

		FOR BHF USE					

LL1

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

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

**I. IDPH Facility ID Number:** 0036640

**Facility Name:** ALDEN VALLEY RIDGE REHAB & HCC

**Address:** 275 EAST ARMY TRAIL ROAD BLOOMINGDALE 60108  
 Number City Zip Code

**County:** DuPage

**Telephone Number:** (630) 893-9616 **Fax #** (630) 924-1059

**HFS ID Number:** 36-3738956

**Date of Initial License for Current Owners:** 2/01/1991

**Type of Ownership:**

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

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

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2006 to 12/31/2006 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

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

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC# 0036640 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	<u>207</u>	Skilled (SNF)	<u>207</u>	<u>75,555</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>207</u>	TOTALS	<u>207</u>	<u>75,555</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>19,077</u>	<u>3,182</u>	<u>11,814</u>	<u>34,073</u>	8
9	SNF/PED					9
10	ICF	<u>25,832</u>	<u>2,715</u>	<u>12</u>	<u>28,559</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>44,909</u>	<u>5,897</u>	<u>11,826</u>	<u>62,632</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.90%

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

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

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

G. Do pages 3 &amp; 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 02/01/91

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

YES  Date 02/01/91 NO 

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

YES  NO  If YES, enter number of beds certified 207 and days of care provided 9,178Medicare Intermediary AdminaStar Federal, Inc

## IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\* Is your fiscal year identical to your tax year? YES  NO Tax Year: 12/31/2006 Fiscal Year: 12/31/2006

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	395,326	25,891	9,600	430,817	1,177	431,994	(6,334)	425,660			1
2	Food Purchase		344,468		344,468	(14,842)	329,626	(2,501)	327,125			2
3	Housekeeping	204,952	43,308		248,260	524	248,784		248,784			3
4	Laundry	50,716	14,237		64,953	209	65,162		65,162			4
5	Heat and Other Utilities			261,195	261,195		261,195	(12,631)	248,564			5
6	Maintenance	32,851		123,222	156,073	38	156,111	28,406	184,517			6
7	Other (specify):* <b>Related Party Salary</b>							51,573	51,573			7
8	<b>TOTAL General Services</b>	<b>683,845</b>	<b>427,904</b>	<b>394,017</b>	<b>1,505,766</b>	<b>(12,894)</b>	<b>1,492,872</b>	<b>58,513</b>	<b>1,551,385</b>			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,811,177	217,203	55,117	3,083,497	(42,317)	3,041,180	(1,327)	3,039,853			10
10a	Therapy	102,889			102,889		102,889		102,889			10a
11	Activities	84,039	2,563	4,621	91,223	133	91,356		91,356			11
12	Social Services	39,925			39,925		39,925		39,925			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* <b>Related Party Salary</b>							41,327	41,327			15
16	<b>TOTAL Health Care and Programs</b>	<b>3,038,030</b>	<b>219,766</b>	<b>77,738</b>	<b>3,335,534</b>	<b>(42,184)</b>	<b>3,293,350</b>	<b>40,000</b>	<b>3,333,350</b>			16
	<b>C. General Administration</b>											
17	Administrative	140,820			140,820		140,820		140,820			17
18	Directors Fees											18
19	Professional Services			809,905	809,905	(3,876)	806,029	(745,925)	60,104			19
20	Dues, Fees, Subscriptions & Promotions			59,809	59,809		59,809	(41,540)	18,269			20
21	Clerical & General Office Expenses	195,574	21,700	68,794	286,068	1,675	287,743	24,402	312,145			21
22	Employee Benefits & Payroll Taxes			534,336	534,336	5,592	539,928	(5,985)	533,943			22
23	Inservice Training & Education											23
24	Travel and Seminar			16,440	16,440		16,440	2,135	18,575			24
25	Other Admin. Staff Transportation							11,594	11,594			25
26	Insurance-Prop.Liab.Malpractice			217,763	217,763		217,763	10,291	228,054			26
27	Other (specify):* <b>Related Party Salary/Bad Debt</b>			253,885	253,885		253,885	241,828	495,713			27
28	<b>TOTAL General Administration</b>	<b>336,394</b>	<b>21,700</b>	<b>1,960,932</b>	<b>2,319,026</b>	<b>3,391</b>	<b>2,322,417</b>	<b>(503,200)</b>	<b>1,819,217</b>			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>4,058,269</b>	<b>669,370</b>	<b>2,432,687</b>	<b>7,160,326</b>	<b>(51,687)</b>	<b>7,108,639</b>	<b>(404,687)</b>	<b>6,703,952</b>			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 VALLEY RIDGE REHAB & HCC #0036640 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			63,001	63,001		63,001	293,609	356,610			30
31	Amortization of Pre-Op. & Org.							3,189	3,189			31
32	Interest			182,148	182,148		182,148	565,700	747,848			32
33	Real Estate Taxes							210,351	210,351			33
34	Rent-Facility & Grounds			1,037,012	1,037,012		1,037,012	(1,037,012)				34
35	Rent-Equipment & Vehicles			39,769	39,769		39,769	41,718	81,487			35
36	Other (specify):* MIP & Amortiz.							45,043	45,043			36
37	<b>TOTAL Ownership</b>			1,321,930	1,321,930		1,321,930	122,598	1,444,528			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		615,049	720,611	1,335,660	51,687	1,387,347	(344,638)	1,042,709			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			113,333	113,333		113,333		113,333			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		615,049	833,944	1,448,993	51,687	1,500,680	(344,638)	1,156,042			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,058,269	1,284,419	4,588,561	9,931,249		9,931,249	(626,726)	9,304,523			45

