

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000 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	249	Skilled (SNF)	249	90,885	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	249	TOTALS	249	90,885	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		Other	Total	
		Recipient	Private Pay			
8	SNF	8,142	3,482	12,392	24,016	8
9	SNF/PED					9
10	ICF	39,969	2,922		42,891	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,111	6,404	12,392	66,907	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.62%

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 06/15/93

J. Was the facility purchased or leased after January 1, 1978?
YES Date 06/01/92 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 115 and days of care provided #REF!

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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 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				Reclassification 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	366,231	33,663	9,600	409,494	310	409,804	(6,334)	403,470		1
2	Food Purchase		373,765		373,765	(36,582)	337,183	(6,110)	331,073		2
3	Housekeeping	240,849	38,242		279,091	357	279,448		279,448		3
4	Laundry	52,439	22,518		74,957	35	74,992		74,992		4
5	Heat and Other Utilities			330,791	330,791		330,791	1,265	332,056		5
6	Maintenance	42,777		154,568	197,345	9	197,354	37,176	234,530		6
7	Other (specify):* Related Party Salary			1,363	1,363		1,363	54,798	56,161		7
8	TOTAL General Services	702,296	468,188	496,322	1,666,806	(35,871)	1,630,935	80,795	1,711,730		8
B. Health Care and Programs											
9	Medical Director			71,730	71,730		71,730		71,730		9
10	Nursing and Medical Records	3,101,573	263,193	61,873	3,426,639	(57,476)	3,369,163	(1,092)	3,368,071		10
10a	Therapy	90,566			90,566		90,566		90,566		10a
11	Activities	63,820	1,310	5,424	70,554	21	70,575		70,575		11
12	Social Services	29,983			29,983		29,983		29,983		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Salary							44,148	44,148		15
16	TOTAL Health Care and Programs	3,285,942	264,503	139,027	3,689,472	(57,455)	3,632,017	43,056	3,675,073		16
C. General Administration											
17	Administrative	119,727			119,727		119,727		119,727		17
18	Directors Fees										18
19	Professional Services			1,083,982	1,083,982		1,083,982	(957,475)	126,507		19
20	Dues, Fees, Subscriptions & Promotions			76,362	76,362		76,362	(51,180)	25,182		20
21	Clerical & General Office Expenses	150,261	17,133	37,737	205,131	121	205,252	31,877	237,129		21
22	Employee Benefits & Payroll Taxes			655,024	655,024	33,066	688,090		688,090		22
23	Inservice Training & Education										23
24	Travel and Seminar			22,549	22,549		22,549	2,281	24,830		24
25	Other Admin. Staff Transportation							12,386	12,386		25
26	Insurance-Prop.Liab.Malpractice			261,921	261,921		261,921	12,547	274,468		26
27	Other (specify):* Related Party Salary			146,075	146,075		146,075	379,448	525,523		27
28	TOTAL General Administration	269,988	17,133	2,283,650	2,570,771	33,187	2,603,958	(570,116)	2,033,842		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,258,226	749,824	2,918,999	7,927,049	(60,139)	7,866,910	(446,265)	7,420,645		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 Town Manor Rehab & HCC

#0038000

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			84,885	84,885		84,885	317,090	401,975			30
31	Amortization of Pre-Op. & Org.			9,343	9,343		9,343	6,010	15,353			31
32	Interest			428,433	428,433		428,433	547,560	975,993			32
33	Real Estate Taxes							774,500	774,500			33
34	Rent-Facility & Grounds			1,751,368	1,751,368		1,751,368	(1,751,368)				34
35	Rent-Equipment & Vehicles			20,332	20,332		20,332	44,566	64,898			35
36	Other (specify):* MIP & Amortiz.							61,411	61,411			36
37	TOTAL Ownership			2,294,361	2,294,361		2,294,361	(231)	2,294,130			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		553,549	726,116	1,279,665	60,139	1,339,804	(330,300)	1,009,504			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			136,328	136,328		136,328		136,328			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		553,549	862,444	1,415,993	60,139	1,476,132	(330,300)	1,145,832			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,258,226	1,303,373	6,075,804	11,637,403		11,637,403	(776,796)	10,860,607			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 - Town Manor
Reporting Period Beginning
Reporting Period Ending

003-3800
1/01/06
12/31/06

Page 4A

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2	22	(36,582)	Employee Meal
		36,582	Employee Meal
22	1	(3,516)	Uniforms
	3	310	Uniforms
	4	357	Uniforms
	6	35	Uniforms
	10	9	Uniforms
	11	2,663	Uniforms
	21	21	Uniforms
	21	121	Uniforms
	39	60,139	oxygen
10		(60,139)	oxygen
		<hr/>	
		0	Net should be 0

VI. ADJUSTMENT DETAIL
 A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
 In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				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	14,451	30		9
10	Interest and Other Investment Income	(1,138)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,101)	2		13
14	Non-Care Related Interest	(64,956)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(1,865)	21		17
18	Fines and Penalties	(81,820)	32		18
19	Entertainment				19
20	Contributions	(9,650)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(35,087)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(146,075)	27		24
25	Fund Raising, Advertising and Promotional	(40,463)	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)	\$ (367,704)		\$	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)	(338,965)	Various	34
35	Other- Attach Schedule See Pg 5A	(70,127)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (409,092)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (776,796)		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 Town Manor Rehab & HCC

