

		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: 0044909

Facility Name: Alden Park Strathmoor

Address: 5668 Strathmoor Drive Rockford 61107
 Number City Zip Code

County: Winnebago

Telephone Number: (815) 229-5200 **Fax #** (815) 229-1411

HFS ID Number: 36-4367439

Date of Initial License for Current Owners: 08/01/00

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 & 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 Park Strathmoor

0044909 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	189	Skilled (SNF)	189	68,985	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	189	TOTALS	189	68,985	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	13,709	1,390	3,083	18,182	8
9	SNF/PED					9
10	ICF	30,520	679	0	31,199	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,229	2,069	3,083	49,381	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.58%

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

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

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

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

I. On what date did you start providing long term care at this location?
Date started 08/01/00

J. Was the facility purchased or leased after January 1, 1978?
YES Date 08/01/00 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 189 and days of care provided 2,036

Medicare Intermediary Adminastar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 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	253,085	31,174	9,600	293,859	1,600	295,459	(6,334)	289,125			1
2	Food Purchase		319,226		319,226	(19,033)	300,193	(37,744)	262,449			2
3	Housekeeping	170,731	33,049		203,780	896	204,676		204,676			3
4	Laundry	77,605	25,252		102,857	498	103,355		103,355			4
5	Heat and Other Utilities			158,347	158,347		158,347	(16,148)	142,199			5
6	Maintenance	41,097		87,864	128,961	118	129,079	21,478	150,557			6
7	Other (specify):* Related Party Salary							41,575	41,575			7
8	TOTAL General Services	542,518	408,701	255,811	1,207,030	(15,921)	1,191,109	2,827	1,193,936			8
	B. Health Care and Programs											
9	Medical Director			31,400	31,400		31,400		31,400			9
10	Nursing and Medical Records	2,158,864	175,714	7,975	2,342,553	(22,569)	2,319,984	(1,152)	2,318,832			10
10a	Therapy	56,544	769		57,313		57,313		57,313			10a
11	Activities	52,638	1,447	5,540	59,625	231	59,856		59,856			11
12	Social Services	39,224			39,224		39,224		39,224			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Salary							32,584	32,584			15
16	TOTAL Health Care and Programs	2,307,270	177,930	44,915	2,530,115	(22,338)	2,507,777	31,432	2,539,209			16
	C. General Administration											
17	Administrative	81,075			81,075		81,075		81,075			17
18	Directors Fees											18
19	Professional Services			392,562	392,562	(18,745)	373,817	(323,371)	50,446			19
20	Dues, Fees, Subscriptions & Promotions			34,113	34,113		34,113	(15,326)	18,787			20
21	Clerical & General Office Expenses	76,476	14,389	8,262	99,127	445	99,572	87,709	187,281			21
22	Employee Benefits & Payroll Taxes			549,353	549,353	7,892	557,245	(1,084)	556,161			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,746	5,746		5,746	1,683	7,429			24
25	Other Admin. Staff Transportation							9,141	9,141			25
26	Insurance-Prop.Liab.Malpractice			198,839	198,839		198,839	6,197	205,036			26
27	Other (specify):* Related Salary / Bad Debt			82,663	82,663		82,663	309,254	391,917			27
28	TOTAL General Administration	157,551	14,389	1,271,538	1,443,478	(10,408)	1,433,070	74,203	1,507,273			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,007,339	601,020	1,572,264	5,180,623	(48,667)	5,131,956	108,462	5,240,418			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 Park Strathmoor

#0044909

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			43,604	43,604		43,604	126,732	170,336			30
31	Amortization of Pre-Op. & Org.							72,223	72,223			31
32	Interest			108,739	108,739		108,739	337,392	446,131			32
33	Real Estate Taxes							122,979	122,979			33
34	Rent-Facility & Grounds			545,012	545,012		545,012	(545,012)				34
35	Rent-Equipment & Vehicles			11,121	11,121		11,121	32,892	44,013			35
36	Other (specify):* MIP & Amortiz.											36
37	TOTAL Ownership			708,476	708,476		708,476	147,206	855,682			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	382,173	399,553	491,393	1,273,119	48,667	1,321,786	(106,916)	1,214,870			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			103,478	103,478		103,478		103,478			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	382,173	399,553	594,871	1,376,597	48,667	1,425,264	(106,916)	1,318,348			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,389,512	1,000,573	2,875,611	7,265,696		7,265,696	148,752	7,414,448			45