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

Alden of Valley Ridge  
 Reporting Period Beginning 1/1/2006  
 Reporting Period Ending 12/31/2006

Reclassifications

From Line	To Line	Amount	Description
2	22	(14,842.00)	Employee Meals
		14,842.00	Employee Meals
22	1	(9,250.00)	Uniform
	3	1,177.00	Uniform
	4	524.00	Uniform
	6	209.00	Uniform
	10	38.00	Uniform
	11	5,494.00	Uniform
	21	133.00	Uniform
		1,675.00	Uniform
10	39	(51,687.00)	Oxygen
		51,687.00	Oxygen
19	10	(3,876.00)	Pathway services
		3,876.00	Pathway services

0.00 Net

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC

# 0036640

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

**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	14,755	30		9
10	Interest and Other Investment Income	(103)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(946)	2		13
14	Non-Care Related Interest	(43,760)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(4,783)	21		17
18	Fines and Penalties	(7,197)	32		18
19	Entertainment	(450)	20		19
20	Contributions	(3,955)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(19,616)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(253,885)	27		24
25	Fund Raising, Advertising and Promotional	(36,245)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(1,258)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (357,443)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(226,145)	Various	34
35	Other- Attach Schedule See Pg 5A	(43,138)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (269,283)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)</b>	\$ (626,726)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

STATE OF ILLINOIS  
ALDEN VALLEY RIDGE REHAB & HCC

ID# 0036640  
Report Period Beginning: 01/01/2006  
Ending: 12/31/2006

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (4,554)	5	1
2	Late Fees on Telephone	(70)	21	2
3				3
4	Intercompany Interest	(4,066)	32	4
5	Intercompany Interest (on Line of Credit)	(414)	32	5
6	Misc Income (Food Credit)	(156)	2	6
7	Misc Income (Record Copies)	(120)	10	7
8				8
9	Marketing Manager	(45,549)	21	9
10	Back out % of Employee Benefits for Mktg Magr	(5,985)	22	10
11	Back our 30.65% of PAC fees from IHCA bills	(3,375)	20	11
12	Vendor Settlement (Comed )	11,391	21	12
13	Vendor Settlement (Comed )	(11,391)	5	13
14	Add back credit posted for prior yrs' legal costs	3,340	19	14
15	Aj Deprec to correct detail	(301)	30	15
16	Expense Assets < \$2500	19,203	6	16
17	Depreciation adj for assets < \$2500	(1,327)	30	17
18	Aj Deprec to correct detail	235	6	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	<b>Total</b>	(43,138)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number ALDEN VALLEY RIDGE REHAB &amp; HCC

# 0036640

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	(6,334)	0	0	0	0	0	0	0	(6,334)	1
2	Food Purchase	(1,102)	0	0	(1,399)	0	0	0	0	0	0	0	(2,501)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(15,945)	0	3,314	0	0	0	0	0	0	0	0	(12,631)	5
6	Maintenance	19,438	0	9,176	0	0	0	(208)	0	0	0	0	28,406	6
7	Other (specify):*	0	0	47,255	4,318	0	0	0	0	0	0	0	51,573	7
8	<b>TOTAL General Services</b>	<b>2,391</b>	<b>0</b>	<b>59,745</b>	<b>(3,415)</b>	<b>0</b>	<b>0</b>	<b>(208)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>58,513</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(120)	0	0	398	(1,605)	0	0	0	0	0	0	(1,327)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	41,327	0	0	0	0	0	0	0	0	41,327	15
16	<b>TOTAL Health Care and Programs</b>	<b>(120)</b>	<b>0</b>	<b>41,327</b>	<b>398</b>	<b>(1,605)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40,000</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,276)	4,500	(734,149)	0	0	0	0	0	0	0	0	(745,925)	19
20	Fees, Subscriptions & Promotions	(44,025)	0	2,485	0	0	0	0	0	0	0	0	(41,540)	20
21	Clerical & General Office Expenses	(40,269)	633	36,742	12,218	15,078	0	0	0	0	0	0	24,402	21
22	Employee Benefits & Payroll Taxes	(5,985)	0	0	0	0	0	0	0	0	0	0	(5,985)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,135	0	0	0	0	0	0	0	0	2,135	24
25	Other Admin. Staff Transportation	0	0	11,594	0	0	0	0	0	0	0	0	11,594	25
26	Insurance-Prop.Liab.Malpractice	0	10,020	271	0	0	0	0	0	0	0	0	10,291	26
27	Other (specify):*	(253,885)	0	463,478	15,784	16,451	0	0	0	0	0	0	241,828	27
28	<b>TOTAL General Administration</b>	<b>(360,440)</b>	<b>15,153</b>	<b>(217,444)</b>	<b>28,002</b>	<b>31,529</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(503,200)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(358,169)</b>	<b>15,153</b>	<b>(116,372)</b>	<b>24,985</b>	<b>29,924</b>	<b>0</b>	<b>(208)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(404,687)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	13,127	273,346	5,278	0	1,858	0	0	0	0	0	0	293,609	30
31	Amortization of Pre-Op. & Org.	0	0	3,189	0	0	0	0	0	0	0	0	3,189	31
32	Interest	(55,540)	510,679	106,742	0	2,024	1,795	0	0	0	0	0	565,700	32
33	Real Estate Taxes	0	202,219	7,376	0	756	0	0	0	0	0	0	210,351	33
34	Rent-Facility & Grounds	0	(1,037,012)	0	0	0	0	0	0	0	0	0	(1,037,012)	34
35	Rent-Equipment & Vehicles	0	0	41,718	0	0	0	0	0	0	0	0	41,718	35
36	Other (specify):*	0	45,043	0	0	0	0	0	0	0	0	0	45,043	36
37	<b>TOTAL Ownership</b>	<b>(42,413)</b>	<b>(5,725)</b>	<b>164,303</b>	<b>0</b>	<b>4,638</b>	<b>1,795</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>122,598</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(166,108)	(66,822)	(111,708)	0	0	0	0	0	(344,638)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(166,108)</b>	<b>(66,822)</b>	<b>(111,708)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(344,638)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(400,581)</b>	<b>9,428</b>	<b>47,931</b>	<b>(141,123)</b>	<b>(32,260)</b>	<b>(109,913)</b>	<b>(208)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(626,726)</b>	<b>45</b>

