

Facility Name & ID Number Alden Park Strathmoor

0044909 Report Period Beginning: 1/1/07 Ending: 12/31/07

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	9,915	1,209	6,084	17,208	8
9	SNF/PED					9
10	ICF	29,420	426		29,846	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	39,335	1,635	6,084	47,054	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.21%

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)

N/A

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

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

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

I. On what date did you start providing long term care at this location?
Date started 08/01/00

J. Was the facility purchased or leased after January 1, 1978?
YES Date 08/01/00 NO

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 3,025

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/07 Fiscal Year: 12/31/07

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/07 Ending: 12/31/07

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	240,463	32,427	12,000	284,890	848	285,738	1,988	287,726		1
2	Food Purchase		324,797		324,797	(18,914)	305,883	(60,409)	245,474		2
3	Housekeeping	160,351	32,482		192,833	475	193,308	3,807	197,115		3
4	Laundry	72,688	28,126		100,814	264	101,078		101,078		4
5	Heat and Other Utilities			181,014	181,014		181,014	(4,140)	176,874		5
6	Maintenance	44,709		139,799	184,508	63	184,571	15,649	200,220		6
7	Other (specify):* Related Party							7,555	7,555		7
8	TOTAL General Services	518,211	417,832	332,813	1,268,856	(17,264)	1,251,592	(35,550)	1,216,042		8
	B. Health Care and Programs										
9	Medical Director			36,600	36,600		36,600		36,600		9
10	Nursing and Medical Records	2,291,333	189,035	4,706	2,485,074	16,609	2,501,683	49,067	2,550,750		10
10a	Therapy	8,719			8,719		8,719		8,719		10a
11	Activities	112,163	5,632	4,252	122,047	122	122,169		122,169		11
12	Social Services	39,205			39,205		39,205		39,205		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							8,051	8,051		15
16	TOTAL Health Care and Programs	2,451,420	194,667	45,558	2,691,645	16,731	2,708,376	57,118	2,765,494		16
	C. General Administration										
17	Administrative	90,846			90,846		90,846	81,427	172,273		17
18	Directors Fees										18
19	Professional Services			409,212	409,212	(69,290)	339,922	(278,762)	61,160		19
20	Dues, Fees, Subscriptions & Promotions			71,286	71,286	(842)	70,444	(47,472)	22,972		20
21	Clerical & General Office Expenses	64,050	26,595	52,486	143,131	1,078	144,209	263,157	407,366		21
22	Employee Benefits & Payroll Taxes			528,543	528,543	13,008	541,551	(1,577)	539,974		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,557	7,557		7,557	2,118	9,675		24
25	Other Admin. Staff Transportation			322	322		322	11,387	11,709		25
26	Insurance-Prop.Liab.Malpractice			182,901	182,901	(858)	182,043	7,149	189,192		26
27	Other (specify):* Related Party			(18,582)	(18,582)		(18,582)	72,824	54,242		27
28	TOTAL General Administration	154,896	26,595	1,233,725	1,415,216	(56,904)	1,358,312	110,251	1,468,563		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,124,527	639,094	1,612,096	5,375,717	(57,437)	5,318,280	131,819	5,450,099		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 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	
	D. Ownership											
30	Depreciation			66,515	66,515		66,515	122,769	189,284			30
31	Amortization of Pre-Op. & Org.							61	61			31
32	Interest			128,781	128,781	858	129,639	186,991	316,630			32
33	Real Estate Taxes							120,194	120,194			33
34	Rent-Facility & Grounds			555,488	555,488		555,488	(555,488)				34
35	Rent-Equipment & Vehicles			8,372	8,372		8,372	34,427	42,799			35
36	Other (specify):*											36
37	TOTAL Ownership			759,156	759,156	858	760,014	(91,046)	668,968			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	331,260	379,206	596,299	1,306,765	56,579	1,363,344	(118,319)	1,245,025			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			103,478	103,478		103,478		103,478			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	331,260	379,206	699,777	1,410,243	56,579	1,466,822	(118,319)	1,348,503			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,455,787	1,018,300	3,071,029	7,545,116		7,545,116	(77,546)	7,467,570			45

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

Reporting Period Beginning

1/1/2007

Reporting Period Ending

12/31/2007

Reclassifications - Pgs 3 and 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(18,914.00)	Employee Meals
	22	18,914.00	Employee Meals
10		(56,579.01)	Oxygen Costs
	39	56,579.01	Oxygen Costs
26		(858.00)	Insurance Expense
	32	858.00	Insurance Expense
22		(5,906.22)	Employee Uniforms
	1	848.03	Employee Uniforms
	3	475.28	Employee Uniforms
	4	263.98	Employee Uniforms
	6	62.79	Employee Uniforms
	10	3,898.17	Employee Uniforms
	11	122.46	Employee Uniforms
	21	235.51	Employee Uniforms
19		(69,290.00)	Pathway - Clinincal Consultants
	10	69,290.00	Pathway - Clinincal Consultants
20		(842.00)	eHealth Data Solu., Ext Care info Network exp. Reclass
	21	842.00	eHealth Data Solu., Ext Care info Network exp. Reclass
		<hr/>	
		-	

