



Facility Name & ID Number Alden Park Strathmoor# 0044909 Report Period Beginning: 1/1/08 Ending: 12/31/08

## III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 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	<u>13,417</u>	<u>1,707</u>	<u>6,111</u>	<u>21,235</u>	8
9	SNF/PED					9
10	ICF	<u>32,858</u>	<u>1,426</u>		<u>34,284</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>46,275</u>	<u>3,133</u>	<u>6,111</u>	<u>55,519</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.26%

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)

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

G. Do pages 3 &amp; 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 3,975Medicare Intermediary National Government Services

## IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\* Is your fiscal year identical to your tax year? YES  NO Tax Year: 12/31/08 Fiscal Year: 12/31/08

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	
	<b>A. General Services</b>											
1	Dietary	241,363	29,354	10,800	281,517	1,354	282,871	4,623	287,494			1
2	Food Purchase		356,985		356,985	(24,065)	332,920	(55,200)	277,720			2
3	Housekeeping	159,465	41,353		200,818	759	201,577	4,476	206,053			3
4	Laundry	65,611	39,747		105,358	422	105,780		105,780			4
5	Heat and Other Utilities			211,098	211,098		211,098	(5,471)	205,627			5
6	Maintenance	42,099		121,283	163,382	100	163,482	63,887	227,369			6
7	Other (specify):* <b>Related Party Benefit</b>							7,226	7,226			7
8	<b>TOTAL General Services</b>	508,538	467,439	343,181	1,319,158	(21,430)	1,297,728	19,541	1,317,269			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			54,000	54,000		54,000		54,000			9
10	Nursing and Medical Records	2,345,602	220,378	4,536	2,570,516	(40,543)	2,529,973	55,765	2,585,738			10
10a	Therapy	78,201			78,201		78,201		78,201			10a
11	Activities	192,098	17,133	4,126	213,357	196	213,553		213,553			11
12	Social Services	49,559			49,559		49,559		49,559			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* <b>Related Party Benefit</b>							8,604	8,604			15
16	<b>TOTAL Health Care and Programs</b>	2,665,460	237,511	62,662	2,965,633	(40,347)	2,925,286	64,369	2,989,655			16
	<b>C. General Administration</b>											
17	Administrative	92,409			92,409		92,409	78,451	170,860			17
18	Directors Fees											18
19	Professional Services			471,274	471,274	(36,665)	434,609	(376,670)	57,939			19
20	Dues, Fees, Subscriptions & Promotions			66,117	66,117		66,117	(47,373)	18,744			20
21	Clerical & General Office Expenses	154,567	20,699	73,004	248,270	376	248,646	274,381	523,027			21
22	Employee Benefits & Payroll Taxes			606,851	606,851	14,632	621,483	(5,919)	615,564			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,859	5,859		5,859	3,496	9,355			24
25	Other Admin. Staff Transportation			448	448		448	13,443	13,891			25
26	Insurance-Prop.Liab.Malpractice			212,124	212,124	(1,636)	210,488	5,844	216,332			26
27	Other (specify):* <b>Bed Debt &amp; Related Party Benefit</b>			154,018	154,018		154,018	(96,617)	57,401			27
28	<b>TOTAL General Administration</b>	246,976	20,699	1,589,695	1,857,370	(23,293)	1,834,077	(150,964)	1,683,113			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,420,974	725,649	1,995,538	6,142,161	(85,070)	6,057,091	(67,054)	5,990,037			29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Park Strathmoor #0044909 Report Period Beginning: 1/1/08 Ending: 12/31/08

## 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	
	<b>D. Ownership</b>											
30	Depreciation			83,106	83,106		83,106	121,942	205,048			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			87,378	87,378	1,636	89,014	149,082	238,096			32
33	Real Estate Taxes							103,313	103,313			33
34	Rent-Facility & Grounds			535,513	535,513		535,513	(535,513)				34
35	Rent-Equipment & Vehicles			9,251	9,251		9,251	42,123	51,374			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			715,248	715,248	1,636	716,884	(119,053)	597,831			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	438,613	443,596	712,791	1,595,000	83,434	1,678,434	(140,746)	1,537,688			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			103,762	103,762		103,762		103,762			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>	438,613	443,596	816,553	1,698,762	83,434	1,782,196	(140,746)	1,641,450			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	3,859,587	1,169,245	3,527,339	8,556,171		8,556,171	(326,853)	8,229,318			45

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

Alden Park Strathmoor

IDPH Facility ID Number: #0044909

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2008

Report Period Ending: 12/31/2008

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<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(24,065.00)	Employee Meals
	22	24,065.00	Employee Meals
22		(9,432.61)	Uniforms
	10	6,225.62	Uniforms
	1	1,354.36	Uniforms
	3	759.05	Uniforms
	4	421.59	Uniforms
	6	100.28	Uniforms
	11	195.57	Uniforms
	21	376.14	Uniforms
26		(1,636.00)	Interest - old policy/curr yr portion
	32	1,636.00	Interest - old policy/curr yr portion
10		(83,434.00)	Oxygen - to appropriate cost center
	39	83,434.00	Oxygen - to appropriate cost center
19		(36,665.00)	Pathway - Clininca Consultants
	10	36,665.00	Pathway - Clininca Consultants
Net		<hr/> -	

Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning: 1/1/08

Ending: 12/31/08

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	(105)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,500)	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	(14,235)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(930)	2		13
14	Non-Care Related Interest	(12,211)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(5,262)	21		17
18	Fines and Penalties				18
19	Entertainment	(1,033)	20		19
20	Contributions	(8,042)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,431)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(154,018)	27		24
25	Fund Raising, Advertising and Promotional	(9,845)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (214,612)		\$	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)	13,897	Various	34
35	Other- Attach Schedule	(126,138)	PG 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (112,241)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (326,853)		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			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

Alden Park Strathmoor

ID# 0044909

Report Period Beginning: 1/1/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees on Utilities	\$ (8,838)	5	1
2	Other Nursing income	(56)	10	2
3	Intercompany Interest with AMS	(28,080)	32	3
4	Intercompany Interest	(2,225)	32	4
5	Misc Income - Garnishment Processing	(190)	22	5
6	Misc Income - Record Copies	(867)	21	6
7	Reduce Employee Benefit for Marketing	(5,729)	22	7
8	Misc Income - Vending Machine	(1,346)	2	8
9	Marketing Manager & Aides	(36,437)	21	9
10	Vendor Settlements	(800)	21	10
11	Reduce deprec exp on Pg 12 items under \$2500-PS,LLC	(250)	30	11
12	Reduce deprec exp on Pg 12 items under \$2500-Park	(3,514)	30	12
13	Expense captial items < \$2500 on Pg 12 items-PS, LLC	1,753	6	13
14	Expense captial items > \$2500 on Pg 12 items-PS	11,255	6	14
15	Reduce deprec exp on Pg 13 items under \$2500	(4,419)	30	15
16	Expense captial items < \$2500 on Pg 13 items	25,007	6	16
17	Intercompany Interest with AMS-PS, LLC	(54,715)	32	17
18	Intercompany Interest with Rockford Invest, LLC	(8,000)	32	18
19	Fines & Penalties	(2,387)	32	19
20	32.30 % of PAC Fees in IHCA expenses	(3,370)	20	20
21	To correct YTD depreciation expense to detail	(1,580)	30	21
22	Bank Fees paid by LLC	(843)	21	22
23	Deming Adjustment	(420)	24	23
24	Vendor Settlements - Relational Technology Services	800	6	24
25	Expenses Related Party Items < 2,500	774	6	25
26	Americans for Job Security	(1,648)	20	26
27	Adj for ABC related party profit -Pg 12 items	(13)	30	27
28	Adj for ABC related party profit -Pg 13 items	0	30	28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(126,138)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	6,375	(1,752)	0	0	0	0	0	0	0	4,623	1
2	Food Purchase	(2,381)	0	0	(52,819)	0	0	0	0	0	0	0	(55,200)	2
3	Housekeeping	0	0	4,476	0	0	0	0	0	0	0	0	4,476	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(8,838)	0	3,367	0	0	0	0	0	0	0	0	(5,471)	5
6	Maintenance	35,090	0	28,932	0	0	0	(135)	0	0	0	0	63,887	6
7	Other (specify):*	0	0	6,039	1,187	0	0	0	0	0	0	0	7,226	7
8	<b>TOTAL General Services</b>	<b>23,871</b>	<b>0</b>	<b>49,189</b>	<b>(53,384)</b>	<b>0</b>	<b>0</b>	<b>(135)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19,541</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(56)	0	51,051	3,251	1,519	0	0	0	0	0	0	55,765	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	8,604	0	0	0	0	0	0	0	0	8,604	15
16	<b>TOTAL Health Care and Programs</b>	<b>(56)</b>	<b>0</b>	<b>59,655</b>	<b>3,251</b>	<b>1,519</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64,369</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	78,451	0	0	0	0	0	0	0	0	78,451	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,431)	0	(372,239)	0	0	0	0	0	0	0	0	(376,670)	19
20	Fees, Subscriptions & Promotions	(23,938)	556	(23,991)	0	0	0	0	0	0	0	0	(47,373)	20
21	Clerical & General Office Expenses	(44,209)	843	266,891	32,056	18,800	0	0	0	0	0	0	274,381	21
22	Employee Benefits & Payroll Taxes	(5,919)	0	0	0	0	0	0	0	0	0	0	(5,919)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(420)	0	3,916	0	0	0	0	0	0	0	0	3,496	24
25	Other Admin. Staff Transportation	0	0	13,443	0	0	0	0	0	0	0	0	13,443	25
26	Insurance-Prop.Liab.Malpractice	0	5,624	220	0	0	0	0	0	0	0	0	5,844	26
27	Other (specify):*	(154,018)	0	53,079	3,407	915	0	0	0	0	0	0	(96,617)	27
28	<b>TOTAL General Administration</b>	<b>(232,935)</b>	<b>7,023</b>	<b>19,770</b>	<b>35,463</b>	<b>19,715</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(150,964)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(209,120)</b>	<b>7,023</b>	<b>128,614</b>	<b>(14,670)</b>	<b>21,234</b>	<b>0</b>	<b>(135)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(67,054)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(9,777)	127,529	2,842	0	1,348	0	0	0	0	0	0	121,942	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(121,853)	255,724	13,667	0	1,544	0	0	0	0	0	0	149,082	32
33	Real Estate Taxes	0	98,186	5,038	0	89	0	0	0	0	0	0	103,313	33
34	Rent-Facility & Grounds	0	(535,513)	0	0	0	0	0	0	0	0	0	(535,513)	34
35	Rent-Equipment & Vehicles	0	0	42,123	0	0	0	0	0	0	0	0	42,123	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(131,630)</b>	<b>(54,074)</b>	<b>63,670</b>	<b>0</b>	<b>2,981</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(119,053)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(19,476)	(28,318)	(92,952)	0	0	0	0	0	(140,746)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(19,476)</b>	<b>(28,318)</b>	<b>(92,952)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(140,746)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(340,750)</b>	<b>(47,051)</b>	<b>192,284</b>	<b>(34,146)</b>	<b>(4,103)</b>	<b>(92,952)</b>	<b>(135)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(326,853)</b>	<b>45</b>

