

Facility Name & ID Number Alden Park Strathmoor

0044909 Report Period Beginning: 1/1/10 Ending: 12/31/10

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)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	189	TOTALS	189	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 Total	
		3 Medicaid Recipient	Private Pay	4 Other			
8	SNF	7,500	2,253	10,681	20,434	8	
9	SNF/PED					9	
10	ICF	33,427	1,476		34,903	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	40,927	3,729	10,681	55,337	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.22%

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 4,680

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/10 Ending: 12/31/10

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	282,419	36,587	21,800	340,806	2,210	343,016	(2,497)	340,519		1
2	Food Purchase		384,900		384,900	(26,762)	358,138	(65,961)	292,177		2
3	Housekeeping	206,820	50,788		257,608	1,239	258,847	6,777	265,624		3
4	Laundry	50,039	37,326		87,365	688	88,053		88,053		4
5	Heat and Other Utilities			169,820	169,820	6,719	176,539	722	177,261		5
6	Maintenance	46,250		177,224	223,474	164	223,638	51,390	275,028		6
7	Other (specify):* Related Party Benefit							9,829	9,829		7
8	TOTAL General Services	585,528	509,601	368,844	1,463,973	(15,742)	1,448,231	260	1,448,491		8
	B. Health Care and Programs										
9	Medical Director			53,000	53,000		53,000		53,000		9
10	Nursing and Medical Records	2,638,752	231,132	5,278	2,875,162	(42,146)	2,833,016	60,023	2,893,039		10
10a	Therapy	98,994	1,646	11,400	112,040		112,040		112,040		10a
11	Activities	245,255	16,102	3,285	264,642	319	264,961		264,961		11
12	Social Services	48,138			48,138		48,138		48,138		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefit							8,582	8,582		15
16	TOTAL Health Care and Programs	3,031,139	248,880	72,963	3,352,982	(41,827)	3,311,155	68,605	3,379,760		16
	C. General Administration										
17	Administrative	59,081			59,081		59,081	148,098	207,179		17
18	Directors Fees										18
19	Professional Services			684,509	684,509	(13,054)	671,455	(590,816)	80,639		19
20	Dues, Fees, Subscriptions & Promotions			92,615	92,615		92,615	(77,875)	14,740		20
21	Clerical & General Office Expenses	163,588	24,698	96,616	284,902	(6,105)	278,797	323,131	601,928		21
22	Employee Benefits & Payroll Taxes			754,228	754,228	11,369	765,597	(7,516)	758,081		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,981	4,981		4,981	3,182	8,163		24
25	Other Admin. Staff Transportation			1,685	1,685		1,685	15,580	17,265		25
26	Insurance-Prop.Liab.Malpractice			198,480	198,480		198,480	5,763	204,243		26
27	Other (specify):* Related Party Benefit			47,057	47,057		47,057	20,684	67,741		27
28	TOTAL General Administration	222,669	24,698	1,880,171	2,127,538	(7,790)	2,119,748	(159,769)	1,959,979		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,839,336	783,179	2,321,978	6,944,493	(65,359)	6,879,134	(90,904)	6,788,230		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			104,855	104,855		104,855	117,861	222,716			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			25,636	25,636		25,636	256,170	281,806			32
33	Real Estate Taxes							128,391	128,391			33
34	Rent-Facility & Grounds			416,021	416,021		416,021	(416,021)				34
35	Rent-Equipment & Vehicles			9,645	9,645		9,645	39,967	49,612			35
36	Other (specify):*											36
37	TOTAL Ownership			556,157	556,157		556,157	126,368	682,525			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	466,125	616,568	1,026,559	2,109,252	65,359	2,174,611	(42,906)	2,131,705			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			103,478	103,478		103,478		103,478			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	466,125	616,568	1,130,037	2,212,730	65,359	2,278,089	(42,906)	2,235,183			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,305,461	1,399,747	4,008,172	9,713,380		9,713,380	(7,442)	9,705,938			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