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				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	(27,333)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(600)	2		13
14	Non-Care Related Interest	(1,447)	21		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(39,487)	32		18
19	Entertainment	(423)	20		19
20	Contributions	(2,359)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(9,141)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	18,582	27		24
25	Fund Raising, Advertising and Promotional	(11,832)	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)	\$ (74,040)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	92,173	Various	34
35	Other- Attach Schedule	(95,679)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (3,506)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (77,546)		37

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

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

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		x	\$	38
39			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	Exceptional Care Program		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: 1/1/07

Ending: 12/31/07

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (6,843)	5	1
2	Intercompany Interest with AMS	(19,911)	32	2
3	Misc Income - Garnishment Processing	(282)	22	3
4	Misc Income - Record Copies	(344)	22	4
5	Misc Income - Jury Duty	(50)	22	5
6	Misc Income - Vending Machine	(205)	2	6
7	Misc Income - Food Rebate	(361)	2	7
8	Marketing Manager & Aides	(5,586)	21	8
9	Vendor Settlements	(2,000)	21	9
10	Reduce deprec exp on Pg 12 items under \$2500-PS,LLC	(125)	30	10
11	Reduce deprec exp on Pg 12 items under \$2500-Park	(1,286)	30	11
12	Expense captial items < \$2500 on Pg 12 items-PS, LLC	1,753	6	12
13	Expense captial items < \$2500 on Pg 12 items-PS	13,901	6	13
14	Reduce deprec exp on Pg 13 items under \$2500	(1,889)	30	14
15	Expense captial items < \$2500 on Pg 13 items	14,896	6	15
16	Intercompany Interest with AMS-PS, LLC	(72,548)	32	16
17	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	17
18	Fines & Penalties	(4,269)	32	18
19	29.31 % of PAC Fees in IHCA expenses	(3,313)	20	19
20	Depreciation Adj for assets	(14)	30	20
21	Bank Fees paid by LLC	(47)	21	21
22	Deming Adjustment	92	24	22
23	Vendor Settlements- Multiit Callone	1,200	6	23
24	Vendor Settlements - Multiit Corporation & Ashman	800	21	24
25	Reduce Emplpyee Benefit for Marketing	(854)	22	25
26	Eliminate non - care Employee Benefits	(47)	22	26
27	Eliminate non - care Marketing	(47)	20	27
28	Eliminate non - care G & A costs	(75)	21	28
29	Eliminate non - care R & M costs	(75)	6	29
30	Backed out PAC fees in IHCA expenses	(150)	24	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	(95,679)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

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	5,459	(3,471)	0	0	0	0	0	0	0	1,988	1
2	Food Purchase	(1,166)	0	0	(59,243)	0	0	0	0	0	0	0	(60,409)	2
3	Housekeeping	0	0	3,807	0	0	0	0	0	0	0	0	3,807	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(6,843)	0	2,703	0	0	0	0	0	0	0	0	(4,140)	5
6	Maintenance	31,675	0	(14,877)	0	0	0	(1,149)	0	0	0	0	15,649	6
7	Other (specify):*	0	0	6,109	1,446	0	0	0	0	0	0	0	7,555	7
8	TOTAL General Services	23,666	0	3,201	(61,268)	0	0	(1,149)	0	0	0	0	(35,550)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	46,122	1,707	1,238	0	0	0	0	0	0	49,067	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	8,051	0	0	0	0	0	0	0	0	8,051	15
16	TOTAL Health Care and Programs	0	0	54,173	1,707	1,238	0	0	0	0	0	0	57,118	16
	C. General Administration													
17	Administrative	0	0	81,427	0	0	0	0	0	0	0	0	81,427	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(9,141)	0	(269,621)	0	0	0	0	0	0	0	0	(278,762)	19
20	Fees, Subscriptions & Promotions	(17,974)	550	(30,048)	0	0	0	0	0	0	0	0	(47,472)	20
21	Clerical & General Office Expenses	(8,355)	47	228,865	32,193	10,407	0	0	0	0	0	0	263,157	21
22	Employee Benefits & Payroll Taxes	(1,577)	0	0	0	0	0	0	0	0	0	0	(1,577)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(58)	0	2,176	0	0	0	0	0	0	0	0	2,118	24
25	Other Admin. Staff Transportation	0	0	11,387	0	0	0	0	0	0	0	0	11,387	25
26	Insurance-Prop.Liab.Malpractice	0	6,948	201	0	0	0	0	0	0	0	0	7,149	26
27	Other (specify):*	18,582	0	50,700	3,007	535	0	0	0	0	0	0	72,824	27
28	TOTAL General Administration	(18,523)	7,545	75,087	35,200	10,942	0	0	0	0	0	0	110,251	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	5,143	7,545	132,461	(24,361)	12,180	0	(1,149)	0	0	0	0	131,819	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

