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|--|--|-------------|--|--|--|--|--|
| | | FOR BHF USE | | | | | |
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2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2006)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0042192

Facility Name: Alden Orland Park Rehab & HCC

Address: 16450 South 97th Avenue Orland Park 60462
 Number City Zip Code

County: Cook

Telephone Number: (708) 403-6500 **Fax #** (708) 873-9774

HFS ID Number: 36-3901683

Date of Initial License for Current Owners: 01/08/98

Type of Ownership:

| | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> VOLUNTARY, NON-PROFIT | <input checked="" type="checkbox"/> PROPRIETARY | <input type="checkbox"/> GOVERNMENTAL |
| <input type="checkbox"/> Charitable Corp. | <input type="checkbox"/> Individual | <input type="checkbox"/> State |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership | <input type="checkbox"/> County |
| IRS Exemption Code _____ | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> "Sub-S" Corp. | |
| | <input type="checkbox"/> Limited Liability Co. | |
| | <input type="checkbox"/> Trust | |
| | <input type="checkbox"/> Other _____ | |

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/06 to 12/31/06 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

| | | |
|---|---|--------------|
| Officer or Administrator of Provider | (Signed) _____ | (Date) _____ |
| | (Type or Print Name) <u>Joan Carl</u> | |
| | (Title) <u>Vice President and Secretary</u> | |
| Paid Preparer | (Signed) _____ | (Date) _____ |
| | (Print Name and Title) _____ | |
| | (Firm Name & Address) _____ | |
| | (Telephone) (____) _____ Fax # (____) _____ | |

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
 201 S. Grand Avenue East
 Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Orland Park Rehab & HCC# 0042192 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 | <u>200</u> | Skilled (SNF) | <u>200</u> | <u>73,000</u> | 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 | <u>200</u> | TOTALS | <u>200</u> | <u>73,000</u> | 7 |

B. Census-For the entire report period.

| | 1 Level of Care | 2 3 4 5 Patient Days by Level of Care and Primary Source of Payment | | | | |
|----|--------------------|--|---------------|---------------|---------------|----|
| | | Medicaid Recipient | Private Pay | Other | Total | |
| 8 | SNF | <u>1,122</u> | <u>2,733</u> | <u>27,440</u> | <u>31,295</u> | 8 |
| 9 | SNF/PED | | | | | 9 |
| 10 | ICF | <u>11,782</u> | <u>13,544</u> | | <u>25,326</u> | 10 |
| 11 | ICF/DD | | | | | 11 |
| 12 | SC | | | | | 12 |
| 13 | DD 16 OR LESS | | | | | 13 |
| 14 | TOTALS | <u>12,904</u> | <u>16,277</u> | <u>27,440</u> | <u>56,621</u> | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.56%

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)

NoneF. 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 01/19/98

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 200 and days of care provided 22,825Medicare 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 Orland Park Rehab & HCC # 0042192 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 | 561,057 | 57,020 | 9,600 | 627,677 | 1,274 | 628,951 | (6,334) | 622,617 | | | 1 |
| 2 | Food Purchase | | 398,042 | | 398,042 | (21,095) | 376,947 | 4,974 | 381,921 | | | 2 |
| 3 | Housekeeping | 265,523 | 54,932 | | 320,455 | 717 | 321,172 | | 321,172 | | | 3 |
| 4 | Laundry | 68,917 | 8,421 | | 77,338 | 514 | 77,852 | | 77,852 | | | 4 |
| 5 | Heat and Other Utilities | | | 241,534 | 241,534 | | 241,534 | (21,850) | 219,684 | | | 5 |
| 6 | Maintenance | 55,484 | 3,656 | 174,587 | 233,727 | 70 | 233,797 | 32,003 | 265,800 | | | 6 |
| 7 | Other (specify):* Related Party Salary | | | | | | | 47,038 | 47,038 | | | 7 |
| 8 | TOTAL General Services | 950,981 | 522,071 | 425,721 | 1,898,773 | (18,520) | 1,880,253 | 55,831 | 1,936,084 | | | 8 |
| | B. Health Care and Programs | | | | | | | | | | | |
| 9 | Medical Director | | | 36,000 | 36,000 | | 36,000 | | 36,000 | | | 9 |
| 10 | Nursing and Medical Records | 3,159,573 | 212,820 | 111,902 | 3,484,295 | 2,853 | 3,487,148 | (1,318) | 3,485,830 | | | 10 |
| 10a | Therapy | 75,475 | | | 75,475 | | 75,475 | | 75,475 | | | 10a |
| 11 | Activities | 112,643 | 3,341 | 3,604 | 119,588 | 77 | 119,665 | | 119,665 | | | 11 |
| 12 | Social Services | 75,595 | | | 75,595 | | 75,595 | | 75,595 | | | 12 |
| 13 | CNA Training | | | | | | | | | | | 13 |
| 14 | Program Transportation | | | | | | | | | | | 14 |
| 15 | Other (specify):* Related Party Salary | | | | | | | 37,361 | 37,361 | | | 15 |
| 16 | TOTAL Health Care and Programs | 3,423,286 | 216,161 | 151,506 | 3,790,953 | 2,930 | 3,793,883 | 36,043 | 3,829,926 | | | 16 |
| | C. General Administration | | | | | | | | | | | |
| 17 | Administrative | 144,961 | | | 144,961 | | 144,961 | | 144,961 | | | 17 |
| 18 | Directors Fees | | | | | | | | | | | 18 |
| 19 | Professional Services | | | 1,179,850 | 1,179,850 | (3,312) | 1,176,538 | (1,116,803) | 59,735 | | | 19 |
| 20 | Dues, Fees, Subscriptions & Promotions | | | 91,372 | 91,372 | | 91,372 | (54,601) | 36,771 | | | 20 |
| 21 | Clerical & General Office Expenses | 262,997 | 39,484 | 63,483 | 365,964 | 361 | 366,325 | 36,659 | 402,984 | | | 21 |
| 22 | Employee Benefits & Payroll Taxes | | | 784,005 | 784,005 | 9,323 | 793,328 | (9,722) | 783,606 | | | 22 |
| 23 | Inservice Training & Education | | | | | | | | | | | 23 |
| 24 | Travel and Seminar | | | 4,833 | 4,833 | | 4,833 | 1,930 | 6,763 | | | 24 |
| 25 | Other Admin. Staff Transportation | | | | | | | 10,482 | 10,482 | | | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | | | 210,404 | 210,404 | | 210,404 | 12,210 | 222,614 | | | 26 |
| 27 | Other (specify):* Related Party Salary/Bad Debt | | | 91,713 | 91,713 | | 91,713 | 378,679 | 470,392 | | | 27 |
| 28 | TOTAL General Administration | 407,958 | 39,484 | 2,425,660 | 2,873,102 | 6,372 | 2,879,474 | (741,166) | 2,138,308 | | | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 4,782,225 | 777,716 | 3,002,887 | 8,562,828 | (9,218) | 8,553,610 | (649,292) | 7,904,318 | | | 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 Orland Park Rehab & HCC #0042192 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 | | | 52,903 | 52,903 | | 52,903 | 398,159 | 451,062 | | 30 |
| 31 | Amortization of Pre-Op. & Org. | | | 1,100 | 1,100 | | 1,100 | 3,779 | 4,879 | | 31 |
| 32 | Interest | | | 341,432 | 341,432 | | 341,432 | 767,793 | 1,109,225 | | 32 |
| 33 | Real Estate Taxes | | | | | | | 671,633 | 671,633 | | 33 |
| 34 | Rent-Facility & Grounds | | | 1,688,321 | 1,688,321 | | 1,688,321 | (1,688,321) | | | 34 |
| 35 | Rent-Equipment & Vehicles | | | 16,872 | 16,872 | | 16,872 | 37,714 | 54,586 | | 35 |
| 36 | Other (specify):* MIP & Amortiz. | | | | | | | 71,752 | 71,752 | | 36 |
| 37 | TOTAL Ownership | | | 2,100,628 | 2,100,628 | | 2,100,628 | 262,509 | 2,363,137 | | 37 |
| | Ancillary Expense | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | |
| 38 | Medically Necessary Transportation | | | | | | | | | | 38 |
| 39 | Ancillary Service Centers | | 1,086,909 | 1,520,721 | 2,607,630 | 9,218 | 2,616,848 | (380,953) | 2,235,895 | | 39 |
| 40 | Barber and Beauty Shops | 49,571 | | | 49,571 | | 49,571 | | 49,571 | | 40 |
| 41 | Coffee and Gift Shops | | | | | | | | | | 41 |
| 42 | Provider Participation Fee | | | 109,500 | 109,500 | | 109,500 | | 109,500 | | 42 |
| 43 | Other (specify):* | | | | | | | | | | 43 |
| 44 | TOTAL Special Cost Centers | 49,571 | 1,086,909 | 1,630,221 | 2,766,701 | 9,218 | 2,775,919 | (380,953) | 2,394,966 | | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | 4,831,796 | 1,864,625 | 6,733,736 | 13,430,157 | | 13,430,157 | (767,736) | 12,662,421 | | 45 |

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

Alden of Orland Park
 Reporting Period Beginning 1/1/2006
 Reporting Period Ending 12/31/2006

Reclassifications

| From Line | To Line | Amount | Description |
|-----------|---------|-------------|------------------|
| 2 | 22 | (21,095.00) | Employee Meals |
| | | 21,095.00 | Employee Meals |
| 22 | 1 | (11,772.00) | Uniform |
| | 3 | 1,274.00 | Uniform |
| | 4 | 717.00 | Uniform |
| | 6 | 514.00 | Uniform |
| | 10 | 70.00 | Uniform |
| | 11 | 8,759.00 | Uniform |
| | 21 | 77.00 | Uniform |
| | | 361.00 | Uniform |
| 10 | 39 | (9,218.00) | Oxygen |
| | | 9,218.00 | Oxygen |
| 19 | 10 | (3,312.00) | Pathway services |
| | | 3,312.00 | Pathway services |

0.00 Net

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

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 | 2,145 | 30 | | 9 |
| 10 | Interest and Other Investment Income | (110) | 32 | | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds | | | | 11 |
| 12 | Non-Working Officer's or Owner's Salary | | | | 12 |
| 13 | Sales Tax | (2,699) | 2 | | 13 |
| 14 | Non-Care Related Interest | (7,420) | 32 | | 14 |
| 15 | Non-Care Related Owner's Transactions | | | | 15 |
| 16 | Personal Expenses (Including Transportation) | | | | 16 |
| 17 | Non-Care Related Fees | (2,621) | 21 | | 17 |
| 18 | Fines and Penalties | (8,116) | 32 | | 18 |
| 19 | Entertainment | (647) | 20 | | 19 |
| 20 | Contributions | (3,961) | 20 | | 20 |
| 21 | Owner or Key-Man Insurance | | | | 21 |
| 22 | Special Legal Fees & Legal Retainers | (33,314) | 19 | | 22 |
| 23 | Malpractice Insurance for Individuals | | | | 23 |
| 24 | Bad Debt | (91,713) | 27 | | 24 |
| 25 | Fund Raising, Advertising and Promotional | (48,551) | 20 | | 25 |
| 26 | Income Taxes and Illinois Personal Property Replacement Tax | 37 | 21 | | 26 |
| 27 | CNA Training for Non-Employees | | | | 27 |
| 28 | Yellow Page Advertising | (305) | 20 | | 28 |
| 29 | Other-Attach Schedule | | | | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29) | \$ (197,275) | | \$ | 30 |

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

| | | 1 | 2 | |
|----|---|--------------|-----------|----|
| | | Amount | Reference | |
| 31 | Non-Paid Workers-Attach Schedule* | \$ | | 31 |
| 32 | Donated Goods-Attach Schedule* | | | 32 |
| 33 | Amortization of Organization & Pre-Operating Expense | | | 33 |
| 34 | Adjustments for Related Organization Costs (Schedule VII) | (503,962) | Various | 34 |
| 35 | Other- Attach Schedule See Pg 5A | (66,499) | Pg 5A | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35) | \$ (570,461) | | 36 |
| 37 | TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS) | \$ (767,736) | | 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 |

| BHF USE ONLY | | | | | | |
|--------------|--|----|--|----|--|----|
| 48 | | 49 | | 50 | | 51 |
| | | | | | | 52 |

Alden Orland Park Rehab & HCC

ID# 0042192

Report Period Beginning: 01/01/06

Ending: 12/31/06

Sch. V Line

| NON-ALLOWABLE EXPENSES | | Amount | Reference | |
|------------------------|---|------------|-----------|----|
| 1 | Late fees on utilities | \$ (6,019) | 5 | 1 |
| 2 | Late fees on telephone (6843) | (207) | 21 | 2 |
| 3 | | | | 3 |
| 4 | Intercompany Interest | (7,386) | 32 | 4 |
| 5 | Misc Income (food credit) | (827) | 2 | 5 |
| 6 | Marketing Manager (6701-100-009) | (59,983) | 21 | 6 |
| 7 | Deduct Mkts Manager Employee Benefits | (9,722) | 22 | 7 |
| 8 | Back out pac of 30.65 of IHCA dues | (3,384) | 20 | 8 |
| 9 | Reclass Vendor settlement Comed | 18,827 | 21 | 9 |
| 10 | Reclass Vendor settlement Comed | (18,827) | 5 | 10 |
| 11 | Add back credit posted for prior yrs' legal costs | 3,478 | 19 | 11 |
| 12 | Aj Deprec to correct detail | (2,028) | 30 | 12 |
| 13 | Expense Assets < \$2500 | 24,149 | 6 | 13 |
| 14 | Depreciation adj for assets < \$2500 | (2,060) | 30 | 14 |
| 15 | Ed Molly Assoc(2005 invoice) | (2,510) | 19 | 15 |
| 16 | | | | 16 |
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| 45 | | | | 45 |
| 46 | | | | 46 |
| 47 | | | | 47 |
| 48 | | | | 48 |
| 49 | Total | (66,499) | | 49 |

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

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 5 & 5A | PAGE 6 | PAGE 6A | PAGE 6B | PAGE 6C | PAGE 6D | PAGE 6E | PAGE 6F | PAGE 6G | PAGE 6H | PAGE 6I | SUMMARY TOTALS (to Sch V, col.7) | |
|-----|---|------------------|---------------|------------------|---------------|----------------|------------|--------------|------------|------------|------------|------------|--|-----------|
| | A. General Services | | | | | | | | | | | | | |
| 1 | Dietary | 0 | 0 | 0 | (6,334) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (6,334) | 1 |
| 2 | Food Purchase | (3,526) | 0 | 0 | 8,500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,974 | 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 | (24,846) | 0 | 2,996 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (21,850) | 5 |
| 6 | Maintenance | 24,149 | 0 | 8,295 | 0 | 0 | 0 | (441) | 0 | 0 | 0 | 0 | 32,003 | 6 |
| 7 | Other (specify):* | 0 | 0 | 42,720 | 4,318 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47,038 | 7 |
| 8 | TOTAL General Services | (4,223) | 0 | 54,011 | 6,484 | 0 | 0 | (441) | 0 | 0 | 0 | 0 | 55,831 | 8 |
| | B. Health Care and Programs | | | | | | | | | | | | | |
| 9 | Medical Director | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| 10 | Nursing and Medical Records | 0 | 0 | 0 | 398 | (1,716) | 0 | 0 | 0 | 0 | 0 | 0 | (1,318) | 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 | 37,361 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37,361 | 15 |
| 16 | TOTAL Health Care and Programs | 0 | 0 | 37,361 | 398 | (1,716) | 0 | 0 | 0 | 0 | 0 | 0 | 36,043 | 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 | (32,346) | 4,500 | (1,088,957) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1,116,803) | 19 |
| 20 | Fees, Subscriptions & Promotions | (56,848) | 0 | 2,247 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (54,601) | 20 |
| 21 | Clerical & General Office Expenses | (43,947) | 2,869 | 33,216 | 14,354 | 30,167 | 0 | 0 | 0 | 0 | 0 | 0 | 36,659 | 21 |
| 22 | Employee Benefits & Payroll Taxes | (9,722) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (9,722) | 22 |
| 23 | Inservice Training & Education | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 23 |
| 24 | Travel and Seminar | 0 | 0 | 1,930 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,930 | 24 |
| 25 | Other Admin. Staff Transportation | 0 | 0 | 10,482 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10,482 | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | 0 | 11,965 | 245 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12,210 | 26 |
| 27 | Other (specify):* | (91,713) | 0 | 418,997 | 18,544 | 32,851 | 0 | 0 | 0 | 0 | 0 | 0 | 378,679 | 27 |
| 28 | TOTAL General Administration | (234,576) | 19,334 | (621,840) | 32,898 | 63,018 | 0 | 0 | 0 | 0 | 0 | 0 | (741,166) | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8,16 & 28) | (238,799) | 19,334 | (530,468) | 39,780 | 61,302 | 0 | (441) | 0 | 0 | 0 | 0 | (649,292) | 29 |

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Orland Park Rehab & HCC # 0042192 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 | (1,943) | 392,966 | 5,278 | 0 | 1,858 | 0 | 0 | 0 | 0 | 0 | 0 | 398,159 | 30 |
| 31 | Amortization of Pre-Op. & Org. | 0 | 896 | 2,883 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,779 | 31 |
| 32 | Interest | (23,032) | 686,540 | 96,497 | 0 | 4,049 | 3,739 | 0 | 0 | 0 | 0 | 0 | 767,793 | 32 |
| 33 | Real Estate Taxes | 0 | 663,453 | 6,668 | 0 | 1,512 | 0 | 0 | 0 | 0 | 0 | 0 | 671,633 | 33 |
| 34 | Rent-Facility & Grounds | 0 | (1,688,321) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1,688,321) | 34 |
| 35 | Rent-Equipment & Vehicles | 0 | 0 | 37,714 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37,714 | 35 |
| 36 | Other (specify):* | 0 | 71,752 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71,752 | 36 |
| 37 | TOTAL Ownership | (24,975) | 127,286 | 149,040 | 0 | 7,419 | 3,739 | 0 | 0 | 0 | 0 | 0 | 262,509 | 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 | (208,738) | (185,077) | 12,862 | 0 | 0 | 0 | 0 | 0 | (380,953) | 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 | (208,738) | (185,077) | 12,862 | 0 | 0 | 0 | 0 | 0 | (380,953) | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | (263,774) | 146,620 | (381,428) | (168,958) | (116,356) | 16,601 | (441) | 0 | 0 | 0 | 0 | (767,736) | 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 Lease revenue | \$ 1,688,321 | Orland Associates Limited Partnership | | \$ | \$ (1,688,321) | 1 |
| 2 | V | 32 Interest-Income-Tenant | 161,154 | Orland Associates Limited Partnership | | | (161,154) | 2 |
| 3 | V | 19 Accounting Fees | | Orland Associates Limited Partnership | | 4,500 | 4,500 | 3 |
| 4 | V | 21 Misc Admin Fees | | Orland Associates Limited Partnership | | 2,869 | 2,869 | 4 |
| 5 | V | | | Orland Associates Limited Partnership | | | | 5 |
| 6 | V | 33 Real Estate Tax Expense | | Orland Associates Limited Partnership | | 663,453 | 663,453 | 6 |
| 7 | V | 26 Insurance Expense | | Orland Associates Limited Partnership | | 11,965 | 11,965 | 7 |
| 8 | V | 32 Interest Expense | | Orland Associates Limited Partnership | | 850,989 | 850,989 | 8 |
| 9 | V | 36 Mortgage Insurance Expense | | Orland Associates Limited Partnership | | 71,752 | 71,752 | 9 |
| 10 | V | 30 Depreciation | | Orland Associates Limited Partnership | | 392,966 | 392,966 | 10 |
| 11 | V | 31 Amortization | | Orland Associates Limited Partnership | | 896 | 896 | 11 |
| 12 | V | 32 Interest-Income-RR | 3,295 | | | | (3,295) | 12 |
| 13 | V | | | | | | | 13 |
| 14 | Total | | \$ 1,852,770 | | | \$ 1,999,390 | \$ * 146,620 | 14 |

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

Facility Name & ID Number Alden Orland Park Rehab & HCC # 0042192 Report Period Beginning: 01/01/06 Ending: 12/31/06

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 | \$ 1,114,531 | Alden Management Services, Inc. | | \$ 25,574 | \$ (1,088,957) | 15 |
| 16 | V | 21 Gen'l & Admin | | Alden Management Services, Inc. | | 33,216 | 33,216 | 16 |
| 17 | V | 5 Utilities | | Alden Management Services, Inc. | | 2,996 | 2,996 | 17 |
| 18 | V | 6 Repair/Mainten. | | Alden Management Services, Inc. | | 8,295 | 8,295 | 18 |
| 19 | V | 24 Travel/Seminar | | Alden Management Services, Inc. | | 1,930 | 1,930 | 19 |
| 20 | V | 26 Insurance | | Alden Management Services, Inc. | | 245 | 245 | 20 |
| 21 | V | 20 Dues/Subscriptions | | Alden Management Services, Inc. | | 2,247 | 2,247 | 21 |
| 22 | V | 30 Depreciation | | Alden Management Services, Inc. | | 5,278 | 5,278 | 22 |
| 23 | V | 31 Amortization | | Alden Management Services, Inc. | | 2,883 | 2,883 | 23 |
| 24 | V | 33 Real Estate Taxes | | Alden Management Services, Inc. | | 6,668 | 6,668 | 24 |
| 25 | V | 35 Rent-Equip & Vehic | | Alden Management Services, Inc. | | 37,714 | 37,714 | 25 |
| 26 | V | 32 Interest | | Alden Management Services, Inc. | | 96,497 | 96,497 | 26 |
| 27 | V | 7 Gen'l Service Salary | | Alden Management Services, Inc. | | 42,720 | 42,720 | 27 |
| 28 | V | 15 Health Care Salary | | Alden Management Services, Inc. | | 37,361 | 37,361 | 28 |
| 29 | V | 27 Gen'l & Admin Salary | | Alden Management Services, Inc. | | 418,997 | 418,997 | 29 |
| 30 | V | 25 Other Admin Travel | | Alden Management Services, Inc. | | 10,482 | 10,482 | 30 |
| 31 | V | | | Alden Management Services, Inc. | | | | 31 |
| 32 | V | | | | | | | 32 |
| 33 | V | | | | | | | 33 |
| 34 | V | | | | | | | 34 |
| 35 | V | | | | | | | 35 |
| 36 | V | | | | | | | 36 |
| 37 | V | | | | | | | 37 |
| 38 | V | | | | | | | 38 |
| 39 | Total | | \$ 1,114,531 | | | \$ 733,103 | \$ * (381,428) | 39 |

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

VII. RELATED PARTIES (continued)

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

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

| 1 | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|------------|-------|----------------------------------|------------|----------------------------------|----------------------|--|--|----|
| Schedule V | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | |
| 15 | V | 1 Dietary Consultant | \$ 9,600 | Prism Health Care Services, Inc. | | \$ 3,266 | \$ (6,334) | 15 |
| 16 | V | 7 Dietary Sal & Wages | | Prism Health Care Services, Inc. | | 4,318 | 4,318 | 16 |
| 17 | V | 2 Tude Feeding | 3,233 | Prism Health Care Services, Inc. | | 11,733 | 8,500 | 17 |
| 18 | V | 10 Equipment Rental-patient care | 3,060 | Prism Health Care Services, Inc. | | 3,458 | 398 | 18 |
| 19 | V | 39 Ancillary supplies | 264,201 | Prism Health Care Services, Inc. | | 55,463 | (208,738) | 19 |
| 20 | V | 39 Ancillary Vent Rentals | | Prism Health Care Services, Inc. | | | | 20 |
| 21 | V | 27 Gen'l & Admin Salaries | | Prism Health Care Services, Inc. | | 18,544 | 18,544 | 21 |
| 22 | V | 21 Gen'l & Admin Expense | | Prism Health Care Services, Inc. | | 14,354 | 14,354 | 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 | | \$ 280,094 | | | \$ 111,136 | \$ * (168,958) | 39 |

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

VII. RELATED PARTIES (continued)

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

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

| 1 | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|------------|-------|---------------------------|---------------------|--------------------------------|---------------------------------------|--|--|----|
| Schedule V | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | |
| 15 | V | 39 | Drugs | \$ 423,182 | Forum Extended Care Services II, Inc. | \$ 594,172 | \$ 170,990 | 15 |
| 16 | V | 10 | House Stock | 10,082 | Forum Extended Care Services II, Inc. | 9,089 | (993) | 16 |
| 17 | V | 39 | IV | 396,429 | Forum Extended Care Services II, Inc. | 41,037 | (355,392) | 17 |
| 18 | V | 39 | Wound Care | 3,096 | Forum Extended Care Services II, Inc. | 2,421 | (675) | 18 |
| 19 | V | 10 | Pharmacy Consulting | 6,110 | Forum Extended Care Services II, Inc. | 5,387 | (723) | 19 |
| 20 | V | 27 | Employee Vaccin | 3,472 | Forum Extended Care Services II, Inc. | 2,714 | (758) | 20 |
| 21 | V | 27 | G & A Salary | | Forum Extended Care Services II, Inc. | 33,609 | 33,609 | 21 |
| 22 | V | 21 | Gen'l Admin | | Forum Extended Care Services II, Inc. | 30,167 | 30,167 | 22 |
| 23 | V | 32 | Interest | | Forum Extended Care Services II, Inc. | 4,049 | 4,049 | 23 |
| 24 | V | 33 | Real Estate Tax | | Forum Extended Care Services II, Inc. | 1,512 | 1,512 | 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 | | \$ 842,371 | | | \$ 726,015 | \$ * (116,356) | 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 | \$ 1,456,740 | Community Physical Therapy & Associates, Ltd. | | \$ 1,469,602 | \$ 12,862 | 15 |
| 16 | V | 32 | Interest Expense | | Community Physical Therapy & Associates, Ltd. | | 3,739 | 3,739 | 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 | | | \$ 1,456,740 | | | \$ 1,473,341 | \$ * 16,601 | 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 | \$ 28,820 | Alden Bennett Construction Company, Inc. | | \$ 28,379 | \$ (441) | 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 | | | \$ 28,820 | | | \$ 28,379 | \$ * | (441) 39 |

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

STATE OF ILLINOIS

Facility Name & ID Number ALDEN NURSING CENTER - ORLAND PARK # 004-2192

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 Northmoor | Chicago |
| 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 Des Plaines II | 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 |
| Alden Springs | Bloomingtondale |

| 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 Thereapy | Wood Dale | Therapy provider |
| Courts of Waterford | Aurora | Alzheimers unit |
| Gardens of Waterford | Aurora | Assisted living |
| | | |
| | | |
| | | |

Facility Name & ID Number Alden Orland Park Rehab & HCC # 0042192 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 | 132,438 | 2.024 | 5.06 | Salary | \$ 7,062 | 27-7 | 1 |
| 2 | Lauren Magnusson b. | Nurse coordinator | Nursing Admin. | 0.00 | 77,626 | 2.024 | 5.06 | Salary | 4,139 | 15-7 | 2 |
| 3 | Terry Magnusson c. | Maint. Supervisor | Construct/maint | 0.00 | 50,360 | 2.024 | 5.06 | Salary | 2,685 | 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 the 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 | \$ 13,886 | | 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 Orland Park Rehab & HCC

0042192

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 |

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 | Cambridge | | X | Mortgage | \$84,306.29 | 4/2003 | \$ 12,105,000 | \$ 11,801,363 | 4/2043 | 5.9300 | \$ 702,720 | 1 | | | | | | | | |
| 2 | Cambridge | | X | Operating | \$13,979.00 | 4/2003 | 2,499,003 | 2,478,909 | 4/2043 | 5.9300 | 148,269 | 2 | | | | | | | | |
| 3 | Bank of Leumi | | X | LOC | \$19,851.00 | 4/2003 | 2,000,000 | 1,860,249 | 4/2043 | Varies | 156,683 | 3 | | | | | | | | |
| 4 | | | | | | | | | | | | 4 | | | | | | | | |
| 5 | | | | | | | | | | | | 5 | | | | | | | | |
| Working Capital | | | | | | | | | | | | | | | | | | | | |
| 6 | Related Party-AMS | X | | Working Capital | | | | | | | 96,497 | 6 | | | | | | | | |
| 7 | Related Party-FECH | X | | Working Capital | | | | | | | 4,049 | 7 | | | | | | | | |
| 8 | Related Pary-CPT | X | | Working Capital | | | | | | | 3,739 | 8 | | | | | | | | |
| 9 | TOTAL Facility Related | | | | \$118,136.29 | | \$ 16,604,003 | \$ 16,140,521 | | | \$ 1,111,957 | 9 | | | | | | | | |
| B. Non-Facility Related* | | | | | | | | | | | | | | | | | | | | |
| 10 | Interest Income on RR | | | | | | | | | | (2,622) | 10 | | | | | | | | |
| 11 | Interest Income on Corp | | | | | | | | | | (110) | 11 | | | | | | | | |
| 12 | | | | | | | | | | | | 12 | | | | | | | | |
| 13 | | | | | | | | | | | | 13 | | | | | | | | |
| 14 | TOTAL Non-Facility Related | | | | | | \$ | \$ | | | (2,732) | 14 | | | | | | | | |
| 15 | TOTALS (line 9+line14) | | | | | | \$ 16,604,003 | \$ 16,140,521 | | | \$ 1,109,225 | 15 | | | | | | | | |

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 71,752 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 Orland Park Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042192

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3742

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>27-21-401-003-0000</u> | <u>Nursing Home Facility</u> | \$ <u>598,653.00</u> | \$ <u>598,653.00</u> |
| 2. <u>SEE</u> | <u>Related Party- AMS</u> | \$ <u>131,720.00</u> | \$ <u>6,668.00</u> |
| 3. <u>ATTACHED</u> | <u>Related Party- Forum</u> | \$ <u>14,554.00</u> | \$ <u>1,512.00</u> |
| 4. _____ | _____ | \$ _____ | \$ _____ |
| 5. _____ | _____ | \$ _____ | \$ _____ |
| 6. _____ | _____ | \$ _____ | \$ _____ |
| 7. _____ | _____ | \$ _____ | \$ _____ |
| 8. _____ | _____ | \$ _____ | \$ _____ |
| 9. _____ | _____ | \$ _____ | \$ _____ |
| 10. _____ | _____ | \$ _____ | \$ _____ |
| TOTALS | | \$ <u>744,927.00</u> | \$ <u>606,833.00</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 Orland Park Rehab & HCC

0042192 Report Period Beginning:

01/01/06 Ending:

12/31/06

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,048 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

| | 1 | 2 | 3 | 4 | |
|---|---------------------|----------------|---------------|-------------------|----------|
| | Use | Square Feet | Year Acquired | Cost | |
| 1 | <u>Nursing Home</u> | <u>350,871</u> | <u>1997</u> | <u>\$ 584,920</u> | 1 |
| 2 | | | | | 2 |
| 3 | TOTALS | 350,871 | | \$ 584,920 | 3 |

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

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 Beds* | FOR BHF USE ONLY | 2 Year Acquired | 3 Year Constructed | 4 Cost | 5 Current Book Depreciation | 6 Life in Years | 7 Straight Line Depreciation | 8 Adjustments | 9 Accumulated Depreciation | |
|----|------------|---|-----------------------|--------------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 4 | | Related party-Forum | | 1978 | \$ 14,839 | \$ | 25 | \$ | \$ | \$ 14,839 | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | 200 | | 1998 | 1997 | 12,679,210 | 314,835 | 40 | 316,980 | 2,145 | 2,851,339 | 6 |
| 7 | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | 8 |
| | | Improvement Type** | | | | | | | | | |
| 9 | | RUN CABLE TO BUILDING/INSTALL 6 OUTLETS | | 1998 | 2,975 | 298 | 10 | 298 | | 2,604 | 9 |
| 10 | | RELOCATION OF OUTLETS & POWER CIRCUIT | | 1998 | 1,648 | 165 | 10 | 165 | | 1,470 | 10 |
| 11 | | INSTALL 6 WALL JACKS | | 1998 | 2,158 | | 5 | | | 2,158 | 11 |
| 12 | | INSTALL CABLE | | 1998 | 4,446 | 445 | 10 | 445 | | 4,002 | 12 |
| 13 | | REPLACE SPRINKLER HEADS | | 1998 | 6,236 | 624 | 10 | 624 | | 5,353 | 13 |
| 14 | | INSTALL WALL PLATES | | 1998 | 4,608 | | 5 | | | 4,608 | 14 |
| 15 | | Climate Service(boiler maintenance) | | 1999 | 14,529 | 726 | 20 | 726 | | 5,811 | 15 |
| 16 | | Directional Boring(sprinkler system) | | 1999 | 5,400 | 360 | 15 | 360 | | 2,820 | 16 |
| 17 | | Chicago Cooling(a/c unit repair) | | 1999 | 2,070 | 138 | 15 | 138 | | 1,046 | 17 |
| 18 | | Church Landscape(floating swan island) | | 1999 | 3,400 | | 5 | | | 3,400 | 18 |
| 19 | | Church Landscape(floating swan island) | | 1999 | 2,000 | | 5 | | | 2,000 | 19 |
| 20 | | Watermangement(compressor) | | 1999 | 2,625 | 175 | 15 | 175 | | 1,298 | 20 |
| 21 | | New Horizons Communications (light telephone sys) | | 2000 | 9,767 | 977 | 10 | 977 | | 6,837 | 21 |
| 22 | | New Horizons Communications (light telephone sys) | | 2000 | 7,765 | 777 | 10 | 777 | | 5,436 | 22 |
| 23 | | System Electric (wiring) | | 2000 | 1,384 | 69 | 20 | 69 | | 484 | 23 |
| 24 | | Climate Services (pipe) | | 2000 | 1,674 | 84 | 20 | 84 | | 586 | 24 |
| 25 | | Climate Services (pipe) | | 2000 | 1,689 | 84 | 20 | 84 | | 591 | 25 |
| 26 | | Climate Services (pipe) | | 2000 | 1,684 | 84 | 20 | 84 | | 589 | 26 |
| 27 | | Climate Services (pipe) | | 2000 | 2,376 | 119 | 20 | 119 | | 832 | 27 |
| 28 | | GT Mechanical (heating/compressor repair) | | 2000 | 5,079 | 508 | 10 | 508 | | 3,555 | 28 |
| 29 | | New Horizons Communications (light telephone sys) | | 2000 | 7,765 | 777 | 10 | 777 | | 5,436 | 29 |
| 30 | | Alden Bennett Cons (time and billing material) | | 2000 | 2,073 | 207 | 10 | 207 | | 1,312 | 30 |
| 31 | | Alden Bennett Cons (time and billing material) | | 2000 | 2,798 | 280 | 10 | 280 | | 1,703 | 31 |
| 32 | | New Horizons Comm. (phone insall) | | 2000 | 4,437 | 444 | 10 | 444 | | 3,106 | 32 |
| 33 | | Fox Valley Fire & Safety (sprinkler system) | | 2000 | 2,290 | 153 | 15 | 153 | | 942 | 33 |
| 34 | | Alden Bennett Construction (time and material) | | 2000 | 2,915 | 292 | 10 | 292 | | 1,774 | 34 |
| 35 | | Capps Plumbing (srvc/repair pump) | | 2001 | 1,977 | 132 | 15 | 132 | | 758 | 35 |
| 36 | | Alden Bennett Construction (paving) | | 2001 | 9,328 | 622 | 15 | 622 | | 3,161 | 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 Orland Park Rehab & HCC

0042192

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 | Capps Plumbing (repair pump) | 2002 | \$ 7,214 | \$ 481 | 15 | \$ 481 | \$ | \$ 3,286 | 37 |
| 38 | Med-Con (alarm system) | 2002 | 813 | 81 | 10 | 81 | | 379 | 38 |
| 39 | Alden Bennett Construction (time & material) | 2002 | 4,008 | 267 | 15 | 267 | | 1,247 | 39 |
| 40 | Alden Bennett Construction (time & material) | 2002 | 2,809 | 187 | 15 | 187 | | 889 | 40 |
| 41 | Alden Bennett Construction (time & material) | 2002 | 2,365 | 158 | 15 | 158 | | 762 | 41 |
| 42 | Alden Bennett Cons.-2002 cost adjustment | 2003 | (4,558) | (304) | 15 | (304) | | (1,393) | 42 |
| 43 | Alden Bennett Cons..auto. Door opener | 2003 | 3,915 | 391 | 10 | 391 | | 1,370 | 43 |
| 44 | Alden Bennet Cons. laundry press/gas/ellec | 2003 | 6,825 | 455 | 15 | 455 | | 1,820 | 44 |
| 45 | GT Mechanical-repair heat pump | 2003 | 1,797 | 359 | 5 | 359 | | 1,407 | 45 |
| 46 | CSI Coker-rebuild dishwasher | 2003 | 4,333 | 433 | 10 | 433 | | 1,552 | 46 |
| 47 | Real Green-sprinkler system repair | 2003 | 3,600 | 720 | 5 | 720 | | 2,580 | 47 |
| 48 | Real Green-sprinkler system repair | 2003 | 1,750 | 350 | 5 | 350 | | 1,313 | 48 |
| 49 | CSI Coker kitchen exhaust pipe repair | 2003 | 1,728 | 346 | 5 | 346 | | 1,181 | 49 |
| 50 | CSI Coker-walk in freezer repair | 2003 | 1,560 | 312 | 5 | 312 | | 1,066 | 50 |
| 51 | Alden Bennett Cons.-ejector pump repair | 2003 | 1,182 | 236 | 5 | 236 | | 807 | 51 |
| 52 | Controlled Irrigation-sprinkler systen repair | 2003 | 2,552 | 510 | 5 | 510 | | 1,701 | 52 |
| 53 | Alden Bennett Cons-ejector pump repairs | 2003 | 2,991 | 598 | 5 | 598 | | 2,044 | 53 |
| 54 | B&K Landscaping-crushed stone walkway base | 2003 | 1,400 | 140 | 10 | 140 | | 432 | 54 |
| 55 | | | | | | | | | 55 |
| 56 | Alden Bennett - Repairs | 2004 | 1,700 | 113 | 15 | 113 | | 236 | 56 |
| 57 | Top Notch - Repairs | 2004 | 2,189 | 146 | 15 | 146 | | 304 | 57 |
| 58 | Alden Bennett Construction - laundrv press/gas/electric/pipe | 2004 | 4,062 | 203 | 20 | 203 | | 558 | 58 |
| 59 | GT Mechanical-repair heat pump | 2004 | 1,083 | 54 | 20 | 54 | | 149 | 59 |
| 60 | GT Mechanical-replace A/C compressor unit | 2004 | 8,600 | 573 | 15 | 573 | | 1,433 | 60 |
| 61 | Insurance refund on above asset | 2004 | (3,600) | (240) | 15 | (240) | | (600) | 61 |
| 62 | GT Mechanical-repair heater leak | 2004 | 583 | 117 | 5 | 117 | | 272 | 62 |
| 63 | GT Mechanical-repair valve leak | 2004 | 718 | 144 | 5 | 144 | | 312 | 63 |
| 64 | GT Mechanical-heater repair | 2004 | 753 | 151 | 5 | 151 | | 327 | 64 |
| 65 | New Horizons - Phone line repair | 2004 | 2,793 | 279 | 10 | 279 | | 605 | 65 |
| 66 | B & K Landscaping- crushedstone walkway base | 2004 | 2,420 | 161 | 15 | 161 | | 430 | 66 |
| 67 | Alden Bennett - Plumbing Repair | 2004 | 866 | 173 | 5 | 173 | | 404 | 67 |
| 68 | GT Mechanical - Repair compressor leak | 2004 | 700 | 140 | 5 | 140 | | 338 | 68 |
| 69 | | | | | | | | | 69 |
| 70 | TOTAL (lines 4 thru 69) | | \$ 12,880,294 | \$ 331,107 | | \$ 333,252 | \$ 2,145 | \$ 2,967,061 | 70 |

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

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

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 | | \$ 12,880,294 | \$ 331,107 | | \$ 333,252 | \$ 2,145 | \$ 2,967,061 | 1 |
| 2 | GT Mechanical - Repair cooling fan | 2004 | 1,256 | 251 | 5 | 251 | | 586 | 2 |
| 3 | GT Mechanical - Repairs | 2004 | 679 | 136 | 5 | 136 | | 304 | 3 |
| 4 | Top Notch - Repairs | 2004 | 839 | 168 | 5 | 168 | | 434 | 4 |
| 5 | GT Mechanical - AC maintenance/repair | 2004 | 1,108 | 222 | 5 | 222 | | 610 | 5 |
| 6 | GT Mechanical - Replace CFM & contactor | 2004 | 1,126 | 113 | 10 | 113 | | 301 | 6 |
| 7 | Replace condenser fan motor | 2004 | 1,204 | 120 | 10 | 120 | | 331 | 7 |
| 8 | Building Repairs | 2004 | 5,871 | 391 | 15 | 391 | | 913 | 8 |
| 9 | A&B Custom Cable TV Service, Inc. - Inst cable jacks | 2004 | 8,120 | 812 | 10 | 812 | | 2,436 | 9 |
| 10 | GTMECH-Replace Gas Valve in the RTU | 2005 | 2,165 | 144 | 15 | 144 | | 288 | 10 |
| 11 | TOPNOT Commercial Kitchen | 2005 | 1,735 | 116 | 15 | 116 | | 232 | 11 |
| 12 | New Horizons Phone Repair | 2005 | 2,461 | 246 | 10 | 246 | | 431 | 12 |
| 13 | Dryer and Condensing Unit | 2005 | 1,309 | 131 | 10 | 131 | | 229 | 13 |
| 14 | | | | | | | | | 14 |
| 15 | ABC Installed Cabinets and Drawers | 2005 | 5,332 | 355 | 15 | 355 | | 533 | 15 |
| 16 | New Horizons CRD 6 Circuit | 2005 | 2,285 | 229 | 10 | 229 | | 286 | 16 |
| 17 | New Furnance | 2005 | 2,299 | 460 | 5 | 460 | | 537 | 17 |
| 18 | 12 New Phones | 2005 | 3,559 | 356 | 10 | 356 | | 386 | 18 |
| 19 | ABC repair work on entry ramp and ramp walls | 2005 | 5,211 | 347 | 15 | 347 | | 347 | 19 |
| 20 | Millcar Milliken Carpets | 2005 | 18,160 | 1,816 | 10 | 1,816 | | 2,573 | 20 |
| 21 | Asphalt the Parking Lot | 2005 | 1,806 | 181 | 10 | 181 | | 226 | 21 |
| 22 | Asphalt the Parking Lot | 2005 | 1,787 | 179 | 10 | 179 | | 224 | 22 |
| 23 | Millcar Milliken Carpets | 2005 | (18,160) | (1,816) | 10 | (1,816) | | (2,573) | 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) | | \$ 12,930,446 | \$ 336,063 | | \$ 338,208 | \$ 2,145 | \$ 2,976,694 | 34 |

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

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

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 | \$ 12,930,446 | \$ 336,063 | | \$ 338,208 | \$ 2,145 | \$ 2,976,694 | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | Parking Lot | 2006 217,356 | 9,057 | 8 | 9,057 | | 9,057 | | 3 |
| 4 | Installed new seal and started on HP-1 | 2006 2,528 | 232 | 10 | 232 | | 232 | | 4 |
| 5 | Installed new power supply | 2006 4,274 | 196 | 20 | 196 | | 196 | | 5 |
| 6 | Removed and replaced carpet | 2006 3,848 | 513 | 5 | 513 | | 513 | | 6 |
| 7 | Repair Generator | 2006 2,819 | 423 | 5 | 423 | | 423 | | 7 |
| 8 | Installed new vanity countertop | 2006 3,277 | 246 | 10 | 246 | | 246 | | 8 |
| 9 | Installed sewage ejector pump | 2006 4,453 | 49 | 15 | 49 | | 49 | | 9 |
| 10 | | | | | | | | | 10 |
| 11 | | | | | | | | | 11 |
| 12 | | | | | | | | | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | | | | | | | | 14 |
| 15 | | | | | | | | | 15 |
| 16 | | | | | | | | | 16 |
| 17 | | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| 19 | | | | | | | | | 19 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | | | | | | | | | 25 |
| 26 | | | | | | | | | 26 |
| 27 | | | | | | | | | 27 |
| 28 | | | | | | | | | 28 |
| 29 | | | | | | | | | 29 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | \$ 13,169,001 | \$ 346,778 | | \$ 348,923 | \$ 2,145 | \$ 2,987,410 | | 34 |

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

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

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 12C, Carried Forward | | \$ 13,169,001 | \$ 346,778 | | \$ 348,923 | \$ 2,145 | \$ 2,987,410 | 1 |
| 2 | | | | | | | | | 2 |
| 3 | Related Party-Forum Prof Center Building: | 1980 | 11,260 | | 15 | | | 11,260 | 3 |
| 4 | Leasehold Improvement-Remodeling | 1980 | 17,639 | | 20 | | | 17,639 | 4 |
| 5 | Leasehold Improvement-Remodeling | 1987 | 912 | | 13 | | | 912 | 5 |
| 6 | Leasehold Improvement-Tenant Improvement | 1988 | 14,634 | | 10 | | | 14,634 | 6 |
| 7 | Leasehold Improvement-AMS Remodel | 1994 | 3,269 | 204 | 16 | 204 | | 2,453 | 7 |
| 8 | Leasehold Improvement-Roof | 1996 | 1,153 | 72 | 16 | 72 | | 789 | 8 |
| 9 | Leasehold Improvement-Build.Improv. | 2000 | 89 | | 3 | | | 89 | 9 |
| 10 | Leasehold Improvement-Asphalting | 2001 | 157 | 16 | 10 | 16 | | 81 | 10 |
| 11 | Leasehold Improvement-DAI | 2002 | 681 | 77 | 7 | 77 | | 324 | 11 |
| 12 | Leasehold Improvement-Bathrooms | 2003 | 1,672 | 167 | 10 | 167 | | 669 | 12 |
| 13 | Leasehold Improvement-Suite Renovation | 2004 | 2,071 | 360 | 7 | 360 | | 835 | 13 |
| 14 | Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc | 1980 | 73 | | 23 | | | 73 | 14 |
| 15 | Leasehold Improvement-Add-on Improvement, fixture base | 2001 | 126 | 6 | 5 | 6 | | 126 | 15 |
| 16 | Leasehold Improvement-Add-on Improvement, lighting base | | | | | | | | 16 |
| 17 | | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| 19 | | | | | | | | | 19 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | | | | | | | | | 25 |
| 26 | Related Party-AMS: | 1993 | 6,060 | | 7 | | | 6,060 | 26 |
| 27 | Leasehold Improvement-Remodeling | 2002 | 4,961 | 709 | 7 | 709 | | 2,746 | 27 |
| 28 | Leasehold Improvement-Remodeling | 2003 | 5,189 | 741 | 7 | 741 | | 2,856 | 28 |
| 29 | Leasehold Improvement-Remodeling | | | | | | | | 29 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | Forum Extended Care, LLC-building/building improv | 1999 | 12,928 | 306 | 30 | 306 | | 2,445 | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 13,251,875 | \$ 349,436 | | \$ 351,581 | \$ 2,145 | \$ 3,051,401 | 34 |

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

Facility Name & ID Number Alden Orland Park Rehab & HCC # 0042192 Report Period Beginning: 01/01/06 Ending: 12/31/06

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 | \$ 1,307,037 | \$ 96,984 | \$ 96,984 | \$ | Various | \$ 760,275 | 71 |
| 72 | Current Year Purchases | 16,848 | 786 | 786 | | Various | 786 | 72 |
| 73 | Fully Depreciated Assets | 116,491 | 1,291 | 1,291 | | Various | 116,491 | 73 |
| 74 | | | | | | | | 74 |
| 75 | TOTALS | \$ 1,440,376 | \$ 99,061 | \$ 99,061 | \$ | | \$ 877,552 | 75 |

D. Vehicle Depreciation (See instructions.)*

| | 1 Use | Model, Make and Year 2 | Year Acquired 3 | 4 Cost | Current Book Depreciation 5 | Straight Line Depreciation 6 | 7 Adjustments | Life in Years 8 | Accumulated Depreciation 9 | |
|----|----------------------------|---------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 | Car Engine/Bus/Van | Various/Dodge | 98-04 | \$ 8,164 | \$ | \$ | \$ | 3 | \$ 8,164 | 76 |
| 77 | Midwest Transit | Ford Eldorado | 2000 | 49,826 | | | | 5 | 49,826 | 77 |
| 78 | Related Party-AMS | Various/Bus/Autos | 1998-2004 | 4,817 | 113 | 113 | | 3 | 4,787 | 78 |
| 79 | Water hoses relace on Auto | Various | 2005 | 1,537 | 307 | 307 | | 5 | 538 | 79 |
| 80 | TOTALS | | | \$ 64,344 | \$ 420 | \$ 420 | \$ | | \$ 63,315 | 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) | \$ 15,341,515 | 81 |
| 82 | Current Book Depreciation | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable) | \$ 448,917 | 82 |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable) | \$ 451,062 | 83** |
| 84 | Adjustments | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable) | \$ 2,145 | 84 |
| 85 | Accumulated Depreciation | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable) | \$ 3,992,268 | 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: 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 |

10. Effective dates of current rental agreement:

Beginning 04/1/96

Ending 4/1/2016

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

Fiscal Year Ending Annual Rent

| | | |
|-----|--------------|------------------|
| 12. | <u>/2007</u> | \$ <u>Varies</u> |
| 13. | <u>/2008</u> | \$ <u>Varies</u> |
| 14. | <u>/2009</u> | \$ <u>Varies</u> |

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 16,872 Description: Copy Machine Lease -13,692 & Postage Meter -3,180

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

| | 1 Use | 2 Model Year and Make | 3 Monthly Lease Payment | 4 Rental Expense for this Period | |
|----|---------------------------|-----------------------------|-------------------------------|--|----|
| 17 | <u>Related Party- AMS</u> | <u>Various</u> | \$ <u>#####</u> | \$ <u>37,714</u> | 17 |
| 18 | | | | | 18 |
| 19 | | | | | 19 |
| 20 | | | | | 20 |
| 21 | TOTAL | | \$ <u>#####</u> | \$ <u>37,714</u> | 21 |

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

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

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

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

| | | |
|--|---|--|
| <p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input 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 | \$ | | \$ 706,452 | \$ | | \$ 706,452 | 1 |
| 2 | Licensed Speech and Language Development Therapist | 39-3 | hrs | | | 87,685 | | | 87,685 | 2 |
| 3 | Licensed Recreational Therapist | | hrs | | | | | | | 3 |
| 4 | Licensed Physical Therapist | 39-3 | hrs | | | 662,603 | | | 662,603 | 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 | | | | 594,172 | | 594,172 | 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 | | | | 12,862 | 172,121 | | 184,983 | 13 |
| 14 | TOTAL | | | \$ | | \$ 1,469,602 | \$ 766,293 | | \$ 2,235,895 | 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

XIV. Special Services (Direct Cost) Col 5: PT,OT, & ST
Col 6: Supplies

| Service Description | Col. 1: Ref. No. | To Pg 16: Col. No. | |
|--|------------------|--------------------|--------------|
| 1. OT | 39-3 | To Col 5 | \$706,451.68 |
| 2. ST | 39-3 | To Col 5 | 87,684.84 |
| 3. | | | |
| 4. PT | 39-3 | To Col 5 | 662,603.08 |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| Pharmacy Supplies per GL | | | 423,182.94 |
| Manual Input from Related Party- Forum Drugs | | | 170,989.00 |
| 9. Total to line 9 Pharmacy | See Pg 16A | To Col 6 | 423,182.94 |
| 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 | 12,862.00 |
| Other | | | 727,709.36 |
| Manual Input: Related Party - Pyramid | | | (208,738.00) |
| Manual Input: Related Party FECII - I.V. | | | (355,392.00) |
| Manual Input: Related Party FECII - Wound Care | | | (676.00) |
| Oxygen, from reclass worksheet | | | 9,218.00 |
| 13. Col 6: Supplies Total | | To Col 6 | 172,121.36 |
| 13. Total Line 13, Column 8 | | | 172,121.36 |
| 14. Total | | | 2,235,894.90 |

Facility Name & ID Number Alden Orland Park Rehab & HCC# 0042192Report 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 Operating | 2 After Consolidation* | |
|----|--|----------------|------------------------------|----|
| | A. Current Assets | | | |
| 1 | Cash on Hand and in Banks | \$ | \$ | 1 |
| 2 | Cash-Patient Deposits | | | 2 |
| 3 | Accounts & Short-Term Notes Receivable- Patients (less allowance <u>152,000</u>) | 1,739,610 | 1,739,610 | 3 |
| 4 | Supply Inventory (priced at) | 10,000 | 10,000 | 4 |
| 5 | Short-Term Investments | | | 5 |
| 6 | Prepaid Insurance | | 37,126 | 6 |
| 7 | Other Prepaid Expenses | 10,958 | 10,958 | 7 |
| 8 | Accounts Receivable (owners or related parties) | | | 8 |
| 9 | Other(specify): <u>Due from 3rd Parties</u> | (10,125) | 299,407 | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 1,750,443 | \$ 2,097,101 | 10 |
| | B. Long-Term Assets | | | |
| 11 | Long-Term Notes Receivable | | | 11 |
| 12 | Long-Term Investments | 932 | 932 | 12 |
| 13 | Land | | 584,920 | 13 |
| 14 | Buildings, at Historical Cost | | 12,593,418 | 14 |
| 15 | Leasehold Improvements, at Historical Cost | 448,815 | 448,815 | 15 |
| 16 | Equipment, at Historical Cost | 327,784 | 1,477,525 | 16 |
| 17 | Accumulated Depreciation (book methods) | (333,523) | (3,815,339) | 17 |
| 18 | Deferred Charges | | | 18 |
| 19 | Organization & Pre-Operating Costs | 44,005 | 44,005 | 19 |
| 20 | Accumulated Amortization - Organization & Pre-Operating Costs | (4,584) | (4,584) | 20 |
| 21 | Restricted Funds | | 664,806 | 21 |
| 22 | Other Long-Term Assets (spe <u>Finan Fee,net</u> | 37,981 | 70,395 | 22 |
| 23 | Other(specify): <u>Due from Affiliates</u> | 6,432,140 | 6,432,140 | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 6,953,550 | \$ 18,497,033 | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 8,703,993 | \$ 20,594,134 | 25 |

| | | 1 Operating | 2 After Consolidation* | |
|----|---|----------------|------------------------------|----|
| | C. Current Liabilities | | | |
| 26 | Accounts Payable | \$ 887,589 | \$ 890,092 | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | 320,234 | 320,234 | 28 |
| 29 | Short-Term Notes Payable | 1,865,777 | 1,980,766 | 29 |
| 30 | Accrued Salaries Payable | 493,365 | 493,365 | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes) | 30,727 | 30,727 | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B) | | 616,600 | 32 |
| 33 | Accrued Interest Payable | 44,520 | 115,188 | 33 |
| 34 | Deferred Compensation | | | 34 |
| 35 | Federal and State Income Taxes | | | 35 |
| | Other Current Liabilities(specify): | | | |
| 36 | <u>Accr ins, exps, idpa, sale tax</u> | 291,219 | 305,696 | 36 |
| 37 | <u>Due to related party</u> | 3,224,285 | | 37 |
| 38 | TOTAL Current Liabilities (sum of lines 26 thru 37) | \$ 7,157,716 | \$ 4,752,667 | 38 |
| | D. Long-Term Liabilities | | | |
| 39 | Long-Term Notes Payable | 74,200 | 2,553,109 | 39 |
| 40 | Mortgage Payable | | 11,706,469 | 40 |
| 41 | Bonds Payable | | | 41 |
| 42 | Deferred Compensation | | | 42 |
| | Other Long-Term Liabilities(specify): | | | |
| 43 | <u>Due to Affiliates</u> | 1,152,004 | 1,158,183 | 43 |
| 44 | | | | 44 |
| 45 | TOTAL Long-Term Liabilities (sum of lines 39 thru 44) | \$ 1,226,204 | \$ 15,417,761 | 45 |
| 46 | TOTAL LIABILITIES (sum of lines 38 and 45) | \$ 8,383,920 | \$ 20,170,428 | 46 |
| 47 | TOTAL EQUITY (page 18, line 24) | \$ 320,073 | \$ 423,706 | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ 8,703,993 | \$ 20,594,134 | 48 |

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

| | | 1 Total | |
|-----------------------------------|--|----------------|------|
| 1 | Balance at Beginning of Year, as Previously Reported | \$ (1,203,807) | 1 |
| 2 | Restatements (describe): | | 2 |
| 3 | Prior year adjustment | (4,118) | 3 |
| 4 | | | 4 |
| 5 | | | 5 |
| 6 | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ (1,207,925) | 6 |
| A. Additions (deductions): | | | |
| 7 | NET Income (Loss) (from page 19, line 43) | 1,527,998 | 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) | \$ 1,527,998 | 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) | \$ 320,073 | 24 * |

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Orland Park Rehab & HCC# 0042192Report Period Beginning: 01/01/06Ending: 12/31/06**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 | \$ 14,796,496 | 1 |
| 2 | Discounts and Allowances for all Levels | () | 2 |
| 3 | SUBTOTAL Inpatient Care (line 1 minus line 2) | \$ 14,796,496 | 3 |
| B. Ancillary Revenue | | | |
| 4 | Day Care | | 4 |
| 5 | Other Care for Outpatients | | 5 |
| 6 | Therapy | 20,351 | 6 |
| 7 | Oxygen | 13,886 | 7 |
| 8 | SUBTOTAL Ancillary Revenue (lines 4 thru 7) | \$ 34,237 | 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 | 98 | 12 |
| 13 | Barber and Beauty Care | 50,668 | 13 |
| 14 | Non-Patient Meals | | 14 |
| 15 | Telephone, Television and Radio | | 15 |
| 16 | Rental of Facility Space | | 16 |
| 17 | Sale of Drugs | 893 | 17 |
| 18 | Sale of Supplies to Non-Patients | | 18 |
| 19 | Laboratory | | 19 |
| 20 | Radiology and X-Ray | | 20 |
| 21 | Other Medical Services | 41,842 | 21 |
| 22 | Laundry | | 22 |
| 23 | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 93,501 | 23 |
| D. Non-Operating Revenue | | | |
| 24 | Contributions | | 24 |
| 25 | Interest and Other Investment Income*** | 110 | 25 |
| 26 | SUBTOTAL Non-Operating Revenue (lines 24 and 25) | \$ 110 | 26 |
| E. Other Revenue (specify):**** | | | |
| 27 | Settlement Income (Insurance, Legal, Etc.) | | 27 |
| 28 | <u>See Page 19A</u> | 33,811 | 28 |
| 28a | | | 28a |
| 29 | SUBTOTAL Other Revenue (lines 27, 28 and 28a) | \$ 33,811 | 29 |
| 30 | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) | \$ 14,958,155 | 30 |

| | | 2 | |
|-------------------------------------|--|---------------|----|
| Expenses | | Amount | |
| A. Operating Expenses | | | |
| 31 | General Services | 1,898,773 | 31 |
| 32 | Health Care | 3,790,953 | 32 |
| 33 | General Administration | 2,873,102 | 33 |
| B. Capital Expense | | | |
| 34 | Ownership | 2,100,628 | 34 |
| C. Ancillary Expense | | | |
| 35 | Special Cost Centers | 2,657,201 | 35 |
| 36 | Provider Participation Fee | 109,500 | 36 |
| D. Other Expenses (specify): | | | |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)* | \$ 13,430,157 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)** | 1,527,998 | 41 |
| 42 | Income Taxes | | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ 1,527,998 | 43 |

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Done Yet 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.

**Orland Park
2006**

Column 1
Amount

Page 19A

| | |
|--|-------------|
| Miscellaneous Income gl 4977 Food Credit | 827.00 |
| Prior year adjustment | 15,686.00 |
| Gain on Sale of Assets | 17,298.00 |
| | <hr/> |
| Total of line 28 | 33,811.00 |
| | <hr/> <hr/> |

PA Pg 19 P & L

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

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 | 1,901 | 2,085 | \$ 82,609 | \$ 39.62 | 1 |
| 2 | Assistant Director of Nursing | 1,616 | 1,643 | 49,925 | 30.39 | 2 |
| 3 | Registered Nurses | 30,976 | 34,975 | 1,042,674 | 29.81 | 3 |
| 4 | Licensed Practical Nurses | 23,567 | 24,879 | 573,224 | 23.04 | 4 |
| 5 | CNAs & Orderlies | 90,134 | 97,033 | 1,164,090 | 12.00 | 5 |
| 6 | CNA Trainees | | | | | 6 |
| 7 | Licensed Therapist | | | | | 7 |
| 8 | Rehab/Therapy Aides | 1,800 | 1,945 | 26,707 | 13.73 | 8 |
| 9 | Activity Director | 2,032 | 2,080 | 57,661 | 27.72 | 9 |
| 10 | Activity Assistants | 5,300 | 5,669 | 54,982 | 9.70 | 10 |
| 11 | Social Service Workers | 3,844 | 4,040 | 75,595 | 18.71 | 11 |
| 12 | Dietician | | | | | 12 |
| 13 | Food Service Supervisor | 3,776 | 4,200 | 65,764 | 15.66 | 13 |
| 14 | Head Cook | 5,688 | 5,952 | 78,201 | 13.14 | 14 |
| 15 | Cook Helpers/Assistants | 43,818 | 46,401 | 417,091 | 8.99 | 15 |
| 16 | Dishwashers | | | | | 16 |
| 17 | Maintenance Workers | 1,952 | 2,128 | 55,484 | 26.07 | 17 |
| 18 | Housekeepers | 21,590 | 23,915 | 265,523 | 11.10 | 18 |
| 19 | Laundry | 7,341 | 7,893 | 68,918 | 8.73 | 19 |
| 20 | Administrator | 1,904 | 2,080 | 94,529 | 45.45 | 20 |
| 21 | Assistant Administrator | 1,568 | 1,659 | 50,432 | 30.40 | 21 |
| 22 | Other Administrative | 11,232 | 11,739 | 265,064 | 22.58 | 22 |
| 23 | Office Manager | 2,024 | 2,032 | 26,304 | 12.94 | 23 |
| 24 | Clerical | 2,712 | 2,712 | 20,398 | 7.52 | 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 | 2,080 | 58,362 | 28.06 | 29 |
| 30 | Habilitation Aides (DD Homes) | | | | | 30 |
| 31 | Medical Records | 80 | 80 | 664 | 8.30 | 31 |
| 32 | Other Health Care Unit Director/Alz | 10,374 | 11,336 | 188,025 | 16.59 | 32 |
| 33 | Other(specify) <u>Beautician</u> | 1,976 | 2,068 | 49,570 | 23.97 | 33 |
| 34 | TOTAL (lines 1 - 33) | 279,173 | 300,624 | \$ 4,831,796 * | \$ 16.07 | 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 | 3000/Monthly | 36,000 | 9-3 | 36 |
| 37 | Medical Records Consultant | | | | 37 |
| 38 | Nurse Consultant | | | | 38 |
| 39 | Pharmacist Consultant | 400/Monthly | 4,800 | 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 | 10 | 732 | 11-3 | 44 |
| 45 | Social Service Consultant | | | | 45 |
| 46 | Other(specify) | | | | 46 |
| 47 | | | | | 47 |
| 48 | | | | | 48 |
| 49 | TOTAL (lines 35 - 48) | 10 | \$ 51,132 | | 49 |

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning: 01/01/06

Ending: 12/31/06

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 | |
| Gerald E Mertes III | Administrator | | \$ 94,529 | Workers' Compensation Insurance | \$ 112,893 | IDPH License Fee | \$ | |
| Carole Considine | Assistant Admin | | 9,078 | Unemployment Compensation Insurance | 61,284 | Advertising: Employee Recruitment | 13,341 | |
| Betsy Sejud | Assistant Admin | | 24,207 | FICA Taxes | 410,128 | Health Care Worker Background Check | 1,050 | |
| Norme A Torres Jr. | Assistant Admin | | 17,147 | Employee Health Insurance | 67,610 | (Indicate # of checks performed 105) | | |
| | | | | Employee Meals | 21,095 | Patient Background Checks | 537 5,370 | |
| | | | | Illinois Municipal Retirement Fund (IMRF)* | | IL Health Care Assoc | 7,656 | |
| | | | | | | Dues & Subscriptions | 3,852 | |
| TOTAL (agree to Schedule V, line 17, col. 1) | | | \$ 144,961 | Union, Health, & Welfare | 76,890 | Surety Bond Fees | 255 | |
| (List each licensed administrator separately.) | | | | Pension | 31,606 | Related Party - AMS | 2,247 | |
| | | | | Drug tests, 401K Match, & Vaccinations | 6,571 | Alliance for Quality of Nursing | 3,000 | |
| B. Administrative - Other | | | | Dental & Life insur, relations, tuition, misc | 5,251 | Less: Public Relations Expense | () | |
| | | | | Mkt Manager Benefit back out | (9,722) | Non-allowable advertising | () | |
| | | | | | | Yellow page advertising | () | |
| | | | | TOTAL (agree to Schedule V, line 22, col.8) | \$ 783,606 | TOTAL (agree to Sch. V, line 20, col. 8) | \$ 36,771 | |
| TOTAL (agree to Schedule V, line 17, col. 3) | | | \$ | E. Schedule of Non-Cash Compensation Paid to Owners or Employees | | G. Schedule of Travel and Seminar** | | |
| (Attach a copy of any management service agreement) | | | | | | | | |
| C. Professional Services | | | | Description | Line # | Amount | Description | Amount |
| Vendor/Payee | Type | | Amount | | | | | |
| Alden Management | Management Fees | | \$ 1,114,531 | | | | Out-of-State Travel | \$ |
| BDO Seidman | Accounting Fees | | 11,304 | | | | | |
| Ken Fisch | Legal Fees | | 16,838 | | | | | |
| Greenburg & Hermann | Legal Fees | | 19,836 | | | | In-State Travel | |
| Medi.com | Billing Consultants | | 483 | | | | Various auto & travel | 586 |
| SMS | Billing Consultants | | 5,979 | | | | Gas | 1,777 |
| ED Molloy Assoc | '05 service-cost eliminated | | 2,510 | | | | Related Paty - AMS | 1,930 |
| Pathway | clinical consultants | | 3,312 | | | | Seminar Expense | |
| Urban Real Estate Research | Blueprints for Appraisal | | 3,000 | | | | Alzheimers Assoc | 900 |
| Related Party-AMS | Consultants | | 2,057 | | | | Leadership Training | 1,570 |
| | | | | | | | Entertainment Expense | () |
| TOTAL (agree to Schedule V, line 19, column 3) | | | \$ 1,179,850 | TOTAL | | \$ | (agree to Sch. V, line 24, col. 8) | \$ 6,763 |
| (If total legal fees exceed \$5,000, attach copy of invoices.) | | | | | | | | |

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Orland Park Rehab & HCC

Report Period Beginning: 01/01/06 Ending:

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

| | 1 Improvement Type | 2 Month & Year Improvement Was Made | 3 Total Cost | 4 Useful Life | Amount of Expense Amortized Per Year | | | | | | | | |
|----|--------------------------|--|-----------------|------------------|--------------------------------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | | | | 5 FY2003 | 6 FY2004 | 7 FY2005 | 8 FY2006 | 9 FY2007 | 10 FY2008 | 11 FY2009 | 12 FY2010 | 13 FY2011 |
| 1 | Boiler repair | 11/98 | \$ 1,672 | 3 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| 2 | Boiler maintenance/aj | 2/99 | 2,073 | 3 | 0 | 0 | 0 | | | | | | |
| 3 | Heating repairs | 12/99 | 1,797 | 3 | 0 | 0 | 0 | | | | | | |
| 4 | A W S DUSTRUBUTING | 2/00 | 3,093 | 3 | 0 | 0 | 0 | | | | | | |
| 5 | CLIMATE SERVICES (I | 2/00 | 1,636 | 3 | 0 | 0 | 0 | | | | | | |
| 6 | GT MECHANICAL (sum | 6/00 | 1,863 | 3 | 0 | 0 | 0 | | | | | | |
| 7 | CAPPS PLUMBING (fou | 3/00 | 2,781 | 3 | 154 | 0 | 0 | | | | | | |
| 8 | CAPPS PLUMBING (clea | 3/00 | 1,460 | 3 | 80 | 0 | 0 | | | | | | |
| 9 | D.B.S CONTRACTING (g | 7/00 | 2,790 | 3 | 0 | 0 | 0 | | | | | | |
| 10 | Painting > \$1,500 -1999 | 7/99 | 8,058 | 3 | | 0 | 0 | | | | | | |
| 11 | Painting > \$1,500 -2000 | 7/00 | 4,336 | 3 | 723 | 0 | 0 | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |
| 20 | TOTALS | | \$ 31,559 | | \$ 957 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Il. Health Care Assn. \$7,656
- (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. \$ 34,921 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. \$ 109,500
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. \$ 21,095 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? 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.