



Facility Name & ID Number Alden Park Strathmoor

# 0044909 Report Period Beginning: 1/1/09 Ending: 12/31/09

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 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	Private Pay	4 Other	Total	
8	SNF	13,958	2,880	7,847	24,685	8
9	SNF/PED					9
10	ICF	29,526	900		30,426	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,484	3,780	7,847	55,111	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.89%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

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

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO

I. On what date did you start providing long term care at this location?

Date started 08/01/2000

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

YES  Date 08/01/2000 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 4,503

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/09 Ending: 12/31/09

**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	259,164	31,909	10,800	301,873	1,168	303,041	5,383	308,424		1
2	Food Purchase		377,292		377,292	(24,679)	352,613	(50,639)	301,974		2
3	Housekeeping	185,602	48,535		234,137	654	234,791	4,893	239,684		3
4	Laundry	54,655	36,055		90,710	364	91,074		91,074		4
5	Heat and Other Utilities			193,384	193,384		193,384	(10,595)	182,789		5
6	Maintenance	44,342		117,403	161,745	86	161,831	42,999	204,830		6
7	Other (specify):* <b>Related Party Benefit</b>							8,135	8,135		7
8	<b>TOTAL General Services</b>	543,763	493,791	321,587	1,359,141	(22,407)	1,336,734	176	1,336,910		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	2,569,568	217,490	37,127	2,824,185	(44,171)	2,780,014	54,171	2,834,185		10
10a	Therapy	97,684	586	4,438	102,708		102,708		102,708		10a
11	Activities	182,115	16,811	5,266	204,192	169	204,361		204,361		11
12	Social Services	48,117			48,117		48,117		48,117		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Related Party Benefit</b>							8,627	8,627		15
16	<b>TOTAL Health Care and Programs</b>	2,897,484	234,887	64,831	3,197,202	(44,002)	3,153,200	62,798	3,215,998		16
	<b>C. General Administration</b>										
17	Administrative	101,485			101,485		101,485	106,124	207,609		17
18	Directors Fees										18
19	Professional Services			512,971	512,971	(16,491)	496,480	(426,180)	70,300		19
20	Dues, Fees, Subscriptions & Promotions			81,196	81,196		81,196	(68,959)	12,237		20
21	Clerical & General Office Expenses	176,747	26,558	80,732	284,037	324	284,361	300,292	584,653		21
22	Employee Benefits & Payroll Taxes			656,696	656,696	16,546	673,242	(7,953)	665,289		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,549	4,549		4,549	3,595	8,144		24
25	Other Admin. Staff Transportation			3,833	3,833		3,833	12,786	16,619		25
26	Insurance-Prop.Liab.Malpractice			205,728	205,728		205,728	5,572	211,300		26
27	Other (specify):* <b>Related Party Benefit</b>			4,144	4,144		4,144	59,808	63,952		27
28	<b>TOTAL General Administration</b>	278,232	26,558	1,549,849	1,854,639	379	1,855,018	(14,915)	1,840,103		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,719,479	755,236	1,936,267	6,410,982	(66,030)	6,344,952	48,059	6,393,011		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 &amp; ID Number

Alden Park Strathmoor

#0044909

Report Period Beginning:

1/1/09

Ending:

12/31/09

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			85,471	85,471		85,471	121,250	206,721			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			53,876	53,876		53,876	115,007	168,883			32
33	Real Estate Taxes							126,010	126,010			33
34	Rent-Facility & Grounds			416,656	416,656		416,656	(416,656)				34
35	Rent-Equipment & Vehicles			6,962	6,962		6,962	42,717	49,679			35
36	Other (specify):* MIP											36
37	<b>TOTAL Ownership</b>			562,965	562,965		562,965	(11,672)	551,293			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	355,839	601,760	798,318	1,755,917	66,030	1,821,947	(89,574)	1,732,373			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	<b>TOTAL Special Cost Centers</b>	355,839	601,760	901,796	1,859,395	66,030	1,925,425	(89,574)	1,835,851			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,075,318	1,356,996	3,401,028	8,833,342		8,833,342	(53,187)	8,780,155			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  
 Reclassifications on Pgs 3 & 4 - Column 5  
 Report Period Beginning: 1/1/2009  
 Report Period Ending: 12/31/2009

IDPH Facility ID Number: #0044909

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(24,679.00)	Employee Meals
	22	24,679.00	Employee Meals
22		(8,133.00)	Uniforms
	10	5,368.00	Uniforms
	1	1,168.00	Uniforms
	3	654.00	Uniforms
	4	364.00	Uniforms
	6	86.00	Uniforms
	11	169.00	Uniforms
	21	324.00	Uniforms
10		(66,029.51)	Oxygen - to appropriate cost center
	39	66,029.51	Oxygen - to appropriate cost center
33			Rent - Real Estate Tax on associated landowner (Pg 6)
	34		Rent - Real Estate Tax on associated landowner (Pg 6)
21		-	Vendor Settlements
	6	-	Vendor Settlements (may effect more than one line)
19		(16,491.03)	Pathway - Clinincal Consultants
	10	16,491.03	Pathway - Clinincal Consultants
<u>Others, if any:</u>			
31		(1,012.47)	Amortiz Expense on Fin. Fees
	32	1,012.47	Amortiz Expense on Fin. Fees
30			Deferred Maintains (Pg 22)
	6	-	Deferred Maintains (Pg 22)
Net		<u>(0.00)</u>	

Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/09

Ending:

12/31/09

**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	(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	(6,592)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,057)	2		13
14	Non-Care Related Interest	(20,391)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(3,610)	21		17
18	Fines and Penalties	(5,401)	32		18
19	Entertainment	(746)	20		19
20	Contributions	(7,883)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,324)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(4,144)	27		24
25	Fund Raising, Advertising and Promotional	(22,979)	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>	\$ (78,627)		\$	30

**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)	160,198	Various	34
35	Other- Attach Schedule	(134,758)	PG 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 25,440		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (53,187)		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					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					44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

**BHF USE ONLY**

48		49		50		51		52	
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Alden Park StrathmoorID# 0044909Report Period Beginning: 1/1/09Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (13,574)	5	1
2	Other Nursing income	(35)	10	2
3	Intercompany Interest with AMS	(21,602)	32	3
4	Intercompany Interest	(3,435)	32	4
5	Misc Income - Garnishment Processing	(186)	22	5
6	Misc Income - Record Copies	(797)	21	6
7	Misc Income - Jury Duty	(10)	22	7
8	Misc Income - Vending Machine	(207)	2	8
9	Misc Income - Food Rebate	(1,267)	2	9
10	Misc Income - Donation	(46)	21	10
11	Misc Income - Interest	(1,038)	32	11
12	Reduce Employee Benefit for Marketing	(6,354)	22	12
13	Marketing Manager & Aides	(39,435)	21	13
14	Expenses Related Party Items < 2,500	786	6	14
15	Reduce deprec exp on Pg 12 items under \$2500-PS,LLC	(250)	30	15
16	Reduce deprec exp on Pg 12 items under \$2500-Park	(4,681)	30	16
17	Expense captial items < \$2500 on Pg 12 items-PS, LLC	7,404	6	17
18	Reduce deprec exp on Pg 13 items under \$2500	(6,301)	30	18
19	Expense captial items < \$2500 on Pg 13 items	13,692	6	19
20	Intercompany Interest with AMS-PS, LLC	(42,537)	32	20
21	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	21
22	Fines & Penalties	(1,705)	32	22
23	30.00 % of PAC Fees in IHCA expenses	(3,130)	20	23
24	To correct YTD depreciation expense to detail	848	30	24
25	Bank Fees paid by LLC	(306)	21	25
26	Deming Adjustment	(543)	24	26
27	Backout Employee Benefits Charitable Salaries	(1,403)	22	27
28	Adj for ABC related party profit prior yrs-Pg 12 items	(26)	30	28
29	Adj for ABC related party profit -curt yrs-Pg 12 items	(2)	30	29
30	Adj for ABC related party profit -Pg 13 items	0	30	30
31	Adj for ABC related party profit -Pg 13 items	(6)	30	31
32	Back out Rockford Area Chamber	(613)	20	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>	(134,758)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	6,625	(1,242)	0	0	0	0	0	0	0	5,383	1
2	Food Purchase	(2,531)	0	0	(48,108)	0	0	0	0	0	0	0	(50,639)	2
3	Housekeeping	0	0	4,893	0	0	0	0	0	0	0	0	4,893	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(13,574)	0	2,979	0	0	0	0	0	0	0	0	(10,595)	5
6	Maintenance	17,382	0	25,766	0	0	0	(149)	0	0	0	0	42,999	6
7	Other (specify):*	0	0	6,444	1,691	0	0	0	0	0	0	0	8,135	7
8	<b>TOTAL General Services</b>	<b>1,277</b>	<b>0</b>	<b>46,707</b>	<b>(47,659)</b>	<b>0</b>	<b>0</b>	<b>(149)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>176</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	(35)	0	51,906	1,195	1,104	0	0	0	0	0	0	54,171	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	8,627	0	0	0	0	0	0	0	0	8,627	15
16	<b>TOTAL Health Care and Programs</b>	<b>(35)</b>	<b>0</b>	<b>60,533</b>	<b>1,195</b>	<b>1,104</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>62,798</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	106,124	0	0	0	0	0	0	0	0	106,124	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,324)	673	(425,529)	0	0	0	0	0	0	0	0	(426,180)	19
20	Fees, Subscriptions & Promotions	(35,351)	297	(33,905)	0	0	0	0	0	0	0	0	(68,959)	20
21	Clerical & General Office Expenses	(44,194)	306	278,218	39,215	26,747	0	0	0	0	0	0	300,292	21
22	Employee Benefits & Payroll Taxes	(7,953)	0	0	0	0	0	0	0	0	0	0	(7,953)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(543)	0	4,138	0	0	0	0	0	0	0	0	3,595	24
25	Other Admin. Staff Transportation	0	0	12,786	0	0	0	0	0	0	0	0	12,786	25
26	Insurance-Prop.Liab.Malpractice	0	5,392	180	0	0	0	0	0	0	0	0	5,572	26
27	Other (specify):*	(4,144)	0	57,481	4,862	1,609	0	0	0	0	0	0	59,808	27
28	<b>TOTAL General Administration</b>	<b>(93,509)</b>	<b>6,668</b>	<b>(507)</b>	<b>44,077</b>	<b>28,356</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(14,915)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(92,266)</b>	<b>6,668</b>	<b>106,733</b>	<b>(2,387)</b>	<b>29,460</b>	<b>0</b>	<b>(149)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48,059</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/09

