

Facility Name & ID Number Marklund Children's Home

0011288 Report Period Beginning: 07/01/07 Ending: 06/30/08

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		Skilled (SNF)			1
2	30	Skilled Pediatric (SNF/PED)	30	10,980	2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	30	TOTALS	30	10,980	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	8,471	0	35	8,506	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	8,471	0	35	8,506	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.47%

D. How many bed-hold days during this year were paid by the Department? 173 (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)
N/A

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 10/01/68

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

YES Date _____ 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 N/A

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 06/30/08 Fiscal Year: 06/30/08

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

Facility Name & ID Number Marklund Children's Home # 0011288 Report Period Beginning: 07/01/07 Ending: 06/30/08

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		921	6,225	7,146		7,146	7,146			1
2	Food Purchase		61,463		61,463		61,463	61,463			2
3	Housekeeping	83,193	13,473	63	96,729		96,729	96,729			3
4	Laundry	61,961	6,541		68,502		68,502	68,502			4
5	Heat and Other Utilities			82,242	82,242		82,242	82,242			5
6	Maintenance	23,995	8,962	54,395	87,352		87,352	87,352			6
7	Other (specify):*			12,728	12,728		12,728	12,728			7
8	TOTAL General Services	169,149	91,360	155,653	416,162		416,162	416,162			8
	B. Health Care and Programs										
9	Medical Director			30,765	30,765		30,765	30,765			9
10	Nursing and Medical Records	1,025,440	151,692	152,471	1,329,603	(371,652)	957,951	957,951			10
10a	Therapy	49,585	901	2,236	52,722		52,722	52,722			10a
11	Activities	26,998	19,711		46,709		46,709	46,709			11
12	Social Services	4,992			4,992		4,992	4,992			12
13	CNA Training		157		157		157	157			13
14	Program Transportation			19,827	19,827		19,827	19,827			14
15	Other (specify):*			3,833	3,833		3,833	3,833			15
16	TOTAL Health Care and Programs	1,107,015	172,461	209,132	1,488,608	(371,652)	1,116,956	1,116,956			16
	C. General Administration										
17	Administrative	77,210			77,210		77,210	77,210			17
18	Directors Fees										18
19	Professional Services			15,772	15,772		15,772	(7,886)	7,886		19
20	Dues, Fees, Subscriptions & Promotions			40,266	40,266		40,266	(9,480)	30,786		20
21	Clerical & General Office Expenses	84,419	51,251	44,845	180,515	(7,093)	173,422	173,422			21
22	Employee Benefits & Payroll Taxes			282,355	282,355		282,355	282,355			22
23	Inservice Training & Education										23
24	Travel and Seminar			4,629	4,629		4,629	4,629			24
25	Other Admin. Staff Transportation			11,301	11,301		11,301	11,301			25
26	Insurance-Prop.Liab.Malpractice			76,943	76,943		76,943	76,943			26
27	Other (specify):*			2,500	2,500		2,500	(41,110)	(38,610)		27
28	TOTAL General Administration	161,629	51,251	478,611	691,491	(7,093)	684,398	(58,476)	625,922		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,437,793	315,072	843,396	2,596,261	(378,745)	2,217,516	(58,476)	2,159,040		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 Marklund Children's Home #0011288 Report Period Beginning: 07/01/07 Ending: 06/30/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 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			452,491	452,491		452,491	(19,052)	433,439			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			9,291	9,291		9,291	(9,291)				32
33	Real Estate Taxes			140	140		140	(140)				33
34	Rent-Facility & Grounds			21,917	21,917		21,917	(21,917)				34
35	Rent-Equipment & Vehicles					7,093	7,093		7,093			35
36	Other (specify):*											36
37	TOTAL Ownership			483,839	483,839	7,093	490,932	(50,400)	440,532			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					371,652	371,652		371,652			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			162,076	162,076		162,076		162,076			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			162,076	162,076	371,652	533,728		533,728			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,437,793	315,072	1,489,311	3,242,176		3,242,176	(108,876)	3,133,300			45

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

Facility Name & ID Number Marklund Children's Home

0011288

Report Period Beginning: 07/01/07

Ending: 06/30/08

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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(9,291)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(9,480)	20		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				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,886)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(41,110)	27		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(41,109)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (108,876)		\$	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (108,876)		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.

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

BHF USE ONLY						
48		49		50		51
						52

Marklund Children's Home

ID# 0011288

Report Period Beginning: 07/01/07

Ending: 06/30/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Depreciation	\$ (19,052)	30	1
2	Real Estate Taxes	(140)	33	2
3	Rent	(21,917)	34	3
4				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				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	(41,109)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Marklund Children's Home

0011288

Report Period Beginning:

07/01/07

Ending:

06/30/08

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,886)	0	0	0	0	0	0	0	0	0	0	(7,886)	19
20	Fees, Subscriptions & Promotions	(9,480)	0	0	0	0	0	0	0	0	0	0	(9,480)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(41,110)	0	0	0	0	0	0	0	0	0	0	(41,110)	27
28	TOTAL General Administration	(58,476)	0	0	0	0	0	0	0	0	0	0	(58,476)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(58,476)	0	0	0	0	0	0	0	0	0	0	(58,476)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Marklund Children's Home

