

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	217	Skilled (SNF)	217	79,205	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	217	TOTALS	217	79,205	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	12,713	2,450	14,750	29,913	8
9	SNF/PED					9
10	ICF	26,454	3,651		30,105	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	39,167	6,101	14,750	60,018	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.78%

D. How many bed-hold days during this year were paid by the Department? none (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 05/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/12/95 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 163 and days of care provided #REF!

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	359,099	29,093	9,969	398,161	1,566	399,727	(6,334)	393,393		1
2	Food Purchase		328,065		328,065	(33,148)	294,917	4,854	299,771		2
3	Housekeeping	194,359	28,276		222,635	670	223,305		223,305		3
4	Laundry	53,433	15,580		69,013	296	69,309		69,309		4
5	Heat and Other Utilities			257,503	257,503		257,503	(6,245)	251,258		5
6	Maintenance	45,209		128,917	174,126	248	174,374	59,446	233,820		6
7	Other (specify):* Related Party Salary							49,579	49,579		7
8	TOTAL General Services	652,100	401,014	396,389	1,449,503	(30,368)	1,419,135	101,300	1,520,435		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	3,012,722	189,449	82,337	3,284,508	(29,989)	3,254,519	(1,148)	3,253,371		10
10a	Therapy										10a
11	Activities	86,506	4,157	5,867	96,530	377	96,907		96,907		11
12	Social Services	44,576			44,576		44,576		44,576		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Salary							39,583	39,583		15
16	TOTAL Health Care and Programs	3,143,804	193,606	106,204	3,443,614	(29,612)	3,414,002	38,435	3,452,437		16
	C. General Administration										
17	Administrative	101,245			101,245		101,245		101,245		17
18	Directors Fees										18
19	Professional Services			665,701	665,701		665,701	(597,748)	67,953		19
20	Dues, Fees, Subscriptions & Promotions			70,332	70,332		70,332	(50,415)	19,917		20
21	Clerical & General Office Expenses	200,395	28,009	81,886	310,290		310,290	(22,510)	287,780		21
22	Employee Benefits & Payroll Taxes			665,284	665,284	24,928	690,212	(8,594)	681,618		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,913	14,913		14,913	2,046	16,959		24
25	Other Admin. Staff Transportation							11,111	11,111		25
26	Insurance-Prop.Liab.Malpractice			228,277	228,277		228,277	10,812	239,089		26
27	Other (specify):* Bad Debt			106,499	106,499		106,499	372,501	479,000		27
28	TOTAL General Administration	301,640	28,009	1,832,892	2,162,541	24,928	2,187,469	(282,797)	1,904,672		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,097,544	622,629	2,335,485	7,055,658	(35,052)	7,020,606	(143,062)	6,877,544		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 Poplar Creek Rehab & HCC

#0032896

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			72,131	72,131		72,131	368,380	440,511			30
31	Amortization of Pre-Op. & Org.							4,719	4,719			31
32	Interest			106,565	106,565		106,565	599,920	706,485			32
33	Real Estate Taxes							636,380	636,380			33
34	Rent-Facility & Grounds			1,486,475	1,486,475		1,486,475	(1,486,475)				34
35	Rent-Equipment & Vehicles			13,479	13,479		13,479	39,977	53,456			35
36	Other (specify):* MIP & Amortiz.							47,715	47,715			36
37	TOTAL Ownership			1,678,650	1,678,650		1,678,650	210,616	1,889,266			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		677,097	855,072	1,532,169	35,052	1,567,221	(210,260)	1,356,961			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			118,808	118,808		118,808		118,808			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		677,097	973,880	1,650,977	35,052	1,686,029	(210,260)	1,475,769			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,097,544	1,299,726	4,988,015	10,385,285		10,385,285	(142,706)	10,242,579			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 - Poplar Creek 003-2896
Reporting Period Beginning 01/01/06
Reporting Period Ending 12/31/06

Reclassifications: PGs 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
22		(8,220.00)	Uniform
	1	1,566.00	Uniform
	3	670.00	Uniform
	4	296.00	Uniform
	6	248.00	Uniform
	10	5,063.00	Uniform
	11	377.00	Uniform
2		(33,148.00)	Employee Meal
	22	33,148.00	Employee Meal
10		(35,052.00)	Oxygen
	39	35,052.00	Oxygen

