

		FOR BHF USE				

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

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

**I. IDPH Facility ID Number:** 0038455

**Facility Name:** Alden Village Health Facility

**Address:** 267 East Lake Street Bloomington 60108  
 Number City Zip Code

**County:** DuPage

**Telephone Number:** (630) 529-3350 **Fax #** (630) 529-9866

**HFS ID Number:** 36-3845800

**Date of Initial License for Current Owners:** 11/02/92

**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 checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

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

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

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

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

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Steven M. Kroll</u>	
	(Title) <u>Chief Financial Officer</u>	
<b>Paid Preparer</b>	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (____) _____	Fax # (____) _____
	<b>MAIL TO: BUREAU OF HEALTH FINANCE</b> <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b> <b>201 S. Grand Avenue East</b> <b>Springfield, IL 62763-0001</b>	

**Phone # (217) 782-1630**

Facility Name & ID Number Alden Village Health Facility

# 0038455 Report Period Beginning: 01/01/06 Ending: 12/31/06

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2	109	Skilled Pediatric (SNF/PED)	109	39,785	2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	109	TOTALS	109	39,785	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					8
9	SNF/PED	37,294	136	316	37,746	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	37,294	136	316	37,746	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.87%

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

340 (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 11/01/92

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

YES  Date 11/01/92 NO

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

YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary \_\_\_\_\_

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/06 Ending: 12/31/06

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	180,778	17,622	9,600	208,000	1,758	209,758	(6,334)	203,424			1
2	Food Purchase		550,850		550,850	(18,479)	532,371	(333,339)	199,032			2
3	Housekeeping	132,034	19,198		151,232	1,563	152,795		152,795			3
4	Laundry	48,906	14,138		63,044		63,044		63,044			4
5	Heat and Other Utilities			122,471	122,471		122,471	(8,233)	114,238			5
6	Maintenance	38,586		71,945	110,531		110,531	50,096	160,627			6
7	Other (specify):* <b>Related Party Salary</b>							32,797	32,797			7
8	<b>TOTAL General Services</b>	<b>400,304</b>	<b>601,808</b>	<b>204,016</b>	<b>1,206,128</b>	<b>(15,158)</b>	<b>1,190,970</b>	<b>(265,013)</b>	<b>925,957</b>			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			36,000	36,000		36,000		36,000			9
10	Nursing and Medical Records	2,738,229	151,827	4,706	2,894,762	915	2,895,677	(466)	2,895,211			10
10a	Therapy					91,593	91,593	26,517	118,110			10a
11	Activities		3,375	192,851	196,226		196,226		196,226			11
12	Social Services	68,593			68,593		68,593		68,593			12
13	CNA Training	16,858			16,858		16,858		16,858			13
14	Program Transportation											14
15	Other (specify):* <b>Related Party Salary</b>							24,906	24,906			15
16	<b>TOTAL Health Care and Programs</b>	<b>2,823,680</b>	<b>155,202</b>	<b>233,557</b>	<b>3,212,439</b>	<b>92,508</b>	<b>3,304,947</b>	<b>50,957</b>	<b>3,355,904</b>			16
	<b>C. General Administration</b>											
17	Administrative	112,027			112,027		112,027		112,027			17
18	Directors Fees											18
19	Professional Services			609,601	609,601		609,601	(548,901)	60,700			19
20	Dues, Fees, Subscriptions & Promotions			31,021	31,021	(1,101)	29,920	(18,379)	11,541			20
21	Clerical & General Office Expenses	169,390	14,222	34,101	217,713	1,392	219,105	60,417	279,522			21
22	Employee Benefits & Payroll Taxes			461,203	461,203	13,952	475,155	(37)	475,118			22
23	Inservice Training & Education											23
24	Travel and Seminar			21,652	21,652		21,652	1,287	22,939			24
25	Other Admin. Staff Transportation							6,988	6,988			25
26	Insurance-Prop.Liab.Malpractice			115,133	115,133		115,133	8,089	123,222			26
27	Other (specify):* <b>Related Party Salary</b>			19,929	19,929		19,929	291,013	310,942			27
28	<b>TOTAL General Administration</b>	<b>281,417</b>	<b>14,222</b>	<b>1,292,640</b>	<b>1,588,279</b>	<b>14,243</b>	<b>1,602,522</b>	<b>(199,523)</b>	<b>1,402,999</b>			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>3,505,401</b>	<b>771,232</b>	<b>1,730,213</b>	<b>6,006,846</b>	<b>91,593</b>	<b>6,098,439</b>	<b>(413,579)</b>	<b>5,684,860</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 Village Health Facility #0038455 Report Period Beginning: 01/01/06 Ending: 12/31/06

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			55,161	55,161		55,161	37,043	92,204			30
31	Amortization of Pre-Op. & Org.							189,669	189,669			31
32	Interest			103,620	103,620		103,620	532,980	636,600			32
33	Real Estate Taxes							57,048	57,048			33
34	Rent-Facility & Grounds			569,664	569,664		569,664	(566,664)	3,000			34
35	Rent-Equipment & Vehicles			21,323	21,323		21,323	25,142	46,465			35
36	Other (specify):* <b>MIP &amp; Amortiz.</b>							44,626	44,626			36
37	<b>TOTAL Ownership</b>			749,768	749,768		749,768	319,844	1,069,612			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		42,349	91,674	134,023	(91,593)	42,430	(26,582)	15,848			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		106		106		106	(106)				41
42	Provider Participation Fee			454,888	454,888		454,888		454,888			42
43	Other (specify):* <b>DD Day Training</b>			1,340,094	1,340,094		1,340,094		1,340,094			43
44	<b>TOTAL Special Cost Centers</b>		42,455	1,886,656	1,929,111	(91,593)	1,837,518	(26,688)	1,810,830			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,505,401	813,687	4,366,637	8,685,725		8,685,725	(120,423)	8,565,302			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 - Village  
 Reporting Period Beginning  
 Reporting Period Ending

1/1/06  
 12/31/06

Page 4A

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(18,479)	Employee Meal
	22	18,479	Employee Meal
22		(4,527)	Uniforms
	1	1,758	Uniforms
	3	1,563	Uniforms
	4	0	Uniforms
	6	0	Uniforms
	10	915	Uniforms
	11	0	Uniforms
	21	291	Uniforms
39		(91,593)	CPT Costs (Village)
	10A	91,593	CPT Costs (Village)
20		(501)	ECIN Reclass
	21	501	ECIN Reclass
20		(600)	Ehealth Reclass
	21	600	Ehealth Reclass
		<u>0</u>	Net should be 0

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning: 01/01/06

Ending: 12/31/06

**VI. ADJUSTMENT DETAIL**

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(87,555)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(43)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(2,233)	21		17
18	Fines and Penalties	(4,962)	32		18
19	Entertainment	(833)	20		19
20	Contributions	(920)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(500)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(19,930)	27		24
25	Fund Raising, Advertising and Promotional	(16,140)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	32	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(140)	20		28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (133,224)		\$	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)	70,010	Various	34
35	Other- Attach Schedule See Pg 5A	(57,209)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 12,801		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (120,423)		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

## Alden Village Health Facility

ID# 0038455

Report Period Beginning: 01/01/06

Ending: 12/31/06

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees on Utilities	\$ (1,498)	5	1
2	Late Fees on Telephone	(40)	21	2
3	Gift Shop Expenses	(106)	41	3
4	Intercompany Interest	(98,658)	32	4
5	Back out LLC bank fees	(29)	21	5
6	Misc Income - Garnishment Processing	(20)	22	6
7	Misc Income - Jury Duty	(17)	22	7
8	Misc Income - Telephone Rebate	(7)	21	8
9	Misc Income - Food Rebate	(414)	2	9
10	30.65% of PAC Fees in IHCA expenses	(1,844)	20	10
11	Vendor Settlements-Com Ed-Reclass	8,733	21	11
12	Back out vendor settlement (gl 7143) to utilities	(8,733)	5	12
13	Add back credit posted for prior yrs' legal costs	4,080	19	13
14	Expense Assets < \$2500	43,364	6	14
15	Depreciation adj for assets < \$2500	(3,587)	30	15
16	Adjust Depr Expense to PACR Detail	229	30	16
17	Adj deferred maint amort to correct detail amount	(392)	6	17
18	Expense DM Assets < \$2500	1,955	6	18
19	Depreciation adj for DM assets < \$2500	(50)	6	19
20	Back out 2005 Legal Expenses posted in 2006	(175)	19	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>	(57,209)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<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	(457)	0	0	(332,882)	0	0	0	0	0	0	0	(333,339)	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	(10,231)	0	1,998	0	0	0	0	0	0	0	0	(8,233)	5
6	Maintenance	44,877	0	5,530	0	0	0	(311)	0	0	0	0	50,096	6
7	Other (specify):*	0	0	28,479	4,318	0	0	0	0	0	0	0	32,797	7
8	<b>TOTAL General Services</b>	<b>34,189</b>	<b>0</b>	<b>36,007</b>	<b>(334,898)</b>	<b>0</b>	<b>0</b>	<b>(311)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(265,013)</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	0	0	0	398	(864)	0	0	0	0	0	0	(466)	10
10a	Therapy	0	0	0	0	0	26,517	0	0	0	0	0	26,517	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	24,906	0	0	0	0	0	0	0	0	24,906	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>24,906</b>	<b>398</b>	<b>(864)</b>	<b>26,517</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50,957</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	3,405	4,741	(557,047)	0	0	0	0	0	0	0	0	(548,901)	19
20	Fees, Subscriptions & Promotions	(19,877)	0	1,498	0	0	0	0	0	0	0	0	(18,379)	20
21	Clerical & General Office Expenses	6,456	7,101	22,143	24,242	475	0	0	0	0	0	0	60,417	21
22	Employee Benefits & Payroll Taxes	(37)	0	0	0	0	0	0	0	0	0	0	(37)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,287	0	0	0	0	0	0	0	0	1,287	24
25	Other Admin. Staff Transportation	0	0	6,988	0	0	0	0	0	0	0	0	6,988	25
26	Insurance-Prop.Liab.Malpractice	0	7,926	163	0	0	0	0	0	0	0	0	8,089	26
27	Other (specify):*	(19,930)	0	279,321	31,319	303	0	0	0	0	0	0	291,013	27
28	<b>TOTAL General Administration</b>	<b>(29,983)</b>	<b>19,768</b>	<b>(245,647)</b>	<b>55,561</b>	<b>778</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(199,523)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>4,206</b>	<b>19,768</b>	<b>(184,734)</b>	<b>(278,939)</b>	<b>(86)</b>	<b>26,517</b>	<b>(311)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(413,579)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

01/01/06 Ending:

12/31/06

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(90,913)	120,820	5,278	0	1,858	0	0	0	0	0	0	37,043	30
31	Amortization of Pre-Op. & Org.	0	187,747	1,922	0	0	0	0	0	0	0	0	189,669	31
32	Interest	(103,620)	571,972	64,329	0	64	235	0	0	0	0	0	532,980	32
33	Real Estate Taxes	0	52,579	4,445	0	24	0	0	0	0	0	0	57,048	33
34	Rent-Facility & Grounds	0	(566,664)	0	0	0	0	0	0	0	0	0	(566,664)	34
35	Rent-Equipment & Vehicles	0	0	25,142	0	0	0	0	0	0	0	0	25,142	35
36	Other (specify):*	0	44,626	0	0	0	0	0	0	0	0	0	44,626	36
37	<b>TOTAL Ownership</b>	<b>(194,533)</b>	<b>411,080</b>	<b>101,116</b>	<b>0</b>	<b>1,946</b>	<b>235</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>319,844</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	(27,426)	844	0	0	0	0	0	0	(26,582)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(106)	0	0	0	0	0	0	0	0	0	0	(106)	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>(106)</b>	<b>0</b>	<b>0</b>	<b>(27,426)</b>	<b>844</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(26,688)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(190,433)</b>	<b>430,848</b>	<b>(83,618)</b>	<b>(306,365)</b>	<b>2,704</b>	<b>26,752</b>	<b>(311)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(120,423)</b>	<b>45</b>

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

01/01/06

Ending:

12/31/06

**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
Family Homes type: The Alden Group, Ltd.	100	See Pg 6K		See Pg 6K		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 566,664	Village II, Inc.	100.00%	\$	\$ (566,664)	1
2	V	32 Investment Income - RR	4,491	Village II, Inc.	100.00%		(4,491)	2
3	V	19 Accounting Fee		Village II, Inc.	100.00%	4,500	4,500	3
4	V	19 Misc. Admin Expense		Village II, Inc.	100.00%	241	241	4
5	V	33 Real Estate Tax		Village II, Inc.	100.00%	52,579	52,579	5
6	V	26 Property & Liability Insur		Village II, Inc.	100.00%	7,926	7,926	6
7	V	32 Interest On Mortg. Note		Village II, Inc.	100.00%	407,936	407,936	7
8	V	36 Mortgage Insurance Premium		Village II, Inc.	100.00%	44,626	44,626	8
9	V	30 Depreciation		Village II, Inc.	100.00%	120,820	120,820	9
10	V	31 Amortization		Village II, Inc.	100.00%	187,747	187,747	10
11	V	21 Professional Fess		Village II, Inc.	100.00%	7,072	7,072	11
12	V	21 Bank Fees		Village II, Inc.	100.00%	29	29	12
13	V	32 Prepayment Fees relating to old loan payoff		Village II, Inc.	100.00%	168,527	168,527	13
14	Total		\$ 571,155			\$ 1,002,003	\$ * 430,848	14

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

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/06 Ending: 12/31/06

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19 Professional fees	\$ 574,096	Alden Management Services, Inc.	0.00%	\$ 17,049	\$ (557,047)	15
16	V	21 General & Admin		Alden Management Services, Inc.		22,143	22,143	16
17	V	5 Utilities		Alden Management Services, Inc.		1,998	1,998	17
18	V	6 Maintenance		Alden Management Services, Inc.		5,530	5,530	18
19	V	24 Travel & seminar		Alden Management Services, Inc.		1,287	1,287	19
20	V	25 Other Admin Travel		Alden Management Services, Inc.		6,988	6,988	20
21	V	26 Insurance		Alden Management Services, Inc.		163	163	21
22	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		1,498	1,498	22
23	V	30 Depreciation		Alden Management Services, Inc.		5,278	5,278	23
24	V	31 Amortization		Alden Management Services, Inc.		1,922	1,922	24
25	V	33 Real estate taxes		Alden Management Services, Inc.		4,445	4,445	25
26	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		25,142	25,142	26
27	V	32 Interest		Alden Management Services, Inc.		64,329	64,329	27
28	V	7 Salaries-general serv		Alden Management Services, Inc.		28,479	28,479	28
29	V	15 Salaries-health care		Alden Management Services, Inc.		24,906	24,906	29
30	V	27 Salaries-general admin				279,321	279,321	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		\$ 574,096			\$ 490,478	\$ * (83,618)	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Con.	\$ 9,600	Prism Health Care Services, Inc.	0.00%	\$ 3,266	\$ (6,334)	15
16	V	7 Dietary Salary		Prism Health Care Services, Inc.		4,318	4,318	16
17	V	2 Tube Feeding	422,024	Prism Health Care Services, Inc.		89,142	(332,882)	17
18	V	10 Equipment Rental	3,060	Prism Health Care Services, Inc.		3,458	398	18
19	V	39 Supplies	38,365	Prism Health Care Services, Inc.		10,939	(27,426)	19
20	V	39 Vent Rent		Prism Health Care Services, Inc.				20
21	V	27 G&A Salary		Prism Health Care Services, Inc.		31,319	31,319	21
22	V	21 G&A		Prism Health Care Services, Inc.		24,242	24,242	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		\$ 473,049			\$ 166,684	\$ * (306,365)	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 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
15	V	39	Drugs	\$ 2,753	Forum Extended Care Services II, Inc.	0.00%	\$ 3,866	\$ 1,113	15
16	V	39	I.V.		Forum Extended Care Services II, Inc.				16
17	V	39	Wound Vac	1,231	Forum Extended Care Services II, Inc.		962	(269)	17
18	V	10	House Stock	5,629	Forum Extended Care Services II, Inc.		5,075	(554)	18
19	V	10	Pharm Consult.	2,616	Forum Extended Care Services II, Inc.		2,306	(310)	19
20	V	27	Employee Vaccinations	1,034	Forum Extended Care Services II, Inc.		808	(226)	20
21	V	27	G&A Salary		Forum Extended Care Services II, Inc.		529	529	21
22	V	21	General & Admin		Forum Extended Care Services II, Inc.		475	475	22
23	V	32	Interest		Forum Extended Care Services II, Inc.		64	64	23
24	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		24	24	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			\$ 13,263			\$ 15,967	\$ * 2,704	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	10a	Therapy	\$ 91,659	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 118,176	\$ 26,517	15
16	V	32	Interest				235	235	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			\$ 91,659			\$ 118,411	\$ * 26,752	39

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

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6	Repairs and Maintenance	\$ 20,349	Alden Bennett Construction Company, Inc.	0.00%	\$ 20,038	\$	(311)	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			\$ 20,349			\$ 20,038	\$ *	(311)	39

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

STATE OF ILLINOIS

Facility Name & ID Number ALDEN NURSING CENTER - Village

# 42051

Report Period Beginning 01/01/06

Ending: 12/31/06

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

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

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/06 Ending: 12/31/06

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President/CFO	CEO	100.00	134,792	1.348	3.37	Salary	\$ 4,708	27-7	1
2	Lauren Magnusson	Clinical Coordinator	Nursing		79,006	1.348	3.37	Salary	2,759	15-7	2
3	Terry Magnusson	Maint. Superv.	Maint.		51,255	1.348	3.37	Salary	1,790	7-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	B. Lauren 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											9
10											10
11											11
12											12
13								TOTAL	\$ 9,257		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 Village Health Facility

# 0038455

Report Period Beginning: 01/01/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Cambridge		X	Mortgage	\$39,067.00	04/99	\$ 5,983,300	\$ zero	04/34	7.2000	\$ 270,529	1								
2	Cambridge		X	Mortgage - Early Payoff							168,527	2								
3	Cambridge		X	Mortgage	interest only	8/29/06	15,170,896	6,300,655		6.5	137,407	3								
4												4								
5												5								
<b>Working Capital</b>																				
6	CPT-Related Party	X		Working Capital							235	6								
7	FECII-Related Party	X		Working Capital							64	7								
8	AMS-Related Party	X		Working Capital							64,329	8								
9	<b>TOTAL Facility Related</b>				\$39,067.00		\$ 21,154,196	\$ 6,300,655			\$ 641,091	9								
<b>B. Non-Facility Related*</b>																				
10	Int Inc on Repl Reserve	X									(4,491)	10								
11												11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(4,491)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 21,154,196	\$ 6,300,655			\$ 636,600	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 44,626 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.)

Facility Name & ID Number Alden Village Health Facility

# 0038455 Report Period Beginning: 01/01/06

Ending: 12/31/06

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.		\$ 50,900	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.)		\$ 50,979	2
3. Under or (over) accrual (line 2 minus line 1).		\$ 79	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 52,500	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <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.		\$ 52,579	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2001	46,451	8
	2002	48,589	9
	2003	47,468	10
	2004	49,415	11
	2005	50,979	12
<u>current year accrual is an estimate based on a 3% increase on latest invoice.</u>			
<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:

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

**IMPORTANT NOTICE**

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

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

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

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

**2005 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Alden Village Health Facility COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0038455

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>02-14-107-028</u>	<u>Nursing home</u>	\$ <u>47,578.00</u>	\$ <u>47,578.00</u>
2. <u>02-14-107-027</u>	<u>Nursing home</u>	\$ <u>3,401.00</u>	\$ <u>3,401.00</u>
3. <u>See Attached (Pgs 1-11)</u>	<u>Related Party - Alden Management</u>	\$ <u>131,720.00</u>	\$ <u>4,445.00</u>
4. <u>See Attached (Pgs 1-11)</u>	<u>Related Party - Forum</u>	\$ <u>14,554.00</u>	\$ <u>24.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u>197,253.00</u>	\$ <u>55,448.00</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 Village Health Facility

# 0038455 Report Period Beginning:

01/01/06 Ending:

12/31/06

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 30,726 B. General Construction Type: Exterior Brick Frame Steele Number of Stories 1

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

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

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

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

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

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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>Building</u>		<u>1992</u>	<u>\$ 135,758</u>	1
2					2
3	<b>TOTALS</b>			<b>\$ 135,758</b>	3

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6	109		1992	1973	639,042		30			639,042	6
7			1984	1984	706,283	87,555	15		(87,555)	706,283	7
8		related partry-forum		1978	14,839		25			14,839	8
		Improvement Type**									
9		Repair Heater pump, replace temp controller		1992	2,131		10			2,131	9
10		Water heater moyor;valve repair		1993	9,288	101	5-15	101		9,111	10
11		Carpentry work, water heater repair		1994	63,064	2,677	3-15	2,677		57,263	11
12		Fire alarm repairs; brickwork; install circuits		1995	185,123	6,151	3-25	6,151		113,704	12
13		Village construction		1996	14,046	562	25	562		6,602	13
14		Install fire door		1996	2,977	198	15	198		2,150	14
15		Replace compressor		1997	1,825		5			1,825	15
16		Roof patching		1998	1,700	170	10	170		1,473	16
17		Replace condensing unit		1998	4,810	321	15	321		2,726	17
18		install damper motor & detector		1998	2,104	140	15	140		1,157	18
19		Replace furnace equipment		1999	1,827	122	15	122		975	19
20		install automatic door		1999	8,107	811	10	811		5,945	20
21		Install display and digital phones		2000	1,726	173	10	173		1,108	21
22		Replace HVAC burners		2000	1,607		3			1,607	22
23		Replace 5 ton condensing unit		2000	1,950		5			1,950	23
24		Install 100 amp disconnect and cable		2000	1,920		5			1,920	24
25		Roof repair		2000	1,583	26	5	26		1,583	25
26		Door Alarms		2001	19,015	1,902	10	1,902		10,459	26
27		Display phone and digital phone		2001	1,609	161	10	161		952	27
28		ABC (misc. repairs)		2002	2,362	472	5	472		2,632	28
29		Capps Plumbing (gas regulators for main gas to building)		2002	4,375	438	10	438		2,152	29
30		GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350	535	10	535		2,452	30
31		ABC (wall mounted eye wash)		2002	2,507	251	10	251		1,108	31
32		ABC (misc. repairs)		2002	1,800	360	5	360		1,590	32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	ABC=-Parking lot repairs	2003	\$ 20,730	\$ 2,073	10	\$ 2,073	\$	\$ 8,292	37
38	ABC- misc construction	2003	7,580	758	10	758		2,464	38
39	Capps basemtn sewers repairs	2003	2,970	82	3	82		2,970	39
40	ABC-roof repairs	2003	3,200	320	10	320		1,227	40
41	GT Mechanical-A/C repair	2003	1,773	355	5	355		1,241	41
42	Capps- install new shower drain	2003	1,215	61	20	61		193	42
43	ABC- roof repair	2003	10,121	1,012	10	1,012		3,121	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		1,843	44
45	Patton Ind-gernerator repair	2004	2,050	205	10	205		495	45
46	ABC - roof repairs	2004	1,918	192	10	192		480	46
47	GT Mechanical-heater repair	2004	1,506	151	10	151		326	47
48	GT Mechanical-heater repair	2004	1,878	188	10	188		391	48
49	ABC-roof repairs	2004	3,356	306	10	306		670	49
50	ABC-new tile	2004	9,043	904	10	904		2,562	50
51	ABC-doors	2004	3,293	220	15	220		622	51
52	ABC-roof canopy	2004	3,581	358	10	358		985	52
53	ABC-new 2nd water heater	2004	14,644	976	15	976		2,440	53
54	TNS, Inc-rewire for DSL	2004	1,512	151	10	151		441	54
55	ABC-various remodeling	2004	4,661	932	5	932		2,563	55
56	ABC-new water heater for kitchen	2004	14,644	976	15	976		2,440	56
57	ABC-bathroom remodel	2004	1,641	328	5	328		711	57
58	ABC-install metal door	2004	1,227	123	10	123		287	58
59	Capps Plumbing-install 2 discharge lines	2005	865	173	5	173		202	59
60	Patton Ind-gernerator repair	2005	1,747	349	5	349		524	60
61	Oak Fire-change out 30 detectors	2005	1,885	377	5	377		691	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 1,829,483	\$ 115,328		\$ 27,773	\$ (87,555)	\$ 1,632,920	70

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

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

01/01/06

Ending:

12/31/06

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 1,829,483	\$ 115,328		\$ 27,773	\$ (87,555)	\$ 1,632,920	1
2	Equipment International-washer repairs	2005	1,905	381	5	381		445	2
3	ABC-firestop installation	2005	3,213	321	10	321		375	3
4	GT Mechanical-replace 5 ton York RTU	2005	6,160	616	10	616		873	4
5	GT Mechanical-replace storage tank	2005	8,935	894	10	894		1,639	5
6	ABC-diswasher repairs	2006	6,824	626	10	626		626	6
7	ABC - elevator pump	2006	10,042	84	20	84		84	7
8	ABC - elevator power supply	2006	4,974	21	20	21		21	8
9	Oak Fire - replace smoke detectors	2006	2,655	22	10	22		22	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,874,191	\$ 118,293		\$ 30,738	\$ (87,555)	\$ 1,637,005	34

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

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 1,874,191	\$ 118,293		\$ 30,738	\$ (87,555)	\$ 1,637,005	1
2	Related Party-Forum Prof Center Building:								2
3	Leasehold Improvement-Remodeling	1980	11,260		15			11,260	3
4	Leasehold Improvement-Remodeling	1980	17,639		20			17,639	4
5	Leasehold Improvement-Tenant Improvement	1987	912		13			912	5
6	Leasehold Improvement-AMS Remodel	1988	14,634		10			14,634	6
7	Leasehold Improvement-Roof	1994	3,269	204	16	204		2,453	7
8	Leasehold Improvement-Build.Improv.	1996	1,153	72	16	72		789	8
9	Leasehold Improvement-Asphalting	2000	89		3			89	9
10	Leasehold Improvement-DAI	2001	157	16	10	16		81	10
11	Leasehold Improvement-Bathrooms	2002	681	77	7	77		324	11
12	Leasehold Improvement-Suite Renovation	2003	1,672	167	10	167		669	12
13	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	2,071	360	7	360		835	13
14	Leasehold Improvement-Add-on Improvement, fixture base	1980	73		23			73	14
15	Leasehold Improvement-Add-on Improvement, lighting base	2001	126	6	5	6		126	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	Related Party-AMS:								25
26	Leasehold Improvement-Remodeling	1993	6,060		7			6,060	26
27	Leasehold Improvement-Remodeling	2002	4,961	709	7	709		2,746	27
28	Leasehold Improvement-Remodeling	2003	5,189	741	7	741		2,856	28
29									29
30									30
31									31
32	Forum Extended Care, LLC-building/building improv	1999	12,434	293	30	293		2,350	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,956,571	\$ 120,938		\$ 33,383	\$ (87,555)	\$ 1,700,901	34

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

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/06 Ending: 12/31/06

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 546,303	\$ 36,657	\$ 36,657	\$	Various	\$ 315,534	71
72	Current Year Purchases	93,748	8,815	8,815		Various	8,815	72
73	Fully Depreciated Assets	218,500	4,199	4,199		Various	218,500	73
74								74
75	TOTALS	\$ 858,551	\$ 49,671	\$ 49,671	\$		\$ 542,849	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	Bus Purch-Anrie Yusim		2004	\$ 45,183	\$ 9,037	\$ 9,037	\$	5	\$ 22,592	76
77	Related Party - AMS	Chev/Lumina /'00/Various	98-'04	4,817	113	113		3	4,747	77
78	Bus Purch-AMS transfer		2000	49,938					49,938	78
79										79
80	TOTALS			\$ 99,938	\$ 9,150	\$ 9,150	\$		\$ 77,277	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)		\$ 3,050,818	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 179,759	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 92,204	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ (87,555)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 2,321,027	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	Addition	\$ 1,070,561	92
93			93
94			94
95		\$ 1,070,561	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: related party-cost is backed out

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning 4/1/99

Ending 3/31/2019

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

Fiscal Year Ending                      Annual Rent

12.	<u>/2007</u>	\$ <u>566,664</u>
13.	<u>/2008</u>	\$ <u>566,664</u>
14.	<u>/2009</u>	\$ <u>566,664</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: \$ 8,950 Description: Copy machine lease \$8950

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party - AMS</u>		\$ <u>#####</u>	\$ <u>25,142</u>	17
18	<u>Vehicle Lease</u>		<u>#####</u>	<u>12,373</u>	18
19					19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>37,515</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 checked="" type="checkbox"/> YES <input 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>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="text" value="7"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>COMMUNITY COLLEGE <input type="text"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="text" value="7"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>HOURS PER CNA <u>80</u></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)		2,100		2,100
4	Clinical Wages (b)		4,200		4,200
5	In-House Trainer Wages (c)		10,558		10,558
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 16,858	\$	\$ 16,858
10	SUM OF line 9, col. 1 and 2 (e)	\$	16,858		

**C. CONTRACTUAL INCOME**

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

\$ Not Applicable

**D. NUMBER OF CNAs TRAINED**

COMPLETED	
1. From this facility	<u>7</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	<b>7</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.

Facility Name & ID Number Alden Village Health Facility# 0038455

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				3,866		3,866	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					11,982		11,982	13
14	TOTAL			\$		\$	\$ 15,848		\$ 15,848	14

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

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

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	20,078
2. ST	39-3	To Col 5	2,252
3.			
4. PT	39-3	To Col 5	69,263
5.			
6.			
7.			
8.			
<b>Less: OT, ST, &amp; PT costs - reclassified to 10A for DD facilities</b>			<b>(91,593)</b>
Pharmacy Supplies per GL			2,754
Manual Input from Related Party- Forum Drugs			1,112
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	3,866
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	-
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	-
Total Exceptional Care (Line 12, Col 8)			-
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	
Other			39,677
Manual Input: Related Party - Prism			(27,426)
Manual Input: Related Party FECII - I.V.			-
Manual Input: Related Party FECII - Wound Vac			(269)
Oxygen, from reclass worksheet			None
13. Col 6: Supplies Total		To Col 6	11,982
13. Total Line 13, Column 8			11,982
14. Total			15,848

Facility Name & ID Number Alden Village Health Facility# 0038455Report Period Beginning: 01/01/06

Ending:

12/31/06

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (115,161)	\$ 139,112	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>9,000</u> )	2,722,141	2,722,141	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		72,571	6
7	Other Prepaid Expenses	9,668	9,668	7
8	Accounts Receivable (owners or related parties)	(386,784)		8
9	Other(specify): <u>Due From 3rd Parties</u>	175,050	175,050	9
	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,404,914	\$ 3,118,542	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		3,414,649	14
15	Leasehold Improvements, at Historical Cost	588,757	667,207	15
16	Equipment, at Historical Cost	410,842	796,463	16
17	Accumulated Depreciation (book methods)	(714,648)	(1,652,077)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		465,073	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(2,183)	20
21	Restricted Funds		975	21
22	Other Long-Term Assets (spe <u>Constr in Progress</u> )		1,070,561	22
23	Other(specify): <u>Due to affiliates</u>	3,393,045	3,658,670	23
	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 3,677,996	\$ 8,999,338	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 6,082,910	\$ 12,117,880	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 449,223	\$ 449,791	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,486	7,486	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	357,114	357,114	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,203	19,203	31
32	Accrued Real Estate Taxes(Sch.IX-B)		52,500	32
33	Accrued Interest Payable		34,783	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accrd Exps / Due to IDPA</u>	132,510	132,510	36
37	<u>Due to Day Training</u>	322,635	322,635	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 1,288,171	\$ 1,376,022	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,300,655	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Affiliates</u>	1,747,215	1,747,215	43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 1,747,215	\$ 8,047,870	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 3,035,386	\$ 9,423,892	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 3,047,524	\$ 2,693,988	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 6,082,910	\$ 12,117,880	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,587,060	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,587,060	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	460,464	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	<b>\$ 460,464</b>	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	<b>\$</b>	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	<b>\$ 3,047,524</b>	24 *

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

Facility Name & ID Number Alden Village Health Facility# 0038455Report Period Beginning: 01/01/06Ending: 12/31/06**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 7,565,967	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 7,565,967	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	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	1,096	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,096	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Page 19A</u>	1,579,126	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,579,126	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 9,146,189	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,206,128	31
32	Health Care	3,212,439	32
33	General Administration	1,588,279	33
<b>B. Capital Expense</b>			
34	Ownership	749,768	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,474,223	35
36	Provider Participation Fee	454,888	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 8,685,725	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	460,464	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 460,464	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.

Alden Village  
PA Pg 19 P & L  
For the Thirteen Months Ending December 31, 2006

Column 1  
Amount

Page 19A

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

-----		
Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	<b>458</b>	
Wage Service Fee- Backed out with line reference 22 on page 5A		20
Jury Duty- Backed out with line reference 22 on page 5A		17
Telephone- Backed out with line reference 21 on page 5A		7
Food Rebates- Backed out with line reference 2 on page 5A		414
		<u>458</u>
Day Training Income (not offset, actual costs reported)	1,367,532	
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	192,001	
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	19,135	
		-----
Total of line 28	1,579,126	=====

PA Pg 19 P & L  
03/03/07  
02:12 PM

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4	
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing		\$	\$	1
2	Assistant Director of Nursing				2
3	Registered Nurses	22,882	668,479	27.31	3
4	Licensed Practical Nurses	7,614	188,488	23.14	4
5	CNAs & Orderlies				5
6	CNA Trainees	840	6,300	7.50	6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director				9
10	Activity Assistants				10
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor	1,912	37,684	18.05	13
14	Head Cook				14
15	Cook Helpers/Assistants	16,318	143,095	8.10	15
16	Dishwashers				16
17	Maintenance Workers	2,080	38,586	18.55	17
18	Housekeepers	11,413	132,034	10.96	18
19	Laundry	5,334	48,906	8.76	19
20	Administrator	1,968	92,591	44.51	20
21	Assistant Administrator	944	19,436	20.25	21
22	Other Administrative	3,816	126,830	30.49	22
23	Office Manager	2,008	25,407	12.21	23
24	Clerical	2,103	17,154	8.07	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)	4,584	68,593	14.34	28
29	Resident Services Coordinator				29
30	Habilitation Aides (DD Homes)	159,471	1,866,858	11.15	30
31	Medical Records				31
32	Other Health Care(specify)				32
33	Other(specify) Day Training Tran	2,080	24,960	12.00	33
34	TOTAL (lines 1 - 33)	245,367	3,505,401 *	\$ 13.56	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly \$ 9,600	1-3	35
36	Medical Director	Monthly 36,000	10-3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 2,616	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	3,213 189,570	11-3	44
45	Social Service Consultant	43 2,481	11-3	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	3,256 \$ 240,267		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning: 01/01/06

Ending: 12/31/06

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Suzanne Huxel	Administrator	0	\$ 93,430	Workers' Compensation Insurance	\$ 79,299	IDPH License Fee	\$	
Steven Walski	Asst. Administrator	0	18,597	Unemployment Compensation Insurance	41,738	Advertising: Employee Recruitment	2,715	
				FICA Taxes	260,863	Health Care Worker Background Check	720	
				Employee Health Insurance	66,150	(Indicate # of checks performed 72 )		
				Employee Meals	18,479	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		surety bonds	800	
				dental/life insur & 401k match	1,900	IHCA dues, less pac fees	4,173	
				employee relations/misc costs/tuition	3,292	Alliance for Quality Nursing	1,635	
				drug tests & vaccinations	3,434	Related party - AMS	1,498	
				Offset benefit cost with miscell income	(37)			
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 112,027	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 11,541
<b>B. Administrative - Other</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
Description				Description			Description	
Amount				Line #			Amount	
None				Not Applicable			Out-of-State Travel	
\$							\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$	
<b>C. Professional Services</b>								
Vendor/Payee	Type	Amount						
Alden Management Services	Management Fees	\$ 574,075					In-State Travel	
BDO Siedman	Accounting Fees	11,488					Gasoline	
K. Fisch	Legal Fees	20,950					Auto Insurance, Auto & Travel - misc	
Barry H. Greenburg	Legal Fees / Consulting	2,538					Related party - AMS	
First Advantage Corp	Tax Services	272					Seminar Expense	
Digital Equip & Video	Professional Services	448					Leadership Training	
Urlab Bowen & Assoc	Deposition Services	910						
FR&R Consulting	Consulting	3,000					Entertainment Expense	
							( )	
Back out Prior Yr Exp's	Legal	(4,080)						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			TOTAL	
\$ 609,601				\$			\$ 22,939	

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Alden Village Health Facility

Report Period Beginning: 01/01/06 Ending:

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2003	6 FY2004	7 FY2005	8 FY2006	9 FY2007	10 FY2008	11 FY2009	12 FY2010	13 FY2011
1	Wash Condenser	5/93	\$ 3,238	10	\$ 108	\$	\$	\$	\$	\$	\$	\$	\$
2	Circulator pump	11/94	2,100	10	210	175	0						
3	Compressor A/C	11/94	2,191	15	146	146	146	146	146	146			
4	Circulator Pump	1/95	1,621	10	162	162	0						
5	Relocating water pipe	7/95	1,908	15	127	127	127	127	127	127			
6	Rooftop repair	9/96	3,545	10	354	354	354	236					
7	Repair A/C	6/98	3,650	3									
8	Replace blowers	10/98	2,620	3									
9	replace blowers	10/98	2,115	3									
10	Thermometer on heater	8/99	1,502	3	0								
11	Repair water main and tie	5/00	1,572	3	175	0							
12	Repair CAT equip	11/00	1,855	3	515	0							
13	General repairs	7/01	1,550	3	517	258	0						
14	RPZ repair and cert	7/01	2,781	3	927	541	0						
15	General repairs	9/01	1,766	3	589	442	0						
16	General Maintenance	11/01	2,362	3	787	722	0						
17	Heater repairs	02/05	1,550	5			285	155	0				
18													
19													
20	TOTALS		\$ 37,926		\$ 4,616	\$ 2,926	\$ 912	\$ 664	\$ 273	\$ 273	\$	\$	\$

**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. \$4,173
- (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. \$ 52,809 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. \$ 454,888  
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. \$ 18,479 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 414
- (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? 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? No  
**g. Does the facility transport residents to and from day training? Yes**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ 88,596**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not Required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.