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/08 Ending: 12/31/08

**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	\$ 535,513	Park Strathmoor, LLC		\$	\$ (535,513)	1
2	V	32 Interest -Other	602	Park Strathmoor, LLC			(602)	2
3	V	32 Interest Exp -Other		Park Strathmoor, LLC	0.00%	(207)	(207)	3
4	V	32 Interest -Other		Park Strathmoor, LLC	0.00%	8,000	8,000	4
5	V	33 Real Estate Tax		Park Strathmoor, LLC	0.00%	98,186	98,186	5
6	V	26 General Insurance Expense		Park Strathmoor, LLC	0.00%	5,624	5,624	6
7	V	32 Interest On Mortg. Note		Park Strathmoor, LLC	0.00%	191,431	191,431	7
8	V	30 Depreciation		Park Strathmoor, LLC	0.00%	127,529	127,529	8
9	V	21 Bank Fees		Park Strathmoor, LLC	0.00%	843	843	9
10	V	32 Fines and Penalties		Park Strathmoor, LLC	0.00%	2,387	2,387	10
11	V	20 Licenses & Inspections		Park Strathmoor, LLC	0.00%	256	256	11
12	V	20 Dues & Subscriptions		Park Strathmoor, LLC	0.00%	300	300	12
13	V	32 Interest Exp to AMS		Park Strathmoor, LLC	0.00%	54,715	54,715	13
14	Total		\$ 536,115			\$ 489,064	\$ * (47,051)	14

