

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: 0044909

Facility Name: Alden Park Strathmoor

Address: 5668 Strathmoor Drive 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) 724-3883
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 01/01/2012 to 12/31/2012 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# 0044909 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>189</u>	Skilled (SNF)	<u>189</u>	<u>69,174</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>189</u>	TOTALS	<u>189</u>	<u>69,174</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>8,267</u>	<u>2,147</u>	<u>8,733</u>	<u>19,147</u>	8
9	SNF/PED					9
10	ICF	<u>32,859</u>	<u>1,330</u>	<u>1,071</u>	<u>35,260</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>41,126</u>	<u>3,477</u>	<u>9,804</u>	<u>54,407</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 78.65%

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?

YesG. 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 08/01/2000

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

YES ☒Date 08/01/2000NO ☐

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

YES ☒NO ☐If YES, enter number
of beds certified 189 and days of care provided 4,337Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/12Fiscal Year: 12/31/12

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

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	251,594	33,102	22,800	307,496	3,529	311,025	(3,994)	307,031			1
2	Food Purchase		407,622		407,622	(28,544)	379,078	(60,171)	318,907			2
3	Housekeeping	146,964	51,542		198,506	1,978	200,484	6,132	206,616			3
4	Laundry	122,211	29,730		151,941	1,098	153,039		153,039			4
5	Heat and Other Utilities			194,635	194,635		194,635	(403)	194,232			5
6	Maintenance	45,248		238,798	284,046	111	284,157	49,053	333,210			6
7	Other (specify):* related party							9,602	9,602			7
8	TOTAL General Services	566,017	521,996	456,233	1,544,246	(21,828)	1,522,418	219	1,522,637			8
	B. Health Care and Programs											
9	Medical Director			54,000	54,000		54,000		54,000			9
10	Nursing and Medical Records	2,788,496	261,852	5,459	3,055,807	(43,931)	3,011,876	46,248	3,058,124			10
10a	Therapy	100,179	1,423	15,600	117,202		117,202		117,202			10a
11	Activities	178,977	14,916	10,086	203,979	510	204,489		204,489			11
12	Social Services	48,265			48,265		48,265		48,265			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							6,382	6,382			15
16	TOTAL Health Care and Programs	3,115,917	278,191	85,145	3,479,253	(43,421)	3,435,832	52,630	3,488,462			16
	C. General Administration											
17	Administrative	72,518			72,518		72,518	139,530	212,048			17
18	Directors Fees											18
19	Professional Services			847,126	847,126		847,126	(787,800)	59,326			19
20	Dues, Fees, Subscriptions & Promotions			82,787	82,787		82,787	(68,232)	14,555			20
21	Clerical & General Office Expenses	143,450	24,490	101,322	269,262	1,130	270,392	350,491	620,883			21
22	Employee Benefits & Payroll Taxes			907,604	907,604	3,967	911,571	(3,758)	907,813			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,712	1,712		1,712	960	2,672			24
25	Other Admin. Staff Transportation			7,662	7,662		7,662	17,723	25,385			25
26	Insurance-Prop.Liab.Malpractice			199,062	199,062		199,062	6,527	205,589			26
27	Other (specify):* related party			129,318	129,318		129,318	(67,259)	62,059			27
28	TOTAL General Administration	215,968	24,490	2,276,593	2,517,051	5,097	2,522,148	(411,818)	2,110,330			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,897,902	824,677	2,817,971	7,540,550	(60,152)	7,480,398	(358,970)	7,121,428			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			134,870	134,870		134,870	120,489	255,359			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			69,847	69,847		69,847	260,970	330,817			32
33	Real Estate Taxes							131,159	131,159			33
34	Rent-Facility & Grounds			458,302	458,302		458,302	(458,302)				34
35	Rent-Equipment & Vehicles			14,942	14,942		14,942	53,571	68,513			35
36	Other (specify):*											36
37	TOTAL Ownership			677,961	677,961		677,961	107,887	785,848			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	399,201	536,306	976,970	1,912,477	60,152	1,972,629	(90,163)	1,882,466			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			405,582	405,582		405,582		405,582			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	399,201	536,306	1,382,552	2,318,059	60,152	2,378,211	(90,163)	2,288,048			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,297,103	1,360,983	4,878,484	10,536,570		10,536,570	(341,245)	10,195,325			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
Report Period Beginning: 01/01/2012
Report Period Ending: 12/31/2012

IDPH Facility No. 0044909

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(28,544.00)	Employee Meals
	22	28,544.00	Employee Meals
22		(24,577.00)	Uniforms
	1	3,529.00	Uniforms
	3	1,978.00	Uniforms
	4	1,098.00	Uniforms
	6	261.00	Uniforms
	10	16,221.00	Uniforms
	11	510.00	Uniforms
	21	980.00	Uniforms
10		(60,151.63)	Oxygen - to appropriate cost center
	39	60,151.63	Oxygen - to appropriate cost center
21		150.00	Vendor Settlements
	6	(150.00)	Vendor Settlements (may effect more than one line)

