

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	248	Skilled (SNF)	248	90,768	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	248	TOTALS	248	90,768	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	9,698	1,692	7,164	18,554	8
9	SNF/PED					9
10	ICF	38,425	2,448	364	41,237	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,123	4,140	7,528	59,791	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.87%

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

none (Do not include bed-hold days in Section B.)

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

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

none

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 03/01/95

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

YES Date 03/01/95 NO

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

YES NO If YES, enter number of beds certified 208 and days of care provided 5,881

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: 12/31/08 Fiscal Year: 12/31/08

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Long Grove Rehab & Health Care Cen # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	352,612	25,350	10,800	388,762	1,752	390,514	5,113	395,627		1
2	Food Purchase		409,410		409,410	(31,838)	377,572	(20,237)	357,335		2
3	Housekeeping	210,618	34,170		244,788	802	245,590	4,820	250,410		3
4	Laundry	42,833	17,302		60,135	347	60,482		60,482		4
5	Heat and Other Utilities			250,221	250,221		250,221	(273)	249,948		5
6	Maintenance	38,081		213,696	251,777	220	251,997	30,499	282,496		6
7	Other (specify):* Security & Rel Party	98,584			98,584		98,584	7,312	105,896		7
8	TOTAL General Services	742,728	486,232	474,717	1,703,677	(28,717)	1,674,960	27,234	1,702,194		8
	B. Health Care and Programs										
9	Medical Director			25,400	25,400		25,400		25,400		9
10	Nursing and Medical Records	3,442,035	305,201	7,488	3,754,724	(56,585)	3,698,139	60,183	3,758,322		10
10a	Therapy	31,238			31,238		31,238		31,238		10a
11	Activities	171,818	7,973	6,772	186,563	176	186,739		186,739		11
12	Social Services	35,840			35,840		35,840		35,840		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party benef							9,266	9,266		15
16	TOTAL Health Care and Programs	3,680,931	313,174	39,660	4,033,765	(56,409)	3,977,356	69,449	4,046,805		16
	C. General Administration										
17	Administrative	21,335			21,335		21,335	158,013	179,348		17
18	Directors Fees										18
19	Professional Services			772,175	772,175	(16,039)	756,136	(684,773)	71,363		19
20	Dues, Fees, Subscriptions & Promotions			81,586	81,586		81,586	(65,491)	16,095		20
21	Clerical & General Office Expenses	241,360	23,615	82,209	347,184	423	347,607	230,393	578,000		21
22	Employee Benefits & Payroll Taxes			582,276	582,276	22,288	604,564	(13,898)	590,666		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,325	8,325		8,325	3,181	11,506		24
25	Other Admin. Staff Transportation			7,435	7,435		7,435	14,478	21,913		25
26	Insurance-Prop.Liab.Malpractice			286,677	286,677	(2,147)	284,530	237	284,767		26
27	Other (specify):* Bad Debt & relat party benef			82,984	82,984		82,984	(21,664)	61,320		27
28	TOTAL General Administration	262,695	23,615	1,903,667	2,189,977	4,525	2,194,502	(379,524)	1,814,978		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,686,354	823,021	2,418,044	7,927,419	(80,601)	7,846,818	(282,841)	7,563,977		29

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

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center #0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

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			232,649	232,649		232,649	(12,220)	220,429		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			140,257	140,257	(3,349)	136,908	(22,243)	114,665		32
33	Real Estate Taxes			157,071	157,071		157,071	5,562	162,633		33
34	Rent-Facility & Grounds			1,367,681	1,367,681		1,367,681		1,367,681		34
35	Rent-Equipment & Vehicles			19,734	19,734		19,734	45,364	65,098		35
36	Other (specify):*										36
37	TOTAL Ownership			1,917,392	1,917,392	(3,349)	1,914,043	16,463	1,930,506		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		469,122	595,260	1,064,382	83,950	1,148,332	(86,219)	1,062,113		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			136,152	136,152		136,152		136,152		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		469,122	731,412	1,200,534	83,950	1,284,484	(86,219)	1,198,265		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,686,354	1,292,143	5,066,848	11,045,345		11,045,345	(352,597)	10,692,748		45

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

Alden Long Grove Rehab & Health Care Center

IDPH Facility ID Number: #0040683

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2008

Report Period Ending: 12/31/2008

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(31,838.00)	Employee Meals
	22	31,838.00	Employee Meals
22		(9,550.00)	Uniforms
	10	5,830.00	Uniforms
	1	1,752.00	Uniforms
	3	802.00	Uniforms
	4	347.00	Uniforms
	6	220.00	Uniforms
	11	176.00	Uniforms
	21	423.00	Uniforms
26		(2,147.00)	Interest - old policy/curr yr portion
	32	2,147.00	Interest - old policy/curr yr portion
10		(83,950.00)	Oxygen - to appropriate cost center
	39	83,950.00	Oxygen - to appropriate cost center
<u>Others, if any:</u>			
19		(16,039.00)	Reclass Clinical Coordinators (Pathways) to Ln 10
	10	16,039.00	Reclass Clinical Coordinators (Pathways) to Ln 10
32		(5,496.00)	reclass Settlement from Dept of Labor to Nursing
	10	5,496.00	reclass Settlement from Dept of Labor to Nursing
Net		<hr/>	-