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC

# 0036640

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		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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 1,037,012	Valley Ridge Associates Limited Partnership		\$	\$ (1,037,012)	1
2	V	32 Interest Income	1,917	Valley Ridge Associates Limited Partnership			(1,917)	2
3	V							3
4	V	19 Audit Fees		Valley Ridge Associates Limited Partnership		4,500	4,500	4
5	V	21 Other Admin Expense		Valley Ridge Associates Limited Partnership		633	633	5
6	V	33 Real Estate Taxes		Valley Ridge Associates Limited Partnership		202,219	202,219	6
7	V	26 Property & Liability Ins		Valley Ridge Associates Limited Partnership		10,020	10,020	7
8	V	32 Interest on Mortgage		Valley Ridge Associates Limited Partnership		512,596	512,596	8
9	V	36 Mortgage Ins Premium		Valley Ridge Associates Limited Partnership		43,445	43,445	9
10	V	30 Depreciation		Valley Ridge Associates Limited Partnership		273,346	273,346	10
11	V	36 Amortization		Valley Ridge Associates Limited Partnership		1,598	1,598	11
12	V							12
13	V							13
14	Total		\$ 1,038,929			\$ 1,048,357	\$ * 9,428	14

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC# 0036640Report 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	19 Professional fees	\$ 762,439	Alden Management Services, Inc.		\$ 28,290	\$ (734,149)	15
16	V	21 Clerical and G & A		Alden Management Services, Inc.		36,742	36,742	16
17	V	5 Utilities		Alden Management Services, Inc.		3,314	3,314	17
18	V	6 Maintenance		Alden Management Services, Inc.		9,176	9,176	18
19	V	24 Travel & seminar		Alden Management Services, Inc.		2,135	2,135	19
20	V	26 Insurance		Alden Management Services, Inc.		271	271	20
21	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		2,485	2,485	21
22	V	30 Depreciation		Alden Management Services, Inc.		5,278	5,278	22
23	V	31 Amortization		Alden Management Services, Inc.		3,189	3,189	23
24	V	33 Real estate taxes		Alden Management Services, Inc.		7,376	7,376	24
25	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		41,718	41,718	25
26	V	32 Interest		Alden Management Services, Inc.		106,742	106,742	26
27	V	7 Salaries-general serv		Alden Management Services, Inc.		47,255	47,255	27
28	V	15 Salaries-health care		Alden Management Services, Inc.		41,327	41,327	28
29	V	27 Salaries-general admin		Alden Management Services, Inc.		463,478	463,478	29
30	V	25 Other Admin Travel		Alden Management Services, Inc.		11,594	11,594	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		\$ 762,439			\$ 810,370	\$ * 47,931	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	2 Tube-feeding	\$ 15,197	Prism Health Care Services, Inc.		\$ 13,798	\$ (1,399)
16	V	10 Nursing supplies		Prism Health Care Services, Inc.			
17	V	39 Supplies	210,551	Prism Health Care Services, Inc.		44,443	(166,108)
18	V	21 Gen'l & admin		Prism Health Care Services, Inc.		12,218	12,218
19	V	27 Gen'l & admin salaries		Prism Health Care Services, Inc.		15,784	15,784
20	V	1 Dietary Consultant	9,600	Prism Health Care Services, Inc.		3,266	(6,334)
21	V	7 Dietary Salary		Prism Health Care Services, Inc.		4,318	4,318
22	V	10 Equipment Rental	3,060	Prism Health Care Services, Inc.		3,458	398
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		\$ 238,408			\$ 97,285	\$ * (141,123)

