

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509 Report Period Beginning: 01/01/06 Ending: 12/31/06

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	203	Skilled (SNF)	203	74,095	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	203	TOTALS	203	74,095	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	5,109	1,078	6,733	12,920	8
9	SNF/PED					9
10	ICF	38,539	5,193		43,732	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,648	6,271	6,733	56,652	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.46%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) daycare

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO

I. On what date did you start providing long term care at this location? Date started 1/1/79

J. Was the facility purchased or leased after January 1, 1978? YES Date 1/1/79 NO

K. Was the facility certified for Medicare during the reporting year? YES NO If YES, enter number of beds certified 154 and days of care provided 3,484

Medicare Intermediary Adminastar Federal

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/06 Fiscal Year: 12/31/06

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

Facility Name & ID Number Alden Naperville Rehab & HCC # 0022509 Report Period Beginning: 01/01/06 Ending: 12/31/06

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 OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	440,723	30,657	9,600	480,980	1,712	482,692	(6,334)	476,358		1
2	Food Purchase		324,196		324,196	(27,274)	296,922	(6,919)	290,003		2
3	Housekeeping	258,812	22,654		281,466	811	282,277		282,277		3
4	Laundry	50,839	13,926		64,765	144	64,909		64,909		4
5	Heat and Other Utilities			202,876	202,876		202,876	(1,918)	200,958		5
6	Maintenance	89,002		136,300	225,302	152	225,454	36,424	261,878		6
7	Other (specify):* Related Party Salary							47,061	47,061		7
8	TOTAL General Services	839,376	391,433	348,776	1,579,585	(24,455)	1,555,130	68,314	1,623,444		8
	B. Health Care and Programs										
9	Medical Director			14,000	14,000		14,000		14,000		9
10	Nursing and Medical Records	2,327,961	176,729	21,385	2,526,075	(58,442)	2,467,633	(1,479)	2,466,154		10
10a	Therapy	69,059			69,059		69,059		69,059		10a
11	Activities	125,663	4,664	2,573	132,900	225	133,125		133,125		11
12	Social Services	38,589			38,589		38,589		38,589		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Salary							37,381	37,381		15
16	TOTAL Health Care and Programs	2,561,272	181,393	37,958	2,780,623	(58,217)	2,722,406	35,902	2,758,308		16
	C. General Administration										
17	Administrative	74,298			74,298		74,298		74,298		17
18	Directors Fees										18
19	Professional Services			555,966	555,966		555,966	(484,819)	71,147		19
20	Dues, Fees, Subscriptions & Promotions			55,419	55,419		55,419	(37,918)	17,501		20
21	Clerical & General Office Expenses	142,183	17,892	69,010	229,085	280	229,365	34,436	263,801		21
22	Employee Benefits & Payroll Taxes			511,521	511,521	18,771	530,292		530,292		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,458	5,458		5,458	1,931	7,389		24
25	Other Admin. Staff Transportation							10,487	10,487		25
26	Insurance-Prop.Liab.Malpractice			213,557	213,557		213,557	8,223	221,780		26
27	Other (specify):* Related Party Salary			2,957	2,957		2,957	431,267	434,224		27
28	TOTAL General Administration	216,481	17,892	1,413,888	1,648,261	19,051	1,667,312	(36,393)	1,630,919		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,617,129	590,718	1,800,622	6,008,469	(63,621)	5,944,848	67,823	6,012,671		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 Naperville Rehab & HCC

#0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			113,179	113,179		113,179	84,405	197,584			30
31	Amortization of Pre-Op. & Org.							19,439	19,439			31
32	Interest			119,494	119,494		119,494	(21,059)	98,435			32
33	Real Estate Taxes							135,622	135,622			33
34	Rent-Facility & Grounds			1,751,455	1,751,455		1,751,455	(1,751,455)				34
35	Rent-Equipment & Vehicles			12,982	12,982		12,982	37,735	50,717			35
36	Other (specify):* MIP & Amortiz.											36
37	TOTAL Ownership			1,997,110	1,997,110		1,997,110	(1,495,313)	501,797			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		254,729	280,833	535,562	63,621	599,183	(23,129)	576,054			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			111,142	111,142		111,142		111,142			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		254,729	391,975	646,704	63,621	710,325	(23,129)	687,196			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,617,129	845,447	4,189,707	8,652,283		8,652,283	(1,450,619)	7,201,664			45

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

Alden Nursing Center Naperville
Reporting Period Beginning
Reporting Period Ending

#002-2509
1/1/2006
12/31/2006

Reclassifications Pgs 3 and 4

From Line	To Line	Amount	Description
2		(27,274)	Employee Meal
	22	27,274	Employee Meal
22		(8,503)	Uniforms
	10	5,179	Uniforms
	1	1,712	Uniforms
	3	811	Uniforms
	11	225	Uniforms
	21	280	Uniforms
	4	144	Uniforms
	6	152	Uniforms
10		(63,621)	Oxygen
	39	63,621	Oxygen

