



Facility Name & ID Number Alden Northmoor Rehab & HCC

# 0041277 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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	198	Skilled (SNF)	198	72,270	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	198	TOTALS	198	72,270	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	7,281	3,169	10,240	20,690	8
9	SNF/PED					9
10	ICF	38,091	4,309		42,400	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	45,372	7,478	10,240	63,090	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.30%

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

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

YES  NO

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

Date started 3/29/1996

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

YES  Date 11/1/1996 NO

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

YES  NO  If YES, enter number of beds certified 63 and days of care provided 9,341

Medicare Intermediary Adminastar Federal, Inc

IV. ACCOUNTING BASIS

ACCRUAL  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 Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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
	<b>A. General Services</b>										
1	Dietary	504,034	30,969	9,600	544,603	594	545,197	(6,334)	538,863		1
2	Food Purchase		349,294		349,294	(29,222)	320,072	5,820	325,892		2
3	Housekeeping	181,201	38,233		219,434	648	220,082		220,082		3
4	Laundry	45,620	13,288		58,908	127	59,035		59,035		4
5	Heat and Other Utilities			301,743	301,743		301,743	(23,717)	278,026		5
6	Maintenance	33,308	(26)	134,456	167,738	92	167,830	23,224	191,054		6
7	Other (specify):* <b>Related Party Salary</b>							51,919	51,919		7
8	<b>TOTAL General Services</b>	764,163	431,758	445,799	1,641,720	(27,761)	1,613,959	50,912	1,664,871		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			21,400	21,400		21,400		21,400		9
10	Nursing and Medical Records	2,641,379	176,961	60,947	2,879,287	(40,039)	2,839,248	(2,068)	2,837,180		10
10a	Therapy	20,302			20,302		20,302		20,302		10a
11	Activities	67,913	1,447	5,863	75,223	201	75,424		75,424		11
12	Social Services	26,160			26,160		26,160		26,160		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Related Party Salary</b>							41,629	41,629		15
16	<b>TOTAL Health Care and Programs</b>	2,755,754	178,408	88,210	3,022,372	(39,838)	2,982,534	39,561	3,022,095		16
	<b>C. General Administration</b>										
17	Administrative	111,335			111,335		111,335		111,335		17
18	Directors Fees										18
19	Professional Services			933,965	933,965	(4,358)	929,607	(831,415)	98,192		19
20	Dues, Fees, Subscriptions & Promotions			62,306	62,306	(259)	62,047	(40,124)	21,923		20
21	Clerical & General Office Expenses	130,600	19,776	84,723	235,099	667	235,766	65,266	301,032		21
22	Employee Benefits & Payroll Taxes			563,484	563,484	23,332	586,816		586,816		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,746	2,746		2,746	2,151	4,897		24
25	Other Admin. Staff Transportation							11,679	11,679		25
26	Insurance-Prop.Liab.Malpractice			228,301	228,301		228,301	11,383	239,684		26
27	Other (specify):* <b>Bad debt/Related party salary</b>			159,659	159,659		159,659	374,750	534,409		27
28	<b>TOTAL General Administration</b>	241,935	19,776	2,035,184	2,296,895	19,382	2,316,277	(406,310)	1,909,967		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,761,852	629,942	2,569,193	6,960,987	(48,217)	6,912,770	(315,837)	6,596,933		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 &amp; ID Number

Alden Northmoor Rehab &amp; HCC

#0041277

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

## 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	
	<b>D. Ownership</b>											
30	Depreciation			45,594	45,594		45,594	293,910	339,504			30
31	Amortization of Pre-Op. & Org.							3,212	3,212			31
32	Interest			151,995	151,995		151,995	524,541	676,536			32
33	Real Estate Taxes							418,028	418,028			33
34	Rent-Facility & Grounds			1,196,707	1,196,707		1,196,707	(1,196,707)				34
35	Rent-Equipment & Vehicles			9,395	9,395		9,395	42,023	51,418			35
36	Other (specify):* MIP & Amortiz.							56,254	56,254			36
37	<b>TOTAL Ownership</b>			1,403,691	1,403,691		1,403,691	141,261	1,544,952			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		529,146	709,544	1,238,690	48,217	1,286,907	(118,136)	1,168,771			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			108,405	108,405		108,405		108,405			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		529,146	817,949	1,347,095	48,217	1,395,312	(118,136)	1,277,176			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,761,852	1,159,088	4,790,833	9,711,773		9,711,773	(292,712)	9,419,061			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 - Northmoor  
 Reporting Period Beginning  
 Reporting Period Ending

#0041277  
 1/01/06  
 12/31/06

PG4A Reclass

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2	22	(29,222)	Employee Meal
		29,222	Employee Meal
22		(5,890)	Uniforms
	1	594	Uniforms
	3	648	Uniforms
	4	127	Uniforms
	6	92	Uniforms
	10	3,820	Uniforms
	11	201	Uniforms
	21	408	Uniforms
10	39	(48,217)	Oxygen
		48,217	Oxygen
20	21	(259)	Extended Care Info Network
		259	Extended Care Info Network
19	10	(4,358)	Pathway-Clinical consultants
		4,358	
		<u>0</u>	Net must be 0