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	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	(9,189)	6		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	(11,694)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,201)	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	(5,986)	21		17
18	Fines and Penalties		32		18
19	Entertainment	(623)	20		19
20	Contributions	(12,660)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,005)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(129,318)	27		24
25	Fund Raising, Advertising and Promotional	(15,199)	20		25
	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)	\$ (189,875)		\$	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)	(116,611)	Various	34
35	Other- Attach Schedule	(34,759)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (151,370)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (341,245)		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

Alden Park Strathmoor

ID# 0044909

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (6,829)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(13,660)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	0	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	28,349	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series	(45)	30	6
7	Other Nursing Income	(393)	21	7
8	Late Fees on Utilities	(3,888)	5	8
9	Intercompany Interest	(2,947)	32	9
10	Misc Income - Record Copies	(414)	21	10
11	Reduce Emplpyee Benefit for Marketing	(3,758)	22	11
12	Marketing Manager & Aides	(17,794)	21	12
13	Intercompany Interest with AMS-PS, LLC	(811)	32	13
14	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	14
15	30.00 % of PAC Fees in IHCA expenses	(3,130)	20	15
16	Bank Fees paid by LLC	(534)	21	16
17	Back out Rockford Area Chamber	(323)	20	17
18	Record Depreciation for Deferred Maint.	(3,686)	6	18
19	To correct YTD depreciation expense to detail	3,103	30	19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(34,759)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	5,484	(9,478)	0	0	0	0	0	0	0	(3,994)	1
2	Food Purchase	(2,201)	0	0	(57,970)	0	0	0	0	0	0	0	(60,171)	2
3	Housekeeping	0	0	6,132	0	0	0	0	0	0	0	0	6,132	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,888)	0	3,485	0	0	0	0	0	0	0	0	(403)	5
6	Maintenance	15,475	0	30,969	0	0	0	2,609	0	0	0	0	49,053	6
7	Other (specify):*	0	0	6,810	2,792	0	0	0	0	0	0	0	9,602	7
8	TOTAL General Services	9,386	0	52,880	(64,656)	0	0	2,609	0	0	0	0	219	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	43,738	84	2,426	0	0	0	0	0	0	46,248	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	6,382	0	0	0	0	0	0	0	0	6,382	15
16	TOTAL Health Care and Programs	0	0	50,120	84	2,426	0	0	0	0	0	0	52,630	16
	C. General Administration													
17	Administrative	0	0	139,530	0	0	0	0	0	0	0	0	139,530	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,005)	0	(784,795)	0	0	0	0	0	0	0	0	(787,800)	19
20	Fees, Subscriptions & Promotions	(31,935)	275	(36,572)	0	0	0	0	0	0	0	0	(68,232)	20
21	Clerical & General Office Expenses	(25,121)	18,914	277,614	50,314	28,770	0	0	0	0	0	0	350,491	21
22	Employee Benefits & Payroll Taxes	(3,758)	0	0	0	0	0	0	0	0	0	0	(3,758)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	960	0	0	0	0	0	0	0	0	960	24
25	Other Admin. Staff Transportation	0	0	17,723	0	0	0	0	0	0	0	0	17,723	25
26	Insurance-Prop.Liab.Malpractice	0	6,259	268	0	0	0	0	0	0	0	0	6,527	26
27	Other (specify):*	(129,318)	0	54,640	5,733	1,686	0	0	0	0	0	0	(67,259)	27
28	TOTAL General Administration	(193,137)	25,448	(330,632)	56,047	30,456	0	0	0	0	0	0	(411,818)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(183,752)	25,448	(227,632)	(8,525)	32,882	0	2,609	0	0	0	0	(358,970)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	(17,431)	128,310	9,610	0	0	0	0	0	0	0	0	120,489	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(23,452)	274,160	10,068	0	194	0	0	0	0	0	0	260,970	32
33	Real Estate Taxes	0	124,360	6,516	0	283	0	0	0	0	0	0	131,159	33
34	Rent-Facility & Grounds	0	(458,302)	0	0	0	0	0	0	0	0	0	(458,302)	34
35	Rent-Equipment & Vehicles	0	0	53,571	0	0	0	0	0	0	0	0	53,571	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(40,883)	68,528	79,765	0	477	0	0	0	0	0	0	107,887	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	(27,448)	(66,340)	3,625	0	0	0	0	0	(90,163)	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	(27,448)	(66,340)	3,625	0	0	0	0	0	(90,163)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(224,634)	93,976	(147,867)	(35,973)	(32,981)	3,625	2,609	0	0	0	0	(341,245)	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