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning: 1/1/08

Ending: 12/31/08

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	(4,500)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(10,189)	30		9
10	Interest and Other Investment Income	(3,483)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,082)	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	53	21		17
18	Fines and Penalties	(28,069)	32		18
19	Entertainment	(1,002)	20		19
20	Contributions	(5,561)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(20,232)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(82,984)	27		24
25	Fund Raising, Advertising and Promotional	(26,404)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(14)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (183,467)		\$	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)	64,181		34
35	Other- Attach Schedule	(233,311)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (169,130)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (352,597)		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			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Alden Long Grove Rehab & Health Care Center

ID# 0040683

Report Period Beginning: 1/1/08

Ending: 12/31/08

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (3,899)	5	1
2	Late Fees on Telephone	(11)	21	2
3	Intercompany Interest	(115,463)	32	3
4	Miscellaneous Income (general)	(158)	2	4
5	Miscellaneous Income (medical records)	(450)	10	5
6	Miscellaneous Income (food rebate)	(2,550)	2	6
7	Marketing Manager & Aides Salaries	(107,626)	21	7
8	Back out Employee Benefit - Marketing Manager	(13,372)	22	8
9	Back out IHCA PAC Fees	(3,923)	20	9
10	Deming Leadership Training adjustment	(1,036)	24	10
11	Eliminate Non Care - Employee Benefit	(526)	22	11
12	Reduce Depreciation exp on pg 12 items <\$2,500	(4,207)	30	12
13	Expense capital items <\$2,500 on pg13	3,395	6	13
14	Reduce Depreciation exp on pg 13 items <\$2,500	(2,014)	30	14
15	Backout Americans for Job Security - PAC Dues	(2,163)	20	15
16	Expense related party CY assets < \$2,500	774	6	16
17	Expense Pg 12 items < \$2,500 CY	16,902	6	17
18	Backout Alliance for Quality Nursing - PAC Dues	(2,480)	20	18
19	Adj for ABC related party profit - Page 12 (\$0.27)		30	19
20	Adj for ABC related party profit - Page 13 (\$0.32)		30	20
21	Add back dept of Labor Settlement	5,496	32	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				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	(233,311)		49

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

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	(16,410)	0	2,842	0	1,348	0	0	0	0	0	0	(12,220)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(141,519)	0	116,919	0	2,357	0	0	0	0	0	0	(22,243)	32
33	Real Estate Taxes	0	0	5,426	0	136	0	0	0	0	0	0	5,562	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	45,364	0	0	0	0	0	0	0	0	45,364	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(157,929)	0	170,551	0	3,841	0	0	0	0	0	0	16,463	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	(54,693)	(8,314)	(23,212)	0	0	0	0	0	(86,219)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(54,693)	(8,314)	(23,212)	0	0	0	0	0	(86,219)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(416,778)	0	103,836	(44,668)	28,472	(23,212)	(247)	0	0	0	0	(352,597)	45

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$		1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

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%	\$ 3,626	\$ 3,626	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		4,217	4,217	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,478	14,478	17
18	V	26 Insurance		Alden Management Services, Inc.		237	237	18
19	V	20 Dues/Subscriptions	24,600	Alden Management Services, Inc.		656	(23,944)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,842	2,842	20
21	V	32 Amortization		Alden Management Services, Inc.		74	74	21
22	V	33 Real Estate Tax		Alden Management Services, Inc.		5,426	5,426	22
23	V	35 Rent-Equip/Vehic		Alden Management Services, Inc.		45,364	45,364	23
24	V	32 Interest		Alden Management Services, Inc.		116,845	116,845	24
25	V	1 Dietary Salary		Alden Management Services, Inc.		6,865	6,865	25
26	V	3 Housekeeping Salary		Alden Management Services, Inc.		4,820	4,820	26
27	V	7 Employee Benef-Gen'l Servs		Alden Management Services, Inc.		6,503	6,503	27
28	V	10 Nurs/Med Rec Salary		Alden Management Services, Inc.		54,979	54,979	28
29	V	15 Employee Benef-Health Care		Alden Management Services, Inc.		9,266	9,266	29
30	V	17 Administrative Salary		Alden Management Services, Inc.		158,013	158,013	30
31	V	27 Employee Benef-Administrative		Alden Management Services, Inc.		57,163	57,163	31
32	V	19 Professional Fees	712,636	Alden Management Services, Inc.		48,095	(664,541)	32
33	V	21 Gen'l & Admin		Alden Management Services, Inc.		287,428	287,428	33
34	V	6 Repair & Mainten.	26,690	Alden Management Services, Inc.		40,865	14,175	34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 763,926			\$ 867,762	\$ * 103,836	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,733	\$ (8,067)	15
16	V	1 Dietary Salaries		Prism Health Care Services, Inc.		6,315	6,315	16
17	V	2 Tube Feeding	52,977	Prism Health Care Services, Inc.		36,530	(16,447)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		9,911	3,251	18
19	V	39 Ancillary Supplies	109,690	Prism Health Care Services, Inc.		54,997	(54,693)	19
20	V	21 Gen'l & Admin Salaries		Prism Health Care Services, Inc.		13,125	13,125	20
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		2,321	2,321	21
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		809	809	22
23	V	21 Gen'l & Admin Costs		Prism Health Care Services, Inc.		8,718	8,718	23
24	V			Prism Health Care Services, Inc.				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		\$ 180,127			\$ 135,459	\$ * (44,668)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39	Drugs	\$ 204,362	Forum Extended Care Services II, Inc.	0.00%	\$ 297,119	\$ 92,757	15
16	V	39	I.V.	115,117	Forum Extended Care Services II, Inc.		16,784	(98,333)	16
17	V	39	Wound Care	13,507	Forum Extended Care Services II, Inc.		10,769	(2,738)	17
18	V	10	House Stock	12,088	Forum Extended Care Services II, Inc.		11,401	(687)	18
19	V	10	Pharmacy Consult.	7,252	Forum Extended Care Services II, Inc.		10,342	3,090	19
20	V	27	Employ. Vaccin.	885	Forum Extended Care Services II, Inc.		706	(179)	20
21	V	27	Employ. Benefits: G & A		Forum Extended Care Services II, Inc.		2,015	2,015	21
22	V	21	Salary - G&A		Forum Extended Care Services II, Inc.		17,354	17,354	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		11,352	11,352	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		2,357	2,357	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		136	136	25
26	V	30	Depreciation		Forum Extended Care Services II, Inc.		1,348	1,348	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		\$ 353,211				\$ 381,683	\$ * 28,472	39