IDPH Facility ID Number: 0044909

Report Period Beginning: 1/1/2010
 Report Period Ending: 12/31/2010

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(26,762.16)	Employee Meals
	22	26,762.16	Employee Meals
22		(15,393.00)	Uniforms
	10	10,159.00	Uniforms
	1	2,210.00	Uniforms
	3	1,239.00	Uniforms
	4	688.00	Uniforms
	6	164.00	Uniforms
	11	319.00	Uniforms
	21	614.00	Uniforms
10		(65,358.78)	Oxygen - to appropriate cost center
	39	65,358.78	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		6,719.25	Vendor Settlements
	5	(6,719.25)	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(13,054.43)	Clinical Coordinators (Pathway Billing)
	10	13,054.43	Clinical Coordinators (Pathway Billing)
Net		<hr/>	

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	(4,354)	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	(5,668)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,015)	2		13
14	Non-Care Related Interest	(12,737)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(2,076)	21		17
18	Fines and Penalties	(3,645)	32		18
19	Entertainment	(160)	20		19
20	Contributions	(12,415)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,944)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(47,057)	27		24
25	Fund Raising, Advertising and Promotional	(33,825)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (128,896)		\$	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)	166,754	Various	34
35	Other- Attach Schedule	(45,300)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 121,454		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (7,442)		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	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY

48		49		50		51		52
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Alden Park Strathmoor

ID# 0044909

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (2,366)	5	1
2	Intercompany Interest with AMS	3,286	32	2
3	Intercompany Interest	(2,365)	32	3
4	Misc Income - Garnishment Processing	(172)	22	4
5	Misc Income - Record Copies	(891)	21	5
6	Misc Income - Jury Duty	(26)	22	6
7	Misc Income - Donation	(28)	21	7
8	Misc Income - Interest	(168)	32	8
9	Reduce Employee Benefit for Marketing	(7,318)	22	9
10	Marketing Manager & Aides	(41,774)	21	10
11	Reduce deprec exp on Pg 12 items under \$2500-PS,LLC	(282)	30	11
12	Reduce deprec exp on Pg 12 items under \$2500-Park	(6,070)	30	12
13	Expense captial items < \$2500 on Pg 12 items-PS, LLC	7,821	6	13
14	Reduce deprec exp on Pg 13 items under \$2500	(9,759)	30	14
15	Expense captial items < \$2500 on Pg 13 items	32,684	6	15
16	Intercompany Interest with AMS-PS, LLC	(471)	32	16
17	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	17
18	Fines & Penalties	(1,779)	32	18
19	30.00 % of PAC Fees in IHCA expenses	(3,130)	20	19
20	To correct YTD depreciation expense to detail	716	30	20
21	Bank Fees paid by LLC	(314)	21	21
22	Deming Adjustment	(825)	24	22
23	Adj for ABC related party profit prior yrs-Pg 12 items	(46)	30	23
24	Adj for ABC related party profit -curt yrs-Pg 12 items	(58)	30	24
25	Back out Rockford Area Chamber	(937)	20	25
26	Record Depreciation for Deferred Maint.	(3,028)	6	26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(45,300)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	5,026	(7,523)	0	0	0	0	0	0	0	(2,497)	1
2	Food Purchase	(2,015)	0	0	(63,946)	0	0	0	0	0	0	0	(65,961)	2
3	Housekeeping	0	0	6,777	0	0	0	0	0	0	0	0	6,777	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,366)	0	3,088	0	0	0	0	0	0	0	0	722	5
6	Maintenance	33,123	0	18,495	0	0	0	(228)	0	0	0	0	51,390	6
7	Other (specify):*	0	0	6,883	2,946	0	0	0	0	0	0	0	9,829	7
8	TOTAL General Services	28,742	0	40,269	(68,523)	0	0	(228)	0	0	0	0	260	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	57,501	512	2,010	0	0	0	0	0	0	60,023	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	8,582	0	0	0	0	0	0	0	0	8,582	15
16	TOTAL Health Care and Programs	0	0	66,083	512	2,010	0	0	0	0	0	0	68,605	16
	C. General Administration													
17	Administrative	0	0	148,098	0	0	0	0	0	0	0	0	148,098	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,944)	9,000	(594,872)	0	0	0	0	0	0	0	0	(590,816)	19
20	Fees, Subscriptions & Promotions	(50,467)	250	(27,658)	0	0	0	0	0	0	0	0	(77,875)	20
21	Clerical & General Office Expenses	(45,083)	314	288,119	52,443	27,338	0	0	0	0	0	0	323,131	21
22	Employee Benefits & Payroll Taxes	(7,516)	0	0	0	0	0	0	0	0	0	0	(7,516)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(825)	0	4,007	0	0	0	0	0	0	0	0	3,182	24
25	Other Admin. Staff Transportation	0	0	15,580	0	0	0	0	0	0	0	0	15,580	25
26	Insurance-Prop.Liab.Malpractice	0	5,600	163	0	0	0	0	0	0	0	0	5,763	26
27	Other (specify):*	(47,057)	0	59,170	6,895	1,676	0	0	0	0	0	0	20,684	27
28	TOTAL General Administration	(155,892)	15,164	(107,393)	59,338	29,014	0	0	0	0	0	0	(159,769)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(127,150)	15,164	(1,041)	(8,673)	31,024	0	(228)	0	0	0	0	(90,904)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/10