The Alden Group, Ltd.	0	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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 458,302	Park Strathmoor, LLC		\$	\$ (458,302)	1
2	V	32	Interest -Other	12,875	Park Strathmoor, LLC			(12,875)	2
3	V	30	Loss on Sale of Asset		Park Strathmoor, LLC				3
4	V	32	Interest -Other		Park Strathmoor, LLC		8,075	8,075	4
5	V	33	Real Estate Tax		Park Strathmoor, LLC		124,360	124,360	5
6	V	26	General Insurance Expense		Park Strathmoor, LLC		6,259	6,259	6
7	V	32	Interest On Mortg. Note		Park Strathmoor, LLC		278,149	278,149	7
8	V	30	Depreciation		Park Strathmoor, LLC		128,310	128,310	8
9	V	21	Bank Fees		Park Strathmoor, LLC		18,914	18,914	9
10	V	20	Licenses & Inspections		Park Strathmoor, LLC		25	25	10
11	V	20	Annual Rpt Fee		Park Strathmoor, LLC		250	250	11
12	V	32	Interest Exp to AMS		Park Strathmoor, LLC		811	811	12
13	V								13
14	Total			\$ 471,177			\$ 565,153	\$ * 93,976	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%	\$ 3,485	\$ 3,485	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		960	960	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		17,723	17,723	17
18	V	26	Insurance		Alden Management Services, Inc.		268	268	18
19	V	20	Dues & Subscriptions	39,348	Alden Management Services, Inc.		2,776	(36,572)	19
20	V	30	Depreciation		Alden Management Services, Inc.		9,610	9,610	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		6,516	6,516	21
22	V	35	Rent -Equip & Vehicles		Alden Management Services, Inc.		53,571	53,571	22
23	V	32	Interest		Alden Management Services, Inc.		10,068	10,068	23
24	V	1	Dietary		Alden Management Services, Inc.		5,484	5,484	24
25	V	3	Housekeeping		Alden Management Services, Inc.		6,132	6,132	25
26	V	7	Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,810	6,810	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		43,738	43,738	27
28	V	15	Employee Benefits -Health Care		Alden Management Services, Inc.		6,382	6,382	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		139,530	139,530	29
30	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		54,640	54,640	30
31	V	19	Professional Fees	826,154	Alden Management Services, Inc.		41,359	(784,795)	31
32	V	21	Gen'l & Admin		Alden Management Services, Inc.		277,614	277,614	32
33	V	6	Repair & Maint.	28,256	Alden Management Services, Inc.		59,225	30,969	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 893,758			\$ 745,891	\$ * (147,867)	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 Sevices, Inc.	0.00%	\$ 97	\$ (22,703)	15
16	V	1	Dietarty Salary		Prism Health Care Sevices, Inc.		13,225	13,225	16
17	V	2	Tube Feeding	120,028	Prism Health Care Sevices, Inc.		62,058	(57,970)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39	Ancillary Supplies	188,365	Prism Health Care Sevices, Inc.		100,491	(87,874)	19
20	V	39	Vent Rent		Prism Health Care Sevices, Inc.		60,426	60,426	20
21	V	21	Gen'l & Admin Salary		Prism Health Care Sevices, Inc.		34,979	34,979	21
22	V	27	Employee Benefits		Prism Health Care Sevices, Inc.		5,733	5,733	22
23	V	7	Employee Benefits		Prism Health Care Sevices, Inc.		2,792	2,792	23
24	V	21	Gen'l & Admin		Prism Health Care Sevices, Inc.		15,335	15,335	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			\$ 337,853			\$ 301,880	\$ * (35,973)	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	\$ 137,767	Forum Extended Care Services II, Inc.	0.00%	\$ 176,001	\$ 38,234	15
16	V	39	IV	116,517	Forum Extended Care Services II, Inc.		14,472	(102,045)	16
17	V	39	Wound Care	12,298	Forum Extended Care Services II, Inc.		9,769	(2,529)	17
18	V	10	House Stock	28,231	Forum Extended Care Services II, Inc.		26,113	(2,118)	18
19	V	10	Pharmacy Consultant	4,536	Forum Extended Care Services II, Inc.		9,080	4,544	19
20	V	27	Employee Vaccin.	2,682	Forum Extended Care Services II, Inc.		2,128	(554)	20
21	V	27	Employee Benefits: G&A		Forum Extended Care Services II, Inc.		2,240	2,240	21
22	V	21	Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		16,367	16,367	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		12,403	12,403	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		194	194	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		283	283	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			\$ 302,031			\$ 269,050	\$ * (32,981)	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	\$ 178,323	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 181,948	\$ 3,625	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			\$ 178,323			\$ 181,948	\$ * 3,625	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	\$ 42,253	Alden Bennett Construction Company, Inc.	0.00%	\$ 44,862	\$ 2,609	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			\$ 42,253			\$ 44,862	\$ * 2,609	39