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	(3,314)	121,330	3,226	0	1,527	0	0	0	0	0	0	122,769	30
31	Amortization of Pre-Op. & Org.	0	0	61	0	0	0	0	0	0	0	0	61	31
32	Interest	(171,548)	345,159	12,603	0	592	185	0	0	0	0	0	186,991	32
33	Real Estate Taxes	0	115,835	4,167	0	192	0	0	0	0	0	0	120,194	33
34	Rent-Facility & Grounds	0	(555,488)	0	0	0	0	0	0	0	0	0	(555,488)	34
35	Rent-Equipment & Vehicles	0	0	34,427	0	0	0	0	0	0	0	0	34,427	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(174,862)	26,836	54,484	0	2,311	185	0	0	0	0	0	(91,046)	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	(61,830)	(20,111)	(36,378)	0	0	0	0	0	(118,319)	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	(61,830)	(20,111)	(36,378)	0	0	0	0	0	(118,319)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(169,719)	34,381	186,945	(86,191)	(5,620)	(36,193)	(1,149)	0	0	0	0	(77,546)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Rockford Investments, LLC	100	See Pg 6K		See Pg 6K		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 555,488	Park Strathmoor, LLC		\$	(555,488)	1
2	V	32 Interest -Other		Park Strathmoor, LLC	100.00%	207	207	2
3	V	32 Interest Exp to AMS		Park Strathmoor, LLC	100.00%	72,548	72,548	3
4	V	32 Interest -Other		Park Strathmoor, LLC	100.00%	8,000	8,000	4
5	V	33 Real Estate Tax		Park Strathmoor, LLC	100.00%	115,835	115,835	5
6	V	26 General Insurance Expense		Park Strathmoor, LLC	100.00%	6,948	6,948	6
7	V	32 Interest On Mortg. Note		Park Strathmoor, LLC	100.00%	260,135	260,135	7
8	V	30 Depreciation		Park Strathmoor, LLC	100.00%	121,330	121,330	8
9	V	21 Bank Fees		Park Strathmoor, LLC	100.00%	47	47	9
10	V	32 Fines and Penalties		Park Strathmoor, LLC	100.00%	4,269	4,269	10
11	V	20 Licenses & Inspections		Park Strathmoor, LLC	100.00%	250	250	11
12	V	20 Dues & Subscriptions		Park Strathmoor, LLC	100.00%	300	300	12
13	V							13
14	Total		\$ 555,488			\$ 589,869	\$ * 34,381	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%	\$ 2,703	\$	2,703	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		2,176		2,176	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		11,387		11,387	17
18	V	26 Insurance		Alden Management Services, Inc.		201		201	18
19	V	20 Dues & Subscriptions	30,510	Alden Management Services, Inc.		462		(30,048)	19
20	V	30 Depreciation		Alden Management Services, Inc.		3,226		3,226	20
21	V	31 Amortization		Alden Management Services, Inc.		61		61	21
22	V	33 Real Estate Tax		Alden Management Services, Inc.		4,167		4,167	22
23	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		34,427		34,427	23
24	V	32 Interest		Alden Management Services, Inc.		12,603		12,603	24
25	V	1 Dietary		Alden Management Services, Inc.		5,459		5,459	25
26	V	3 Housekeeping		Alden Management Services, Inc.		3,807		3,807	26
27	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,109		6,109	27
28	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		46,122		46,122	28
29	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		8,051		8,051	29
30	V	17 Administrative Salary		Alden Management Services, Inc.		81,427		81,427	30
31	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		50,700		50,700	31
32	V	19 Professional Fees	310,789	Alden Management Services, Inc.		41,168		(269,621)	32
33	V	21 Gen'I & Admin		Alden Management Services, Inc.		228,865		228,865	33
34	V	6 Repair & Maint.	49,730	Alden Management Services, Inc.		34,853		(14,877)	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 391,029			\$ 577,974	\$ *	186,945	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	\$ 12,000	Prism Health Care Services, Inc.	0.00%	\$ 4,124	\$ (7,876)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		4,405	4,405
17	V	2 Tube Feeding	104,519	Prism Health Care Services, Inc.		45,276	(59,243)
18	V	10 Equip. Rental	3,060	Prism Health Care Services, Inc.		4,767	1,707
19	V	39 Ancillary Supplies	176,483	Prism Health Care Services, Inc.		95,089	(81,394)
20	V	39 Vent Rent		Prism Health Care Services, Inc.		19,564	19,564
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		12,811	12,811
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		3,007	3,007
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		1,446	1,446
24	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		19,382	19,382
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 296,062			\$ 209,871	\$ * (86,191)

