

		FOR BHF USE				

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

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

I. IDPH License ID Number: 0036640

Facility Name: Alden Valley Ridge Rehab & HCC

Address: 275 East Army Trail Road Bloomington 60108
 Number City Zip Code

County: DuPage

Telephone Number: (630) 893-9616 **Fax #** (630) 924-1059

HFS ID Number: 36-3738956

Date of Initial License for Current Owners: 2/01/1991

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/07 to 12/31/07 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Joan Carl</u>	
	(Title) <u>Vice-President</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (____) _____ Fax # (____) _____	

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
 201 S. Grand Avenue East
 Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640 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	207	Skilled (SNF)	207	75,555	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	207	TOTALS	207	75,555	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	5,119	2,155	10,028	17,302	8
9	SNF/PED					9
10	ICF	39,837	4,807		44,644	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,956	6,962	10,028	61,946	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.99%

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

0 (Do not include bed-hold days in Section B.)

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

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

DAYCARE

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 02/01/91

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

YES Date 2/01/91 NO

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

YES NO If YES, enter number of beds certified 207 and days of care provided 6,346

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 Valley Ridge Rehab & HCC # 0036640 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	414,831	33,711	12,000	460,542	551	461,093	3,712	464,805		1
2	Food Purchase		360,067		360,067	(15,268)	344,799	(11,535)	333,264		2
3	Housekeeping	212,661	42,902		255,563	246	255,809	5,009	260,818		3
4	Laundry	53,363	16,570		69,933	98	70,031		70,031		4
5	Heat and Other Utilities			303,867	303,867		303,867	(598)	303,269		5
6	Maintenance	33,669		149,188	182,857	18	182,875	52,870	235,745		6
7	Other (specify):* Related Party benef.							8,742	8,742		7
8	TOTAL General Services	714,524	453,250	465,055	1,632,829	(14,355)	1,618,474	58,200	1,676,674		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	2,860,138	219,729	6,498	3,086,365	(38,357)	3,048,008	63,725	3,111,733		10
10a	Therapy	89,962			89,962		89,962		89,962		10a
11	Activities	81,441	3,334	4,431	89,206	62	89,268		89,268		11
12	Social Services	38,148			38,148		38,148		38,148		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party benef.							10,594	10,594		15
16	TOTAL Health Care and Programs	3,069,689	223,063	28,929	3,321,681	(38,295)	3,283,386	74,319	3,357,705		16
	C. General Administration										
17	Administrative	127,567			127,567		127,567	74,174	201,741		17
18	Directors Fees										18
19	Professional Services			804,405	804,405	(6,229)	798,176	(687,678)	110,498		19
20	Dues, Fees, Subscriptions & Promotions			77,900	77,900		77,900	(60,462)	17,438		20
21	Clerical & General Office Expenses	212,211	29,173	47,351	288,735	1,109	289,844	288,828	578,672		21
22	Employee Benefits & Payroll Taxes			544,649	544,649	10,933	555,582	(6,958)	548,624		22
23	Inservice Training & Education										23
24	Travel and Seminar			11,823	11,823		11,823	1,948	13,771		24
25	Other Admin. Staff Transportation			14,200	14,200		14,200	14,983	29,183		25
26	Insurance-Prop.Liab.Malpractice			200,288	200,288	(940)	199,348	12,188	211,536		26
27	Other (specify):* Related Party benef.			116,664	116,664		116,664	(47,065)	69,599		27
28	TOTAL General Administration	339,778	29,173	1,817,280	2,186,231	4,873	2,191,104	(410,042)	1,781,062		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,123,991	705,486	2,311,264	7,140,741	(47,777)	7,092,964	(277,523)	6,815,441		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 Valley Ridge Rehab & HCC #0036640 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			67,134	67,134		67,134	294,752	361,886		30
31	Amortization of Pre-Op. & Org.							1,678	1,678		31
32	Interest			175,976	175,976	940	176,916	485,216	662,132		32
33	Real Estate Taxes							216,757	216,757		33
34	Rent-Facility & Grounds			1,058,379	1,058,379		1,058,379	(1,058,379)			34
35	Rent-Equipment & Vehicles			38,009	38,009		38,009	45,298	83,307		35
36	Other (specify):* MIP							32,296	32,296		36
37	TOTAL Ownership			1,339,498	1,339,498	940	1,340,438	17,618	1,358,056		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		419,456	593,594	1,013,050	46,837	1,059,887	(109,328)	950,559		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops		117		117		117	(117)			41
42	Provider Participation Fee			113,333	113,333		113,333		113,333		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		419,573	706,927	1,126,500	46,837	1,173,337	(109,445)	1,063,892		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,123,991	1,125,059	4,357,689	9,606,739		9,606,739	(369,350)	9,237,389		45

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

Reporting Period Beginning 1/1/2007
 Reporting Period Ending 12/31/2007

Reclassifications - Pgs 3 and 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
19		(5905.00)	Pathway
	10	5905.00	Pathway
2		(15,268.00)	Employee Meals
	22	15,268.00	Employee Meals
10		(46,837.00)	Oxygen Costs
	39	46,837.00	Oxygen Costs
26		(940.00)	Insurance Expense
	32	940.00	Insurance Expense
22		(4,335.00)	Employee Uniforms
	1	551.00	Employee Uniforms
	3	246.00	Employee Uniforms
	4	98.00	Employee Uniforms
	6	18.00	Employee Uniforms
	10	2,575.00	Employee Uniforms
	11	62.00	Employee Uniforms
	21	785.00	Employee Uniforms
19		(324.00)	Extended Care Info - Computer Fee
	21	324.00	Extended Care Info - Computer Fee

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Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning: 1/1/07