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

Alden Nursing Center - Park Strathmoor

Reporting Period Beginning

01/01/06

Reporting Period Ending

12/31/06

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(19,033)	Employee Meal
	22	19,033	Employee Meal
22		(11,141)	Uniforms
	1	1,600	Uniforms
	3	896	Uniforms
	4	498	Uniforms
	6	118	Uniforms
	10	7,353	Uniforms
	11	231	Uniforms
	21	445	Uniforms
			Uniforms
10		(48,667)	Oxygen
	39	48,667	Oxygen
19		(18,745)	Pathway - Clinincal Consultants
	10	18,745	Pathway - Clinincal Consultants
		<u>0</u>	Net should be 0

Facility Name & ID Number Alden Park Strathmoor

0044909

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				9
10	Interest and Other Investment Income	(5,380)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(795)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(340)	21		17
18	Fines and Penalties	(23,760)	32		18
19	Entertainment	(56)	20		19
20	Contributions	(3,691)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,225)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(82,663)	27		24
25	Fund Raising, Advertising and Promotional	(10,294)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	6	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(46)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (133,244)		\$	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)	377,824	Various	34
35	Other- Attach Schedule See Pg 5A	(95,828)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 281,996		36
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 148,752		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 Park Strathmoor

ID# 0044909

Report Period Beginning: 01/01/06

Ending: 12/31/06

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees on Utilities	\$ (6,339)	5	1
2	Late Fees on Telephone	(129)	21	2
3	Intercompany Interest with AMS	(16,523)	32	3
4	Misc Income - Garnishment Processing	(684)	22	4
5	Misc Income - Record Copies	(390)	22	5
6	Misc Income - Jury Duty	(10)	22	6
7	Misc Income - Vending Machine	(442)	2	7
8	Misc Income - Food Rebate	(1,933)	2	8
9	30.65% of PAC Fees in IHCA expenses	(3,198)	20	9
10	Park LLC - Int to Related Party - Rockford Inv.	(8,000)	32	10
11	Back out vendor settlement (gl 7143)	37,930	21	11
12	Apply settlement to utilities (gl 7143)	(12,423)	5	12
13	Apply settlement to legal expenses (gl 7143)	(25,335)	19	13
14	Apply settlement to telephone (gl 7143)	(172)	6	14
15	Intercompany Interest with AMS - LOC	(226)	32	15
16	Bank Fees paid by LLC	(2,995)	21	16
17	Back out penalties paid by LLC	(5,033)	32	17
18	Back out LLC interest with AMS	(63,111)	32	18
19	Expense Assets < \$2500	14,581	6	19
20	Depreciation adj for assets < \$2500	(1,221)	30	20
21	Back out 2005 Barry Greenburg legal	(175)	19	21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(95,828)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor

0044909

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	(3,170)	0	0	(34,574)	0	0	0	0	0	0	0	(37,744)	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	(18,762)	0	2,614	0	0	0	0	0	0	0	0	(16,148)	5
6	Maintenance	14,409	0	7,234	0	0	0	(165)	0	0	0	0	21,478	6
7	Other (specify):*	0	0	37,257	4,318	0	0	0	0	0	0	0	41,575	7
8	TOTAL General Services	(7,523)	0	47,105	(36,590)	0	0	(165)	0	0	0	0	2,827	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	(1,550)	0	0	0	0	0	0	(1,152)	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	32,584	0	0	0	0	0	0	0	0	32,584	15
16	TOTAL Health Care and Programs	0	0	32,584	398	(1,550)	0	0	0	0	0	0	31,432	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	(31,735)	550	(292,186)	0	0	0	0	0	0	0	0	(323,371)	19
20	Fees, Subscriptions & Promotions	(17,285)	0	1,959	0	0	0	0	0	0	0	0	(15,326)	20
21	Clerical & General Office Expenses	34,472	2,995	28,969	16,955	4,318	0	0	0	0	0	0	87,709	21
22	Employee Benefits & Payroll Taxes	(1,084)	0	0	0	0	0	0	0	0	0	0	(1,084)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,683	0	0	0	0	0	0	0	0	1,683	24
25	Other Admin. Staff Transportation	0	0	9,141	0	0	0	0	0	0	0	0	9,141	25
26	Insurance-Prop.Liab.Malpractice	0	5,983	214	0	0	0	0	0	0	0	0	6,197	26
27	Other (specify):*	(82,663)	0	365,420	21,904	4,593	0	0	0	0	0	0	309,254	27
28	TOTAL General Administration	(98,295)	9,528	115,200	38,859	8,911	0	0	0	0	0	0	74,203	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(105,818)	9,528	194,889	2,667	7,361	0	(165)	0	0	0	0	108,462	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Park Strathmoor