* 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 <u>Drugs</u>	\$ 75,001	Forum Extended Care Services II, Inc.	0.00%	\$ 111,243	\$ 36,242
16	V	39 <u>IV</u>	61,529	Forum Extended Care Services II, Inc.		6,751	(54,778)
17	V	39 <u>Wound Care</u>	7,662	Forum Extended Care Services II, Inc.		6,087	(1,575)
18	V	10 <u>House Stock</u>	8,369	Forum Extended Care Services II, Inc.		7,986	(383)
19	V	10 <u>Pharmacy Consultant</u>	4,706	Forum Extended Care Services II, Inc.		6,327	1,621
20	V	27 <u>Employee Vaccin.</u>	929	Forum Extended Care Services II, Inc.		728	(201)
21	V	27 <u>Employee Benefits: G&A</u>		Forum Extended Care Services II, Inc.		736	736
22	V	21 <u>Gen'l & Admin. Salary</u>		Forum Extended Care Services II, Inc.		5,583	5,583
23	V	21 <u>Gen'l & Admin</u>		Forum Extended Care Services II, Inc.		4,824	4,824
24	V	32 <u>Interest</u>		Forum Extended Care Services II, Inc.		592	592
25	V	33 <u>Real Estate Tax</u>		Forum Extended Care Services II, Inc.		192	192
26	V	30 <u>Depreciation</u>		Forum Extended Care Services II, Inc.		1,527	1,527
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 158,196			\$ 152,576	\$ * (5,620)

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

Facility Name & ID Number

Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

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	\$ 589,539	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 553,161	\$ (36,378)
16	V	32 Interest		Community Physical Therapy & Associates, Ltd.		185	185
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 589,539			\$ 553,346	\$ * (36,193)

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

Facility Name & ID Number

Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

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	\$ 84,304	Alden Bennett Construction Company, Inc.	0.00%	\$ 83,155	\$ (1,149)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 84,304			\$ 83,155	\$ * (1,149)

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

Facility Name & ID Number

Alden Park Strathmoor

Provider No.

0044909

Report Period Beginning:

1/1/2007

Ending:

12/31/2007

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
		The Forum Professional Center, LP	Chicago	Home Office rental
Heather Health Care Center, Inc.	Harvey			
Alden-Long Grove Rehabilitation and Health Care Center, Inc.	Long Grove	Forum Extended Care Services II, Inc.	Chicago	Pharmacy
Alden-Lincoln Park Rehabilitation and Health Care Center, Inc.	Chicago	Alden Management Services, Inc.	Chicago	Management
Alden-Northmoor Rehabilitation and Health Care Center, Inc.	Chicago			
Alden-Lakeland Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town East, Inc.	Bloomingtondale	Alden Garden Courts of DesPlaines, LLC	DesPlaines	Assisted Living/Alzheimers Facility
Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	McHenry	Alden Courts of Waterford, LLC	Aurora	Alzheimers Facility
Alden - Wentworth Rehabilitation and Health Care Center, Inc.	Chicago	Alden Gardens of Waterford, LLC	Aurora	Assisted Living
Alden - Naperville Rehabilitation and Health Care Center, Inc.	Naperville	Prism Health Care Services, Inc.	Schaumburg	Nursing and Durable Equipment
Alden - Valley Ridge Rehabilitation and Health Care Center, Inc.	Bloomingtondale	Community Physical Therapy & Associates, Ltd.	Wood Dale	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingtondale	Alden Bennett Construction Company, Inc.	Chicago	General Contractor
Alden - Orland Park Rehabilitation and Health Care Center, Inc.	Orland Park			
Alden - Princeton Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town West, Inc.	Bloomingtondale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingtondale			
Alden - Poplar Creek Rehabilitation and Health Care Center, Inc.	Hoffman Estates			
Alden - North Shore Rehabilitation and Health Care Center, Inc.	Skokie			
Alden - Des Plaines Rehabilitation and Health Care Center, Inc.	Des Plaines			
Alden Estates of Evanston, Inc.	Evanston			
Alden - Alma Nelson Manor, Inc.	Rockford			
Alden - Park Strathmoor, Inc.	Rockford			
Alden - Meadow Park Health Care Center, Inc.	Clinton, WI			
Alden Estates of Barrington, Inc.	Barrington			
Alden of Waterford, LLC	Aurora			
Alden Springs, Inc.	Bloomingtondale			

Facility Name & ID Number

Alden Park Strathmoor

#

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

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	164,032	1.628	0.04	Salary	\$ 6,968	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	61,852	1.628	0.04	Salary	2,628	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	36,413	1.628	0.04	Salary	1,547	6-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										7
8	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.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 11,143		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:

1/1/07

Ending: 12/31/07

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	29	\$ 66,329	\$	47,054	\$ 2,703	1
2	24	Trav & Seminar	Patient Days	29	53,403		47,054	2,176	2
3	25	Other Admin Travel	Patient Days	29	279,431		47,054	11,387	3
4	26	Insurance	Patient Days	29	4,925		47,054	201	4
5	20	Dues & Subscriptions	Patient Days	29	11,328		47,054	462	5
6	30	Depreciation	No of Providers/usage	29	93,554		1	3,226	6
7	31	Amortization	Patient Days	29	1,500		47,054	61	7
8	33	Real Estate Tax	Patient Days/ysage	29	102,246		47,054	4,167	8
9	35	Rent-Equip & Vehicle	Patient Days	29	844,835		47,054	34,427	9
10	32	Interest	Patient Days/usage	29	309,277		47,054	12,603	10
11	1	Dietary	Patient Days	29	133,965	133,965	47,054	5,459	11
12	3	Housekeeping	Patient Days	29	93,421	93,421	47,054	3,807	12
13	7	Employee Benefits -Gen'I Servs	Patient Days	29	149,914		47,054	6,109	13
14	10	Nurs & Med Records Salary	Patient Days	29	1,131,832	1,178,420	47,054	46,122	14
15	15	Employee Benefits -Health Care	Patient Days	29	197,574		47,054	8,051	15
16	17	Administrative Salary	Patient Days/usage	29	1,998,215	1,091,420	47,054	81,427	16
17	27	Employee Benefits - Admin	Patient Days	29	1,244,181		47,054	50,700	17
18	19	Professional fees	Patient Days	29	1,010,272	531,592	47,054	41,168	18
19	21	Gen'I & Admin	Patient Days	29	5,616,348	4,942,836	47,054	228,865	19
20	6	Repair & Maint.	Patient Days	29	855,298	666,770	47,054	34,853	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 14,197,848	\$ 8,638,424		\$ 577,974	25

Facility Name & ID Number

Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

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	Line of Credit	Interest Only	01/04	\$ 750,000	\$ 750,000	Varies	8.2500	\$ 69,383	1								
2	Bank Leumi		X	Mortgage	\$24,745	10/04	3,400,000	3,072,238	08/01/08	8.2500	260,135	2								
3			X									3								
4												4								
5	Insurance Interest-see reclass		x	Malpractice Insurance							858	5								
Working Capital																				
6	Related Party - CPT	X		Working Capital							185	6								
7	Related Party - AMS	X		Working Capital							12,603	7								
8	Related Party - FECII	X		Working Capital							592	8								
9	TOTAL Facility Related				\$24,745.00		\$ 4,150,000	\$ 3,822,238			\$ 343,756	9								
B. Non-Facility Related*																				
10	Interest Income	X		Bank Account							(27,333)	10								
11	AFCO interest	X		Interest							207	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (27,126)	14								
15	TOTALS (line 9+line14)						\$ 4,150,000	\$ 3,822,238			\$ 316,630	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None 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.)

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

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

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 2006 report.		\$	115,200	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.)		\$	113,835	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(1,365)	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	117,200	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.		\$	115,835	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2002	101,008	8
	2003	100,256	9
	2004	106,895	10
	2005	111,847	11
	2006	113,835	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 2006	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2007 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Park Strathmoor COUNTY Winnnebago

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 2006 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 2006.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See Attached (12 Pg Supplement)</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>241,399.00</u>	\$ <u>4,167.00</u>
2. <u>See Attached (12 Pg Supplement)</u>	<u>Related Party-Forum Professional Cen</u>	\$ <u>37,806.00</u>	\$ <u>192.00</u>
3. <u>12-21-452-007</u>	<u>Nursing home facility</u>	\$ <u>118,103.40</u>	\$ <u>118,103.40</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>397,308.40</u>	\$ <u>122,462.40</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 49,906 B. General Construction Type: Exterior Brick Frame Steele Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1				\$ <u>569,205</u>	1
2					2
3	TOTALS			\$ <u>569,205</u>	3

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

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

1	2	3	4	5	6	7	8	9		
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	\$	\$ 842,598	4
5										5
6										6
7										7
8	Related Party-Forum		1978	14,541		25			14,541	8
	Improvement Type**									
9	Alden Design-laundry room remodeling		2000	3,922	392	10	392		2,876	9
10	Alden Design-laundry room remodeling		2000	2,098	210	10	210		1,539	10
11	Alden Design-laundry room remodeling		2000	4,533	453	10	453		3,286	11
12	ABC - misc const. Work		2000	1,561		5			1,561	12
13	Pro Com Systems - add new keypass to alarm system		2000	1,754		5			1,754	13
14	ABC - misc const. Work		2001	10,528	526	20	526		3,245	14
15	ABC - misc const. Work		2001	38,850	1,943	20	1,943		11,979	15
16	Rockford stem B		2001	5,035	336	15	336		2,238	16
17	FE Moran - Repair and Upgrade fire alarm system		2002	7,645	510	15	510		2,888	17
18	Patten - Repair Water System		2002	2,245	150	15	150		873	18
19	Capps - Repair water sys in Kitchen		2002	2,845	190	15	190		996	19
20	ABC - Repair Water heater		2002	7,113	474	15	474		2,726	20
21	ABC -		2002	4,256	284	15	284		1,443	21
22	ABC (misc construction work)		2002	4,233	423	10	423		2,152	22
23	ABC - Carpet		2002	1,078	108	10	108		620	23
24	ABC - Chimney		2002	758	38	20	38		199	24
25	ABC - Chimney 2		2002	3,032	152	20	152		796	25
26	GT Mech - Repair Cooler		2003	4,586	917	5	917		4,127	26
27	CSI Coker - Repair Freezer		2003	1,645	329	5	329		1,480	27
28	GT Mech - Repair AC		2003	1,648	165	10	165		842	28
29	GT Mech - Repair Refrigerator		2003	1,860	372	5	372		1,644	29
30	Simplex - Fire & Security System Repair		2003	1,986	132	15	132		573	30
31	Simplex - Fire & Security System Repair		2003	896	60	15	60		269	31
32	ABC - Repairs to Dining room		2003	5,177	518	10	518		2,157	32
33	ABC - Repair Boiler		2003	4,311	431	10	431		1,760	33
34										34
35										35
36										36