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

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	OHF 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	(111,265)	30		9
10	Interest and Other Investment Income	(33)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,136)	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	(11,366)	21		17
18	Fines and Penalties	(20,968)	32		18
19	Entertainment	(22)	20		19
20	Contributions	(2,832)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(13,607)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,957)	27		24
25	Fund Raising, Advertising and Promotional	(32,061)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	4	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(16)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (196,259)		\$	30

BHF USE ONLY					
48	49	50	51	52	

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	66,133	Various	34
35	Other- Attach Schedule See Pg 5A	(1,320,493)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,254,360)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,450,619)		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					39
40	Gift and Coffee Shops		x		40
41	Barber and Beauty Shops		x		41
42	Laboratory and Radiology		x		42
43	Prescription Drugs		x		43
44	Exceptional Care Program		x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

Alden Naperville Rehab & HCC

ID# 0022509

Report Period Beginning: 01/01/06

Ending: 12/31/06

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (4,917)	5	1
2	Late Fees on Telephone	(199)	21	2
3				3
4	Intercompany Interest	(98,355)	32	4
5	Misc Income (Med Records)	(161)	10	5
6	Marketing Manager and Aides	(1,662)	21	6
7				7
8	Elim int related to '05 Bldg purch pg 6	(1,231,364)	32	8
9	Back out 30.65% of PAC fees from std IHCA bills	(3,435)	20	9
10	E Health Data Solutions Reclass	(1,800)	20	10
11	E Health Data Solutions Reclass	1,800	21	11
12	Eliminate fines & penalties - LLC	(8,511)	32	12
13	Deferred Maint Adj to match	1	6	13
14	Adj Depr to correct detail	1,481	30	14
15	Cost on Fixed Assets < \$2,500	28,622	6	15
16	Depr on Fixed Assets < \$2,500	(1,993)	30	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	(1,320,493)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	(6,334)	0	0	0	0	0	0	0	(6,334)	1
2	Food Purchase	(1,136)	0	0	(5,783)	0	0	0	0	0	0	0	(6,919)	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	(4,917)	0	2,999	0	0	0	0	0	0	0	0	(1,918)	5
6	Maintenance	28,623	0	8,300	0	0	0	(499)	0	0	0	0	36,424	6
7	Other (specify):*	0	0	42,743	4,318	0	0	0	0	0	0	0	47,061	7
8	TOTAL General Services	22,570	0	54,042	(7,799)	0	0	(499)	0	0	0	0	68,314	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	(161)	0	0	398	(1,716)	0	0	0	0	0	0	(1,479)	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	37,381	0	0	0	0	0	0	0	0	37,381	15
16	TOTAL Health Care and Programs	(161)	0	37,381	398	(1,716)	0	0	0	0	0	0	35,902	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	(13,607)	0	(471,212)	0	0	0	0	0	0	0	0	(484,819)	19
20	Fees, Subscriptions & Promotions	(40,166)	0	2,248	0	0	0	0	0	0	0	0	(37,918)	20
21	Clerical & General Office Expenses	(11,423)	0	33,234	6,390	6,235	0	0	0	0	0	0	34,436	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	1,931	0	0	0	0	0	0	0	0	1,931	24
25	Other Admin. Staff Transportation	0	0	10,487	0	0	0	0	0	0	0	0	10,487	25
26	Insurance-Prop.Liab.Malpractice	0	7,978	245	0	0	0	0	0	0	0	0	8,223	26
27	Other (specify):*	(2,957)	0	419,226	8,256	6,742	0	0	0	0	0	0	431,267	27
28	TOTAL General Administration	(68,153)	7,978	(3,841)	14,646	12,977	0	0	0	0	0	0	(36,393)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(45,744)	7,978	87,582	7,245	11,261	0	(499)	0	0	0	0	67,823	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