Ending:

12/31/10

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)	
	D. Ownership													
30	Depreciation	(15,499)	131,811	1,549	0	0	0	0	0	0	0	0	117,861	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(31,547)	283,101	3,696	0	920	0	0	0	0	0	0	256,170	32
33	Real Estate Taxes	0	122,911	5,146	0	334	0	0	0	0	0	0	128,391	33
34	Rent-Facility & Grounds	0	(416,021)	0	0	0	0	0	0	0	0	0	(416,021)	34
35	Rent-Equipment & Vehicles	0	0	39,967	0	0	0	0	0	0	0	0	39,967	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(47,046)	121,802	50,358	0	1,254	0	0	0	0	0	0	126,368	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(13,595)	(62,060)	32,749	0	0	0	0	0	(42,906)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(13,595)	(62,060)	32,749	0	0	0	0	0	(42,906)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(174,196)	136,966	49,317	(22,268)	(29,782)	32,749	(228)	0	0	0	0	(7,442)	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
<u>Alden Realty Services, Inc.</u>	<u>100</u>	<u>See Pg 6K</u>		<u>See Pg 6K</u>		

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	<u>34 Rent Income</u>	\$ <u>416,021</u>	<u>Park Strathmoor, LLC</u>	<u>0.00%</u>	\$	\$	<u>(416,021)</u> 1
2	V	<u>32 Interest -Other</u>	<u>17,688</u>	<u>Park Strathmoor, LLC</u>				<u>(17,688)</u> 2
3	V	<u>19 Professional Fees</u>		<u>Park Strathmoor, LLC</u>		<u>9,000</u>		<u>9,000</u> 3
4	V	<u>32 Interest -Other</u>		<u>Park Strathmoor, LLC</u>		<u>8,000</u>		<u>8,000</u> 4
5	V	<u>33 Real Estate Tax</u>		<u>Park Strathmoor, LLC</u>		<u>122,911</u>		<u>122,911</u> 5
6	V	<u>26 General Insurance Expense</u>		<u>Park Strathmoor, LLC</u>		<u>5,600</u>		<u>5,600</u> 6
7	V	<u>32 Interest On Mortg. Note</u>		<u>Park Strathmoor, LLC</u>		<u>267,539</u>		<u>267,539</u> 7
8	V	<u>30 Depreciation</u>		<u>Park Strathmoor, LLC</u>		<u>131,811</u>		<u>131,811</u> 8
9	V	<u>21 Bank Fees</u>		<u>Park Strathmoor, LLC</u>		<u>314</u>		<u>314</u> 9
10	V	<u>32 Fines and Penalties</u>		<u>Park Strathmoor, LLC</u>		<u>1,779</u>		<u>1,779</u> 10
11	V	<u>32 Amortization</u>		<u>Park Strathmoor, LLC</u>		<u>23,000</u>		<u>23,000</u> 11
12	V	<u>20 Dues & Subscriptions</u>		<u>Park Strathmoor, LLC</u>		<u>250</u>		<u>250</u> 12
13	V	<u>32 Interest Exp to AMS</u>		<u>Park Strathmoor, LLC</u>		<u>471</u>		<u>471</u> 13
14	Total		\$ <u>433,709</u>			\$ <u>570,675</u>	\$ *	<u>136,966</u> 14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,088	\$	3,088	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		4,007		4,007	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		15,580		15,580	17
18	V	26 Insurance		Alden Management Services, Inc.		163		163	18
19	V	20 Dues & Subscriptions	29,004	Alden Management Services, Inc.		1,346		(27,658)	19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549		1,549	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,146		5,146	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		39,967		39,967	22
23	V	32 Interest		Alden Management Services, Inc.		3,696		3,696	23
24	V	1 Dietary		Alden Management Services, Inc.		5,026		5,026	24