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

Facility Name & ID Number

Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

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	177,489	1.624	4.06	Salary	\$ 7,511	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,853	1.624	4.06	Salary	2,787	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,916	1.624	4.06	Salary	1,604	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	\$ 11,902		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

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 (773-286-3883
Fax Number (773-286-8038

	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	5	Utilities	Patient Days	1,340,098	35	\$ 85,836	\$	54,407	\$ 3,485	1
2	24	Trav & Seminar	Patient Days	1,340,098	35	23,644		54,407	960	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530		54,407	17,723	3
4	26	Insurance	Patient Days	1,340,098	35	6,589		54,407	268	4
5	20	Dues & Subscriptions	Patient Days	1,340,098	35	68,371		54,407	2,776	5
6	30	Depreciation	No of Providers/usage	35	35	340,112		1	9,610	6
7	33	Real Estate Tax	Patient Days	1,340,098	35	184,769		54,407	6,516	7
8	35	Rent-Equip & Vehicle	Patient Days	1,340,098	35	1,319,497		54,407	53,571	8
9	32	Interest	Patient Days	1,340,098	35	2,398,912		54,407	10,068	9
10	1	Dietary	Patient Days	1,340,098	35	135,080	135,080	54,407	5,484	10
11	3	Housekeeping	Patient Days	1,340,098	35	151,028	151,028	54,407	6,132	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,340,098	35	167,731		54,407	6,810	12
13	10	Nurs & Med Records Salary	Patient Days	1,340,098	35	1,186,643	1,186,643	54,407	43,738	13
14	15	Employee Benefits -Health Care	Patient Days	1,340,098	35	157,190		54,407	6,382	14
15	17	Administrative Salary	Patient Days	1,340,098	35	3,283,025	3,283,025	54,407	139,530	15
16	27	Employee Benefits - Admin	Patient Days	1,340,098	35	1,345,837		54,407	54,640	16
17	19	Professional fees	Patient Days	1,340,098	35	1,018,709	751,716	54,407	41,359	17
18	21	Gen'I & Admin	Patient Days	1,340,098	35	6,837,958	6,125,097	54,407	277,614	18
19	6	Repair & Maint.	Patient Days	1,340,098	35	1,458,765	980,107	54,407	59,225	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 745,891	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	9/13	4.5000	\$ 278,150	1		
2	Bank Leumi		X	Line of Credit		7/09	1,500,000	1,475,000	9/13	4.5000	66,900	2		
3												3		
4												4		
5												5		
	Working Capital													
6	Related party-AMS		x								10,068	6		
7	Related party-FECII		x								194	7		
8												8		
9	TOTAL Facility Related						\$ 7,580,000	\$ 7,555,000			\$ 355,312	9		
	B. Non-Facility Related*													
10	Interest Income		X	Bank Account							(24,570)	10		
11	AFCO interest	X		Interest							75	11		
12												12		
13												13		
14	TOTAL Non-Facility Related						\$	\$			\$ (24,495)	14		
15	TOTALS (line 9+line14)						\$ 7,580,000	\$ 7,555,000			\$ 330,817	15		

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

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.		\$	118,600	1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	119,660	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	1,060	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	123,300	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.		\$	124,360	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	6799
		Total Real Estate Tax Expense, Sch V, Line 33		\$	131,159
Real Estate Tax Bill for Calendar Year:		2007	106,086	8	
		2008	112,977	9	
		2009	117,911	10	
		2010	115,134	11	
		2011	119,660	12	
the current year accrual is based on an estimated 3% increase of the prior year tax					

		FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	\$		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.

2011 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
773-286-3883
FAX #
773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. See attached (Supplement)	Related party-Alden Management	\$ 303,210.00	\$ 6,516.00
2. See attached (Supplement)	Related Party-Forum Extended Care	\$ 37,853.00	\$ 283.00
3. 12-21-452-007	Nursing Home Facility	\$ 119,660.30	\$ 119,660.30
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 460,723.30	\$ 126,459.30

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

A. Square Feet:

49,906

B. General Construction Type:

Exterior

Brick

Frame

Steel

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).