ID# 0038000

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees on Utilities	\$ (14,930)	5	1
2	Late Fees on Telephone	(274)	21	2
3	Intercompany Interests	(127,075)	32	3
4	Interest expense on CMP and FHH LC	(2,462)	32	4
5	Misc Income (food rebate)	(1,353)	2	5
6	Misc Income (medical records)	(120)	10	6
7	Misc Income (parking lot rental)	(2,400)	6	7
8	Misc Income (jury duty)	(17)	21	8
9	Misc Income (general)	(407)	21	9
10	Vendor Settlement (ComEd)	(12,654)	21	10
11	Vendor Settlement (ComEd)	12,654	5	11
12	Vendor Settlement (Neal, Gerber & Eisenberg)	(19,570)	21	12
13	Vendor Settlement (Neal, Gerber & Eisenberg)	19,570	19	13
14	Add back Credit Posted for prior year's cost	5,297	19	14
15	Equipment less than \$2,500 FY 2006	20,866	6	15
16	Furn & Fixtures less than \$2,500 FY 2006	5,715	6	16
17	Major Repairs less than \$2,500 FY 2006	4,598	6	17
18	Net Adjustment for over depreciation	(6,905)	30	18
19	Add back R/E Tax refund related to 2002	33,162	33	19
20	Add back R/E Tax refund related to 2003	36,532	33	20
21	Eliminate 30.65% of IHCA Pac Fees	(3,722)	20	21
22	Back out Bank Charges - LLC Partnership	(625)	21	22
23	Eliminate Related Party AMS Parking Lot rent	(14,645)	34	23
24	Adjustment for depreciation on Deferred Maintenance	(1,012)	6	24
25	Back out unallowable legal expense	(350)	19	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	(70,127)		49

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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

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
See Pg 6L				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	Rental Income	\$ 1,736,723	Alden Cicero Associates Limited Partnership		\$(1,736,723)	1
2	V	32	Investment Income RR	2,530	Alden Cicero Associates Limited Partnership		(2,530)	2
3	V	19	Accounting Fees		Alden Cicero Associates Limited Partnership	4,500	4,500	3
4	V	33	Real Estate Tax		Alden Cicero Associates Limited Partnership	679,766	679,766	4
5	V	26	Property & Liability Insurance		Alden Cicero Associates Limited Partnership	12,257	12,257	5
6	V	32	Interest on Mortgage		Alden Cicero Associates Limited Partnership	592,261	592,261	6
7	V	32	Interest on Oper Loss Loan		Alden Cicero Associates Limited Partnership	117,534	117,534	7
8	V	30	Depreciation		Alden Cicero Associates Limited Partnership	289,022	289,022	8
9	V	31	Amortization		Alden Cicero Associates Limited Partnership	2,603	2,603	9
10	V	36	Mortgage Insurance Premium		Alden Cicero Associates Limited Partnership	61,411	61,411	10
11	V	21	Misc Admin Expenses		Alden Cicero Associates Limited Partnership	2,275	2,275	11
12	V							12
13	V							13
14	Total		\$ 1,739,253			\$ 1,761,629	\$ * 22,376	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Fees	\$ 981,625	Alden Management Services, Inc.		\$ 30,220	\$ (951,405)
16	V	21 General & Administrative		Alden Management Services, Inc.		39,250	39,250
17	V	5 Utilities		Alden Management Services, Inc.		3,541	3,541
18	V	6 Repairs and Maintenance		Alden Management Services, Inc.		9,802	9,802
19	V	24 Travel & Seminar		Alden Management Services, Inc.		2,281	2,281
20	V	25 Other Admin Travel		Alden Management Services, Inc.		12,386	12,386
21	V	26 Insurance		Alden Management Services, Inc.		290	290
22	V	20 Dues & Subscription		Alden Management Services, Inc.		2,655	2,655
23	V	30 Depreciation		Alden Management Services, Inc.		18,664	18,664
24	V	31 Amortization		Alden Management Services, Inc.		3,407	3,407
25	V	33 Real Estate Taxes		Alden Management Services, Inc.		24,325	24,325
26	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		44,566	44,566
27	V	32 Interest		Alden Management Services, Inc.		114,026	114,026
28	V	7 General Service Salary		Alden Management Services, Inc.		50,480	50,480
29	V	15 Health Care Salary		Alden Management Services, Inc.		44,148	44,148
30	V	27 General & Admin Salary		Alden Management Services, Inc.		495,113	495,113
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 981,625			\$ 895,154	\$ * (86,471)

* 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	2 Tube Feeding	42,183	Prism Health Care Services, Inc.		38,527	(3,656)
17	V	10 Equipment Rental	3,060	Prism Health Care Services, Inc.		3,458	398
18	V	39 Supplies	169,650	Prism Health Care Services, Inc.		40,171	(129,479)
19	V	7 Dietary Salary		Prism Health Care Services, Inc.		4,318	4,318
20	V	27 G & A Salary		Prism Health Care Services, Inc.		14,863	14,863
21	V	21 G & A Expenses		Prism Health Care Services, Inc.		11,505	11,505
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		\$ 224,493			\$ 116,108	\$ * (108,385)

* 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	\$ 191,568	Forum Extended Care Services II, Inc.		\$ 268,972	\$ 77,404	15
16	V	39 I.V.	178,926	Forum Extended Care Services II, Inc.		18,522	(160,404)	16
17	V	39 Wound Care	13,404	Forum Extended Care Services II, Inc.		10,479	(2,925)	17
18	V	10 House Stock	6,724	Forum Extended Care Services II, Inc.		6,061	(663)	18
19	V	10 Pharmacy Consultant	5,976	Forum Extended Care Services II, Inc.		5,269	(707)	19
20	V	27 Employee Vaccination	1,554	Forum Extended Care Services II, Inc.		1,215	(339)	20
21	V	27 G & A Salary		Forum Extended Care Services II, Inc.		15,886	15,886	21
22	V	21 General & Administrative		Forum Extended Care Services II, Inc.		14,259	14,259	22
23	V	32 Interest		Forum Extended Care Services II, Inc.		1,914	1,914	23
24	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		715	715	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		\$ 398,152			\$ 345,150	\$ * (53,002)	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	\$ 703,697	Community Physical Therapy & Associates, Ltd.		\$ 588,801	\$ (114,896)	15
16	V	32 Interest		Community Physical Therapy & Associates, Ltd.		1,806	1,806	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		\$ 703,697			\$ 590,607	\$ * (113,090)	39

