

		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:** 0038455

**Facility Name:** Alden Village Health Facility

**Address:** 267 East Lake Street Bloomington 60108  
 Number City Zip Code

**County:** DuPage

**Telephone Number:** (630) 529-3350 **Fax #** (630) 529-9866

**HFS ID Number:** 36-3845800

**Date of Initial License for Current Owners:** 11/02/92

**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
<b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

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

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

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

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

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Joan Carl</u>	
	(Title) <u>Vice-President</u>	
<b>Paid Preparer</b>	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) ( ) _____	Fax # ( ) _____
	<b>MAIL TO: BUREAU OF HEALTH FINANCE</b> <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b> <b>201 S. Grand Avenue East</b> <b>Springfield, IL 62763-0001</b>	

**Phone # (217) 782-1630**

Facility Name & ID Number Alden Village Health Facility

# 0038455 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		Skilled (SNF)			1
2	<u>109</u>	Skilled Pediatric (SNF/PED)	<u>109</u>	<u>39,785</u>	2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>109</u>	TOTALS	<u>109</u>	<u>39,785</u>	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				8	
9	SNF/PED	<u>36,561</u>	<u>106</u>	<u>395</u>	<u>37,062</u>	9
10	ICF				10	
11	ICF/DD				11	
12	SC				12	
13	DD 16 OR LESS				13	
14	TOTALS	<u>36,561</u>	<u>106</u>	<u>395</u>	<u>37,062</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.16%

D. How many bed-hold days during this year were paid by the Department? 512 (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 11/01/92

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

YES  Date 11/01/92 NO

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

YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary \_\_\_\_\_

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 Village Health Facility # 0038455 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	182,401	15,376	9,600	207,377	779	208,156	1,523	209,679			1
2	Food Purchase		570,237		570,237	(20,743)	549,494	(323,760)	225,734			2
3	Housekeeping	127,856	30,653		158,509	693	159,202	2,998	162,200			3
4	Laundry	44,066	10,250		54,316		54,316		54,316			4
5	Heat and Other Utilities			128,669	128,669		128,669	955	129,624			5
6	Maintenance	33,386	143	91,096	124,625		124,625	32,336	156,961			6
7	Other (specify):* <b>Related Party Benefits</b>							7,174	7,174			7
8	<b>TOTAL General Services</b>	<b>387,709</b>	<b>626,659</b>	<b>229,365</b>	<b>1,243,733</b>	<b>(19,271)</b>	<b>1,224,462</b>	<b>(278,773)</b>	<b>945,689</b>			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			45,500	45,500		45,500		45,500			9
10	Nursing and Medical Records	2,767,906	149,871	5,956	2,923,733	405	2,924,138	38,698	2,962,836			10
10a	Therapy					127,522	127,522	19,219	146,741			10a
11	Activities		6,418	191,917	198,335		198,335		198,335			11
12	Social Services	92,326			92,326		92,326		92,326			12
13	CNA Training	29,760			29,760		29,760		29,760			13
14	Program Transportation											14
15	Other (specify):* <b>Related Party Benefits</b>							6,341	6,341			15
16	<b>TOTAL Health Care and Programs</b>	<b>2,889,992</b>	<b>156,289</b>	<b>243,373</b>	<b>3,289,654</b>	<b>127,927</b>	<b>3,417,581</b>	<b>64,258</b>	<b>3,481,839</b>			16
	<b>C. General Administration</b>											
17	Administrative	61,456			61,456		61,456	65,875	127,331			17
18	Directors Fees											18
19	Professional Services			601,694	601,694		601,694	(528,356)	73,339			19
20	Dues, Fees, Subscriptions & Promotions			32,763	32,763		32,763	(15,086)	17,677			20
21	Clerical & General Office Expenses	149,002	15,395	18,671	183,068	129	183,197	250,047	433,244			21
22	Employee Benefits & Payroll Taxes			450,525	450,525	18,737	469,262	(91)	469,171			22
23	Inservice Training & Education											23
24	Travel and Seminar			6,551	6,551		6,551	1,542	8,093			24
25	Other Admin. Staff Transportation			17,686	17,686		17,686	8,969	26,655			25
26	Insurance-Prop.Liab.Malpractice			105,630	105,630	(495)	105,135	158	105,293			26
27	Other (specify):* <b>Related Party Benefits</b>			34,961	34,961		34,961	9,816	44,777			27
28	<b>TOTAL General Administration</b>	<b>210,458</b>	<b>15,395</b>	<b>1,268,481</b>	<b>1,494,334</b>	<b>18,371</b>	<b>1,512,705</b>	<b>(207,125)</b>	<b>1,305,580</b>			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>3,488,159</b>	<b>798,343</b>	<b>1,741,219</b>	<b>6,027,721</b>	<b>127,027</b>	<b>6,154,748</b>	<b>(421,641)</b>	<b>5,733,107</b>			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 Village Health Facility #0038455 Report Period Beginning: 1/1/07 Ending: 12/31/07