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 572,975	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 549,763	\$ (23,212)	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		\$ 572,975				\$ 549,763	\$ * (23,212)	39

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 43,127	Alden Bennett Construction Company, Inc.	0.00%	\$ 42,880	\$	(247)	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		\$ 43,127			\$ 42,880	\$ *	(247)	39

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

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			\$			\$		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			\$			\$ 0	\$ *	39

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center Provider No. 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP	Chicago	Home Office rental
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 Estates of Naperville, 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 Village North, Inc.	Chicago			

Facility Name & ID Number Alden Long Grove Rehab & Health Care Ce # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	171,154	1.964	4.91	Salary	\$ 8,846	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	63,902	1.964	4.91	Salary	3,303	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,177	1.964	4.91	Salary	1,922	6-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										7
8	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 14,071		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

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 *	30	\$ 73,771	\$	59,791	\$ 3,626	1	
2	24	Travel/Seminar	patient days *	30	85,812		59,791	4,217	2	
3	25	Other Admin Travel	patient days *	30	294,582		59,791	14,478	3	
4	26	Insurance	patient days *	30	4,828		59,791	237	4	
5	20	Dues/Subscriptions	patient days *	30	13,344		59,791	656	5	
6	30	Depreciation	no. of providers	30	98,652		1	2,842	6	
7	31	Amortization	patient days *	30	1,500		59,791	74	7	
8	33	Real Estate Tax	patient days *	30	125,958		59,791	5,426	8	
9	35	Rent-Equip/Vehic	patient days *	30	923,032		59,791	45,364	9	
10	32	Interest	patient days *	30	1,783,086		59,791	116,845	10	
11	1	Dietary Salary	patient days *	30	139,689	139,689	59,791	6,865	11	
12	3	Housekeeping Salary	patient days *	30	98,076	98,076	59,791	4,820	12	
13	7	Employee Benef-Gen'l Servs	patient days *	30	131,320		59,791	6,503	13	
14	10	Nurs/Med Rec Salary	patient days *	30	1,256,694	1,256,694	59,791	54,979	14	
15	15	Employee Benef-Health Care	patient days *	30	187,098		59,791	9,266	15	
16	17	Administrative Salary	patient days *	30	2,118,865	2,118,865	59,791	158,013	16	
17	27	Employee Benef-Administrative	patient days *	30	1,165,559		59,791	57,163	17	
18	19	Professional Fees	patient days *	30	978,599	605,253	59,791	48,095	18	
19	21	Gen'l & Admin	patient days *	30	5,924,144	5,104,656	59,791	287,428	19	
20	6	Repair & Mainten.	patient days *	30	831,505	644,276	59,791	40,865	20	
21									21	
22		* The allocation is based on patient days, however, there may be some instances in which a home office cost could be directly associated with the provider.								22
23		In those rare cases, the cost would not be part of the overall allocation process but directly allocated to the appropriate provider.								23
24									24	
25	TOTALS				\$ 16,236,114	\$ 9,967,509		\$ 867,762	25	

Facility Name & ID Number Alden Long Grove Rehab & Health Care Cen # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1										1										
2										2										
3										3										
4										4										
5	Insurance Reclass (Interest)								2,147	5										
Working Capital																				
6	Related Party-CPT									6										
7	Related Party-AMS	x	working capital						116,919	7										
8	Related Party-FECII	x	working capital						2,357	8										
9	TOTAL Facility Related					\$	\$		\$ 121,423	9										
B. Non-Facility Related*																				
10	AFCO Interest								(3,275)	10										
11	Int Income (corp) GL4975/4646								(3,483)	11										
12										12										
13										13										
14	TOTAL Non-Facility Related					\$	\$		\$ (6,758)	14										
15	TOTALS (line 9+line14)					\$	\$		\$ 114,665	15										

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

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Long Grove Rehab & Health Care Center COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0040683

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 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 2007.