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	(111,777)	189,046	5,278	0	1,858	0	0	0	0	0	0	84,405	30
31	Amortization of Pre-Op. & Org.	0	16,554	2,885	0	0	0	0	0	0	0	0	19,439	31
32	Interest	(1,359,231)	1,240,094	96,549	0	837	692	0	0	0	0	0	(21,059)	32
33	Real Estate Taxes	0	128,637	6,672	0	313	0	0	0	0	0	0	135,622	33
34	Rent-Facility & Grounds	0	(1,751,455)	0	0	0	0	0	0	0	0	0	(1,751,455)	34
35	Rent-Equipment & Vehicles	0	0	37,735	0	0	0	0	0	0	0	0	37,735	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(1,471,008)	(177,124)	149,119	0	3,008	692	0	0	0	0	0	(1,495,313)	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	(75,076)	(25,793)	77,740	0	0	0	0	0	(23,129)	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	(75,076)	(25,793)	77,740	0	0	0	0	0	(23,129)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,516,752)	(169,146)	236,701	(67,831)	(11,524)	78,432	(499)	0	0	0	0	(1,450,619)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 1,751,455	Alden Naperville LLC		\$	(1,751,455)	1
2	V	32 fines & penalties		Alden Naperville LLC		8,511	8,511	2
3	V	33 real estate		Alden Naperville LLC		128,637	128,637	3
4	V	26 insurance		Alden Naperville LLC		7,978	7,978	4
5	V	32 interest-hbcc		Alden Naperville LLC		895,416	895,416	5
6	V	32 interest- angel care		Alden Naperville LLC		335,948	335,948	6
7	V	32 interest-afco		Alden Naperville LLC		219	219	7
8	V	30 depreciation		Alden Naperville LLC		189,046	189,046	8
9	V	31 amortization		Alden Naperville LLC		16,554	16,554	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,751,455			\$ 1,582,309	\$ * (169,146)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Fees	\$ 496,800	Alden Management Services, Inc.		\$ 25,588	\$ (471,212)
16	V	21 Genl & Admin		Alden Management Services, Inc.		33,234	33,234
17	V	5 Utilities		Alden Management Services, Inc.		2,999	2,999
18	V	6 Repairs & Maint		Alden Management Services, Inc.		8,300	8,300
19	V	24 Travel & Seminar		Alden Management Services, Inc.		1,931	1,931
20	V	25 Other Admin Travel		Alden Management Services, Inc.		10,487	10,487
21	V	26 Insurance		Alden Management Services, Inc.		245	245
22	V	20 Dues & Subscriptions		Alden Management Services, Inc.		2,248	2,248
23	V	30 Depreciation		Alden Management Services, Inc.		5,278	5,278
24	V	31 Amortization		Alden Management Services, Inc.		2,885	2,885
25	V	33 Real Estate Taxes		Alden Management Services, Inc.		6,672	6,672
26	V	34 Rent		Alden Management Services, Inc.			
27	V	35 Rent Equip & Vehicles		Alden Management Services, Inc.		37,735	37,735
28	V	32 Interest		Alden Management Services, Inc.		96,549	96,549
29	V	7 Salaries Genl Serv		Alden Management Services, Inc.		42,743	42,743
30	V	15 Salaries Health Care		Alden Management Services, Inc.		37,381	37,381
31	V	27 Salaries - G&A		Alden Management Services, Inc.		419,226	419,226
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 496,800			\$ 733,501	\$ * 236,701

* 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	\$ 9,600	Prism Health Care Services, Inc.		\$ 3,266	\$ (6,334)
16	V	7 Dietary Salary		Prism Health Care Services, Inc.		4,318	4,318
17	V	2 Tube Feeding	14,521	Prism Health Care Services, Inc.		8,738	(5,783)
18	V	10 Equip Rental	3,060	Prism Health Care Services, Inc.		3,458	398
19	V	39 Supplies	97,518	Prism Health Care Services, Inc.		22,442	(75,076)
20	V	27 G&A Salary		Prism Health Care Services, Inc.		8,256	8,256
21	V	21 G&A Salary		Prism Health Care Services, Inc.		6,390	6,390
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 124,699			\$ 56,868	\$ * (67,831)

* 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	\$ 82,383	Forum Extended Care Services II, Inc.		\$ 115,670	\$	33,287	15
16	V	39 I.V.	63,030	Forum Extended Care Services II, Inc.		6,525		(56,505)	16
17	V	39 Wound Care	11,798	Forum Extended Care Services II, Inc.		9,223		(2,575)	17
18	V	10 House Stock	8,689	Forum Extended Care Services II, Inc.		7,833		(856)	18
19	V	10 Pharmacy Consultant	7,271	Forum Extended Care Services II, Inc.		6,411		(860)	19
20	V	27 Employee Vaccine	940	Forum Extended Care Services II, Inc.		735		(205)	20
21	V	27 G&A Salary		Forum Extended Care Services II, Inc.		6,947		6,947	21
22	V	21 Genl & Admin		Forum Extended Care Services II, Inc.		6,235		6,235	22
23	V	32 Interest		Forum Extended Care Services II, Inc.		837		837	23
24	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		313		313	24
25	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,858		1,858	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		\$ 174,111			\$ 162,587	\$ *	(11,524)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Therapy	\$ 269,743	Community Physical Therapy & Associates, Ltd.	100.00%	\$ 347,483	\$ 77,740	15
16	V	32 Interest		Community Physical Therapy & Associates, Ltd.		692	692	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		\$ 269,743			\$ 348,175	\$ * 78,432	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 32,669	Alden Bennett Construction Company, Inc.	100.00%	\$ 32,170	\$	(499)	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		\$ 32,669			\$ 32,170	\$ *	(499)	39