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

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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	\$ 25,709	Alden Bennett Construction Company, Inc.		\$ 25,316	\$ (393)	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		\$ 25,709			\$ 25,316	\$ * (393)	39

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

Facility Name & ID Nurr ALDEN NURSING CENTER - TOWN MANOR # 003-3800

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 Waterford	Aurora
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 Poplar Creek	Hoffman Estates
ANC Estates of Barrington	Barrington
Alden Springs	Bloomingtondale

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

Cicero Associates Limited Partnership**Summary of Owners**

Name	Ownership %	Change Ownership %	Address	City	State	Zip Code
Schlossberg, Floyd	40.9090%		7752 W. Arcadia	Morton Grove	IL	60646
Carl, Joan	12.1210%		680 N. Lake Shore Dr.	Chicago	IL	60611
	53.03%	0.00%				

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief executive	40.91	134,255	2.392	5.98	salary	\$ 8,345	27-7	1
2	Lauren Magnusson b.	Nurse Coordinator	Nursing Admin	0.00	76,874	2.392	5.98	salary	4,891	15-7	2
3	Terry Magnusson c.	Maint Supervisor	Construct/mainten	0.00	49,872	2.392	5.98	salary	3,173	7-7	3
4	Joan Carl d.	Secretary	Vice President	12.12	131,155	2.392	5.98	salary	8,345	27-7	4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group Ltd.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	\$ 24,754		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 Town Manor Rehab & HCC # 0038000 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

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

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

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

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	\$ 981,625	Alden Management Services, Inc.		\$ 30,220	\$ (951,405)
16	V	21 General & Administrative		Alden Management Services, Inc.		39,250	39,250
17	V	5 Utilities		Alden Management Services, Inc.		3,541	3,541
18	V	6 Repairs and Maintenance		Alden Management Services, Inc.		9,802	9,802
19	V	24 Travel & Seminar		Alden Management Services, Inc.		2,281	2,281
20	V	25 Other Admin Travel		Alden Management Services, Inc.		12,386	12,386
21	V	26 Insurance		Alden Management Services, Inc.		290	290
22	V	20 Dues & Subscription		Alden Management Services, Inc.		2,655	2,655
23	V	30 Depreciation		Alden Management Services, Inc.		18,664	18,664
24	V	31 Amortization		Alden Management Services, Inc.		3,407	3,407
25	V	33 Real Estate Taxes		Alden Management Services, Inc.		24,325	24,325
26	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		44,566	44,566
27	V	32 Interest		Alden Management Services, Inc.		114,026	114,026
28	V	7 General Service Salary		Alden Management Services, Inc.		50,480	50,480
29	V	15 Health Care Salary		Alden Management Services, Inc.		44,148	44,148
30	V	27 General & Admin Salary		Alden Management Services, Inc.		495,113	495,113
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 981,625			\$ 895,154	\$ * (86,471)

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

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 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	
						Original	Balance					
	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									
	A. Directly Facility Related											
	Long-Term											
1	Cambridge GL7055		X	Mortgage	\$58,980.00	11/2002	\$ 10,617,600	\$ 10,195,437	12/2037	6.7500	\$ 592,261	1
2	Cambridge GL7057		X	Operating Loss Loan	\$11,691.00	11/2002	2,104,700	2,021,016	10/2038	6.7500	117,534	2
3	Leumi (TM2011/7035)		X	Working Capital	\$26,250.00	7/2004	1,800,000	1,772,209	5/31/2005	6.5000	152,120	3
4												4
5												5
	Working Capital											
6	Related Party - CPT	X		Working Capital							1,806	6
7	Related Party - AMS (6A)	x		Working Capital							114,026	7
8	Related Party - FECII	x		Working Capital							1,914	8
9	TOTAL Facility Related				\$96,921.00		\$ 14,522,300	\$ 13,988,662			\$ 979,661	9
	B. Non-Facility Related*											
10	Interest Income Repl Resrv										(2,530)	10
11	Interest Income - Corp (4646/4975)										(1,138)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (3,668)	14
15	TOTALS (line 9+line14)						\$ 14,522,300	\$ 13,988,662			\$ 975,993	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 61,411 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.		\$ 815,600	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.)		\$ 770,960	2	
3.	Under or (over) accrual (line 2 minus line 1).		\$ (44,640)	3	
4.	Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 794,100	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.		\$ 749,460	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2001	715,626	8	
		2002	712,289	9	
		2003	753,936	10	
		2004	815,611	11	
		2005	770,960	12	
accrual based on 3% increase over prior year bill					
					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,

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cos

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>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,844.26</u>	\$ <u>1,844.26</u>
2. <u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,844.26</u>	\$ <u>1,844.26</u>
3. <u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>63,856.38</u>	\$ <u>63,856.38</u>
4. <u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>89,047.65</u>	\$ <u>89,047.65</u>
5. <u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>332,445.74</u>	\$ <u>332,445.74</u>
6. <u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>149,208.23</u>	\$ <u>149,208.23</u>
7. <u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>62,600.44</u>	\$ <u>62,600.44</u>
8. <u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>62,946.11</u>	\$ <u>62,946.11</u>
9. <u>16-32-116-023-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,847.61</u>	\$ <u>3,847.61</u>
10. <u>16-32-116-024-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,318.92</u>	\$ <u>3,318.92</u>
	TOTALS	\$ <u>770,959.60</u>	\$ <u>770,959.60</u>

B. Real Estate Tax Cost Allocation:

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.