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC# 0036640Report 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	39 drugs	\$ 219,492	Forum Extended Care Services II, Inc.		\$ 308,179	\$ 88,687	15	
16	V	10 house stock	8,149	Forum Extended Care Services II, Inc.		7,346	(803)	16	
17	V	39 I.V.	169,752	Forum Extended Care Services II, Inc.		17,572	(152,180)	17	
18	V	22 employee benefits		Forum Extended Care Services II, Inc.				18	
19	V	21 gen'l & admin		Forum Extended Care Services II, Inc.		15,078	15,078	19	
20	V	32 interest		Forum Extended Care Services II, Inc.		2,024	2,024	20	
21	V	33 real estate tax		Forum Extended Care Services II, Inc.		756	756	21	
22	V	30 depreciation		Forum Extended Care Services II, Inc.		1,858	1,858	22	
23	V	27 gen'l & admin salaries		Forum Extended Care Services II, Inc.		16,798	16,798	23	
24	V	10 pharmacy consulting	6,778	Forum Extended Care Services II, Inc.		5,976	(802)	24	
25	V	39 Wound Care	15,254	Forum Extended Care Services II, Inc.		11,925	(3,329)	25	
26	V	27 Employee Vaccin	1,589	Forum Extended Care Services II, Inc.		1,242	(347)	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		\$ 421,014			\$ 388,754	\$ *	(32,260)	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	\$ 699,302	Community Physical Therapy & Associates, Ltd.		\$ 587,594	\$ (111,708)	15
16	V	32	Interest				1,795	1,795	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			\$ 699,302			\$ 589,389	\$ * (109,913)	39

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC# 0036640Report Period Beginning: 01/01/2006Ending: 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 & Maintenance	\$ 13,661	Alden Bennett Construction Company, Inc.		\$ 13,453	\$ (208)	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		\$ 13,661			\$ 13,453	\$ *	(208)	39

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

STATE OF ILLINOIS

Facility Name & ID Number ALDEN NURSING CENTER - VALLEY RIDGE

# 003-6640

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 Waterford	Aurora
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 of Springs	Bloomingtondale

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid 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

Alden Valley Ridge  
INVESTOR LIST AND PERCENTAGES  
12/31/2006

Pg 6L

	11,726
NAME	VR
FLOYD A. SCHLOSSBERG	29.35
JOAN/SAM CARL	9.65
Others	61
TOTALS	100

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 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 A Schlossberg	President	a	34.00	131,688	2.24	5.60	salary	\$ 7,812	27-7	1
2	Lauren Magnusson	Clinical Coord	b	A	77,186	2.24	5.60	salary	4,579	15-7	2
3	Terry Magnusson	Maint Super.	c	A	50,075	2.24	5.60	salary	2,970	7-7	3
4	Joan Carl	Vice president-AMS.	d	15.00	131,688	2.24	5.60	salary	7,812	27-7	4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										7
8	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										8
9	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,										9
10	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										10
11											11
12											12
13								TOTAL	\$ 23,173		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 VALLEY RIDGE REHAB & HCC # 0036640 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 VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	<b>A. Directly Facility Related</b>											
	<b>Long-Term</b>											
1	Cambridge Realty		X	Mortgage	\$50,767.00	9/02	\$ 9,009,300	\$ 8,643,537	8/2037		\$ 512,596	1
2												2
3	Bank Leumi		X	LOC	\$19,028.00	5/31/05	1,828,000	1,674,324	5/31/07	varies	126,635	3
4	Other -Therapeutic Syst	X		Working Capital	\$1,609.00	8/15/02	63,931		04/15/06		76	4
5												5
	<b>Working Capital</b>											
6	Related party-AMS	X		Working Capital							106,742	6
7	Related party-FECHII	X		Working Capital							2,024	7
8	Related party-CPT	X		Working Capital							1,795	8
9	TOTAL Facility Related				\$71,404.00		\$ 10,901,231	\$ 10,317,861			\$ 749,868	9
	<b>B. Non-Facility Related*</b>											
10	Valley Ridge Assoc	X		Replacement Res interest							(1,917)	10
11	Valley Ridge Assoc	X		Misc Interest								11
12	CorpGL4646 offset interest with interest income										(103)	12
13												13
14	TOTAL Non-Facility Related						\$	\$			(2,020)	14
15	TOTALS (line 9+line14)						\$ 10,901,231	\$ 10,317,861			\$ 747,848	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 43,445 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

<p><b>Important</b>, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2005 report.		\$ 183,500	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.)		\$ 190,019	2
3. Under or (over) accrual (line 2 minus line 1).		\$ 6,519	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 195,700	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 202,219	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2001	143,975	8
	2002	161,163	9
	2003	163,889	10
	2004	178,194	11
	2005	190,019	12
<b>Accrual is based on an estimated 3% increase over the latest actual invoice</b>			
<b>FOR BHF USE ONLY</b>			
	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:

- Please indicate a negative number by use of brackets ( ). Deduct any overaccrual of taxes from prior year.
- 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 NURSING CENTER-VALLEY RIDGE COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0036640

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>02-23-301-019</u>	<u>Nursing Home Facility</u>	\$ <u>2,979.34</u>	\$ <u>2,979.00</u>
2. <u>02-23-301-020</u>	<u>Nursing Home Facility</u>	\$ <u>187,040.08</u>	\$ <u>187,040.00</u>
3. <u>Support Attached</u>	<u>Related Party-Forum</u>	\$ <u>14,554.00</u>	\$ <u>756.00</u>
4. <u>Support Attached</u>	<u>Related Party-Alden Management</u>	\$ <u>131,720.00</u>	\$ <u>7,376.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>336,293.42</u>	\$ <u>198,151.00</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 VALLEY RIDGE REHAB & HCC# 0036640 Report Period Beginning:01/01/2006 Ending:12/31/2006**X. BUILDING AND GENERAL INFORMATION:**A. Square Feet: 72,046 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 grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>		<u>1990</u>	<u>\$ 317,233</u>	1
2					2
3	<b>TOTALS</b>			<b>\$ 317,233</b>	3