(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 supplement</u>	<u>Related Party-Alden Management Serv</u>	\$ <u>295,853.00</u>	\$ <u>5,426.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care, I</u>	\$ <u>28,917.00</u>	\$ <u>136.00</u>
3. <u>14-36-100-002</u>	<u>Nursing Home Facility</u>	\$ <u>139,070.73</u>	\$ <u>139,070.73</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>463,840.73</u>	\$ <u>144,632.73</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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,632 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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

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

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8		Related Party-Forum		1978	14,056		25			14,056	8
		Improvement Type**									
9		SHELVING		1995	5,122	256	20	256		3,521	9
10		ROOF REPAIR		1995	3,000		10			3,000	10
11		STEAMER REPAIR		1995	2,686		10			2,686	11
12		EXIT DOOR-FIRE		1995	4,225	282	15	282		3,780	12
13		REPAIR BOILER/HVAC-MAJ.REP.		1995	4,712		5			4,712	13
14		PIPE/VALVE/THERMOSTAT		1996	1,460	73	20	73		967	14
15		ELECTRICAL REPAIR/INSTALLATION		1996	2,110	106	20	106		1,364	15
16		SIGN		1996	7,233		5			7,233	16
17		WATER HEATER ON DISHWASHER		1996	7,464		10			7,464	17
18		WALLGUARD		1996	2,096	140	15	140		1,748	18
19		INSTALL BOILER-MAJ.REP.		1996	33,750	1,688	20	1,688		20,955	19
20		REPLACE CONDENSOR WALK IN COOLER		1996	5,514		10			5,514	20
21		INSTALL ALUM. LOGO		1996	1,995		12			1,995	21
22		DESIGN SERVICE		1996	8,100	405	20	405		4,961	22
23		WASHROOM IMPROVEMENTS		1996	2,186	109	20	109		1,347	23
24		PIPING-MAJ.REP.		1996	4,000	267	15	267		3,223	24
25		PIPING-MAJ.REP.		1996	3,500	233	15	233		2,857	25
26		ATASH(replaced heat detector&fire dampers)		1997	959		5			959	26
27		ATASH(installed access panels)		1997	924		5			924	27
28		ATASH(fire alarm repairs)		1997	2,212		5			2,212	28
29		CLIMATE(installation of water heaters)		1997	7,342		5			7,342	29
30		CLIMATE(replced hydro.boiler)		1997	4,568		5			4,568	30
31		Wally's flooring(install new tiles).		1997	2,659		5			2,659	31
32		ATASH(SPRINKLER WORK)INV.#9120&9121		1997	3,072		5			3,072	32
33		ATASH(SPRINKLER WORKS)		1997	2,062		5			2,062	33
34		Climate srvc(two water heater)		1997	15,600		5			15,600	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl(install light fixtures)	1997	\$ 7,207	\$	5	\$	\$	\$ 7,207	37
38	Wigdahl(install light fixtures)	1997	6,204		5			6,204	38
39	Climate(install compressor)	1997	6,750		5			6,750	39
40	Star contractor(door frame)	1997	2,973		5			2,973	40
41	Wally's flooring(install new tiles).	1997	2,659		5			2,659	41
42	Climate svcs(new pipe and air vents)	1997	6,354		5			6,354	42
43	EQUIPMENT INT'L LTD. (labor, parts, assembly)	1997	2,542		5			2,542	43
44	DOOR	1997	3,109		10			3,109	44
45	INSTALL NEW DROP CEILING	1997	2,175	181	12	181		2,129	45
46	DESIGN SERVICES	1997	931	47	20	47		556	46
47	NEW DRIVEWAY LIGHTING	1998	8,101	540	15	540		5,896	47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752		5			1,752	48
49	REPLACE BOILER	1998	4,253	212	20	212		2,315	49
50	REPAIR PUMP MOTOR	1998	3,312		5			3,312	50
51	REPAIR DRYERS	1998	2,534	43	10	43		2,534	51
52	REPAIR EMEGENCY CIRCUITS	1998	1,510	25	10	25		1,510	52
53	REPAIR EMEGENCY LIGHTING SYSTEM	1998	273	5	10	5		273	53
54	REPLAC E COMPRESSOR	1998	1,301	22	10	22		1,301	54
55	REPLACE SEAVES ON ROOF	1998	10,500	700	15	700		7,292	55
56	REPLACE HOT WATER HEATER	1998	2,200	110	10	110		2,200	56
57	REPAIR GENERATOR	1998	5,228	349	15	349		3,603	57
58	REPLACE BEARING IN WASHER	1998	1,296	65	20	65		675	58
59	PATTEN-REPAIR GENERATOR	1998	655	33	20	33		342	59
60	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		13,027	60
61	D.B.S. Contracting(sleeve pipeline for sprinkler system)	1999	5,720	572	10	572		5,672	61
62									62
63	Climate Service (pipework for boiler and storage tank)	1999	2,032		5			2,032	63
64	D.B.S. Contracting (need invoice)	1999	3,425	343	10	343		3,284	64
65	Chicago Cooling (repair pump)	1999	2,482		5			2,482	65
66	AMC Building Material	1999	4,131	454	10	414	(41)	4,131	66
67	AMC Sprinklers	1999	3,853	424	10	388	(39)	3,853	67
68	System Electric(generator repair)	1999	2,720	272	10	272		2,516	68
69	Patten Industries(install starter)	1999	5,495	550	10	550		5,085	69
70	TOTAL (lines 4 thru 69)		\$ 299,121	\$ 9,817		\$ 9,741	\$ (80)	\$ 246,351	70