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	(70)	2		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	(7,204)	30		9
10	Interest and Other Investment Income	(73)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,290)	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	(15,749)	21		17
18	Fines and Penalties	(3,997)	32		18
19	Entertainment	(464)	20		19
20	Contributions	(5,889)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(17,048)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(159,659)	27		24
25	Fund Raising, Advertising and Promotional	(32,877)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (244,320)		\$	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)	44,031	Various	34
35	Other- Attach Schedule See Pg 5A	(92,423)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (48,392)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (292,712)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

## Alden Northmoor Rehab &amp; HCC

ID# 0041277

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (7,365)	5	1
2	Late fees on telephone (g/l 6843)	(319)	21	2
3				3
4	Intercompany interest (g/l 7031)	(91,307)	32	4
5	Jury duty (g/l 4977-100-002)-misc	(120)	21	5
6	Vending machine (g/l 4977-100-003)-misc	(3,040)	2	6
7	Donations (g/l 4977-100-023)-misc	(50)	20	7
8	Wage service fee (g/l 4977-100-006)-misc	(26)	21	8
9	Record copies (g/l 4977-100-001)-misc	(809)	10	9
10	Add back vendor settlement (gl 7143) to reclass	20,820	21	10
11	Back out vendor settlement credit for Comed	(19,692)	5	11
12	Back out vendor settlement credit for Neal	(1,128)	19	12
13	Add back credit posted for prior yrs' legal costs	1,397	19	13
14	IL Health Care Assoc dues (PAC: 30.65%)	(3,347)	20	14
15	Adj deferred maintenance to equal Pg 22A's	1,115	6	15
16	Back out fines & penalties on LP	(300)	32	16
17	Expense assets < \$2,500	2,218	6	17
18	Back out depreciation on assets < \$2,500	(74)	30	18
19	Expense assets < \$2,500	11,165	6	19
20	Back out depreciation on assets < \$2,500	(764)	30	20
21	Adj depreciation to equal Pg 13's	(797)	30	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	<b>Total</b>	(92,423)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Northmoor Rehab &amp; HCC

# 0041277

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

## 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	(4,400)	0	0	10,220	0	0	0	0	0	0	0	5,820	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	(27,057)	0	3,340	0	0	0	0	0	0	0	0	(23,717)	5
6	Maintenance	14,498	0	9,243	0	0	0	(517)	0	0	0	0	23,224	6
7	Other (specify):*	0	0	47,601	4,318	0	0	0	0	0	0	0	51,919	7
8	<b>TOTAL General Services</b>	<b>(16,959)</b>	<b>0</b>	<b>60,184</b>	<b>8,204</b>	<b>0</b>	<b>0</b>	<b>(517)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50,912</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(809)	0	0	400	(1,659)	0	0	0	0	0	0	(2,068)	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	41,629	0	0	0	0	0	0	0	0	41,629	15
16	<b>TOTAL Health Care and Programs</b>	<b>(809)</b>	<b>0</b>	<b>41,629</b>	<b>400</b>	<b>(1,659)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>39,561</b>	<b>16</b>
	<b>C. General Administration</b>													
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	(16,779)	4,581	(819,217)	0	0	0	0	0	0	0	0	(831,415)	19
20	Fees, Subscriptions & Promotions	(42,627)	0	2,503	0	0	0	0	0	0	0	0	(40,124)	20
21	Clerical & General Office Expenses	4,606	400	37,011	9,543	13,706	0	0	0	0	0	0	65,266	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	2,151	0	0	0	0	0	0	0	0	2,151	24
25	Other Admin. Staff Transportation	0	0	11,679	0	0	0	0	0	0	0	0	11,679	25
26	Insurance-Prop.Liab.Malpractice	0	11,110	273	0	0	0	0	0	0	0	0	11,383	26
27	Other (specify):*	(159,659)	0	506,960	12,329	15,120	0	0	0	0	0	0	374,750	27
28	<b>TOTAL General Administration</b>	<b>(214,459)</b>	<b>16,091</b>	<b>(258,640)</b>	<b>21,872</b>	<b>28,826</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(406,310)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(232,227)</b>	<b>16,091</b>	<b>(156,827)</b>	<b>30,476</b>	<b>27,167</b>	<b>0</b>	<b>(517)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(315,837)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Northmoor Rehab &amp; HCC