0011288

Report Period Beginning:

07/01/07

Ending:

06/30/08

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(19,052)	0	0	0	0	0	0	0	0	0	0	(19,052)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(9,291)	0	0	0	0	0	0	0	0	0	0	(9,291)	32
33	Real Estate Taxes	(140)	0	0	0	0	0	0	0	0	0	0	(140)	33
34	Rent-Facility & Grounds	(21,917)	0	0	0	0	0	0	0	0	0	0	(21,917)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(50,400)	0	(50,400)	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	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(108,876)	0	(108,876)	45									

Facility Name & ID Number Marklund Children's Home

0011288

Report Period Beginning:

07/01/07

Ending:

06/30/08

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
N/A						

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		\$			\$	\$
2	V						
3	V						
4	V						
5	V						
6	V						
7	V						
8	V						
9	V						
10	V						
11	V						
12	V						
13	V						
14	Total		\$			\$	\$ *

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

Facility Name & ID Number

Marklund Children's Home

#

0011288

Report Period Beginning:

07/01/07

Ending:

06/30/08

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	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	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 Marklund Children's Home

0011288

Report Period Beginning: 07/01/07

Ending: 06/30/08

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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	1	Dietary	Direct Cost Budget	13,019,730	13,019,730	\$ 196	\$ 2,933,282	\$ 44	1
2	2	Food	Direct Cost Budget	13,019,730	13,019,730	492	2,933,282	111	2
3	3	Housekeeping	Direct Cost Budget	13,019,730	13,019,730	5,724	2,933,282	1,290	3
4	5	Utilities	Direct Cost Budget	13,019,730	13,019,730	81,863	2,933,282	18,443	4
5	6	Maintenance	Direct Cost Budget	13,019,730	13,019,730	36,343	2,933,282	8,188	5
6	7	Disposal	Direct Cost Budget	13,019,730	13,019,730	13,097	2,933,282	2,951	6
7	13	BNATP	Direct Cost Budget	13,019,730	13,019,730	696	2,933,282	157	7
8	14	Transportation	Direct Cost Budget	13,019,730	13,019,730	6,629	2,933,282	1,493	8
9	19	Professional Services	Direct Cost Budget	13,019,730	13,019,730	35,004	2,933,282	7,886	9
10	20	Fees, Subscription	Direct Cost Budget	13,019,730	13,019,730	126,473	2,933,282	28,494	10
11	21	Clerical/Office	Direct Cost Budget	13,019,730	13,019,730	219,762	2,933,282	49,511	11
12	22	Benefits	Direct Cost Budget	13,019,730	13,019,730	124,140	2,933,282	27,968	12
13	24	Travel & Seminars	Direct Cost Budget	13,019,730	13,019,730	6,095	2,933,282	1,373	13
14	25	Staff Transportation	Direct Cost Budget	13,019,730	13,019,730	14,005	2,933,282	3,155	14
15	26	Insurance	Direct Cost Budget	13,019,730	13,019,730	27,812	2,933,282	6,266	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 698,332	\$	\$ 157,330	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 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	N/A						\$	\$			\$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	N/A											6
7												7
8												8
9	TOTAL Facility Related						\$	\$			\$	9
	B. Non-Facility Related*											
10	N/A											10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$	\$			\$	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 Marklund Children's Home COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0011288

CONTACT PERSON REGARDING THIS REPORT Kudus Badmus

TELEPHONE (630) 593-5487 FAX #: (630) 593-5481

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>02-14-301-031</u>	<u>Residential - Tax exempt</u>	<u>\$ None</u>	<u>\$</u>
2. _____	_____	<u>\$</u>	<u>\$</u>
3. _____	_____	<u>\$</u>	<u>\$</u>
4. _____	_____	<u>\$</u>	<u>\$</u>
5. _____	_____	<u>\$</u>	<u>\$</u>
6. _____	_____	<u>\$</u>	<u>\$</u>
7. _____	_____	<u>\$</u>	<u>\$</u>
8. _____	_____	<u>\$</u>	<u>\$</u>
9. _____	_____	<u>\$</u>	<u>\$</u>
10. _____	_____	<u>\$</u>	<u>\$</u>
TOTALS		<u>\$</u>	<u>\$</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 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.

Facility Name & ID Number Marklund Children's Home

0011288 Report Period Beginning:

07/01/07 Ending:

06/30/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 27,216 B. General Construction Type: Exterior Brick Frame Cement/Cinder Block Number of Stories _____

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

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

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>206,930</u>	<u>1968</u>	<u>\$ 31,500</u>	1
2					2
3	TOTALS	206,930		\$ 31,500	3

Facility Name & ID Number Marklund Children's Home

0011288

Report Period Beginning:

07/01/07

Ending:

06/30/08

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	30		1968	1953	\$ 68,500	\$	33	\$	\$	\$ 68,500	4
5											5
6											6
7											7
8											8
		Improvement Type**									
9		Pavillon land impr		1989	6,485	324	20	324		6,331	9
10		Landscaping land impr		1990	1,080		10			1,080	10
11		Asphalt Paving Land impr		1991	7,112		5			7,112	11
12		Asphalt Seal & Strip Parking Lot land impr		1994	14,893		5			14,893	12
13		Asphalt Land impr		1996	800		5			800	13
14		Seal & Repair Driveway Land impr		1998	600		5			600	14
15		Parking Lot Concrete Asphalt land impr		1999	300		5			300	15
16		Parking Lot Concrete Asphalt land impr		1999	32,199		5			32,199	16
17		Removal of ramp & installation of new land impr		1999	2,100		5			2,100	17
18		Parking Lot Concrete Asphalt land impr		2000	300		5			300	18
19		Resurface Playground land impr		2000	7,750		5			7,750	19
20		Sealcoat & Striping of Parking lot land impr		2000	3,187		5			3,187	20
21		Safety Surfacing of Playground		2000	6,094		5			6,094	21
22		Landscaping of Playground land impr		2000	3,325		5			3,325	22
23		Improvements prior to 1996 fully depreciated			208,807		v			208,807	23
24		Building Construction Pod II		1973	615,786	17,009	40	17,009		556,237	24
25		Oxygen Work		1974	74,064	2,047	40	2,047		64,845	25
26		Oxygen Work		1975	5,000	135	40	135		4,256	26
27		Oxygen Work		1976	7,535	188	40	188		6,168	27
28		New Roof		1986	81,000		20			81,000	28
29		Lobby Addition		1984	108,605	2,515	25	2,515		108,605	29
30		Parents Room		1987	42,000	1,050	20	1,050		42,000	30
31		POD general renovations floors/walls		1992	22,173		10			22,173	31
32		Fire Alarm		1993	850		10			850	32
33		Oxygen System		1993	13,429		10			13,429	33
34		Carpeting		1995	2,984		10			2,984	34
35		Water Heaters		1995	8,916		10			8,916	35
36		Vinyl Tile Flooring - Dental Office		1995	644		10			644	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 Marklund Children's Home

0011288

Report Period Beginning:

07/01/07

Ending:

06/30/08

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	
37	Window shades dining room	2000	\$ 605	\$	5	\$	\$	\$ 605	37
38	Lobby walls	2000	57		5			57	38
39	Awnings rear entrance	2000	2,023		5			2,023	39
40	lower level classroom renovations	2000	183		5			183	40
41	awning for O2 protection	2000	3,477		5			3,477	41
42	Lobby walls	2000	4,997		5			4,997	42
43	HVAC-dining room	2000	610		5			610	43
44	Dining room walls & wall coverings	2000	2,060		5			2,060	44
45	HVAC coil dining room	2000	1,590		5			1,590	45
46	fire doors lower level	2000	564	56	5	56		479	46
47	carpet flooring lower level	1999	5,855		5			5,855	47
48	lower level classroom renovation	1999	1,346		5			1,346	48
49	replacement windows	1999	538		5			538	49
50	Construction, engineering, architect, inspection	1999	49,390	4,939	10	4,939		41,982	50
51	fire sprinkler system	1999	72,843	2,914	25	2,914		24,767	51
52	interior design, handrails, corner pieces	1999	29,873	1,992	15	1,992		16,928	52
53	Demolition old lower level	1999	26,641	2,664	10	2,664		22,645	53
54	Chair rails	1999	8,160		5			8,160	54
55	Wall Carpet	1998	4,887		5			4,887	55
56	Painting lower level	1999	19,835		5			19,835	56
57	lower level construction walls	1999	101,713	10,171	10	10,171		86,456	57
58	cabinets	1999	46,002	3,067	15	3,067		26,068	58
59	Reg. & auto doors	1999	18,259	1,826	10	1,826		15,520	59
60	Equip relocation	1999	2,495		5			2,495	60
61	Electrical work lower level	1999	29,697	2,970	10	2,970		25,242	61
62	windows/shutters	1999	15,529	1,553	10	1,553		13,976	62
63	Floor/carpeting	1999	46,503		5			46,503	63
64	Signage Interior/Exterior	1999	3,899	390	10	390		3,314	64
65	Plumbing lower level	1999	21,177	1,059	20	1,059		9,000	65
66	ECU Awnings	1999	3,994	266	15	266		2,263	66
67	Paneling	1999	7,309		5			7,309	67
68	Security System,Elevator	1999	11,010	734	15	734		6,239	68
69	New door hardware	1999	197	20	10	20		167	69
70	TOTAL (lines 4 thru 69)		\$ 1,889,836	\$ 57,888		\$ 57,888	\$	\$ 1,683,061	70

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

Facility Name & ID Number Marklund Children's Home

0011288

Report Period Beginning:

07/01/07

Ending:

06/30/08

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		\$ 1,889,836	\$ 57,888		\$ 57,888	\$	\$ 1,683,061	1
2	Fire alarm system upper level	1999	12,491	500	25	500		4,247	2
3	Water Heater	2001	767		5			767	3
4	Air Curtain	2001	764		5			764	4
5	Replacement Parts - Boiler	2001	5,290		5			5,290	5
6	Compressor Pump	2001	1,599		5			1,599	6
7	Security Door	2001	2,427		5			2,427	7
8	New Flooring	2000	2,955		5			2,955	8
9	Roof Repair	1999	8,800		5			8,800	9
10	New compressor	1999	2,580	172	15	172		1,634	10
11	Awnings	1999	2,520		5			2,520	11
12	Boiler	1998	2,675		5			2,675	12
13	Plexiglass-reception area	2002	3,100		5			3,100	13
14	Stairwell Door replacements	2001	1,165		5			1,165	14
15	New Radiator for generator	2001	3,002		5			3,002	15
16	Sliding door repair	2002	4,179	418	5	418		4,179	16
17	Carpeting	2002	1,690	169	5	169		1,690	17
18	Awning	2002	2,694	269	5	269		2,694	18
19	Concrete Pads for Oxygen, Chiller, and Garbage	2002	15,571	1,557	5	1,557		15,571	19
20	Renovations: Architect, Engineering, reconstruct	2005	2,571,858	257,186	10	257,186		900,150	20
21	Renovations: Electrical work	2005	65,707	6,571	10	6,571		22,997	21
22	Renovations: Piping and Plumbing	2005	114,194	11,419	10	11,419		39,967	22
23	Renovations: Shelving	2005	1,118	112	10	112		391	23
24	Hot Water Heater	2005	4,529	906	5	906		3,170	24
25	Landscaping: plants, flowers, bushes	2005	4,055	811	5	811		2,839	25
26	Outdoor lighting, fencing, landscaping	2005	38,190	3,819	10	3,819		13,367	26
27	Exterior signage	2006	5,380	1,076	5	1,076		2,690	27
28	Dugout walls w/doors and jams	2006	13,671	2,734	5	2,734		6,836	28
29	Roof removal and replacement	2006	62,340	6,234	10	6,234		15,585	29
30	Fire door w/metal edge astragals w/door coordinators	2006	1,730	346	5	346		865	30
31	HVAC Roof repairs	2006	69,022	6,902	10	6,902		17,256	31
32	Electrical work for HVAC	2006	3,900	780	5	780		1,950	32
33	Asbestos tile and mastic removal exercise room	2006	2,950	590	5	590		1,475	33
34	TOTAL (lines 1 thru 33)		\$ 4,922,750	\$ 360,459		\$ 360,459	\$	\$ 2,777,678	34

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

Facility Name & ID Number Marklund Children's Home

0011288

Report Period Beginning:

07/01/07

Ending:

06/30/08

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		\$ 4,922,750	\$ 360,459		\$ 360,459	\$	\$ 2,777,678	1
2	Painting of 4 bedrooms	2006	3,875	775	5	775		1,938	2
3	Tree Removal/ Gravel/ Move Shed - Campsite	2007	1,150	230	5	230		345	3
4	MCH Campus Signs	2007	5,380	1,076	5	1,076		1,614	4
5	New Carpeting/Base Room 3	2007	4,420	884	5	884		1,326	5
6	Asbestos Consulting and Removal	2007	2,614	871	5	871		1,307	6
7	Sprinklers for Awnings	2008	2,400	240	5	240		240	7
8	Awnings	2008	7,826	783	5	783		783	8
9	Boiler Repair	2008	2,925	488	3	488		488	9
10	Electric Receptacles in Wiremold	2008	3,645	365	5	365		365	10
11	Sidewalk Repair	2008	3,300	330	5	330		330	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)		\$ 4,960,285	\$ 366,501		\$ 366,501	\$	\$ 2,786,414	34

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

Facility Name & ID Number Marklund Children's Home # 0011288 Report Period Beginning: 07/01/07 Ending: 06/30/08

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	\$ 300,353	\$ 47,021	\$ 47,021	\$		\$ 170,683	71
72	Current Year Purchases	28,316	3,168	3,168			3,168	72
73	Fully Depreciated Assets	1,040,733					1,040,733	73
74								74
75	TOTALS	\$ 1,369,402	\$ 50,189	\$ 50,189	\$		\$ 1,214,584	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	Maintenance	2004 Isuzu Truck	2004	\$ 34,940	\$ 4,367	\$ 4,367	\$	4	\$ 34,940	76
77	Patient Transport	2006 Ford Eldorado Bus	2006	48,400	9,696	9,696		5	14,544	77
78	Courier	2007 Ford Focus	2007	13,427	2,685	2,685		5	4,028	78
79										79
80	TOTALS			\$ 96,767	\$ 16,749	\$ 16,749	\$		\$ 53,512	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)		\$ 6,457,954	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 433,439	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 433,439	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 4,054,509	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

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: \$ 7,093

Description: Office Equipment/Machinery

(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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	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 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>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	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care Program</u>		<u>10512</u>	<u>265,428</u>			<u>106,224</u>	<u>10,512</u>	<u>371,652</u>	12
13	Other (specify):									13
14	TOTAL			\$ 265,428		\$	\$ 106,224	10,512	\$ 371,652	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.

Facility Name & ID Number Marklund Children's Home # 0011288 Report Period Beginning: 07/01/07 Ending: 06/30/08

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/08 (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	\$ 936,214	\$ 936,214	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>152,000</u>)	2,855,515	2,855,515	3
4	Supply Inventory (priced at)	46,300	46,300	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	85,173	85,173	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>client related accounts</u>	606,644	606,644	9
	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,529,846	\$ 4,529,846	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	6,208,149	6,208,149	13
14	Buildings, at Historical Cost	21,145,545	21,145,545	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,548,148	4,548,148	16
17	Accumulated Depreciation (book methods)	(11,826,914)	(11,826,914)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	5,505,831	5,505,831	21
22	Other Long-Term Assets (specify):	4,239,921	4,239,921	22
23	Other(specify): <u>construction in progress</u>	649,884	649,884	23
	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 30,470,564	\$ 30,470,564	24
	TOTAL ASSETS (sum of lines 10 and 24)	\$ 35,000,410	\$ 35,000,410	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 282,455	\$ 282,455	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	376,608	376,608	30
	Accrued Taxes Payable (excluding real estate taxes)	33,061	33,061	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Compensation & Related Payables</u>	1,006,524	1,006,524	36
37	<u>Misc. Other</u>	2,994,205	2,994,205	37
	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,692,853	\$ 4,692,853	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				43
44				44
	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,692,853	\$ 4,692,853	46
47	TOTAL EQUITY (page 18, line 24)	\$ 30,307,556	\$ 30,307,556	47
	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 35,000,409	\$ 35,000,409	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 31,289,020	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 31,289,020	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(492,569)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	502,870	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) Remaining Cosolidated Income (loss)	(921,466)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (911,165)	17
	B. Transfers (Itemize):		
18	Transfer out of Restrcted Funds into Operations - Exp	(70,299)	18
19	Transfer out of Restrcted Funds into Operations - Capital	(165,285)	19
20	Transfer into Operations from Restricted Funds	165,285	20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (70,299)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 30,307,556	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Marklund Children's Home# 0011288Report Period Beginning: 07/01/07Ending: 06/30/08**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	\$ 2,394,163	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,394,163	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	53,166	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 53,166	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		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	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions	193,402	24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 193,402	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 2,640,731	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	416,162	31
32	Health Care	1,116,956	32
33	General Administration	625,922	33
B. Capital Expense			
34	Ownership	440,532	34
C. Ancillary Expense			
35	Special Cost Centers	371,652	35
36	Provider Participation Fee	162,076	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,133,300	40
41	Income before Income Taxes (line 30 minus line 40)**	(492,569)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (492,569)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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 Marklund Children's Home

0011288

Report Period Beginning: 07/01/07

Ending:

06/30/08

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	1,976	2,080	\$ 63,211	\$ 30.39	1
2	Assistant Director of Nursing					2
3	Registered Nurses	16,855	17,742	443,560	25.00	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	30,608	32,219	451,069	14.00	5
6	CNA Trainees					6
7	Licensed Therapist	1,719	1,810	43,969	24.29	7
8	Rehab/Therapy Aides	395	416	5,616	13.50	8
9	Activity Director					9
10	Activity Assistants	1,976	2,080	26,998	12.98	10
11	Social Service Workers	395	416	4,992	12.00	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	1,383	1,456	23,995	16.48	17
18	Housekeepers	8,517	8,965	83,193	9.28	18
19	Laundry	4,229	4,451	61,961	13.92	19
20	Administrator	1,976	2,080	77,210	37.12	20
21	Assistant Administrator					21
22	Other Administrative	1,976	2,080	44,533	21.41	22
23	Office Manager					23
24	Clerical	3,359	3,536	39,886	11.28	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	3,952	4,160	62,400	15.00	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	395	416	5,200	12.50	31
32	Other Health C: (transp)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	79,711	83,907	\$ 1,437,793 *	\$ 17.14	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	113	\$ 5,625	1	35
36	Medical Director	Monthly	30,765	9	36
37	Medical Records Consultant				37
38	Nurse Consultant			10	38
39	Pharmacist Consultant	Monthly	825	15	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	64	2,236	10a	42
43	Speech Therapy Consultant			10a	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) <u>Psychologist</u>	29	1,630	15	46
47	<u>Vision</u>	23	528	15	47
48	<u>Dental</u>	34	850	15	48
49	TOTAL (lines 35 - 48)	263	\$ 42,459		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	2,650	\$ 117,759	10	50
51	Licensed Practical Nurses			10	51
52	Certified Nurse Assistants/Aides	1,436	34,712	10	52
53	TOTAL (lines 50 - 52)	4,086	\$ 152,471		53

Facility Name & ID Number Marklund Children's Home

0011288

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Lois Kramer	Administrator		\$ 77,210	Workers' Compensation Insurance	\$ 34,089	IDPH License Fee	\$		
				Unemployment Compensation Insurance	10,567	Advertising: Employee Recruitment	26,897		
				FICA Taxes	109,992	Health Care Worker Background Check			
				Employee Health Insurance	88,151	(Indicate # of checks performed _____)			
				Employee Meals		Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		IHCA Dues	1,573		
				Pension	29,432	Misc. Dues & Subscriptions	2,315		
				Dental	8,876				
				Life Insurance/Disability	1,248				
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 77,210	TOTAL (agree to Schedule V, line 22, col.8)			\$ 282,355		
(List each licensed administrator separately.)									
B. Administrative - Other							TOTAL (agree to Sch. V, line 20, col. 8)		
Description			Amount						
N/A									
TOTAL (agree to Schedule V, line 17, col. 3)			\$						
(Attach a copy of any management service agreement)									
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
KMPG	Audit Fees		\$ 7,886	N/A			Out-of-State Travel	\$	
							In-State Travel		
							Seminar Expense	4,629	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)			\$ 7,886	TOTAL			\$	TOTAL (agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$5,000, attach copy of invoices.)								\$ 4,629	

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Marklund Children's Home

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Healthcare Association-\$1,573
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (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? 5 Year
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 19,328 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. \$ 162,076
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? Yes,Sch.8 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? N/A
- (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. \$ N/A Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
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. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: KMPG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes If no, please explain. _____
- (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? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

DATE OF SEMINAR	COMPANY PROVIDING SEMINAR	PERSONS ATTENDING	LOCATION	JOB TITLE	COST OF SEMINAR
07/01/07	Rockhurst Univ/Legally Terminate	Joan Rubino	Telephone Seminar	Dir Human Resources	19.90
07/03/07	Pesi Healthcare/Infection Control	Rose Cousins	Doubletree Conf Ctr/Downers Grove	Director Nursing	169.00
07/03/07	Pesi Healthcare/Infection Control	Irene Kasnicka	Doubletree Conf Ctr/Downers Grove	Quality Assurance Coordinator	169.00
07/03/07	Pesi Healthcare/Infection Control	Mary Chow	Doubletree Conf Ctr/Downers Grove	Registered Nurse	169.00
09/30/07	American Therapeutic Rec Assoc/ATRA Conf	Lois Kramer	Hyatt/Milwaukee WI	Administrator/MCH	259.08
09/30/07	American Therapeutic Rec Assoc/ATRA Conf	Wes Kochan	Hyatt/Milwaukee WI	Cert Therapeutic Rec Specialist	259.08
09/30/07	American Therapeutic Rec Assoc/ATRA Conf	Carrie Lange	Hyatt/Milwaukee WI	Cert Therapeutic Rec Specialist	259.09
09/30/07	Illinois Healthcare/Convention & Trade Show	Rose Cousins	Convention Center/Peoria	Director Nursing	43.82
09/30/07	Illinois Healthcare/Convention & Trade Show	Natalie Rubino	Convention Center/Peoria	Qualified Occup Retardation Prof	43.82
09/30/07	Illinois Healthcare/Convention & Trade Show	Natasha Santiago	Convention Center/Peoria	Qualified Occup Retardation Prof	43.82
10/13/07	United Cerebral Palsy/Respite Seminar	Lois Kramer	Huntsville,Al	Administrator/MCH	150.00
10/13/07	Waubensee CC/CPR Class	Edyta Dzikowski	Waubensee CC/Sugar Grove	Licensed Pratical Nurse	24.88
10/16/07	Infinity Rehab/Wheelchair Seating	Vicki Reyes	Holiday Inn/Rolling Meadows	Cert Occup Therapy Assistant	14.14
10/16/07	Infinity Rehab/Wheelchair Seating	Jaipa Pandya	Holiday Inn/Rolling Meadows	Dir Therapy Services	14.14
10/16/07	Infinity Rehab/Wheelchair Seating	Rose Vicker	Holiday Inn/Rolling Meadows	Physical Therapy Assistant	14.14
10/31/07	Education Resources/Continued Education	Gunjan Patel	Pathways Ctr/Glenview	Physical Therapist	247.50
11/13/07	US Green Bldg Council/Green Build Expo	Diana Book	McCormick Place/Chicago	Administrator Facility Services	6.25
11/13/07	US Green Bldg Council/Green Build Expo	Kerry Berg	McCormick Place/Chicago	Lead Maintenance Eng.	6.25
11/30/07	Life Services Network/Provider Training	Lois Kramer	Doubletree Conf Ctr/Downers Grove	Administrator/MCH	85.00
11/30/07	Life Services Network/Provider Training	Rose Cousins	Doubletree Conf Ctr/Downers Grove	Director Nursing	85.00
12/31/07	Pesi Healthcare/Childhood Neurology	Irene Kasnicka	Doubletree Hotel/Oak Brook	Quality Assurance Coordinator	179.00
12/31/07	Pesi Healthcare/Childhood Neurology	Mary Chow	Doubletree Hotel/Oak Brook	Registered Nurse	179.00
03/13/08	Community Therapy/Dynamic Child	Lois Kramer	Kaneland H.S./Maple Park	Administrator/MCH	99.00
03/18/08	GE International/Continued Ed/Bone & Joint Health	Sharon Brechin	Oak Brook	Registered Nurse	178.00
04/30/08	La Rabida Hospital/Behavior Mgmt	Natalie Rubino	Maggianos Restaurant/Chicago	Qualified Occup Retardation Prof	100.00
04/30/08	La Rabida Hospital/Behavior Mgmt	Natasha Santiago	Maggianos Restaurant/Chicago	Qualified Occup Retardation Prof	100.00
04/30/08	GE Money Bank/Amazon/Excel 2007	Wendy Berk	Material	Adm Benefits/Staff Training	8.52
05/31/08	INR/Continued Education/Physical Therapy	Jaipa Pandya	Radisson/Schaumburg	Dir Therapy Services	8.77
05/31/08	Cross Country Ed/Pediatric Patients	Gunjan Patel	Renaissance/Chicago	Physical Therapist	23.61
05/31/08	Cross Country Ed/Pediatric Patients	Jaipa Pandya	Renaissance/Chicago	Dir Therapy Services	23.61
06/01/08	WorldPoint ECC/CPR Supplies	Wendy Berk	Material	Adm Benefits/Staff Training	54.39
06/01/08	WorldPoint ECC/CPR Supplies	Wendy Berk	Material	Adm Benefits/Staff Training	169.92
06/30/08	Hidden Angels Foundation/Multisensory Enviro	Carrie Lange	Renaissance/Chicago	Cert Therapeutic Rec Specialist	49.26
07/01/07	Rockhurst Univ/Legally Terminate	Joan Rubino	Telephone Seminar	Dir Human Resources	26.90
07/01/07	Rockhurst Univ/Legally Terminate	Joan Rubino	Telephone Seminar	Dir Human Resources	4.48
07/13/07	Illinois Healthcare/DD Symposium	Jessica O'Neall	Conv Ctr/Springfield	Administrator/MHC	19.15
07/13/07	Illinois Healthcare/DD Symposium	Diana Book	Conv Ctr/Springfield	Administrator Facility Services	19.15
08/13/07	BOA-Mark/Note pads, Scissors, Binders	Lisa Custardo	Materials	Executive Director/CFO	35.86
08/13/07	BOA/Barnes & Nobles/Books	Lisa Custardo	Materials	Executive Director/CFO	8.81
08/31/07	Illinois Healthcare/Administrator Review Course	Kudus Badmus	Holiday Inn/Lisle	Director of Finance	77.73
09/13/07	BOA/Target/Post its, Clips, Highlighters	Lisa Custardo	Materials	Executive Director/CFO	12.46
09/13/07	BOA/Borders/Books	Lisa Custardo	Materials	Executive Director/CFO	0.72
09/13/07	Waubensee CC/BLS Instructor Course	Wendy Berk	Waubensee CC/Sugar Grove	Adm Benefits/Staff Training	44.83
09/13/07	Waubensee CC/BLS Healthcare Provider Course	Wendy Berk	Waubensee CC/Sugar Grove	Adm Benefits/Staff Training	15.55
09/13/07	Waubensee CC/BLS Instructor Course	Emily Myers	Waubensee CC/Sugar Grove	Devel Instructor/Cert Nurse Asst	44.83
09/21/07	Elburn Fire Dept/CPR and AED Class	Emily Myers	East North St/Elburn	Devel Instructor/Cert Nurse Asst	5.63
09/30/07	Illinois Healthcare/Convention & Trade Show	Kudus Badmus	Convention Ctr/Peoria	Director of Finance	9.87
09/30/07	Illinois Healthcare/Convention & Trade Show	Diana Book	Convention Ctr/Peoria	Administrator Facility Services	9.87
09/30/07	American Therapeutic Rec Assoc/ATRA Conf	Lois Kramer	Hyatt/Milwaukee WI	Administrator/MCH	7.75
09/30/07	American Therapeutic Rec Assoc/ATRA Conf	Wes Kohan	Hyatt/Milwaukee WI	Cert Therapeutic Rec Specialist	7.75
09/30/07	American Therapeutic Rec Assoc/ATRA Conf	Carrie Lange	Hyatt/Milwaukee WI	Cert Therapeutic Rec Specialist	7.75
09/30/07	Illinois Healthcare/Convention & Trade Show	Vicki Reyes	Convention Ctr/Peoria	Certified Occupational Therapist	9.87
09/30/07	Illinois Healthcare/Convention & Trade Show	Dena Schultz	Convention Ctr/Peoria	Speech Language Pathologist	9.87
09/30/07	Illinois Healthcare/Convention & Trade Show	Joan Rubino	Convention Ctr/Peoria	Dir Human Resources	9.87
09/30/07	Illinois Healthcare/Convention & Trade Show	Deb Dassie	Convention Ctr/Peoria	Occupational Therapist	9.87
09/30/07	American Therapeutic Rec Assoc/ATRA Conf	Carrie Lange	Hyatt/Milwaukee WI	Cert Therapeutic Rec Specialist	8.53
10/13/07	Waubensee CC/CPR Class	Edyta Dzikowski	Waubensee CC/Sugar Grove	Licensed Pratical Nurse	5.61
10/31/07	Education Resources/Sensory Integration	Deb Dassie	New Trier Campus/Northfield	Occupational Therapist	12.39
10/31/07	Education Resources/Continued Education	Gunjan Patel	Pathways Ctr/Glenview	Physical Therapist	55.76