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

STATE OF ILLINOIS

Facility Name & ID Number ALDEN NURSING CENTER - NAPERVILLE

002-2509

Report Period Beginning 01/01/06

Ending: 12/31/06

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Poplar Creek	Hoffman Estates
ANC Valley Ridge	Bloomington
ANC Village for Children & Young Adults	Bloomington
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomington
Alden of Old Town West	Bloomington
Alden Trails	Bloomington
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Waterford	Aurora
ANC Estates of Barrington	Barrington
Alden Springs	Bloomington

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Prism Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Facility Name & ID Number Alden Naperville Rehab & HCC # 0022509 Report Period Beginning: 01/01/06 Ending: 12/31/06

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 Schlossberg a.	President	Chief Executive	100.00	132,434	2.028	5.07	salary	\$ 7,066	27-7	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.		77,623	2.028	5.07	salary	4,142	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten		50,358	2.028	5.07	salary	2,687	7-7	3
4											4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group, Ltd.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10											10
11											11
12											12
13								TOTAL	\$ 13,895		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 Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W Peterson Ave
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-3743

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	See Page 8A (also on Page 6A)				\$	\$		\$	1
2									2
3									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	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Alden Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

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	AFCO-LLC Interest		x	working capital			\$	\$		\$ 219	1									
2											2									
3											3									
4											4									
5	Other-Therapeutic Systems		X	Working Capital						170	5									
Working Capital																				
6	Related Party FECII	X		Working Capital						837	6									
7	Related Party CPT	X		Working Capital						692	7									
8	Related Party AMS	X		Working Capital						96,549	8									
9	TOTAL Facility Related						\$	\$		\$ 98,468	9									
B. Non-Facility Related*																				
10	Patient Fund Interest		X	Non Care Interest Revenue						(33)	10									
11											11									
12											12									
13											13									
14	TOTAL Non-Facility Related						\$	\$		\$ (33)	14									
15	TOTALS (line 9+line14)						\$	\$		\$ 98,435	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:** 2005 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 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 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 2006 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.

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Naperville Rehab & HCC COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0022509

CONTACT PERSON REGARDING THIS REPORT Steve M Kroll

TELEPHONE 630-983-0300 FAX #: 630-983-9360

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2005 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 2005.

(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>08-29-307-001</u>	<u>Nursing Home Facility</u>	\$ <u>125,937.26</u>	\$ <u>125,937.26</u>
2. <u>SEE</u>	<u>Related party-AMS</u>	\$ <u>131,720.00</u>	\$ <u>6,672.00</u>
3. <u>ATTACHED</u>	<u>Related party-Forum</u>	\$ <u>14,554.00</u>	\$ <u>313.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>272,211.26</u>	\$ <u>132,922.26</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 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 65,063 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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	SNF		1980	\$ 656,000	1
2					2
3	TOTALS			\$ 656,000	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4				\$	\$		\$	\$	4
5	203	1980	1979	2,333,433		30	77,781	77,781	2,100,092
6									6
7									7
8	Related party-forum		1978	14,839		25			14,839
Improvement Type**									
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

*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 Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

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	bells/doors	1981	\$ 876	\$	20	\$	\$	\$ 876	37
38	elevator repair	1982	2,796		8			2,796	38
39	repair water sys;roof;install windows/grab bars	1983	21,739		5-20			21,739	39
40	circuit breaker repair	1984	4,478		20			4,478	40
41	electical repair & water tower repair	1987	5,403		3			5,403	41
42	complete building renovation	1987	43,055	65	3-20	65		43,023	42
43	complete building renovation	1988	725,437	27,306	3-30	27,306		658,035	43
44	water tower repair/electrical repair	1987	7,293		3			7,293	44
45	repair telephone sys;electical laundry	1988	3,890		5			3,890	45
46	repair pumpls./laundry;decoratoin	1989	17,943	543	5-20	543		16,634	46
47	water heater	1990	8,793		5			8,793	47
48	renovation	1991	24,099	861	5-20	861		19,867	48
49	repari water heater boiler freezer condenser	1991	8,380		5			8,380	49
50	repair water heater/freezer/ssprinkler syst/a/c	1992	19,357	95	5-25	95		17,034	50
51	wallcovering hot water heater/paving/doors alarm syst	1993	45,517	1,526	5-15	1,526		43,307	51
52	plumbing /valves/pvaving	1994	22,139	514	10-20	514		19,369	52
53	repair water tower/fire alarms electical /roof wash.mach	1995	45,492	2,032	10-20	2,032		37,005	53
54	install door/frame	1996	2,200	18	10	18		2,200	54
55	replace condenser	1996	5,073	338	15	338		3,410	55
56	new cooling tower	1996	15,140	1,009	15	1,009		10,934	56
57	install amp panel/new circuits	1997	2,670		5			2,670	57
58	new valve	1997	1,710		5			1,710	58
59	recaulking	1997	7,475		5			7,475	59
60	new bearings/hvac/etc.	1998	4,317		5			4,317	60
61	Gen'l Parts- boiler repairs	1997	4,033	202	20	202		1,866	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,397,576	\$ 34,509		\$ 112,290	\$ 77,781	\$ 3,067,435	70

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

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

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		\$ 3,397,576	\$ 34,509		\$ 112,290	\$ 77,781	\$ 3,067,435	1
2	CSI (replaced valves,relief)	1998	3,200		5			3,200	2
3	Atash(cleaned & tested dampers)	1998	3,465		5			3,465	3
4	Climate Service (fixed compressor and plate)	1998	8,747	583	15	583		5,054	4
5	ETC Carpet (carpet)	1998	1,118		5			1,118	5
6	Climate Service (repair chiller and safety controls)	1998	3,718	372	10	372		3,099	6
7	Patten (repair generator)	1998	1,986	99	20	99		836	7
8	Firemen Sealcoating (sealcoat asphalt parking lot)	1998	3,995	200	20	200		1,632	8
9	CSI-install thermometer/hvac-hot water)	1998	2,975		5			2,975	9
10	Chicago Cooling(repair a/c)	1999	2,171	217	10	217		1,628	10
11	Chicago Cooling(repair a/c pump)	1999	2,835	283	10	283		2,125	11
12	Harold Scales(4 dehumidifiers)	1999	2,115	211	10	211		1,550	12
13	Climate Services(ice machine repair)	1999	2,055	205	10	205		1,506	13
14	Fox Valley Fire & Safety(install door holders)	1999	1,568	157	10	157		1,137	14
15	Sterling Services(carpet maintenance)	1999	1,600		5			1,600	15
16	ABC: MISC LABOR	1999	2,278	228	10	228		1,652	16
17	ABC: CARPENTRY REPAIRS	1999	2,404	240	10	240		1,722	17
18	Sterling Services(carpet maintenance)	1999	1,600		5			1,600	18
19	Climate Services, Inc (boiler repair)	2000	9,048	905	10	905		6,259	19
20	Climate Services, Inc (boiler repair)	2000	1,654	165	10	165		1,129	20
21	Climate Services, Inc (Replace dampers)	2000	6,950	695	10	695		4,749	21
22	Climate Services, Inc (main coil , misc. piping)	2000	31,846	1,593	20	1,593		10,881	22
23	Poblocki & Sons (room ID'S)	2000	5,398	270	20	270		1,822	23
24	D. B. S Contracting (signs lighting)	2000	2,300	192	12	192		1,247	24
25	Alden Bennett Construction (major repair time & billing by fac)	2000	1,696	170	10	170		1,103	25
26	Fox Valley Fire & Safety (safety system)	2000	2,351	235	10	235		1,528	26
27	GT Mechanical, INC (heater safety defrost fan relay)	2000	1,700	170	10	170		1,077	27
28	Alden Bennett Construction (major repair time & billing by fac)	2000	4,658	466	10	466		4,659	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,513,006	\$ 42,165		\$ 119,946	\$ 77,781	\$ 3,137,788	34

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

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

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		\$ 3,513,006	\$ 42,165		\$ 119,946	\$ 77,781	\$ 3,137,788	1
2	GT Mechanical, INC (suction, discharge & expansion valve)	2000	6,684	668	10	668		5,347	2
3	Coker Service (replace vessel, steam safety valve & ignition wire)	2000	5,906	591	10	591		3,593	3
4	Alden Bennett Const-time/material build.improv.	2000	3,248	325	10	325		1,977	4
5	Coker Service, Inc (dishwasher repair)	2001	1,926	193	10	193		771	5
6	Dav.Sol.- repair relief valve	2002	1,893	379	5	379		1,799	6
7	GT Mechanical, Inc.-replace burnt wire/motor hvac)	2002	1,992	199	10	199		846	7
8	GT Mechanical- replace condensor bundle on water chiller	2002	22,292	1,486	15	1,486		8,297	8
9	Alden Bennett Const-time/material build.improv.	2002	5,797	580	10	580		2,464	9
10	Alden Bennett Const-time/material build.improv.	2001	10,694	713	15	713		3,960	10
11	Dave Soltwich -repair water line	2003	1,531	306	5	306		1,224	11
12	CSI-Coker--repair dishwasher	2003	1,704	341	5	341		1,222	12
13	Simplex Grinnell-repair fire alarm&wiring	2003	3,179	636	5	636		2,067	13
14	Capps Plumbing-repair mejector pump	2003	1,398	280	5	280		910	14
15	Alden Bennett Const.- Awning	2004	2,350	157	15	157		418	15
16	Alden Bennett Const. -carpeting	2004	841	168	5	168		462	16
17	DSL-cable upgrade	2004	704	70	5	70		205	17
18	Alden Bennett Const. -nursing station repairs	2004	1,788	119	15	119		357	18
19	Alden Bennett Const. -new roof	2004	5,023	502	10	502		1,130	19
20	Alden Bennett Const. -ceiling tiles	2004	3,205	267	12	267		645	20
21	Alden Bennett Const. Asphalt repair	2004	6,580	658	10	658		1,919	21
22	CSI Coker-repair pewash pump	2004	2,325	233	10	233		679	22
23	Alden Bennett Const. -auto door operating equipment	2004	2,788	279	10	279		813	23
24	Alden Bennett Const. -kitchen repairs	2004	2,335	253	10	253		487	24
25	Cybor Fire Protection-fire sprinkler	2005	1,510	216	7	216		234	25
26	GT Mechanical-tower pump replacement	2005	1,750	175	10	175		306	26
27	Alden Bennett Const. -resident bathroom replacement	2005	1,867	187	10	187		203	27
28	Capps Plumbing-furnish & install 20 ft of piping	2005	1,985	199	10	199		331	28
29	Top Notch-repair rinse motor on dishwasher	2005	2,829	283	10	283		495	29
30	ABCUSC-Custom cable	2005	2,986	299	10	299		498	30
31	ABCUSC-Custom cable	2005	5,200	520	10	520		997	31
32	ABCUSC-master antenna	2005	6,300	630	10	630		1,207	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,633,617	\$ 54,077		\$ 131,858	\$ 77,781	\$ 3,183,651	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,633,617	\$ 54,077		\$ 131,858	\$ 77,781	\$ 3,183,651	1
2	Replace Various Mtrs and Kitchen storage room thermastat	2006	4,677	429	10	429		429	2
3	Install satellite TV in all common areas and rooms	2006	4,500	263	10	263		263	3
4	remove and replace 500 sq ft of roof above room 201	2006	2,655	133	10	133		133	4
5	Install satellite TV	2006	9,000	150	10	150		150	5
6	charge for addtl fire alarm protection per state	2006	17,800	148	10	148		148	6
7	Condensing Unit	2006	11,688	714	15	714		714	7
8	Engineering Fee for preparation of fire alarm drawings	2006	3,500	214	15	214		214	8
9	Concrete Slab replacement	2006	3,318	37	15	37		37	9
10	Concrete Slab replacement	2006	3,431	95	15	95		95	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,694,186	\$ 56,260		\$ 134,041	\$ 77,781	\$ 3,185,834	34

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

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

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		\$ 3,694,186	\$ 56,260		\$ 134,041	\$ 77,781	\$ 3,185,834	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,260		15			11,260	4
5	Leasehold Improvement-Remodeling	1980	17,639		20			17,639	5
6	Leasehold Improvement-Tenant Improvement	1987	912		13			912	6
7	Leasehold Improvement-AMS Remodel	1988	14,634		10			14,634	7
8	Leasehold Improvement-Roof	1994	3,269	204	16	204		2,453	8
9	Leasehold Improvement-Build.Improv.	1996	1,153	72	16	72		789	9
10	Leasehold Improvement-Asphalting	2000	89		3			89	10
11	Leasehold Improvement-DAI	2001	157	16	10	16		81	11
12	Leasehold Improvement-Bathrooms	2002	681	77	7	77		324	12
13	Leasehold Improvement-Suite Renovation	2003	1,672	167	10	167		669	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, et	2004	2,071	360	7	360		835	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	73		23			73	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	126	6	5	6		126	16
17									17
18	Related Party-AMS:								18
19	Leasehold Improvement-Remodeling	1993	6,060		7			6,060	19
20	Leasehold Improvement-Remodeling	2002	4,961	709	7	709		2,746	20
21	Leasehold Improvement-Remodeling	2003	5,189	741	7	741		2,856	21
22									22
23	Forum Extended Care, LLC-building/building improv	1999	12,434	293	30	293		2,350	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)		\$ 3,776,566	\$ 58,905		\$ 136,686	\$ 77,781	\$ 3,249,730	34

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

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	\$ 793,982	\$ 58,736	\$ 58,736	\$	Various	\$ 485,280	71
72	Current Year Purchases	7,369	256	256		Various	256	72
73	Fully Depreciated Assets	344,190	1,793	1,793		Various	344,190	73
74								74
75	TOTALS	\$ 1,145,541	\$ 60,785	\$ 60,785	\$		\$ 829,726	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	AMS - Bus/Travel Van	Chev/Lumina/'00/Various	98-'04	\$ 4,634	\$ 113	\$ 113	\$	3	\$ 4,747	76
77	Transport patients	Midwest: bus	1996	44,943				3	44,943	77
78										78
79										79
80	TOTALS			\$ 49,577	\$ 113	\$ 113	\$		\$ 49,690	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)	\$ 5,627,684	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 119,803	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 197,584	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 77,781	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,129,146	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: Alden Naperville, LLC - a related party

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

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

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

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

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

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 12,982 Description: Copy Machine, Postage Meter Rental

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related Party - AMS</u>		\$ <u>#####</u>	\$ <u>37,735</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>37,735</u>	21

10. Effective dates of current rental agreement:

Beginning 7/1/2005

Ending 7/1/2015

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

Fiscal Year Ending Annual Rent

12. 12/31/2007 \$ Varies

13. 12/31/2008 \$ Varies

14. 12/31/2009 \$ Varies

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled Nursing On-Site</u></p>	<p>2. <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	\$		\$ 97,811	\$		\$ 97,811	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			19,131			19,131	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			152,801			152,801	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				115,670		115,670	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	See Pg 16A				77,740	112,901		190,641	13
14	TOTAL			\$		\$ 347,483	\$ 228,571		\$ 576,054	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Page 16
Col 5: PT,OT, & ST
Col 6: Supplies

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$97,810.99
2. ST	39-3	To Col 5	19,131.21
3.			
4. PT	39-3	To Col 5	152,800.67
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			82,382.81
Manual Input from Related Party- Forum Drugs			33,287.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	115,669.81
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
Total Exceptional Care (Line 12, Col 8)			0.00
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	77,740.00
Other			183,436.30
Manual Input: Related Party - Prism			(75,076.00)
Manual Input: Related Party FECII - I.V			(56,505.00)
Manual Input: Related Party Wound Care			(2,575.00)
Oxygen, from reclass worksheet			63,621.00
13. Col 6: Supplies Total		To Col 6	112,901.30
13. Total Line 13, Column 8			190,641.30
14. Total			576,053.98

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509

Report Period Beginning: 01/01/06

Ending:

12/31/06

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

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

		1	2	
		Operating	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 (82,000))	1,526,093	1,526,093	3
4	Supply Inventory (priced at)	1,390	1,390	4
5	Short-Term Investments			5
6	Prepaid Insurance		8,774	6
7	Other Prepaid Expenses	2,409	2,409	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	81,151	81,151	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,611,043	\$ 1,619,817	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		4,300,000	13
14	Buildings, at Historical Cost		7,482,906	14
15	Leasehold Improvements, at Historical Cost	1,445,949	1,445,949	15
16	Equipment, at Historical Cost	1,101,980	1,101,980	16
17	Accumulated Depreciation (book methods)	(1,945,928)	(2,226,537)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		66,216	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(8,277)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 602,001	\$ 12,162,237	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,213,044	\$ 13,782,054	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 745,271	\$ 745,271	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	219,882	219,882	28
29	Short-Term Notes Payable		452,830	29
30	Accrued Salaries Payable	402,561	402,561	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,793	19,793	31
32	Accrued Real Estate Taxes(Sch.IX-B)		129,700	32
33	Accrued Interest Payable		101,962	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>accrued ins.,exp,idpa,sales tax misc</u>	73,032	73,032	36
37	<u>due to related party</u>	977,619		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,438,158	\$ 2,145,031	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		10,483,385	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>	4,016,567	4,684,285	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,016,567	\$ 15,167,670	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,454,725	\$ 17,312,701	46
47	TOTAL EQUITY(page 18, line 24)	\$ (4,241,681)	\$ (3,530,647)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,213,044	\$ 13,782,054	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,765,757)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,765,757)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(475,924)	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)	\$ (475,924)	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)	\$ (4,241,681)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 7,949,096	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,949,096	3
	B. Ancillary Revenue		
4	Day Care	5,075	4
5	Other Care for Outpatients		5
6	Therapy	55,614	6
7	Oxygen	37,314	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 98,003	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	139	12
13	Barber and Beauty Care	1,164	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	808	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	17	20
21	Other Medical Services	89,115	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 91,243	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	33	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 33	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc. Income	161	28
28a	Adjust to prior year expense	37,823	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 37,984	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,176,359	30

2

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,579,585	31
32	Health Care	2,780,623	32
33	General Administration	1,648,261	33
	B. Capital Expense		
34	Ownership	1,997,110	34
	C. Ancillary Expense		
35	Special Cost Centers	535,562	35
36	Provider Participation Fee	111,142	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,652,283	40
41	Income before Income Taxes (line 30 minus line 40)**	(475,924)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (475,924)	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 due 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.

**Naperville
2006**

Column 1
Amount

Page 19A

Misc Income (Med Records) 161.00
Adjustment to prior year expense 37,823.27

37,984.27
=====

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509

Report Period Beginning:

01/01/06

Ending:

12/31/06

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	1,959	2,071	\$ 71,885	\$ 34.71	1
2	Assistant Director of Nursing	552	552	16,985	30.77	2
3	Registered Nurses	17,335	18,809	563,347	29.95	3
4	Licensed Practical Nurses	22,325	23,613	633,519	26.83	4
5	CNAs & Orderlies	64,927	68,812	936,335	13.61	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,573	1,824	29,078	15.94	8
9	Activity Director	1,936	2,080	53,396	25.67	9
10	Activity Assistants	5,268	5,729	72,267	12.61	10
11	Social Service Workers	2,024	2,080	38,588	18.55	11
12	Dietician					12
13	Food Service Supervisor	1,928	2,080	43,805	21.06	13
14	Head Cook	5,593	6,273	99,790	15.91	14
15	Cook Helpers/Assistants	29,133	31,022	297,129	9.58	15
16	Dishwashers					16
17	Maintenance Workers	3,800	4,021	89,002	22.13	17
18	Housekeepers	21,220	22,936	258,811	11.28	18
19	Laundry	5,266	5,911	50,839	8.60	19
20	Administrator	2,000	2,080	74,298	35.72	20
21	Assistant Administrator					21
22	Other Administrative	5,117	5,430	128,589	23.68	22
23	Office Manager	1,904	2,080	35,322	16.98	23
24	Clerical	2,436	2,436	18,252	7.49	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,968	1,976	42,874	21.70	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Alzheimer staff	6,126	6,336	63,018	9.95	33
34	TOTAL (lines 1 - 33)	204,390	218,151	\$ 3,617,129 *	\$ 16.58	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	800/Monthly	\$ 9,600	1-3	35
36	Medical Director	1,167/Monthly	14,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	406/Monthly	4,872	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	19	1,007	11-3	44
45	Social Service Consultant	17	966	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	36	\$ 30,445		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Nora Tabron	Administrator	0	74,298	Workers' Compensation Insurance	80,346	IDPH License Fee		
				Unemployment Compensation Insurance	38,765	Advertising: Employee Recruitment	21	
				FICA Taxes	259,429	Health Care Worker Background Check	810	
				Employee Health Insurance	110,277	(Indicate # of checks performed 81)		
				Employee Meals	27,274	Patient Background Checks	1,980	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	407	
				dental,life and vaccinations	3,442	Alliance for Quality Nursing	3,924	
				401K/emp. Relations	7,394	IL. Healthcare Assoc	8,111	
				tuition	690	Related Party AMS	2,248	
				employee drug tests	1,808			
				Misc payroll costs/physicals	867	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 74,298	TOTAL (agree to Schedule V, line 22, col.8)		\$ 17,501		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
							Related Party AMS	1,931
							Auto & Travel	526
							Misc. Gas	1,445
							Seminar Expense	
							Alzheimer's Association	2,163
							Leadership Training	1,324
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL	\$ 7,389
C. Professional Services								
Vendor/Payee	Type		Amount					
AMS	Management Fees		496,800					
BDO Seidman and Reznick	Accounting Fees		12,071					
Ken Fisch/Greenburg	Legal Fees		26,763					
SMS	Glucose Bill. Consult.		11,556					
Midwest Medical Records	Medical Rec. Retrieval		184					
Medi.Com	Billing Consultants		375					
Janet L. Herman	Legal Fees		1,094					
Pathway	Clinical Consultants		3,472					
AMS Conslt'g/Dana Conslt'g	Consulting fees		3,651					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 555,966					

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number

ALDEN NURSING CENTER - NAPERVILLE Report Period Beginning: 1/1/06 Ending: 12/31/06

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								10	11	12	13
	Improvement Type	Month/Yr Improvement	Total Cost	Useful Life	Amount of Expense Amortized Per Year											
					FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011			
45	Climate Service (repair boiler,water heater)	3/99	2,629	3	146	0	0	0								
46	Climate Service (clean coils)	3/99	1,771	3	98	0	0	0								
47	Chicago Cooling(start up chiller)	7/99	4,019	3	670	0	0	0								
48	Painting>\$1,500 ytd for 1999	7/99	12,345	3	2,057	0	0	0								
49	Climate Service (boiler repair)	3/00	4,371	3	1,457	0	0	0								
50	GT Mechanical (repair chiller condenser)	5/00	2,098	3	699	0	0	0								
51	Alden Bennett Construction (time & material)	7/00	700	3	233	0	0	0								
52	Alden Bennett Construction (painting)	6/00	6,112	3	2,037	0	0	0								
53	Alden Bennett Construction (time & material)	12/00	8,531	3	2,844	0	0	0								
54	Painting>\$1,500 ytd for 2000	7/00	8,585	3	2,862	1,431	0	0								
55	Alden Bennett Construction (time & material)	1/02	3,719	15	248	248	248	248	248	248	248	248	248			
56	Alden Bennett Construction (time & material)	3/02	1,755	15	98	117	117	117	117	117	117	117	117			
55	TOTALS (sum of pages 22, 22A, & 22B)		164,830		14,377	2,311	1,221	880	880	880	880	880	880			

Facility Name & ID Number Alden Naperville Rehab & HCC

0022509

Report Period Beginning: 01/01/06

Ending: 12/31/06

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. II. Health Care Assn. \$11,206
- (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? 12 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 35,712 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. \$ 111,142
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. \$ 27,274 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: Reznick Group, PC The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. not required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, 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