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

0044909

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	\$	\$ 1,414,813
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		5,875
15	ABC - misc const. Work			2001	38,850	1,943	20	1,943		21,694
16	Rockford stem B			2001	5,035	336	15	336		3,918
17	FE Moran - Repair and Upgrade fire alarm system			2002	7,645	510	15	510		5,438
18	Patten - Repair Water System			2002	2,245	150	15	150		1,623
19	Capps - Repair water sys in Kitchen			2002	2,845	190	15	190		1,946
20	ABC - Repair Water heater			2002	7,113	474	15	474		5,096
21	ABC -			2002	4,256	284	15	284		2,863
22	ABC (misc construction work)			2002	4,233	389	10	389		4,233
23	ABC - Carpet			2002	1,078	26	10	26		1,078
24	ABC - Chimney			2002	758	38	20	38		389
25	ABC - Chimney 2			2002	3,032	152	20	152		1,556
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	146	10	146		1,648
29	GT Mech - Repair Refrigerator			2003	1,860		5			1,860
30	Simplex - Fire & Security System Repair			2003	1,986	132	15	132		1,233
31	Simplex - Fire & Security System Repair			2003	896	60	15	60		569
32	ABC - Repairs to Dining room			2003	5,177	518	10	518		4,747
33	ABC - Repair Boiler			2003	4,311	431	10	431		3,915
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

0044909

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	\$	\$ 2,549	37
38	GT Mechanical-repair hot water tank	2004	3,325	332	10	332		2,740	38
39	P&M Mercury-chiller repair	2004	2,118	212	10	212		1,766	39
40	ABC-electrical & plumbing repairs	2004	2,112	211	10	211		1,741	40
41	ABC-electronic locks	2005	762		5			762	41
42	ABC-new flooring	2005	1,666	167	10	167		1,238	42
43	ABC-lock sets	2005	5,538	554	10	554		3,924	43
44	ABC-lock sets	2005	1,246	125	10	125		885	44
45	ABC-lock sets	2005	1,888	189	10	189		1,354	45
46	ABC-parking lot repairs	2005	9,095	910	10	910		7,203	46
47	ABC-door install and wireless alarm	2005	4,652	465	10	465		3,682	47
48	Oak Fire-replace fire alarm system	2005	6,800	680	10	680		5,441	48
49	A&B Custom Cable-wiring and install	2005	3,250	325	10	325		2,519	49
50	Top Notch-repair freezer door	2005	2,435	244	10	244		1,870	50
51	CSI-freezer repair	2005	1,553	155	10	155		1,163	51
52	GT Mechanical-freezer repairs	2005	2,825	282	10	282		2,092	52
53	GT Mech-kitchen repairs	2005	2,364	236	10	236		1,790	53
54	Patten-generator repairs	2005	3,560	356	10	356		2,729	54
55	ABC-faucet replacements	2005	2,518	252	10	252		2,294	55
56	Top Notch-repair freezer	2005	7,186	719	10	719		5,272	56
57	ABC-drywall	2005	655	65	10	65		477	57
58	Patten-generator repairs	2005	1,856	186	10	186		1,379	58
59	Patten-generator repairs	2005	3,429	343	10	343		2,544	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		2,041	61
62	ABC-install smoke alarms	2006	3,265	327	10	327		2,016	62
63	Patten-generator repairs	2006	24,100	2,410	10	2,410		16,669	63
64	GT Mechanical-replace pump motor	2006	3,162	316	10	316		2,081	64
65	ABC-New AC and ductwork	2006	26,034	2,603	10	2,603		15,837	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		4,615	66
67	ABC-life code Imprvmt-carpetry firearm & Elect.	2007	62,381	4,159	15	4,159		21,835	67
68	ABC-fire protection	2007	22,921	1,528	15	1,528		7,895	68
69	ABC-fire proofing	2007	18,549	1,237	15	1,237		6,391	69
70	TOTAL (lines 4 thru 69)		\$ 3,895,770	\$ 141,824		\$ 141,824	\$	\$ 1,635,165	70