0044909

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	(1,221)	120,817	5,278	0	1,858	0	0	0	0	0	0	126,732	30
31	Amortization of Pre-Op. & Org.	0	69,709	2,514	0	0	0	0	0	0	0	0	72,223	31
32	Interest	(122,033)	373,442	84,158	0	580	1,245	0	0	0	0	0	337,392	32
33	Real Estate Taxes	0	116,947	5,816	0	216	0	0	0	0	0	0	122,979	33
34	Rent-Facility & Grounds	0	(545,012)	0	0	0	0	0	0	0	0	0	(545,012)	34
35	Rent-Equipment & Vehicles	0	0	32,892	0	0	0	0	0	0	0	0	32,892	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(123,254)	135,903	130,658	0	2,654	1,245	0	0	0	0	0	147,206	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	(140,174)	(18,134)	51,392	0	0	0	0	0	(106,916)	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	(140,174)	(18,134)	51,392	0	0	0	0	0	(106,916)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(229,072)	145,431	325,547	(137,507)	(8,119)	52,637	(165)	0	0	0	0	148,752	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
Alden of Rockford Investments, LLC	100	See Pg 6K		See Pg 6K		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 545,012	Alden - Park Strathmoor, LLC	100.00%	\$	\$ (545,012)	1
2	V	32 Interest Exp to Rockford, LLC		Alden - Park Strathmoor, LLC		8,000	8,000	2
3	V	32 Interest Exp to AMS		Alden - Park Strathmoor, LLC		63,111	63,111	3
4	V	19 Misc. Admin Expense		Alden - Park Strathmoor, LLC		550	550	4
5	V	33 Real Estate Tax		Alden - Park Strathmoor, LLC		116,947	116,947	5
6	V	26 Property & Liability Insur		Alden - Park Strathmoor, LLC		5,983	5,983	6
7	V	32 Interest On Mortg. Note		Alden - Park Strathmoor, LLC		297,133	297,133	7
8	V	30 Depreciation		Alden - Park Strathmoor, LLC		120,817	120,817	8
9	V	21 Bank Fees		Alden - Park Strathmoor, LLC		2,995	2,995	9
10	V	32 Fines and Penalties		Alden - Park Strathmoor, LLC		5,033	5,033	10
11	V	32 Interest on Property Insurance		Alden - Park Strathmoor, LLC		165	165	11
12	V	31 Amortization Expense		Alden - Park Strathmoor, LLC		69,709	69,709	12
13	V							13
14	Total		\$ 545,012			\$ 690,443	\$ * 145,431	14