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,

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2005 on the lines provided below. Enter only the portion of total 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.	Totals from Page 10A	\$ 770,959.60	\$ 770,959.60
2.	<u>16-32-116-006-0000</u> Nursing Home Fac - parking lot	\$ 1,749.63	\$ 1,749.63
3.	<u>16-32-116-007-0000</u> Nursing Home Fac - parking lot	\$ 1,431.13	\$ 1,431.13
4.	<u>16-32-116-008-0000</u> Nursing Home Fac - parking lot	\$ 2,693.33	\$ 2,693.33
5.	<u>16-32-116-009-0000</u> Nursing Home Fac - parking lot	\$ 4,173.32	\$ 4,173.32
6.	<u>16-32-116-010-0000</u> Nursing Home Fac - parking lot	\$ 2,814.45	\$ 2,814.45
7.	<u>16-32-116-011-0000</u> Nursing Home Fac - parking lot	\$ 1,589.81	\$ 1,589.81
8.	<u>See Attached</u> Related Party - AMS	\$ 131,720.00	\$ 24,325.00
9.	<u>See Attached</u> Related Party - Forum	\$ 14,554.00	\$ 715.00
10.		\$	\$
	TOTALS	\$ <u>931,685.27</u>	\$ <u>810,451.27</u>

B. Real Estate Tax Cost Allocation:

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 Town Manor Rehab & HCC

0038000 Report Period Beginning:

01/01/2006 Ending:

12/31/2006

X. BUILDING AND GENERAL INFORMATION:A. Square Feet: 94,195 B. General Construction Type: Exterior brick Frame steel Number of Stories 3C. 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 ground (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	Nursing Home	66,775	1991	\$ 1,137,260	1
2					2
3	TOTALS	66,775		\$ 1,137,260	3

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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				\$	\$		\$	\$	4
5									5
6	249	1992	1992	9,104,204	289,022	30	303,473	14,451	4,231,169
7									7
8	related party-forum		1978	14,839		25			14,839
	Improvement Type**								
9	Window glass repair		1992	1,600		10			1,600
10	CSI - boiler repair		1994	3,268		3			3,268
11	Tower cleaners - drapery		1995	1,557		5			1,557
12	Bartlett heating - pipe insulation		1995	3,700	247	15	247		2,796
13	CSI - a/c repair		1995	4,093		10			4,093
14	CSI - a/c repair		1995	4,027		10			4,027
15	CSI - pipe insulation		1995	1,981	132	15	132		1,540
16	CSI - chiller HVAC		1996	6,042	252	10	252		6,042
17	The floor source - carpet installation		1996	5,345	179	10	179		5,345
18	Ward door specialist, Inc. - metal door		1996	1,385	92	15	92		969
19	Shalom landscaping - planting		1996	8,000		10			8,000
20	The floor source - carpet installation		1996	6,049	403	10	403		6,049
21	Bartlett heating - pipe insulation		1996	18,526	1,235	15	1,235		13,997
22	Over charged by Bartlett		1996	(10,500)	(1,400)		(1,400)		(10,500)
23	Alden Bennett const. - heating, vent, a/c		1996	69,300	3,465	20	3,465		36,094
24	Alden Bennett construction - sanitary sewer lift station		1996	23,921	1,196	20	1,196		12,459
25	Arrigo enterprises, Inc. - heating and cooling sys. Corridor		1996	10,931	547	20	547		5,740
26	Misco shawnee, Inc. - tile		1996	9,232	462	20	462		4,809
27	Misco shawnee, Inc. - tile		1996	9,020	451	20	451		4,698
28	General parts - repair dishwasher		1997	2,139		5			2,139
29	System Electric - 120 volt circuit installed and replaced		1997	2,085		5			2,085
30	Climate - freon into a/c		1997	6,221		5			6,221
31	Long elevator - install new eyes on elevator door		1997	3,180		5			3,180
32	A&B cable - outlets installation		1997	11,520		5			11,520
33	Arrigo enterprises, Inc. - corridor renovation		1997	24,366	1,218	20	1,218		12,385
34	ABC - hvac repairs		1998	39,300	1,965	20	1,965		17,194
35	ABC - sanitary sewer lift station		1998	1,259	63	20	63		551
36	Coit drapery		1998	12,976		5			12,976

*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

STATE OF ILLINOIS

Page 12A

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

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

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	CSI - replaced fuse and cleaned ice machine	1998	\$ 3,267	\$ 327	10	\$ 327	\$	\$ 2,778		37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703	370	10	370		3,116		38
39	CSI - replace diffusers, bower motor	1998	7,571	757	10	757		6,309		39
40	Kraft paper - extractor	1998	2,071	138	15	138		1,116		40
41	Kraft paper - extractor	1999	10,000	1,000	10	1,000		7,500		41
42	New horizons - phone system	1999	3,332	333	10	333		2,415		42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		959		43
44	Chicago cooling corp - cleaned condensor	1999	1,483	148	10	148		1,137		44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230		45
46	DBS contracting - sprinkler system maint.	1999	1,726	115	15	115		834		46
47	Climater service - repair rooftop exhaust	1999	1,864	186	10	186		1,335		47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		2,479		48
49	ABC - excavation work	1999	2,571	257	10	257		1,885		49
50	Alden design	2000	9,940	994	10	994		6,378		50
51	ABC	2000	8,502	850	10	850		5,809		51
52	Fox valley fire & safety	2000	1,887	189	10	189		1,274		52
53	Switching sys. - replace ATS	2000	3,343	223	15	223		1,468		53
54	ABC reverse accruals	2000	(2,571)	(257)	10	(257)		(1,692)		54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190		55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		742		56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109	311	10	311		1,918		57
58										58
59	Alden Bennett Construction (wall coverings)	2001	15,529	1,553	10	1,553		7,506		59
60	Patten (service elevator)	2001	1,547	77	20	77		463		60
61	Patten (water pump)	2001	2,325	116	20	116		687		61
62	CSI coker services (speed reduction unit)	2001	3,779	378	10	378		2,205		62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		777		63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		1,388		64
65	Simplex time (fire pump)	2001	1,800	90	20	90		510		65
66	GT mech (boiler repairs)	2001	4,701		5			4,701		66
67	CSI coker services (kitchen steamer)	2001	3,037	51	5	51		3,037		67
68	CSI coker services (pump assembly motor)	2001	3,784	378	10	378		2,206		68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180		69
70	TOTAL (lines 4 thru 69)		\$ 9,533,570	\$ 309,097		\$ 323,548	\$ 14,451	\$ 4,516,685		70