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/08 Ending: 12/31/08

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,367	\$ 3,367	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		3,916	3,916	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		13,443	13,443	17
18	V	26	Insurance		Alden Management Services, Inc.		220	220	18
19	V	20	Dues & Subscriptions	24,600	Alden Management Services, Inc.		609	(23,991)	19
20	V	30	Depreciation		Alden Management Services, Inc.		2,842	2,842	20
21	V	32	Amortization		Alden Management Services, Inc.		68	68	21
22	V	33	Real Estate Tax		Alden Management Services, Inc.		5,038	5,038	22
23	V	35	Rent -Equip & Vehicles		Alden Management Services, Inc.		42,123	42,123	23
24	V	32	Interest		Alden Management Services, Inc.		13,599	13,599	24
25	V	1	Dietary		Alden Management Services, Inc.		6,375	6,375	25
26	V	3	Housekeeping		Alden Management Services, Inc.		4,476	4,476	26
27	V	7	Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,039	6,039	27
28	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		51,051	51,051	28
29	V	15	Employee Benefits -Health Care		Alden Management Services, Inc.		8,604	8,604	29
30	V	17	Administrative Salary		Alden Management Services, Inc.		78,451	78,451	30
31	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		53,079	53,079	31
32	V	19	Professional Fees	416,897	Alden Management Services, Inc.		44,658	(372,239)	32
33	V	21	Gen'I & Admin		Alden Management Services, Inc.		266,891	266,891	33
34	V	6	Repair & Maint.	9,014	Alden Management Services, Inc.		37,946	28,932	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 450,511				\$ 642,795	\$ * 192,284	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	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,733	\$ (8,067)	15
16	V	1	Dietarty Salary		Prism Health Care Services, Inc.		6,315	6,315	16
17	V	2	Tube Feeding	96,873	Prism Health Care Services, Inc.		44,054	(52,819)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		9,911	3,251	18
19	V	39	Ancillary Supplies	150,022	Prism Health Care Services, Inc.		90,656	(59,366)	19
20	V	39	Vent Rent		Prism Health Care Services, Inc.		39,890	39,890	20
21	V	21	Gen'l & Admin Salary		Prism Health Care Services, Inc.		19,262	19,262	21
22	V	27	Employee Benefits		Prism Health Care Services, Inc.		3,407	3,407	22
23	V	7	Employee Benefits		Prism Health Care Services, Inc.		1,187	1,187	23
24	V	21	Gen'l & Admin		Prism Health Care Services, Inc.		12,794	12,794	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		\$ 264,355				\$ 230,209	\$ * (34,146)	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	\$ 116,412	Forum Extended Care Services II, Inc.	0.00%	\$ 169,250	\$ 52,838	15
16	V	39	IV	93,111	Forum Extended Care Services II, Inc.		13,576	(79,535)	16
17	V	39	Wound Care	7,998	Forum Extended Care Services II, Inc.		6,377	(1,621)	17
18	V	10	House Stock	7,294	Forum Extended Care Services II, Inc.		6,880	(414)	18
19	V	10	Pharmacy Consultant	4,536	Forum Extended Care Services II, Inc.		6,469	1,933	19
20	V	27	Employee Vaccin.	2,002	Forum Extended Care Services II, Inc.		1,597	(405)	20
21	V	27	Employee Benefits: G&A		Forum Extended Care Services II, Inc.		1,320	1,320	21
22	V	21	Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		11,364	11,364	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		7,436	7,436	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		1,544	1,544	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		89	89	25
26	V	30	Depreciation		Forum Extended Care Services II, Inc.		1,348	1,348	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		\$ 231,353				\$ 227,250	\$ * (4,103)	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	\$ 705,283	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 612,331	\$ (92,952)	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			\$ 705,283			\$ 612,331	\$ * (92,952)	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	\$ 23,674	Alden Bennett Construction Company, Inc.	0.00%	\$ 23,539	\$	(135)	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			\$ 23,674			\$ 23,539	\$ *	(135)	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			\$			\$		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			\$			\$ 0	\$ *	0 39

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

STATE OF ILLINIOS

Facility Name & ID Number Alden Park Strathmoor

Provider No. 0044909

Report Period Beginning:

1/1/08

Ending: 12/31/08

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP	Chicago	Home Office rental
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 Estates of Naperville, 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			
Alden Village North, Inc.	Chicago			

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/08 Ending: 12/31/08

## 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	171,786	1.824	0.05	Salary	\$ 8,214	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,138	1.824	0.05	Salary	3,067	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,315	1.824	0.05	Salary	1,784	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	\$ 13,065		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: 1/1/08

Ending: 12/31/08

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,216,590	30	\$ 73,771	\$ 55,519	\$ 3,367	1
2	24	Trav & Seminar	Patient Days	1,216,590	30	85,812	55,519	3,916	2
3	25	Other Admin Travel	Patient Days	1,216,590	30	294,582	55,519	13,443	3
4	26	Insurance	Patient Days	1,216,590	30	4,828	55,519	220	4
5	20	Dues & Subscriptions	Patient Days	1,216,590	30	13,344	55,519	609	5
6	30	Depreciation	No of Providers/usage	30	30	98,652	1	2,842	6
7	32	Amortization	Patient Days	1,216,590	30	1,500	55,519	68	7
8	33	Real Estate Tax	Patient Days/ysage	1,216,590	30	125,958	55,519	5,038	8
9	35	Rent-Equip & Vehicle	Patient Days	1,216,590	30	923,032	55,519	42,123	9
10	32	Interest	Patient Days/usage	1,216,590	30	1,783,086	55,519	13,599	10
11	1	Dietary	Patient Days	1,216,590	30	139,689	139,689	6,375	11
12	3	Housekeeping	Patient Days	1,216,590	30	98,076	98,076	4,476	12
13	7	Employee Benefits -Gen'I Servs	Patient Days	1,216,590	30	132,325	55,519	6,039	13
14	10	Nurs & Med Records Salary	Patient Days	1,216,590	30	1,256,694	1,256,694	51,051	14
15	15	Employee Benefits -Health Care	Patient Days	1,216,590	30	188,531	55,519	8,604	15
16	17	Administrative Salary	Patient Days/usage	1,216,590	30	2,118,865	2,118,865	78,451	16
17	27	Employee Benefits - Admin	Patient Days	1,216,590	30	1,163,122	55,519	53,079	17
18	19	Professional fees	Patient Days	1,216,590	30	978,599	605,253	44,658	18
19	21	Gen'I & Admin	Patient Days	1,216,590	30	5,848,424	5,104,656	266,891	19
20	6	Repair & Maint.	Patient Days	1,216,590	30	831,505	644,276	37,946	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,160,395	\$ 9,967,509	\$ 642,795	25