Ending: 12/31/07

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,755	30		9
10	Interest and Other Investment Income	(1,444)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,003)	2		13
14	Non-Care Related Interest	(35,008)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(3,070)	21		17
18	Fines and Penalties				18
19	Entertainment	(851)	20		19
20	Contributions	(6,503)	20		20
21	Owner or Key-Man Insurance	6,220	21		21
22	Special Legal Fees & Legal Retainers	(19,333)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(116,664)	27		24
25	Fund Raising, Advertising and Promotional	(11,556)	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)	\$ (175,457)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(134,233)	Various	34
35	Other- Attach Schedule	(59,660)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (193,893)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (369,350)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Alden Valley Ridge Rehab & HCC

ID# 0036640

Report Period Beginning: 1/1/07

Ending: 12/31/07

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late fees on utilities	\$ (4,154)	5	1
2	Late fee on telephone	(12)	21	2
3	Gift Shop expenses	(117)	41	3
4	Intercompany Interest	(681)	32	4
5	Misc Income (Record Copies)	(40)	10	5
6	Misc Income (Jury Duty)	(14)	22	6
7	Marketing Manager	(52,578)	21	7
8	Back out % of Employee Benefits for Mktg Mangr	(6,944)	22	8
9	Back out 29.31% (for 2007) of PAC fees	(3,349)	20	9
10	Vendor Settlements Credits	253	21	10
11	Vendor Settlements(Chemcraft Industries)	(253)	6	11
12	Reduce deprec exp on Pg 13 items under \$2500	(2,913)	30	12
13	Reduce deprec exp on Pg 12 items under \$2500	(1,596)	30	13
14	Expense capital items < \$2500 on Pg 13 items	6,858	6	14
15	Expense capital items < \$2500 on Pg 12 items	11,404	6	15
16	Elim. Landowner Bank Charges	(473)	19	16
17	Deming Adjustment	245	24	17
18	Intercompany Interest	(681)	32	18
19	Adjust Depreciation	(1,405)	30	19
20	Eliminate non-care G+A Costs	(75)	21	20
21	Eliminate non-care R+M Costs	(75)	6	21
22	Costs to be reimbursed by insurance	(1,900)	19	22
23	PAC Dinner	(1,160)	24	23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(59,660)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning:

1/1/07

Ending:

12/31/07

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	7,183	(3,471)	0	0	0	0	0	0	0	3,712	1
2	Food Purchase	(2,003)	0	0	(9,532)	0	0	0	0	0	0	0	(11,535)	2
3	Housekeeping	0	0	5,009	0	0	0	0	0	0	0	0	5,009	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,154)	0	3,556	0	0	0	0	0	0	0	0	(598)	5
6	Maintenance	17,934	0	35,195	0	0	0	(259)	0	0	0	0	52,870	6
7	Other (specify):*	0	0	8,038	704	0	0	0	0	0	0	0	8,742	7
8	TOTAL General Services	11,777	0	58,981	(12,299)	0	0	(259)	0	0	0	0	58,200	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(40)	0	60,687	1,707	1,371	0	0	0	0	0	0	63,725	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	10,594	0	0	0	0	0	0	0	0	10,594	15
16	TOTAL Health Care and Programs	(40)	0	71,281	1,707	1,371	0	0	0	0	0	0	74,319	16
	C. General Administration													
17	Administrative	0	0	74,174	0	0	0	0	0	0	0	0	74,174	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,706)	5,323	(671,295)	0	0	0	0	0	0	0	0	(687,678)	19
20	Fees, Subscriptions & Promotions	(22,259)	700	(38,903)	0	0	0	0	0	0	0	0	(60,462)	20
21	Clerical & General Office Expenses	(49,262)	0	301,138	15,683	21,269	0	0	0	0	0	0	288,828	21
22	Employee Benefits & Payroll Taxes	(6,958)	0	0	0	0	0	0	0	0	0	0	(6,958)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(915)	0	2,863	0	0	0	0	0	0	0	0	1,948	24
25	Other Admin. Staff Transportation	0	0	14,983	0	0	0	0	0	0	0	0	14,983	25
26	Insurance-Prop.Liab.Malpractice	0	11,924	264	0	0	0	0	0	0	0	0	12,188	26
27	Other (specify):*	(116,664)	0	66,711	1,465	1,423	0	0	0	0	0	0	(47,065)	27
28	TOTAL General Administration	(217,764)	17,947	(250,065)	17,148	22,692	0	0	0	0	0	0	(410,042)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(206,027)	17,947	(119,803)	6,556	24,063	0	(259)	0	0	0	0	(277,523)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 Report Period Beginning: 1/1/07 Ending: 12/31/07

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	8,841	281,158	3,226	0	1,527	0	0	0	0	0	0	294,752	30
31	Amortization of Pre-Op. & Org.	0	1,598	80	0	0	0	0	0	0	0	0	1,678	31
32	Interest	(37,814)	505,060	16,583	0	1,210	177	0	0	0	0	0	485,216	32
33	Real Estate Taxes	0	210,882	5,482	0	393	0	0	0	0	0	0	216,757	33
34	Rent-Facility & Grounds	0	(1,058,379)	0	0	0	0	0	0	0	0	0	(1,058,379)	34
35	Rent-Equipment & Vehicles	0	0	45,298	0	0	0	0	0	0	0	0	45,298	35
36	Other (specify):*	0	32,296	0	0	0	0	0	0	0	0	0	32,296	36
37	TOTAL Ownership	(28,973)	(27,385)	70,669	0	3,130	177	0	0	0	0	0	17,618	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(57,779)	(30,614)	(20,935)	0	0	0	0	0	(109,328)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(117)	0	0	0	0	0	0	0	0	0	0	(117)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(117)	0	0	(57,779)	(30,614)	(20,935)	0	0	0	0	0	(109,445)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(235,117)	(9,438)	(49,134)	(51,223)	(3,421)	(20,758)	(259)	0	0	0	0	(369,350)	45

