , a/c		1996	69,300	3,465	20	3,465		39,559	23
24	Alden Bennett construction - sanitary sewer lift station		1996	23,921	1,196	20	1,196		13,655	24
25	Arrigo enterprises, Inc. - heating and cooling sys. Cooridor		1996	10,931	547	20	547		6,287	25
26	Misco shawnee, Inc. - tile		1996	9,232	462	20	462		5,271	26
27	Misco shawnee, Inc. - tile		1996	9,020	451	20	451		5,149	27
28	General parts - repair dishwasher		1997	2,139		5			2,139	28
29	System Electric - 120 volt circuit installed and replaced		1997	2,085		5			2,085	29
30	Climate - freon into a/c		1997	6,221		5			6,221	30
31	Long elevator - install new eyes on elevator door		1997	3,180		5			3,180	31
32	A&B cable - outlets installation		1997	11,520		5			11,520	32
33	Arrigo enterprises, Inc. - corridor renovation		1997	24,366	1,218	20	1,218		13,603	33
34	ABC - hvac repairs		1998	39,300	1,965	20	1,965		19,159	34
35	ABC - sanitary sewer lift station		1998	1,259	63	20	63		614	35
36	Coit drapery		1998	12,976		5			12,976	36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning:

1/1/07

Ending:

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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	
37	CSI - replaced fuse and cleaned ice machine	1998	\$ 3,267	\$ 327	10	\$ 327	\$	\$ 3,105	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703	370	10	370		3,486	38
39	CSI - replace diffusers, bower motor	1998	7,571	757	10	757		7,066	39
40	Kraft paper - extractor	1998	2,071	138	15	138		1,254	40
41	Kraft paper - extractor	1999	10,000	1,000	10	1,000		8,500	41
42	New horizons - phone system	1999	3,332	333	10	333		2,748	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		1,084	43
44	Chicago cooling corp - cleaned condensor	1999	1,483	148	10	148		1,285	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726	115	15	115		949	46
47	Climater service - repair rooftop exhaust	1999	1,864	186	10	186		1,521	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		2,829	48
49	ABC - excavation work	1999	2,571	257	10	257		2,142	49
50	Alden design	2000	9,940	994	10	994		7,372	50
51	ABC	2000	8,502	850	10	850		6,659	51
52	Fox valley fire & safety	2000	1,887	189	10	189		1,463	52
53	Switching sys. - replace ATS	2000	3,343	223	15	223		1,691	53
54	ABC reverse accruals	2000	(2,571)	(257)	10	(257)		(1,949)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		862	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109	311	10	311		2,229	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529	1,553	10	1,553		9,059	59
60	Patten (service elevator)	2001	1,547	77	20	77		540	60
61	Patten (water pump)	2001	2,325	116	20	116		803	61
62	CSI coker services (speed reduction unit)	2001	3,779	378	10	378		2,583	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		918	63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		1,633	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		600	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784	378	10	378		2,584	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,533,272	\$ 309,693		\$ 324,144	\$ 14,451	\$ 4,840,525	70

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

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning:

1/1/07

Ending:

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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	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,533,272	\$ 309,693		\$ 324,144	\$ 14,451	\$ 4,840,525	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		882	3
4	Alden Bennett Construction (carpet material)	2001	6,636	664	10	664		4,646	4
5	Alden Bennett Construction (repair cabinets and tip in various arc	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528	34	5	34		528	9
10	CSI Coker -- (steamer)	2002	1,325	88	5	88		1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844	284	10	284		1,539	11
12	GT Mechanical (wheel bower for air unit)	2002	2,662	267	5	267		2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803	180	10	180		856	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		433	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964	496	10	496		2,398	17
18	Thybonny Wallcoverings (Design works)	2003	2,098	210	10	210		945	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220	2,522	10	2,522		9,668	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709	271	10	271		836	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222	244	5	244		976	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915	383	5	383		1,532	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640	491	3	491		1,640	23
24	CSI Coker (steamer repairs)	2004	1,958	392	5	392		1,470	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000	400	5	400		1,467	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703	541	5	541		1,983	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		1,852	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004	4,064	813	5	813		2,845	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682	336	5	336		1,344	29
30	System Electric (Parking lot Poles repairs)	2004	3,960	792	5	792		2,640	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685	112	15	112		364	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		1,221	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		602	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,645,933	\$ 320,483		\$ 334,934	\$ 14,451	\$ 4,906,672	34

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

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning:

1/1/07

Ending:

12/31/07

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,645,933	\$ 320,483		\$ 334,934	\$ 14,451	\$ 4,906,672	1
2	CSI Coker- Dishwasher repair	2004	1,887	576	3	576		1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946	4,789	5	4,789		13,968	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146	629	5	629		1,887	4
5	CSI Coker (Booster heater, Boiler, Steamer, Dishwasher, Platewar	2005	6,931	1,386	5	1,386		4,158	5
6	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		825	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320	264	5	264		704	7
8	TOPNOT (replace tank heat)	2005	2,298	460	5	460		1,226	8
9	TOPNOT (replace motor)	2005	1,935	387	5	387		1,032	9
10	Oak Fire and Security (Replace nurses call station)	2005	750	150	5	150		375	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925	1,985	5	1,985		4,301	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856	971	5	971		2,023	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509	302	5	302		629	13
14	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186	1,037	5	1,037		2,160	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277	455	5	455		948	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086	609	10	609		1,116	16
17	ABC - Tarkett vinyl sheeting	2006	17,176	1,718	10	1,718		2,863	17
18	ABC - exhaust fan	2006	5,662	849	10	849		991	18
19	ABC - paints and repairs	2006	5,171	1,293	5	1,293		1,379	19
20	ABC - insulation	2006	5,880	588	10	588		637	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072	254	5	254		254	22
23	Topnotch - new motor, speed reducer	2007	3,613	331	10	331		331	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592	1,279	5	1,279		1,279	24
25	GT - Mechanical, new tower pump and seal	2007	4,573	267	10	267		267	25
26	ABC - New HVAC motor	2007	3,188	212	5	212		212	26
27	ABC - new ceiling tiles	2007	4,289	143	5	143		143	27
28	ABC - new plumbing faucet	2007	6,344	211	5	211		211	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,793,052	\$ 341,928		\$ 356,379	\$ 14,451	\$ 4,952,478	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,793,052	\$ 341,928		\$ 356,379	\$ 14,451	\$ 4,952,478	1
2									2
3	<b>Related Party-Forum Prof Center Building:</b>								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,204	200	16	200		2,604	8
9	Leasehold Improvement-Build.Improv.	1996	1,130	71	16	71		843	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		95	11
12	Leasehold Improvement-Bathrooms	2002	667	73	7	73		391	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		819	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	2,050	391	7	391		1,213	14
15	Leasehold Improvement-sidewalks-City of Chic.	2007	106	21	5	21		21	15
16	Leasehold Improvement-Carpet: Superior Install.	2007	97	19	5	19		19	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	841	168	5	168		168	17
18	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	18
19	Leasehold Improvement-Add-on Improvement, lighting base	2001	123		5			123	19
20	Leasehold Improvements-fire extinguishers	2007	10	2	5	2		2	20
21									21
22									22
23									23
24	<b>Related Party-AMS:</b>								24
25	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	25
26	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		3,386	26
27	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		3,525	27
28	Parking Lot	1994	334,637	13,386	25	13,386		187,396	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,207,788	\$ 358,125		\$ 372,576	\$ 14,451	\$ 5,205,150	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

# 0038000

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	\$ 257,325	\$ 21,470	\$ 21,470	\$	various	\$ 138,142	71
72	Current Year Purchases	41,108	4,487	4,487		various	4,487	72
73	Fully Depreciated Assets	1,168,705	1,401	1,401		various	1,168,705	73
74								74
75	TOTALS	\$ 1,467,138	\$ 27,358	\$ 27,358	\$		\$ 1,311,334	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	Midwest Transit	Bus/Passenger	2001	49,826				5	49,826	77
78	Bus/Van	Ford 2000/Various	2005-2006	5,599	1,348	1,348		5	3,068	78
79	Related Party-AMS	Lumina/Chev/2004	2004	117	29	29		3	117	79
80	TOTALS			\$ 55,542	\$ 1,377	\$ 1,377	\$		\$ 53,011	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)	\$ 12,867,728	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 386,860	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 401,312	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,451	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,569,496	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?  YES  NO

If NO, see instructions.

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

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: \$ 8,538 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>Related Party - AMS (6A)</u>		\$ <u>#####</u>	\$ <u>27,109</u>	17
18					18
19	<u>auto lease (GL 6890)</u>		<u>707.83</u>	<u>8,494</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>35,603</u>	21

10. Effective dates of current rental agreement:

Beginning 06/30/02

Ending 06/29/12

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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

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	\$		\$ 288,244	\$		\$ 288,244	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			41,109			41,109	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			288,450			288,450	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				257,918		257,918	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					(105,475)	261,318		155,843	13
14	TOTAL			\$		\$ 512,328	\$ 519,236		\$ 1,031,564	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	\$288,243.76
2. ST	39-3	To Col 5	41,109.21
3.			
4. PT	39-3	To Col 5	288,449.55
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			173,891.06
Manual Input from Related Party- Forum Drugs			84,027.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	257,918.06
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	(105,475.00)
Other			351,093.91
Manual Input: Related Party - Pyramic			(69,712.00)
Manual Input: Related Party FECII - I.V			(124,584.00)
Manual Input: Related Party FECII - Wound Care			(7,580.00)
Oxygen, from reclass worksheet			112,100.00
13. Col 6: Supplies Total		To Col 6	261,317.91
13. Total Line 13, Column 8			261,317.91
14. Total			1,031,563.49



XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,825,345)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2006 cost report was	(37,900)	3
4	submitted. These have no effect on prior year's report:		4
5	Bad Debt, Medicare revenues (non allowables).		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,863,245)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(887,334)	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)	\$ (887,334)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (3,750,579)	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	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 10,641,750	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,641,750	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	85,311	6
7	Oxygen	59,301	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 144,612	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	1,110	12
13	Barber and Beauty Care	414	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,832	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	46,209	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 49,565	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***	32,442	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 32,442	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Misc/Gain on Sale of Assets	17,356	28
28a	Adjustment to Prior Years expense	6,581	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 23,937	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,892,306	30

2

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	1,871,583	31
32	Health Care	3,720,908	32
33	General Administration	2,680,737	33
	<b>B. Capital Expense</b>		
34	Ownership	2,227,298	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	1,142,787	35
36	Provider Participation Fee	136,327	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,779,640	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(887,334)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (887,334)	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 Town Manor Rehab & HCC

# 0038000

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	2,120	2,120	\$ 85,930	\$ 40.53	1
2	Assistant Director of Nursing	1,024	1,024	35,835	35.00	2
3	Registered Nurses	23,182	25,029	773,521	30.90	3
4	Licensed Practical Nurses	32,779	35,191	873,270	24.82	4
5	CNAs & Orderlies	84,126	92,299	1,156,997	12.54	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	857	990	13,617	13.75	8
9	Activity Director	2,056	2,080	26,963	12.96	9
10	Activity Assistants	3,557	3,863	32,918	8.52	10
11	Social Service Workers	1,720	1,720	32,408	18.84	11
12	Dietician					12
13	Food Service Supervisor	2,119	2,119	41,560	19.61	13
14	Head Cook	1,677	1,705	23,030	13.51	14
15	Cook Helpers/Assistants	31,137	33,275	323,239	9.71	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	44,151	21.23	17
18	Housekeepers	23,138	24,880	247,751	9.96	18
19	Laundry	5,320	5,901	69,576	11.79	19
20	Administrator	1,818	1,818	71,726	39.45	20
21	Assistant Administrator	1,520	1,520	44,534	29.30	21
22	Other Administrative	7,528	7,688	213,079	27.72	22
23	Office Manager	1,864	1,864	23,943	12.84	23
24	Clerical	3,978	4,116	46,240	11.23	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,543	3,742	108,320	28.95	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Director	4,160	4,160	59,921	14.40	32
33	Other(specify) Alzheimer Supervi	5,791	6,145	68,902	11.21	33
34	TOTAL (lines 1 - 33)	247,094	265,329	\$ 4,417,431 *	\$ 16.65	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	3200/monthly	38,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	498/monthly	5,976	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	129/monthly	1,549	11-3	44
45	Social Service Consultant	62/monthly	746	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 58,671		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

**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	
Michael Stoudt	Administrator	0	\$ 53,552	Workers' Compensation Insurance	\$ 107,388	IDPH License Fee	\$	
Jeraldine Greco	Assistant Administrator	0	44,534	Unemployment Compensation Insurance	67,182	Advertising: Employee Recruitment	5,108	
Eliz. Salazar	Administrator	0	18,173	FICA Taxes	332,168	Health Care Worker Background Check (Indicate # of checks performed 113 )	1,130	
				Employee Health Insurance	41,398	Patient Background Checks	1,540	
				Employee Meals	42,361	Surety Bond Fees	1,500	
				Illinois Municipal Retirement Fund (IMRF)*		IL Health Care Association	8,588	
				Union, Health & Welfare	84,228	Medicare DDE System	301	
				Dental & Life	941	Eliminate Non-Care costs	(1,093)	
				Pension	28,060	Related Party - AMS	638	
				Relations, Misc Payroll Costs, Drug Tests, Vaccinations, 401K Match	6,386	Less: Public Relations Expense ( )		
				Back out Benefits for Marketing	(7,210)	Non-allowable advertising ( )		
						Yellow page advertising ( )		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 116,259	TOTAL (agree to Schedule V, line 22, col.8)		\$ 17,712		
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) (Attach a copy of any management service agreement)			\$	TOTAL			\$	
C. Professional Services								
Vendor/Payee	Type		Amount					
AMS	Management Fees		\$ 783,994				Related Party - AMS	
Ken Fisch	Legal Fees		28,203				Seminar Expense	
Laner & Dombrow	Legal Fees		17,471				Deming Leadership Training	
Ungaretti & Harris	Legal Fees		9,216				Nursing Certification Seminar	
Pathway Services	Clinical Support		8,474				Alzheimers/Health Care/Other seminars	
Reznick Group/BDO Seidman/Ava D	Accounting Fees		8,999				Entertainment Expense ( )	
SMS (6809)	Billing Consultant		6,128				(agree to Sch. V, line 24, col. 8)	
Barry Greenburg/Janet Hermann	Legal Fees		1,164				TOTAL	
IL Assoc of Health Care	Union Matters		2,988				\$ 10,056	
First Advantage	Tax Consulting		477					
Medifax/EDI	Billing Consultant		462					
Mosier Reporting/4D Service	Court Reporting Fees		2,182					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 869,758					

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden Town Manor Rehab & HCC  
Legal Fee Support  
2007

Pg 21A

Legal Fees Reported on Pg 21, Section C:	56,054.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(30,829.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<hr/>
Allowable Legal Fees	<u><u>25,225.00</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	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012
1	Painting	6/95	\$ 13,250	3	\$	\$	\$	\$	\$	\$	\$	\$
2	Painting	8/95	678	3								
3	Painting	9/95	740	3								
4	Painting	11/95	1,779	3								
5	Painting	12/95	1,315	3								
6	Painting	1/96	2,669	3								
7	Painting	2/96	1,372	3								
8	Rewiring	2/96	2,276	5								
9	Painting	3/96	1,782	3								
10	Fan	3/96	2,012	15								
11	Painting	4/96	3,472	3								
12	See page 22a	1996	20,935	3-15	809	809	484	317	317	317	317	
13	See page 22a	1997	9,243	3								
14	See page 22a	1998	25,643	3								
15	See page 22a	1999	11,752	3								
16	See page 22a	2000	28,466	3	0							
17	See page 22a	2001	5,082	3	322	0						
18	See page 22a	2002	6,523	3	2,174	796						
19	See page 22a	2003	9,912	3	2,742	3,303	2,196	563				
20	TOTALS		\$ 148,901		\$ 6,047	\$ 4,908	\$ 2,680	\$ 880	\$ 317	\$ 317	\$ 317	\$

Facility Name & ID Number

ALDEN NURSING CENTER-Town Manor

Beginning: 1/1/07

Ending: 12/31/07

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

1	2	3	4	5	6	7	8	9	10	11	12	13	
													Improvement Type
					FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012
1	Condenser repair	4/96	2,205	10	221	221	54						
2	Painting	6/96	1,791	3									
2a	Temperature Service Co, Inc	3/96	1,407	15	94	94	94	94	94	94	94	94	94
2b	Temperature Service Co, Inc	3/96	605	15	40	40	40	40	40	40	40	40	40
3	Air conditioner repair	6/96	2,711	10	271	271	113						
4	Air conditioner repair	7/96	2,740	15	183	183	183	183	183	183	183	183	183
10	Total to pg 22, line 12		20,935		809	809	484	317	317	317	317	317	317
37	Alden Bennett(paint/wallcover)	11/00	(1,502)	3	-1								
38	Capps(booster system)	1/01	2,705	3	0								
39	Coker(boiler)	4/01	3,879	3	323	0							
40	Total to pg 22, line 17		5,082		322	0	0						
41	GT Mechanical(tower pump)	5/02	1,374	3	458	153							
42	GT Mechanical(hvac repair)	5/02	2,617	3	872	291							
43	F.E Moran (smoke detection)	6/02	2,532	3	844	352							
44	Total to pg 22, line18		6,523		2,174	796	0						
45	Alden Bennett Const.(wall covering/relamped pole)	Dec-02	2,654	3	885	884							
46	D L Louch Wallcovering (painting)	8/03	972	3	324	324	189						
47	D L Louch Wallcovering (painting)	9/03	799	3	266	266	178						
48	Sub-Total		4,424		1,475	1,474	367						
49	Capps Plumbing(#1Berkay Unit plumbing)	12/04	1,840	3	51	613	613	563					
50	Sub-Total		1,840		51	613	613	563	0	0	0	0	0
51	Painting 2004 > \$1,500	2004	3,648	3	1,216	1,216	1,216	0	0	0	0	0	0
	Sub-Total		3,648		1,216	1,216	1,216	0	0	0	0	0	0
	Total to pg 22, line19		9,912	0	2,742	3,304	2,196	563	0	0	0	0	0

Grand Total

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

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. \$8,588
- (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. \$ 52,246 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. \$ 136,328  
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. \$ 42,361 Has any meal income been offset against related costs? no Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
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