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

See Page 12A, Line 70 for total

**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:

1/1/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	GT Mechanical-a/c repair	2004	\$ 2,996	\$ 300	10	\$ 300	\$	\$ 1,049	37
38	GT Mechanical-repair hot water tank	2004	3,325	332	10	332		1,080	38
39	P&M Mercury-chiller repair	2004	2,118	212	10	212		706	39
40	ABC-electrical & plumbing repairs	2004	2,112	211	10	211		686	40
41	ABC-electronic locks	2005	762	152	5	152		368	41
42	ABC-new flooring	2005	1,666	167	10	167		403	42
43	ABC-lock sets	2005	5,538	554	10	554		1,154	43
44	ABC-lock sets	2005	1,246	125	10	125		260	44
45	ABC-lock sets	2005	1,888	189	10	189		409	45
46	ABC-parking lot repairs	2005	9,095	910	10	910		2,653	46
47	ABC-door install and wireless alarm	2005	4,652	465	10	465		1,357	47
48	Oak Fire-replace fire alarm system	2005	6,800	680	10	680		2,040	48
49	A&B Custom Cable-wiring and install	2005	3,250	325	10	325		894	49
50	Top Notch-repair freezer door	2005	2,435	244	10	244		650	50
51	CSI-freezer repair	2005	1,553	155	10	155		388	51
52	GT Mechanical-freezer repairs	2005	2,825	282	10	282		682	52
53	GT Mech-kitchen repairs	2005	2,364	236	10	236		610	53
54	Patten-generator repairs	2005	3,560	356	10	356		949	54
55	ABC-faucet replacements	2005	2,518	252	10	252		1,034	55
56	Top Notch-repair freezer	2005	7,186	719	10	719		1,677	56
57	ABC-drywall	2005	655	65	10	65		152	57
58	Patten-generator repairs	2005	1,856	186	10	186		449	58
59	Patten-generator repairs	2005	3,429	343	10	343		829	59
60	Insurance check received for A/C replacement	2005	(6,221)	(1,244)	5	(1,244)		(1,659)	60
61	Top Notch - boiler replacement	2006	6,200	310	20	491		310	61
62	ABC-install smoke alarms	2006	3,265	327	10	381		327	62
63	Patten-generator repairs	2006	24,100	2,410	10	4,619		2,410	63
64	GT Mechanical-replace pump motor	2006	3,162	316	10	500		316	64
65	ABC-New AC and ductwork	2006	26,034	2,603	10	2,820		2,603	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	220	15	220		220	66
67	ABC-life code Imprvmt-carpetry firealrm & Elect.	2007	62,381	1,040	15	1,040		1,040	67
68	ABC-fire protection	2007	22,921	255	15	255		255	68
69	ABC-fire proofing	2007	18,549	206	15	206		206	69
70	TOTAL (lines 4 thru 69)		\$ 3,910,311	\$ 137,459		\$ 140,304	\$	\$ 937,669	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,910,311	\$ 137,459		\$ 140,304	\$ 2,845	\$ 937,669	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674	214	10	214		214	2
3	ABC -install new gasketing mtrl around doors	2007	2,679	156	10	156		156	3
4	ABC -elevator pump	2007	7,462	373	10	373		373	4
5	ABC -locksets	2007	5,404	270	10	270		270	5
6	ABC -intall new smoke damper	2007	2,671	223	5	223		223	6
7	Gt Mechanical Inc. -water heater replaced	2007	5,728	95	15	95		95	7
8	Abc-instl. New elevetor pump	2007	13,180	220	15	220		220	8
9	ABC - new wall construction	2007	11,466	287	10	287		287	9
10	ABC - replace entrance door	2007	4,352	73	10	73		73	10
11	ABC -boiler ashpalt paving	2007	28,352	473	10	473		473	11
12	ABC -boiler repair & replace boiler valves	2007	15,917	133	10	133		133	12
13	ABC - install new boiler	2007	3,542		10				13
14	MI unit-ABC -HVAC electric & security	2007	17,297	577	15	577		577	14
15	MI unit -ABC -misc hard costs & labor	2007	35,947	4,493	4	4,493		4,493	15
16	MI unit -allocated carpenter labor -fireproofing	2007	8,032	268	15	268		268	16
17	MI unit -various labor allocted by AMS	2007	3,435	429	4	429		429	17
18	MI unit -ABC -metal doors & hardware	2007	9,978	499	10	499		499	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,089,427	\$ 146,242		\$ 149,087	\$ 2,845	\$ 946,452	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:

1/1/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 4,089,427	\$ 146,242		\$ 149,087	\$ 2,845	\$ 946,452	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,204	200	16	200		2,604	8
9	Leasehold Improvement-Build.Improv.	1996	1,130	71	16	71		843	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		95	11
12	Leasehold Improvement-Bathrooms	2002	667	73	7	73		391	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		819	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	2,050	391	7	391		1,213	14
15	Leasehold Improvement-sidewalks-City of Chic.	2007	106	21	5	21		21	15
16	Leasehold Improvement-Carpet: Superior Install.	2007	97	19	5	19		19	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	841	168	5	168		168	17
18	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	18
19	Leasehold Improvement-Add-on Improvement, lighting base	2001	123		5			123	19
20	Leasehold Improvements-fire extinguishers	2007	10	2	5	2		2	20
21									21
22									22
23									23
24	Related Party-AMS:								24
25	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	25
26	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		3,386	26
27	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		3,525	27
28									28
29									29
30	Forum Extended Care, LLC-building/building improv	1999	10,485	266	30	266		2,420	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,169,526	\$ 149,053		\$ 151,898	\$ 2,845	\$ 1,011,728	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 303,440	\$ 34,815	\$ 34,815	\$		\$ 130,856	71
72	Current Year Purchases	6,946	351	351			351	72
73	Fully Depreciated Assets	647,093	2,191	2,191			647,093	73
74								74
75	TOTALS	\$ 957,479	\$ 37,357	\$ 37,357	\$		\$ 778,300	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related Party-AMS	Lumina/Chev/2004	2004	117	29	29		3	117	79
80	TOTALS			\$ 117	\$ 29	\$ 29	\$		\$ 117	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)	\$ 5,696,327	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 186,439	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 189,284	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 2,845	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,790,145	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related Party - Cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

		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				<u>Related Party -Cost is Backed Out</u>			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: \$ 8,129 Description: Copy Machine Lease

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related Party -AMS</u>		\$ <u>#####</u>	\$ <u>34,427</u>	17
18	<u>Transport-non-patients</u>		<u>20.25</u>	<u>243</u>	18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>34,670</u>	21

10. Effective dates of current rental agreement:

Beginning 01/01/2001

Ending 12/31/2010

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

Fiscal Year Ending Annual Rent

12. /2008 \$ 545,012

13. /2009 \$ 545,012

14. /2010 \$ 545,012

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

	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	\$		\$ 116,347	\$		\$ 116,347	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			34,119			34,119	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			130,956			130,956	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				111,243		111,243	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39-1, 39-3, if any		331,260		81,408	36,485		449,153	12
13	Other (specify): See Pg 16A					190,332	212,875		403,207	13
14	TOTAL			\$ 331,260		\$ 553,162	\$ 360,603		\$ 1,245,025	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.

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$116,346.70
2. ST	39-3	To Col 5	34,119.05
3.			
4. PT	39-3	To Col 5	130,955.62
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			75,000.80
Manual Input from Related Party- Forum Drugs			36,242.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	111,242.80
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	331,260.00
12. Exceptional Care-CPT/Outside:	See pg 16A	To Col. 5	81,408.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	36,485.28
Total Exceptional Care (Line 12, Col 8)			449,153.28
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(36,378.00)
CPT Reclass to Col 5 for RT			308,118.00
CPT Reclass to Col 5 for RT			(81,408.00)
Total Col 5			190,332.00
Other			582,597.74
Manual Input: Related Party - Prism			(61,830.00)
Manual Input: Related Party FECII - I.V.			(54,778.00)
Manual Input: Related Party FECII - Wound Care			(1,576.00)
Oxygen, from reclass worksheet			56,579.00
RC CPT RT Allocation			(308,118.00)
CPT Reclass to Col 5 for RT			
13. Col 6: Supplies Total		To Col 6	212,874.74
13. Total Line 13, Column 8			403,206.74
14. Total			1,245,024.19

Facility Name & ID Number Alden Park Strathmoor
 XV. BALANCE SHEET - Unrestricted Operating Fund.