25	V	3 Housekeeping		Alden Management Services, Inc.		6,777		6,777	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,883		6,883	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		57,501		57,501	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		8,582		8,582	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		148,098		148,098	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		59,170		59,170	30
31	V	19 Professional Fees	648,302	Alden Management Services, Inc.		53,430		(594,872)	31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		288,119		288,119	32
33	V	6 Repair & Maint.	26,502	Alden Management Services, Inc.		44,997		18,495	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 703,808			\$ 753,125	\$ *	49,317	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	\$ 21,800	Prism Health Care Services, Inc.	0.00%	\$ 3,090	\$ (18,710)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		11,187	11,187
17	V	2 Tube Feeding	123,982	Prism Health Care Services, Inc.		60,036	(63,946)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Ancillary Supplies	198,368	Prism Health Care Services, Inc.		115,822	(82,546)
20	V	39 Vent Rent		Prism Health Care Services, Inc.		68,951	68,951
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		36,938	36,938
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		6,895	6,895
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		2,946	2,946
24	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		15,505	15,505
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		\$ 350,810			\$ 328,542	\$ * (22,268)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 151,086	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 212,475	\$ 61,389
16	V	39 <u>IV</u>	136,622	<u>Forum Extended Care Services II, Inc.</u>		16,941	(119,681)
17	V	39 <u>Wound Care</u>	17,903	<u>Forum Extended Care Services II, Inc.</u>		14,135	(3,768)
18	V	10 <u>House Stock</u>	13,679	<u>Forum Extended Care Services II, Inc.</u>		12,571	(1,108)
19	V	10 <u>Pharmacy Consultant</u>	4,536	<u>Forum Extended Care Services II, Inc.</u>		7,654	3,118
20	V	27 <u>Employee Vaccin.</u>	1,944	<u>Forum Extended Care Services II, Inc.</u>		1,534	(410)
21	V	27 <u>Employee Benefits: G&A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,086	2,086
22	V	21 <u>Gen'l & Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		16,754	16,754
23	V	21 <u>Gen'l & Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		10,584	10,584
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		920	920
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		334	334
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>			
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		\$ 325,770			\$ 295,988	\$ * (29,782)

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

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Alden Park Strathmoor

0044909

Report Period Beginning:

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Ending:

12/31/10

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	\$ 804,577	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 837,326	\$	32,749	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		\$ 804,577			\$ 837,326	\$ *	32,749	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	\$ 18,608	Alden Bennett Construction Company, Inc.	0.00%	\$ 18,380	\$ (228)
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		\$ 18,608			\$ 18,380	\$ * (228)