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/08 Ending: 12/31/08

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Bank Leumi		X	Line of Credit	Interest Only	01/04	\$ 750,000	\$	Varies	8.2500	\$ 44,862	1								
2	Bank Leumi		X	Mortgage	\$15,481	10/04	4,150,000	3,696,148	08/01/08	8.2500	191,431	2								
3	Interest on Refinancing Fees		X								68	3								
4												4								
5	Insurance Reclass (Interest)		X	Malpractice Insurance							1,636	5								
<b>Working Capital</b>																				
6	Related Party-AMS		X	Working Capital							13,599	6								
7	Related Party-FECH		X	Working Capital							1,544	7								
8												8								
9	<b>TOTAL Facility Related</b>				\$15,481.00		\$ 4,900,000	\$ 3,696,148			\$ 253,140	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income	X		Bank Account							(14,837)	10								
11	AFCO interest	X		Interest							(207)	11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (15,044)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 4,900,000	\$ 3,696,148			\$ 238,096	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.)



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

**2007 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 2007 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 2007.

(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 supplement</u>	<u>Related Party-Alden Management Serv</u>	\$ <u>295,853.00</u>	\$ <u>5,038.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>28,917.00</u>	\$ <u>89.00</u>
3. <u>12-21-452-007</u>	<u>Nursing home facility</u>	\$ <u>106,085.74</u>	\$ <u>106,085.74</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>430,855.74</u>	\$ <u>111,212.74</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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

**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:

1/1/08 Ending:

12/31/08

**X. BUILDING AND GENERAL INFORMATION:**

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).

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>			\$ <u>569,205</u>	1
2					2
3	<b>TOTALS</b>			\$ <b>569,205</b>	3

Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)**

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	189		2000		\$ 3,524,779	\$ 114,443	31.5	\$ 114,443	\$	\$ 957,041	4
5											5
6											6
7											7
8	Related Party-Forum			1978	14,056		25			14,056	8
	Improvement Type**										
9	Alden Design-laundry room remodeling			2000	3,922	392	10	392		3,268	9
10	Alden Design-laundry room remodeling			2000	2,098	210	10	210		1,749	10
11	Alden Design-laundry room remodeling			2000	4,533	453	10	453		3,739	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		3,771	14
15	ABC - misc const. Work			2001	38,850	1,943	20	1,943		13,922	15
16	Rockford stem B			2001	5,035	336	15	336		2,574	16
17	FE Moran - Repair and Upgrade fire alarm system			2002	7,645	510	15	510		3,398	17
18	Patten - Repair Water System			2002	2,245	150	15	150		1,023	18
19	Capps - Repair water sys in Kitchen			2002	2,845	190	15	190		1,186	19
20	ABC - Repair Water heater			2002	7,113	474	15	474		3,200	20
21	ABC -			2002	4,256	284	15	284		1,727	21
22	ABC (misc construction work)			2002	4,233	423	10	423		2,575	22
23	ABC - Carpet			2002	1,078	108	10	108		728	23
24	ABC - Chimney			2002	758	38	20	38		237	24
25	ABC - Chimney 2			2002	3,032	152	20	152		948	25
26	GT Mech - Repair Cooler			2003	4,586	459	5	459		4,586	26
27	CSI Coker - Repair Freezer			2003	1,645	165	5	165		1,645	27
28	GT Mech - Repair AC			2003	1,648	165	10	165		1,007	28
29	GT Mech - Repair Refrigerator			2003	1,860	216	5	216		1,860	29
30	Simplex - Fire & Security System Repair			2003	1,986	132	15	132		705	30
31	Simplex - Fire & Security System Repair			2003	896	60	15	60		329	31
32	ABC - Repairs to Dining room			2003	5,177	518	10	518		2,675	32
33	ABC - Repair Boiler			2003	4,311	431	10	431		2,191	33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/08

Ending:

12/31/08

**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	\$	\$ 1,349	37
38	GT Mechanical-repair hot water tank	2004	3,325	332	10	332		1,412	38
39	P&M Mercury-chiller repair	2004	2,118	212	10	212		918	39
40	ABC-electrical & plumbing repairs	2004	2,112	211	10	211		897	40
41	ABC-electronic locks	2005	762	152	5	152		520	41
42	ABC-new flooring	2005	1,666	167	10	167		570	42
43	ABC-lock sets	2005	5,538	554	10	554		1,708	43
44	ABC-lock sets	2005	1,246	125	10	125		385	44
45	ABC-lock sets	2005	1,888	189	10	189		598	45
46	ABC-parking lot repairs	2005	9,095	910	10	910		3,563	46
47	ABC-door install and wireless alarm	2005	4,652	465	10	465		1,822	47
48	Oak Fire-replace fire alarm system	2005	6,800	680	10	680		2,720	48
49	A&B Custom Cable-wiring and install	2005	3,250	325	10	325		1,219	49
50	Top Notch-repair freezer door	2005	2,435	244	10	244		894	50
51	CSI-freezer repair	2005	1,553	155	10	155		543	51
52	GT Mechanical-freezer repairs	2005	2,825	282	10	282		964	52
53	GT Mech-kitchen repairs	2005	2,364	236	10	236		846	53
54	Patten-generator repairs	2005	3,560	356	10	356		1,305	54
55	ABC-faucet replacements	2005	2,518	252	10	252		1,286	55
56	Top Notch-repair freezer	2005	7,186	719	10	719		2,396	56
57	ABC-drywall	2005	655	65	10	65		217	57
58	Patten-generator repairs	2005	1,856	186	10	186		635	58
59	Patten-generator repairs	2005	3,429	343	10	343		1,172	59
60	Insurance check received for A/C replacement	2005	(6,221)	(1,244)	5	(1,244)		(2,903)	60
61	Top Notch - boiler replacement	2006	6,200	310	20	310		1,111	61
62	ABC-install smoke alarms	2006	3,265	327	10	327		709	62
63	Patten-generator repairs	2006	24,100	2,410	10	2,410		7,029	63
64	GT Mechanical-replace pump motor	2006	3,162	316	10	316		816	64
65	ABC-New AC and ductwork	2006	26,034	2,603	10	2,603		5,424	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		1,099	66
67	ABC-life code Imprvmt-carpentry firealarm & Elect.	2007	62,381	4,159	15	4,159		5,199	67
68	ABC-fire protection	2007	22,921	1,528	15	1,528		1,783	68
69	ABC-fire proofing	2007	18,549	1,237	15	1,237		1,443	69
70	TOTAL (lines 4 thru 69)		\$ 3,909,826	\$ 142,762		\$ 142,762	\$	\$ 1,083,103	70

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

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 3,909,826	\$ 142,762		\$ 142,762	\$	\$ 1,083,103	1
2	GT Mechanical, Inc.- HVAC repairs	2007	3,674	367	10	367		581	2
3	ABC -install new gasketing mtrl around doors	2007	2,679	268	10	268		424	3
4	ABC -elevator pump	2007	7,462	746	10	746		1,119	4
5	ABC -locksets	2007	5,404	540	10	540		810	5
6	ABC -intall new smoke damper	2007	2,671	534	5	534		757	6
7	GT Mechanical Inc. -water heater replaced	2007	5,728	382	15	382		477	7
8	Abc-instl. New elevetor pump	2007	13,180	879	15	879		1,099	8
9	ABC - new wall construction	2007	11,466	1,147	10	1,147		1,434	9
10	ABC - replace entrance door	2007	4,352	435	10	435		508	10
11	ABC -boiler ashpalt paving	2007	28,352	2,835	10	2,835		3,308	11
12	ABC -boiler repair & replace boiler valves	2007	15,917	1,592	10	1,592		1,725	12
13	ABC - install new boiler	2007	3,542	354	10	354		354	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		1,730	14
15	MI unit -ABC -misc hard costs & labor	2007	31,854	8,805	4	8,805		13,298	15
16	MI unit -allocated carpenter labor -fireproofing	2007	8,032	535	15	535		803	16
17	MI unit -various labor allocated by AMS	2007	3,435	859	4	859		1,288	17
18	MI unit -ABC -metal doors & hardware	2007	9,978	998	10	998		1,497	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612	444	10	444		444	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825	188	10	188		188	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053	1,009	5	1,009		1,009	21
22	ABC-Install new gutter, oxygen sorage a label door	2008	2,863	215	10	215		215	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	296	25	296		296	23
24	ABC- Istall new exhaust Fan	2008	3,619	151	10	151		151	24
25	GT Mechanical, Inc- repair cooler, water pump	2008	2,627	175	5	175		175	25
26	GT Mechanica, Inc - Rep. Refreigerant Relief valve, leaks	2008	2,701	68	10	68		68	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,143,244	\$ 167,736		\$ 167,736	\$	\$ 1,116,860	34