0044909
 As of 12/31/07

Report Period Beginning: 1/1/07
 (last day of reporting year)

Ending: 12/31/07

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (90000)	1,072,367	1,072,367	3
4	Supply Inventory (priced at)	1,112	1,112	4
5	Short-Term Investments	396,311	396,311	5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	2,701	7,877	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	92,987	92,987	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,565,478	\$ 1,570,654	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		569,205	13
14	Buildings, at Historical Cost		3,524,779	14
15	Leasehold Improvements, at Historical Cost	529,531	1,162,530	15
16	Equipment, at Historical Cost	271,220	340,787	16
17	Accumulated Depreciation (book methods)	(233,846)	(1,646,251)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Goodwill, net</u>		42,704	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 566,905	\$ 3,993,754	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,132,383	\$ 5,564,408	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 606,571	\$ 567,770	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	104,314	104,314	28
29	Short-Term Notes Payable	991,000	991,000	29
30	Accrued Salaries Payable	414,214	414,214	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,113	22,113	31
32	Accrued Real Estate Taxes(Sch.IX-B)		117,200	32
33	Accrued Interest Payable	5,940	27,940	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accrued Exp, Ins/Due to IDPA</u>	115,655	115,655	36
37	<u>Due to Affiliates</u>	8,309,056	9,767,642	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,568,863	\$ 12,127,848	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,072,238	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)	\$	\$ 3,072,238	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,568,863	\$ 15,200,086	46
47	TOTAL EQUITY(page 18, line 24)	\$ (8,436,480)	\$ (9,635,677)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,132,383	\$ 5,564,408	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,272,475)	1
2	Restatements (describe):		2
3	rounding difference	2	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,272,473)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,164,007)	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)	\$ (1,164,007)	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)	\$ (8,436,480)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 5,944,046	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,944,046	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	169,094	6
7	Oxygen	189,057	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 358,151	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	440	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	40,742	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 41,182	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	27,333	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 27,333	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page -19A</u>	10,396	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,396	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,381,109	30

2

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,268,856	31
32	Health Care	2,691,645	32
33	General Administration	1,415,216	33
	B. Capital Expense		
34	Ownership	759,156	34
	C. Ancillary Expense		
35	Special Cost Centers	1,306,765	35
36	Provider Participation Fee	103,478	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,545,116	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,164,007)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,164,007)	43

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

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

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

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

Column 1
Amount

Page 19A

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

Meals (private only, not offset on Schdl V)	
Miscellaneous Income gl 4977 (describe) (is offset against Schdl V.)	1,287
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	
Food Rebates- Backed out with line reference 2 on page 5A	
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	9,109
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	
Total of line 28	----- 10,396 =====

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Misc Income - Garnishment Processing	<u>282</u>
Misc Income - Record Copies	<u>344</u>
Misc Income - Jury Duty	<u>50</u>
Misc Income - Vending Machine	<u>205</u>
Misc Income - Food Rebate	<u>361</u>
Misc Income - Donations	<u>44</u>
	<u><u>1,287</u></u>

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

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	2,180	2,301	\$ 101,953	\$ 44.31	1
2	Assistant Director of Nursing	2,656	2,799	93,405	33.37	2
3	Registered Nurses	11,903	12,533	393,188	31.37	3
4	Licensed Practical Nurses	28,355	29,955	730,638	24.39	4
5	CNAs & Orderlies	78,816	86,077	1,136,049	13.20	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,184	2,184	29,069	13.31	9
10	Activity Assistants	2,931	3,102	26,320	8.48	10
11	Social Service Workers	2,008	2,008	39,205	19.52	11
12	Dietician					12
13	Food Service Supervisor	2,032	2,080	33,376	16.05	13
14	Head Cook					14
15	Cook Helpers/Assistants	18,215	19,580	207,087	10.58	15
16	Dishwashers					16
17	Maintenance Workers	2,112	2,180	44,710	20.51	17
18	Housekeepers	13,552	14,502	160,351	11.06	18
19	Laundry	6,500	6,774	72,688	10.73	19
20	Administrator	2,072	2,204	90,846	41.22	20
21	Assistant Administrator					21
22	Other Administrative	2,878	2,878	50,017	17.38	22
23	Office Manager					23
24	Clerical	2,694	2,786	22,752	8.17	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,000	2,000	57,618	28.81	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Couns.	4,621	4,629	104,768	22.63	32
33	Other(specify) <u>Alzheimers Super</u>	4,937	5,005	61,747	12.34	33
34	TOTAL (lines 1 - 33)	192,646	205,577	\$ 3,455,787 *	\$ 16.81	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	1000/Monthly	\$ 12,000	1-3	35
36	Medical Director	3050/Monthly	36,600	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	378/Monthly	4,536	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	227	2,724	11-3	44
45	Social Service Consultant	64	768	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	291	\$ 56,628		49

C. CONTRACT NURSES

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13												
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year							
																	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	Alden Design	10/00	\$ 1,669	3	\$	\$	\$	\$	\$	\$	\$	\$												
2	Rockford stemm B	5/01	1,735	3	193	0																		
3	Alden Bennet Const	2/01	7,975	3	221	0																		
4	No Additions '02-'07																							
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20	TOTALS		\$ 11,379		\$ 414	\$	\$	\$	\$	\$	\$	\$												

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/07

Ending:

12/31/07

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. II. Health Care Assoc. \$7,990
- (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. \$ 31,231 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 103,478
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 18,914 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 361
- (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: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not required.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees