

		FOR BHF USE					

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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 License ID Number: 004-4909

Facility Name: Alden-Park Strathmoor, Inc.

Address: 5668 Strathmoor Dr. Rockford 61107
Number City Zip Code

County: Winnebago

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

HFS ID Number:

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

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☒	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 724-6622
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2011 to 12/31/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)	Joan Carl	
	(Title)	Vice-President	
Paid Preparer	(Signed)		(Date)
	(Print Name and Title)		
	(Firm Name & Address)		
	(Telephone)	()	Fax # ()

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

Facility Name & ID Number Alden-Park Strathmoor, Inc.

004-4909 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	189	Skilled (SNF)	189	68,985	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	189	TOTALS	189	68,985	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	11,202	1,739	9,907	22,848	8
9	SNF/PED					9
10	ICF	29,732	1,691	482	31,905	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	40,934	3,430	10,389	54,753	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.37%

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

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

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

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

I. On what date did you start providing long term care at this location? Date started 08/012000

J. Was the facility purchased or leased after January 1, 1978? YES x Date 08/01/2000 NO

K. Was the facility certified for Medicare during the reporting year? YES x NO If YES, enter number of beds certified 189 and days of care provided 4,620

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL x MODIFIED CASH* CASH*

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Alden-Park Strathmoor, Inc. # 004-4909 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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 BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	285,376	36,089	22,800	344,265	3,789	348,054	(4,698)	343,356			1
2	Food Purchase		408,192		408,192	(27,537)	380,655	(63,922)	316,733			2
3	Housekeeping	154,555	49,601		204,156	2,124	206,280	9,037	215,317			3
4	Laundry	113,589	41,338		154,927	1,180	156,107		156,107			4
5	Heat and Other Utilities			202,877	202,877		202,877	(262)	202,615			5
6	Maintenance	46,166		221,288	267,454	281	267,735	26,678	294,413			6
7	Other (specify):* Related party							11,331	11,331			7
8	TOTAL General Services	599,686	535,220	446,965	1,581,871	(20,163)	1,561,708	(21,836)	1,539,872			8
	B. Health Care and Programs											
9	Medical Director			54,000	54,000		54,000		54,000			9
10	Nursing and Medical Records	2,693,126	218,043	5,287	2,916,456	(21,654)	2,894,802	49,647	2,944,449			10
10a	Therapy	102,716	1,996	13,150	117,862		117,862		117,862			10a
11	Activities	193,615	14,641	6,541	214,797	547	215,344		215,344			11
12	Social Services	47,899			47,899		47,899		47,899			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related party							7,116	7,116			15
16	TOTAL Health Care and Programs	3,037,356	234,680	78,978	3,351,014	(21,107)	3,329,907	56,763	3,386,670			16
	C. General Administration											
17	Administrative	58,893			58,893		58,893	109,749	168,642			17
18	Directors Fees											18
19	Professional Services			709,793	709,793	(11,027)	698,766	(629,678)	69,088			19
20	Dues, Fees, Subscriptions & Promotions			121,519	121,519		121,519	(103,897)	17,622			20
21	Clerical & General Office Expenses	155,587	25,784	97,748	279,119	1,484	280,603	334,608	615,211			21
22	Employee Benefits & Payroll Taxes			864,332	864,332	1,145	865,477	(8,516)	856,961			22
23	Inservice Training & Education											23
24	Travel and Seminar			7,196	7,196		7,196	3,128	10,324			24
25	Other Admin. Staff Transportation			10,844	10,844		10,844	19,013	29,857			25
26	Insurance-Prop.Liab.Malpractice			201,404	201,404		201,404	6,087	207,491			26
27	Other (specify):* Related party			155,324	155,324		155,324	(90,287)	65,037			27
28	TOTAL General Administration	214,480	25,784	2,168,160	2,408,424	(8,398)	2,400,026	(359,793)	2,040,233			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,851,522	795,684	2,694,103	7,341,309	(49,668)	7,291,641	(324,866)	6,966,775			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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			117,443	117,443		117,443	134,500	251,943			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			32,898	32,898		32,898	266,102	299,000			32
33	Real Estate Taxes							118,591	118,591			33
34	Rent-Facility & Grounds			419,584	419,584		419,584	(419,584)				34
35	Rent-Equipment & Vehicles			8,324	8,324		8,324	43,810	52,134			35
36	Other (specify):* Gain on Sales of Assets											36
37	TOTAL Ownership			578,249	578,249		578,249	143,419	721,668			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	582,925	616,931	1,047,712	2,247,568	49,668	2,297,236	(130,165)	2,167,071			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			103,478	103,478		103,478		103,478			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	582,925	616,931	1,151,190	2,351,046	49,668	2,400,714	(130,165)	2,270,549			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,434,447	1,412,615	4,423,542	10,270,604		10,270,604	(311,612)	9,958,992			45

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

Alden-Park Strathmoor, Inc.
Report Period Beginning: 1/1/2011
Ending: 12/31/2011

IDPH Facility No. 004-4909

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(27,537.41)	Employee Meals
	22	27,537.41	Employee Meals
22		(26,392.00)	Uniforms
	10	17,419.00	Uniforms
	1	3,789.00	Uniforms
	3	2,124.00	Uniforms
	4	1,180.00	Uniforms
	6	281.00	Uniforms
	11	547.00	Uniforms
	21	1,052.00	Uniforms
10		(49,667.96)	Oxygen - to appropriate cost center
	39	49,667.96	Oxygen - to appropriate cost center
<u>Others, if any:</u>			
19		(10,594.55)	Clinical Coordinators (Pathway Billing)
	10	10,594.55	Clinical Coordinators (Pathway Billing)
19		(431.83)	MediFax/MedCom
	21	431.83	MediFax/MedCom
Net		-	

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF 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	(8,916)	2		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(3,261)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,144)	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	(5,752)	21		17
18	Fines and Penalties	(16,400)	32		18
19	Entertainment	(952)	20		19
20	Contributions	(19,824)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,119)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(155,324)	27		24
25	Fund Raising, Advertising and Promotional	(26,790)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (241,482)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 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)	11,621	Various	34
35	Other- Attach Schedule	(81,751)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (70,130)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (311,612)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			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			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

ID#

004-4909

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (6,210)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(11,428)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,750	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	10,978	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	(143)	30	6
7				7
8	Late Fees on Utilities	(3,535)	5	8
9	Intercompany Interest	(2,626)	32	9
10	Misc Income - Garnishment Processing	(91)	22	10
11	Misc Income - Record Copies	(759)	21	11
12	Misc Income - Jury Duty	(38)	22	12
13	Reduce Employee Benefit for Marketing	(8,387)	22	13
14	Marketing Manager & Aides	(43,028)	21	14
15	Intercompany Interest with AMS-PS, LLC	(563)	32	15
16	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	16
17	30.00 % of PAC Fees in IHCA expenses	(3,130)	20	17
18	Bank Fees paid by LLC	(816)	21	18
19	Deming Adjustment	(600)	24	19
20	Back out Rockford Area Chamber	(962)	20	20
21	Record Depreciation for Deferred Maint.	(4,481)	6	21
22	To correct YTD depreciation expense to detail	318	30	22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(81,751)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden-Park Strathmoor, Inc. # 004-4909 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	6,065	(10,763)	0	0	0	0	0	0	0	(4,698)	1
2	Food Purchase	(11,060)	0	0	(52,862)	0	0	0	0	0	0	0	(63,922)	2
3	Housekeeping	0	0	9,037	0	0	0	0	0	0	0	0	9,037	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,535)	0	3,273	0	0	0	0	0	0	0	0	(262)	5
6	Maintenance	8,247	0	18,237	0	0	0	194	0	0	0	0	26,678	6
7	Other (specify):*	0	0	8,654	2,677	0	0	0	0	0	0	0	11,331	7
8	TOTAL General Services	(6,348)	0	45,266	(60,948)	0	0	194	0	0	0	0	(21,836)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	46,963	34	2,650	0	0	0	0	0	0	49,647	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	7,116	0	0	0	0	0	0	0	0	7,116	15
16	TOTAL Health Care and Programs	0	0	54,079	34	2,650	0	0	0	0	0	0	56,763	16
	C. General Administration													
17	Administrative	0	0	109,749	0	0	0	0	0	0	0	0	109,749	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,119)	1,458	(629,017)	0	0	0	0	0	0	0	0	(629,678)	19
20	Fees, Subscriptions & Promotions	(51,658)	297	(52,536)	0	0	0	0	0	0	0	0	(103,897)	20
21	Clerical & General Office Expenses	(50,355)	864	294,156	62,749	27,194	0	0	0	0	0	0	334,608	21
22	Employee Benefits & Payroll Taxes	(8,516)	0	0	0	0	0	0	0	0	0	0	(8,516)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(600)	0	3,728	0	0	0	0	0	0	0	0	3,128	24
25	Other Admin. Staff Transportation	0	0	19,013	0	0	0	0	0	0	0	0	19,013	25
26	Insurance-Prop.Liab.Malpractice	0	5,917	170	0	0	0	0	0	0	0	0	6,087	26
27	Other (specify):*	(155,324)	0	57,142	6,696	1,199	0	0	0	0	0	0	(90,287)	27
28	TOTAL General Administration	(268,572)	8,536	(197,595)	69,445	28,393	0	0	0	0	0	0	(359,793)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(274,920)	8,536	(98,250)	8,531	31,043	0	194	0	0	0	0	(324,866)	29

Summary B

12/31/2011

	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	(17,463)	143,776	8,187	0	0	0	0	0	0	0	0	134,500	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(30,850)	288,225	7,833	0	894	0	0	0	0	0	0	266,102	32
33	Real Estate Taxes	0	112,334	5,871	0	386	0	0	0	0	0	0	118,591	33
34	Rent-Facility & Grounds	0	(419,584)	0	0	0	0	0	0	0	0	0	(419,584)	34
35	Rent-Equipment & Vehicles	0	0	43,810	0	0	0	0	0	0	0	0	43,810	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(48,313)	124,751	65,701	0	1,280	0	0	0	0	0	0	143,419	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(32,051)	(55,595)	(42,519)	0	0	0	0	0	(130,165)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(32,051)	(55,595)	(42,519)	0	0	0	0	0	(130,165)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(323,233)	133,287	(32,549)	(23,520)	(23,272)	(42,519)	194	0	0	0	0	(311,612)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Realty Services, Inc.	100	See PG6-Supp		See PG6-Supp		

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	\$ 419,584	Park Strathmoor, LLC	0.00%	\$	\$ (419,584)	1
2	V	32	Interest -Other	10,698	Park Strathmoor, LLC			(10,698)	2
3	V	30	Loss on Sale of Asset		Park Strathmoor, LLC		8,049	8,049	3
4	V	32	Interest -Other		Park Strathmoor, LLC		8,027	8,027	4
5	V	33	Real Estate Tax		Park Strathmoor, LLC		112,334	112,334	5
6	V	26	General Insurance Expense		Park Strathmoor, LLC		5,917	5,917	6
7	V	32	Interest On Mortg. Note		Park Strathmoor, LLC		290,333	290,333	7
8	V	30	Depreciation		Park Strathmoor, LLC		135,727	135,727	8
9	V	21	Bank Fees		Park Strathmoor, LLC		816	816	9
10	V	20	Licenses & Inspections/Dues & Subscriptions		Park Strathmoor, LLC		297	297	10
11	V	19	Accounting Fee		Park Strathmoor, LLC		1,458	1,458	11
12	V	21	Form & Clinical Documentation		Park Strathmoor, LLC		48	48	12
13	V	32	Interest Exp to AMS		Park Strathmoor, LLC		563	563	13
14	Total			\$ 430,282			\$ 563,569	\$ * 133,287	14

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,273	\$ 3,273	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		3,728	3,728	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		19,013	19,013	17
18	V	26	Insurance		Alden Management Services, Inc.		170	170	18
19	V	20	Dues & Subscriptions	54,882	Alden Management Services, Inc.		2,346	(52,536)	19
20	V	30	Depreciation		Alden Management Services, Inc.		8,187	8,187	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		5,871	5,871	21
22	V	35	Rent -Equip & Vehicles		Alden Management Services, Inc.		43,810	43,810	22
23	V	32	Interest		Alden Management Services, Inc.		7,833	7,833	23
24	V	1	Dietary		Alden Management Services, Inc.		6,065	6,065	24
25	V	3	Housekeeping		Alden Management Services, Inc.		9,037	9,037	25
26	V	7	Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		8,654	8,654	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		46,963	46,963	27
28	V	15	Employee Benefits -Health Care		Alden Management Services, Inc.		7,116	7,116	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		109,749	109,749	29
30	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		57,142	57,142	30
31	V	19	Professional Fees	676,739	Alden Management Services, Inc.		47,722	(629,017)	31
32	V	21	Gen'I & Admin		Alden Management Services, Inc.		294,156	294,156	32
33	V	6	Repair & Maint.	37,680	Alden Management Services, Inc.		55,917	18,237	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 769,301			\$ 736,752	\$ * (32,549)	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	Diet. Consultant	\$ 22,800	Prism Health Care Services, Inc.	0.00%	\$ 380	\$ (22,420)	15
16	V	1	Dietarty Salary		Prism Health Care Services, Inc.		11,657	11,657	16
17	V	2	Tube Feeding	120,591	Prism Health Care Services, Inc.		67,729	(52,862)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		6,694	34	18
19	V	39	Ancillary Supplies	198,442	Prism Health Care Services, Inc.		87,129	(111,313)	19
20	V	39	Vent Rent		Prism Health Care Services, Inc.		79,262	79,262	20
21	V	21	Gen'l & Admin Salary		Prism Health Care Services, Inc.		40,137	40,137	21
22	V	27	Employee Benefits		Prism Health Care Services, Inc.		6,696	6,696	22
23	V	7	Employee Benefits		Prism Health Care Services, Inc.		2,677	2,677	23
24	V	21	Gen'l & Admin		Prism Health Care Services, Inc.		22,612	22,612	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			\$ 348,493			\$ 324,973	\$ * (23,520)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 162,086	Forum Extended Care Services II, Inc.	0.00%	\$ 224,624	\$ 62,538	15
16	V	39	IV	129,127	Forum Extended Care Services II, Inc.		15,180	(113,947)	16
17	V	39	Wound Care	20,029	Forum Extended Care Services II, Inc.		15,843	(4,186)	17
18	V	10	House Stock	18,991	Forum Extended Care Services II, Inc.		17,571	(1,420)	18
19	V	10	Pharmacy Consultant	5,435	Forum Extended Care Services II, Inc.		9,505	4,070	19
20	V	27	Employee Vaccin.	4,463	Forum Extended Care Services II, Inc.		3,529	(934)	20
21	V	27	Employee Benefits: G&A		Forum Extended Care Services II, Inc.		2,133	2,133	21
22	V	21	Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		17,133	17,133	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		10,061	10,061	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		894	894	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		386	386	25
26	V	30	Depreciation		Forum Extended Care Services II, Inc.				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			\$ 340,131			\$ 316,859	\$ * (23,272)	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	\$ 507,237	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 464,718	\$ (42,519)	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			\$ 507,237			\$ 464,718	\$ * (42,519)	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	\$ 24,891	Alden Bennett Construction Company, Inc.	0.00%	\$ 25,085	\$ 194	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			\$ 24,891			\$ 25,085	\$ * 194	39

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	2
3			Alden-Long Grove Rehabilitation and Health Ca	Long Grove				3
4			Alden-Lincoln Park Rehabilitation and Health C	Chicago	Forum Extended Care Se	Chicago	Pharmacy	4
5			Alden-Northmoor Rehabilitation and Health Car	Chicago	Alden Management Serv	Chicago	Management	5
6			Alden-Lakeland Rehabilitation and Health Care (	Chicago				6
7			Alden of Old Town East, Inc.	Bloomingtondale	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	7
8			Alden Terrace of McHenry Rehabilitation and He	McHenry	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	8
9			Alden - Wentworth Rehabilitation and Health Ca	Chicago	Alden Courts of Waterfo	Aurora	Alzheimers Facility	9
10			Alden Estates of Naperville, Inc.	Naperville	Alden Gardens of Water	Aurora	Assisted Living	10
11			Alden - Valley Ridge Rehabilitation and Health C	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	11
12			Alden Village Health Facility for Children and Yo	Bloomingtondale	Community Physical The	Addison	Therapy Provider	12
13			Alden - Orland Park Rehabilitation and Health C	Orland Park	Alden Bennett Construct	Chicago	General Contractor	13
14			Alden - Princeton Rehabilitation and Health Car	Chicago	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	14
15			Alden of Old Town West, Inc.	Bloomingtondale	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	15
16			Alden - Town Manor Rehabilitation and Health C	Cicero				16
17			Alden Trails, Inc.	Bloomingtondale				17
18			Alden - Poplar Creek Rehabilitation and Health (	Hoffman Estates				18
19			Alden - North Shore Rehabilitation and Health C	Skokie				19
20			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				20
21			Alden Estates of Evanston, Inc.	Evanston				21
22			Alden - Alma Nelson Manor, Inc.	Rockford				22
23								23
24			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				24
25			Alden Estates of Barrington, Inc.	Barrington				25
26			Alden of Waterford, LLC	Aurora				26
27			Alden Springs, Inc.	Bloomingtondale				27
28			Alden Village North, Inc.	Chicago				28
29			Alden Estates of Skokie, Inc.	Skokie				29
30			Alden Estates of Countryside, Inc.	Jefferson, WI				30

Facility Name & ID Number Alden-Park Strathmoor, Inc. # 004-4909 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	CEO	100.00	177,299	1.664	4.16	Salary	\$ 7,701	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,783	1.664	4.16	Salary	2,857	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,875	1.664	4.16	Salary	1,645	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 12,203		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden-Park Strathmoor, Inc. # 004-4909 Report Period Beginning: 1/1/2011 Ending: 2/31/2011

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
City / State / Zip Code Chicago, IL 60646
Phone Number (773-724-6622
Fax Number (773-724-6622

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	1,315,389	34	\$ 78,619	\$	54,753	\$ 3,273	1
2	24	Trav & Seminar	Patient Days	1,315,389	34	89,570		54,753	3,728	2
3	25	Other Admin Travel	Patient Days	1,315,389	34	456,762		54,753	19,013	3
4	26	Insurance	Patient Days	1,315,389	34	4,082		54,753	170	4
5	20	Dues & Subscriptions	Patient Days	1,315,389	34	56,361		54,753	2,346	5
6	30	Depreciation	No of Providers/usage	34	34	291,758		1	8,187	6
7	33	Real Estate Tax	Patient Days	1,315,389	34	156,401		54,753	5,871	7
8	35	Rent-Equip & Vehicle	Patient Days	1,315,389	34	1,052,493		54,753	43,810	8
9	32	Interest	Patient Days	1,315,389	34	1,368,621		54,753	7,833	9
10	1	Dietary	Patient Days	1,315,389	34	145,718	145,718	54,753	6,065	10
11	3	Housekeeping	Patient Days	1,315,389	34	217,102	217,102	54,753	9,037	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,315,389	34	207,899		54,753	8,654	12
13	10	Nurs & Med Records Salary	Patient Days	1,315,389	34	1,184,449	1,184,449	54,753	46,963	13
14	15	Employee Benefits -Health Care	Patient Days	1,315,389	34	170,963		54,753	7,116	14
15	17	Administrative Salary	Patient Days	1,315,389	34	2,886,253	2,886,253	54,753	109,749	15
16	27	Employee Benefits - Admin	Patient Days	1,315,389	34	1,372,783		54,753	57,142	16
17	19	Professional fees	Patient Days	1,315,389	34	1,146,467	654,108	54,753	47,722	17
18	21	Gen'I & Admin	Patient Days	1,315,389	34	7,066,809	5,970,419	54,753	294,156	18
19	6	Repair & Maint.	Patient Days	1,315,389	34	1,343,350	1,077,524	54,753	55,917	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 19,296,460	\$ 12,135,573		\$ 736,752	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Bank Leumi		X	Mortgage		11/09	\$ 6,080,000	\$ 6,080,000	9/12	4.5000	\$ 290,333	1
2	Bank Leumi		X	Line of Credit		7/09	1,500,000	1,175,000	9/12	4.5000	13,872	2
3												3
4												4
5												5
	Working Capital											
6	Related party-AMS		X	Working Capital							7,833	6
7	Related party-FECII		X	Working Capital							894	7
8												8
9	TOTAL Facility Related						\$ 7,580,000	\$ 7,255,000			\$ 312,932	9
	B. Non-Facility Related*											
10	Interest Income		X	Bank Account							(13,959)	10
11	AFCO interest	X		Interest							27	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (13,932)	14
15	TOTALS (line 9+line14)						\$ 7,580,000	\$ 7,255,000			\$ 299,000	15

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

1. Real Estate Tax accrual used on 2010 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$121,400	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.)			\$115,134	2
3. Under or (over) accrual (line 2 minus line 1).			\$(6,266)	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)			\$118,600	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$112,334	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax	6,257	
Real Estate Tax Bill for Calendar Year:			\$118,591	
2006	113,835	8	FOR BHF USE ONLY	
2007	106,086	9	13	FROM R. E. TAX STATEMENT FOR 2010 \$ 13
2008	112,977	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
2009	117,911	11	15	LESS REFUND FROM LINE 6 \$ 15
2010	115,134	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
The current year accrual is based on an estimated 3% increase of the prior year tax.				

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.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Alden-Park Strathmoor, Inc.

COUNTY

Winnebago

FACILITY IDPH LICENSE NUMBER

004-4909

CONTACT PERSON REGARDING THIS REPORT

Steven M. Kroll

TELEPHONE

(773) 724-6622

FAX #:

(773-283-3997

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2010 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 2010.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>300,377.00</u>	\$ <u>5,871.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>42,023.00</u>	\$ <u>386.00</u>
3. <u>12-21-452-007</u>	<u>Nursing Home Facility</u>	\$ <u>115,134.28</u>	\$ <u>115,134.28</u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u>457,534.28</u>	\$ <u>121,391.28</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 and 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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 49,906

B. General Construction Type: Exterior BrickFrame SteelNumber of Stories 1

C. Does the Operating Entity?

☐ (a) Own the Facility☒ (b) Rent from a Related Organization.☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment☒ (b) Rent equipment from a Related Organization.☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing facility			\$ 569,205	1
2					2
3	TOTALS			\$ 569,205	3

Facility Name & ID Number Alden-Park Strathmoor, Inc.

004-4909

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	189		2000		\$ 3,524,779	\$ 114,443	31.5	\$ 114,443	\$	\$ 1,300,370
5										
6										
7										
8										
	Improvement Type**									
9	Alden Design-laundry room remodeling			2000	3,922		10			3,922
10	Alden Design-laundry room remodeling			2000	2,098		10			2,098
11	Alden Design-laundry room remodeling			2000	4,533		10			4,533
12	ABC - misc const. Work			2000	1,561		5			1,561
13	Pro Com Systems - add new keypass to alarm system			2000	1,754		5			1,754
14	ABC - misc const. Work			2001	10,528	526	20	526		5,349
15	ABC - misc const. Work			2001	38,850	1,943	20	1,943		19,751
16	Rockford stem B			2001	5,035	336	15	336		3,582
17	FE Moran - Repair and Upgrade fire alarm system			2002	7,645	510	15	510		4,928
18	Patten - Repair Water System			2002	2,245	150	15	150		1,473
19	Capps - Repair water sys in Kitchen			2002	2,845	190	15	190		1,756
20	ABC - Repair Water heater			2002	7,113	474	15	474		4,622
21	ABC -			2002	4,256	284	15	284		2,579
22	ABC (misc construction work)			2002	4,233	423	10	423		3,844
23	ABC - Carpet			2002	1,078	108	10	108		1,052
24	ABC - Chimney			2002	758	38	20	38		351
25	ABC - Chimney 2			2002	3,032	152	20	152		1,404
26	GT Mech - Repair Cooler			2003	4,586		5			4,586
27	CSI Coker - Repair Freezer			2003	1,645		5			1,645
28	GT Mech - Repair AC			2003	1,648	165	10	165		1,502
29	GT Mech - Repair Refrigerator			2003	1,860		5			1,860
30	Simplex - Fire & Security System Repair			2003	1,986	132	15	132		1,101
31	Simplex - Fire & Security System Repair			2003	896	60	15	60		509
32	ABC - Repairs to Dining room			2003	5,177	518	10	518		4,229
33	ABC - Repair Boiler			2003	4,311	431	10	431		3,484
34										
35										
36										

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden-Park Strathmoor, Inc.

004-4909

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	GT Mechanical-a/c repair	2004	\$ 2,996	\$ 300	10	\$ 300	\$	\$ 2,249	37
38	GT Mechanical-repair hot water tank	2004	3,325	332	10	332		2,408	38
39	P&M Mercury-chiller repair	2004	2,118	212	10	212		1,554	39
40	ABC-electrical & plumbing repairs	2004	2,112	211	10	211		1,530	40
41	ABC-electronic locks	2005	762		5			762	41
42	ABC-new flooring	2005	1,666	167	10	167		1,071	42
43	ABC-lock sets	2005	5,538	554	10	554		3,370	43
44	ABC-lock sets	2005	1,246	125	10	125		760	44
45	ABC-lock sets	2005	1,888	189	10	189		1,165	45
46	ABC-parking lot repairs	2005	9,095	910	10	910		6,293	46
47	ABC-door install and wireless alarm	2005	4,652	465	10	465		3,217	47
48	Oak Fire-replace fire alarm system	2005	6,800	680	10	680		4,760	48
49	A&B Custom Cable-wiring and install	2005	3,250	325	10	325		2,194	49
50	Top Notch-repair freezer door	2005	2,435	244	10	244		1,626	50
51	CSI-freezer repair	2005	1,553	155	10	155		1,008	51
52	GT Mechanical-freezer repairs	2005	2,825	282	10	282		1,810	52
53	GT Mech-kitchen repairs	2005	2,364	236	10	236		1,554	53
54	Patten-generator repairs	2005	3,560	356	10	356		2,373	54
55	ABC-faucet replacements	2005	2,518	252	10	252		2,042	55
56	Top Notch-repair freezer	2005	7,186	719	10	719		4,553	56
57	ABC-drywall	2005	655	65	10	65		412	57
58	Patten-generator repairs	2005	1,856	186	10	186		1,193	58
59	Patten-generator repairs	2005	3,429	343	10	343		2,201	59
60	Insurance check received for A/C replacement	2005	(6,221)		5			(6,221)	60
61	Top Notch - boiler replacement	2006	6,200	310	20	310		1,731	61
62	ABC-install smoke alarms	2006	3,265	327	10	327		1,689	62
63	Patten-generator repairs	2006	24,100	2,410	10	2,410		14,259	63
64	GT Mechanical-replace pump motor	2006	3,162	316	10	316		1,765	64
65	ABC-New AC and ductwork	2006	26,034	2,603	10	2,603		13,234	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		3,736	66
67	ABC-life code Imprvmt-carpetry firealrm & Elect.	2007	62,381	4,159	15	4,159		17,676	67
68	ABC-fire protection	2007	22,921	1,528	15	1,528		6,367	68
69	ABC-fire proofing	2007	18,549	1,237	15	1,237		5,154	69
70	TOTAL (lines 4 thru 69)		\$ 3,895,770	\$ 141,959		\$ 141,959	\$	\$ 1,493,339	70

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

Facility Name & ID Number Alden-Park Strathmoor, Inc.