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 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	\$ 314,490	Alden Management Services, Inc.	0.00%	\$ 22,304	\$ (292,186)	15
16	V	21 General & Admin		Alden Management Services, Inc.		28,969	28,969	16
17	V	5 Utilities		Alden Management Services, Inc.		2,614	2,614	17
18	V	6 Maintenance		Alden Management Services, Inc.		7,234	7,234	18
19	V	24 Travel & seminar		Alden Management Services, Inc.		1,683	1,683	19
20	V	25 Other Admin Travel		Alden Management Services, Inc.		9,141	9,141	20
21	V	26 Insurance		Alden Management Services, Inc.		214	214	21
22	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		1,959	1,959	22
23	V	30 Depreciation		Alden Management Services, Inc.		5,278	5,278	23
24	V	31 Amortization		Alden Management Services, Inc.		2,514	2,514	24
25	V	33 Real estate taxes		Alden Management Services, Inc.		5,816	5,816	25
26	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		32,892	32,892	26
27	V	32 Interest		Alden Management Services, Inc.		84,158	84,158	27
28	V	7 Salaries-general serv		Alden Management Services, Inc.		37,257	37,257	28
29	V	15 Salaries-health care		Alden Management Services, Inc.		32,584	32,584	29
30	V	27 Salaries-general admin		Alden Management Services, Inc.		365,420	365,420	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		\$ 314,490			\$ 640,037	\$ * 325,547	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 Con.	\$ 9,600	Prism Health Care Services, Inc.	0.00%	\$ 3,266	\$ (6,334)	15
16	V	7 Dietary Salary		Prism Health Care Services, Inc.		4,318	4,318	16
17	V	2 Tube Feeding	77,960	Prism Health Care Services, Inc.		43,386	(34,574)	17
18	V	10 Equipment Rental	3,060	Prism Health Care Services, Inc.		3,458	398	18
19	V	39 Supplies	240,229	Prism Health Care Services, Inc.		62,781	(177,448)	19
20	V	39 Vent Rent		Prism Health Care Services, Inc.		37,274	37,274	20
21	V	27 G&A Salary		Prism Health Care Services, Inc.		21,904	21,904	21
22	V	21 G&A		Prism Health Care Services, Inc.		16,955	16,955	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		\$ 330,849			\$ 193,342	\$ * (137,507)	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	\$ 52,393	Forum Extended Care Services II, Inc.	0.00%	\$ 73,563	\$ 21,170	15
16	V	39	IV	41,102	Forum Extended Care Services II, Inc.		4,255	(36,847)	16
17	V	39	Wound Vac	11,257	Forum Extended Care Services II, Inc.		8,800	(2,457)	17
18	V	10	House Stock	10,283	Forum Extended Care Services II, Inc.		9,270	(1,013)	18
19	V	10	Consultant	4,536	Forum Extended Care Services II, Inc.		3,999	(537)	19
20	V	27	Employ. Vaccination	1,001	Forum Extended Care Services II, Inc.		783	(218)	20
21	V	27	G & A Salaries		Forum Extended Care Services II, Inc.		4,811	4,811	21
22	V	21	Gen'l & Admin.		Forum Extended Care Services II, Inc.		4,318	4,318	22
23	V	32	Interest		Forum Extended Care Services II, Inc.		580	580	23
24	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		216	216	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		\$ 120,572				\$ 112,453	\$ * (8,119)	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	\$ 485,198	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 536,590	\$ 51,392	15
16	V	32	Interest				1,245	1,245	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			\$ 485,198			\$ 537,835	\$ *	52,637 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 and Maintenance	\$ 10,832	Alden Bennett Construction Company, Inc.	0.00%	\$ 10,667	\$ (165)	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			\$ 10,832			\$ 10,667	\$ * (165)	39

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

STATE OF ILLINOIS

Facility Name & ID Number ALDEN NURSING CENTER - PARK STRATMOOR # 42010

Report Period Beginning 01/01/06

Ending: 12/31/06

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 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	CEO	100.00	133,341	1.768	4.42	Salary	\$ 6,159	27-7	1
2											2
3											3
4	Lauren Magnusson b.	Nurse corrdinator	Nursing admin		78,155	1.768	4.42	Salary	3,610	15-7	4
5	Terry Magnusson c.	Maint. Supervisor	Constr/maint		50,703	1.768	4.42	Salary	2,342	7-7	5
6											6
7											7
8											8
9	a. Floyd is the President and sole stockholder of The Alden Group, Ltd.										9
10	b. Lauren is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator										10
11	c. Terry is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										11
12											12
13								TOTAL	\$ 12,111		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 Park Strathmoor

0044909

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	Bank Leumi		X	Line of Credit	Interest Only	01/04	\$ 750,000	\$ 750,000	Varies	8.2500	\$ 68,229	1								
2	Bank Leumi		X	Mortgage	\$23,870.00	10/04	3,400,000	3,231,441	6/1/07	8.2500	297,133	2								
3												3								
4												4								
5												5								
Working Capital																				
6	CPT-Intercompany Interest	X		Working Capital							1,245	6								
7	FECII-Intercompany Interest	X		Working Capital							580	7								
8	AMS-Intercompany Interest	X		Working Capital							84,158	8								
9	TOTAL Facility Related				\$23,870.00		\$ 4,150,000	\$ 3,981,441			\$ 451,345	9								
B. Non-Facility Related*																				
10	Property Insurance Financing Interest	X		Financing Interest							166	10								
11	Int Income on Restricted Cash	X		Bank Account							(5,380)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			(5,214)	14								
15	TOTALS (line 9+line14)						\$ 4,150,000	\$ 3,981,441			\$ 446,131	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ none Line #

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2006 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Park Strathmoor COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0044909

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2005 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2005.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>12-21-452-007</u>	<u>Nursing home facility</u>	\$ <u>111,847.00</u>	\$ <u>111,847.00</u>
2. <u>See Attached (Pgs 1-11)</u>	<u>Related Party - Alden Management</u>	\$ <u>131,720.00</u>	\$ <u>5,816.00</u>
3. <u>See Attached (Pgs 1-11)</u>	<u>Related Party - Forum</u>	\$ <u>14,554.00</u>	\$ <u>216.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>258,121.00</u>	\$ <u>117,879.00</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 Park Strathmoor

0044909 Report Period Beginning:

01/01/06 Ending:

12/31/06

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 49,906 B. General Construction Type: Exterior Brick Frame Steele Number of Stories 1

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>569,205</u>	1
2					2
3	TOTALS			\$ 569,205	3

Facility Name & ID Number Alden Park Strathmoor

0044909

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	189		2000		\$ 3,524,779	\$ 114,443	31.5	\$ 114,443	\$	\$ 728,155	4
5											5
6											6
7											7
8	Related Party - Forum			1978	14,839		25			14,839	8
	Improvement Type**										
9	Alden Design-laundry room remodeling			2000	3,922	392	10	392		2,484	9
10	Alden Design-laundry room remodeling			2000	2,098	210	10	210		1,329	10
11	Alden Design-laundry room remodeling			2000	4,533	453	10	453		2,833	11
12	ABC - misc const. Work			2000	1,561		5			1,561	12
13	Pro Com Systems - add new keypass to alarm system			2000	1,754		5			1,754	13
14	ABC - misc const. Work			2001	10,528	526	20	526		2,719	14
15	ABC - misc const. Work			2001	38,850	1,943	20	1,943		10,036	15
16	Rockford stem B			2001	5,035	336	15	336		1,902	16
17	FE Moran - Repair and Upgrade fire alarm system			2002	7,645	510	15	510		2,378	17
18	Patten - Repair Water System			2002	2,245	150	15	150		723	18
19	Capps - Repair water sys in Kitchen			2002	2,845	190	15	190		806	19
20	ABC - Repair Water heater			2002	7,113	474	15	474		2,252	20
21	ABC -			2002	4,256	284	15	284		1,159	21
22	ABC (misc construction work)			2002	4,233	423	10	423		1,729	22
23	ABC - Carpet			2002	1,078	108	10	108		512	23
24	ABC - Chimney			2002	758	38	20	38		161	24
25	ABC - Chimney 2			2002	3,032	152	20	152		644	25
26	GT Mech - Repair Cooler			2003	4,586	917	5	917		3,210	26
27	CSI Coker - Repair Freezer			2003	1,645	329	5	329		1,151	27
28	GT Mech - Repair AC			2003	1,648	165	10	165		677	28
29	GT Mech - Repair Refrigerator			2003	1,860	372	5	372		1,272	29
30	Simplex - Fire & Security System Repair			2003	1,986	132	15	132		441	30
31	Simplex - Fire & Security System Repair			2003	896	60	15	60		209	31
32	ABC - Repairs to Dining room			2003	5,177	518	10	518		1,639	32
33	ABC - Repair Boiler			2003	4,311	431	10	431		1,329	33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Park Strathmoor

0044909

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	GT Mechanical-a/c repair	2004	\$ 2,996	\$ 300	10	\$ 300	\$	\$ 749	37
38	GT Mechanical-repair hot water tank	2004	3,325	332	10	332		748	38
39	P&M Mercury-chiller repair	2004	2,118	212	10	212		494	39
40	ABC-electrical & plumbing repairs	2004	2,112	211	10	211		475	40
41	ABC-electronic locks	2005	762	152	5	152		216	41
42	ABC-new flooring	2005	1,666	167	10	167		236	42
43	ABC-lock sets	2005	5,538	554	10	554		600	43
44	ABC-lock sets	2005	1,246	125	10	125		135	44
45	ABC-lock sets	2005	1,888	189	10	189		220	45
46	ABC-parking lot repairs	2005	9,095	910	10	910		1,743	46
47	ABC-door install and wireless alarm	2005	4,652	465	10	465		892	47
48	Oak Fire-replace fire alarm system	2005	6,800	680	10	680		1,360	48
49	A&B Custom Cable-wiring and install	2005	3,250	325	10	325		569	49
50	Top Notch-repair freezer door	2005	2,435	244	10	244		406	50
51	CSI-freezer repair	2005	1,553	155	10	155		233	51
52	GT Mechanical-freezer repairs	2005	2,825	282	10	282		400	52
53	GT Mech-kitchen repairs	2005	2,364	236	10	236		374	53
54	Patten-generator repairs	2005	3,560	356	10	356		593	54
55	ABC-faucet replacements	2005	2,518	252	10	252		315	55
56	Top Notch-repair freezer	2005	7,186	719	10	719		958	56
57	ABC-drywall	2005	655	65	10	65		87	57
58	Patten-generator repairs	2005	1,856	186	10	186		263	58
59	Patten-generator repairs	2005	3,429	343	10	343		486	59
60	Insurance check received for A/C replacement	2005	(6,221)	(1,244)	5	(1,244)		(1,659)	60
61	Top Notch - boiler replacement	2006	6,200	181	20	181		181	61
62	ABC-install smoke alarms	2006	3,265	54	10	54		54	62
63	Patten-generator repairs	2006	24,100	2,209	10	2,209		2,209	63
64	GT Mechanical-replace pump motor	2006	3,162	184	10	184		184	64
65	ABC-New AC and ductwork	2006	26,034	217	10	217		217	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,793,579	\$ 132,617		\$ 132,617	\$	\$ 801,642	70

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

Facility Name & ID Number Alden Park Strathmoor

0044909

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		\$ 3,793,579	\$ 132,617		\$ 132,617	\$	\$ 801,642	1
2	Related Party-Forum Prof Center Building:								2
3	Leasehold Improvement-Remodeling	1980	11,260		15			11,260	3
4	Leasehold Improvement-Remodeling	1980	17,639		20			17,639	4
5	Leasehold Improvement-Tenant Improvement	1987	912		13			912	5
6	Leasehold Improvement-AMS Remodel	1988	14,634		10			14,634	6
7	Leasehold Improvement-Roof	1994	3,269	204	16	204		2,453	7
8	Leasehold Improvement-Build.Improv.	1996	1,153	72	16	72		789	8
9	Leasehold Improvement-Asphalting	2000	89		3			89	9
10	Leasehold Improvement-DAI	2001	157	16	10	16		81	10
11	Leasehold Improvement-Bathrooms	2002	681	77	7	77		324	11
12	Leasehold Improvement-Suite Renovation	2003	1,672	167	10	167		669	12
13	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	2,071	360	7	360		835	13
14	Leasehold Improvement-Add-on Improvement, fixture base	1980	73		23			73	14
15	Leasehold Improvement-Add-on Improvement, lighting base	2001	126	6	5	6		126	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	Related Party-AMS:								25
26	Leasehold Improvement-Remodeling	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									29
30									30
31									31
32	Forum Extended Care, LLC-building/building improv	1999	12,434	293	30	293		2,350	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,875,959	\$ 135,262		\$ 135,262	\$	\$ 865,538	34

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 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	\$ 236,370	\$ 27,278	\$ 27,278	\$	Various	\$ 101,896	71
72	Current Year Purchases	87,250	6,204	6,204		Various	6,204	72
73	Fully Depreciated Assets	630,411	1,479	1,479		Various	630,411	73
74								74
75	TOTALS	\$ 954,031	\$ 34,961	\$ 34,961	\$		\$ 738,511	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	Related Party - AMS	Chev/Lumina /'00/Various	98-'04	\$ 4,817	\$ 113	\$ 113	\$	3	\$ 4,747	76
77										77
78										78
79										79
80	TOTALS			\$ 4,817	\$ 113	\$ 113	\$		\$ 4,747	80

E. Summary of Care-Related Assets

	1	Reference	2	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$	5,404,012	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$	170,336	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$	170,336	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$		84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	1,608,796	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:				\$ <u>Related party, cost is eliminated</u>			3
4	Additions	<u>o</u>						4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	<u>/2007</u>	\$ <u>545,012</u>
13.	<u>/2008</u>	\$ <u>545,012</u>
14.	<u>/2009</u>	\$ <u>545,012</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: \$ 11,120 Description: Copy Machine Lease

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related Party - AMS</u>		\$ <u>#####</u>	\$ <u>32,892</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>32,892</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.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/06

Ending:

12/31/06

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	\$		\$ 56,192	\$		\$ 56,192	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			25,324			25,324	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			95,983			95,983	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				73,564		73,564	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program			382,173		78,831	54,572		515,576	12
13	Other (specify):	See Pg 16A				359,701	88,530		448,231	13
14	TOTAL			\$ 382,173		\$ 616,031	\$ 216,666		\$ 1,214,870	14

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

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

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$56,191.76
2. ST	39-3	To Col 5	25,324.35
3.			
4. PT	39-3	To Col 5	95,982.67
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			52,393.44
Manual Input from Related Party- Forum Drugs			21,170.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	73,563.44
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	382,173.00
12. Exceptional Care-Salaries:	See pg 16A	To Col. 5	78,831.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	54,572.06
Total Exceptional Care (Line 12, Col 8)			515,576.06
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	51,392.00
CPT Reclass to Col 5 for RT			308,309.00
			359,701.00
Other			606,481.37
Manual Input: Related Party - Prism			(140,174.00)
Manual Input: Related Party FECII - I.V.			(36,847.00)
Manual Input: Related Party FECII - Wound Vac			(2,457.00)
Oxygen, from reclass worksheet			48,667.00
RC CPT RT Allocation			(78,831.00)
CPT Reclass to Col 5 for RT			(308,309.00)
13. Col 6: Supplies Total		To Col 6	88,530.37
13. Total Line 13, Column 8			448,231.37
14. Total			1,214,869.65

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 01/01/06

Ending:

12/31/06

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

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

		1 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 (125,000))	1,328,904	1,328,904	3
4	Supply Inventory (priced at)	1,112	1,112	4
5	Short-Term Investments			5
6	Prepaid Insurance		6,478	6
7	Other Prepaid Expenses	3,423	3,423	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties</u>	43,033	43,033	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,376,472	\$ 1,382,950	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		569,205	13
14	Buildings, at Historical Cost		3,524,779	14
15	Leasehold Improvements, at Historical Cost	272,059	272,059	15
16	Equipment, at Historical Cost	249,589	875,712	16
17	Accumulated Depreciation (book methods)	(167,331)	(1,458,416)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		113,981	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(71,276)	20
21	Restricted Funds	225,959	225,959	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 580,276	\$ 4,052,003	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,956,748	\$ 5,434,953	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 478,137	\$ 464,105	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	128,684	128,684	28
29	Short-Term Notes Payable	750,000	750,000	29
30	Accrued Salaries Payable	340,715	340,715	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,994	19,994	31
32	Accrued Real Estate Taxes(Sch.IX-B)		115,200	32
33	Accrued Interest Payable		49,358	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Other Accrd Exps/due to IDPA</u>	146,269	146,259	36
37	<u>Due to Related Parties</u>	7,271,407	8,532,472	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,135,206	\$ 10,546,787	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,231,441	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Related Parties</u>	94,017	94,017	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 94,017	\$ 3,325,458	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,229,223	\$ 13,872,245	46
47	TOTAL EQUITY(page 18, line 24)	\$ (7,272,475)	\$ (8,437,292)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,956,748	\$ 5,434,953	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,296,686)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,296,686)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(975,789)	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)	\$ (975,789)	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)	\$ (7,272,475)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 01/01/06

Ending: 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	\$ 5,845,309	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,845,309	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	167,143	6
7	Oxygen	202,280	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 369,423	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	603	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	798	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	60,395	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 61,796	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,380	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,380	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Page 19A	7,999	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,999	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,289,907	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,207,030	31
32	Health Care	2,530,115	32
33	General Administration	1,443,478	33
B. Capital Expense			
34	Ownership	708,476	34
C. Ancillary Expense			
35	Special Cost Centers	1,273,119	35
36	Provider Participation Fee	103,478	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,265,696	40
41	Income before Income Taxes (line 30 minus line 40)**	(975,789)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (975,789)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Yet Done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Column 1
Amount

Page 19A

Must be submitted if there is a balance on Line 28. You need only report the info that has a balance.

Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	3,459.00	
Jury Duty		10.00
Vending Machine		442.00
Food Rebate		1,933.00
Wage Services Fee		1,074.00
		3,459.00
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	4,540.00	
Total of line 28	7,999.00	

Facility Name & ID Number Alden Park Strathmoor

0044909

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	1,982	2,026	\$ 81,382	\$ 40.17	1
2	Assistant Director of Nursing	1,534	1,550	51,633	33.31	2
3	Registered Nurses	13,557	14,097	415,296	29.46	3
4	Licensed Practical Nurses	28,173	29,369	675,671	23.01	4
5	CNAs & Orderlies	81,222	88,299	1,142,360	12.94	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,872	2,042	31,834	15.59	8
9	Activity Director	1,767	1,815	27,243	15.01	9
10	Activity Assistants	3,004	3,213	25,396	7.90	10
11	Social Service Workers	2,080	2,080	39,224	18.86	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	30,131	14.49	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,952	22,022	222,954	10.12	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	41,097	19.76	17
18	Housekeepers	15,410	16,549	170,731	10.32	18
19	Laundry	7,507	7,717	77,605	10.06	19
20	Administrator	2,080	2,080	81,075	38.98	20
21	Assistant Administrator					21
22	Other Administrative	3,471	3,646	70,801	19.42	22
23	Office Manager	780	780	9,438	12.10	23
24	Clerical	2,511	2,626	20,946	7.98	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,080	58,525	28.14	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	2,089	2,089	46,916	22.46	32
33	Other(specify) Alzheimers Aid &	5,217	5,295	69,254	13.08	33
34	TOTAL (lines 1 - 33)	200,440	213,535	\$ 3,389,512 *	\$ 15.87	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 9,600	1-3	35
36	Medical Director	Monthly	31,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,536	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	49	2,918	11-3	44
45	Social Service Consultant	12	732	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	61	\$ 49,186		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ not applicable		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name & ID Number Alden Park Strathmoor

0044909

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	Amount	
Julie Logan	Administrator	0	\$ 81,075	Workers' Compensation Insurance	\$ 74,010	IDPH License Fee	\$		
				Unemployment Compensation Insurance	96,096	Advertising: Employee Recruitment		20	
				FICA Taxes	252,273	Health Care Worker Background Check			
				Employee Health Insurance	25,640	(Indicate # of checks performed 76)		760	
				Employee Meals	19,033	Patient Background Checks	164	1,640	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees, Dues & Subscriptions		400	
				Union Health & Welfare	58,646	IHCA dues, less pac fees		14,008	
				Dental, Life, Relations, Misc	3,762	Misc/magazine subscriptions			
				Drug Test & Employee Dishonesty	1,920				
				401k Match, Vaccinations, Other	1,407	Related Party - AMS		1,959	
				Pension	24,458	Less: Public Relations Expense	(
				Offset benefit cost with miscell income	(1,084)	Non-allowable advertising	(
						Yellow page advertising	(
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 81,075	TOTAL (agree to Sch. V, line 20, col. 8)			
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			\$ 556,161		
Description				Amount			G. Schedule of Travel and Seminar**		
None				\$			Description		
							Amount		
							Out-of-State Travel		
							\$		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				\$			In-State Travel		
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			Gasoline		
Vendor/Payee	Type	Amount		Description	Line #	Amount	Auto Insurance, Auto & Travel - misc		
AMS	Management Fees	\$ 314,489		Not Applicable		\$	1,441		
BDO Siedman	Accounting Fees	9,254					Related party - AMS		
Ken Fisch / Greenberg	Legal	4,463					1,683		
David A Aaby	Legal - Collections	5,925					Seminar Expense		
Neal Gerber	Legal Fees	25,189					Leadership Training		
Shefsky & Froelich/M. Newman/Law	Mediation Svcs	1,900					1,570		
Medi.Com / Pathway/D. Daley	Billing / Clinical Consultants	19,149					Alzheimers Association		
SMS	Billing Consultants	9,352					1,018		
KPMG	Accounting Fees	121					Medicaid / IHCA conferences		
First Advantage	Tax Credit Services	320					415		
John C. Fletcher	Mediation Svcs	2,400					Entertainment Expense		
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 392,562			TOTAL (agree to Sch. V, line 24, col. 8)		
							\$ 7,429		

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Park Strathmoor

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	Alden Design	10/00	\$ 1,669	3	\$ 418	\$	\$	\$	\$	\$	\$	\$	\$
2	Rockford stemm B	5/01	1,735	3	578	193	0						
3	Alden Bennet Const	2/01	7,975	3	2,658	221	0						
4	No Additions '02-'06												
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 11,379		\$ 3,654	\$ 414	\$	\$	\$	\$	\$	\$	\$

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. \$
- (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. \$ 28,321 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. \$ 103,478
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. \$ 19,033 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,933
- (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? N/A
- 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.