11/13/07	BOA/Target/Glue, Pens/Dividers	Lisa Custardo	Materials	Executive Director/CFO	7.95
11/13/07	US Green Bldg Council/Green Build Expo	Diana Book	McCormick Place/Chicago	Administrator Facility Services	1.41
11/13/07	US Green Bldg Council/Green Build Expo	Kerry Berg	McCormick Place/Chicago	Lead Maintenance Eng.	1.41
11/28/07	Dept Public Health/Food Service Class	Margaret Burgholzer	Ill Dept Public Health/Downers Grove	Cook	5.15
12/04/07	Alimed/3D Disc on Swallowing/Material	Wendy Berk	Material	Adm Benefits/Staff Training	33.84
12/13/07	New Horizons/Office Productivity	Wendy Berk	Materials	Adm Benefits/Staff Training	197.51
01/18/08	Office Depot/Coaching Class	Lisa Custardo	Materials	Executive Director/CFO	19.24
01/18/08	Office Depot/Coaching Class	Lisa Custardo	Materials	Executive Director/CFO	2.34
01/31/08	Fred Pryor/Career Track/Multiple Priorities	Kathy Garza	Holiday Inn/Elmhurst	Accounting Supervisor	33.57
01/31/08	Fred Pryor/Career Track/Multiple Priorities	Peggy Szarzynski	Holiday Inn/Elmhurst	Finance Assistant	33.57
02/05/08	Diana Book/Food Sanitation Course	Mike Dixon	Marklund/Geneva	Housekeeping	11.26
02/05/08	Diana Book/Food Sanitation Course	Peggy Szarzynski	Marklund/Geneva	Finance Assistant	11.26
03/31/08	Skill Path Seminar/First Time Manager/Supr	Kathy Garza	Re-scheduled for FY09	Accounting Supervisor	44.83
03/31/08	INR/Burnout, Stress, Fatigue Seminar	Jaipa Pandya	Hilton/Lisle	Dir Therapy Services	18.25
03/31/08	GLR of AMTA Conference/Music Therapy	Laurie Schaefer	Westin Hotel/Lombard	Music Therapist	9.58
04/23/08	Waubensee CC/First Aid Class	D's & Staff	Waubensee CC/Sugar Grove	D's and Staff	22.98
04/30/08	Fred Pryor/Careertrack/Managing Emotions	Jessica O'Neall	Westin Hotel/Oakbrook Terrace	Administrator/MHC	40.10
04/30/08	GE Money Bank/Amazon/Excel 2007	Wendy Berk	Material	Adm Benefits/Staff Training	1.92
04/30/08	Fred Pryor/Careertrack/Managing Emotions	Jessica O'Neall	Westin Hotel/Oakbrook Terrace	Administrator/MHC	40.10
04/30/08	GE Money Bank/Amazon/Excel 2007	Wendy Berk	Material	Adm Benefits/Staff Training	1.92
05/31/08	INR/Continued Education/Physical Therapy	Jaipa Pandya	Radisson/Schaumburg	Dir Therapy Services	1.98
06/01/08	WorldPoint ECC/CPR Supplies	Wendy Berk	Material	Adm Benefits/Staff Training	12.25
06/01/08	WorldPoint ECC/CPR Supplies	Wendy Berk	Material	Adm Benefits/Staff Training	38.28
06/01/08	WorldPoint ECC/CPR Supplies	Wendy Berk	Material	Adm Benefits/Staff Training	38.28
06/13/08	Nes-Test Fee/ICTS Admission Fee	Lisa Custardo	McCormick Place/Chicago	Executive Director/CFO	39.65
06/13/08	Nes-Test Fee/ICTS Admission/Test Fee	Lisa Custardo	National-Louis University	Executive Director/CFO	9.01
06/30/08	Career Track/Ultimate Supervisor	Geol Wright	MCHC Conf Ctr/Chicago	Devel Instructor/Cert Nurse Asst	29.06
06/30/08	Career Track/Ultimate Supervisor	Emily Myers	MCHC Conf Ctr/Chicago	Devel Instructor/Cert Nurse Asst	29.06
06/30/08	Career Track/Ultimate Supervisor	Ruel Nieto	MCHC Conf Ctr/Chicago	Devel Instructor/Cert Nurse Asst	29.06
06/30/08	Career Track/Ultimate Supervisor	Jen Gallendez	MCHC Conf Ctr/Chicago	Devel Instructor/Cert Nurse Asst	29.06
06/30/08	Career Track/Ultimate Supervisor	Jessica Inman	MCHC Conf Ctr/Chicago	Devel Instructor/Cert Nurse Asst	29.06
06/30/08	Career Track/Ultimate Supervisor	Crystal McHeils	MCHC Conf Ctr/Chicago	Devel Instructor/Cert Nurse Asst	29.06
06/30/08	Career Track/Ultimate Supervisor	Kary Rojo	MCHC Conf Ctr/Chicago	Devel Instructor/Cert Nurse Asst	29.06
06/30/08	Hidden Angels Foundation/Multisensory Enviro	Carrie Lange	Renaissance/Chicago	Cert Therapeutic Rec Specialist	11.12
					\$ 4,629

<u>Type</u>	<u>Manufacturer</u>	<u>Model</u>	<u>Qty</u>	
MCH	Copier	Minolta	B250	2
	Copier	Minolta	TT 160	1
	Copier	Minolta	C451	1