004-4909

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,895,770	\$ 141,959		\$ 141,959	\$	\$ 1,493,339	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674	367	10	367		1,682	2
3	ABC -install new gasketing mtrl around doors	2007	2,679	268	10	268		1,228	3
4	ABC -elevator pump	2007	7,462	746	10	746		3,357	4
5	ABC -locksets	2007	5,404	540	10	540		2,430	5
6	ABC -intall new smoke damper	2007	2,671	534	5	534		2,359	6
7	Gt Mechanical Inc. -water heater replaced	2007	5,728	382	15	382		1,623	7
8	Abc-instl. New elevetor pump	2007	13,180	879	15	879		3,736	8
9	ABC - new wall contruction	2007	11,466	1,147	10	1,147		4,875	9
10	ABC - replace entrance door	2007	4,352	435	10	435		1,813	10
11	ABC -boiler asphalt paving	2007	28,352	2,835	10	2,835		11,813	11
12	ABC -boiler repair & replace boiler valves	2007	15,917	1,592	10	1,592		6,501	12
13	ABC - install new boiler	2007	3,542	354	10	354		1,416	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		5,189	14
15	MI unit -ABC -misc hard costs & labor	2007	31,854	7,964	4	7,964		37,190	15
16	MI unit -allocated carpenter labor -fireproofing	2007	8,032	535	15	535		2,408	16
17	MI unit -various labor allocted by AMS	2007	3,435	859	4	859		3,865	17
18	MI unit -ABC -metal doors & hardware	2007	9,978	998	10	998		4,491	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612	2,661	10	2,661		8,427	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825	282	10	282		1,034	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053	1,211	5	1,211		4,642	21
22	ABC-Install new guter, oxygen sorage a label door	2008	2,863	286	10	286		1,073	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	444	25	444		1,628	23
24	ABC- Istall new exhaust Fan	2008	3,619	362	10	362		1,237	24
25	GT Mechanical, Inc- repair cooler, water pump	2008	2,627	525	5	525		1,750	25
26	GT Mechanical, Inc - Rep. Refreigerant Relief valve, leaks	2008	2,701	270	10	270		878	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548	637	15	637		1,326	27
28	ABC-Instll newBoiler tubes&crcltg pump/Jb#6032	2009	13,472	1,347	10	1,347		3,817	28
29	GTMECH -rps AC leak pump	2009	3,950	790	5	790		2,041	29
30	Gt Mechanical Inc.-repair leaking tubes in water cool	2009	3,785	757	5	757		1,956	30
31	GT Mechanical -Rprs Air condition bundle	2009	2,966	593	5	593		1,483	31
32	Top Notch -Install Evaporator, Refrigerant filter	2009	7,401	1,480	5	1,480		3,454	32
33	TOPNOT- AC Compressor and CondenseFreezer	2009	18,080	1,808	10	1,808		4,068	33
34	TOTAL (lines 1 thru 33)		\$ 4,188,390	\$ 177,001		\$ 177,001	\$	\$ 1,628,127	34

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

Facility Name & ID Number Alden-Park Strathmoor, Inc.

004-4909

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 4,188,390	\$ 177,001		\$ 177,001	\$	\$ 1,628,127	1
2	BOUDEV- Demolition,Dumpsters, Doors,Frames&hardware,VCT	2010	63,192	4,213	15	4,213		6,670	2
3	BOUDEV- Finish Drywall (2), Instll PatchFloor & VCT tile, Fire r	2010	8,532	569	15	569		901	3
4	EQUINT -Washer repairs	2010	2,869	574	5	574		1,100	4
5	TOPNOT-Rels Compressor, Filter,CoolerWarmer	2010	2,652	530	5	530		1,016	5
6	TOPNOT-Boiler repair	2010	5,278	1,056	5	1,056		1,848	6
7	GTMECH -Chiller leak repair	2010	4,986	997	5	997		1,579	7
8	ALDBEN-WindowShelf, Rprs ValveWaterExistingLine, -per Bldg	2010	15,099	1,007	15	1,007		1,426	8
9	Nov AMS-AMX/Hrld-Patten-Install rental Genset	2010	6,159	1,232	5	1,232		1,540	9
10	AFFCUS- Sprinkler System Reconfiguration	2010	3,275	655	5	655		819	10
11	ABC-Install Fire Dampers(HVAC,Sprinkler system, Fire protectio	2010	258,600	10,344	25	10,344		13,792	11
12	ALDBEN -Install Sprinkler System,HVAC & Concrete	2010	71,490	3,575	20	3,575		4,469	12
13	ASPMAL - Parking lot pavement of all dirt and clean crack	2011	38,900	864	15	864		864	13
14	ABC - Steel Railings (1)	2011	16,003	267	15	267		267	14
15	Jun AMS-AMEEXP Floyd-Patten CAT -Install new batteries and	2011	6,610	881	5	881		881	15
16	ALDBEN-Install Aluminum Windows(2)	2011	3,121	156	10	156		156	16
17	ABC -Leaking boiler repairs (2)	2011	5,678	95	5	95		95	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	TOTAL (lines 1 thru 33)		\$ 4,700,832	\$ 204,015		\$ 204,015	\$	\$ 1,665,550	34

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

Facility Name & ID Number Alden-Park Strathmoor, Inc.

004-4909

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 4,700,832	\$ 204,015		\$ 204,015	\$	\$ 1,665,550	1
2	Forum Prof Ctr: Remodeling	1979	13,418		20			13,418	2
3	Forum Prof Ctr: Build Improv - multiple	1980	26,131		15			26,131	3
4	Forum Prof Ctr: Tennant Improv	1986	824		13			824	4
5	Forum Prof Ctr: AMS remodel	1990	5,604		10			5,604	5
6	Forum Prof Ctr: Roof	1994	2,956		16			2,956	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,042	65	16	65		1,039	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,646	13	10	13		1,605	8
9	Forum Prof Ctr: Remodel/electrical	2001	641	24	7	24		595	9
10	Forum Prof Ctr: bathroom remodel	2002	567	53	5	53		527	10
11	Forum Prof Ctr: remodel suites/etc.	2003	729	74	9	74		657	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,245	104	7	104		1,954	12
13	Forum Prof Ctr: Suite renovation	2005	453	27	10	27		537	13
14	Forum Prof Ctr: Superior installations, etc.	2006	108	3	4	3		108	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	435	68	7	68		294	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	374	54	7	54		208	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	761	73	7	73		162	17
18	Forum Prof Ctr: Building Renovations	2010	1,296	263	7	263		340	18
19	Forum Prof Ctr: Building Renovations	2011	5,684	137	7	137		137	19
20	Alden Mgt Servs: Remodel suites	1993	6,963		7			6,963	20
21	Alden Mgt Servs: Remodel suites	2002	290		7			290	21
22	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	22
23									23
24									24
25	Adjust for ABC Related Party Profit	2008	(303)	(26)		(26)		(65)	25
26	Adjust for ABC Related Party Profit	2009	(178)	(5)		(5)		(12)	26
27	Adjust for ABC Related Party Profit	2010	(4,224)	(117)		(117)		(175)	27
28	Adjust for ABC Related Party Profit	2011	193	4		4		4	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,774,783	\$ 204,830		\$ 204,830	\$	\$ 1,735,946	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$202,546	\$31,632	\$31,632	\$		\$75,983	71
72	Current Year Purchases	140,995	7,362	7,362			7,362	72
73	Fully Depreciated Assets	773,997	(289)	(289)			773,997	73
74								74
75	TOTALS	\$1,117,538	\$38,705	\$38,705	\$		\$857,342	75

D. Vehicle Costs. (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	MIDTRA- Van Purchased	2010, Ford, BRAUN	2010	\$43,244	\$8,409	\$8,409	\$	3	\$8,410	76
77										77
78										78
79	Related Party-AMS	Various	98-'02	4,026					4,026	79
80	TOTALS			\$47,270	\$8,409	\$8,409	\$		\$12,436	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$6,508,796	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$251,943	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$251,943	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$2,605,724	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Related Party - Cost is backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.☐ YES☒ NO

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

**

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

9. Option to Buy:☐ YES☒ NO
- Terms:

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

15. Is Movable equipment rental included in building rental?☐ YES☒ NO
16. Rental Amount for movable equipment: \$32,409Description:copy mach gl 6861, postage meter gl 6850, & office equip gl 6859
(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	related party- Pg 6A	various	\$ #####	\$ 29,758	17
18					18
19	Auto lease GL 6890	various	0.00	0	19
20					20
21	TOTAL		\$ #####	\$ 29,758	21

10. Effective dates of current rental agreement:

Beginning01/01/2011

Ending12/31/2020

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

	Fiscal Year Ending	Annual Rent
12.	/2012	\$Varies
13.	/2013	\$Varies
14.	/2014	\$Varies

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

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

		1	2	3	4	5	6	7	8	
	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	\$		\$ 186,389	\$		\$ 186,389	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			72,183			72,183	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			224,294			224,294	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				224,623		224,623	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1,39-3, if any		582,925		159,960	164,422		907,307	12
13	Other (specify):	See Pg 16A				344,283	207,991		552,274	13
14	TOTAL			\$ 582,925		\$ 987,110	\$ 597,036		\$ 2,167,071	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.

Park Strathmoor, Inc
2011

				Page 16
				Col 5: PT,OT, & ST
				Col 6: Supplies
XIV. Special Services (Direct Cost)				
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$186,389.39
2.	ST	39-3	To Col 5	72,182.56
3.				
4.	PT	39-3	To Col 5	224,293.89
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			162,086.36
	Manual Input from Related Party- Forum Drugs			62,537.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	224,623.36
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	85,159.68
12.	Prism - Vent supplies:	See pg 16A	To Col. 6	79,262.00
	Total Exceptional Care (Line 12, Col 8)			164,421.68
12	CPT Reclass to Col 5 for RT Allocation		To Col 5	159,960.24
12.	Col 3. Salary Split		To Col 3	582,925.00
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	344,283.43
	Other			934,530.95
	Manual Input: Related Party - Prism			(111,313.00)
	Manual Input: Related Party FECII - I.V.			(113,948.00)
	Manual Input: Related Party FECII - Wound Care			(4,186.00)
	Oxygen, from reclass worksheet (Pg 4A)			49,668.00
12.	CPT Reclass to Col 5 for RT		To Col 5	(546,761.00)
13.	Col 6: Supplies Total		To Col 6	207,990.95
13.	Total Line 13, Column 8			552,274.38
14.	Total			2,167,070.50

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 268,606	\$ 321,464	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 120,000)	2,269,873	2,269,873	3
4	Supply Inventory (priced at)	1,112	1,112	4
5	Short-Term Investments	9,387	1,175,232	5
6	Prepaid Insurance		5,714	6
7	Other Prepaid Expenses	8,111	8,111	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	178,589	179,503	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,735,678	\$ 3,961,010	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		569,205	13
14	Buildings, at Historical Cost		3,524,779	14
15	Leasehold Improvements, at Historical Cost	872,950	1,833,816	15
16	Equipment, at Historical Cost	617,079	617,079	16
17	Accumulated Depreciation (book methods)	(641,120)	(2,553,858)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Fin Fees, net			22
23	Other(specify): Goodwill, net		42,704	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 848,909	\$ 4,033,725	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,584,587	\$ 7,994,735	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 575,312	\$ 604,374	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	147,956	147,956	28
29	Short-Term Notes Payable	1,175,000	1,175,000	29
30	Accrued Salaries Payable	376,995	376,995	30
31	Accrued Taxes Payable (excluding real estate taxes)	80,435	80,435	31
32	Accrued Real Estate Taxes(Sch.IX-B)		118,600	32
33	Accrued Interest Payable	1,763	10,915	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp,Due HFS,SalesTax,Etc.	124,653	124,653	36
37	Due to affiliates	7,594,681	7,242,503	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,076,795	\$ 9,881,431	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,080,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 6,080,000	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,076,795	\$ 15,961,431	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,492,208)	\$ (7,966,696)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,584,587	\$ 7,994,735	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,024,938)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,024,938)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	532,730	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)	\$ 532,730	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (6,492,208)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,428,649	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,428,649	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	225,711	6
7	Oxygen	136,788	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 362,499	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		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	(5,215)	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ (5,215)	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	3,261	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,261	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Record Copies, Jury Duty,Wage Fee	887	28
28a	Adjusts to Prior Year Expenses	13,253	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 14,140	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,803,334	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,581,871	31
32	Health Care	3,351,014	32
33	General Administration	2,408,424	33
	B. Capital Expense		
34	Ownership	578,249	34
	C. Ancillary Expense		
35	Special Cost Centers	2,247,568	35
36	Provider Participation Fee	103,478	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,270,604	40
41	Income before Income Taxes (line 30 minus line 40)**	532,730	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 532,730	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.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,080	\$ 92,106	\$ 44.28	1
2	Assistant Director of Nursing	1,520	1,520	53,846	35.43	2
3	Registered Nurses	18,063	19,077	591,009	30.98	3
4	Licensed Practical Nurses	35,778	38,493	1,008,397	26.20	4
5	CNAs & Orderlies	105,024	111,451	1,291,828	11.59	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,945	2,165	33,839	15.63	8
9	Activity Director	2,086	2,086	30,824	14.78	9
10	Activity Assistants	5,352	5,570	49,138	8.82	10
11	Social Service Workers	2,032	2,087	47,899	22.95	11
12	Dietician					12
13	Food Service Supervisor	1,880	1,978	40,488	20.47	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,786	22,045	244,889	11.11	15
16	Dishwashers					16
17	Maintenance Workers	1,960	2,063	46,166	22.38	17
18	Housekeepers	14,863	16,194	154,555	9.54	18
19	Laundry	7,874	8,293	113,589	13.70	19
20	Administrator	2,016	2,232	58,893	26.39	20
21	Assistant Administrator					21
22	Other Administrative	8,200	8,216	178,684	21.75	22
23	Office Manager					23
24	Clerical	4,894	5,124	45,781	8.93	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,400	3,591	113,752	31.68	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselor	5,971	6,259	113,654	18.16	32
33	Other(specify) Unit Director/Alzheimer's	7,787	8,217	125,110	15.23	33
34	TOTAL (lines 1 - 33)	252,511	268,741	\$ 4,434,447 *	\$ 16.50	34