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

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 4,143,244	\$ 167,736		\$ 167,736	\$	\$ 1,116,860	1
2	<b>Related Party-Forum Prof Center Building:</b>								2
3	Leasehold Improvement-Remodeling	1980	10,666		15			10,666	3
4	Leasehold Improvement-Remodeling	1980	16,708		20			16,708	4
5	Leasehold Improvement-Tenant Improvement	1987	864		13			864	5
6	Leasehold Improvement-AMS Remodel	1988	13,861		10			13,861	6
7	Leasehold Improvement-Roof	1994	3,097	194	16	194		2,711	7
8	Leasehold Improvement-Build.Improv.	1996	1,092	68	16	68		884	8
9	Leasehold Improvement-Asphalting	2000	85		3			85	9
10	Leasehold Improvement-DAI	2001	149	15	10	15		107	10
11	Leasehold Improvement-Bathrooms	2002	645	58	7	58		436	11
12	Leasehold Improvement-Suite Renovation	2003	1,583	157	10	157		950	12
13	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,982	375	7	375		1,546	13
14	Leasehold Improvement-sidewalks-City of Chic.	2007	102	20	5	20		41	14
15	Leasehold Improvement-Carpet: Superior Install.	2007	94	19	5	19		37	15
16	Leasehold Improvement-Condensing Unit: Suite 140	2007	813	116	5	116		232	16
17	Leasehold Improvement-Add-on Improvement, fixture base	1980	69		23			69	17
18	Leasehold Improvement-Add-on Improvement, lighting base	2001	119		5			119	18
19	Leasehold Improvements-fire extinguishers	2007	22	4	5	4		6	19
20	Leasehold Improvements-paving/glasswork/hvac/carpet	2008	392	24	5	24		24	20
21									21
22									22
23	<b>Related Party-AMS:</b>								23
24	Leasehold Improvement-Remodeling	1993	5,740		7			5,740	24
25	Leasehold Improvement-Remodeling	2002	4,699	671	7	671		3,944	25
26	Leasehold Improvement-Remodeling	2003	4,915	702	7	702		4,110	26
27									27
28									28
29	Forum Extended Care, LLC-building/building improv	1999	9,295	232	30	232		2,372	29
30									30
31	ABC- Adjustment for realted party profit	2008	(303)	(13)		(13)		(13)	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,219,934	\$ 170,379		\$ 170,379	\$	\$ 1,182,360	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: 1/1/08 Ending: 12/31/08

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	\$ 288,566	\$ 31,412	\$ 31,412	\$		\$ 143,668	71
72	Current Year Purchases	6,502	330	330			330	72
73	Fully Depreciated Assets	660,974	2,927	2,927			660,974	73
74								74
75	TOTALS	\$ 956,042	\$ 34,669	\$ 34,669	\$		\$ 804,972	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	Various	98-'04	4,563				3	4,563	79
80	TOTALS			\$ 4,563	\$	\$	\$		\$ 4,563	80

E. Summary of Care-Related Assets

	1 Description	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)	\$ 5,749,744	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 205,048	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 205,048	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)	\$ 1,991,895	85

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

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

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

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

If NO, see instructions.  YES  NO

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

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.	<u>/2009</u>	\$ <u>545,012</u>
13.	<u>/2010</u>	\$ <u>545,012</u>
14.	<u>/2011</u>	\$ <u>545,012</u>

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized \_\_\_\_\_  
by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 17,805 Description: Copy Machine Lease and Various office Equipment

(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>24,198</u>	17
18	<u>Auto Lease</u>		<u>242.67</u>	<u>2,912</u>	18
19					19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>27,110</u>	21

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input 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 nurses on site.</u></p>	<p>2. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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)	
<b>TOTAL TRAINED</b>	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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	\$		\$ 139,247	\$		\$ 139,247	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			43,602			43,602	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			205,014			205,014	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 prescripts				169,248		169,248	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care/Vent</u>	39-1, 39-3, if any		438,613		116,594	87,708		642,915	12
13	Other (specify): <u>See Pg 16A</u>					107,875	229,787		337,662	13
14	<b>TOTAL</b>			\$ 438,613		\$ 612,332	\$ 486,743		\$ 1,537,688	14

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

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

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	139,247
2. ST	39-3	To Col 5	43,602
3.			
4. PT	39-3	To Col 5	205,014
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			116,411
Manual Input from Related Party- Forum Drugs			52,837
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	<b>169,248</b>
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	4,341
12. Exceptional Care-Salaries:	See pg 16A	To Col. 5	3,141
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	47,818
12. Prism - Vent supplies:	See pg 16A	To Col. 6	39,890
Total Exceptional Care (Line 12, Col 8)			<b>95,190</b>
12 CPT Reclass to Col 5 for RT Allocation		To Col 5	113,453
12. Col 3. Salary Split		To Col 3	434,272
13. Col 5: Manual Input: Related Party - CPT		To Col 5	107,875
Other			604,295
Manual Input: Related Party - Prism (less vent supplies - to above)			(59,366)
Manual Input: Related Party FECII - I.V.			(79,535)
Manual Input: Related Party FECII - Wound Care			(1,621)
Oxygen, from reclass worksheet			83,434
12. CPT Reclass to Col 5 for RT		To Col 5	(317,420)
13. Col 6: Supplies Total		To Col 6	229,787
<b>13. Total Line 13, Column 8</b>			<b>337,662</b>
14. Total			<b>1,537,688</b>

=====

**Cell:** C25

**Comment:** Daxa:  
Provided by MN

**Cell:** C35

**Comment:** Daxa:  
From Nursing Salary Allocation Spread Sheet.

**Cell:** C36

**Comment:** Daxa:  
From Nursing Salary Allocation Spread Sheet.

**Cell:** C37

**Comment:** Daxa:  
This amount come from FRX PG-16 report provided by MN.

**Cell:** C48

**Comment:** Daxa:  
This amount come from FRX PG-16 report provided by MN.

**Cell:** C49

**Comment:** Daxa:  
PV by MN

**Cell:** C50

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Provided this info by MN

**Cell:** C51

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Daxa:  
Provided this info by MN