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		See Pg 6K		See Pg 6K		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 1,058,379	Valley Ridge Associates Limited Partnership		\$	\$ (1,058,379)	1
2	V	32 Interest Income	1,680	Valley Ridge Associates Limited Partnership			(1,680)	2
3	V	19 Audit Fees		Valley Ridge Associates Limited Partnership		4,850	4,850	3
4	V	19 Bank Charges		Valley Ridge Associates Limited Partnership		473	473	4
5	V	20 Dues & Subscriptions		Valley Ridge Associates Limited Partnership		700	700	5
6	V	33 Real Estate Taxes		Valley Ridge Associates Limited Partnership		210,882	210,882	6
7	V	26 General Insurance Expense		Valley Ridge Associates Limited Partnership		11,924	11,924	7
8	V	36 Mortgage Insurance Premium		Valley Ridge Associates Limited Partnership		32,296	32,296	8
9	V	32 Interest - Other		Valley Ridge Associates Limited Partnership		(501)	(501)	9
10	V	32 Interest - Mortgage		Valley Ridge Associates Limited Partnership		507,241	507,241	10
11	V	30 Depreciation		Valley Ridge Associates Limited Partnership		281,158	281,158	11
12	V	31 Amortization		Valley Ridge Associates Limited Partnership		1,598	1,598	12
13	V							13
14	Total		\$ 1,060,059			\$ 1,050,621	\$ * (9,438)	14

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

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 Report Period Beginning: 1/1/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,556	\$ 3,556	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		2,863	2,863	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		14,983	14,983	17
18	V	26	Insurance		Alden Management Services, Inc.		264	264	18
19	V	20	Dues & Subscriptions	39,510	Alden Management Services, Inc.		607	(38,903)	19
20	V	30	Depreciation		Alden Management Services, Inc.		3,226	3,226	20
21	V	31	Amortization		Alden Management Services, Inc.		80	80	21
22	V	33	Real Estate Tax		Alden Management Services, Inc.		5,482	5,482	22
23	V	35	Rent-Equip & Vehicles		Alden Management Services, Inc.		45,298	45,298	23
24	V	32	Interest		Alden Management Services, Inc.		16,583	16,583	24
25	V	1	Dietary		Alden Management Services, Inc.		7,183	7,183	25
26	V	3	Housekeeping		Alden Management Services, Inc.		5,009	5,009	26
27	V	7	Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		8,038	8,038	27
28	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		60,687	60,687	28
29	V	15	Employee Benefits-Health Care		Alden Management Services, Inc.		10,594	10,594	29
30	V	17	Administrative Salary		Alden Management Services, Inc.		74,174	74,174	30
31	V								31
32	V	27	Employee Benefits-Admin		Alden Management Services, Inc.		66,711	66,711	32
33	V	19	Professional Fees	725,464	Alden Management Services, Inc.		54,169	(671,295)	33
34	V	21	Gen'l & Admin		Alden Management Services, Inc.		301,138	301,138	34
35	V	6	Repair & Maint	10,664	Alden Management Services, Inc.		45,859	35,195	35
36	V								36
37	V								37
38	V								38
39	Total		\$ 775,638				\$ 726,504	\$ * (49,134)	39

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

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 Report Period Beginning: 1/1/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	1	Diet. Consultant	\$ 12,000	Prism Health Care Services, Inc.	0.00%	\$ 4,124	\$ (7,876)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		4,405	4,405	16
17	V	2	Tube Feeding	21,422	Prism Health Care Services, Inc.		11,890	(9,532)	17
18	V	10	Equip. Rental	3,060	Prism Health Care Services, Inc.		4,767	1,707	18
19	V	39	Ancillary Services	107,746	Prism Health Care Services, Inc.		49,967	(57,779)	19
20	V	21	Gen'l & Admin Salary		Prism Health Care Services, Inc.		6,241	6,241	20
21	V	27	Employee Benefits		Prism Health Care Services, Inc.		1,465	1,465	21
22	V	7	Employee Benefits		Prism Health Care Services, Inc.		704	704	22
23	V	21	Gen'l & Admin		Prism Health Care Services, Inc.		9,442	9,442	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		\$ 144,228				\$ 93,005	\$ * (51,223)	39

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

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 Report Period Beginning: 1/1/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39	Drugs	\$ 168,831	Forum Extended Care Services II, Inc.	0.00%	\$ 250,413	\$ 81,582	15
16	V	39	IV	122,414	Forum Extended Care Services II, Inc.		13,430	(108,984)	16
17	V	39	Wound Care	15,620	Forum Extended Care Services II, Inc.		12,408	(3,212)	17
18	V	10	House Stock	10,673	Forum Extended Care Services II, Inc.		10,186	(487)	18
19	V	10	Pharmacy Consultant	5,393	Forum Extended Care Services II, Inc.		7,251	1,858	19
20	V	27	Employee Vaccin.	370	Forum Extended Care Services II, Inc.		290	(80)	20
21	V	27	Employee Benefits: G&A		Forum Extended Care Services II, Inc.		1,503	1,503	21
22	V	21	Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		11,411	11,411	22
23	V	21	Gen'l & Admin.		Forum Extended Care Services II, Inc.		9,858	9,858	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		1,210	1,210	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		393	393	25
26	V	30	Depreciation		Forum Extended Care Services II, Inc.		1,527	1,527	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 323,301				\$ 319,880	\$ * (3,421)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39	Therapy	\$ 565,788	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 544,853	\$ (20,935)	15
16	V	32	Interest		Community Physical Therapy & Associates, Ltd.		177	177	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		\$ 565,788				\$ 545,030	\$ * (20,758)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 19,012	Alden Bennett Construction Company, Inc.	0.00%	\$ 18,753	\$ (259)	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			\$ 19,012			\$ 18,753	\$ *	(259) 39

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

STATE OF ILLINIOS

Facility Name & ID Number

Alden-Valley Ridge Rehabilitation and Health Care Provider No. 003-6640

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			

Alden Valley Ridge
 INVESTOR LIST AND PERCENTAGES
 12/31/2007

11,726

NAME	
STUART GOLDSAND	3.03
JULIAN BAILES MD	2.02
AARON CARL	1.01
LU SEZENOV	8.08
MILDRED SCHLOSSBERG	10.1
RONALD EATON	8.08
JOHN VERCILLO	1.01
BRETT CARL	2.02
LARRY SAUNDERS	2.02
FLOYD A. SCHLOSSBERG (*5% Split between Randi/Lauren/Audra - 1.666%)	34.35
JOAN/SAM CARL (*5.5% Split - 1 each- Hannah, Harry, Chloe, Alex; 3/4% each Pam and Rob)	15.15
WILLIAM HOLWAY	5.05
RICHARD KERN TRUST	1.01
RITCHIE SCHULLO	1.01
RANDI SCHULLO	1.01
JUDGE JULIAN BAILES	1.01
JAMES FREY	4.04
Total	100.00

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 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	161,831	2.144	0.05	Salary	\$ 9,169	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	61,023	2.144	0.05	Salary	3,457	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	35,925	2.144	0.05	Salary	2,035	6-7	3
4	Joan Carl	Secretary	Vice President	0.00	161,831	2.144	0.05	Salary	9,169	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 23,830		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 Valley Ridge Rehab & HCC

0036640

Report Period Beginning:

1/1/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,154,703	29	\$ 66,329	\$ 61,913	\$ 3,556	1
2	24	Trav & Seminar	Patient Days	1,154,703	29	53,403	61,913	2,863	2
3	25	Other Admin Travel	Patient Days	1,154,703	29	279,431	61,913	14,983	3
4	26	Insurance	Patient Days	1,154,703	29	4,925	61,913	264	4
5	20	Dues & Subscriptions	Patient Days	1,154,703	29	11,328	61,913	607	5
6	30	Depreciation	No. of Providers/usage	29	29	93,554	1	3,226	6
7	31	Amortization	Patient Days	1,154,703	29	1,500	61,913	80	7
8	33	Real Estate Tax	Patient Days/usage	1,154,703	29	102,244	61,913	5,482	8
9	35	Rent-Equip & Vehicles	Patient Days	1,154,703	29	844,835	61,913	45,298	9
10	32	Interest	Patient Days/usage	1,154,703	29	309,281	61,913	16,583	10
11	1	Dietary	Patient Days	1,154,703	29	133,965	133,965	7,183	11
12	3	Housekeeping	Patient Days	1,154,703	29	93,421	93,421	5,009	12
13	7	Employee Benefits-Gen'l Servs	Patient Days	1,154,703	29	149,914	61,913	8,038	13
14	10	Nurs & Med Records Salary	Patient Days	1,154,703	29	1,131,838	1,178,420	60,687	14
15	15	Employee Benefits-Health Care	Patient Days	1,154,703	29	197,574	61,913	10,594	15
16	17	Administrative Salary	Patient Days/usage	1,154,703	29	1,383,376	1,091,420	74,174	16
17									17
18	27	Employee Benefits-Admin	Patient Days	1,154,703	29	1,244,181	61,913	66,711	18
19	19	Professional Fees	Patient Days	1,154,703	29	1,010,272	531,592	54,169	19
20	21	Gen'l & Admin	Patient Days	1,154,703	29	5,616,348	4,942,836	301,138	20
21	6	Repair & Maint	Patient Days	1,154,703	29	855,298	666,770	45,859	21
22									22
23									23
24									24
25	TOTALS					\$ 13,583,017	\$ 8,638,424	\$ 726,504	25

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
		A. Directly Facility Related										
Long-Term												
1	Cambridge Realty		x	Mortgage	\$50,767.00	9/02	\$ 9,009,300	\$ 8,541,579	8/20/37		\$ 507,241	1
2												2
3	Bank Leumi		x	LOC	\$19,028.00	3/29/06	1,700,000	1,579,184	6/1/08	varies	140,287	3
4												4
5	Insurance Interest-see reclass		x								940	5
Working Capital												
6	Related Party - CPT										177	6
7	Related Party - AMS										16,583	7
8	Related Party - FECII										1,210	8
9	TOTAL Facility Related				\$69,795.00		\$ 10,709,300	\$ 10,120,763			\$ 666,438	9
B. Non-Facility Related*												
10	Interest Income on R.R.	x									(1,680)	10
11	Interest Income on Corp	x									(1,444)	11
12	CorpGL4646 offset interest with interest income										(501)	12
13	Intercompany Interest										(681)	13
14	TOTAL Non-Facility Related						\$	\$			\$ (4,306)	14
15	TOTALS (line 9+line14)						\$ 10,709,300	\$ 10,120,763			\$ 662,132	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 32,296 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.)

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 Valley Ridge Rehab & HCC COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0036640

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2006 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2006.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See Attached (12 Pg Supplement)</u>	<u>Related Party-Alden Management Serv</u>	\$ <u>241,399.00</u>	\$ <u>5,482.00</u>
2. <u>See Attached (12 Pg Supplement)</u>	<u>Related Party-Forum Professional Cen</u>	\$ <u>37,806.00</u>	\$ <u>393.00</u>
3. <u>02-23-301-019</u>	<u>Nursing Home Facility</u>	\$ <u>3,140.30</u>	\$ <u>3,140.30</u>
4. <u>02-23-301-020</u>	<u>Nursing Home Facility</u>	\$ <u>197,141.44</u>	\$ <u>197,141.44</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>479,486.74</u>	\$ <u>206,156.74</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 Valley Ridge Rehab & HCC

0036640 Report Period Beginning:

1/1/07 Ending:

12/31/07

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,046 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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>		<u>1990</u>	<u>\$ 317,233</u>	1
2					2
3	TOTALS			\$ 317,233	3

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	207		1991		6,027,235	191,340	30	200,908	9,568	3,447,945	4
5											5
6											6
7											7
8	Related Party-Forum			1978	14,541		25			14,541	8
	Improvement Type**										
9		LEASEHOLD IMPROVEMENTS		1991	1,644,299	58,820	VARIOUS	64,007	5,187	1,078,169	9
10		REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.		1991	18,611		5			18,611	10
11		EXHAUST FAN/HVAC/BURNISHER/MISC.		1992	32,815	850	5,10 & 15	850		32,815	11
12		PIPE INSULATION/HVAC/MISC.		1993	31,308	1,030	5,10,15 & 17	1,030		29,965	12
13		SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP		1994	28,814	261	5,10 & 25	261		25,743	13
14		REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC		1995	28,634	1,014	10,15 & 20	1,014		25,308	14
15		ROOF REPAIR		1996	3,200		10			3,200	15
16		ROOF REPAIR		1996	2,500		10			2,500	16
17		PARKING LOT LIGHTING		1996	3,716	248	15	248		2,829	17
18		PARKING LOT LIGHTING,EMRGNCY SERVICE-POWER OUT		1997	8,767		5			8,767	18
19		REPAIR PUMP		1997	1,800		5			1,800	19
20		ROOF REPAIRS		1997	2,590		5			2,590	20
21		REPLACE COMPRESSOR		1997	6,885		5			6,885	21
22		REPLACE MIXING VALVE		1997	2,763		5			2,763	22
23		REPAIR PUMP		1997	2,161		5			2,161	23
24		REPLACE PUMP		1997	6,293		5			6,293	24
25		REPLACED COMPRESSOR		1997	5,000		5			5,000	25
26		ROOF REPAIRS		1997	1,800		5			1,800	26
27		DOOR HOLDER		1997	4,088	374	10	374		4,088	27
28		PARKING LOT		1997	131,918	6,596	20	6,596		65,436	28
29		INSTALL WALL PLATES/OUTLETS		1997	4,968	372	10	372		4,968	29
30		INSTALL CABLE		1998	5,244	524	10	524		4,937	30
31		PAINTING		1998	52,000	2,600	20	2,600		24,483	31
32		CARPETING		1998	59,500	2,975	20	2,975		28,015	32
33		DRAPERIES		1998	13,000	650	20	650		6,121	33
34		ROOF		1998	79,000	3,950	20	3,950		37,196	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

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	OIL/DRIER ON STAGE COMPRESSOR	1998	\$ 2,900	\$ 193	15	\$ 193	\$	\$ 1,884	37
38	REPAIR TOWER	1998	2,727	182	15	182		1,728	38
39	REPLACE PRESSURE RELIEF VALVE	1998	1,940	129	15	129		1,228	39
40	CARPETING	1998	1,667		5			1,667	40
41	CARPETING	1998	15,858		5			15,858	41
42	CARPETING	1998	5,000		5			5,000	42
43	REPAIR FUEL PUMP ON GENERATOR	1998	2,532	127	20	127		1,182	43
44	FLOOR TILE	1998	4,876	488	10	488		4,511	44
45	REPAIR SHAFT AND GEAR REDUCER ON DRYER	1998	2,058	206	10	206		1,904	45
46	REPAIR VALVE IN THERAPY ROOM	1998	1,505	100	15	100		919	46
47	REPLACE HEAT PUMP	1998	3,773	252	15	252		2,307	47
48	CARPETING	1998	20,000		5			20,000	48
49	CARPETING	1998	18,082		5			18,082	49
50	Alden Bennet Construction (tank replacement)	1999	12,409	827	15	827		7,376	50
51	Northtown (repair dishwasher)	1999	1,695	170	10	170		1,513	51
52	Climate Service (replace hot water heater)	1999	9,561	637	15	637		5,577	52
53	Taylor Plumbing (pump repair)	1999	1,728		5			1,728	53
54	Ashland Plumbing & Heating Co. (furnished and installed ejector pump)	1999	6,658	444	15	444		3,847	54
55	Rykoff-Sexton (booster heater)	1999	1,893	189	10	189		1,640	55
56	Climate Service (cleaned condenser and tower)	1999	2,642	264	10	264		2,267	56
57	Patten Industries(generator repair)	1999	2,870	287	10	287		2,440	57
58	Fox Valley Fire & Safety(nurse call system repair)	1999	1,510	101	15	101		831	58
59	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632	109	15	109		898	59
60	Climate Service(repair tower fan)	1999	4,733	473	10	473		3,904	60
61	Climate Service(repair tower fan)	1999	2,405	241	10	241		1,985	61
62	New Horizons(replace power supply for phone system)	1999	3,767	377	10	377		3,108	62
63	Patten Industries(rebuild generator)	1999	7,884	394	20	394		3,186	63
64	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779		5			1,779	64
65	System Electric(repair dedicated circuits)	2000	2,461	164	15	164		1,299	65
66	Capps Plumbing (repair ejector pumps)	2000	4,970	331	15	331		2,622	66
67	Fox Valley (re-wire smoke detectors)	2000	14,576	1,458	10	1,458		11,297	67
68	Harold(repair dish machaine)	2000	962		5			962	68
69	Harold(repair dish machaine)	2000	1,328		5			1,328	69
70	TOTAL (lines 4 thru 69)		\$ 8,393,831	\$ 279,747		\$ 294,502	\$ 14,755	\$ 5,030,786	70

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

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

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		\$ 8,393,831	\$ 279,747		\$ 294,502	\$ 14,755	\$ 5,030,786	1
2	new horizons-install phone line	2000	2,742	274	10	274		2,056	2
3	CSI -Coker Service (new motor)	2001	3,865	387	10	387		2,642	3
4	State mandated tank removal	2001	12,242	816	15	816		5,713	4
5	Water Pump repair	2001	1,706		5			1,706	5
6	GT (new shaft)	2001	2,491		5			2,491	6
7	new horizons-install phone line	2001	1,572		5			1,572	7
8	GT (replace fan blade)	2001	3,534		5			3,534	8
9	Alco sales & service (beds)	2001	2,324	233	10	233		1,473	9
10	Alco sales & service (beds)	2001	233	23	10	23		145	10
11	GT (repalace motor)	2001	791	79	10	79		494	11
12	GT (replace heat exchanger)	2001	1,332		5			1,332	12
13	GT (repair leaking piping)	2001	1,381		5			1,381	13
14	GT (refund for shaft)	2002	(2,491)		5			(2,491)	14
15	ABC (misc. repair)	2002	2,126		5			2,126	15
16	GT (compressor)	2002	4,290	286	15	286		1,525	16
17	Capps (install drain)	2002	2,585	43	5	43		2,585	17
18	SMT healthcare system(body lift)	2002	10,132	676	15	676		3,772	18
19	ABC --(carpet in two elevators))	2002	1,279	128	10	128		746	19
20	ABC (new gate)	2002	3,362	336	10	336		1,849	20
21	ABC-New door	2003	2,102	210	10	210		963	21
22	ABC-Southland-New Floor	2003	857	86	10	86		429	22
23	ABC- Bathroom	2003	735	73	10	73		311	23
24	CSI-repair dishwasher	2003	2,111	422	5	422		2,075	24
25	ABC-GT Mech. Repair gas regulators	2003	2,369	237	10	237		1,165	25
26	ABC GTMech-repair water heater	2003	1,818	182	10	182		879	26
27	TSN Inc - DSL Cable	2004	990	99	10	99		388	27
28	Aquarium Main Serv-replace mixing valves	2004	10,501	2,100	5	2,100		7,525	28
29	ABC-new flooring	2004	2,100	210	10	210		787	29
30	Aqua Service-boiler mixing valve/storage tank prep	2004	1,205	241	5	241		884	30
31	Aqua Service-boiler mixing valve/storage tank prep	2004	2,906	581	5	581		2,131	31
32	Aqua Service-rebuilt valves,plumbing	2004	3,002	600	5	600		2,201	32
33	ABC-new flooring	2004	2,276	228	10	228		797	33
34	TOTAL (lines 1 thru 33)		\$ 8,482,299	\$ 288,297		\$ 303,052	\$ 14,755	\$ 5,085,972	34

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

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

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		\$ 8,482,299	\$ 288,297		\$ 303,052	\$ 14,755	\$ 5,085,972	1
2	ABC-hot water heater/valve repair	2004	2,215	443	5	443		1,587	2
3	Equipment Int'l-repair laundry equipment	2004	2,305	461	5	461		1,460	3
4	ABC-elevator repairs	2004	3,260	326	10	326		1,087	4
5	GT Mech-Copper Boiler	2005	12,845	1,285	10	1,285		3,640	5
6	Capps-Furnish/Install 1 1/2 RPZ Boiler	2005	1,940	97	20	97		267	6
7	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020	602	10	602		1,605	7
8	DBS Contracting, Inc-Bore Underground for TV	2005	5,750	575	10	575		1,342	8
9	ABC-Bathroom Repairs	2005	4,334	433	10	433		1,010	9
10	Cybor Fire Protection-Sprinkler System Pipe Work	2005	4,500	900	5	900		2,100	10
11	A&B Custom Cable-Install 70 rms antennas	2005	8,120	812	10	812		1,759	11
12	ABC-Patten Repair Generator	2006	5,210	521	10	521		999	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714		1,250	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809	254	15	254		423	14
15	ABC-Window Replacement	2006	28,657	2,866	10	2,866		4,299	15
16	TopNotch Cooler Door	2006	4,300	430	10	430		573	16
17	ABC-Bathroom Repairs	2006	20,841	4,168	5	4,168		5,905	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)		\$ 8,607,117	\$ 303,184		\$ 317,939	\$ 14,755	\$ 5,115,277	34

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

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

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		\$ 8,607,117	\$ 303,184		\$ 317,939	\$ 14,755	\$ 5,115,277	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)		\$ 8,687,216	\$ 305,995		\$ 320,750	\$ 14,755	\$ 5,180,553	34

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

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

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 12D, Carried Forward		\$ 8,687,216	\$ 305,995		\$ 320,750	\$ 14,755	\$ 5,180,553	1
2	Repaved Parking Lot	2007	32,783	182	15	182		182	2
3	Install TV Cabeling/Master Antenna	2007	(3,020)	(201)	10	(201)		(201)	3
4	Chiller Repair	2007	7,225	421	10	421		421	4
5	Installed Compressor	2007	9,517	397	10	397		397	5
6	Freezer Door Repair	2007	4,533	189	10	189		189	6
7	Copper Boiler	2007	(12,845)	(428)	10	(428)		(428)	7
8	Bathroom Repairs	2007	(4,334)	(144)	10	(144)		(144)	8
9	Regraded Detention Pond	2007	6,302	210	10	210		210	9
10	Replaced water pump motors	2007	4,095	102	10	102		102	10
11	New TV Lines	2007	5,750	288	10	288		288	11
12	New Generator Parts	2007	5,210	260	10	260		260	12
13	New Concrete Walks and Curbs	2007	3,809	190	10	190		190	13
14	Replace Sprinkler System	2007	4,500	225	10	225		225	14
15	Window Replacement	2007	8,828	441	10	441		441	15
16	Ceiling, Tiling, Motors, Cabinets, Plumbing	2007	8,034	402	10	402		402	16
17	Thermo Pane Windows, Bathroom mirrors	2007	7,371	369	10	369		369	17
18	Aluminum Windows/Clear Glass	2007	7,229	361	10	361		361	18
19	New Cooler Door	2007	4,300	215	10	215		215	19
20	Parking Lot Paving	2007	12,323	308	10	308		308	20
21	Glazing	2007	15,772	263	10	263		263	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)		\$ 8,814,598	\$ 310,045		\$ 324,800	\$ 14,755	\$ 5,184,603	34

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

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 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	\$ 307,190	\$ 28,775	\$ 28,775	\$		\$ 171,370	71
72	Current Year Purchases	94,641	4,131	4,131			4,131	72
73	Fully Depreciated Assets	827,538	4,151	4,151			827,538	73
74								74
75	TOTALS	\$ 1,229,369	\$ 37,057	\$ 37,057	\$		\$ 1,003,039	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	Bus	Midwest Transit	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77										77
78										78
79	Related Party-AMS	Lumina/Chev/2004	2004	117	29	29		3	117	79
80	TOTALS			\$ 49,943	\$ 29	\$ 29	\$		\$ 49,943	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)	\$ 10,411,143	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 347,131	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 361,886	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,755	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,237,586	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 - costs are 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

10. Effective dates of current rental agreement:

Beginning 06/00

Ending 07/10

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

Fiscal Year Ending Annual Rent

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

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 9,314 Description: Copy Machine Lease

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Transport</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>25,804</u>	17
18					18
19	<u>Related Party- AMS</u>		<u>#####</u>	<u>45,298</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>71,102</u>	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 Report Period Beginning: 1/1/07 Ending: 12/31/07

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
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	\$		\$ 222,305	\$		\$ 222,305	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			20,912			20,912	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			322,572			322,572	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				250,413		250,413	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					(20,935)	155,292		134,357	13
14	TOTAL			\$		\$ 544,854	\$ 405,705		\$ 950,559	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	\$222,304.80
2. ST	39-3	To Col 5	20,912.02
3.			
4. PT	39-3	To Col 5	322,571.64
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			168,831.23
Manual Input from Related Party- Forum Drugs			81,582.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	250,413.23
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	(20,935.00)
Other			278,429.97
Manual Input: Related Party - Prism			(57,779.00)
Manual Input: Related Party FEClI - I.V.			(108,983.00)
Oxygen, from reclass worksheet			46,837.00
Manual Input: Related Party - Wound Care			(3,212.00)
13. Col 6: Supplies Total		To Col 6	155,292.97
13. Total Line 13, Column 8			155,292.97
14. Total			950,559.66

Facility Name & ID Number Alden Valley Ridge Rehab & HCC# 0036640Report Period Beginning: 1/1/07

Ending:

12/31/07

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>117,000</u>)	1,371,575	1,371,575	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		8,769	6
7	Other Prepaid Expenses	5,334		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties</u>	287,029	426,057	9
	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,663,938	\$ 1,806,401	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		290,687	13
14	Buildings, at Historical Cost		7,880,053	14
15	Leasehold Improvements, at Historical Cost	657,928	995,651	15
16	Equipment, at Historical Cost	534,372	1,332,614	16
17	Accumulated Depreciation (book methods)	(901,590)	(5,811,512)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		55,943	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(8,391)	20
21	Restricted Funds		212,548	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Due from Affiliates</u>	3,040,644	3,058,423	23
	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,331,354	\$ 8,006,015	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,995,292	\$ 9,812,416	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 744,516	\$ 744,262	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	168,024	168,024	28
29	Short-Term Notes Payable	1,579,184	1,693,222	29
30	Accrued Salaries Payable	458,490	458,490	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,562	21,562	31
32	Accrued Real Estate Taxes(Sch.IX-B)		206,300	32
33	Accrued Interest Payable	500,111	542,107	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accrual Ins, Expm Idpa, sales tax</u>	67,288	130,268	36
37				37
	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,539,175	\$ 3,964,235	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,433,442	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Shareholder Loan and Accrued Int</u>	241,170	241,170	43
44				44
	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 241,170	\$ 8,674,612	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,780,345	\$ 12,638,847	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,214,947	\$ (2,826,431)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,995,292	\$ 9,812,416	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,054,440	1
2	Restatements (describe):		2
3	external audit adjustments made after 2006 cost report	(6,222)	3
4	was submitted. These have no effect on prior years report		4
5	Bad debt, Medicare revenues (non allowables)		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,048,218	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	166,729	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)	\$ 166,729	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)	\$ 1,214,947	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC# 0036640Report Period Beginning: 1/1/07Ending: 12/31/07**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,563,051	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,563,051	3
B. Ancillary Revenue			
4	Day Care	140	4
5	Other Care for Outpatients		5
6	Therapy	93,827	6
7	Oxygen	41,560	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 135,527	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	1,039	12
13	Barber and Beauty Care	(645)	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	46,185	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 46,579	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,444	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,444	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income/Gain on Sale of Assets	19,960	28
28a	Prior Year Account Adjustments	6,906	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 26,866	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,773,468	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,632,829	31
32	Health Care	3,321,681	32
33	General Administration	2,186,231	33
B. Capital Expense			
34	Ownership	1,339,498	34
C. Ancillary Expense			
35	Special Cost Centers	1,013,167	35
36	Provider Participation Fee	113,333	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,606,739	40
41	Income before Income Taxes (line 30 minus line 40)**	166,729	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 166,729	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 Valley Ridge Rehab & HCC

0036640

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	2,080	2,080	\$ 84,640	\$ 40.69	1
2	Assistant Director of Nursing	4,362	4,626	173,448	37.49	2
3	Registered Nurses	23,287	24,725	759,701	30.73	3
4	Licensed Practical Nurses	22,439	23,959	663,811	27.71	4
5	CNAs & Orderlies	74,241	78,667	988,272	12.56	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,261	2,361	37,143	15.73	8
9	Activity Director	2,080	2,080	36,133	17.37	9
10	Activity Assistants	4,259	4,741	45,309	9.56	10
11	Social Service Workers	2,148	2,148	38,148	17.76	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	72,611	34.91	13
14	Head Cook	5,816	5,824	74,307	12.76	14
15	Cook Helpers/Assistants	26,667	28,347	267,913	9.45	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	33,669	16.19	17
18	Housekeepers	20,490	21,799	212,661	9.76	18
19	Laundry	5,398	6,012	53,363	8.88	19
20	Administrator	2,080	2,080	127,567	61.33	20
21	Assistant Administrator					21
22	Other Administrative	8,296	8,320	194,052	23.32	22
23	Office Manager	2,080	2,080	48,213	23.18	23
24	Clerical	2,707	2,733	22,765	8.33	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	2,080	71,726	34.48	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	2,080	2,080	33,841	16.27	32
33	Other(specify) Alzheimers Super	5,355	5,662	84,698	14.96	33
34	TOTAL (lines 1 - 33)	224,366	236,564	\$ 4,123,991 *	\$ 17.43	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	Monthly	\$ 12,000	35
36	Medical Director	Monthly	18,000	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly	4,968	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	12	2,481	44
45	Social Service Consultant	5	244	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	17	\$ 37,693	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 Valley Ridge Rehab & HCC

0036640

Report Period Beginning: 1/1/07

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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	
Don Dalicandro	Administrator	0	\$ 127,567	Workers' Compensation Insurance	\$ 89,499	IDPH License Fee	\$	
				Unemployment Compensation Insurance	33,416	Advertising: Employee Recruitment		
				FICA Taxes	295,461	Health Care Worker Background Check	310	
				Employee Health Insurance	113,080	(Indicate # of checks performed 31)		
				Employee Meals	15,268	Patient Background Checks	112 1,120	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,100	
				Dental/Life Insurance	1,851	IL Health Care Assoc	8,160	
				Employee Relations/Misc Payroll Costs	3,189	Alliance for Quality Nursing	4,140	
				Tuition Reimbursement/401K Match	2,264	CMS/Bloomington Commerce	1,301	
				Drug Tests/Vaccinations	1,554	Related Party-AMS	1,307	
				Marketing Benefits	(6,944)	Less: Public Relations Expense	()	
				Related Party-AMS	(14)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 127,567	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 17,438
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
\$				\$			\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$	
C. Professional Services								
Vendor/Payee	Type	Amount						
AMS	Management Fees	\$ 725,464					Out-of-State Travel	
Ken Fisch/Barry Greenberg	Legal Fees:Non-Collections	10,488					\$	
Ungarreti & Harris/Laner Muchin	Legal Fees:Non-Collections	35,803						
Attorney Fee Credit	Legal Fees:Non-Collections	(9,557)						
BDO Seidman/Reznick	Accounting Fees	9,163					In-State Travel	
Ken Fisch	Legal Fees:Collections	19,333						
Pathways	Clinical Consultants	5,905						
SMS	Billing Service	2,897						
Medi.Com	Billing Consultants	384						
Urlaub Bowen/McHenry	Consulting Services	2,232					Related Party-AMS	
Esquire Desposition/Cicent/Citi	Consulting Services	1,969					2,863	
Extended Care Info	Computer Fee reclassified	324					Seminar Expense	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			Leadership Training	
\$ 804,405				\$			8,243	
							Aging Parent Solutions/IL Health Care Assoc	
							2,665	
							Five Star Business Expo/IL Diet Association	
							Entertainment Expense	
							()	

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning: 1/1/07

Ending: 12/31/07

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

(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
1	Painting/hvac/pump rep's	2-10/92	\$ 6,223	5	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Plumbing/painting	7-10/94	10,767	5									
3	Painting/hvac repairs	1-12/95	14,370	3-10									
4	Painting/hvac damper rep	1-12/96	21,136	3-10	656	656	378						
5	sprinklers/hvac repairs	5-11/97	12,867	3									
6	hvac repair	6/98	2,089	3									
7	painting>\$1,500 ytd 1999	7/99	10,794	3									
8	ABC(repair pole)	9/00	1,278	3	0								
9	GT Mech.(repair A/C)	8/00	1,545	3	0								
10	painting>\$1,500 ytd 2000	7/00	10,444	3	0								
11	CSI (repalce boiler)	5/01	4,312	3	480								
12	Capps Plumbing	9/01	1,645	3	366								
13	ABC (misc repairs)	10/02	1,392	3	464	348							
14	GT (cooling tower repair)	7/02	2,216	3	739	369							
15	ABC (misc repairs)	09/02	1,774	3	591	395							
16	ABC(misc repairs)	01/03	1,483	3	494	494							
17	AMS - painting	12/03	770	3	257	257	235						
18													
19													
20	TOTALS		\$ 105,105		\$ 4,047	\$ 2,519	\$ 613	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Il. Health Care Assoc. \$8,160
- (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. \$ 41,991 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. N/A
- (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. \$ 113,333
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. \$ 15,268 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not required.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.