Facility Name &amp; ID Number ALDEN VALLEY RIDGE REHAB &amp; HCC

# 0036640

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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5	207		1991		6,027,235	191,340	30	200,908	9,568	3,247,037	5
6											6
7											7
8	Related party-Forum			1978	14,839		25			14,839	8
	Improvement Type**										
9		LEASEHOLD IMPROVEMENTS		1991	1,644,299	58,820	VARIOUS	64,007	5,187	1,014,162	9
10		REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.		1991	18,611		5			18,611	10
11		EXHAUST FAN/HVAC/BURNISHER/MISC.		1992	32,815	1,260	5,10 & 15	1,260		31,965	11
12		PIPE INSULATION/HVAC/MISC.		1993	31,308	1,030	5,10,15 & 17	1,030		28,935	12
13		SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP		1994	28,814	261	5,10 & 25	261		25,482	13
14		REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC		1995	28,634	1,014	10,15 & 20	1,014		24,294	14
15		ROOF REPAIR		1996	3,200	107	10	107		3,200	15
16		ROOF REPAIR		1996	2,500	146	10	146		2,500	16
17		PARKING LOT LIGHTING		1996	3,716	248	15	248		2,581	17
18		PARKING LOT LIGHTING,EMRGNCY SERVICE-POWER OUT		1997	8,767		5			8,767	18
19		REPAIR PUMP		1997	1,800		5			1,800	19
20		ROOF REPAIRS		1997	2,590		5			2,590	20
21		REPLACE COMPRESSOR		1997	6,885		5			6,885	21
22		REPLACE MIXING VALVE		1997	2,763		5			2,763	22
23		REPAIR PUMP		1997	2,161		5			2,161	23
24		REPLACE PUMP		1997	6,293		5			6,293	24
25		REPLACED COMPRESSOR		1997	5,000		5			5,000	25
26		ROOF REPAIRS		1997	1,800		5			1,800	26
27		DOOR HOLDER		1997	4,088	409	10	409		3,714	27
28		PARKING LOT		1997	131,918	6,596	20	6,596		58,840	28
29		INSTALL WALL PLATES/OUTLETS		1997	4,968	497	10	497		4,596	29
30		INSTALL CABLE		1998	5,244	524	10	524		4,413	30
31		PAINTING		1998	52,000	2,600	20	2,600		21,883	31
32		CARPETING		1998	59,500	2,975	20	2,975		25,040	32
33		DRAPERIES		1998	13,000	650	20	650		5,471	33
34		ROOF		1998	79,000	3,950	20	3,950		33,246	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number ALDEN VALLEY RIDGE REHAB &amp; HCC

# 0036640

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	OIL/DRIER ON STAGE COMPRESSOR	1998	\$ 2,900	\$ 193	15	\$ 193	\$	\$ 1,691	37
38	REPAIR TOWER	1998	2,727	182	15	182		1,546	38
39	REPLACE PRESSURE RELIEF VALVE	1998	1,940	129	15	129		1,099	39
40	CARPETING	1998	1,667		5			1,667	40
41	CARPETING	1998	15,858		5			15,858	41
42	CARPETING	1998	5,000		5			5,000	42
43	REPAIR FUEL PUMP ON GENERATOR	1998	2,532	127	20	127		1,055	43
44	FLOOR TILE	1998	4,876	488	10	488		4,023	44
45	REPAIR SHAFT AND GEAR REDUCER ON DRYER	1998	2,058	206	10	206		1,698	45
46	REPAIR VALVE IN THERAPY ROOM	1998	1,505	100	15	100		819	46
47	REPLACE HEAT PUMP	1998	3,773	252	15	252		2,055	47
48	CARPETING	1998	20,000		5			20,000	48
49	CARPETING	1998	18,082		5			18,082	49
50	Alden Bennet Construction (tank replacement)	1999	12,409	827	15	827		6,549	50
51	Northtown (repair dishwasher)	1999	1,695	170	10	170		1,343	51
52	Climate Service (replace hot water heater)	1999	9,561	637	15	637		4,940	52
53	Taylor Plumbing (pump repair)	1999	1,728		5			1,728	53
54	Ashland Plumbing & Heating Co. (furnished and installed ejector pump)	1999	6,658	444	15	444		3,403	54
55	Rykoff-Sexton (booster heater)	1999	1,893	189	10	189		1,451	55
56	Climate Service (cleaned condenser and tower)	1999	2,642	264	10	264		2,003	56
57	Patten Industries(generator repair)	1999	2,870	287	10	287		2,153	57
58	Fox Valley Fire & Safety(nurse call system repair)	1999	1,510	101	15	101		730	58
59	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632	109	15	109		789	59
60	Climate Service(repair tower fan)	1999	4,733	473	10	473		3,431	60
61	Climate Service(repair tower fan)	1999	2,405	241	10	241		1,744	61
62	New Horizons(replace power supply for phone system)	1999	3,767	377	10	377		2,731	62
63	Patten Industries(rebuild generator)	1999	7,884	394	20	394		2,792	63
64	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779		5			1,779	64
65	System Electric(repair dedicated circuits)	2000	2,461	164	15	164		1,135	65
66	Capps Plumbing (repair ejector pumps)	2000	4,970	331	15	331		2,291	66
67	Fox Valley (re-wire smoke detectors)	2000	14,576	1,458	10	1,458		9,839	67
68	Harold(repair dish machaine)	2000	962		5			962	68
69	Harold(repair dish machaine)	2000	1,328		5			1,328	69
70	TOTAL (lines 4 thru 69)		\$ 8,394,129	\$ 280,570		\$ 295,325	\$ 14,755	\$ 4,736,582	70