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 299,121	\$ 9,817		\$ 9,741	\$ (76)	\$ 246,351	1
2	AMC Building Material	1999	1,876	206	10	184	(19)	1,876	2
3	Fox Valley(sprinkler repair)	1999	1,803	120	15	120		1,101	3
4	Alden Bennet Cons.install tank)	1999	6,281	628	10	628		5,705	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		12,425	5
6	AMC Security system	1999	7,273	727	10	727		6,605	6
7	AMC carpentry	1999	8,577	943	10	855	(86)	8,577	7
8	Climate Service (repair HVAC)	1999	9,358	936	10	936		8,501	8
9	ABC-construction mainten. Adjustment-various	1999	1,129	409	10	112	(296)	1,129	9
10	Climate services (A/C REPAIR)	2000	2,482		5			2,482	10
11									11
12	B&L Locksmith (knob set)	2000	3,750	250	15	250		2,208	12
13	Alden Bennett Construction (major repairs)	2000	1,628		5			1,628	13
14	D.B.S. Contracting (repair lawn sprikler system)	2000	1,635		5			1,635	14
15	D.B.S. Contracting (repair lawn sprikler system)	2000	2,285		5			2,285	15
16	Alden Bennett Construction (major repairs)	2000	2,643	291	10	264	(27)	2,376	16
17	Alden Bennett Construction (time & material billing per fac)	2000	2,105	231	10	211	(21)	1,899	17
18	alden design-architectural/designing	2000	2,628	131	20	131		1,105	18
19	alden design-architectural/designing	2000	3,300	165	20	165		1,389	19
20	ABC-time & materials-maj. Leasehold improv-various	2000	1,918	141	15	128	(13)	1,152	20
21									21
22	Patten industries 1137844(major repair for electric starting motor)	2001	4,103	410	10	410		3,281	22
23	Alden bennett construction (drive way improvement)	2001	1,096	80	15	73	(7)	584	23
24	T & T irrigation (lawn sprinkler system)	2001	2,064	206	10	206		1,495	24
25	Alden bennett construction	2001	9,690	1,066	10	969	(97)	7,752	25
26	New horizons commu1884(installation hardware phone)	2001	1,986	199	10	199		1,573	26
27	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	205,576	27
28	Alden Bennett Constr.-Roof repairs	2002	1,856		5			1,856	28
29	CSI-Coker	2002	2,502	42	5	42		2,502	29
30	Alden Bennett Constr.-Misc repairs	2002	1,628		5			1,628	30
31	Valley Fire Protection Systems (replace fire sprinkler pipes)	2003	9,000	900	10	900		5,400	31
32	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324		5			4,324	32
33	Alden Bennett Constr (Misc. repairs)	2003	5,417		5			5,417	33
34	TOTAL (lines 1 thru 33)		\$ 1,080,087	\$ 46,985		\$ 44,315	\$ (2,662)	\$ 551,817	34

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,080,087	\$ 46,985		\$ 44,315	\$ (2,670)	\$ 551,817	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public spa	2003	22,250	2,781	8	2,781		15,528	2
3	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289	500	5	500		4,289	3
4	C I Service (Alden Design) (2nd floor-corridor window treatments)	2003	12,949	1,619	8	1,619		8,635	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675	709	8	709		3,782	5
6									6
7	Controlled Irrigation (repair sprinkler system)	2003	2,137	286	5	286		2,137	7
8	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	17,025	1,873	10	1,703	(170)	10,218	8
9	A & B Custom Cable (cable installation)	2003	3,100	310	10	310		1,628	9
10	Alden Bennett Constr (roof repairs)	2003	12,754	1,403	10	1,275	(128)	7,650	10
11	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE S	2003	3,927	288	15	262	(26)	1,572	11
12	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920	2,990	8	2,990		16,445	12
13	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495	250	10	250		1,374	13
14	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207	30,401	8	30,401		167,205	14
15	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PU	2003	6,175	710	10	618	(93)	3,708	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDENT	2003	33,234	4,154	8	4,154		22,155	16
17	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2003	20,151	2,519	8	2,519		13,224	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393	9,821	8	5,799	(4,022)	34,794	18
19	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477	25,871	8	23,560	(2,311)	141,360	19
20	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065	407	10	407		2,371	20
21									21
22	Equipment International (replace bearings in washer)	1998	1,738	116	15	116		1,179	22
23									23
24	Graphic Systems (remodelled second floor Signage)	2004	2,519	252	10	252		1,239	24
25	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	2,190	25
26	CSI Coker -1 Walkin cooler replacement	2004	2,980	596	5	596		2,980	26
27	GT Mechanical (Circ Pump-Doctors' room leaking)	2004	1,667	111	15	111		472	27
28	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325	633	10	633		2,637	28
29	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		956	29
30	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431	243	10	243		992	30
31	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		1,241	31
32	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566	157	10	157		641	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,768,863	\$ 136,982		\$ 127,539	\$ (9,443)	\$ 1,024,419	34

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,768,863	\$ 136,982		\$ 127,539	\$ (9,443)	\$ 1,024,419	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	10,666		15			10,666	4
5	Leasehold Improvement-Remodeling	1980	16,708		20			16,708	5
6	Leasehold Improvement-Tenant Improvement	1987	864		13			864	6
7	Leasehold Improvement-AMS Remodel	1988	13,861		10			13,861	7
8	Leasehold Improvement-Roof	1994	3,097	194	16	194		2,711	8
9	Leasehold Improvement-Build.Improv.	1996	1,092	68	16	68		884	9
10	Leasehold Improvement-Asphalting	2000	85		3			85	10
11	Leasehold Improvement-DAI	2001	149	15	10	15		107	11
12	Leasehold Improvement-Bathrooms	2002	645	58	7	58		436	12
13	Leasehold Improvement-Suite Renovation	2003	1,583	157	10	157		950	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,982	375	7	375		1,546	14
15	Leasehold Improvement-sidewalks-City of Chic.	2007	102	20	5	20		41	15
16	Leasehold Improvement-Carpet: Superior Install.	2007	94	19	5	19		37	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	813	116	5	116		232	17
18	Leasehold Improvement-Add-on Improvement, fixture base	1980	69		23			69	18
19	Leasehold Improvement-Add-on Improvement, lighting base	2001	119		5			119	19
20	Leasehold Improvements-fire extinguishers	2007	22	4	5	4		6	20
21	Leasehold Improvements-paving/glasswork/hvac/carpet	2008	392	24	5	24		24	21
22									22
23									23
24	Related Party-AMS:								24
25	Leasehold Improvement-Remodeling	1993	5,740		7			5,740	25
26	Leasehold Improvement-Remodeling	2002	4,699	671	7	671		3,944	26
27	Leasehold Improvement-Remodeling	2003	4,915	702	7	702		4,110	27
28									28
29									29
30	Forum Extended Care, LLC-building/building improv	1999	9,295	232	30	232		2,372	30
31	Adjust for ABC related party profit	2008	(33)						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,845,823	\$ 139,638		\$ 130,195	\$ (9,443)	\$ 1,089,931	34

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 1,845,823	\$ 139,638		\$ 130,195	\$ (9,443)	\$ 1,089,931	1
2	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2004	(22,058)	(2,757)	8	(2,757)		(13,556)	2
3	TNS Inc. (DSL cable)	2004	1,725	345	5	345		1,696	3
4	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recla	2004	13,902	2,228	8	1,738	(491)	8,690	4
5	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDENT	2004	(33,234)	(4,154)	8	(4,154)		(22,155)	5
6	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2004	(20,151)	(2,519)	8	(2,519)		(13,224)	6
7	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sys	2004	2,301	132	20	115	(17)	575	7
8	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sys	2004	878	51	20	44	(7)	220	8
9	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,M	2004	15,285	1,758	10	1,529	(229)	7,645	9
10	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	3,755	376	10	376		1,848	10
11	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	7,160	716	10	716		3,520	11
12	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	969	97	10	97		477	12
13	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/K	2004	5,512	551	10	551		2,755	13
14	ALDEN BENNETT CONSTRUCTION (West side-Permanent Ligh	2004	3,541	177	20	177		826	14
15	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107	3,013	8	3,013		14,815	15
16	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generator	2004	10,656	426	25	426		1,846	16
17	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler S	2004	13,017	521	25	521		2,431	17
18									18
19	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347	735	10	735		2,572	19
20	Alden Bennett Comstruction(Passage on door)	2005	3,662	732	5	732		2,867	20
21	ABC(piping and electrical work)	2005	4,619	462	10	462		1,425	21
22	Central States Automatic Sprinklers(Drv Pipe Valve & Sprinkler P	2005	9,514	381	25	381		1,460	22
23	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		410	23
24	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		295	24
25	CSI Coker(Refridgerator Repairs)	2005	1,511	151	10	151		566	25
26	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		334	26
27	CSI Coker(Refridgerator Repairs)	2005	3,971	397	10	397		1,489	27
28	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139	828	5	828		3,036	28
29	Cybor Fire Protection(Sprinkler repair)	2005	4,660	466	10	466		1,709	29
30	Cybor Fire Protection(Sprinkler repair)	2005	2,000	200	10	200		700	30
31	GT Mechanical(Dining room AC Repairs)	2005	1,922	192	10	192		656	31
32	Capps Plumbing (Drainage Major repairs)	2005	1,755	176	10	176		572	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,923,808	\$ 145,591		\$ 135,404	\$ (10,187)	\$ 1,106,431	34

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 1,923,808	\$ 145,591		\$ 135,404	\$ (10,187)	\$ 1,106,431	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265	327	10	327		1,063	2
3	PattenCat(ATS Terminal Connect)	2005	4,454	445	10	445		1,446	3
4	TopNotch(Dishwasher major repairs)	2005	2,177	218	10	218		690	4
5	GT Mechanical Repair work on Heaters	2005	1,665	333	5	333		1,027	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758	352	5	352		1,085	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740	174	10	174		537	7
8									8
9	New Roof	2006	20,350	2,035	10	2,035		5,257	9
10	Replace Multiple Doors	2006	20,822	2,082	10	2,082		4,858	10
11	Replace Multiple Doors	2006	4,949	495	10	495		1,072	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552	355	10	355		977	12
13	Installed new door required by Life safety code	2006	2,653	265	10	265		729	13
14	ABC-Replaced broken A/C pump	2006	5,821	582	10	582		1,455	14
15	ABC-Bathroom repairs	2006	6,217	622	10	622		1,244	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	187	(2)	519	16
17	Installed Water Heater	2006	11,078	739	15	739		1,847	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		494	18
19	Installed new piping	2006	4,470	179	25	179		522	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		283	20
21									21
22	ABC Wiring for Cable TV	2007	12,438	1,244	10	1,244		1,555	22
23	Aldben electrical secutity system	2007	11,248	750	15	750		1,500	23
24	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		958	24
25	Censau replaced broken pipe in attic	2007	3,807	381	10	381		730	25
26	Topnot Installed booster heater	2007	4,970	497	10	497		911	26
27	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		2,401	27
28	ALDBEN install new expansion tank and valves dish washer	2007	3,387	339	10	339		593	28
29	ALDBEN Construct	2007	17,231	1,723	10	1,723		2,872	29
30	ALDBEN heating/vent work	2007	22,222	2,222	10	2,222		3,518	30
31	Topnot new kitchen freezer door	2007	4,655	466	10	466		738	31
32									32
33	ALDBEN new wiring for fire and phone system	2007	(8,745)	(1,749)	5	(1,749)		(2,624)	33
34	TOTAL (lines 1 thru 33)		\$ 2,126,102	\$ 163,004		\$ 152,815	\$ (10,189)	\$ 1,144,688	34

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

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 12F, Carried Forward		\$ 2,126,102	\$ 163,004		\$ 152,815	\$ (10,189)	\$ 1,144,688	1
2	ALDBEN install sprinkler drip	2007	6,063	606	10	606		859	2
3	Masland contract carpet	2007	4,623	925	5	925		1,233	3
4	Installed Cable wiring	2007	6,639	1,328	5	1,328		1,771	4
5	Resident room carpet	2007	5,390	1,078	5	1,078		1,437	5
6	Central States Automaition A/C	2007	15,203	1,520	10	1,520		1,900	6
7	New Carpet	2007	5,392	539	10	539		629	7
8	Seal and stripe parking Lot	2007	7,229	904	8	904		1,055	8
9	Replaced 4in of sprinkler pipe	2007	4,399	440	10	440		440	9
10	Parking lot sealed	2007	8,308	831	10	831		831	10
11	Central States-Sprinklers in No. wing	2008	2,857	262	10	262		262	11
12	Muellermist-pump/45ft. under new sidewalk	2008	3,140	105	15	105		105	12
13	ABC - New laundry hot water storage tank/installation	2008	5,741	48	10	48		48	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,201,087	\$ 171,589		\$ 161,400	\$ (10,189)	\$ 1,155,257	34

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 498,886	\$ 54,407	\$ 54,407	\$	various	\$ 306,485	71
72	Current Year Purchases	24,164	1,003	1,003		various	1,003	72
73	Fully Depreciated Assets	199,181	3,619	3,619		various	199,181	73
74								74
75	TOTALS	\$ 722,231	\$ 59,029	\$ 59,029	\$		\$ 506,669	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Car engine/bus/van	DodgeVan/various	'98-'04	\$ 8,164	\$	\$	\$	3	\$ 8,164	76
77										77
78										78
79	Related Party - AMS	various	98-'04	4,563					4,563	79
80	TOTALS			\$ 12,727	\$	\$	\$		\$ 12,727	80

E. Summary of Care-Related Assets

	1	Reference	2	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$	2,936,045	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$	230,618	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$	220,429	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	(10,189)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	1,674,653	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.

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: T.L. Enterprises

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		248	3/1/95	\$ 1,367,681	15	15	3
4	Additions							4
5								5
6								6
7	TOTAL		248		\$ 1,367,681			7

10. Effective dates of current rental agreement:

Beginning 3/1/95

Ending 3/1/10

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/09</u>	\$ <u>1,367,681</u>
13.	<u>12/31/10</u>	\$ <u>1,367,681</u>
14.	<u>12/31/11</u>	\$ <u>1,367,681</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: purch option/deposits *

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: \$ 7,977 Description: copy machine

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related Party-AMS</u>	<u>Various</u>	\$ <u>#####</u>	\$ <u>26,060</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>26,060</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 Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 1/1/08 Ending: 12/31/08

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 nurses 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	\$		\$ 182,902	\$		\$ 182,902	1
2	Licensed Speech and Language Development Therapist	39.3	hrs			39,899			39,899	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39.3	hrs			349,400			349,400	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				297,119		297,119	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A					(23,212)	216,005		192,793	13
14	TOTAL			\$		\$ 548,989	\$ 513,124		\$ 1,062,113	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.

UPDATED LG
03/17/09 TV

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 <u>Col 5</u>	\$182,901.84
2. ST	39-3	To <u>Col 5</u>	39,899.49
3.			
4. PT	39-3	To <u>Col 5</u>	349,399.66
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			204,362.29
Manual Input from Related Party- Forum Drugs			92,757.00
9. Total to line 9 Pharmacy	See Pg 16A	To <u>Col 6</u>	297,119.29
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To <u>Col 3</u>	0.00
12. Exceptional Care-Supplies:	See pg 16A	To <u>Col 6</u>	0.00
12. Total Exceptional Care (Line 12, Col 8) (Check figure)			0.00
13. Other:	See Pg 16A - various input (see below):		
13. Col 5: Manual Input: Related Party - CPT		To <u>Col 5</u>	(23,212.00)
Other			287,818.69
Manual Input: Related Party - Prism			(54,693.00)
Manual Input: Related Party FECII - I.V.			(98,333.00)
Manual Input: Related Party FECII - Wound Care			(2,738.00)
Oxygen, from reclass worksheet			83,950.00
13. Col 6: Supplies Total		To <u>Col 6</u>	216,004.69
13. Total Line 13, Column 8 (Check figure)			192,792.69
14. Total (should equal page 4, Ln 39, Col 8)			1,062,112.97

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center# 0040683Report Period Beginning: 1/1/08

Ending:

12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(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>82,000</u>)	<u>1,810,679</u>		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	<u>8,585</u>		6
7	Other Prepaid Expenses	<u>6,179</u>		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties</u>	<u>194,254</u>		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ <u>2,019,697</u>	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	<u>2,460,384</u>		15
16	Equipment, at Historical Cost	<u>667,354</u>		16
17	Accumulated Depreciation (book methods)	<u>(1,710,516)</u>		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	<u>81,227</u>		21
22	Other Long-Term Assets (specify):	<u>744,000</u>		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ <u>2,242,449</u>	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ <u>4,262,146</u>	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ <u>1,293,241</u>	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>216,874</u>		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	<u>334,137</u>		30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>58,472</u>		31
32	Accrued Real Estate Taxes(Sch.IX-B)	<u>143,200</u>		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr ins, exp/Due to IDPA for Audits</u>	<u>681,248</u>		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ <u>2,727,172</u>	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	<u>15,240,985</u>		43
44	<u>Shareholder Loans/Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ <u>15,240,985</u>	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ <u>17,968,157</u>	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ <u>(13,706,011)</u>	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ <u>4,262,146</u>	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (12,251,665)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2007 cost report was		3
4	submitted. These have no effect on prior year's report.		4
5	Fines & Penalties - adj. to an unallowable cost:	(72,184)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (12,323,849)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,382,162)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,382,162)	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)	\$ (13,706,011)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 1/1/08Ending: 12/31/08**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	\$ 9,401,588	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,401,588	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	193,146	6
7	Oxygen	48,633	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 241,779	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	114	12
13	Barber and Beauty Care	1,017	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	(45)	15
16	Rental of Facility Space		16
17	Sale of Drugs	2,289	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	9,810	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 13,185	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,483	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,483	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Misc Income, medical records, food rebate</u>	3,148	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,148	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,663,183	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,703,677	31
32	Health Care	4,033,765	32
33	General Administration	2,189,977	33
B. Capital Expense			
34	Ownership	1,917,392	34
C. Ancillary Expense			
35	Special Cost Centers	1,064,382	35
36	Provider Participation Fee	136,152	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,045,345	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,382,162)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,382,162)	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

Details of Page 19, Line 28

Miscellaneous income	158.00
Medical records	450.00
Food rebate	2,550.00
Late fee charges	<u>(10.00)</u>
Total	<u><u>3,148.00</u></u>

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

1/1/08

Ending:

12/31/08

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	2,048	2,081	\$ 84,452	\$ 40.58	1
2	Assistant Director of Nursing	2,064	2,064	72,634	35.19	2
3	Registered Nurses	35,178	37,396	1,315,255	35.17	3
4	Licensed Practical Nurses	18,216	18,973	572,388	30.17	4
5	CNAs & Orderlies	92,308	98,870	1,302,018	13.17	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	3,694	3,730	35,155	9.42	9
10	Activity Assistants	7,080	7,360	73,776	10.02	10
11	Social Service Workers	2,064	2,080	35,840	17.23	11
12	Dietician					12
13	Food Service Supervisor	992	992	20,885	21.05	13
14	Head Cook	7,228	7,457	88,665	11.89	14
15	Cook Helpers/Assistants	23,592	25,389	243,062	9.57	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	38,081	18.31	17
18	Housekeepers	22,208	23,251	210,618	9.06	18
19	Laundry	4,688	4,998	42,833	8.57	19
20	Administrator	200	370	21,335	57.66	20
21	Assistant Administrator					21
22	Other Administrative	8,841	8,947	227,913	25.47	22
23	Office Manager	2,040	2,061	26,104	12.67	23
24	Clerical	2,200	2,289	18,581	8.12	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,072	2,072	57,325	27.67	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselors	3,473	3,743	62,887	16.80	32
33	Other(specify) Alzheimer Supervisors	11,125	11,453	136,547	11.92	33
34	TOTAL (lines 1 - 33)	253,391	267,656	\$ 4,686,354 *	\$ 17.51	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	900/month	\$ 10,800	1-3	35
36	Medical Director	2117/month	25,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	496/month	5,952	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	257/month	3,080	11-3	44
45	Social Service Consultant	66/month	792	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 46,024		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

Alden Nursing Center - Long Grove
Legal Fee Support
2008

Pg 21A

Legal Fees Reported on Pg 21, Section C:	30,182.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(20,232.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>-</u>
Allowable Legal Fees	<u><u>9,950.00</u></u>

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	
													Amount of Expense Amortized Per Year
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$	
2	Maj Serv Cleveland Mach	2/02	3,373	10	337	337	337	337	337	337	337	28	0
3	CHEMICAL FILTER	11/96	2,229	15	149	149	149	149	149	149	149	0	0
4	GT Mech-compressor	5/04	3,120	5	624	624	624	624	208	0	0	0	0
5	Top Notch -cooler repair	10/05	1,590	5	53	318	318	318	318	265	0	0	0
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 10,312		\$ 1,163	\$ 1,428	\$ 1,428	\$ 1,428	\$ 1,428	\$ 1,012	\$ 751	\$ 486	\$ 28

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 Assn. \$8,220
- (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? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 44,214 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 136,152
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. \$ 31,838 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. Audit is of The Alden Group, Ltd.
- (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.