**Cell:** C52

**Comment:** Daxa:  
From PG-4A Reclass

**Cell:** C53

**Comment:** Daxa:  
From Nursing Salary Allocation Spread Sheet

Facility Name & ID Number Alden Park Strathmoor# 0044909Report Period Beginning: 1/1/08

Ending:

12/31/08

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>172,000</u> )	1,744,497	1,744,497	3
4	Supply Inventory (priced at )	1,112	1,112	4
5	Short-Term Investments	583,498	583,498	5
6	Prepaid Insurance		4,929	6
7	Other Prepaid Expenses	5,853	5,853	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	158,771	158,771	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,493,731	\$ 2,498,660	10
	<b>B. Long-Term Assets</b>			
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	599,180	1,228,086	15
16	Equipment, at Historical Cost	296,227	365,794	16
17	Accumulated Depreciation (book methods)	(316,952)	(1,856,886)	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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 578,455	\$ 3,873,682	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,072,186	\$ 6,372,342	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,635,482	\$ 1,576,251	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	145,464	145,464	28
29	Short-Term Notes Payable	241,000	241,000	29
30	Accrued Salaries Payable	288,938	288,938	30
31	Accrued Taxes Payable (excluding real estate taxes)	58,191	58,191	31
32	Accrued Real Estate Taxes(Sch.IX-B)		109,300	32
33	Accrued Interest Payable		25,000	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accrued Exp, Ins/Due to IDPA</u>	102,544	102,544	36
37	<u>Due to Affiliates</u>	9,154,475	9,835,559	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 11,626,094	\$ 12,382,247	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,696,148	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 3,696,148	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 11,626,094	\$ 16,078,395	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (8,553,908)	\$ (9,706,053)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,072,186	\$ 6,372,342	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,436,480)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,436,480)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(117,428)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	<b>\$ (117,428)</b>	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	<b>\$</b>	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	<b>\$ (8,553,908)</b>	24 *

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

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning: 1/1/08

Ending: 12/31/08

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 8,051,966	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 8,051,966	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	139,453	6
7	Oxygen	201,952	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 341,404	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	394	13
14	Non-Patient Meals	105	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	22,110	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 22,609	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	14,235	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 14,235	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Page -19A	8,530	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 8,530	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 8,438,743	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,319,158	31
32	Health Care	2,965,633	32
33	General Administration	1,857,370	33
<b>B. Capital Expense</b>			
34	Ownership	715,248	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,595,000	35
36	Provider Participation Fee	103,762	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 8,556,171	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(117,428)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (117,428)	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/08

Ending:

12/31/08

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Details of Page 19, Line 28

Meals (private only, not offset on Schdl V)

2,455

Adjustment to prior year expense (related to prior yr, not offset on Schdl V)

6075

Total of line 28

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8,530  
=====

Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,883	1,883	\$ 77,523	\$ 41.17	1
2	Assistant Director of Nursing	1,704	1,822	65,422	35.91	2
3	Registered Nurses	11,323	11,918	404,781	33.96	3
4	Licensed Practical Nurses	34,848	36,745	918,001	24.98	4
5	CNAs & Orderlies	80,057	86,726	1,127,903	13.01	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,635	1,817	26,321	14.49	8
9	Activity Director	2,095	2,095	31,659	15.11	9
10	Activity Assistants	4,473	4,760	39,250	8.25	10
11	Social Service Workers	2,088	2,160	49,559	22.94	11
12	Dietician					12
13	Food Service Supervisor	2,066	2,088	37,698	18.05	13
14	Head Cook					14
15	Cook Helpers/Assistants	17,604	18,832	203,666	10.81	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	42,099	20.24	17
18	Housekeepers	14,633	15,743	159,465	10.13	18
19	Laundry	5,650	5,817	65,610	11.28	19
20	Administrator	2,080	2,080	92,409	44.43	20
21	Assistant Administrator					21
22	Other Administrative	6,456	6,508	167,671	25.76	22
23	Office Manager					23
24	Clerical	4,603	4,710	38,776	8.23	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,961	2,017	56,732	28.13	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Behavioral Couns.	9,511	9,674	179,942	18.60	32
33	Other(specify) Alzheimers Super	5,161	5,258	75,100	14.28	33
34	TOTAL (lines 1 - 33)	211,911	224,733	\$ 3,859,587 *	\$ 17.17	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	900/Monthly	\$ 10,800	35
36	Medical Director	4500/Monthly	54,000	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	378/Monthly	4,536	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	244	2,928	44
45	Social Service Consultant	87	1,048	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	331	\$ 73,312	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





**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Il. Health Care Assn. \$7,063
- (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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 29,192 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. \$ 103,762  
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. \$ 24,065 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? \_\_\_\_\_  
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? No  
Attach invoices and a summary of services for all architect and appraisal fees.