# 0041277

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(8,839)	295,613	5,278	0	1,858	0	0	0	0	0	0	293,910	30
31	Amortization of Pre-Op. & Org.	0	0	3,212	0	0	0	0	0	0	0	0	3,212	31
32	Interest	(95,677)	509,106	107,521	0	1,840	1,751	0	0	0	0	0	524,541	32
33	Real Estate Taxes	0	409,911	7,430	0	687	0	0	0	0	0	0	418,028	33
34	Rent-Facility & Grounds	0	(1,196,707)	0	0	0	0	0	0	0	0	0	(1,196,707)	34
35	Rent-Equipment & Vehicles	0	0	42,023	0	0	0	0	0	0	0	0	42,023	35
36	Other (specify):*	0	56,254	0	0	0	0	0	0	0	0	0	56,254	36
37	<b>TOTAL Ownership</b>	<b>(104,516)</b>	<b>74,177</b>	<b>165,464</b>	<b>0</b>	<b>4,385</b>	<b>1,751</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>141,261</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(128,135)	(76,806)	86,805	0	0	0	0	0	(118,136)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(128,135)</b>	<b>(76,806)</b>	<b>86,805</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(118,136)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(336,743)</b>	<b>90,268</b>	<b>8,637</b>	<b>(97,659)</b>	<b>(45,254)</b>	<b>88,556</b>	<b>(517)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(292,712)</b>	<b>45</b>

**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 revenue	\$ 1,196,707	Alden Northmoor Associates Limited Partnership		\$	(1,196,707)	1	
2	V	32	Interest income	56,300	Alden Northmoor Associates Limited Partnership			(56,300)	2	
3	V	32	Replacement Reserve interest	2,670	Alden Northmoor Associates Limited Partnership			(2,670)	3	
4	V	19	Professional fees-Audit		Alden Northmoor Associates Limited Partnership			4,581	4	
5	V	21	Licenses & inspections		Alden Northmoor Associates Limited Partnership			400	5	
6	V	32	Fines & Penalties		Alden Northmoor Associates Limited Partnership			300	6	
7	V	33	Real estate taxes		Alden Northmoor Associates Limited Partnership			409,911	7	
8	V	26	Property/liability insurance		Alden Northmoor Associates Limited Partnership			11,110	8	
9	V	36	Mortgage insurance premium		Alden Northmoor Associates Limited Partnership			54,593	9	
10	V	32	Mortgage interest		Alden Northmoor Associates Limited Partnership			468,791	10	
11	V	32	Interest-Operating loss loan		Alden Northmoor Associates Limited Partnership			98,985	11	
12	V	30	Depreciation		Alden Northmoor Associates Limited Partnership			295,613	12	
13	V	36	Amortization		Alden Northmoor Associates Limited Partnership			1,661	13	
14	Total		\$ 1,255,677				\$	1,345,945	\$ * 90,268	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	\$ 847,713	Alden Management Services, Inc.		\$ 28,496	\$ (819,217)
16	V	21 Gen'l & Admin		Alden Management Services, Inc.		37,011	37,011
17	V	5 Utilities		Alden Management Services, Inc.		3,340	3,340
18	V	6 Repair/Mainten.		Alden Management Services, Inc.		9,243	9,243
19	V	24 Travel/Seminar		Alden Management Services, Inc.		2,151	2,151
20	V	25 Other admin travel		Alden Management Services, Inc.		11,679	11,679
21	V	26 Insurance		Alden Management Services, Inc.		273	273
22	V	20 Dues/Subscriptions		Alden Management Services, Inc.		2,503	2,503
23	V	30 Depreciation		Alden Management Services, Inc.		5,278	5,278
24	V	31 Amortization		Alden Management Services, Inc.		3,212	3,212
25	V	33 Real Estate Taxes		Alden Management Services, Inc.		7,430	7,430
26	V	35 Rent-Equip & Vehic		Alden Management Services, Inc.		42,023	42,023
27	V	32 Interest		Alden Management Services, Inc.		107,521	107,521
28	V	7 Gen'l Service Salary		Alden Management Services, Inc.		47,601	47,601
29	V	15 Health Care Salary		Alden Management Services, Inc.		41,629	41,629
30	V	27 Gen'l & Admin Salary		Alden Management Services, Inc.		506,960	506,960
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 847,713			\$ 856,350	\$ * 8,637

\* 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 salaries		Prism Health Care Services, Inc.		4,318	4,318
17	V	2 Tube feeding	11,270	Prism Health Care Services, Inc.		21,490	10,220
18	V	10 Equipment rental-patient care	3,060	Prism Health Care Services, Inc.		3,460	400
19	V	39 Ancillary supplies	162,293	Prism Health Care Services, Inc.		34,158	(128,135)
20	V	27 G & A salaries		Prism Health Care Services, Inc.		12,329	12,329
21	V	21 G & A expenses		Prism Health Care Services, Inc.		9,543	9,543
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		\$ 186,223			\$ 88,564	\$ * (97,659)