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>D. Ownership</b>										
30	Depreciation			53,890	53,890		53,890	34,324	88,214		30
31	Amortization of Pre-Op. & Org.							3,626	3,626		31
32	Interest			110,691	110,691	495	111,186	389,251	500,437		32
33	Real Estate Taxes							57,820	57,820		33
34	Rent-Facility & Grounds			529,704	529,704		529,704	(515,704)	14,000		34
35	Rent-Equipment & Vehicles			31,697	31,697		31,697	27,116	58,813		35
36	Other (specify):* <b>M.I.P.</b>							11,518	11,518		36
37	<b>TOTAL Ownership</b>			725,982	725,982	495	726,477	7,951	734,428		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		57,357	128,952	186,309	(127,522)	58,787	(20,069)	38,718		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			433,559	433,559		433,559		433,559		42
43	Other (specify):* <b>DD Day Training</b>			807,778	807,778		807,778		807,778		43
44	<b>TOTAL Special Cost Centers</b>		57,357	1,370,289	1,427,646	(127,522)	1,300,124	(20,069)	1,280,055		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,488,159	855,700	3,837,490	8,181,349		8,181,349	(433,759)	7,747,590		45

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

Reclassifications - Pgs 3 and 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(20,743.08)	Employee Meals
	22	20,743.08	Employee Meals
10		-	Oxygen Costs
	39	-	Oxygen Costs
26		(105,630.00)	Insurance Expense
	32	105,630.00	Insurance Expense
39		(127,522.00)	CPT Cost/PT/OT/ST Cost (Village)
	10A	127,522.00	CPT Cost/PT/OT/ST Cost (Village)
22		(2,006.48)	Employee Uniforms
	1	779.11	Employee Uniforms
	3	692.75	Employee Uniforms
	4	-	Employee Uniforms
	6	-	Employee Uniforms
	10	405.33	Employee Uniforms
	11	-	Employee Uniforms
	21	129.29	Employee Uniforms
		<hr/>	
		-	

Facility Name & ID Number Alden Village Health Facility

# 0038455

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	(87,555)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(78)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(2,193)	21		17
18	Fines and Penalties	(11,078)	32		18
19	Entertainment	(100)	20		19
20	Contributions	(1,199)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(90)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(34,961)	27		24
25	Fund Raising, Advertising and Promotional	(13,257)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	112	20		28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (150,399)		\$	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)	(184,408)	Various	34
35	Other- Attach Schedule	(98,952)	PG-5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (283,360)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (433,759)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

## Alden Village Health Facility

ID# 0038455

Report Period Beginning: 1/1/07

Ending: 12/31/07

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees on Utilities	\$ (1,174)	5	1
2	Intercompany Interest	(99,612)	32	2
3	Misc Income - Garnishment Processing	(38)	22	3
4	Misc Income - Jury Duty	(53)	22	4
5	Misc Income - Food Vendor Rebate	(107)	2	5
6	Vendor Settlements-Com Ed-Reclass	(1,149)	21	6
7	Reduce deprec exp on Pg 12 items under \$2500-VL,LLC	(2,999)	30	7
8	Reduce deprec exp on Pg 12 items under \$2500-VL	(931)	30	8
9	Expense capital items > \$2500 on Pg 12 items-VL,LLC	0	6	9
10	Expense capital items > \$2500 on Pg 12 items-VL	659	6	10
11	Reduce deprec exp on Pg 13 items under \$2500	(1,053)	30	11
12	Expense capital items > \$2500 on Pg 13 items	10,138	6	12
13	Backout PAC fees	(1,910)	20	13
14	Record Depreciation for Deffered Maint.	867	6	14
15	Adjusted Fixed assets to Detail	(2,285)	30	15
16	Bank Fees Paid by LLC	(29)	21	16
17	Leader Training Adjustment	128	24	17
18	Vendor Settlements- Multiit Callone	150	21	18
19	Vendor Settlements - Multiit Corporation & Ashman	100	6	19
20	Vendor Settlements - Chemcraft Industries Inc.	899	2	20
21	Eliminate non - care G & A costs	(38)	21	21
22	Eliminate non - care R & M costs	(38)	6	22
23	Backout PAC fees -IL Health Care Assoc	(300)	24	23
24	Backed out Digital Dep & Video Fees	(178)	19	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	<b>Total</b>	(98,952)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

1/1/07

Ending:

12/31/07

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	4,300	(2,777)	0	0	0	0	0	0	0	1,523	1
2	Food Purchase	714	0	0	(324,474)	0	0	0	0	0	0	0	(323,760)	2
3	Housekeeping	0	0	2,998	0	0	0	0	0	0	0	0	2,998	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,174)	0	2,129	0	0	0	0	0	0	0	0	955	5
6	Maintenance	11,726	0	21,111	0	0	0	(501)	0	0	0	0	32,336	6
7	Other (specify):*	0	0	4,812	2,362	0	0	0	0	0	0	0	7,174	7
8	<b>TOTAL General Services</b>	<b>11,267</b>	<b>0</b>	<b>35,350</b>	<b>(324,889)</b>	<b>0</b>	<b>0</b>	<b>(501)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(278,773)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	36,328	1,707	663	0	0	0	0	0	0	38,698	10
10a	Therapy	0	0	0	0	0	19,219	0	0	0	0	0	19,219	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	6,341	0	0	0	0	0	0	0	0	6,341	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>42,669</b>	<b>1,707</b>	<b>663</b>	<b>19,219</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64,258</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	65,875	0	0	0	0	0	0	0	0	65,875	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(268)	4,850	(532,938)	0	0	0	0	0	0	0	0	(528,356)	19
20	Fees, Subscriptions & Promotions	(16,354)	904	364	0	0	0	0	0	0	0	0	(15,086)	20
21	Clerical & General Office Expenses	(3,259)	19,329	180,265	52,605	1,107	0	0	0	0	0	0	250,047	21
22	Employee Benefits & Payroll Taxes	(91)	0	0	0	0	0	0	0	0	0	0	(91)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(172)	0	1,714	0	0	0	0	0	0	0	0	1,542	24
25	Other Admin. Staff Transportation	0	0	8,969	0	0	0	0	0	0	0	0	8,969	25
26	Insurance-Prop.Liab.Malpractice	0	0	158	0	0	0	0	0	0	0	0	158	26
27	Other (specify):*	(34,961)	0	39,934	4,913	(70)	0	0	0	0	0	0	9,816	27
28	<b>TOTAL General Administration</b>	<b>(55,104)</b>	<b>25,083</b>	<b>(235,659)</b>	<b>57,518</b>	<b>1,037</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(207,125)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(43,838)</b>	<b>25,083</b>	<b>(157,640)</b>	<b>(265,664)</b>	<b>1,700</b>	<b>19,219</b>	<b>(501)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(421,641)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Health Facility

# 0038455

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	(94,823)	124,394	3,226	0	1,527	0	0	0	0	0	0	34,324	30
31	Amortization of Pre-Op. & Org.	0	3,578	48	0	0	0	0	0	0	0	0	3,626	31
32	Interest	(110,690)	404,467	95,371	0	63	40	0	0	0	0	0	389,251	32
33	Real Estate Taxes	0	54,518	3,282	0	20	0	0	0	0	0	0	57,820	33
34	Rent-Facility & Grounds	0	(515,704)	0	0	0	0	0	0	0	0	0	(515,704)	34
35	Rent-Equipment & Vehicles	0	0	27,116	0	0	0	0	0	0	0	0	27,116	35
36	Other (specify):*	0	11,518	0	0	0	0	0	0	0	0	0	11,518	36
37	<b>TOTAL Ownership</b>	<b>(205,513)</b>	<b>82,771</b>	<b>129,043</b>	<b>0</b>	<b>1,610</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,951</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(22,347)	2,278	0	0	0	0	0	0	(20,069)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(22,347)</b>	<b>2,278</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(20,069)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(249,351)</b>	<b>107,854</b>	<b>(28,597)</b>	<b>(288,011)</b>	<b>5,588</b>	<b>19,259</b>	<b>(501)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(433,759)</b>	<b>45</b>

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

1/1/07

Ending:

12/31/07

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group,Ltd.	100	See Pg 6K		See Pg 6K		General Contractor

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 515,704	Village II, Inc.		\$	\$ (515,704)	1
2	V	32 Investment Income - RR		Village II, Inc.				2
3	V	19 Accounting Fee		Village II, Inc.	100.00%	4,850	4,850	3
4	V	20 Licenses & Inspections		Village II, Inc.	100.00%	104	104	4
5	V	33 Real Estate Tax		Village II, Inc.	100.00%	54,518	54,518	5
6	V	20 Dues & Subscriptions		Village II, Inc.	100.00%	800	800	6
7	V	32 Interest On Mortg. Note		Village II, Inc.	100.00%	404,467	404,467	7
8	V	36 Mortgage Insurance Premium		Village II, Inc.	100.00%	11,518	11,518	8
9	V	30 Depreciation		Village II, Inc.	100.00%	124,394	124,394	9
10	V	31 Fines & Penalties		Village II, Inc.	100.00%	3,578	3,578	10
11	V	21 General Insurance expense		Village II, Inc.	100.00%	19,300	19,300	11
12	V	21 Bank Fees		Village II, Inc.	100.00%	29	29	12
13	V			Village II, Inc.				13
14	Total		\$ 515,704			\$ 623,558	\$ * 107,854	14