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12A, Carried Forward	\$ 9,533,570	\$ 309,097		\$ 323,548	\$ 14,451	\$ 4,516,685		1
2	Alden Bennett Construction (time and material billing)	2001 3,177	318	5	318		3,177		2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001 2,120	141	15	141		741		3
4	Alden Bennett Construction (carpet material)	2001 6,636	664	10	664		3,982		4
5	Alden Bennett Construction (repair cabinets and tip in various are	2001 6,303	1,050	5	1,050		6,303		5
6	CSI Coker -- (booster heater)	2002 1,616		3			1,616		6
7	CSI Coker -- (dishwasher repair)	2002 1,444		3			1,444		7
8	Washdown equipment(motor & valve)	2002 1,577		3			1,577		8
9	CSI Coker -- (steam table)	2002 528	106	5	106		494		9
10	CSI Coker -- (steamer)	2002 1,325	265	5	265		1,237		10
11	CSI Coker -- (dishwasher repair)	2002 2,844	284	10	284		1,255		11
12	GT Mechanical (wheel bower for air unit)	2002 2,662	532	5	532		2,395		12
13	CSI Coker (dishwasher repair)	2003 3,128		3			3,128		13
14	GT Mechanical (descaling condenser bundle)	2003 1,803	180	10	180		676		14
15	CSI Coker (dishwasher repair)	2003 2,248	437	3	437		2,248		15
16	Capps Plumbing (kitchen sink repairs)	2003 2,000	100	20	100		333		16
17	Alden Bennett Construction (roof repairs and new carpet)	2003 4,964	496	10	496		1,902		17
18	Thvbyony Wallcoverings (Design works)	2003 2,098	210	10	210		735		18
19	Alden Bennett Const (Hospice wing renovation)	2004 25,220	2,522	10	2,522		7,146		19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms	2004 2,709	271	10	271		565		20
21	GT Mechanical (boiler/state fire violations repairs)	2004 1,222	244	5	244		732		21
22	GT Mechanical (boiler/valve replaced)	2004 1,915	383	5	383		1,149		22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004 1,640	547	3	547		1,550		23
24	CSI Coker (steamer repairs)	2004 1,958	392	5	392		1,078		24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004 2,000	400	5	400		1,067		25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004 2,703	541	5	541		1,442		26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004 7,579	505	15	505		1,347		27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004 4,064	813	5	813		2,032		28
29	Patten CAT (Generator repairs) (AMS Billings)	2004 1,682	336	5	336		1,008		29
30	System Electric (Parking lot Poles repairs)	2004 3,960	792	5	792		1,848		30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004 1,685	112	15	112		252		31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004 5,000	333	15	333		888		32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004 2,851	190	15	190		412		33
34	TOTAL (lines 1 thru 33)	\$ 9,646,231	\$ 322,262		\$ 336,713	\$ 14,451	\$ 4,572,445		34

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

STATE OF ILLINOIS

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,646,231	\$ 322,262		\$ 336,713	\$ 14,451	\$ 4,572,445	1
2	CSI Coker- Dishwasher repair	2004	1,887	629	3	629		1,311	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946	4,789	5	4,789		9,179	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146	629	5	629		1,258	4
5	CSI Coker (Booster heater, Boiler, Steamer, Dishwasher, Platewar	2005	6,931	1,386	5	1,386		2,772	5
6									6
7	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		525	7
8	GTMECH (Replace Seal Tower Pump)	2005	1,320	264	5	264		440	8
9	TOPNOT (replace tank heat)	2005	2,298	460	5	460		766	9
10	TOPNOT (replace motor)	2005	1,935	387	5	387		645	10
11	Oak Fire and Security (Replace nurses call station)	2005	750	150	5	150		225	11
12	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925	1,985	5	1,985		2,316	12
13	GT Mechanical (kitchen exhaust fan)	2005	4,856	971	5	971		1,052	13
14	ABC (replaced damaged ceiling tile with new ones)	2005	1,509	302	5	302		327	14
15	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186	1,037	5	1,037		1,123	15
16	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277	455	5	455		493	16
17									17
18	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086	507	10	507		507	18
19									19
20	ABC - Tarkett vinyl sheeting	2006	17,176	1,145	10	1,145		1,145	20
21	ABC - exhaust fan	2006	5,662	142	10	142		142	21
22	ABC - paints and repairs	2006	5,171	86	5	86		86	22
23	ABC - insulation	2006	5,880	49	10	49		49	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,756,679	\$ 337,935		\$ 352,386	\$ 14,451	\$ 4,596,806	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12C, Carried Forward	\$ 9,756,679	\$ 337,935		\$ 352,386	\$ 14,451	\$ 4,596,806		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 Improvemen	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 Renovator	2003	1,672	167	10	167	669		13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, et	2004	2,071	360	7	360	835		14
15	Leasehold Improvement-Add-on Improvement, fixture bas	1980	73		23		73		15
16	Leasehold Improvement-Add-on Improvement, lighting bas	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	Parking Lot	1994	334,637	13,385	25	13,385	174,011		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)		\$ 10,173,696	\$ 353,965		\$ 368,416	\$ 14,451	\$ 4,834,714	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	\$ 271,973	\$ 29,219	\$ 29,219	\$	Various	\$ 129,297	71
72	Current Year Purchases	5,881	421	421		Various	421	72
73	Fully Depreciated Assets	1,151,929	2,653	2,653		Various	1,151,929	73
74								74
75	TOTALS	\$ 1,429,783	\$ 32,293	\$ 32,293	\$		\$ 1,281,647	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	AMS - Bus/Travel Van	Chev/Lumina/'00/Various	98-04	\$ 4,817	\$ 113	\$ 113	\$	3	\$ 4,787	76
77	Midwest Transit	Bus/Passenger	2001	49,826				5	49,826	77
78	Bus/Van	Ford 2000/various	2005/2006	5,599	1,153	1,153		5	1,724	78
79										79
80	TOTALS			\$ 60,242	\$ 1,266	\$ 1,266	\$		\$ 56,337	80

E. Summary of Care-Related Assets

	1	Reference	2	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$	12,800,981	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$	387,524	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$	401,975	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	14,451	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	6,172,698	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

10. Effective dates of current rental agreement:
 Beginning 6/30/02
 Ending 6/29/12

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

	Fiscal Year Ending	Annual Rent
12.	<u>12/31/07</u>	\$ <u>varies</u>
13.	<u>12/31/08</u>	\$ <u>varies</u>
14.	<u>12/31/09</u>	\$ <u>varies</u>

8. List separately any amortization of lease expense included on page 4, line 34.
 This amount was calculated by dividing the total amount to be amortized by the length of the lease _____

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

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

15. Is Movable equipment rental included in building rental? YES NO
 16. Rental Amount for movable equipment: \$ 11,406 Description: copy machine lease
 (Attach a schedule detailing the breakdown of movable equipment)

* 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.

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 (6A)</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>44,566</u>	17
18					18
19	<u>auto lease</u>	<u>various</u>	<u>679.00</u>	<u>8,150</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>52,716</u>	21

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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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			Total
		1 Drop-outs	2 Completed	3 Contract	
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)	\$			

- (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.

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	

- (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	1 Schedule V Line & Column Reference	2		3		4		5	6	7	8		
			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	\$				\$ 329,902				\$ 329,902	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs					53,464				53,464	2	
3	Licensed Recreational Therapist		hrs										3	
4	Licensed Physical Therapist	39-3	hrs					321,058				321,058	4	
5	Physician Care		visits										5	
6	Dental Care		visits										6	
7	Work Related Program		hrs										7	
8	Habilitation		hrs										8	
9	Pharmacy	See Pg 16A	# of prescripts							268,972		268,972	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10	
11	Academic Education		hrs										11	
12	Exceptional Care Program												12	
13	Other (specify): Lab Therapy, Pyrami	See Pg 16A						(114,896)		151,004		36,108	13	
14	TOTAL			\$				\$ 589,528	\$	419,976		\$ 1,009,504	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.

XIV. Special Services (Direct Cost)

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

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$329,901.56
2. ST	39-3	To Col 5	53,463.66
3.			
4. PT	39-3	To Col 5	321,057.82
5.			
6.			
Pharmacy Supplies per GL			191,568.30
Manual Input from Related Party- Forum Drugs			77,404.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	268,972.30
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
Total Exceptional Care (Line 12, Col 8)			0.00
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(114,896.00)
Other			383,673.54
Manual Input: Related Party - Pyramid			(129,479.00)
Manual Input: Related Party FECII - I.V			(160,404.00)
Manual Input: Related Party FECII - Wound Care			(2,925.00)
Oxygen, from reclass worksheet			60,139.00
13. Col 6: Supplies Total		To Col 6	151,004.54
13. Total Line 13, Column 8			36,108.54
14. Total			1,009,503.88

STATE OF ILLINOIS

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
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 128,542)	2,795,051	2,795,051	3
4	Supply Inventory (priced at)	21,485	21,485	4
5	Short-Term Investments			5
6	Prepaid Insurance		74,272	6
7	Other Prepaid Expenses	4,663	4,663	7
8	Accounts Receivable (owners or related parties)	1,227,921	1,227,921	8
9	Other(specify): Due from 3rd Parties/Escrows	265,934	643,504	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,315,054	\$ 4,766,896	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	289,552	289,552	12
13	Land		1,137,260	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	856,285	856,285	15
16	Equipment, at Historical Cost	470,093	1,420,008	16
17	Accumulated Depreciation (book methods)	(859,410)	(6,011,593)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		518,767	21
22	Other Long-Term Assets (spt CIP/ refinancing fees)	425	80,995	22
23	Other(specify): Due from Affiliates-long term			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 756,945	\$ 7,395,478	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,071,999	\$ 12,162,374	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,092,993	\$ 1,100,077	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	411,315	411,315	28
29	Short-Term Notes Payable	1,772,209	1,917,977	29
30	Accrued Salaries Payable	459,528	459,528	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,556	24,556	31
32	Accrued Real Estate Taxes(Sch.IX-B)		794,100	32
33	Accrued Interest Payable		58,843	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accrued Exp/Due to IDPA for Audits	270,367	285,315	36
37	Due to Affiliates	2,311,869	1,184,470	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,342,837	\$ 6,236,181	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,502,273	3,499,174	39
40	Mortgage Payable		10,073,784	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates	52,234	52,234	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,554,507	\$ 13,625,192	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,897,344	\$ 19,861,373	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,825,345)	\$ (7,698,998)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,071,999	\$ 12,162,374	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,964,953)	1
2	Restatements (describe):		2
3	external audit adjustments made after 2005 cost report was	(12,196)	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)	\$ (2,977,149)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	151,804	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)	\$ 151,804	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)	\$ (2,825,345)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

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	\$ 11,499,594	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,499,594	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	84,653	6
7	Oxygen	44,395	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 129,048	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	577	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	5,755	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	4,236	19
20	Radiology and X-Ray		20
21	Other Medical Services	65,287	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 75,855	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,138	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,138	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income (food rebate)	4,297	28
28a	Adjustment from Prior Year's expense	79,276	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 83,573	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,789,208	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,666,806	31
32	Health Care	3,689,472	32
33	General Administration	2,570,771	33
B. Capital Expense			
34	Ownership	2,294,361	34
C. Ancillary Expense			
35	Special Cost Centers	1,279,665	35
36	Provider Participation Fee	136,328	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,637,403	40
41	Income before Income Taxes (line 30 minus line 40)**	151,804	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 151,804	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Nursing Center - Town Manor # 003-3800 Report Period Beginning: 01/01/06 Ending: 12/31/2006

Detail of Other Income

Recovery of bad debts	
Prior year accounts payable adjustments	79,277
Miscellaneous Income:	
Parking	2,400
Jury Duty	17
Food credit	1,759
Medical records	120
Total to page 19, Line 28	<hr/> 83,573

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,840	2,096	\$ 80,835	\$ 38.57	1
2	Assistant Director of Nursing	1,656	1,768	61,692	34.89	2
3	Registered Nurses	27,407	29,142	869,960	29.85	3
4	Licensed Practical Nurses	25,296	26,717	656,306	24.57	4
5	CNAs & Orderlies	88,026	96,072	1,191,458	12.40	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,764	1,952	27,137	13.90	8
9	Activity Director	2,234	2,234	30,789	13.78	9
10	Activity Assistants	3,332	3,792	33,031	8.71	10
11	Social Service Workers	1,680	1,945	29,983	15.42	11
12	Dietician					12
13	Food Service Supervisor	2,072	2,072	30,256	14.60	13
14	Head Cook	2,088	2,230	26,827	12.03	14
15	Cook Helpers/Assistants	29,960	32,378	309,149	9.55	15
16	Dishwashers					16
17	Maintenance Workers	1,896	2,080	42,776	20.57	17
18	Housekeepers	22,625	24,850	240,849	9.69	18
19	Laundry	5,343	5,760	52,439	9.10	19
20	Administrator	1,352	1,360	58,301	42.87	20
21	Assistant Administrator	1,952	2,080	61,426	29.53	21
22	Other Administrative	5,608	6,120	156,432	25.56	22
23	Office Manager	776	1,109	14,050	12.67	23
24	Clerical	4,603	4,755	43,207	9.09	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,387	3,693	108,459	29.37	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	3,767	4,163	58,933	14.16	32
33	Other(specify) Alzheimer Care	5,556	6,022	73,931	12.28	33
34	TOTAL (lines 1 - 33)	244,220	264,390	\$ 4,258,226 *	\$ 16.11	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	\$ 9,600	1-3	35
36	Medical Director	Monthly 71,730	9-3	36
37	Medical Records Consultant	0	10-3	37
38	Nurse Consultant	0	10-3	38
39	Pharmacist Consultant	Monthly 5,976	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	20 1,281	11-3	44
45	Social Service Consultant	0	11-3	45
46	Other(specify) Psycho-Social Consult	0	11-3	46
47	Alzheimers Consultant	0	11-3	47
48				48
49	TOTAL (lines 35 - 48)	20 \$ 88,587		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

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	
Elizabeth Salazar	Administrator		\$ 58,509	Workers' Compensation Insurance	\$ 96,412	IDPH License Fee	\$	
Jeraldine M. Greco	Assistant Administrator		61,218	Unemployment Compensation Insurance	84,896	Advertising: Employee Recruitment	2,903	
				FICA Taxes	322,008	Health Care Worker Background Check (Indicate # of checks performed <u>83</u>)	830	
				Employee Health Insurance	39,253	Patient Background Checks <u>232</u>	2,320	
				Employee Meals	36,582	Related Party - AMS (6A)	2,655	
				Illinois Municipal Retirement Fund (IMRF)*		IL Health Care Association	11,145	
				Union, Health & Welfare	69,991	Alliance for Quality Nursing	3,735	
				Dental & Life	1,460	Secretary of State	100	
				Pension	30,419	IL Association of Health Care	1,494	
				Employee Relation	1,263	Less: Public Relations Expense ()		
				Tuition Reimbursement	1,160	Non-allowable advertising ()		
				Drug Test	1,717	Yellow page advertising ()		
				Vaccination and miscellaneous	2,929			
						TOTAL (agree to Sch. V, line 20, col. 8)	\$ 25,182	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 688,090			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 119,727	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
B. Administrative - Other				Description	Line #	Amount	Description	Amount
Description			Amount					
			\$				Out-of-State Travel	\$
							In-State Travel	
							Related Party - AMS (6A)	2,281
							Auto expenses, fees, insurance, etc	5,363
							Gasoline Expense	9,917
							Seminar Expense	7,269
							Entertainment Expense ()	
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL			\$	24,830
C. Professional Services								
Vendor/Payee	Type	Amount						
AMS	Management Fees	\$ 981,625						
BDO Seidman	Accounting Fees	10,894						
SMS (6809)	Billing Consultant	11,047						
Robert Perkovich	Union Matters	1,800						
Ken Fisch	Legal Fees	50,480						
Greenberg	Legal Fees	2,713						
Neal, Gerber, Eisenberg	Union Matters	29,117						
AMS, Medifax, McCorkle, Krause	various	1,603						
Deduct Credit Posted for Prior Year	cost - eliminated on PG 5A	(5,297)						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 1,083,982					

* Attach copy of IMRF notifications

**See instructions.

STATE OF ILLINOIS

Facility Name & ID Number Alden Nursing Center - Town Manor # 003-3800 Report Period Beginning: 01/01/06 Ending: 12/31/2006

**Legal Fee Support
2006**

Legal Fees reported on Page 21, Section C	53,193
Less: Collection, estates, and other non-allowable legal fees on Page 5, Line 22	(35,087)
Less: Non-allowable legal fees, if any, deducted on Page 5A	<hr/>
Allowable Legal Fees	<hr/> <u>18,106</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	6/95	\$ 13,250	3	\$	\$	\$	\$	\$	\$	\$	\$
2	Painting	8/95	678	3								
3	Painting	9/95	740	3								
4	Painting	11/95	1,779	3								
5	Painting	12/95	1,315	3								
6	Painting	1/96	2,669	3								
7	Painting	2/96	1,372	3								
8	Rewiring	2/96	2,276	5								
9	Painting	3/96	1,782	3								
10	Fan	3/96	2,012	15								
11	Painting	4/96	3,472	3								
12	See page 22a	1996	20,935	3-15	809	809	809	484	317	317	317	317
13	See page 22a	1997	9,243	3								
14	See page 22a	1998	25,643	3								
15	See page 22a	1999	11,752	3	1,959							
16	See page 22a	2000	28,466	3	4,668	0						
17	See page 22a	2001	5,082	3	1,694	322	0					
18	See page 22a	2002	6,523	3	2,174	2,174	796					
19	See page 22a	2003	9,912	3	2,324	2,742	3,303	2,196				
20	TOTALS		\$ 148,901		\$ 13,628	\$ 6,047	\$ 4,908	\$ 2,680	\$ 317	\$ 317	\$ 317	\$ 317

Facility Name & ID Number ALDEN NURSING CENTER-Town Manor I/1/06 Ending: 12/31/06

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

1	2	3	4	6							10	11	12	13	14
				Amount of Expense Amortized Per Year											
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011			
1	Condenser repair	496	1,285	10	221	221	221	54							
2	Painting	696	1,791	3											
2a	Temperature Service Co, Inc	396	1,407	15	94	94	94	94	94	94	94	94			
2b	Temperature Service Co, Inc	396	685	15	40	40	40	40	40	40	40	40			
3	Air conditioner repair	696	2,711	10	271	271	271	113							
4	Air conditioner repair	796	2,740	15	183	183	183	183	183	183	183	183			
5	Painting	796	3,445	3											
6	Painting	896	2,111	3											
7	Painting	996	1,988	3											
8	Painting	1196	1,104	3											
9	Painting	1296	828	3											
10	Total to pg 22, line 12		20,935		809	809	809	484	317	317	317	317			
11	Repair cooler	297	1,646	3											
12	Repair boiler	497	1,052	3											
13	Repair leak	897	1,550	3											
14	Repair compressor	1197	1,414	3											
15	Repair compressor	1297	1,581	3											
16	Total to pg 22, line 13		9,243												
17	Replace pump motor	298	1,719	3	0										
18	Replace balls on fans	498	2,348	3	0										
19	Repair boiler	798	2,388	3	0										
20	Replace actuator	1298	1,694	3	0										
21	Painting	398	5,083	3	0										
22	Painting	698	5,415	3	0										
23	Painting	1098	5,564	3	0										
24	Painting	1298	1,513	3	0										
25	Total to pg 22, line 14		25,643		0	0	0	0							
26	painting-\$1,500 1999	799	11,752	3	1,959	0	0								
27	Total to pg 22, line 15		11,752		1,959	0	0	0	0	0	0	0			
28	Climate Service Inc (repair HVAC)	100	1,703	3	0										
29	Climate Service Inc (repair HVAC)	100	1,970	3	0										
30	Capps Plumbing & Sewer (plumbing)	500	2,718	3	302	0									
31	GT Mechanical (repair HVAC)	700	1,898	3	316	0									
32	Capps Plumbing & Sewer (plumbing)	800	1,965	3	382	0									
33	Alden Bennett Construction (painting/wall covering)	900	8,378	3	1,862	0									
34	Alden Bennett Construction (painting/wall covering)	1100	1,502	3	417	0									
35	painting-\$1,500 for 2000	700	8,333	3	1,389	0									
36	Total to pg 22, line 16		28,466		4,668	0	0	0							
37	Alden Bennett(paint/wallcover)	1100	(1,502)	3	(501)	-1									
38	Capps(booster system)	101	2,705	3	902	0									
39	Coker(boiler)	401	3,879	3	1,293	322	0								
40	Total to pg 22, line 17		5,082		1,694	322	0	0							
41	GT Mechanical(tower pump)	502	1,374	3	458	458	153								
42	GT Mechanical(hvac repair)	502	2,617	3	872	872	291								
43	F.E Moran (smoke detection)	602	2,532	3	844	844	352								
44	Total to pg 22, line18		6,523		2,174	2,174	796	0							
45	Alden Bennett Const.(wall covering/flamped pole)	Dvc-02	2,654	3	885	885	884								
46	D L Louch Wallcovering (painting)	883	972	3	135	324	324	189							
47	D L Louch Wallcovering (painting)	903	799	3	89	266	266	178							
48	Sub-Total		4,424		1,108	1,475	1,474	367							
49	Capps Plumbing(#1Berkey Unit plumbing)	1204	1,840	3		51	613	613	563	0	0	0			
50	Sub-Total		1,840		0	51	613	613	563	0	0	0			
51	Painting 2004 > \$1,500	2004	3,648	3	0	1,216	1,216	1,216	0	0	0	0			
	Sub-Total		3,648		-	1,216	1,216	1,216	0	0	0	0			
	Total to pg 22, line19		9,912	0	2,324	2,742	3,304	2,196	563	0	0	0			

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. \$14,867
- (3) Did the nursing home make political contributions or payments to a political 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? 5-10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 47,017 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. \$ 136,328
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 benefit: on Schedule V. \$ 36,582 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? yes
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. Audit 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.