Ending:

12/31/09

## 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	(10,418)	127,438	2,864	0	1,366	0	0	0	0	0	0	121,250	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(110,701)	214,559	9,851	0	1,298	0	0	0	0	0	0	115,007	32
33	Real Estate Taxes	0	120,077	5,664	0	269	0	0	0	0	0	0	126,010	33
34	Rent-Facility & Grounds	0	(416,656)	0	0	0	0	0	0	0	0	0	(416,656)	34
35	Rent-Equipment & Vehicles	0	0	42,717	0	0	0	0	0	0	0	0	42,717	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(121,119)</b>	<b>45,418</b>	<b>61,096</b>	<b>0</b>	<b>2,933</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(11,672)</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	(11,386)	(59,249)	(18,939)	0	0	0	0	0	(89,574)	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>(11,386)</b>	<b>(59,249)</b>	<b>(18,939)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(89,574)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(213,385)	52,086	167,829	(13,773)	(26,856)	(18,939)	(149)	0	0	0	0	(53,187)	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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 416,656	Park Strathmoor, LLC	0.00%	\$	\$ (416,656)	1
2	V	32 Interest -Other	113	Park Strathmoor, LLC			(113)	2
3	V	19 Professional Fees		Park Strathmoor, LLC		673	673	3
4	V	32 Interest -Other		Park Strathmoor, LLC		8,075	8,075	4
5	V	33 Real Estate Tax		Park Strathmoor, LLC		120,077	120,077	5
6	V	26 General Insurance Expense		Park Strathmoor, LLC		5,392	5,392	6
7	V	32 Interest On Mortg. Note		Park Strathmoor, LLC		162,355	162,355	7
8	V	30 Depreciation		Park Strathmoor, LLC		127,438	127,438	8
9	V	21 Bank Fees		Park Strathmoor, LLC		306	306	9
10	V	32 Fines and Penalties		Park Strathmoor, LLC		1,705	1,705	10
11	V	20 Licenses & Inspections		Park Strathmoor, LLC		47	47	11
12	V	20 Dues & Subscriptions		Park Strathmoor, LLC		250	250	12
13	V	32 Interest Exp to AMS		Park Strathmoor, LLC		42,537	42,537	13
14	Total		\$ 416,769			\$ 468,855	\$ * 52,086	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%	\$ 2,979	\$ 2,979
16	V	24 Trav & Seminar		Alden Management Services, Inc.		4,138	4,138
17	V	25 Other Admin Travel		Alden Management Services, Inc.		12,786	12,786
18	V	26 Insurance		Alden Management Services, Inc.		180	180
19	V	20 Dues & Subscriptions	34,512	Alden Management Services, Inc.		607	(33,905)
20	V	30 Depreciation		Alden Management Services, Inc.		2,864	2,864
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,664	5,664
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		42,717	42,717
23	V	32 Interest		Alden Management Services, Inc.		9,851	9,851
24	V	1 Dietary		Alden Management Services, Inc.		6,625	6,625
25	V	3 Housekeeping		Alden Management Services, Inc.		4,893	4,893
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,444	6,444
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		51,906	51,906
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		8,627	8,627
29	V	17 Administrative Salary		Alden Management Services, Inc.		106,124	106,124
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		57,481	57,481
31	V	19 Professional Fees	471,492	Alden Management Services, Inc.		45,963	(425,529)
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		278,218	278,218
33	V	6 Repair & Maint.	14,040	Alden Management Services, Inc.		39,806	25,766
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 520,044			\$ 687,873	\$ * 167,829

\* 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%	\$ 2,711	\$ (8,089)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		6,847	6,847
17	V	2 Tube Feeding	101,532	Prism Health Care Services, Inc.		53,424	(48,108)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195
19	V	39 Ancillary Supplies	184,423	Prism Health Care Services, Inc.		107,753	(76,670)
20	V	39 Vent Rent		Prism Health Care Services, Inc.		65,284	65,284
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		25,445	25,445
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		4,862	4,862
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		1,691	1,691
24	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		13,770	13,770
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		\$ 303,415			\$ 289,642	\$ * (13,773)

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

Facility Name & ID Number

Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/09

Ending:

12/31/09

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>	\$ 170,257	Forum Extended Care Services II, Inc.	0.00%	\$ 233,434	\$ 63,177
16	V	39 <u>IV</u>	137,693	Forum Extended Care Services II, Inc.		18,165	(119,528)
17	V	39 <u>Wound Care</u>	13,705	Forum Extended Care Services II, Inc.		10,807	(2,898)
18	V	10 <u>House Stock</u>	16,015	Forum Extended Care Services II, Inc.		14,527	(1,488)
19	V	10 <u>Pharmacy Consultant</u>	4,536	Forum Extended Care Services II, Inc.		7,128	2,592
20	V	27 <u>Employee Vaccin.</u>	2,105	Forum Extended Care Services II, Inc.		1,662	(443)
21	V	27 <u>Employee Benefits: G&amp;A</u>		Forum Extended Care Services II, Inc.		2,052	2,052
22	V	21 <u>Gen'l &amp; Admin. Salary</u>		Forum Extended Care Services II, Inc.		17,055	17,055
23	V	21 <u>Gen'l &amp; Admin</u>		Forum Extended Care Services II, Inc.		9,692	9,692
24	V	32 <u>Interest</u>		Forum Extended Care Services II, Inc.		1,298	1,298
25	V	33 <u>Real Estate Tax</u>		Forum Extended Care Services II, Inc.		269	269
26	V	30 <u>Depreciation</u>		Forum Extended Care Services II, Inc.		1,366	1,366
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	<b>Total</b>		\$ 344,311			\$ 317,455	\$ * (26,856)

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

Facility Name & ID Number

Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	\$ 788,125	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 769,186	\$ (18,939)
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		\$ 788,125			\$ 769,186	\$ * (18,939)

\* 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	\$ 11,273	Alden Bennett Construction Company, Inc.	0.00%	\$ 11,124	\$ (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		\$ 11,273			\$ 11,124	\$ * (149)

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

Facility Name &amp; ID Number Alden Park Strathmoor

Provider No. 0044909

Report Period Beginning:

1/1/09

Ending: 12/31/09

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 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			
Alden Estates of Skokie, Inc.	Skokie			

Facility Name &amp; ID Number

Alden Park Strathmoor

#

0044909

Report Period Beginning:

1/1/09

Ending:

12/31/09

## 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	176,656	1.804	4.51	Salary	\$ 8,344	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,544	1.804	4.51	Salary	3,096	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,738	1.804	4.51	Salary	1,782	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 13,222		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:

1/1/09

Ending: 12/31/09

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	31	\$ 66,061	\$	55,111	\$ 2,979	1
2	24	Trav & Seminar	Patient Days	31	91,753		55,111	4,138	2
3	25	Other Admin Travel	Patient Days	31	283,487		55,111	12,786	3
4	26	Insurance	Patient Days	31	3,990		55,111	180	4
5	20	Dues & Subscriptions	Patient Days	31	13,454		55,111	607	5
6	30	Depreciation	No of Providers/usage	31	102,169		1	2,864	6
7	33	Real Estate Tax	Patient Days	31	139,876		55,111	5,664	7
8	35	Rent-Equip & Vehicle	Patient Days	31	947,116		55,111	42,717	8
9	32	Interest	Patient Days	31	1,339,694		55,111	9,851	9
10	1	Dietary	Patient Days	31	146,891	146,892	55,111	6,625	10
11	3	Housekeeping	Patient Days	31	108,487	108,487	55,111	4,893	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	31	142,881		55,111	6,444	12
13	10	Nurs & Med Records Salary	Patient Days	31	1,259,741	1,259,741	55,111	51,906	13
14	15	Employee Benefits -Health Care	Patient Days	31	191,270		55,111	8,627	14
15	17	Administrative Salary	Patient Days	31	2,477,865	2,477,865	55,111	106,124	15
16	27	Employee Benefits - Admin	Patient Days	31	1,274,479		55,111	57,481	16
17	19	Professional fees	Patient Days	31	1,019,103	624,209	55,111	45,963	17
18	21	Gen'I & Admin	Patient Days	31	6,168,666	5,291,904	55,111	278,218	18
19	6	Repair & Maint.	Patient Days	31	882,577	685,666	55,111	39,806	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 16,659,560	\$ 10,594,764		\$ 687,873	25

Facility Name &amp; ID Number

Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/09

Ending:

12/31/09

## 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		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	Mortgage		10/04	\$ 4,150,000	\$ Paid off	08/01/08	8.2500	\$ 140,315	1								
2	Bank Leumi		X	Mortgage		11/09	6,080,000	6,080,000	11/10	4.5000	22,040	2								
3	Bank Leumi		X	Line of Credit		7/09	1,500,000	175,000	9/10	4.5000	2,035	3								
4	Amortization-Fin/Refin Fee		X								1,012	4								
5												5								
	<b>Working Capital</b>																			
6	Related party-AMS		X	Working Capital							9,850	6								
7	Related party-FECH		X	Working Capital							1,298	7								
8												8								
9	TOTAL Facility Related						\$ 11,730,000	\$ 6,255,000			\$ 176,550	9								
	<b>B. Non-Facility Related*</b>																			
10	Interest Income	X		Bank Account							(7,742)	10								
11	AFCO interest	X		Interest							75	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (7,667)	14								
15	TOTALS (line 9+line14)						\$ 11,730,000	\$ 6,255,000			\$ 168,883	15								

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

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

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

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

**B. Real Estate Taxes**

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and				
1. Real Estate Tax accrual used on 2008 report.				\$	<b>109,300</b>	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.)				\$	<b>112,977</b>	2
3. Under or (over) accrual (line 2 minus line 1).				\$	<b>3,677</b>	3
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	<b>116,400</b>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>				\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>				\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	<b>120,077</b>	7
			<b>Plus: Related Party Taxes (2) - See Pg 10A</b>		<b>5,933</b>	
Real Estate Tax History:				\$	<b>126,010</b>	
Real Estate Tax Bill for Calendar Year:	2004	<b>106,895</b>	<b>8</b>	<b>FOR BHF USE ONLY</b>		
	2005	<b>111,847</b>	<b>9</b>	13	FROM R. E. TAX STATEMENT FOR 2008 \$	13
	2006	<b>113,835</b>	<b>10</b>	14	PLUS APPEAL COST FROM LINE 5 \$	14
	2007	<b>106,086</b>	<b>11</b>	15	LESS REFUND FROM LINE 6 \$	15
	2008	<b>112,977</b>	<b>12</b>	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
<b>The current year accrual is based on an estimated 3% increase of the prior year tax.</b>						

**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.**



Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/09

Ending:

12/31/09

**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).

None

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

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

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/09

Ending:

12/31/09

## 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	\$	\$ 1,071,484	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		3,660	9
10	Alden Design-laundry room remodeling		2000	2,098	210	10	210		1,959	10
11	Alden Design-laundry room remodeling		2000	4,533	453	10	453		4,192	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		4,297	14
15	ABC - misc const. Work		2001	38,850	1,943	20	1,943		15,865	15
16	Rockford stem B		2001	5,035	336	15	336		2,910	16
17	FE Moran - Repair and Upgrade fire alarm system		2002	7,645	510	15	510		3,908	17
18	Patten - Repair Water System		2002	2,245	150	15	150		1,173	18
19	Capps - Repair water sys in Kitchen		2002	2,845	190	15	190		1,376	19
20	ABC - Repair Water heater		2002	7,113	474	15	474		3,674	20
21	ABC -		2002	4,256	284	15	284		2,011	21
22	ABC (misc construction work)		2002	4,233	423	10	423		2,998	22
23	ABC - Carpet		2002	1,078	108	10	108		836	23
24	ABC - Chimney		2002	758	38	20	38		275	24
25	ABC - Chimney 2		2002	3,032	152	20	152		1,100	25
26	GT Mech - Repair Cooler		2003	4,586		5			4,586	26
27	CSI Coker - Repair Freezer		2003	1,645		5			1,645	27
28	GT Mech - Repair AC		2003	1,648	165	10	165		1,172	28
29	GT Mech - Repair Refrigerator		2003	1,860		5			1,860	29
30	Simplex - Fire & Security System Repair		2003	1,986	132	15	132		837	30
31	Simplex - Fire & Security System Repair		2003	896	60	15	60		389	31
32	ABC - Repairs to Dining room		2003	5,177	518	10	518		3,193	32
33	ABC - Repair Boiler		2003	4,311	431	10	431		2,622	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:

1/1/09

Ending:

12/31/09

## 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	\$	\$ 1,649	37
38	GT Mechanical-repair hot water tank	2004	3,325	332	10	332		1,744	38
39	P&M Mercury-chiller repair	2004	2,118	212	10	212		1,130	39
40	ABC-electrical & plumbing repairs	2004	2,112	211	10	211		1,108	40
41	ABC-electronic locks	2005	762	152	5	152		672	41
42	ABC-new flooring	2005	1,666	167	10	167		737	42
43	ABC-lock sets	2005	5,538	554	10	554		2,262	43
44	ABC-lock sets	2005	1,246	125	10	125		510	44
45	ABC-lock sets	2005	1,888	189	10	189		787	45
46	ABC-parking lot repairs	2005	9,095	910	10	910		4,473	46
47	ABC-door install and wireless alarm	2005	4,652	465	10	465		2,287	47
48	Oak Fire-replace fire alarm system	2005	6,800	680	10	680		3,400	48
49	A&B Custom Cable-wiring and install	2005	3,250	325	10	325		1,544	49
50	Top Notch-repair freezer door	2005	2,435	244	10	244		1,138	50
51	CSI-freezer repair	2005	1,553	155	10	155		698	51
52	GT Mechanical-freezer repairs	2005	2,825	282	10	282		1,246	52
53	GT Mech-kitchen repairs	2005	2,364	236	10	236		1,082	53
54	Patten-generator repairs	2005	3,560	356	10	356		1,661	54
55	ABC-faucet replacements	2005	2,518	252	10	252		1,538	55
56	Top Notch-repair freezer	2005	7,186	719	10	719		3,115	56
57	ABC-drywall	2005	655	65	10	65		282	57
58	Patten-generator repairs	2005	1,856	186	10	186		821	58
59	Patten-generator repairs	2005	3,429	343	10	343		1,515	59
60	Insurance check received for A/C replacement	2005	(6,221)	(2,489)	5	(2,489)		(5,392)	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		1,036	62
63	Patten-generator repairs	2006	24,100	2,410	10	2,410		9,439	63
64	GT Mechanical-replace pump motor	2006	3,162	316	10	316		1,133	64
65	ABC-New AC and ductwork	2006	26,034	2,603	10	2,603		8,027	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		1,978	66
67	ABC-life code Imprvmt-carpetry firealrm & Elect.	2007	62,381	4,159	15	4,159		9,358	67
68	ABC-fire protection	2007	22,921	1,528	15	1,528		3,321	68
69	ABC-fire proofing	2007	18,549	1,237	15	1,237		2,680	69
70	TOTAL (lines 4 thru 69)		\$ 3,909,826	\$ 140,677		\$ 140,677	\$	\$ 1,223,481	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:

1/1/09

Ending:

12/31/09

## 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	\$ 140,677		\$ 140,677	\$	\$ 1,223,481	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674	367	10	367		948	2
3	ABC -install new gasketing mtrl around doors	2007	2,679	268	10	268		692	3
4	ABC -elevator pump	2007	7,462	746	10	746		1,865	4
5	ABC -locksets	2007	5,404	540	10	540		1,350	5
6	ABC -intall new smoke damper	2007	2,671	534	5	534		1,291	6
7	Gt Mechanical Inc. -water heater replaced	2007	5,728	382	15	382		859	7
8	Abc-instl. New elevetor pump	2007	13,180	879	15	879		1,978	8
9	ABC - new wall construction	2007	11,466	1,147	10	1,147		2,581	9
10	ABC - replace entrance door	2007	4,352	435	10	435		943	10
11	ABC -boiler asphalt paving	2007	28,352	2,835	10	2,835		6,143	11
12	ABC -boiler repair & replace boiler valves	2007	15,917	1,592	10	1,592		3,317	12
13	ABC - install new boiler	2007	3,542	354	10	354		708	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		2,883	14
15	MI unit -ABC -misc hard costs & labor	2007	31,854	7,964	4	7,964		21,262	15
16	MI unit -allocated carpenter labor -fireproofing	2007	8,032	535	15	535		1,338	16
17	MI unit -various labor allocted by AMS	2007	3,435	859	4	859		2,147	17
18	MI unit -ABC -metal doors & hardware	2007	9,978	998	10	998		2,495	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612	2,661	10	2,661		3,105	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825	282	10	282		470	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053	1,211	5	1,211		2,220	21
22	ABC-Install new gutter, oxygen sorage a label door	2008	2,863	286	10	286		501	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	444	25	444		740	23
24	ABC- Iinstall new exhaust Fan	2008	3,619	362	10	362		513	24
25	GT Mechanical, Inc- repair cooler, water pump	2008	2,627	525	5	525		700	25
26	GT Mechanical, Inc - Rep. Refreigerant Relief valve, leaks	2008	2,701	270	10	270		338	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548	53	15	53		53	27
28	ABC-Instll newBoiler tubes&crcltg pump/Jb#6032	2009	13,472	1,123	10	1,123		1,123	28
29	GTMECH -rps AC leak pump	2009	3,950	461	5	461		461	29
30	Gt Mechanical Inc.-repair leaking tubes in water cool	2009	3,785	442	5	442		442	30
31	GT Mechanical -Rprs Air condition bundle	2009	2,966	297	5	297		297	31
32	Top Notch -Install Evaporator, Refrigerant filter	2009	7,401	493	5	493		493	32
33	TOPNOT- AC Compressor and CondenseFreezer	2009	18,080	452	10	452		452	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,202,446	\$ 171,627		\$ 171,627	\$	\$ 1,288,188	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:

1/1/09

Ending:

12/31/09

## 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>		\$ 4,202,446	\$ 171,627		\$ 171,627	\$	\$ 1,288,188	1
2	Forum Prof Ctr: Remodeling	1979	16,169		20			16,169	2
3	Forum Prof Ctr: Build Improv - multiple	1980	10,322		15			10,322	3
4	Forum Prof Ctr: Tennant Improv	1986	836		13			836	4
5	Forum Prof Ctr: AMS remodel	1990	5,681		10			5,681	5
6	Forum Prof Ctr: Roof	1994	2,997	187	16	187		2,811	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,057	66	16	66		921	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,669	152	10	152		1,496	8
9	Forum Prof Ctr: Remodel/electrical	2001	650	36	7	36		543	9
10	Forum Prof Ctr: bathroom remodel	2002	575	54	5	54		427	10
11	Forum Prof Ctr: remodel suites/etc.	2003	739	75	9	75		516	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,275	244	7	244		1,765	12
13	Forum Prof Ctr: Suite renovation	2005	460	83	10	83		450	13
14	Forum Prof Ctr: Superior installations, etc.	2006	91	23	4	23		77	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	432	67	7	67		155	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	368	64	7	64		87	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	762	15	7	15		15	17
18	Alden Mgt Servs: Remodel suites	1993	5,555		7			5,555	18
19	Alden Mgt Servs: Remodel suites	2002	318	42	7	42		309	19
20	Alden Mgt Servs: Remodel suites	2003	8,987	1,238	7	1,238		8,765	20
21									21
22	Forum Ext Care, LLC-Building	1998	6,067	152	40	152		1,732	22
23	Forum Ext Care, LLC-Build Improv	1999	4,689	117	40	117		1,230	23
24	Forum Extended Care-Maj Eq Repair	2002	31		3			31	24
25	Forum Extended Care-Maj Plumbing Repair	2003	29		3			29	25
26	Forum Extended Care-Compressor	2004	20		3			20	26
27									27
28	ABC- Adjustment for realted party profit	2008	(303)	(26)		(26)		(26)	28
29	ABC- Adjustment for realted party profit	2009	(178)	(2)		(2)		(2)	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,272,743	\$ 174,214		\$ 174,214	\$	\$ 1,348,102	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	\$ 270,009	\$ 27,983	\$ 27,983	\$		\$ 150,738	71
72	Current Year Purchases	16,967	733	733			733	72
73	Fully Depreciated Assets	689,909	3,791	3,791			689,909	73
74								74
75	TOTALS	\$ 976,885	\$ 32,507	\$ 32,507	\$		\$ 841,380	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-'02	4,415					4,415	79
80	TOTALS			\$ 4,415	\$	\$	\$		\$ 4,415	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)	\$ 5,823,248	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 206,721	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 206,721	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,193,897	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	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: \$ 27,376 Description: Copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>26,669</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>20.22</u>	<u>243</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>26,912</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. /2010 \$ 545,012

13. /2011 \$ \_\_\_\_\_

14. /2012 \$ \_\_\_\_\_

\* 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. <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)	
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	\$		\$ 171,159	\$		\$ 171,159	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			42,995			42,995	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			241,589			241,589	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				233,435		233,435	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1, 39-3, if any		355,839		115,983	123,462		595,284	12
13	Other (specify): <u>See Pg 16A</u>					197,462	250,450		447,912	13
14	TOTAL			\$ 355,839		\$ 769,187	\$ 607,347		\$ 1,732,373	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)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$171,158.52
2.	ST	39-3	To Col 5	42,994.92
3.				
4.	PT	39-3	To Col 5	241,588.52
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			170,258.35
	Manual Input from Related Party- Forum Drugs			63,177.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	<b>233,435.35</b>
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 5	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	58,177.62
12.	Prism - Vent supplies:	See pg 16A	To Col. 6	65,284.00
	Total Exceptional Care (Line 12, Col 8)			<b>123,461.62</b>
12	CPT Reclass to Col 5 for RT Allocation		To Col 5	115,983.00
12.	Col 3. Salary Split		To Col 3	355,839.00
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	197,462.00
13.	Other: See Pg 16A			
	Other			715,901.18
	Manual Input: Related Party - Prism			(76,671.00)
	Manual Input: Related Party FECII - I.V.			(119,528.00)
	Manual Input: Related Party FECII - Wound Care			(2,898.00)
	Oxygen, from reclass worksheet (Pg 4A)			66,030.00
12.	CPT Reclass to Col 5 for RT		To Col 5	(332,384.00)
13.	Col 6: Supplies Total		To Col 6	250,450.18
13.	Total Line 13, Column 8			<b>447,912.18</b>
14.	Total			1,732,373.11

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning: 1/1/09

Ending:

12/31/09

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(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>122,988</u> )	1,685,077	1,685,077	3
4	Supply Inventory (priced at )	1,112	1,112	4
5	Short-Term Investments	30,007	1,170,007	5
6	Prepaid Insurance		5,110	6
7	Other Prepaid Expenses	5,290	5,290	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	142,842	142,842	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,864,328	\$ 3,009,437	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	665,786	1,294,692	15
16	Equipment, at Historical Cost	325,873	395,440	16
17	Accumulated Depreciation (book methods)	(406,846)	(2,074,218)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>Fin Fees, net</u> )	1,513	24,513	22
23	Other(specify): <u>Goodwill, net</u>		42,704	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 586,326	\$ 3,777,115	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,450,654	\$ 6,786,553	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 597,836	\$ 548,863	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	195,663	195,663	28
29	Short-Term Notes Payable	292,820	292,820	29
30	Accrued Salaries Payable	318,230	318,230	30
31	Accrued Taxes Payable (excluding real estate taxes)	54,184	54,184	31
32	Accrued Real Estate Taxes(Sch.IX-B)		116,400	32
33	Accrued Interest Payable		22,040	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	37,952	37,952	36
37	<u>Due to Affiliates</u>	8,733,865	8,104,530	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 10,230,550	\$ 9,690,682	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,080,000	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>	\$	\$ 6,080,000	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 10,230,550	\$ 15,770,682	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (7,779,896)	\$ (8,984,129)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,450,654	\$ 6,786,553	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (8,553,908)	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (8,553,908)	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	774,011	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 774,011	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (7,779,896)	<b>24</b> *

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

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning: 1/1/09

Ending: 12/31/09

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	\$ 9,348,282	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,348,282	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	160,660	6
7	Oxygen	77,363	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 238,023	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	89	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(517)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	11,334	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 10,905	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	6,592	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 6,592	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Record Copies, Food Rebate,Wage Fee</u>	3,551	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 3,551	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 9,607,353	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,359,141	31
32	Health Care	3,197,202	32
33	General Administration	1,854,639	33
<b>B. Capital Expense</b>			
34	Ownership	562,965	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,755,917	35
36	Provider Participation Fee	103,478	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 8,833,342	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	774,011	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 774,011	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.

Facility Name & ID Number Alden Park Strathmoor

# 0044909

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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	1,992	2,000	\$ 80,543	\$ 40.27	1
2	Assistant Director of Nursing	1,960	1,960	74,588	38.06	2
3	Registered Nurses	9,334	10,025	312,846	31.21	3
4	Licensed Practical Nurses	41,858	44,079	1,103,365	25.03	4
5	CNAs & Orderlies	80,981	88,752	1,133,458	12.77	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,891	2,165	33,136	15.31	8
9	Activity Director	2,080	2,080	33,105	15.92	9
10	Activity Assistants	4,789	5,108	43,150	8.45	10
11	Social Service Workers	2,080	2,080	48,117	23.13	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,119	38,287	18.07	13
14	Head Cook					14
15	Cook Helpers/Assistants	18,022	19,911	220,876	11.09	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	44,342	21.32	17
18	Housekeepers	17,061	18,752	185,602	9.90	18
19	Laundry	3,625	3,888	54,655	14.06	19
20	Administrator	2,080	2,080	101,485	48.79	20
21	Assistant Administrator					21
22	Other Administrative	8,225	8,225	166,442	20.24	22
23	Office Manager	1,480	1,480	22,029	14.88	23
24	Clerical	4,361	4,578	44,116	9.64	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,040	2,040	62,019	30.40	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselor	5,199	5,288	105,861	20.02	32
33	Other(specify) Unit Director/Alzheimer's	10,112	10,323	167,296	16.21	33
34	TOTAL (lines 1 - 33)	223,330	239,013	\$ 4,075,318 *	\$ 17.05	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	1-3	35
36	Medical Director	4214/Monthly	50,567	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	256	3,076	11-3	44
45	Social Service Consultant	22	264	11-3	45
46	Other(specify) Psycho-Social Consultant	45	536	11-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	323	\$ 69,778		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Park Strathmoor

# 0044909

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**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Parent, Georgette R	Administrator	0	\$ 101,485	Workers' Compensation Insurance	\$ 103,552	IDPH License Fee	\$	
				Unemployment Compensation Insurance	45,635	Advertising: Employee Recruitment	1,344	
				FICA Taxes	304,828	Health Care Worker Background Check		
				Employee Health Insurance	73,522	(Indicate # of checks performed 91)	910	
				Employee Meals	24,679	Patient Background Checks	1,050	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond	726	
				Union Health & Welfare	83,440	IHCA dues, less pac fees	7,303	
				Dental, Life, Relations, Pension & Misc	29,727	Related party - Park, LLC	297	
				Tuition & Drug Test	2,902			
				401k Match / Empl. Dishonesty/Emp Vaccin	4,957	Related party -AMS	607	
				Backout Employee Benefits Charitable Salaries	(1,403)	Less: Public Relations Expense	( )	
				Offset Benefit Costs with Misc. Income	(196)	Non-allowable advertising	( )	
				Marketing Manager Benefits Deduction	(6,354)	Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 101,485				\$ 665,289		\$ 12,237		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
None	\$			Not Applicable		\$	Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$ 8,144	
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Services	Consulting Fees	\$ 471,492						
BDO Seidman & Virchow Krause	Accounting Fees	12,544						
Margel S. Peddicord, CPA Assc/Ava	Accounting Fees	758						
Kenneth J. Fisch/Ungaretti & Harris	Legal-Non Collection	4,725						
Pathway-Reclass to Nursing	Clinical Consultants	16,491						
Medi.Com/Ungaretti & Harris,	Billing Consultants	94						
First Advantage	Tax Credit Services	3,275						
IL. Assoc. of Healthcare Facility	Legal-Non Collection	2,268						
Kenneth J. Fisch	Legal-Collections	1,324						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 512,971				\$			\$ 8,144	

\* Attach copy of IMRF notifications

\*\*See instructions.



Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

1/1/09

Ending:

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**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IHCA=\$7,303 Il. Assoc. of HC=\$2,268
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 23,609 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. \$ 24,679 Has any meal income been offset against related costs? NO Indicate the amount. \$ 0
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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.