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

Facility Name & ID Number Alden Village Health Facility # 0038455 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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
		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%	\$ 2,129	\$ 2,129	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		1,714	1,714	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		8,969	8,969	17
18	V	26	Insurance		Alden Management Services, Inc.		158	158	18
19	V	20	Dues & Subscriptions		Alden Management Services, Inc.		364	364	19
20	V	30	Depreciation		Alden Management Services, Inc.		3,226	3,226	20
21	V	31	Amortization		Alden Management Services, Inc.		48	48	21
22	V	33	Real Estate Tax		Alden Management Services, Inc.		3,282	3,282	22
23	V	35	Rent -Equip & Vehicles		Alden Management Services, Inc.		27,116	27,116	23
24	V	32	Interest		Alden Management Services, Inc.		95,371	95,371	24
25	V	1	Dietary		Alden Management Services, Inc.		4,300	4,300	25
26	V	3	Housekeeping		Alden Management Services, Inc.		2,998	2,998	26
27	V	7	Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		4,812	4,812	27
28	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		36,328	36,328	28
29	V	15	Employee Benefits -Health Care		Alden Management Services, Inc.		6,341	6,341	29
30	V	17	Administrative Salary		Alden Management Services, Inc.		65,875	65,875	30
31	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		39,934	39,934	31
32	V	19	Professional Fees	565,364	Alden Management Services, Inc.		32,426	(532,938)	32
33	V	21	Gen'I & Admin		Alden Management Services, Inc.		180,265	180,265	33
34	V	6	Repair & Maint.	6,341	Alden Management Services, Inc.		27,452	21,111	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 571,705				\$ 543,108	\$ * (28,597)	39

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

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

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	\$ 9,600	Prism Health Care Services, Inc.	0.00%	\$ 3,299	\$ (6,301)	15
16	V	1	Dietarty Salary		Prism Health Care Services, Inc.		3,524	3,524	16
17	V	2	Tube Feeding	422,068	Prism Health Care Services, Inc.		97,594	(324,474)	17
18	V	10	Equip. Rental	3,060	Prism Health Care Services, Inc.		4,767	1,707	18
19	V	39	Ancillary Supplies	49,044	Prism Health Care Services, Inc.		26,697	(22,347)	19
20	V	21	Gen'L & Admin Salary		Prism Health Care Services, Inc.		20,934	20,934	20
21	V	27	Employee Benefits		Prism Health Care Services, Inc.		4,913	4,913	21
22	V	7	Employee Benefits		Prism Health Care Services, Inc.		2,362	2,362	22
23	V	21	Gen'l & Admin		Prism Health Care Services, Inc.		31,671	31,671	23
24	V				Prism Health Care Services, Inc.				24
25	V				Prism Health Care Services, Inc.				25
26	V				Prism Health Care Services, Inc.				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		\$ 483,772				\$ 195,761	\$ * (288,011)	39

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

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

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	\$ 5,789	Forum Extended Care Services II, Inc.	0.00%	\$ 8,586	\$ 2,797	15
16	V	39	IV		Forum Extended Care Services II, Inc.				16
17	V	39	Wound Care	2,525	Forum Extended Care Services II, Inc.		2,006	(519)	17
18	V	10	House Stock	5,212	Forum Extended Care Services II, Inc.		4,974	(238)	18
19	V	10	Pharmacy Consultant	2,616	Forum Extended Care Services II, Inc.		3,517	901	19
20	V	27	Employee Vaccin.	690	Forum Extended Care Services II, Inc.		542	(148)	20
21	V	27	Employee Benefits: G&A		Forum Extended Care Services II, Inc.		78	78	21
22	V	21	Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		594	594	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		513	513	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		63	63	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		20	20	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		\$ 16,832				\$ 22,420	\$ * 5,588	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	10a	Therapy		\$ 128,208	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 147,427	\$ 19,219	15
16	V	32	Interest			Community Physical Therapy & Associates, Ltd.		40	40	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				\$ 128,208			\$ 147,467	\$ * 19,259	39

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

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs and Maintenance	\$ 36,790	Alden Bennett Construction Company, Inc.	0.00%	\$ 36,289	\$ (501)	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			\$ 36,790			\$ 36,289	\$ *	(501) 39

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

STATE OF ILLINIOS

Facility Name & ID Number

Alden Village Health Facility

Provider No.

# 42051

Report Period Beginning:

1/1/2007

Ending:

12/31/2007

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

Facility Name & ID Number Alden Village Health Facility # 0038455 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	165,511	1.284	0.03	Salary	\$ 5,489	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	62,410	1.284	0.03	Salary	2,070	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	36,742	1.284	0.03	Salary	1,218	6-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										7
8	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 8,777		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 Village Health Facility

# 0038455

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	\$ 37,062	\$ 2,129	1
2	24	Trav & Seminar	Patient Days	1,154,703	29	53,403	37,062	1,714	2
3	25	Other Admin Travel	Patient Days	1,154,703	29	279,431	37,062	8,969	3
4	26	Insurance	Patient Days	1,154,703	29	4,925	37,062	158	4
5	20	Dues & Subscriptions	Patient Days	1,154,703	29	11,328	37,062	364	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	37,062	48	7
8	33	Real Estate Tax	Patient Days/ysage	1,154,703	29	102,246	37,062	3,282	8
9	35	Rent-Equip & Vehicle	Patient Days	1,154,703	29	844,835	37,062	27,116	9
10	32	Interest	Patient Days/usage	1,154,703	29	2,971,377	37,062	95,371	10
11	1	Dietary	Patient Days	1,154,703	29	133,965	133,965	4,300	11
12	3	Housekeeping	Patient Days	1,154,703	29	93,421	93,421	2,998	12
13	7	Employee Benefits -Gen'I Servs	Patient Days	1,154,703	29	149,914	37,062	4,812	13
14	10	Nurs & Med Records Salary	Patient Days	1,154,703	29	1,131,835	1,178,420	36,328	14
15	15	Employee Benefits -Health Care	Patient Days	1,154,703	29	197,574	37,062	6,341	15
16	17	Administrative Salary	Patient Days/usage	1,154,703	29	2,052,400	1,946,420	65,875	16
17	27	Employee Benefits - Admin	Patient Days	1,154,703	29	1,244,181	37,062	39,934	17
18	19	Professional fees	Patient Days	1,154,703	29	1,010,272	531,592	32,426	18
19	21	Gen'I & Admin	Patient Days	1,154,703	29	5,616,348	4,942,836	180,265	19
20	6	Repair & Maint.	Patient Days	1,154,703	29	855,298	666,770	27,452	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,914,136	\$ 9,493,424	\$ 543,108	25

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Cambridge		X	Mortgage	Interest only	8/29/06	\$ 15,170,896	\$ 9,978,582	None	6.5000	\$ 404,467	1								
2												2								
3												3								
4												4								
5	Insurance Interest-see reclass		x	Malpractice Insurance							496	5								
<b>Working Capital</b>																				
6	Related Party - CPT	X		Working Capital							40	6								
7	Related Party - AMS	X		Working Capital							95,371	7								
8	Related Party - FECII	X		Working Capital							63	8								
9	<b>TOTAL Facility Related</b>						\$ 15,170,896	\$ 9,978,582			\$ 500,437	9								
<b>B. Non-Facility Related*</b>																				
10	None											10								
11												11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 15,170,896	\$ 9,978,582			\$ 500,437	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 11,518 Line # 36

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

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

Facility Name & ID Number Alden Village Health Facility

# 0038455 Report Period Beginning: 1/1/07

Ending: 12/31/07

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

B. Real Estate Taxes

<p><b>Important</b>, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2006 report.		\$ 52,500	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.)		\$ 52,718	2
3. Under or (over) accrual (line 2 minus line 1).		\$ 218	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 54,300	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.		\$ 54,518	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2002	48,589	8
	2003	47,468	9
	2004	49,415	10
	2005	50,979	11
	2006	52,283	12
<b>The current year accrual is based on an estimated 3% increase of the prior year tax.</b>			
<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 Village Health Facility COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0038455

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>3,282.00</u>
2. <u>See Attached (12 Pg Supplement)</u>	<u>Related Party-Forum Professional Cen</u>	\$ <u>37,806.00</u>	\$ <u>20.00</u>
3. <u>02-14-107-027</u>	<u>Nursing Homes Facility</u>	\$ <u>5,274.75</u>	\$ <u>5,274.75</u>
4. <u>02-14-107-028</u>	<u>Nursing Homes Facility</u>	\$ <u>49,200.82</u>	\$ <u>49,200.82</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>333,680.57</u>	\$ <u>57,777.57</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 Village Health Facility

# 0038455 Report Period Beginning:

1/1/07 Ending:

12/31/07

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 30,726 B. General Construction Type: Exterior Brick Frame Steele Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1			1992	\$ 135,758	1
2					2
3	TOTALS			\$ 135,758	3

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

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	109		1992	1973	639,042		30			639,042	4
5			1984	1984	706,283	87,555	15		(87,555)	706,283	5
6											6
7											7
8		Related Party-Forum		1978	14,541		25			14,541	8
		Improvement Type**									
9		Repair Heater pump, replace temp controller		1992	2,131		10			2,131	9
10		Water heater moyor;valve repair		1993	9,288	101	5-15	101		9,212	10
11		Carpentry work, water heater repair		1994	63,064	2,677	3-15	2,677		59,940	11
12		Fire alarm repairs; brickwork; install circuits		1995	185,123	6,151	3-25	6,151		119,855	12
13		Village construction		1996	14,046	562	25	562		7,164	13
14		Install fire door		1996	2,977	198	15	198		2,348	14
15		Replace compressor		1997	1,825		5			1,825	15
16		Roof patching		1998	1,700	170	10	170		1,643	16
17		Replace condensing unit		1998	4,810	321	15	321		3,047	17
18		install damper motor & detector		1998	2,104	140	15	140		1,297	18
19		Replace furnace equipment		1999	1,827	122	15	122		1,097	19
20		install automatic door		1999	8,107	811	10	811		6,756	20
21		Install display and digital phones		2000	1,726	173	10	173		1,281	21
22		Replace HVAC burners		2000	1,607		3			1,607	22
23		Replace 5 ton condensing unit		2000	1,950		5			1,950	23
24		Install 100 amp disconnect and cable		2000	1,920		5			1,920	24
25		Roof repair		2000	1,583		5			1,583	25
26		Door Alarms		2001	19,015	1,902	10	1,902		12,361	26
27		Display phone and digital phone		2001	1,609	161	10	161		1,113	27
28		ABC (misc. repairs)		2002	2,362		5			2,362	28
29		Capps Plumbing (gas regulators for main gas to building)		2002	4,375	438	10	438		2,590	29
30		GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350	535	10	535		2,987	30
31		ABC (wall mounted eye wash)		2002	2,507	251	10	251		1,359	31
32		ABC (misc. repairs)		2002	1,800	210	5	210		1,800	32
33											33
34											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 &amp; ID Number Alden Village Health Facility

# 0038455

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	ABC=-Parking lot repairs	2003	\$ 20,730	\$ 2,073	10	\$ 2,073	\$	\$ 10,365	37
38	ABC- misc construction	2003	7,580	758	10	758		3,222	38
39	Capps basemtn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200	320	10	320		1,547	40
41	GT Mechanical-A/C repair	2003	1,773	355	5	355		1,596	41
42	Capps- install new shower drain	2003	1,215	61	20	61		254	42
43	ABC- roof repair	2003	10,121	1,012	10	1,012		4,133	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		2,475	44
45	Patton Ind-gernerator repair	2004	2,050	205	10	205		700	45
46	ABC - roof repairs	2004	1,918	192	10	192		672	46
47	GT Mechanical-heater repair	2004	1,506	151	10	151		477	47
48	GT Mechanical-heater repair	2004	1,878	188	10	188		579	48
49	ABC-roof repairs	2004	3,356	336	10	336		1,006	49
50	ABC-new tile	2004	9,043	904	10	904		3,466	50
51	ABC-doors	2004	3,293	220	15	220		842	51
52	ABC-roof canopy	2004	3,581	358	10	358		1,343	52
53	ABC-new 2nd water heater	2004	14,644	976	15	976		3,416	53
54	TNS, Inc-rewire for DSL	2004	1,512	151	10	151		592	54
55	ABC-various remodeling	2004	4,661	932	5	932		3,495	55
56	ABC-new water heater for kitchen	2004	14,644	976	15	976		3,416	56
57	ABC-bathroom remodel	2004	1,641	328	5	328		1,039	57
58	ABC-install metal door	2004	1,227	123	10	123		410	58
59	Capps Plumbing-install 2 discharge lines	2005	865	173	5	173		375	59
60	Patton Ind-gernerator repair	2005	1,747	349	5	349		873	60
61	Oak Fire-change out 30 detectors	2005	1,885	377	5	377		1,068	61
62	Equipment International-washer repairs	2005	1,905	381	5	381		826	62
63	ABC-firestop installation	2005	3,213	321	10	321		696	63
64	GT Mechanical-replace 5 ton York RTU	2005	6,160	616	10	616		1,489	64
65	GT Mechanical-replace storage tank	2005	8,935	894	10	894		2,533	65
66	ABC-diswasher repairs	2006	6,824	682	10	682		1,308	66
67	ABC - elevator pump	2006	10,042	502	20	502		586	67
68	ABC - elevator power supply	2006	4,974	249	20	249		270	68
69	Oak Fire - replace smoke detectors	2006	2,655	266	10	266		288	69
70	TOTAL (lines 4 thru 69)		\$ 1,873,893	\$ 118,539		\$ 30,984	\$ (87,555)	\$ 1,667,421	70

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

Facility Name & ID Number Alden Village Health Facility

# 0038455

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		\$ 1,873,893	\$ 118,539		\$ 30,984	\$ (87,555)	\$ 1,667,421	1
2	ABC -firewalls to existing bldg	2007	29,867	996	10	996		996	2
3	ABC -replace hand rails	2007	17,618	685	15	685		685	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	81	10	81		81	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,926,228	\$ 120,301		\$ 32,746	\$ (87,555)	\$ 1,669,183	34

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

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

1/1/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 1,926,228	\$ 120,301		\$ 32,746	\$ (87,555)	\$ 1,669,183	1
2									2
3	<b>Related Party-Forum Prof Center Building:</b>								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,204	200	16	200		2,604	8
9	Leasehold Improvement-Build.Improv.	1996	1,130	71	16	71		843	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		95	11
12	Leasehold Improvement-Bathrooms	2002	667	73	7	73		391	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		819	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	2,050	391	7	391		1,213	14
15	Leasehold Improvement-sidewalks-City of Chic.	2007	106	21	5	21		21	15
16	Leasehold Improvement-Carpet: Superior Install.	2007	97	19	5	19		19	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	841	168	5	168		168	17
18	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	18
19	Leasehold Improvement-Add-on Improvement, lighting base	2001	123		5			123	19
20	Leasehold Improvements-fire extinguishers	2007	10	2	5	2		2	20
21									21
22									22
23									23
24	<b>Related Party-AMS:</b>								24
25	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	25
26	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		3,386	26
27	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		3,525	27
28									28
29									29
30	<b>Forum Extended Care, LLC-building/building improv</b>	1999	10,485	266	30	266		2,420	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,006,327	\$ 123,111		\$ 35,556	\$ (87,555)	\$ 1,734,459	34

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

Facility Name & ID Number Alden Village Health Facility # 0038455 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	\$ 534,476	\$ 39,677	\$ 39,677	\$		\$ 346,692	71
72	Current Year Purchases	212	14	14			14	72
73	Fully Depreciated Assets	220,408	833	833			220,408	73
74								74
75	TOTALS	\$ 755,096	\$ 40,524	\$ 40,524	\$		\$ 567,114	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 Purch-Anrie Yusim		2004	\$ 45,183	\$ 9,037	\$ 9,037	\$	5	\$ 31,628	76
77	Bus Purch AMS transfer		2000	49,938					49,938	77
78	Bus repairs		2006	15,901	3,067	3,067		5	4,718	78
79	Related Party-AMS	Lumina/Chev/2004	2004	117	29	29		3	117	79
80	TOTALS			\$ 111,140	\$ 12,133	\$ 12,133	\$		\$ 86,401	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)		\$ 3,008,321	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 175,769	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 88,214	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ (87,555)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 2,387,974	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	Addition	\$ 6,101,649	92
93			93
94			94
95		\$ 6,101,649	95

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

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

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning 04/01/99

Ending 3/31/2019

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: \$ 8,129 Description: Copy machine lease \$ 8129

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party -AMS</u>		\$ <u>#####</u>	\$ <u>27,116</u>	17
18	<u>Vehicle Lease</u>		\$ <u>#####</u>	\$ <u>23,568</u>	18
19					19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>50,684</u>	21

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="text" value="22"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>COMMUNITY COLLEGE <input type="text"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="text" value="22"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>HOURS PER CNA <u>80</u></p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1 Drop-outs	2 Completed	3 Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)		7,920		7,920
4	Clinical Wages (b)		15,840		15,840
5	In-House Trainer Wages (c)		6,000		6,000
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 29,760	\$	\$ 29,760
10	SUM OF line 9, col. 1 and 2 (e)	\$	29,760		

C. CONTRACTUAL INCOME

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

\$ Not Applicable

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	<u>22</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	<b>22</b>

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

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

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

1/1/07

Ending:

12/31/07

## 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	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							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				8,586		8,586	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						30,133		30,133	13
14	TOTAL			\$		\$	\$ 38,718		\$ 38,718	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.	Col. No.
1. OT	39-3	To Col 5	\$41,972.78
2. ST	39-3	To Col 5	10,510.32
3.			
4. PT	39-3	To Col 5	75,038.65
5.			
6.			
7.			
8.			
			<u>127,521.75</u>
<b>Less: OT, ST, &amp; PT costs - reclassified to 10A for DD facilities</b>			<u>127,521.75</u> <b>0.00</b>
Pharmacy Supplies per GL			5,788.67
Manual Input from Related Party- Forum Drugs			2,797.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	<u><b>8,585.67</b></u>
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)			<u><b>0.00</b></u>
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	0.00
Other			52,998.69
Manual Input: Related Party - Pyramid			(22,347.00)
Manual Input: Related Party FECII - Wound Care			(519.00)
Oxygen, from reclass worksheet			0.00
13. Col 6: Supplies Total		To Col 6	<u><b>30,132.69</b></u>
13. Total Line 13, Column 8			<u>30,132.69</u>
14. Total			<u><u><b>38,718.36</b></u></u>

Facility Name & ID Number Alden Village Health Facility# 0038455Report Period Beginning: 1/1/07

Ending:

12/31/07

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$ 14,711	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (2,000) )	3,255,805	3,255,805	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		12,873	6
7	Other Prepaid Expenses	7,816	68,780	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	175,050	175,050	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 3,438,671	\$ 3,527,219	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		3,414,649	14
15	Leasehold Improvements, at Historical Cost	653,676	1,112,850	15
16	Equipment, at Historical Cost	420,980	425,878	16
17	Accumulated Depreciation (book methods)	(769,678)	(1,831,501)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe CIP & FIN Fees)		6,567,789	22
23	Other(specify): <u>Due from Affiliates</u>	816,237	390,606	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 1,121,215	\$ 10,660,271	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 4,559,886	\$ 14,187,490	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 922,913	\$ 924,463	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,498	5,498	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	388,901	388,901	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	19,394	73,694	32
33	Accrued Interest Payable		55,087	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accrued expenses</u>	19,901	19,901	36
37	<u>Due to IDPA for Audits</u>	3,956	3,956	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 1,360,563	\$ 1,471,500	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,978,583	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$ 9,978,583	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 1,360,563	\$ 11,450,083	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 3,199,323	\$ 2,737,407	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 4,559,886	\$ 14,187,490	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,047,524	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,047,524	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	151,799	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	<b>\$ 151,799</b>	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	<b>\$</b>	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	<b>\$ 3,199,323</b>	24 *

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

Facility Name & ID Number Alden Village Health Facility# 0038455Report Period Beginning: 1/1/07Ending: 12/31/07**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 7,431,166	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 7,431,166	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	692	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		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 692	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Day Training Income	902,467	28
28a	Jury Dut,Food Rebate,Wage Fee, Adj to prior yr costs	(1,177)	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 901,290	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 8,333,148	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,243,733	31
32	Health Care	3,289,654	32
33	General Administration	1,494,334	33
<b>B. Capital Expense</b>			
34	Ownership	725,982	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	994,087	35
36	Provider Participation Fee	433,559	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 8,181,349	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	151,799	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 151,799	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 Village Health Facility

# 0038455

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	480	480	\$ 20,228	\$ 42.14	1
2	Assistant Director of Nursing					2
3	Registered Nurses	22,702	24,867	688,483	27.69	3
4	Licensed Practical Nurses	7,300	7,857	190,585	24.26	4
5	CNAs & Orderlies					5
6	CNA Trainees	2,640	2,640	23,760	9.00	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,560	1,560	29,032	18.61	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,334	17,864	153,369	8.59	15
16	Dishwashers					16
17	Maintenance Workers	1,560	1,560	33,386	21.40	17
18	Housekeepers	10,891	11,404	127,855	11.21	18
19	Laundry	4,869	5,157	44,066	8.54	19
20	Administrator	1,792	1,792	58,898	32.87	20
21	Assistant Administrator	160	160	2,558	15.99	21
22	Other Administrative	3,102	3,120	102,516	32.86	22
23	Office Manager	2,072	2,072	26,758	12.91	23
24	Clerical	2,373	2,446	19,729	8.07	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	153,866	163,130	1,942,163	11.91	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) DT Transportation	2,080	2,080	24,773	11.91	33
34	TOTAL (lines 1 - 33)	233,781	248,189	\$ 3,488,159 *	\$ 14.05	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	\$ 9,600	1-3	35
36	Medical Director	Monthly	45,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,616	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	3,228	190,466	11-3	44
45	Social Service Consultant	13	756	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	3,241	\$ 248,938		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 Village Health Facility

Report Period Beginning: 1/1/07 Ending:

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	Wash Condenser	5/93	\$ 3,238	10	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Circulator pump	11/94	2,100	10	175	0							
3	Compressor A/C	11/94	2,191	15	146	146	146	146	146				
4	Circulator Pump	1/95	1,621	10	162	0							
5	Relocating water pipe	7/95	1,908	15	127	127	127	127	127				
6	Rooftop repair	9/96	3,545	10	354	354	236						
7	Repair A/C	6/98	3,650	3									
8	Replace blowers	10/98	2,620	3									
9	replace blowers	10/98	2,115	3									
10	Thermometer on heater	8/99	1,502	3									
11	Repair water main and tie	5/00	1,572	3	0								
12	Repair CAT equip	11/00	1,855	3	0								
13	General repairs	7/01	1,550	3	258	0							
14	RPZ repair and cert	7/01	2,781	3	541	0							
15	General repairs	9/01	1,766	3	442	0							
16	General Maintenance	11/01	2,362	3	722	0							
17	Heater repairs	02/05	1,550	5		285	155	0					
18													
19													
20	TOTALS		\$ 37,926		\$ 2,926	\$ 912	\$ 664	\$ 273	\$ 273	\$	\$	\$	\$

Facility Name &amp; ID Number Alden Village Health Facility

**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. \$4,608
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 46,923 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. \$ 433,559  
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. \$ 20,743 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 107
- (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? Yes**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ 88,596**
- (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.