\* 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	\$ 190,966	Forum Extended Care Services II, Inc.		\$ 268,126	\$ 77,160
16	V	39 I.V.	170,412	Forum Extended Care Services II, Inc.		17,641	(152,771)
17	V	39 Wound Vac	5,476	Forum Extended Care Services II, Inc.		4,281	(1,195)
18	V	10 House Stock	6,884	Forum Extended Care Services II, Inc.		6,206	(678)
19	V	10 Pharm Consult	8,292	Forum Extended Care Services II, Inc.		7,311	(981)
20	V	27 Employ Vaccin	687	Forum Extended Care Services II, Inc.		537	(150)
21	V	27 G & A Salaries		Forum Extended Care Services II, Inc.		15,270	15,270
22	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		13,706	13,706
23	V	32 Interest		Forum Extended Care Services II, Inc.		1,840	1,840
24	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		687	687
25	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,858	1,858
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		\$ 382,717			\$ 337,463	\$ * (45,254)

\* 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 Revenue-therapy	\$ 682,126	Community Physical Therapy & Associates, Ltd.		\$ 768,931	\$ 86,805	15	
16	V	32 Interest				1,751	1,751	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		\$ 682,126			\$ 770,682	\$ *	88,556	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	\$ 33,826	Alden Bennett Construction Company, Inc.		\$ 33,309	\$ (517)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
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		\$ 33,826			\$ 33,309	\$ * (517)

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

Facility Name & ID Number ALDEN NURSING CENTER - NORTHMOO # 004-1277

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 Waterford	Aurora
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Gardens Courts of Des Plaines	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Clinton, WI
ANC Poplar Creek	Hoffman Estates
ANC Estates of Barrington	Barrington
ANC Springs	Bloomingtondale

OTHER RELATED BUSINESS ENTITIES			
Name	City	Type of Business	
The Forum Prof. Center	Chicago	Office rental	
Prism Health Care Services	Chicago	Nursing supplies	
Forum Extended Care Services II	Chicago	Pharmacy	
Alden Management Services	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 Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

## 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	CEO	100.00	131,631	2.256	5.64	salary	\$ 7,869	27-7	1
2	Lauren Magnusson b.	Nurse Coordinator	Nursing Admin		77,153	2.256	5.64	salary	4,612	15-7	2
3	Terry Magnussen c.	Maint. Supervisor	Construct/Maint		50,053	2.256	5.64	salary	2,992	7-7	3
4											4
5											5
6	a. President and sole stockholder of The Alden Group, Ltd										6
7	b. Daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										7
8	c. Son-in-law of Floyd Schlossberg. Terry is in construction & maintenance.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 15,473		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 Northmoor Rehab & HCC

# 0041277 Report Period Beginning: 01/01/2006

Ending: 2/31/2006

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 Northmoor Rehab & HCC

# 0041277

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

**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		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge Realty		X	Mortgage	\$45,562.32	12/1/03	\$ 9,194,900	\$ 8,979,309	1/1/2044	5.2000	\$ 468,791	1						
2	Cambridge Realty		X	Operating Loss Loan	\$9,620.47	12/1/03	1,941,500	1,895,978	1/1/2044	5.2000	98,985	2						
3												3						
4												4						
5	Other-Therapeutic Systems		X	Working capital	Varies						391	5						
<b>Working Capital</b>																		
6	Related party-AMS	X		Working capital							107,521	6						
7	Related party-FECSII	X		Working capital							1,840	7						
8	Related party-CPT	X		Working capital							1,751	8						
9	TOTAL Facility Related				\$55,182.79		\$ 11,136,400	\$ 10,875,287			\$ 679,279	9						
<b>B. Non-Facility Related*</b>																		
10	Northmoor Associates LP	X		Interest-Replacement Res							(2,670)	10						
11	Patient interest income		X	Non-care interest revenue							(73)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (2,743)	14						
15	TOTALS (line 9+line14)						\$ 11,136,400	\$ 10,875,287			\$ 676,536	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 54,593 Line # 36

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

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



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 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 Northmoor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041277

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

**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>13-06-409-017-0000</u>	<u>Nursing Home</u>	<u>\$ 3,917.08</u>	<u>\$ 3,917.08</u>
2. <u>13-06-409-018-0000</u>	<u>Nursing Home</u>	<u>\$ 2,278.94</u>	<u>\$ 2,278.94</u>
3. <u>13-06-409-019-0000</u>	<u>Nursing Home</u>	<u>\$ 2,221.28</u>	<u>\$ 2,221.28</u>
4. <u>13-06-409-020-0000</u>	<u>Nursing Home</u>	<u>\$ 2,191.02</u>	<u>\$ 2,191.02</u>
5. <u>13-06-409-021-0000</u>	<u>Nursing Home</u>	<u>\$ 78,742.74</u>	<u>\$ 78,742.74</u>
6. <u>13-06-409-022-0000</u>	<u>Nursing Home</u>	<u>\$ 78,537.83</u>	<u>\$ 78,537.83</u>
7. <u>13-06-409-023-0000</u>	<u>Nursing Home</u>	<u>\$ 78,537.83</u>	<u>\$ 78,537.83</u>
8. <u>13-06-409-024, 025-000</u>	<u>Nursing Home</u>	<u>\$ 159,284.07</u>	<u>\$ 159,284.07</u>
9. <u>See 11 page support</u>	<u>Related Party-Alden Mgmt Serv</u>	<u>\$ 131,720.00</u>	<u>\$ 7,430.00</u>
10. <u>attached.</u>	<u>Related Party-FECSII</u>	<u>\$ 14,554.00</u>	<u>\$ 687.00</u>
	<b>TOTALS</b>	<u>\$ 551,984.79</u>	<u>\$ 413,827.79</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 Northmoor Rehab & HCC

