

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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 Dr Rockford 61107 County: Winnebago Telephone Number: (815)229-5200 Fax #: (815)229-1411 HFS ID Number: Date of Initial License for Current Owners: 08/01/2000 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership X Corporation "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Steven M. Kroll Telephone Number: (773) 286-3883 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 01/01/2016 to 12/31/2016 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) (Type or Print Name) Randi Schlossberg-Schullo (Title) President, Alden Management Services, Inc. Paid Preparer (Signed) (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
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Facility Name & ID Number Alden Park Strathmoor

0044909 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	69,174	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	69,174	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	6,571	563	2,352	9,486	8
9	SNF/PED					9
10	ICF	38,330	2,061	4,056	44,447	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,901	2,624	6,408	53,933	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.97%

D. How many bed-hold days during this year were paid by the Department? 3 (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 08/01/2000

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 2,156

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

MODIFIED ACCRUAL x CASH* CASH*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16 * All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	243,675	37,875	27,060	308,610	2,624	311,234	(1,146)	310,088			1
2	Food Purchase		433,217		433,217	(29,875)	403,342	(44,164)	359,178			2
3	Housekeeping	143,739	37,359		181,098	1,471	182,569	7,556	190,125			3
4	Laundry	69,401	23,106		92,507	817	93,324		93,324			4
5	Heat and Other Utilities			189,340	189,340		189,340	1,251	190,591			5
6	Maintenance	55,653		230,754	286,407	194	286,601	87,278	373,879			6
7	Other (specify):* related party							7,621	7,621			7
8	TOTAL General Services	512,468	531,557	447,154	1,491,179	(24,769)	1,466,410	58,396	1,524,806			8
	B. Health Care and Programs											
9	Medical Director			54,750	54,750		54,750		54,750			9
10	Nursing and Medical Records	2,704,016	221,400	7,004	2,932,420	(38,433)	2,893,987	73,900	2,967,887			10
10a	Therapy	112,831	392	18,049	131,272		131,272		131,272			10a
11	Activities	174,688	14,192	7,865	196,745	379	197,124		197,124			11
12	Social Services	57,497			57,497		57,497		57,497			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							7,568	7,568			15
16	TOTAL Health Care and Programs	3,049,032	235,984	87,668	3,372,684	(38,054)	3,334,630	81,468	3,416,098			16
	C. General Administration											
17	Administrative	103,258			103,258		103,258	172,764	276,022			17
18	Directors Fees											18
19	Professional Services			867,025	867,025	(171)	866,854	(801,810)	65,044			19
20	Dues, Fees, Subscriptions & Promotions			86,595	86,595	(79)	86,516	(60,185)	26,331			20
21	Clerical & General Office Expenses	131,773	17,761	200,053	349,587	979	350,566	280,523	631,089			21
22	Employee Benefits & Payroll Taxes			762,121	762,121	11,600	773,721	(3,053)	770,668			22
23	Inservice Training & Education											23
24	Travel and Seminar			432	432		432	1,489	1,921			24
25	Other Admin. Staff Transportation			2,867	2,867		2,867	14,549	17,416			25
26	Insurance-Prop.Liab.Malpractice			234,605	234,605		234,605	7,565	242,170			26
27	Other (specify):* related party			146,543	146,543		146,543	(85,225)	61,318			27
28	TOTAL General Administration	235,031	17,761	2,300,241	2,553,033	12,329	2,565,362	(473,383)	2,091,979			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,796,531	785,302	2,835,063	7,416,896	(50,494)	7,366,402	(333,519)	7,032,883			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			97,882	97,882		97,882	179,100	276,982			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			62,184	62,184		62,184	243,017	305,201			32
33	Real Estate Taxes							171,499	171,499			33
34	Rent-Facility & Grounds			749,964	749,964		749,964	(749,964)				34
35	Rent-Equipment & Vehicles			9,648	9,648		9,648	43,321	52,969			35
36	Other (specify):* MIP							48,943	48,943			36
37	TOTAL Ownership			919,678	919,678		919,678	(64,084)	855,594			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	431,650	482,239	871,395	1,785,284	50,494	1,835,778	29,358	1,865,136			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			415,499	415,499		415,499		415,499			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	431,650	482,239	1,286,894	2,200,783	50,494	2,251,277	29,358	2,280,635			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,228,181	1,267,541	5,041,635	10,537,357		10,537,357	(368,245)	10,169,112			45

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

From Line	To Line	Amount	Description
2		(29,875)	Employee Meals
	22	29,875	Employee Meals
22		(18,275)	Uniform Reclass
	1	2,624	Uniform Reclass
	3	1,471	Uniform Reclass
	4	817	Uniform Reclass
	6	194	Uniform Reclass
	10	12,061	Uniform Reclass
	11	379	Uniform Reclass
	21	729	Uniform Reclass
10		(50,494)	Oxygen Cost Reclass
	39	50,494	Oxygen Cost Reclass
33			Rent - Real Estate Tax on associated landowner (Pg 6)
	34		Rent - Real Estate Tax on associated landowner (Pg 6)
20		(250)	RC -State of Illinois -License and Inspection
	21	250	RC -State of Illinois -License and Inspection
19		(171)	RC -Accurate Biometrics Resident background check
	20	171	RC -Accurate Biometrics Resident background check

Net (Should be zero) \$ -

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	(12,737)	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	(4,055)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,431)	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	(4,093)	21		17
18	Fines and Penalties	(200)	32		18
19	Entertainment	(434)	20		19
20	Contributions	(6,393)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,330)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(146,543)	27		24
25	Fund Raising, Advertising and Promotional	(12,163)	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)	\$ (196,379)		\$	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)	(199,461)		34
35	Other- Attach Schedule	27,595		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (171,866)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (368,245)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (1,306)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(18,348)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	4,272	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	54,183	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series	29	30	6
7	Other Nursing Income	(368)	21	7
8	Late Fees on Utilities	(2,506)	5	8
9	Misc Income - Record Copies	(348)	10	9
10	Misc Income - Other interest	(497)	32	10
11	Vendor Discount	(41)	10	11
12	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	12
13	Bank Fees paid by LLC	(258)	21	13
14	Record Depreciation for Deferred Maint.	0	6	14
15	To correct YTD depreciation expense to detail	783	30	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				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	27,595		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	3,068	(4,214)	0	0	0	0	0	0	0	(1,146)	1
2	Food Purchase	(1,431)	0	0	(42,733)	0	0	0	0	0	0	0	(44,164)	2
3	Housekeeping	0	0	7,556	0	0	0	0	0	0	0	0	7,556	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,506)	0	3,757	0	0	0	0	0	0	0	0	1,251	5
6	Maintenance	45,718	5,645	33,960	0	0	0	(225)	2,180	0	0	0	87,278	6
7	Other (specify):*	0	0	7,621	0	0	0	0	0	0	0	0	7,621	7
8	TOTAL General Services	41,781	5,645	55,962	(46,947)	0	0	(225)	2,180	0	0	0	58,396	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	(389)	0	62,885	13,299	(1,895)	0	0	0	0	0	0	73,900	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	7,568	0	0	0	0	0	0	0	0	7,568	15
16	TOTAL Health Care and Programs	(389)	0	70,453	13,299	(1,895)	0	0	0	0	0	0	81,468	16
	C. General Administration													
17	Administrative	0	0	172,764	0	0	0	0	0	0	0	0	172,764	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,330)	6,975	(800,455)	0	0	0	0	0	0	0	0	(801,810)	19
20	Fees, Subscriptions & Promotions	(18,990)	309	(41,504)	0	0	0	0	0	0	0	0	(60,185)	20
21	Clerical & General Office Expenses	(4,719)	258	284,984	0	0	0	0	0	0	0	0	280,523	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,053)	0	0	0	0	0	0	(3,053)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,489	0	0	0	0	0	0	0	0	1,489	24
25	Other Admin. Staff Transportation	0	0	14,549	0	0	0	0	0	0	0	0	14,549	25
26	Insurance-Prop.Liab.Malpractice	0	7,279	286	0	0	0	0	0	0	0	0	7,565	26
27	Other (specify):*	(146,543)	0	61,318	0	0	0	0	0	0	0	0	(85,225)	27
28	TOTAL General Administration	(178,582)	14,821	(306,569)	0	(3,053)	0	0	0	0	0	0	(473,383)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(137,190)	20,466	(180,154)	(33,648)	(4,948)	0	(225)	2,180	0	0	0	(333,519)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	(18,842)	194,405	3,537	0	0	0	0	0	0	0	0	179,100	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(12,752)	247,117	8,652	0	0	0	0	0	0	0	0	243,017	32
33	Real Estate Taxes	0	165,361	6,138	0	0	0	0	0	0	0	0	171,499	33
34	Rent-Facility & Grounds	0	(749,964)	0	0	0	0	0	0	0	0	0	(749,964)	34
35	Rent-Equipment & Vehicles	0	0	43,321	0	0	0	0	0	0	0	0	43,321	35
36	Other (specify):*	0	48,943	0	0	0	0	0	0	0	0	0	48,943	36
37	TOTAL Ownership	(31,594)	(94,138)	61,648	0	0	0	0	0	0	0	0	(64,084)	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	21,909	(10,284)	17,733	0	0	0	0	0	29,358	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	21,909	(10,284)	17,733	0	0	0	0	0	29,358	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(168,784)	(73,672)	(118,506)	(11,739)	(15,232)	17,733	(225)	2,180	0	0	0	(368,245)	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 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	\$ 749,964	Park Strathmoor, LLC	0.00%	\$	\$ (749,964)	1
2	V	32	Investment Income - RR	1,642	Park Strathmoor, LLC			(1,642)	2
3	V	32	Interest -Other	134	Park Strathmoor, LLC			(134)	3
4	V	19	Accounting Fee		Park Strathmoor, LLC		6,975	6,975	4
5	V	33	Real Estate Tax		Park Strathmoor, LLC		165,361	165,361	5
6	V	26	General Insurance Expenses		Park Strathmoor, LLC		7,279	7,279	6
7	V	36	Mortgage Insurance Premium		Park Strathmoor, LLC		48,943	48,943	7
8	V	32	Interest On Mortg./Interest Other		Park Strathmoor, LLC		233,157	233,157	8
9	V	30	Depreciation		Park Strathmoor, LLC		194,405	194,405	9
10	V	32	Amortization		Park Strathmoor, LLC		15,736	15,736	10
11	V	21	Bank Fees		Park Strathmoor, LLC		258	258	11
12	V	20	Annual Rpt Fee		Park Strathmoor, LLC		309	309	12
13	V	6	Repairs & Maintenance		Park Strathmoor, LLC		5,645	5,645	13
14	Total			\$ 751,740			\$ 678,068	\$ * (73,672)	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		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%	\$ 3,757	\$	3,757 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,489		1,489 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,549		14,549 17
18	V	26 Insurance		Alden Management Services, Inc.		286		286 18
19	V	20 Dues & Subscriptions	44,506	Alden Management Services, Inc.		3,002		(41,504) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,537		3,537 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,138		6,138 21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		43,321		43,321 22
23	V	32 Interest		Alden Management Services, Inc.		8,652		8,652 23
24	V	1 Dietary		Alden Management Services, Inc.		3,068		3,068 24
25	V	3 Housekeeping		Alden Management Services, Inc.		7,556		7,556 25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		7,621		7,621 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		62,885		62,885 27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		7,568		7,568 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		172,764		172,764 29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		61,318		61,318 30
31	V	19 Professional Fees	839,523	Alden Management Services, Inc.		39,068		(800,455) 31
32	V	21 Gen'l & Admin	46,092	Alden Management Services, Inc.		331,076		284,984 32
33	V	6 Repair & Maint.	49,181	Alden Management Services, Inc.		83,141		33,960 33
34	V							
35	V							
36	V							
37	V							
38	V							
39	Total		\$ 979,302			\$ 860,796	\$ *	(118,506) 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	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 13	\$ (26,387)	15
16	V	1	Dietarty Salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2	Tube Feeding	129,923	Prism Health Care Services, Inc.		57,459	(72,464)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39	Ancillary Supplies	208,579	Prism Health Care Services, Inc.		100,813	(107,766)	19
20	V	39	Vent Rent		Prism Health Care Services, Inc.		71,623	71,623	20
21	V	1	Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		8,477	8,477	21
22	V	2	Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		29,731	29,731	22
23	V	10	Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		8,579	8,579	23
24	V	39	Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		58,052	58,052	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			\$ 371,562			\$ 359,823	\$ * (11,739)	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	\$ 160,587	Forum Extended Care Services II, Inc.	0.00%	\$ 149,386	\$ (11,201)	15
16	V	39	IV	11,880	Forum Extended Care Services II, Inc.		11,051	(829)	16
17	V	39	Wound Care	15,678	Forum Extended Care Services II, Inc.		14,584	(1,094)	17
18	V	10	House Stock	22,632	Forum Extended Care Services II, Inc.		21,053	(1,579)	18
19	V	10	Pharmacy Consultant	4,536	Forum Extended Care Services II, Inc.		4,220	(316)	19
20	V	22	Employee Vaccin.	3,053	Forum Extended Care Services II, Inc.			(3,053)	20
21	V	39	Employee Vaccin.		Forum Extended Care Services II, Inc.		2,840	2,840	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			\$ 218,366			\$ 203,134	\$ * (15,232)	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 Revenue	\$ 306,853	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 324,586	\$ 17,733	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			\$ 306,853			\$ 324,586	\$ * 17,733	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	\$ 35,672	Alden Bennett Construction Company, Inc.	0.00%	\$ 35,447	\$ (225)	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			\$ 35,672			\$ 35,447	\$ * (225)	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	\$ 7,645	Alden Design Group, Inc.	0.00%	\$ 9,825	\$ 2,180	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			\$ 7,645			\$ 9,825	\$ * 2,180	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:

01/01/2016

Ending:

12/31/2016

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	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health	Skokie	Family Home Health S	Addison	Home health & hosp	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			Alden -Long Grove Rehabilitation and Health C	Long Grove, IL				30

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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 A.	Chairman-Board of D	Chairman	100.00	177,256	1.676	4.19	Salary	\$ 7,744	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,814	1.676	4.19	Salary	4,186	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,814	1.676	4.19	Salary	4,186	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	111,612	1.676	4.19	Salary	4,877	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,660	1.676	4.19	Salary	2,607	21-7	5
6	Randi Schlossberg -Schullo F.	President	General Operation	0.00	142,388	1.2151	4.19	Salary	6,221	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, 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	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F. Randi Schlossberg -Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 29,821		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# 0044909

Report Period Beginning:

01/01/2016Ending: 2/31/2016

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		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line	Item	(i.e., Days, Direct Cost, Square Feet)	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference				Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	34	\$ 89,742	\$	53,933	\$ 3,757	1
2	24	Trav & Seminar	Patient Days	34	35,559		53,933	1,489	2
3	25	Other Admin Travel	Patient Days	34	347,560		53,933	14,549	3
4	26	Insurance	Patient Days	34	6,826		53,933	286	4
5	20	Dues & Subscriptions	Patient Days	34	71,705		53,933	3,002	5
6	30	Depreciation	No of Providers/usage	34	140,451		1	3,537	6
7	33	Real Estate Tax	Patient Days/usage	34	172,398		53,933	6,138	7
8	35	Rent-Equip & Vehicle	Patient Days	34	1,034,867		53,933	43,321	8
9	32	Interest	Patient Days/usage	34	1,892,273		53,933	8,652	9
10	1	Dietary	Patient Days	34	73,278	73,278	53,933	3,068	10
11	3	Housekeeping	Patient Days	34	180,508	180,508	53,933	7,556	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	34	182,054		53,933	7,621	12
13	10	Nurs & Med Records Salary	Patient Days/usage	34	1,519,466	1,519,466	53,933	62,885	13
14	15	Employee Benefits -Health Care	Patient Days	34	180,775		53,933	7,568	14
15	17	Administrative Salary	Patient Days/usage	34	4,500,263	4,500,263	53,933	172,764	15
16	27	Employee Benefits - Admin	Patient Days	34	1,464,772		53,933	61,318	16
17	19	Professional fees	Patient Days	34	1,094,912	881,977	53,933	39,068	17
18	21	Gen'I & Admin	Patient Days	34	7,908,785	6,929,587	53,933	331,076	18
19	6	Repair & Maint.	Patient Days	34	1,864,177	1,276,432	53,933	83,141	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 22,760,371	\$ 15,361,511		\$ 860,796	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	Capital Funding		X	Mortgage		4/13	\$ 8,075,500	\$ 7,446,265	5/43	2.9900	\$ 225,157	1	
2	Bank Leumi		X	Line of Credit		7/09	1,500,000	1,250,401	9/17	4.7500	59,002	2	
3												3	
4												4	
5	Insurance Interest (GL7053)		x	Malpractice Insurance							2,982	5	
	Working Capital												
6	Related party-AMS		x	Working Capital							8,652	6	
7												7	
8												8	
9	TOTAL Facility Related						\$ 9,575,500	\$ 8,696,666			\$ 295,793	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		x								(1,776)	10	
11	Int Income (GL#4975)		x								(4,552)	11	
12												12	
13	Amortization-ReFinancing Fee										15,736	13	
14	TOTAL Non-Facility Related						\$	\$			\$ 9,408	14	
15	TOTALS (line 9+line14)						\$ 9,575,500	\$ 8,696,666			\$ 305,201	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 48,943 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 2015 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	125,500	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	143,261	2
3. Under or (over) accrual (line 2 minus line 1).			\$	17,761	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	147,600	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.			\$	165,361	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax	\$	6,138	
		Total Real Estate Tax Expense, Sch V, Line 33	\$	171,499	
Real Estate Tax Bill for Calendar Year:	2011119,6608			FOR BHF USE ONLY	
	2012118,2619				
	2013121,02210	13	FROM R. E. TAX STATEMENT FOR 2015 \$		13
	2014121,88811	14	PLUS APPEAL COST FROM LINE 5 \$		14
	2015143,26112	15	LESS REFUND FROM LINE 6 \$		15
The current year accrual is based on an estimated 3% increase of the prior year tax.		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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Park Strathmoor COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0044909

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 2015 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 2015.

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
			<u>Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>146,629.00</u>	\$ <u>6,138.00</u>
2. <u>12-21-452-007</u>	<u>Nursing facility</u>	\$ <u>143,261.02</u>	\$ <u>143,261.02</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>289,890.02</u></u>	\$ <u><u>149,399.02</u></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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to providecopies 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).

none

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	221,441		\$ 569,205	1
2					2
3	TOTALS	221,441		\$ 569,205	3

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	\$	\$ 1,872,585
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		7,979
15	ABC - misc const. Work			2001	38,850	1,943	20	1,943		29,466
16	Rockford stem B			2001	5,035	109	15	109		5,035
17	FE Moran - Repair and Upgrade fire alarm system			2002	7,645	510	15	510		7,478
18	Patten - Repair Water System			2002	2,245	150	15	150		2,223
19	Capps - Repair water sys in Kitchen			2002	2,845	190	15	190		2,706
20	ABC - Repair Water heater			2002	7,113	474	15	474		6,992
21	ABC -			2002	4,256	284	15	284		3,999
22	ABC (misc construction work)			2002	4,233		10			4,233
23	ABC - Carpet			2002	1,078		10			1,078
24	ABC - Chimney			2002	758	38	20	38		541
25	ABC - Chimney 2			2002	3,032	152	20	152		2,164
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		10			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		1,761
31	Simplex - Fire & Security System Repair			2003	896	60	15	60		809
32	ABC - Repairs to Dining room			2003	5,177		10			5,177
33	ABC - Repair Boiler			2003	4,311		10			4,311
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:

01/01/2016 Ending: 12/31/2016

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

1	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		10			2,996	37
38 GT Mechanical-repair hot water tank	2004	3,325		10			3,325	38
39 P&M Mercury-chiller repair	2004	2,118		10			2,118	39
40 ABC-electrical & plumbing repairs	2004	2,112		10			2,112	40
41 ABC-electronic locks	2005	762		5			762	41
42 ABC-new flooring	2005	1,666		10			1,666	42
43 ABC-lock sets	2005	5,538		10			5,538	43
44 ABC-lock sets	2005	1,246		10			1,246	44
45 ABC-lock sets	2005	1,888		10			1,888	45
46 ABC-parking lot repairs	2005	9,095		10			9,095	46
47 ABC-door install and wireless alarm	2005	4,652		10			4,652	47
48 Oak Fire-replace fire alarm system	2005	6,800		10			6,800	48
49 A&B Custom Cable-wiring and install	2005	3,250		10			3,250	49
50 Top Notch-repair freezer door	2005	2,435		10			2,435	50
51 CSI-freezer repair	2005	1,553		10			1,553	51
52 GT Mechanical-freezer repairs	2005	2,825		10			2,825	52
53 GT Mech-kitchen repairs	2005	2,364		10			2,364	53
54 Patten-generator repairs	2005	3,560		10			3,560	54
55 ABC-faucet replacements	2005	2,518		10			2,518	55
56 Top Notch-repair freezer	2005	7,186		10			7,186	56
57 ABC-drywall	2005	655		10			655	57
58 Patten-generator repairs	2005	1,856		10			1,856	58
59 Patten-generator repairs	2005	3,429		10			3,429	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		3,281	61
62 ABC-install smoke alarms	2006	3,265	268	10	268		3,265	62
63 Patten-generator repairs	2006	24,100	201	10	201		24,100	63
64 GT Mechanical-replace pump motor	2006	3,162	133	10	133		3,162	64
65 ABC-New AC and ductwork	2006	26,034	2,388	10	2,388		26,034	65
66 ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		8,131	66
67 ABC-life code Imprvmt-carpetry firealrm & Elect.	2007	62,381	4,159	15	4,159		38,471	67
68 ABC-fire protection	2007	22,921	1,528	15	1,528		14,007	68
69 ABC-fire proofing	2007	18,549	1,237	15	1,237		11,339	69
70 TOTAL (lines 4 thru 69)		\$ 3,895,770	\$ 130,113		\$ 130,113	\$	\$ 2,181,542	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:

01/01/2016 Ending: 12/31/2016

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	\$ 130,113		\$ 130,113	\$	\$ 2,181,542	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674	367	10	367		3,517	2
3	ABC -install new gasketing mtrl around doors	2007	2,679	268	10	268		2,568	3
4	ABC -elevator pump	2007	7,462	746	10	746		7,087	4
5	ABC -locksets	2007	5,404	540	10	540		5,130	5
6	ABC -intall new smoke damper	2007	2,671		5			2,671	6
7	Gt Mechanical Inc. -water heater replaced	2007	5,728	382	15	382		3,533	7
8	Abc-instl. New elevetor pump	2007	13,180	879	15	879		8,131	8
9	ABC - new wall contruction	2007	11,466	1,147	10	1,147		10,610	9
10	ABC - replace entrance door	2007	4,352	435	10	435		3,988	10
11	ABC -boiler asphalt paving	2007	28,352	2,835	10	2,835		25,988	11
12	ABC -boiler repair & replace boiler valves	2007	15,917	1,592	10	1,592		14,461	12
13	ABC - install new boiler	2007	3,542	354	10	354		3,186	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		10,954	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		5,083	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		9,481	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612	2,661	10	2,661		21,732	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825	282	10	282		2,444	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053		5			6,053	21
22	ABC-Install new guter, oxygen sorage a label door	2008	2,863	286	10	286		2,503	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	444	25	444		3,848	23
24	ABC- Istall new exhaust Fan	2008	3,619	362	10	362		3,047	24
25	GT Mechanical, Inc- repair cooler, water pump	2008	2,627		5			2,627	25
26	GT Mechanica, Inc - Rep. Refreigerant Relief valve, leaks	2008	2,701	270	10	270		2,228	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548	637	15	637		4,511	27
28	ABC-Instll newBoiler tubes&crcltg pump/Jb#6032	2009	13,472	1,347	10	1,347		10,552	28
29	GTMECH -rps AC leak pump	2009	3,950		5			3,950	29
30	Gt Mechanical Inc.-repair leaking tubes in water cool	2009	3,785		5			3,785	30
31	GT Mechanical -Rprs Air condition bundle	2009	2,966		5			2,966	31
32	Top Notch -Install Evaporator, Refrigerant filter	2009	7,401		5			7,401	32
33	TOPNOT- AC Compressor and CondenseFreezer	2009	18,080	1,808	10	1,808		13,108	33
34	TOTAL (lines 1 thru 33)		\$ 4,188,390	\$ 150,442		\$ 150,442	\$	\$ 2,423,974	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:

01/01/2016 Ending: 12/31/2016

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	\$ 150,442		\$ 150,442	\$	\$ 2,423,974	1
2	<u>BOUDEV- Demolition,Dumpsters, Doors,Frames&hardware,VCT</u>	2010	63,192	4,213	15	4,213		27,735	2
3	<u>BOUDEV- Finish Drywall (2), Instll PatchFloor & VCT tile, Fire r</u>	2010	8,532	569	15	569		3,746	3
4	<u>EQUINT -Washer repairs</u>	2010	2,869		5			2,869	4
5	<u>TOPNOT-Rels Compressor, Filter,CoolerWarmer</u>	2010	2,652		5			2,652	5
6	<u>TOPNOT-Boiler repair</u>	2010	5,278		5			5,278	6
7	<u>GTMECH -Chiller leak repair</u>	2010	4,986		5			4,986	7
8	<u>ALDBEN-WindowShelf, Rprs ValveWaterExistingLine, -per Bldg</u>	2010	15,099	1,007	15	1,007		6,461	8
9	<u>Nov AMS-AMX/Hrld-Patten-Install rental Genset</u>	2010	6,159		5			6,159	9
10	<u>AFFCUS- Sprinkler System Reconfiguration</u>	2010	3,275	491	5	491		3,275	10
11	<u>ABC-Install Fire Dampers(HVAC,Sprinkler system, Fire protectio</u>	2010	258,600	10,344	25	10,344		65,512	11
12	<u>ALDBEN -Install Sprinkler System,HVAC & Concrete</u>	2010	71,490	3,575	20	3,575		22,344	12
13	<u>ASPMAI - Parking lot pavement of all dirt and clean crack</u>	2011	38,900	2,593	15	2,593		13,829	13
14	<u>ABC - Steel Railings (1)</u>	2011	16,003	1,067	15	1,067		5,602	14
15	<u>Jun AMS-AMEEXP Floyd-Patten CAT -Install new batteries and</u>	2011	6,610	441	5	441		6,610	15
16	<u>ALDBEN-Install Aluminum Windows(2)</u>	2011	3,121	312	10	312		1,716	16
17	<u>ABC -Leaking boiler repairs (2)</u>	2011	5,678	1,039	5	1,039		5,678	17
18	<u>ABC -Electrical cable install for booster</u>	2012	13,340	889	15	889		3,556	18
19	<u>ABC -Install PhasePump-Heating/Vent, Fire Alarm</u>	2012	4,468	447	10	447		2,160	19
20	<u>ABC-HVAC Boiler Leakage Repair</u>	2012	7,405	741	10	741		3,519	20
21	<u>ABC-repair HVAC boiler leakage tubes</u>	2012	7,140	714	10	714		3,392	21
22	<u>Oct AMS-AMX-Floyd-Patten-Install Cable wire & repairs Ceiling</u>	2012	5,926	1,185	5	1,185		5,135	22
23	<u>Oct AMS-AMX-Floyd-Patten-Repairs Drywall, ceiling tiles & plun</u>	2012	5,902	590	10	590		2,557	23
24	<u>ABC- Install Thermostatic water mixing valve</u>	2012	3,019	604	5	604		2,517	24
25	<u>ABC - Repair damaged corner brick wall in Lobby</u>	2012	2,732	546	5	546		2,230	25
26	<u>ABC -'Boiler#2 leaking rprs</u>	2012	5,968	597	10	597		2,388	26
27	<u>Roof installation, Emergency -JD&SON</u>	2013	7,000	700	10	700		2,508	27
28	<u>Boiler Retubing-ABC</u>	2013	25,370	1,691	15	1,691		5,637	28
29	<u>Boiler #1 tube replace- ABC</u>	2013	6,083	406	15	406		1,218	29
30	<u>Boiler #2 leakage repairs-ABC</u>	2013	4,656	310	15	310		930	30
31	<u>Brick rebuild outside wall -AMS</u>	2013	3,600	180	20	180		690	31
32	<u>Concrete & Scrape & Paint exterior-ALDMAN</u>	2014	2,750	275	10	275		710	32
33	<u>Asphalt & Facia repairs -ALDBEN</u>	2014	39,575	4,947	8	4,947		11,131	33
34	TOTAL (lines 1 thru 33)		\$ 4,845,766	\$ 190,914		\$ 190,914	\$	\$ 2,658,703	34

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

Facility Name & ID Number Alden Park Strathmoor

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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 12C, Carried Forward		\$ 4,845,766	\$ 190,914		\$ 190,914	\$	\$ 2,658,703	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controllor PC Board	2014	86	17		17		44	27
28	Adjust for ABC Related Party Profit	2008	(303)	(26)		(26)		(195)	28
29	Adjust for ABC Related Party Profit	2009	(178)	(5)		(5)		(37)	29
30	Adjust for ABC Related Party Profit	2010	(4,224)	(117)		(117)		(760)	30
31	Adjust for ABC Related Party Profit	2011	193	8		8		36	31
32	Adjust for ABC Related Party Profit	2012	2,721	298		298		1,192	32
33	Adjust for ABC Related Party Profit	2013	486	15		15		53	33
34	TOTAL (lines 1 thru 33)		\$ 4,935,374	\$ 191,953		\$ 191,953	\$	\$ 2,745,331	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:

01/01/2016 Ending: 12/31/2016

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 12D, Carried Forward		\$ 4,935,374	\$ 191,953		\$ 191,953	\$	\$ 2,745,331	1
2	Asphalt & Facia repairs -ALDBEN	2014	9,495	633	15	633		1,424	2
3	Boiler Retube # 1 -ALDBEN	2014	13,907	927	15	927		2,549	3
4	Boiler leakage repair -ABC	2014	5,962	1,192	5	1,192		3,278	4
5	Roofwork completed -JDROOF	2014	3,500	700	5	700		1,633	5
6	Elevator upgrade 2of2 -SUBELE (telephone connect to equipment	2015	3,354	671	5	671		1,006	6
7	Motor (1) for dishmachine-TOPNOT	2016	2,751	92	5	92		92	7
8	Motor (1) for pump-GTMECH	2016	3,101	103	5	103		103	8
9	Chiller piping repair -GTMECH	2016	17,821	990	15	990		990	9
10	Storage tank leak repair -ALDBEN	2016	6,793	793	5	793		793	10
11	Plumbing Reprs per States of IL -ALDBEN	2016	12,324	274	15	274		274	11
12	Soda shop/Food Pentry -ALDBEN	2016	99,490	2,321	25	2,321		2,321	12
13	Demolition-ABC	2016	8,359	209	20	209		209	13
14	Carpentry-ABC	2016	27,044	901	15	901		901	14
15	Fire Caulking-ABC	2016	3,073	61	25	61		61	15
16	Roofing-ABC	2016	4,302	143	15	143		143	16
17	Windows -Tinting-ABC	2016	6,146	307	10	307		307	17
18	Door Automatic Openers/Vestibule-ABC	2016	18,439	615	15	615		615	18
19	Countertops -ABC	2016	18,439	461	2020	461		461	19
20	Acoustical-ABC	2016	16,595	415	15	415		415	20
21	Painting & Decorating-ABC	2016	34,420	1,147	39	1,147		1,147	21
22	Wall Covering-ABC	2016	7,376	95	25	95		95	22
23	Fire Alarm-ABC	2016	11,678	234	39	234		234	23
24	Heating & Cooling system upgrade with Exiting System-ABC	2016	677,328	8,684	25	8,684		8,684	24
25	Fire Protection/Sprinkler-ABC	2016	9,342	187	20	187		187	25
26	Plumbing Floor Saw Cutting/Patching/Concrete-ABC	2016	4,302	108	20	108		108	26
27	Plumbing pipes install for pantry room, two public bathroom, acvi	2016	34,420	860	39	860		860	27
28	Electrical for HVAC work-ABC	2016	49,171	630	39	630		630	28
29	Interior Design Fees-ABC	2016	24,585	315	39	315		315	29
30	Prelim Review--ILLDPR	2016	5,700	73	39	73		73	30
31	PERMIT FEE-CITROC	2016	4,564	59	25	59		59	31
32	Soda Shop -INTCON	2016	30,600	612	25	612		612	32
33	Soda shop/Food Pentry -ALDBEN	2016	15,210	304	25	304		304	33
34	TOTAL (lines 1 thru 33)		\$ 6,124,966	\$ 217,070		\$ 217,070	\$	\$ 2,776,216	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:

01/01/2016 Ending: 12/31/2016

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

1	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 12E, Carried Forward	2016	\$ 6,124,966	\$ 217,070		\$ 217,070	\$	\$ 2,776,216	1
2 Soda shop/Food Pentry -FOXBU1	2016	2,900	48	25	48		48	2
3 Soda shop/Food Pentry -FLOWAL	2016	5,800	97	25	97		97	3
4 Windows/Framing -INTCON	2016	34,500	345	25	345		345	4
5 Motor (1) for dishmachine-TOPNOT	2016	2,751	413	5	413		413	5
6 Motor (1) for pump-GTMECH	2016	3,101	465	5	465		465	6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26 Adjust for ABC Related Party Profit	2014	(193)	(24)		(24)		(56)	26
27 Adjust for ABC Related Party Profit	2015							27
28 Adjust for ABC Related Party Profit	2016	(6,864)	(120)		(120)		(120)	28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 6,166,960	\$ 218,294		\$ 218,294	\$	\$ 2,777,408	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	\$437,014	\$44,949	\$44,949	\$	varies	\$194,146	71
72	Current Year Purchases	345,218	10,570	10,570		varies	12,467	72
73	Fully Depreciated Assets	884,334	3,169	3,169		varies	884,334	73
74								74
75	TOTALS	\$1,666,566	\$58,688	\$58,688	\$		\$1,090,947	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	\$	\$	\$	3	\$43,244	76
77										77
78										78
79	Related Party -AMS	various	1998-2004	4,026					4,026	79
80	TOTALS			\$47,270	\$	\$	\$		\$47,270	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$8,450,001	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$276,982	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$276,982	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)	\$3,915,625	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.

Facility Name & ID Number	Alden Park Strathmoor
--------------------------------------	------------------------------

0044909

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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:				\$	Related Party - Cost is backed out		3
4	Additions							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: \$ 30,000 Description: copy machine GL 6861 and equipment lease 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	\$ #####	\$ 17,016	17
18					18
19	Auto lease - gl 6890	various	0.00	0	19
20					20
21	TOTAL		\$ #####	\$ 17,016	21

10. Effective dates of current rental agreement:

Beginning 01/01/2011

Ending **12/31/2020**

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

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. 12/31/2017

\$ varies

13. 12/31/2018

\$ varies

14. 12/31/2019

\$ 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.**

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)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
- C. CONTRACTUAL INCOME

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

\$
- D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	
- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)										
		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	\$		\$ 132,664	\$		\$ 132,664	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			121,883			121,883	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			182,184			182,184	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				152,226		152,226	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any		431,650		155,521	53,933		641,104	12
13	Other (specify):	See Pg 16A				288,632	346,443		635,075	13
14	TOTAL			\$ 431,650		\$ 880,883	\$ 552,602		\$ 1,865,136	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.

Alden-Park Strathmoor, Inc.
PA pg 16A Ref. Line 39 Details
For the Twelve Months Ending December 31, 2016

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		132,664.20	132,664.20
2.	ST		39-3	To Col 5		121,882.55	121,882.55
3.							-
4.	PT		39-3	To Col 5		182,183.69	182,183.69
5.							-
6.							
7.							
8.	Pharmacy Supplies per GL					160,586.72	
	Manual Input from Related Party- Forum Drugs					(8,361.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		-	152,225.72
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		-	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		53,933.13	0.00
	Total Exceptional Care (Line 12, Col 8)					-	53,933.13
12	Reclass to Col 5 for RT Allocation			To Col 5		155,521.08	155,521.08
12.	Col 3. Salary Split			To Col 3		431,650.00	431,650.00
13.	Other:	See Pg 16A					
13.	Col 5: Manual Input: Related Party - CPT			To Col 5		288,631.92	288,631.92
	Other					702,383.46	
	Manual Input: Related Party - Prism					21,909.00	
	Manual Input: Related Party FECII - I.V.					(829.00)	
	Manual Input: Related Party FECII - Wound Care					(1,094.00)	
	Oxygen, from reclass worksheet (Pg 4A)					50,494.00	
12.	CPT Reclass to Col 5 for RT			To Col 5		(426,420.00)	
13.	Col 6: Supplies Total			To Col 6		-	346,443.46
13.	Total Line 13, Column 8					-	635,075.38
14.	Total					-	1,865,135.75

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 193,963	\$ 620,798	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (90,000))	1,917,669	1,917,669	3
4	Supply Inventory (priced at)	4,107	4,107	4
5	Short-Term Investments	8,679	8,679	5
6	Prepaid Insurance		6,324	6
7	Other Prepaid Expenses	5,266	25,453	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	11,419	129,814	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,141,103	\$ 2,712,844	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		611,909	13
14	Buildings, at Historical Cost		3,524,779	14
15	Leasehold Improvements, at Historical Cost	1,003,617	3,503,183	15
16	Equipment, at Historical Cost	753,140	988,012	16
17	Accumulated Depreciation (book methods)	(1,252,528)	(3,917,033)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		118,517	21
22	Other Long-Term Assets (spe Fin Fees, net		232,455	22
23	Other(specify): Repairs Escrow		11,915	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 504,229	\$ 5,073,737	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,645,332	\$ 7,786,581	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 724,052	\$ 724,052	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	317,919	317,919	28
29	Short-Term Notes Payable		187,956	29
30	Accrued Salaries Payable	488,530	488,530	30
31	Accrued Taxes Payable (excluding real estate taxes)	23,631	23,631	31
32	Accrued Real Estate Taxes(Sch.IX-B)		147,600	32
33	Accrued Interest Payable		151,887	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	150,504	150,514	36
37	Due to Affiliates	3,094,643	2,902,624	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,799,279	\$ 5,094,713	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,250,401	1,250,401	39
40	Mortgage Payable		7,258,310	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)	\$ 1,250,401	\$ 8,508,711	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,049,680	\$ 13,603,424	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,404,347)	\$ (5,816,842)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,645,332	\$ 7,786,581	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,078,867)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,078,867)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	674,520	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)	\$ 674,520	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)	\$ (3,404,347)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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	\$ 10,992,038	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,992,038	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	152,186	6
7	Oxygen	49,757	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 201,943	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	11,987	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 11,987	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	4,055	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,055	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	1,854	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,854	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,211,877	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,491,179	31
32	Health Care	3,372,684	32
33	General Administration	2,553,033	33
	B. Capital Expense		
34	Ownership	919,678	34
	C. Ancillary Expense		
35	Special Cost Centers	1,785,284	35
36	Provider Participation Fee	415,499	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,537,357	40
41	Income before Income Taxes (line 30 minus line 40)**	674,520	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 674,520	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 8,200,374	44
45	Private Pay - Net Inpatient Revenue	490,836	45
46	Medicare - Net Inpatient Revenue	1,279,198	46
47	Other-(specify) Hospice/Insurance	1,021,630	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,992,038	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 avail. 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	#	0044909	Report Period Beginning	01/01/2016	Ending:	12/31/2016
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Details of Page 19, Line 28

Description	Amount
Misc. Income GL#4977 (discrbe) (is offset against Sch.# V)	\$ 845
Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	
Wage Service Fee- Backed out with line reference 22 on page 5A	
Record Copies- Backed out with line reference 22 on page 5A	
Jury Duty- Backed out with line reference 22 on page 5A	
Vending Machine Receipt- Backed out with line reference 2 on page 5A	\$ 41
Recovery of Bad Debts (private only, is not offset on Schld V)	\$ 969
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	
Vendor Discount	
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	
Line 28 Total:	<u>1,854</u>

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	\$ 97,405	\$ 46.83	1
2	Assistant Director of Nursing	2,064	2,073	79,046	38.13	2
3	Registered Nurses	27,843	29,761	990,339	33.28	3
4	Licensed Practical Nurses	23,274	25,143	758,688	30.17	4
5	CNAs & Orderlies	82,996	87,680	1,021,809	11.65	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,762	4,232	69,196	16.35	8
9	Activity Director	1,976	2,239	41,943	18.73	9
10	Activity Assistants	5,706	6,126	56,534	9.23	10
11	Social Service Workers	2,144	2,279	57,497	25.23	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	43,017	20.68	13
14	Head Cook					14
15	Cook Helpers/Assistants	18,282	19,689	200,657	10.19	15
16	Dishwashers					16
17	Maintenance Workers	2,032	2,032	55,653	27.39	17
18	Housekeepers	13,728	14,977	143,739	9.60	18
19	Laundry	5,503	5,921	69,401	11.72	19
20	Administrator	2,080	2,080	103,258	49.64	20
21	Assistant Administrator					21
22	Other Administrative	5,392	5,450	124,824	22.90	22
23	Office Manager					23
24	Clerical	4,508	4,655	50,585	10.87	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,846	1,846	64,086	34.72	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselor	3,647	3,900	64,750	16.60	32
33	Other(specify) Unit Manager/Managerial Aide	7,716	8,180	135,754	16.60	33
34	TOTAL (lines 1 - 33)	218,659	232,423	\$ 4,228,181 *	\$ 18.19	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	2255/Monthly	\$ 27,060	1-3	35
36	Medical Director	4562/Monthly	54,750	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	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	33	1,715	11-3	44
45	Social Service Consultant	140	2,240	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	173	\$ 90,301		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	3	\$ 1,112	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	3	\$ 1,112		53

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

** See instructions.

STATE OF ILLINOIS

Page 21

Facility Name & ID Number

Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	
KULJANIN, NIKOLINA		Administrator	0	\$ 103,258	Workers' Compensation Insurance		\$ 151,327	IDPH License Fee		\$	
					Unemployment Compensation Insurance		52,338	Advertising: Employee Recruitment		1,979	
					FICA Taxes		314,365	Health Care Worker Background Check			
					Employee Health Insurance		74,460	(Indicate # of checks performed 20)		650	
					Employee Meals		29,875	Patient Background Checks		95 1,056	
					Illinois Municipal Retirement Fund (IMRF)*			Surety Bond/Crisis CPI Membership fee		750	
					Union Health & Welfare		98,718	Health Care Council		18,144	
					Dental, Life, Relations, Pension & Misc		41,577	Related party - Park, LLC		309	
					Tuition & Drug Test		3,115	Citi Corp-Annual Rpt/CMS of Holland Inc.		441	
					401k Match / Empl. Dishonesty/Emp Vaccin		7,946	Related party- AMS		3,002	
								Less: Public Relations Expense		()	
								Non-allowable advertising		()	
					Related party- Forum		(3,053)	Yellow page advertising		()	
TOTAL (agree to Schedule V, line 17, col. 1)				\$ 103,258	TOTAL (agree to Schedule V, line 22, col.8)		\$ 770,668	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 26,331	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**			
Description			Amount	Description		Line #	Amount	Description		Amount	
			\$	Not Applicable			\$	Out-of-State Travel		\$	
								In-State Travel			
								Related party- AMS		1,489	
TOTAL (agree to Schedule V, line 17, col. 3)			\$					Seminar Expense			
(Attach a copy of any management service agreement)								IL Council Seminar		355	
C. Professional Services								Health Care expo		77	
Vendor/Payee	Type		Amount					Entertainment Expense		()	
Alden Management Services	Consulting fees		\$ 794,331					(agree to Sch. V,			
BDO Seidman & Virchow Krause	Accounting Fees		13,305					line 24, col. 8)		\$ 1,921	
Christine Novotny/KPMG	Accounting Fees		216								
Pogrund & Korey LLC-d/b/a Stone P	Legal-Collection		5,880								
Silversti Law Office/Ariana Fish	Legal-Collections		2,325								
Chicago title Company./Recorder of I	Legal-Collections		125								
First Advantage	Tax Credit Services		4,083								
AMS (Eliminated)	Allocated Legal Fees		45,192								
Law Office of Shriver	Legal-Non Collection		720								
Gozdecki, Del Giudice, Americus, Far	Legal-Non Collection		677								
Re-class Accurate Biometricsresident Background check			171								
TOTAL (agree to Schedule V, line 19, column 3)			\$ 867,025	TOTAL			\$				
(For legal fee disclosure, see page 39 of instructions)											

* Attach copy of IMRF notifications

**See instructions.

Alden-Park Strathmoor, Inc.
Legal Fee Support
2016

Legal Fees Reported on Pg 21, Section C:	\$	54,919.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(8,330.33)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(45,192.00)
Allowable Legal Fees	\$	<u>1,396.67</u>

In Detail:		
Vendor Name	Invoice Date	Amount
Law Office of Shriver	05/27/16	378.00
Law Office of Shriver	05/27/16	342.00
Gozdecki, Del Giudice, Americus, Farkas	04/07/16	372.74
Gozdecki, Del Giudice, Americus, Farkas	02/05/16	144.08
Gozdecki, Del Giudice, Americus, Farkas	02/05/16	159.96

TOTAL ALLOWABLE LEGAL FEES	<u>1,396.78</u>
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Vendor Name	Invoice Date	Amount
Ariana Fish	08/30/16	48.00
Chicago Title Company, Inc.	11/18/16	80.00
Recorder of Deeds Winnebago County	11/18/16	45.00
Pogrund & Korey LLC-d/b/a Stone Pogrund	03/05/16	820.13
Pogrund & Korey LLC-d/b/a Stone Pogrund	02/05/16	1,249.00
Pogrund & Korey LLC-d/b/a Stone Pogrund	07/07/16	1,093.75
Pogrund & Korey LLC-d/b/a Stone Pogrund	05/06/16	1,043.74
Pogrund & Korey LLC-d/b/a Stone Pogrund	04/07/16	875.00
Pogrund & Korey LLC-d/b/a Stone Pogrund	06/07/16	764.46
Pogrund & Korey LLC-d/b/a Stone Pogrund	11/07/16	35.00
Silvestri Law Office	09/26/16	500.00
Silvestri Law Office	05/13/16	1,777.25

TOTAL Collection-NOT ALLOWABLE LEGAL FEES	<u>8,330.33</u>
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Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'16	01/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	02/29/16	3,766.00
AMS Corp Legal Cost Alloc-'16	03/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	04/30/16	3,766.00
AMS Corp Legal Cost Alloc-'16	05/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	06/30/16	3,766.00
AMS Corp Legal Cost Alloc-'16	07/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	08/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	09/30/16	3,766.00
AMS Corp Legal Cost Alloc-'16	10/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	11/30/16	3,766.00
AMS Corp Legal Cost Alloc-'16	12/31/16	3,766.00

TOTAL Allocated Legal Fees	<u>45,192.00</u>
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Total Legal Cost	<u>54,919.11</u>
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XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

CNA:Yes,RN/LPNs: NC

(2)

Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount. Health Care Council -\$18,144

(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?

7.5

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 47,692

Line 10

(7)

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

Yes

If NO, attach a complete explanation.

(8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

N/A

(9)

Are you presently operating under a sublease agreement?

YES

x

NO

(10)

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

YES

NO

x

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

(11)

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

\$ 415,499

This amount is to be recorded on line 42 of Schedule V.

(12)

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

No

If YES, attach an explanation of the allocation.
- (13)

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

Yes

(14)

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

No

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

(15)

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

\$ 29,875

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 of Schedule V?

Yes

(19)

Has a schedule for the legal fees reported on the cost report been provided by the facility?

See page 39 of the instructions for details.

Yes

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