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	1900/Monthly	\$ 22,800	1-3	35
36	Medical Director	4500/Monthly	54,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	378/Monthly	4,536	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	245	2,856	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	245	\$ 84,192		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

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

** See instructions.

Facility Name & ID Number				STATE OF ILLINOIS		Page 21		
Alden-Park Strathmoor, Inc.				# 004-4909		Report Period Beginning: 1/1/2011 Ending: 12/31/2011		
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	
Valentino, Anthony M	Administrator	0	\$ 58,893	Workers' Compensation Insurance	\$ 153,154	IDPH License Fee	\$	
		0		Unemployment Compensation Insurance	123,992	Advertising: Employee Recruitment	3,254	
		0		FICA Taxes	331,972	Health Care Worker Background Check	2,308	
		0		Employee Health Insurance	61,632	(Indicate # of checks performed 230.8)		
		0		Employee Meals	27,537	Patient Background Checks	137.4 1,374	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond	675	
		0		Union Health & Welfare	116,094	IHCA dues, less pac fees	7,303	
TOTAL (agree to Schedule V, line 17, col. 1)				Dental, Life, Relations, Pension & Misc	41,327	Related party - Park, LLC	297	
(List each licensed administrator separately.)				Tuition & Drug Test	3,200	Gary Grimm & Assoc./ReimanMedia Group	65	
				401k Match / Empl. Dishonesty/Emp Vaccin	6,570	Related parties	2,346	
B. Administrative - Other				Offset Benefit Costs with Misc. Income	(130)	Less: Public Relations Expense	()	
Description			Amount	Marketing Manager Benefits Deduction	(8,387)	Non-allowable advertising	()	
None			\$			Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3)				TOTAL (agree to Schedule V, line 22, col.8)	\$ 856,961	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 17,622	
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount	Not Applicable		\$	Out-of-State Travel	\$
Alden Management Services, Inc.	Consulting		\$ 640,739					
BDO Seidman & Virchow Krause	Accounting Fees		9,432					
Alden Realty/Ava P Daley/KPMG	Accounting Fees		1,988					
Kenneth J. Fisch	Legal-Collection		2,119				In-State Travel	
Pathway-Reclass to Nursing	Clinical Consultants		10,595				Crisis Prevention	1,729
Medi.Com/Linda Roberts & Assoc.,	Billing Consultants		3,212				Senior Living Conference	260
First Advantage	Tax Credit Services		2,098				Related parties	3,728
IL. Assoc. of Healthcare Facility	Legal-Non Collection		1,134				Seminar Expense	
AMS (Eliminated)	Allocated Legal Fees		36,000				Leadership Training	2,400
LISA A JENSON-Law Office	Legal-Non Collection		2,476				IL Health Care Association	1,618
Note: \$10,595 of the above Pathways cost was reclassified to Ln 10 on Pg 3. & \$432 Medi.Com cost were reclassified to Ln 21 on Pg 3.							Seminars/Conventions	589
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	Entertainment Expense	()
(If total legal fees exceed \$5,000, attach copy of invoices.)							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 10,324
				* Attach copy of IMRF notifications		**See instructions.		

* Attach copy of IMRF notifications

**See instructions.

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	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	ALDBEN-Painting -PerBl	2010	13,949	5				1,395	2,790	2,790	2,790	2,790	1,394
2	ALDBEN - Custom Tinted	2011	2,120	5					283	424	424	424	424
3	ABC - Painting	2011	1,041	3					0	347	347	347	347
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 17,111		\$	\$	\$	\$ 1,395	\$ 3,073	\$ 3,561	\$ 3,561	\$ 3,561	\$ 2,165

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.

IHCA=\$7,303 Il. Assoc. of HC=\$1,134

(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.

\$ 23,617

Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.

(8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

(9)

Are you presently operating under a sublease agreement?

YES

X

NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 103,478

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

(13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ 27,537

Has any meal income been offset against related costs?

No

Indicate the amount.

\$ 0

(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?

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:

(18)

Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V?

Yes

(19)

If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

No

Attach invoices and a summary of services for all architect and appraisal fees.