# 0041277

Report Period Beginning:

01/01/2006 Ending:

12/31/2006

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 83,872 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

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

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Facility</u>	<u>53,009</u>	<u>1996</u>	<u>\$ 1,429,683</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>53,009</b>		<b>\$ 1,429,683</b>	<b>3</b>

Facility Name &amp; ID Number Alden Northmoor Rehab &amp; HCC

# 0041277

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

## 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	198		1994	\$ 8,796,651	\$ 227,120	40	\$ 219,916	\$ (7,204)	\$ 2,401,726	4
5										5
6										6
7										7
8	Related party - FECSII		1978	14,839		25			14,839	8
	Improvement Type**									
9	Cable installation		1996	5,704		5			5,704	9
10	Cable installation		1996	3,286		5			3,286	10
11	Fire alarm		1996	17,753	1,184	15	1,184		12,131	11
12	Install additional outlet		1997	2,108	211	10	211		2,090	12
13	Install additional outlet		1997	1,116	112	10	112		1,107	13
14	Install additional outlet		1997	2,668	267	10	267		2,668	14
15	Access control materials		1997	4,714	471	10	471		4,360	15
16	HVAC repair		1997	6,413		5			6,413	16
17	Phone line installation		1997	2,768		5			2,768	17
18	Phone line installation		1997	3,096		5			3,096	18
19	Equipment for security system		1998	4,170	417	10	417		3,753	19
20	Change belt on fans & airhandlers		1998	2,012		5			2,012	20
21	Wire third floor & twenty bed jacks		1998	7,189	719	10	719		6,290	21
22	Repair pump motor on elevator		1998	3,500	175	20	175		1,487	22
23	Install pump motor on dishwasher		1998	2,029	203	10	203		1,741	23
24	Install door locks		1998	8,157	816	10	816		7,206	24
25	Door system work		1998	775	77	10	77		633	25
26	Repair nurse call system		1998	275	27	10	27		225	26
27	Repair nurse call system		1998	1,032	103	10	103		842	27
28	Repair nurse call system		1998	982	98	10	98		802	28
29	Chiller		1998	52,667	3,511	15	3,511		28,382	29
30	Computer & training & installation		1998	3,158		5			3,158	30
31	Canopy construction		1998	73,120	4,875	15	4,875		42,653	31
32	Continue on page 12A									32
33										33
34										34
35										35
36										36

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

See Page 12A, Line 70 for total

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

Facility Name &amp; ID Number Alden Northmoor Rehab &amp; HCC

# 0041277

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

## 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	Climate Service - replace compressor	1999	\$ 2,603	\$ 173	15	\$ 173	\$	\$ 1,388	37
38	Washtown equipment - dryer installation	1999	2,875	288	10	288		2,228	38
39	Climate Service - repair chiller pump	1999	2,940		5			2,940	39
40	Equipment INT - dryer repair	1999	130		5			130	40
41	Rykoff Sexton - coffee machine	1999	2,021		5			2,021	41
42	Equipment INT - dryer repair	1999	1,891		5			1,891	42
43	Climate Service - chiller maint	1999	3,071		5			3,071	43
44	United Communication group-phone repair	1999	1,593	159	10	159		1,141	44
45	Long elevator	1999	2,168	108	20	108		777	45
46	Climate service - ice machine repair	1999	1,885	188	10	188		1,335	46
47	Climate service - condensor repair	1999	3,579	239	15	239		2,784	47
48	ABC -misc. Work	2000	16,003	1,600	10	1,600		9,735	48
49	CSI-change exhausst belt - hvac	2000	1,695		5			1,695	49
50	ABC - metla frame/heating vent	2000	2,048	102	20	102		700	50
51	ABC - misc. const. Work	2000	2,059		5			2,059	51
52	GT mechanical - gas line	2001	1,563	156	10	156		951	52
53	Coker services-repair washer	2001	2,013	201	10	201		1,174	53
54	Coker services -install gas unit	2001	4,125	413	10	413		2,406	54
55	DBS contracting -lawn sprinkler	2001	2,215	148	15	148		960	55
56	DBS contracting -lawn sprinkler	2001	2,575	172	15	172		1,059	56
57	GT mechanical -condensor fan motors	2001	1,867	124	15	124		704	57
58	CSI Corker - service on cleveland MD2224CGA1	2001	1,582	158	10	158		817	58
59	GT Mech- chiller repair (both chillers)	2002	1,435	287	5	287		1,435	59
60	GT Mech- credit for 5/01 inv 18186	2002	(1,259)	(84)	15	(84)		(407)	60
61	Action Fence Contractors-install 3 steel bollards	2002	1,725	172	10	172		805	61
62	ABC- Efficient Insulation Systems- insulation	2002	769	51	15	51		231	62
63	ABC- Joseph Stanger corian top repair	2002	1,632	163	10	163		680	63
64	ABC- 30' flagpole and installation	2002	2,215	111	20	111		508	64
65	ABC- Action Fence install 3 steel bollards	2002	2,011	201	10	201		855	65
66	ABC- Action Fence dumpster gate	2002	2,332	466	5	466		1,943	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 9,093,544	\$ 245,982		\$ 238,778	\$ (7,204)	\$ 2,607,388	70

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

Facility Name &amp; ID Number Alden Northmoor Rehab &amp; HCC

# 0041277

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

## 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	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,093,544	\$ 245,982		\$ 238,778	\$ (7,204)	\$ 2,607,388	1
2	ABC-fire/smoker dampers	2003	6,390	639	10	639		2,236	2
3	ABC-rooftop compressor	2003	8,411	561	15	561		2,009	3
4	ABC-securitron DK 26	2003	1,087	72	15	72		266	4
5	GT Mechanical - H/V/A/C	2004	2,594	259	10	259		670	5
6	CSI Coker - Oven (flame spreader)	2004	3,378	338	10	338		845	6
7	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		433	7
8	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		388	8
9	Top Notch Service - Steam wells (2)	2004	2,153	215	10	215		449	9
10	ABC (C&H Bldg Spec)-30' flagpole & installation	2005	2,193	110	20	110		174	10
11	Equipment Int'l-#1 American Dryer repl parts	2005	2,007	201	10	201		385	11
12	ABC (JJ Designs)-Refurbish rooms/furniture/board trim	2005	5,324	355	15	355		621	12
13	Lees (The Floor Source)-4th floor dining room tiling	2005	5,702	570	10	570		855	13
14	ABC (Stripe-It-Right)-Sealcoat & stripe	2005	2,029	203	20	203		287	14
15	ABC (SCI Design)-Refurbish/finish furniture	2005	4,326	288	15	288		384	15
16	ABC (Amer Bldg Serv)-Restroom doors	2005	759	40	20	40		47	16
17	ABC (Raise-Rite Concrete)-Mud jack ambulance entry/patio	2005	1,020	68	15	68		79	17
18	ABC (Oak Fire)-Smoke detectors for elevator recall system	2006	13,931	1,045	10	1,045		1,045	18
19	GT Mechanical-Compressor fan motor & cooling fans	2006	4,097	171	10	171		171	19
20	Long Elevator-New motor/relays/starter	2006	7,333	336	20	336		336	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,170,578	\$ 251,811		\$ 244,607	\$ (7,204)	\$ 2,619,068	34

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

Facility Name &amp; ID Number Alden Northmoor Rehab &amp; HCC

# 0041277

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

## 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	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,170,578	\$ 251,811		\$ 244,607	\$ (7,204)	\$ 2,619,068	1
2									2
3	<b>Related Party-Forum Prof Center Building:</b>								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, etc	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									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	<b>Related Party-AMS:</b>								26
27	Leasehold Improvement-Remodeling	1993	6,060		7			6,060	27
28	Leasehold Improvement-Remodeling	2002	4,961	709	7	709		2,746	28
29	Leasehold Improvement-Remodeling	2003	5,189	741	7	741		2,856	29
30	<b>FYI... This line goes to TM Only -----&gt;</b>								30
31									31
32									32
33	<b>Forum Extended Care, LLC-building/building improv</b>	1999	12,434	293	30	293		2,350	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,252,957	\$ 254,456		\$ 247,252	\$ (7,204)	\$ 2,682,964	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	\$ 1,209,493	\$ 89,644	\$ 89,644	\$	Various	\$ 817,879	71
72	Current Year Purchases	10,647	702	702		Various	702	72
73	Fully Depreciated Assets	124,810	1,793	1,793		Various	124,810	73
74								74
75	TOTALS	\$ 1,344,950	\$ 92,139	\$ 92,139	\$		\$ 943,391	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	\$ 4,817	\$ 113	\$ 113	\$	3	\$ 4,787	76
77	Bus	Ford Eldorado	2000	49,863				3	49,863	77
78										78
79										79
80	TOTALS			\$ 54,680	\$ 113	\$ 113	\$		\$ 54,650	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)	\$ 12,082,270	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 346,708	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 339,504	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (7,204)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,681,005	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: Northmoor Associates LP - related party cost is backed out

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	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: \$ 9,396 Description: Copy machine = \$8,722; postage meter = \$674

(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>42,023</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>42,023</u>	21

10. Effective dates of current rental agreement:

Beginning 4/1/2006

Ending 3/31/2016

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

Fiscal Year Ending Annual Rent

12. /2007 \$ 1,196,700

13. /2008 \$ 1,196,700

14. /2009 \$ 1,196,700

\* 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	\$		\$ 275,393	\$		\$ 275,393	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			91,561			91,561	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			315,405			315,405	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescripts				268,127		268,127	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				86,805	131,480		218,285	13
14	TOTAL			\$		\$ 769,164	\$ 399,607		\$ 1,168,771	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	\$275,393.53
2. ST	39-3	To Col 5	91,560.70
3.			
4. PT	39-3	To Col 5	315,405.60
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			190,965.70
Manual Input from Related Party- FECSII Drugs			77,161.00 From Pg 6C
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	268,126.70
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	86,805.00 From Pg 6D
Other			365,364.21
Manual Input: Related Party - Prism			(128,135.00) From Pg 6B
Manual Input: Related Party FECSII - I.V.			(152,771.00) From Pg 6C
Manual Input: Related Party FECSII - Wound Care			(1,195.00) From Pg 6C
Oxygen, from reclass worksheet			48,217.00 From Pg 4A
13. Col 6: Supplies Total		To Col 6	131,480.21
13. Total Line 13, Column 8			218,285.21
14. Total			1,168,771.74

Facility Name &amp; ID Number Alden Northmoor Rehab &amp; HCC

# 0041277

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>102,000</u> )	2,344,893	2,344,893	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments		270,067	5
6	Prepaid Insurance		16,927	6
7	Other Prepaid Expenses	4,252	4,252	7
8	Accounts Receivable (owners or related parties)	396,852	1,679,195	8
9	Other(specify): <u>Due from 3rd parties</u>	210,799	241,484	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,956,796	\$ 4,556,818	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,429,683	13
14	Buildings, at Historical Cost		9,084,793	14
15	Leasehold Improvements, at Historical Cost	411,437	411,437	15
16	Equipment, at Historical Cost	304,348	1,319,797	16
17	Accumulated Depreciation (book methods)	(438,539)	(3,608,493)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		478,817	21
22	Other Long-Term Assets (specify): <u>Due from affiliates</u>	8,619,658	8,536,588	22
23	Other(specify): <u>Refinancing fees</u>		61,452	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 8,896,904	\$ 17,714,074	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 11,853,700	\$ 22,270,892	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,174,959	\$ 1,159,394	26
27	Officer's Accounts Payable		69,927	27
28	Accounts Payable-Patient Deposits	385,860	385,860	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	412,608	412,608	30
31	Accrued Taxes Payable (excluding real estate taxes)	23,559	23,559	31
32	Accrued Real Estate Taxes(Sch.IX-B)		417,900	32
33	Accrued Interest Payable	4,673	51,799	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Other acc'd exp/sales&amp;use tax</u>	48,404	61,910	36
37	<u>ST part of LT debt</u>		99,016	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 2,050,063	\$ 2,681,973	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,776,270	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to affiliates</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$ 10,776,270	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 2,050,063	\$ 13,458,243	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 9,803,637	\$ 8,812,649	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 11,853,700	\$ 22,270,892	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 8,365,483	1
2	Restatements (describe):		2
3	External audit adj made after prior yr's rpt submitted	(212,402)	3
4	(related party rent); no effect on prior yr's rpt		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 8,153,081	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	1,650,556	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,650,556	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 9,803,637	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	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 11,140,860	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,140,860	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	80,798	6
7	Oxygen	34,535	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 115,333	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	116	12
13	Barber and Beauty Care	3,378	13
14	Non-Patient Meals	70	14
15	Telephone, Television and Radio	405	15
16	Rental of Facility Space		16
17	Sale of Drugs	5,283	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	526	19
20	Radiology and X-Ray		20
21	Other Medical Services	81,190	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 90,968	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***	73	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 73	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See attached PG19A	15,095	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 15,095	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,362,329	30

2

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	1,641,720	31
32	Health Care	3,022,372	32
33	General Administration	2,296,895	33
	<b>B. Capital Expense</b>		
34	Ownership	1,403,691	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	1,238,690	35
36	Provider Participation Fee	108,405	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,711,773	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,650,556	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,650,556	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.

Facility Name Alden Nursing Center-Northmoor  
IDPH Facility ID Number 004-1277  
Period Beginning 1/1/2006  
Period End 12/31/2006

Misc Income (G/L 4977)

Ref Line

Jury Duty (g/l 4977-100-002)	120.40	21
Vending machine (g/l 4977-100-003)	3,040.09	2
Donations (g/l 4977-100-023)	50.00	20
Wage service fee (g/l 4977-100-006)	26.00	21
Record copies (g/l 4977-100-001)	<u>809.00</u>	10
Total G/L 4977	4,045.49	

Meals-private only (g/l 4640-100-000)

Adjust prior year expenses (g/l 4983-100-000) 11,049.45

Total of Page 19, Line 28 15,094.94

Facility Name & ID Number Alden Northmoor Rehab & HCC

# 0041277

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

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	1,480	1,740	\$ 75,709	\$ 43.51	1
2	Assistant Director of Nursing	1,927	2,175	89,561	41.18	2
3	Registered Nurses	24,025	25,726	830,711	32.29	3
4	Licensed Practical Nurses	17,350	17,930	434,705	24.24	4
5	CNAs & Orderlies	77,529	84,393	1,033,715	12.25	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,113	1,414	20,302	14.36	8
9	Activity Director	1,720	1,864	28,189	15.12	9
10	Activity Assistants	4,914	5,079	39,724	7.82	10
11	Social Service Workers	1,343	1,388	26,160	18.85	11
12	Dietician					12
13	Food Service Supervisor	1,872	2,080	38,796	18.65	13
14	Head Cook	7,792	8,320	142,785	17.16	14
15	Cook Helpers/Assistants	27,930	30,694	322,451	10.51	15
16	Dishwashers					16
17	Maintenance Workers	1,960	2,080	33,308	16.01	17
18	Housekeepers	17,613	19,178	181,201	9.45	18
19	Laundry	5,149	5,440	45,620	8.39	19
20	Administrator	1,968	2,096	97,874	46.70	20
21	Assistant Administrator	400	400	13,462	33.66	21
22	Other Administrative	3,671	3,935	71,339	18.13	22
23	Office Manager	1,992	2,040	32,535	15.95	23
24	Clerical	2,759	2,904	26,726	9.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,092	3,324	85,482	25.72	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Director	1,904	2,192	32,156	14.67	32
33	Other(specify) Alz staff	3,756	3,920	59,341	15.14	33
34	TOTAL (lines 1 - 33)	213,259	230,312	\$ 3,761,852 *	\$ 16.33	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 9,600	1-3	35
36	Medical Director	Monthly	26,900	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,752	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	44	2,552	11-3	44
45	Social Service Consultant	4	244	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	48	\$ 44,048		49

C. CONTRACT NURSES

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



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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	INSTALL BELTS ON A/C	5/97	\$ 2,367	3	\$	\$	\$	\$	\$	\$	\$	\$
2	REPAIR AIR COMPRES	10/97	3,174	3								
3	REPAIR MOTOR, VENT	11/97	3,140	3								
4	HVAC REPAIR	6/98	2,661	3								
5	INSTALLL CONTRLS	7/98	3,900	3								
6	INSTL PHASE MONITO	7/98	4,250	3								
7	REPLACE COOLING FA	12/98	1,219	3								
8	REPAIR FAN FREQUE	12/98	446	3								
9	CLIMATE SER. ADJ '98	12/98	(446)	3								
10	PAINTING >1500 '99	7/99	6,870	3								
11	ABC- MISC. JOBS	7/00	3,677	3	612							
12	ABC- REPAIR CARPET	9/00	2,042	3	453							
13	ABC - MISC. JOBS	11/00	5,101	3	1,418							
14	PAINTING >1500 '00	7/00	5,943	3	990							
15	csi coker service-dishwash	6/02	2,462	3	821	821	341					
16	abc-sealcoat/stripping	7/02	1,490	3	497	497	248					
17	equip int'l-dryer work	8/02	1,402	3	467	467	273					
18	healthcare prod-fix w/c's	8/02	1,705	3	568	568	332					
19	continue on page 22a...											
20	TOTALS		\$ 51,403		\$ 5,826	\$ 2,353	\$ 1,194	\$	\$	\$	\$	\$

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	
													Improvement Type
					FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	Totals from Page 22 carried forward	\$ 51,403			\$ 5,826	\$ 2,353	\$ 1,194	\$	\$	\$	\$		
2													
3	sherwin-patch/paint/wallp	1/02	6,102	3	2,034	2,034	2,034						
4	g&j plaster. Plastering	8/02	2,682	3	372	894	894	522					
5	jd & sons- roof repairs	8/02	1,749	3	243	583	583	340					
6	equip int'l- dryer repair	10/02	1,009	3	84	336	336	253					
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 62,945		\$ 8,559	\$ 6,200	\$ 5,041	\$ 1,115	\$	\$	\$		

Facility Name &amp; ID Number Alden Northmoor Rehab &amp; HCC

# 0041277

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. II. Health Care Assn. \$10,117
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 39,156 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. \$ 108,405  
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. \$ 29,222 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 70
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
g. **Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$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