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	(67)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,090)	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	(19,973)	21		17
18	Fines and Penalties	(6,163)	32		18
19	Entertainment	(1,712)	20		19
20	Contributions	(6,569)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,371)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(106,499)	27		24
25	Fund Raising, Advertising and Promotional	(40,844)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (191,288)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	175,466	Various	34
35	Other- Attach Schedule See Pg 5A	(126,884)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 48,582		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (142,706)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

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

Alden Poplar Creek Rehab & HCC

ID# 0032896

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (9,422)	5	1
2	Late Fees on Telephone	(221)	21	2
3	Intercompany interest GL 7031)	(100,058)	32	3
4	Misc Income (Med records, jury duty, food rebate)	(1,761)	21	4
5	Marketing Manager (GL 6701-100-009)	(51,018)	21	5
6	Eliminate benefits on marketing salaries	(8,594)	22	6
7	Vendor Settlement - ComEd	(13,689)	21	7
8	Vendor Settlement - ComEd	13,689	6	8
9	Credit posted from prior year (ANI)	2,436	19	9
10	Major Repairs less than \$2,500 FY 2006	13,811	6	10
11	Furn & Fixtures less than \$2,500 FY 2006	8,388	6	11
12	Equipment less than \$2,500 FY 2006	13,261	6	12
13	Painting less than \$2,500 FY 2006	2,137	6	13
14	Adjustment for under depreciation	8,145	30	14
15	Back out Bank Charges - Poplar Creek LLC	(29)	21	15
16	Eliminate 30.65% of IHCA Pac Fees	(3,671)	20	16
17	Adjust Deferred Maintenance cost to match detail	(288)	6	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(126,884)		49

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.	98	See pg 6K		See pg 6K		
Floyd Schlossberg	2					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V	34	Rent Income	\$ 1,486,475	Alden Nursing Center of Poplar Creek, LLC	100.00%	\$	\$ (1,486,475)	1
2	V	32	Investment Income RR	1,847	Alden Nursing Center of Poplar Creek, LLC			(1,847)	2
3	V	19	Accounting Fee		Alden Nursing Center of Poplar Creek, LLC		4,500	4,500	3
4	V	33	Real Estate Tax		Alden Nursing Center of Poplar Creek, LLC		628,407	628,407	4
5	V	26	Property/Liability Insurance		Alden Nursing Center of Poplar Creek, LLC		10,552	10,552	5
6	V	32	Interest on Mortgage		Alden Nursing Center of Poplar Creek, LLC		601,241	601,241	6
7	V	30	Depreciation		Alden Nursing Center of Poplar Creek, LLC		353,100	353,100	7
8	V	31	Amortization		Alden Nursing Center of Poplar Creek, LLC		1,663	1,663	8
9	V	36	Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		47,715	47,715	9
10	V	19	Miscellaneous Admin Fees		Alden Nursing Center of Poplar Creek, LLC		579	579	10
11	V								11
12	V								12
13	V								13
14	Total		\$ 1,488,322			\$ 1,647,757	\$ *	159,435	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Fee	\$ 624,000	Alden Management Services, Inc.		\$ 27,108	\$ (596,892)
16	V	21 General & Administrative		Alden Management Services, Inc.		35,209	35,209
17	V	5 Utilities		Alden Management Services, Inc.		3,177	3,177
18	V	6 Repairs and Maintenance		Alden Management Services, Inc.		8,793	8,793
19	V	24 Travel & Seminar		Alden Management Services, Inc.		2,046	2,046
20	V	25 Other Administrative		Alden Management Services, Inc.		11,111	11,111
21	V	26 Insurance		Alden Management Services, Inc.		260	260
22	V	20 Dues & Subscription		Alden Management Services, Inc.		2,381	2,381
23	V	30 Depreciation		Alden Management Services, Inc.		5,278	5,278
24	V	31 Amortization		Alden Management Services, Inc.		3,056	3,056
25	V	33 Real Estate Taxes		Alden Management Services, Inc.		7,068	7,068
26	V	35 Rent - Equip & Vehicles		Alden Management Services, Inc.		39,977	39,977
27	V	32 Interest		Alden Management Services, Inc.		102,286	102,286
28	V	7 General Service Salary		Alden Management Services, Inc.		45,261	45,261
29	V	15 Health Care Salary		Alden Management Services, Inc.		39,583	39,583
30	V	27 G & A Salary		Alden Management Services, Inc.		445,683	445,683
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 624,000			\$ 778,277	\$ * 154,277

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary Consultant	\$ 9,600	Prism Health Care Services, Inc.		\$ 3,266	\$ (6,334)
16	V	7 Dietary Salary		Prism Health Care Services, Inc.		4,318	4,318
17	V	2 Tube Feeding	8,880	Prism Health Care Services, Inc.		14,824	5,944
18	V	10 Equipment Rental	3,060	Prism Health Care Services, Inc.		3,458	398
19	V	39 Supplies	191,478	Prism Health Care Services, Inc.		40,046	(151,432)
20	V	27 G & A Salary		Prism Health Care Services, Inc.		14,103	14,103
21	V	21 G & A Expenses		Prism Health Care Services, Inc.		10,916	10,916
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 213,018			\$ 90,931	\$ * (122,087)

* 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	\$ 263,148	Forum Extended Care Services II, Inc.		\$ 369,475	\$ 106,327
16	V	39 I.V.	216,530	Forum Extended Care Services II, Inc.		22,415	(194,115)
17	V	39 Wound Care	5,941	Forum Extended Care Services II, Inc.		4,644	(1,297)
18	V	10 House Stock	8,115	Forum Extended Care Services II, Inc.		7,315	(800)
19	V	10 Pharmacy Consultant	6,308	Forum Extended Care Services II, Inc.		5,562	(746)
20	V	27 Employee Vaccination	4,134	Forum Extended Care Services II, Inc.		3,232	(902)
21	V	27 G & A Salary		Forum Extended Care Services II, Inc.		20,116	20,116
22	V	21 General & Administrative		Forum Extended Care Services II, Inc.		18,056	18,056
23	V	32 Interest		Forum Extended Care Services II, Inc.		2,424	2,424
24	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		905	905
25	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,857	1,857
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 504,176			\$ 456,001	\$ * (48,175)

* 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	\$ 819,546	Community Physical Therapy & Associates, Ltd.		\$ 849,803	\$ 30,257	15	
16	V	32 Interest				2,104	2,104	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		\$ 819,546			\$ 851,907	\$ *	32,361	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	\$ 22,580	Alden Bennett Construction Company, Inc.		\$ 22,235	\$ (345)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 22,580			\$ 22,235	\$ * (345)

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

Facility Name & ID Number

ALDEN NURSING CENTER - POPLAR CREEK

003-2896

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 Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Waterford	Aurora
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 Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	Terry Magnusson	CEO	100.00	132,014	2.148	5.37	Salary	\$ 7,486	27-7	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin		77,377	2.148	5.37	Salary	4,388	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	construct/maint		50,199	2.148	5.37	Salary	2,846	7-7	3
4											4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	b. Lauren is the daughter of Floyd Schlossberg										7
8	c. Terry is the son-in-law of Floyd Schlossberg										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 14,720		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 Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2006

Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	See Page 8A (also on Page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	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		09/02	\$ 9,875,100	\$ 9,393,780	12/2037	6.5000	\$ 601,241	1								
2	Therapeutic Systems GL7059		X	Working Capital							345	2								
3												3								
4												4								
5												5								
Working Capital																				
6	Related Party - CPT	X		Working Capital							2,104	6								
7	Related Party - AMS (6A)	X		Working Capital							102,286	7								
8	Related Party - FECII	X		Working Capital							2,424	8								
9	TOTAL Facility Related						\$ 9,875,100	\$ 9,393,780			\$ 708,400	9								
B. Non-Facility Related*																				
10	Interest Income Repl Reserv										(1,847)	10								
11	Patient Int Inc (GL4646)										(68)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (1,915)	14								
15	TOTALS (line 9+line14)						\$ 9,875,100	\$ 9,393,780			\$ 706,485	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 47,715 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.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2005 report.		\$	606,300	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	608,207	2
3. Under or (over) accrual (line 2 minus line 1).		\$	1,907	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	626,500	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	628,407	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2001	557,622	8
	2002	567,026	9
	2003	598,508	10
	2004	588,666	11
	2005	608,207	12

accrual is based on an estimated 3% increase over prior year's actual invoice

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2005	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

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 Poplar Creek Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0032896

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>07-07-300-012-000</u>	<u>Nursing Home facility</u>	\$ <u>608,207.00</u>	\$ <u>608,207.00</u>
2. <u>See Attached</u>	<u>Related Party - Alden Management</u>	\$ <u>131,720.00</u>	\$ <u>7,068.00</u>
3. <u>See Attached</u>	<u>Related Party - Forum</u>	\$ <u>14,554.00</u>	\$ <u>905.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>754,481.00</u>	\$ <u>616,180.00</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 Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2006 Ending:

12/31/2006

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325 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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>62,115</u>	<u>1978</u>	<u>\$ 90,580</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	62,115		\$ 90,580	3

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

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

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4		Related Party - Forum		1978	\$ 14,839	\$	25	\$	\$	\$ 14,839	4
5											5
6	217		1995	1988	9,202,500	230,062	40	230,062		2,562,703	6
7											7
8											8
		Improvement Type**									
9		Electrical work/deoc/construction/fire alarm		1988	34,647		5-10			34,647	9
10		Sink repair/painting/marble work/class/electrical		1989	142,814		5-10			142,814	10
11		Install pump/village street signal/heater motor		1990	12,416		5-15			12,416	11
12		Replace boiler/replace a/c unit/replace condensor		1991	11,622	305	5-15	305		11,622	12
13		Flooring/clean condensor/roto-rooter/sprinkler/pump		1992	15,458	199	5-25	199		13,454	13
14		HVAC/electrical work/flooring/fan/counter /cabinets		1993	72,195	1,181	5-20	1,181		61,396	14
15		HVAC/prior credits applied		1994	(5,559)		10-15			(5,559)	15
16		A/C work/electricity repair/HVAC repairs		1995	23,105	1,523	5-15	1,523		19,715	16
17		Increase lighting levels on first floor		1996	8,838	589	15	589		5,989	17
18		Repair and epoxy all shower bases		1996	7,164	478	15	478		4,858	18
19		Clean coils to existing NU-AHL		1996	7,164	358	10	358		7,164	19
20		Laundry-enclose dryer area, door etc.		1996	7,763	388	20	388		3,978	20
21		Redesign PT,OT, activity area		1996	11,943	597	20	597		6,270	21
22		Repair restucco 2 entrance monuments		1996	5,014	417	10	417		5,014	22
23		Remove & replace roof with new		1996	89,573	4,479	20	4,479		45,907	23
24		Replace 2-25 gallon 450 BTU hot water heaters		1996	41,801	2,787	15	2,787		28,797	24
25		Add alternate biler phasing standby/back		1996	5,972	398	15	398		4,081	25
26		Change roof exhausts		1996	13,137	876	15	876		9,051	26
27		Repaint all painted surfaces in soda shop		1996	1,850		5			1,850	27
28		Add pantries w/kitchen equip to 1,2,3rd floors		1996	122,492	6,125	20	6,125		62,778	28
29		Siegert (sprinkler system)		1996	29,000	1,933	15	1,933		20,782	29
30		Tri-star install cooler assec.		1997	1,864		5			1,864	30
31		Cummis/onan -install pump		1997	4,959		5			4,959	31
32		Network environment -repair pipe		1997	8,000		5			8,000	32
33		Network environment -repair pipe		1997	6,800		5			6,800	33
34		A&B install cable in all rooms		1997	4,680	468	10	468		4,329	34
35											35
36											36

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

See Page 12A, Line 70 for total

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

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			\$	\$		\$	\$	\$	37
38	Wigdahl electric-insall outlet and lights	1998	1,778		5			1,778	38
39	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	39
40	CSI-maint. On choller and clean condensor valves	1998	8,400	840	10	840		7,140	40
41	CSI -repair compressor and freon	1998	2,330	155	15	155		1,293	41
42	CSI-repair condensing unit on cooler	1998	1,869	187	10	187		1,558	42
43	ABC	1998	1,748,376	47,254	5-20	47,254		420,733	43
44	ABC	1998	13,080	1,308	10	1,308		10,573	44
45	Alpha Sign-signs and plaques	1999	9,881	494	20	494		3,746	45
46	CSI-repair condensor	1999	1,528	153	10	153		1,121	46
47	Fos valley fire & safety-smoke detectors	1999	6,502	650	10	650		4,659	47
48	CSI-repair boiler	1999	1,875	125	15	125		896	48
49	CSI - compressor	1999	1,531	102	15	102		723	49
50	Equipment Int.-washing machine	1999	1,936		5			1,936	50
51	ABC-concrete, fencing	1999	12,735	849	15	849		6,014	51
52	Climate Services, -replace coil/thermostat	1999	5,425	543	10	543		4,342	52
53	DBS contracting-install lawn sprinkler system	2000	1,863	124	15	124		807	53
54	New Horizons	2000	525		3			525	54
55	New Horizons	2000	667		3			667	55
56	New Horizons	2000	714		3			714	56
57	New Horizons	2000	824		3			824	57
58	Alden Design	2000	4,440	222	20	222		1,406	58
59	Alden Design	2000	5,500	275	20	275		1,719	59
60	Walter Mayer -interior finishes	2000	4,000	267	15	267		1,823	60
61	CSI-window treatment	2000	19,411		5			19,411	61
62	DBS contracting - Alden sign	2000	1,500		5			1,500	62
63	Equipment Int.-repair dryer	2000	1,864		3			1,864	63
64	A&B custom cable install cable tv 1st floor rooms	1998	5,760		5			5,760	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,771,045	\$ 306,711		\$ 306,711	\$	\$ 3,608,730	70

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 11,771,045	\$ 306,711		\$ 306,711	\$	\$ 3,608,730	1
2	Equipment Int. -repair dryer	2000	926		3			926	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530		5			1,530	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356		5			2,356	4
5	ABC -misc. construction work	2000	5,949		5			5,949	5
6	Equipment Int. -repair dryer	2000	1,036		5			1,036	6
7	Equipment Int. -repair dryer	2000	1,103		5			1,103	7
8	Equipment Int. -repair dryer	2000	1,103		5			1,103	8
9	Washtown Equipment(repair washers)	2001	572		3			572	9
10	CAPPS - Plumbing	2001	5,565	557	10	557		3,201	10
11	Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
12	Alden Bennett Construction (misc. repairs)	2001	2,160	180	5	180		2,160	12
13	CAPPS - Plumbing (plumbing repairs)	2001	1,865	280	5	280		1,865	13
14	Long Elevator (car stations in two elevators)	2001	4,800	320	15	320		1,680	14
15	Fire Pros (fire alarm control panel upgrade)	2001	1,650	165	10	165		866	15
16	GT Mechanical (laundry exhaust fan for dryers)	2001	2,398	359	5	359		2,398	16
17	The Floor Source (carpeting in dining room)	2001	2,866		3			2,866	17
18	Capps - Plumbing (plumbing repairs)	2001	2,215		5			2,215	18
19	ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		13,612	19
20	ABC - Misc. Repairs	2002	3,734	373	10	373		1,586	20
21	Alden Bennett Construction (carpeting)	2002	(6,617)		3			(6,617)	21
22	Capps Plumbing (hot water pump)	2002	1,885	377	5	377		1,759	22
23	Capps Plumbing (install new drain)	2002	1,685	337	5	337		1,545	23
24	GT Mechanical (condenser pump motor)	2002	2,505	251	10	251		1,150	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769	777	10	777		3,496	25
26	GT Mechanical (replaced motor)	2002	3,112	622	5	622		2,800	26
27	Alden Bennett Construction(chain link gate)	2002	2,565	513	5	513		2,309	27
28	GT Mechanical (replace motor)	2002	2,287	457	5	457		1,981	28
29	GT Mechanical (taco pump)	2002	3,808	381	10	381		1,651	29
30	Capps Plumbing & Sewer (handicapped accesible fountains	2002	2,500	250	10	250		1,042	30
31	New Horizons Communication (phone & jacks instal	2002	3,651	365	10	365		1,491	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,904,037	\$ 316,245		\$ 316,245	\$	\$ 3,674,978	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 11,904,037	\$ 316,245		\$ 316,245	\$	\$ 3,674,978	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785	578	10	578		2,023	2
3	Alden Bennett Construction (3rd Floor remodelling)	2003	5,731	573	10	573		2,053	3
4	Alden Bennett Construction(elevator)	2003	2,595	519	5	519		1,730	4
5	CSI Coker Service (Refridgerator repairs)	2003	5,283	1,057	5	1,057		3,875	5
6	CSI Coker Service (kitchedn eqpt repairs)	2003	2,833	567	5	567		1,890	6
7	Patten CAT (AMS Billings)(engine reapears)	2003	1,598	320	5	320		1,040	7
8	GT Mechanical (plumbing reapiers)	2003	2,544	509	5	509		1,612	8
9	Alden Bennett Construction (Carept/elevator cab.)	2003	1,437	479	3	479		1,437	9
10	GT Mechanical (plumbing reapiers)	2004	2,810	562	5	562		1,639	10
11	GT Mechanical (plumbing reapiers)	2004	1,267	253	5	253		738	11
12	GT Mechanical (plumbing reapiers)	2004	4,055	270	15	270		720	12
13	GT Mechanical (plumbing reapiers)	2004	4,469	893	5	893		2,158	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		256	14
15	Oak Fire/Security Systems(fire pumpair re)	2004	2,550	510	5	510		1,105	15
16	System Electric (electrical work)	2005	1,080	216	5	216		306	16
17	Capps Plumbing (new weighted suspended floats)	2005	1,426	285	5	285		333	17
18	A & B Custom Cable (cable wires/dist amp)	2005	1,541	154	10	154		244	18
19	Capps Plumbing (new ball valve/ 3rd floor kitchen sink)	2005	2,185	437	5	437		583	19
20	Door alarm	2005	2,508	502	5	502		586	20
21	CSI Coker (Dishwasher repair)	2005	3,467	693	5	693		1,271	21
22	Equipment International (tumbler weldment)	2005	3,656	366	10	366		579	22
23	GT Mechanical (laundry exhaust fan)	2005	3,769	754	5	754		1,445	23
24	GT Mechanical (laundry exhaust fan)	2005	3,800	760	5	760		1,457	24
25	GT Mechanical (replace lower motor)	2005	4,558	912	5	912		1,292	25
26	ABC (windows)	2005	4,756	951	5	951		1,189	26
27	GT Mechanical (major repair to AC)	2005	6,216	622	10	622		1,036	27
28									28
29	Long Elevator (new relay, contacts and PC board)	2006	2,854	476	5	476		476	29
30	ABC (Flagpole, aerator, shower)	2006	2,838	378	5	378		378	30
31	ABC (Fasco motor, rebuild kit, cables, faucet)	2006	3,167	106	5	106		106	31
32	Capps Plumbing (new tempering and IP valves)	2006	4,388	122	15	122		122	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,001,336	\$ 331,175		\$ 331,175	\$	\$ 3,708,657	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 12,001,336	\$ 331,175		\$ 331,175	\$	\$ 3,708,657	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,260		15			11,260	4
5	Leasehold Improvement-Remodeling	1980	17,639		20			17,639	5
6	Leasehold Improvement-Tenant Improvement	1987	912		13			912	6
7	Leasehold Improvement-AMS Remodel	1988	14,634		10			14,634	7
8	Leasehold Improvement-Roof	1994	3,269	204	16	204		2,453	8
9	Leasehold Improvement-Build.Improv.	1996	1,153	72	16	72		789	9
10	Leasehold Improvement-Asphalting	2000	89		3			89	10
11	Leasehold Improvement-DAI	2001	157	16	10	16		81	11
12	Leasehold Improvement-Bathrooms	2002	681	77	7	77		324	12
13	Leasehold Improvement-Suite Renovation	2003	1,672	167	10	167		669	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	2,071	360	7	360		835	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	73		23			73	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	126	6	5	6		126	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,060		7			6,060	27
28	Leasehold Improvement-Remodeling	2002	4,961	709	7	709		2,746	28
29	Leasehold Improvement-Remodeling	2003	5,189	741	7	741		2,856	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	12,434	293	30	293		2,350	33
34	TOTAL (lines 1 thru 33)		\$ 12,083,716	\$ 333,820		\$ 333,820	\$	\$ 3,772,553	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,268,838	\$ 104,228	\$ 104,228	\$	Various	\$ 739,248	71
72	Current Year Purchases	41,222	727	727		Various	727	72
73	Fully Depreciated Assets	315,545	1,623	1,623		Various	315,545	73
74								74
75	TOTALS	\$ 1,625,605	\$ 106,578	\$ 106,578	\$		\$ 1,055,520	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	AMS - Bus/Travel Van	Chev/Lumina/'00/Various	98-04	\$ 4,817	\$ 113	\$ 113	\$	3	\$ 487	76
77										77
78										78
79										79
80	TOTALS			\$ 4,817	\$ 113	\$ 113	\$		\$ 487	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)	\$ 13,804,718	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 440,511	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 440,511	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,828,560	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? YES NO

If NO, see instructions.

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

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 9,659 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>transport - non patients (GL6890)</u>		\$ <u>318.00</u>	\$ <u>3,820</u>	17
18					18
19	<u>related party - AMS (6A)</u>		<u>#####</u>	<u>39,977</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>43,797</u>	21

10. Effective dates of current rental agreement:

Beginning November 1995

Ending October 2006

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

Fiscal Year Ending Annual Rent

12. 12/31/07 \$ varies

13. 12/31/08 \$ varies

14. 12/31/09 \$ varies

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled Nursing On-Site</u></p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 332,018	\$		\$ 332,018	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			66,105			66,105	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			421,424			421,424	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				369,474		369,474	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				30,257	137,683		167,940	13
14	TOTAL			\$		\$ 849,804	\$ 507,157		\$ 1,356,961	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	332,018.06
2. ST	39-3	To Col 5	66,104.68
3.			
4. PT	39-3	To Col 5	421,423.45
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			263,148.26
Manual Input from Related Party- Forum Drugs			106,326.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	369,474.26
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	-
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	-
Total Exceptional Care (Line 12, Col 8)			-
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	30,257.00
Other			449,474.18
Manual Input: Related Party - Pyramic			(151,432.00)
Manual Input: Related Party FECII - I.V			(194,115.00)
manual Input: Related Party FECII - Wound Care			(1,296.00)
Oxygen, from reclass worksheet			35,052.00
13. Col 6: Supplies Total		To Col 6	137,683.18
13. Total Line 13, Column 8			167,940.18
14. Total			1,356,960.63

=====

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,937,095	1
2	Restatements (describe):		2
3	external audit adjustment made after 2005 cost report was	4,452	3
4	submitted. These have no effect on prior year's report:		4
5	Bad Debt, Medicare Revenues (non-allowables)		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,941,547	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	874,967	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)	\$ 874,967	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)	\$ 2,816,514	24 *

* This must agree with page 17, line 47.

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

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

1

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 11,062,754	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,062,754	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	57,135	6
7	Oxygen	28,402	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 85,537	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	881	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	3,089	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,408	19
20	Radiology and X-Ray		20
21	Other Medical Services	77,360	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 82,738	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	67	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 67	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income	1,761	28
28a	Adj to Prior Year's exp	27,395	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 29,156	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,260,252	30

2

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,449,503	31
32	Health Care	3,443,614	32
33	General Administration	2,162,541	33
	B. Capital Expense		
34	Ownership	1,678,650	34
	C. Ancillary Expense		
35	Special Cost Centers	1,532,169	35
36	Provider Participation Fee	118,808	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,385,285	40
41	Income before Income Taxes (line 30 minus line 40)**	874,967	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 874,967	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.

Facility Name & ID Number

Alden Nursing Center - Poplar Creek

003-2896

Report Period Beginning:

01/01/06

Ending:

12/31/2006

Detail of Other Income

Recovery of bad debts

Prior year accounts payable adjustments

27,395

Miscellaneous Income:

Jury Duty

34

Food credit

1,194

Medical records

533

Total to page 19, Line 28

29,156

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,064	2,080	\$ 75,206	\$ 36.16	1
2	Assistant Director of Nursing	1,424	1,448	50,269	34.72	2
3	Registered Nurses	31,641	33,327	1,059,280	31.78	3
4	Licensed Practical Nurses	18,038	19,437	492,744	25.35	4
5	CNAs & Orderlies	81,374	87,280	1,124,890	12.89	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,000	2,080	34,753	16.71	9
10	Activity Assistants	4,713	5,321	51,753	9.73	10
11	Social Service Workers	2,115	2,139	44,576	20.84	11
12	Dietician					12
13	Food Service Supervisor	2,024	2,208	40,001	18.12	13
14	Head Cook					14
15	Cook Helpers/Assistants	30,960	33,371	319,098	9.56	15
16	Dishwashers					16
17	Maintenance Workers	1,896	2,084	45,209	21.69	17
18	Housekeepers	19,093	20,855	194,359	9.32	18
19	Laundry	6,201	6,785	53,433	7.88	19
20	Administrator	1,848	2,080	101,245	48.68	20
21	Assistant Administrator					21
22	Other Administrative	5,968	6,240	148,945	23.87	22
23	Office Manager	1,912	2,080	36,384	17.49	23
24	Clerical	1,587	1,698	15,066	8.87	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,944	2,344	75,957	32.40	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Director	1,972	2,087	23,206	11.12	32
33	Other(specify) <u>Alzheimers Superv</u>	6,920	7,373	111,170	15.08	33
34	TOTAL (lines 1 - 33)	225,694	242,317	\$ 4,097,544 *	\$ 16.91	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	\$800/monthly	\$ 9,600	1-3	35
36	Medical Director	\$1,950/monthly	23,500	9-3	36
37	Medical Records Consultant		0	10-3	37
38	Nurse Consultant		0	10-3	38
39	Pharmacist Consultant	116	5,208	10-3	39
40	Physical Therapy Consultant		0	11-3	40
41	Occupational Therapy Consultant		0	11-3	41
42	Respiratory Therapy Consultant		0	11-3	42
43	Speech Therapy Consultant		0	11-3	43
44	Activity Consultant	63	2,842	11-3	44
45	Social Service Consultant	20	1,210	11-3	45
46	Other(specify) <u>Pscho-Social Consultant</u>		0	11-3	46
47	<u>Alzheimer Consultant</u>		0	11-3	47
48					48
49	TOTAL (lines 35 - 48)	199	\$ 42,360		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$ 0	10-3	50
51	Licensed Practical Nurses		0	10-3	51
52	Certified Nurse Assistants/Aides		0	10-3	52
53	TOTAL (lines 50 - 52)		\$		53

Alden Nursing Center - Poplar Creek
Legal Fee Support
2006

Pg 21A

Legal Fees Reported on Pg 21, Section C:	18,708.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(8,371.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>-</u>
Allowable Legal Fees	<u><u>10,337.00</u></u>

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	Painting	1988	\$ 4,226	5	\$	\$	\$	\$	\$	\$	\$	\$
2	Service Master	1988	3,962	10								
3	Complete Temp	1989	1,300	5								
4	Service Master	1990	3,182	5								
5	CSI	1992	4,754	5								
6	Bob's painting	1993	1,460	5								
7	Bob's painting	1994	7,715	5								
8	Climate Service-insulation	1995	2,051	12	171	171	171	171	171			
9	Onassis-painting	11/95	1,339	3								
10	Totals from PG22b		78,377	3-15	5,165	3,034	2,836	862	420	420	420	420
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 108,366		\$ 5,336	\$ 3,205	\$ 3,007	\$ 1,033	\$ 591	\$ 420	\$ 420	\$ 420

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

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year		Useful Life	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
		Improvement Was Made	Total Cost										
21	PAINTING	5/95	840	3									
22	PAINTING	7/95	1,166	3									
23	INSTALL A/C MOTOR/HVAC	7/95	1,605	10	160	160	85						
24	PAINTING	9/95	1,535	3									
25	motor (hvac)	3/96	1,846	10	185	185	185	140					
26	hvac repair	6/96	2,283	10	228	228	228	130					
27	door	5/96	1,026	15	68	68	68	68	68	68	68	68	68
28	condensor	4/96	1,182	10	118	118	118	87					
29	hot water...	12/96	3,397	15	226	226	226	226	226	226	226	226	226
30	a/c repair	6/96	1,891	15	126	126	126	126	126	126	126	126	126
31	pump repair	8/96	1,988	10	199	199	199	85					
32	mixed air damper/hot wtr valve	4/97	1,853	3									
33	repair leaks in cooling syst	6/97	2,365	3									
34	replace tower motor-hvac	6/97	1,795	3									
35	pipe insulating	12/97	2,474	3									
36	CSI (belt on fan&airhandler)	4/98	1,811	3									
37	CSI (seal on condenser pump)	7/98	3,302	3									
38	CSI (replace recirculating pump)	8/98	2,350	3									
39	CSI (install vents off gas lines)	9/98	2,141	3									
40	PAINTING **	9/98	7,092	3									
41	PAINTING **	12/98	4,743	3									
42	Chicago Cooling(repair a/c)	6/99	1,998	3	0								
43	Onassis-painting(ytd>\$1,500) **	7/99	8,037	3	0								
44	Chicago Cooling(repair colling system)	02/00	3,416	3	94	0							
45	Capps-Plumbing & S.(repair water system)	06/00	1,511	3	209	0							
46	GT Mechanical (repair air handler)	10/00	2,820	3	705	0							
47	2000-painting(ytd>\$1,500) **	7/00	6,738	3	1,123	0							
48	2001 Capps (plumbing)	10/02	1,460	3	487	487	364						
49	TOTALS		74,666		3,928	1,797	1,599	862	420	420	420	420	420

** = reclassified from line 6 per cost report instructions (if interior painting is over 1,500 for the year, must put in def. Maint.

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

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Improvement Type	Month & Year		Useful Life	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
		Improvement Was Made	Total Cost											
50	TOTALS FROM PAGE 22A		74,666		7,878	3,928	1,797	1,599	862	420	420	420	420	420
51	Security Services (dooraalarm system	12/02	1,220	3		407	407	406						
51	Capps-Plumbing & sewer (repair wat	01/03	2,491	3		830	830	831	0					
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51	TOTALS		78,377		7,878	5,165	3,034	2,836	862	420	420	420	420	420

** = reclassified from line 6 per cost report instructions (if interior painting is over 1,500 for the year, must put in def. Maint.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. II. Health Care Assn. \$13,228
- (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. \$ 38,459 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. \$ 118,808
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. \$ 33,148 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? 0
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? 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