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

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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 12A, Carried Forward		\$ 3,895,770	\$ 141,824		\$ 141,824	\$	\$ 1,635,165	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674	367	10	367		2,049	2
3	ABC -install new gasketing mtrl around doors	2007	2,679	268	10	268		1,496	3
4	ABC -elevator pump	2007	7,462	746	10	746		4,103	4
5	ABC -locksets	2007	5,404	540	10	540		2,970	5
6	ABC -intall new smoke damper	2007	2,671	312	5	312		2,671	6
7	Gt Mechanical Inc. -water heater replaced	2007	5,728	382	15	382		2,005	7
8	Abc-instl. New elevetor pump	2007	13,180	879	15	879		4,615	8
9	ABC - new wall contruction	2007	11,466	1,147	10	1,147		6,022	9
10	ABC - replace entrance door	2007	4,352	435	10	435		2,248	10
11	ABC -boiler ashpalt paving	2007	28,352	2,835	10	2,835		14,648	11
12	ABC -boiler repair & replace boiler valves	2007	15,917	1,592	10	1,592		8,093	12
13	ABC - install new boiler	2007	3,542	354	10	354		1,770	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		6,342	14
15	MI unit -ABC -misc hard costs & labor	2007	31,854		4			31,854	15
16	MI unit -allocated carpenter labor -fireproofing	2007	8,032	535	15	535		2,943	16
17	MI unit -various labor allocted by AMS	2007	3,435		4			3,435	17
18	MI unit -ABC -metal doors & hardware	2007	9,978	998	10	998		5,489	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612	2,661	10	2,661		11,088	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825	282	10	282		1,316	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053	1,211	5	1,211		5,853	21
22	ABC-Install new gutter, oxygen storage a label door	2008	2,863	286	10	286		1,359	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	444	25	444		2,072	23
24	ABC- Istall new exhaust Fan	2008	3,619	362	10	362		1,599	24
25	GT Mechanical, Inc- repair cooler, water pump	2008	2,627	525	5	525		2,275	25
26	GT Mechanical, Inc - Rep. Refreigerant Relief valve, leaks	2008	2,701	270	10	270		1,148	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548	637	15	637		1,963	27
28	ABC-Instll newBoiler tubes&crltg pump/Jb#6032	2009	13,472	1,347	10	1,347		5,164	28
29	GTMECH -rps AC leak pump	2009	3,950	790	5	790		2,831	29
30	Gt Mechanical Inc.-repair leaking tubes in water cool	2009	3,785	757	5	757		2,713	30
31	GT Mechanical -Rprs Air condition bundle	2009	2,966	593	5	593		2,076	31
32	Top Notch -Install Evaporator, Refrigerant filter	2009	7,401	1,480	5	1,480		4,934	32
33	TOPNOT- AC Compressor and CondenseFreezer	2009	18,080	1,808	10	1,808		5,876	33
34	TOTAL (lines 1 thru 33)		\$ 4,188,390	\$ 167,821		\$ 167,821	\$	\$ 1,790,183	34

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

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 4,188,390	\$ 167,821		\$ 167,821	\$	\$ 1,790,183	1
2	<u>BOUDEV- Demolition,Dumpsters, Doors,Frames&hardware,VCT</u>	2010	63,192	4,213	15	4,213		10,883	2
3	<u>BOUDEV- Finish Drywall (2), Instll PatchFloor & VCT tile, Fire r</u>	2010	8,532	569	15	569		1,470	3
4	<u>EQUINT -Washer repairs</u>	2010	2,869	574	5	574		1,674	4
5	<u>TOPNOT-Rels Compressor, Filter,CoolerWarmer</u>	2010	2,652	530	5	530		1,546	5
6	<u>TOPNOT-Boiler repair</u>	2010	5,278	1,056	5	1,056		2,904	6
7	<u>GTMECH -Chiller leak repair</u>	2010	4,986	997	5	997		2,576	7
8	<u>ALDBEN-WindowShelf, Rprs ValveWaterExistingLine, -per Bldg</u>	2010	15,099	1,007	15	1,007		2,433	8
9	<u>Nov AMS-AMX/Hrld-Patten-Install rental Genset</u>	2010	6,159	1,232	5	1,232		2,772	9
10	<u>AFFCUS- Sprinkler System Reconfiguration</u>	2010	3,275	655	5	655		1,474	10
11	<u>ABC-Install Fire Dampers(HVAC,Sprinkler system, Fire protectio</u>	2010	258,600	10,344	25	10,344		24,136	11
12	<u>ALDBEN -Install Sprinkler System,HVAC & Concrete</u>	2010	71,490	3,575	20	3,575		8,044	12
13	<u>ASPMAI - Parking lot pavement of all dirt and clean crack</u>	2011	38,900	2,593	15	2,593		3,457	13
14	<u>ABC - Steel Railings (1)</u>	2011	16,003	1,067	15	1,067		1,334	14
15	<u>Jun AMS-AMEEXP Floyd-Patten CAT -Install new batteries and</u>	2011	6,610	1,322	5	1,322		2,203	15
16	<u>ALDBEN-Install Aluminum Windows(2)</u>	2011	3,121	312	10	312		468	16
17	<u>ABC -Leaking boiler repairs (2)</u>	2011	5,678	1,136	5	1,136		1,231	17
18	<u>ABC -Electrical cable install for booster</u>	2012	13,340		15				18
19	<u>ABC -Install PhasePump-Heating/Vent, Fire Alarm</u>	2012	4,468	372	10	372		372	19
20	<u>ABC-HVAC Boiler Leakage Repair</u>	2012	7,405	555	10	555		555	20
21	<u>ABC-repair HVAC boiler leakage tubes</u>	2012	7,140	536	10	536		536	21
22	<u>Oct AMS-AMX-Floyd-Patten-Install Cable wire & repairs Ceiling</u>	2012	5,926	395	5	395		395	22
23	<u>Oct AMS-AMX-Floyd-Patten-Repairs Drywall, ceiling tiles & plun</u>	2012	5,902	197	10	197		197	23
24	<u>ABC- Install Thermostatic water mixing valve</u>	2012	3,019	101	5	101		101	24
25	<u>ABC - Repair damaged corner brick wall in Lobby</u>	2012	2,732	46	5	46		46	25
26	<u>ABC -'Boiler#2 leaking rprs</u>	2012	5,968		10				26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,756,732	\$ 201,203		\$ 201,203	\$	\$ 1,860,989	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 4,756,732	\$ 201,203		\$ 201,203	\$	\$ 1,860,989	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25	Adjust for ABC Related Party Profit	2008	(303)	(26)		(26)		(91)	25
26	Adjust for ABC Related Party Profit	2009	(178)	(5)		(5)		(17)	26
27	Adjust for ABC Related Party Profit	2010	(4,224)	(117)		(117)		(292)	27
28	Adjust for ABC Related Party Profit	2011	193	8		8		8	28
29	Adjust for ABC Related Party Profit	2012	2,721	99		99		99	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,841,232	\$ 202,664		\$ 202,664	\$	\$ 1,939,361	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	\$336,308	\$35,322	\$35,322	\$	various	\$112,835	71
72	Current Year Purchases	51,255	2,405	2,405		various	2,405	72
73	Fully Depreciated Assets	779,170	553	553		various	779,170	73
74								74
75	TOTALS	\$1,166,733	\$38,280	\$38,280	\$		\$894,410	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	\$14,415	\$14,415	\$	3	\$22,825	76
77										77
78										78
79	Related Party-AMS	Various	98-'02	3,911				3	3,911	79
80	TOTALS			\$47,155	\$14,415	\$14,415	\$		\$26,736	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)	\$6,624,32581
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$255,35982
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$255,35983**
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)	\$2,860,50785

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

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

- 12.12/31/13\$Varies
- 13.12/31/14\$Varies
- 14.12/31/15\$Varies

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?
16. Rental Amount for movable equipment: \$31,278
- Description: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	\$#####	\$26,868	17
18					18
19	Auto Lease GL 6890	various	503.51	6,042	19
20					20
21	TOTAL		\$#####	\$32,910	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.

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

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		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)	\$			

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	\$		\$ 241,407	\$		\$ 241,407	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			125,289			125,289	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			195,146			195,146	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				176,001		176,001	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3		399,201		112,522	107,093		618,816	12
13	Other (specify): <u>See Pg 16A</u>					297,043	228,763		525,806	13
14	TOTAL			\$ 399,201		\$ 971,408	\$ 511,857		\$ 1,882,466	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
2012

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	\$241,407.40
2.	ST		39-3	To Col 5	125,289.13
3.					
4.	PT		39-3	To Col 5	195,146.40
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL				137,767.28
	Manual Input from Related Party- Forum Drugs				38,234.00
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6	176,001.28
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6	46,666.61
12.	Prism - Vent supplies:	See pg 16A		To Col. 6	60,426.00
	Total Exceptional Care (Line 12, Col 8)				107,092.61

12	CPT Reclass to Col 5 for RT Allocation	To Col 5	112,521.92
12.	Col 3. Salary Split	To Col 3	399,201.00
13.	Other:	See Pg 16A	
13.	Col 5: Manual Input: Related Party - CPT	To Col 5	297,043.00
	Other		766,999.42
	Manual Input: Related Party - Prism		(87,873.00)
	Manual Input: Related Party FECII - I.V.		(102,045.00)
	Manual Input: Related Party FECII - Wound Care		(2,529.00)
	Oxygen, from reclass worksheet (Pg 4A)		60,151.63
12.	CPT Reclass to Col 5 for RT	To Col 5	(405,941.00)
13.	Col 6: Supplies Total	To Col 6	228,763.05
13.	Total Line 13, Column 8		525,806.05
14.	Total		1,882,465.79

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,492,208)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	357,510	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,134,698)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	903,623	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)	\$ 903,623	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)	\$ (5,231,075)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Park Strathmoor# 0044909Report Period Beginning: 01/01/2012Ending: 12/31/2012**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	
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,906,303	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,906,303	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	190,241	6
7	Oxygen	330,773	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 521,014	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	768	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 768	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	11,694	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 11,694	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Record Copies</u>	414	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 414	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,440,193	30

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,544,246	31
32	Health Care	3,479,253	32
33	General Administration	2,517,051	33
	B. Capital Expense		
34	Ownership	677,961	34
	C. Ancillary Expense		
35	Special Cost Centers	1,912,477	35
36	Provider Participation Fee	405,582	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,536,570	40
41	Income before Income Taxes (line 30 minus line 40)**	903,623	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 903,623	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 6,566,401	44
45	Private Pay - Net Inpatient Revenue	731,521	45
46	Medicare - Net Inpatient Revenue	2,222,990	46
47	Other-(specify) <u>Hospice & Insurance</u>	1,385,932	47
48	Other-(specify) <u>Charity/Sales Allow</u>	(541)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,906,303	49

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

** Does this agree with taxable income (loss) per Federal Income

Tax Return? not yet done If not, please attach a reconciliation.

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

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

Facility Name & ID Number Alden Park Strathmoor# 0044909Report Period Beginning: 01/01/2012Ending: 12/31/2012

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	\$ 93,210	\$ 44.81	1
2	Assistant Director of Nursing	1,920	1,920	66,670	34.72	2
3	Registered Nurses	20,866	22,322	684,220	30.65	3
4	Licensed Practical Nurses	34,139	36,312	965,092	26.58	4
5	CNAs & Orderlies	101,057	108,198	1,216,281	11.24	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,759	2,003	30,206	15.08	8
9	Activity Director	2,080	2,112	28,728	13.60	9
10	Activity Assistants	4,295	4,515	39,757	8.81	10
11	Social Service Workers	2,080	2,080	48,265	23.20	11
12	Dietician					12
13	Food Service Supervisor	2,104	2,128	50,294	23.63	13
14	Head Cook					14
15	Cook Helpers/Assistants	18,545	19,991	201,300	10.07	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	45,248	21.75	17
18	Housekeepers	14,485	15,953	146,964	9.21	18
19	Laundry	7,768	8,402	122,211	14.55	19
20	Administrator	1,760	1,760	72,518	41.20	20
21	Assistant Administrator					21
22	Other Administrative	6,944	7,248	170,617	23.54	22
23	Office Manager					23
24	Clerical	4,742	4,981	42,806	8.59	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,760	2,784	87,140	31.30	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselor	5,606	5,924	110,493	18.65	32
33	Other(specify) <u>Unit Director/Alzheimer's</u>	6,066	6,364	75,083	11.80	33
34	TOTAL (lines 1 - 33)	243,136	259,157	\$ 4,297,103 *	\$ 16.58	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	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			10-3	38
39	Pharmacist Consultant	378/Monthly	4,536		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	2,176	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	245	\$ 83,512		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount		
VALENTINO, ANTHONY M	Administrator	0	\$ 5,043	Workers' Compensation Insurance	\$ 137,286	IDPH License Fee	\$		
WUBBENA, JODI A	Administrator	0	67,474	Unemployment Compensation Insurance	201,731	Advertising: Employee Recruitment			
		0		FICA Taxes	323,670	Health Care Worker Background Check			
		0		Employee Health Insurance	61,355	(Indicate # of checks performed 54)	1,620		
		0		Employee Meals	28,544	Patient Background Checks 75	1,320		
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond/Collabrative Healthcare	1,081		
		0		Union Health & Welfare	111,886	IHCA dues, less pac fees	7,303		
		0		Dental, Life, Relations, Pension & Misc	39,534	Related party - Park, LLC	275		
		0		Tuition & Drug Test	2,812	Citi Corp-Annual Rpt/'Secretary of State	180		
TOTAL (agree to Schedule V, line 17, col. 1)				401k Match / Empl. Dishonesty/Emp Vaccin	4,753	Related parties	2,776		
(List each licensed administrator separately.)			\$ 72,518	Offset Benefit Costs with Misc. Income		Less: Public Relations Expense (			
B. Administrative - Other				Marketing Manager Benefits Deduction	(3,758)	Non-allowable advertising (			
Description			Amount			Yellow page advertising (			
None			\$			TOTAL (agree to Sch. V, line 20, col. 8) \$ 14,555			
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8) \$ 907,813					
(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 Servs.	Consulting		\$ 788,342						
BDO Seidman & Virchow Krause	Accounting Fees		9,963						
Alden Realty/Ava P Daley/KPMG	Accounting Fees		1,798						
Kenneth J. Fisch	Legal-Collection		3,005				In-State Travel		
Pathway-Reclass to Nursing	Clinical Consultants		112				Crisis Prevention		
Linda Roberts & Assoc.,	Billing Consultants		570				Senior Living Conference	260	
First Advantage	Tax Credit Services		2,606				Related parties	960	
AMS (Eliminated)	Allocated Legal Fees		37,812				Seminar Expense		
Lis A. Jenson-Law Office/Jackson L	Legal-Non Collection		2,919				Leadership Training	125	
							IL Health Care Association	1,231	
							Seminars/Conventions	96	
							Entertainment Expense (		
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)		
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 847,126				TOTAL	\$ 2,672	

*** 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
- (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.

\$

43,973

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.

\$

405,582

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.

\$

28,544

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.