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

Facility Name &amp; ID Number ALDEN VALLEY RIDGE REHAB &amp; HCC

# 0036640

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 8,394,129	\$ 280,570		\$ 295,325	\$ 14,755	\$ 4,736,582	1
2	new horizons-install phone line	2000	2,742	274	10	274		1,782	2
3	CSI -Coker Service (new motor)	2001	3,865	387	10	387		2,255	3
4	State mandated tank removal	2001	12,242	816	15	816		4,897	4
5	Water Pump repair	2001	1,706	142	5	142		1,706	5
6	GT (new shaft)	2001	2,491	291	5	291		2,491	6
7	new horizons-install phone line	2001	1,572	209	5	209		1,572	7
8	GT (replace fan blade)	2001	3,534	471	5	471		3,534	8
9	Alco sales & service (beds)	2001	2,324	233	10	233		1,240	9
10	Alco sales & service (beds)	2001	233	23	10	23		122	10
11	GT (repalace motor)	2001	791	79	10	79		415	11
12	GT (replace heat exchanger)	2001	1,332	266	5	266		1,332	12
13	GT (repair leaking piping)	2001	1,381	276	5	276		1,381	13
14	GT (refund for shaft)	2002	(2,491)	(499)	5	(499)		(2,491)	14
15	ABC (misc. repair)	2002	2,126	425	5	425		2,126	15
16	GT (compressor)	2002	4,290	286	15	286		1,239	16
17	Capps (install drain)	2002	2,585	517	5	517		2,542	17
18	SMT healthcare system(body lift)	2002	10,132	676	15	676		3,096	18
19	ABC --(carpet in two elevators))	2002	1,279	128	10	128		618	19
20	ABC (new gate)	2002	3,362	336	10	336		1,513	20
21	ABC-New door	2003	2,102	210	10	210		753	21
22	ABC-Southland-New Floor	2003	857	86	10	86		343	22
23	ABC- Bathroom	2003	735	73	10	73		238	23
24	CSI-repair dishwasher	2003	2,111	422	5	422		1,653	24
25	ABC-GT Mech. Repair gas regulators	2003	2,369	237	10	237		928	25
26	ABC GTMech-repair water heater	2003	1,818	182	10	182		697	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,459,617	\$ 287,116		\$ 301,871	\$ 14,755	\$ 4,772,564	34

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

Facility Name &amp; ID Number ALDEN VALLEY RIDGE REHAB &amp; HCC

# 0036640

Report Period Beginning:

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 8,459,617	\$ 287,116		\$ 301,871	\$ 14,755	\$ 4,772,564	1
2	TSN Inc - DSL Cable	2004	990	99	10	99		289	2
3	Aquarium Main Serv-replace mixing valves	2004	10,501	2,100	5	2,100		5,425	3
4	ABC-new flooring	2004	2,100	210	10	210		577	4
5	Aqua Service-boiler mixing valve/storage tank prep	2004	1,205	241	5	241		643	5
6	Aqua Service-boiler mixing valve/storage tank prep	2004	2,906	581	5	581		1,550	6
7	Aqua Service-rebuilt valves,plumbing	2004	3,002	600	5	600		1,601	7
8	ABC-new flooring	2004	2,276	228	10	228		569	8
9	ABC-hot water heater/valve repair	2004	2,215	443	5	443		1,144	9
10	Equipment Int'l-repair laundry equipment	2004	2,305	461	5	461		999	10
11	ABC-elevator repairs	2004	3,260	326	10	326		761	11
12	GT Mech-Copper Boiler	2005	12,845	1,285	10	1,285		2,355	12
13	Capps-Furnish/Install 1 1/2 RPZ Boiler	2005	1,940	97	20	97		170	13
14	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020	602	10	602		1,003	14
15	DBS Contracting, Inc-Bore Underground for TV	2005	5,750	575	10	575		767	15
16	ABC-Bathroom Repairs	2005	4,334	433	10	433		577	16
17	Cybor Fire Protection-Sprinkler System Pipe Work	2005	4,500	900	5	900		1,200	17
18	A&B Custom Cable-Install 70 rms antennas	2005	8,120	812	10	812		947	18
19									19
20	ABC-Patten Repair Generator	2006	5,210	478	10	478		478	20
21	ABC-Firestopping & Tree Removal due to storm	2006	10,713	536	15	536		536	21
22	ABC-Replaced Concrete Sidewalk	2006	3,809	169	15	169		169	22
23	ABC-Window Replacement	2006	28,657	1,433	10	1,433		1,433	23
24	TopNotch Cooler Door	2006	4,300	143	10	143		143	24
25	ABC-Bathroom Repairs	2006	20,841	1,737	5	1,737		1,737	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,607,415	\$ 301,604		\$ 316,359	\$ 14,755	\$ 4,797,636	34

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

Facility Name &amp; ID Number ALDEN VALLEY RIDGE REHAB &amp; HCC

# 0036640

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 8,607,415	\$ 301,604		\$ 316,359	\$ 14,755	\$ 4,797,636	1
2									2
3	Related Party-Forum Prof Center Building:	1980	11,260		15			11,260	3
4	Leasehold Improvement-Remodeling	1980	17,639		20			17,639	4
5	Leasehold Improvement-Remodeling	1987	912		13			912	5
6	Leasehold Improvement-Tenant Improvement	1988	14,634		10			14,634	6
7	Leasehold Improvement-AMS Remodel	1994	3,269	204	16	204		2,453	7
8	Leasehold Improvement-Roof	1996	1,153	72	16	72		789	8
9	Leasehold Improvement-Build.Improv.	2000	89		3			89	9
10	Leasehold Improvement-Asphalting	2001	157	16	10	16		81	10
11	Leasehold Improvement-DAI	2002	681	77	7	77		324	11
12	Leasehold Improvement-Bathrooms	2003	1,672	167	10	167		669	12
13	Leasehold Improvement-Suite Renovation	2004	2,071	360	7	360		835	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	1980	73		23			73	14
15	Leasehold Improvement-Add-on Improvement, fixture base	2001	126	6	5	6		126	15
16	Leasehold Improvement-Add-on Improvement, lighting base								16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:	1993	6,060		7			6,060	26
27	Leasehold Improvement-Remodeling	2002	4,961	709	7	709		2,746	27
28	Leasehold Improvement-Remodeling	2003	5,189	741	7	741		2,856	28
29	Leasehold Improvement-Remodeling								29
30									30
31									31
32	Forum Extended Care, LLC-building/building improv	1999	12,928	306	30	306		2,445	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,690,289	\$ 304,262		\$ 319,017	\$ 14,755	\$ 4,861,627	34

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

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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	\$ 347,992	\$ 34,054	\$ 34,054	\$	Various	\$ 178,835	71
72	Current Year Purchases	19,515	889	889		Various	889	72
73	Fully Depreciated Assets	796,358	2,537	2,537		Various	796,358	73
74								74
75	TOTALS	\$ 1,163,866	\$ 37,480	\$ 37,480	\$		\$ 976,082	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	Vehicle	Midwest Transit Equip	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77										77
78	Related Party-AMS	Various/Bus/Autos	1998-2004	4,817	113	113		3	4,787	78
79										79
80	TOTALS			\$ 54,643	\$ 113	\$ 113	\$		\$ 54,613	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)	\$	10,226,031	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$	341,855	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$	356,610	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	14,755	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	5,892,322	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 - costs are backed out

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning 06/00

Ending 07/10

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

Fiscal Year Ending                      Annual Rent

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

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 11,644 Description: Copier 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</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>28,125</u>	17
18					18
19	<u>Related party - AMS</u>		<u>#####</u>	<u>41,718</u>	19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>69,843</u>	21

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

- (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	\$		\$ 274,051	\$		\$ 274,051	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			30,642			30,642	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			394,454			394,454	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				308,179		308,179	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				(111,708)	147,091		35,383	13
14	<b>TOTAL</b>			\$		\$ 587,439	\$ 455,270		\$ 1,042,709	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.

For the Thirteen Months Ending December 31, 2006

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	\$274,051.23
2. ST	39-3	To Col 5	30,642.38
3.			
4. PT	39-3	To Col 5	394,452.69
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			219,492.36
Manual Input from Related Party- Forum Drugs			88,687.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	308,179.36
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	(111,708.00)
Other			417,022.02
Manual Input: Related Party - Pyramid			(166,109.00)
Manual Input: Related Party FECII - I.V.			(152,180.00)
Manual Input: Related Party FECII - Wound Care			(3,329.00)
Oxygen, from reclass worksheet			51,687.00
13. Col 6: Supplies Total		To Col 6	147,091.02
13. Total Line 13, Column 8			147,091.02
14. Total			1,042,708.68

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC# 0036640Report 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 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>160,000</u> )	2,013,341	2,013,341	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		43,451	6
7	Other Prepaid Expenses	4,908	4,908	7
8	Accounts Receivable (owners or related parties)	150,137	0	8
9	Other(specify): <u>Due from 3rd Parties</u>	209,127	389,268	9
	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,377,513	\$ 2,450,968	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		290,687	13
14	Buildings, at Historical Cost		7,880,053	14
15	Leasehold Improvements, at Historical Cost	649,457	984,875	15
16	Equipment, at Historical Cost	536,407	1,168,564	16
17	Accumulated Depreciation (book methods)	(853,602)	(5,481,651)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		55,943	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(6,794)	20
21	Restricted Funds		333,263	21
22	Other Long-Term Assets (spe <u>Due from affiliates</u> )	3,611,611	3,561,561	22
23	Other(specify):			23
	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 3,943,873	\$ 8,786,501	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 6,321,386	\$ 11,237,469	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 806,776	\$ 811,140	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	244,165	244,165	28
29	Short-Term Notes Payable	1,674,324	1,776,631	29
30	Accrued Salaries Payable	411,959	411,959	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,709	20,709	31
32	Accrued Real Estate Taxes(Sch.IX-B)		195,700	32
33	Accrued Interest Payable	468,285	522,921	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accrual Ins, Expm Idpa,sales tax</u>	270,964	333,944	36
37	<u>Due to Affiliates</u>	932,164	932,164	37
	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 4,829,346	\$ 5,249,333	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	437,600	437,600	39
40	Mortgage Payable		8,541,579	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 437,600	\$ 8,979,179	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 5,266,946	\$ 14,228,512	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 1,054,440	\$ (2,991,043)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 6,321,386	\$ 11,237,469	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 744,279	1
2	Restatements (describe):		2
3	Prior Year adjustment	(7,998)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 736,281	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	318,159	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)	\$ 318,159	17
	<b>B. Transfers (Itemize):</b>		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,054,440	24 *

\* This must agree with page 17, line 47.

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC# 0036640Report Period Beginning: 01/01/2006Ending: 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 10,011,298	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,011,298	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	101,361	6
7	Oxygen	40,452	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 141,813	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	284	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	3,001	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	153	19
20	Radiology and X-Ray		20
21	Other Medical Services	83,937	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 87,375	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	103	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 103	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Misc Income/Gain on Sale of Assets	1,133	28
28a	Prior year account adjustments	7,686	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 8,819	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,249,408	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,505,766	31
32	Health Care	3,335,534	32
33	General Administration	2,319,026	33
<b>B. Capital Expense</b>			
34	Ownership	1,321,930	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,335,660	35
36	Provider Participation Fee	113,333	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,931,249	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	318,159	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 318,159	43

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

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

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

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

Facility Name & ID Number **ALDEN VALLEY RIDGE REHAB & HCC**

# **0036640**

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	1,838	2,086	\$ 79,913	\$ 38.31	1
2	Assistant Director of Nursing	600	630	18,277	29.01	2
3	Registered Nurses	28,596	30,002	942,268	31.41	3
4	Licensed Practical Nurses	20,827	22,174	585,598	26.41	4
5	CNAs & Orderlies	75,036	79,108	972,186	12.29	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,311	2,603	40,790	15.67	8
9	Activity Director	2,072	2,080	35,230	16.94	9
10	Activity Assistants	4,834	5,229	48,809	9.33	10
11	Social Service Workers	1,912	2,146	39,925	18.60	11
12	Dietician					12
13	Food Service Supervisor	1,928	2,080	69,882	33.60	13
14	Head Cook	5,723	6,027	72,171	11.97	14
15	Cook Helpers/Assistants	25,884	27,891	253,274	9.08	15
16	Dishwashers					16
17	Maintenance Workers	1,936	2,080	32,851	15.79	17
18	Housekeepers	20,604	22,440	204,952	9.13	18
19	Laundry	5,479	6,058	50,716	8.37	19
20	Administrator	1,960	2,080	126,055	60.60	20
21	Assistant Administrator	840	840	14,765	17.58	21
22	Other Administrative	7,912	8,048	192,556	23.93	22
23	Office Manager	2,008	2,135	42,847	20.07	23
24	Clerical	2,564	2,641	22,268	8.43	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,107	2,211	72,428	32.76	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	480	600	12,416	20.69	31
32	Other Health Care Unit Director	2,518	2,614	39,916	15.27	32
33	Other(specify) <u>Alzheimers Super</u>	5,171	5,587	88,176	15.78	33
34	TOTAL (lines 1 - 33)	225,140	239,390	\$ 4,058,269 *	\$ 16.95	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	1500/ Monthly	18,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	414/Monthly	4,968	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	2,455	11-3	44
45	Social Service Consultant	5	244	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	17	\$ 35,267		49

**C. CONTRACT NURSES**

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



## 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/hvac/pump rep's	2-10/92	\$ 6,223	5	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Plumbing/painting	7-10/94	10,767	5									
3	Painting/hvac repairs	1-12/95	14,370	3-10									
4	Painting/hvac damper rep	1-12/96	21,136	3-10	656	656	656	378					
5	sprinklers/hvac repairs	5-11/97	12,867	3									
6	hvac repair	6/98	2,089	3									
7	painting>\$1,500 ytd 1999	7/99	10,794	3	0								
8	ABC(repair pole)	9/00	1,278	3	284	0							
9	GT Mech.(repair A/C)	8/00	1,545	3	301	0							
10	painting>\$1,500 ytd 2000	7/00	10,444	3	1,741	0							
11	CSI (repalce boiler)	5/01	4,312	3	1,437	480							
12	Capps Plumbing	9/01	1,645	3	548	366							
13	ABC (misc repairs)	10/02	1,392	3	464	464	348						
14	GT (cooling tower repair)	7/02	2,216	3	739	739	369						
15	ABC (misc repairs)	09/02	1,774	3	591	591	395						
16	ABC(misc repairs)	01/03	1,483	3	494	494	494						
17	AMS - painting	12/03	770	3	21	257	257	235					
18													
19													
20	TOTALS		\$ 105,105		\$ 7,276	\$ 4,047	\$ 2,519	\$ 613	\$	\$	\$	\$	\$

Facility Name &amp; ID Number ALDEN VALLEY RIDGE REHAB &amp; HCC

# 0036640

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. Il. Health Care Assn. \$11,012
- (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. \$ 36,747 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. N/A
- (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. \$ 113,333  
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. \$ 14,842 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? \_\_\_\_\_  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: Reznick Group, PC 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.