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

Alden Park Strathmoor

Alden Park Strathmoor

Provider No. 0044909

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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 Gardens of Bloomingdale, Inc.	Bloomingdale	Supportive Living Facility
Alden of Old Town East, Inc.	Bloomingdale	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.	Bloomingdale	Community Physical Therapy & Associates, Ltd.	Addison	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingdale	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.	Bloomingdale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingdale			
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.	Bloomingdale			
Alden Village North, Inc.	Chicago			
Alden Estates of Skokie, Inc.	Skokie			
Alden Estates of Countryside, Inc.	Jefferson, WI			

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Alden Park Strathmoor

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Report Period Beginning:

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VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	177,025	1.724	4.31	Salary	\$ 7,975	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,681	1.724	4.31	Salary	2,959	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,816	1.724	4.31	Salary	1,704	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	\$ 12,638		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

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VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-8038

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,283,623	33	\$ 71,628	\$ 55,337	\$ 3,088	1
2	24	Trav & Seminar	Patient Days	1,283,623	33	92,957	55,337	4,007	2
3	25	Other Admin Travel	Patient Days	1,283,623	33	361,409	55,337	15,580	3
4	26	Insurance	Patient Days	1,283,623	33	3,773	55,337	163	4
5	20	Dues & Subscriptions	Patient Days	1,283,623	33	31,234	55,337	1,346	5
6	30	Depreciation	No of Providers/usage	33	33	64,513	1	1,549	6
7	33	Real Estate Tax	Patient Days	1,283,623	33	135,456	55,337	5,146	7
8	35	Rent-Equip & Vehicle	Patient Days	1,283,623	33	927,091	55,337	39,967	8
9	32	Interest	Patient Days	1,283,623	33	1,179,658	55,337	3,696	9
10	1	Dietary	Patient Days	1,283,623	33	116,597	116,597	5,026	10
11	3	Housekeeping	Patient Days	1,283,623	33	157,195	157,195	6,777	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,283,623	33	159,672	55,337	6,883	12
13	10	Nurs & Med Records Salary	Patient Days	1,283,623	33	1,369,902	1,369,902	57,501	13
14	15	Employee Benefits -Health Care	Patient Days	1,283,623	33	199,071	55,337	8,582	14
15	17	Administrative Salary	Patient Days	1,283,623	33	2,862,453	2,862,453	148,098	15
16	27	Employee Benefits - Admin	Patient Days	1,283,623	33	1,372,540	55,337	59,170	16
17	19	Professional fees	Patient Days	1,283,623	33	1,239,391	672,679	53,430	17
18	21	Gen'I & Admin	Patient Days	1,283,623	33	6,683,349	5,909,984	288,119	18
19	6	Repair & Maint.	Patient Days	1,283,623	33	1,043,713	824,986	44,997	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 753,125	25

Facility Name & ID Number

Alden Park Strathmoor

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1/1/10

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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										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Bank Leumi		X	Mortgage		11/09	\$ 6,080,000	\$ 6,080,000	11/10	4.5000	\$ 267,539	1							
2	Bank Leumi		X	Line of Credit		7/09	1,500,000	175,000	9/11	4.5000	8,663	2							
3												3							
4	Amortization-Fin/Refin Fee		X								24,513	4							
5												5							
Working Capital																			
6	Related party-AMS		X	Working Capital							3,696	6							
7	Related party-FECH		X	Working Capital							920	7							
8												8							
9	TOTAL Facility Related						\$ 7,580,000	\$ 6,255,000			\$ 305,331	9							
B. Non-Facility Related*																			
10	Interest Income		X	Bank Account							(23,525)	10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (23,525)	14							
15	TOTALS (line 9+line14)						\$ 7,580,000	\$ 6,255,000			\$ 281,806	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # 36

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

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

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

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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	\$	\$ 1,185,927	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		Alden Design-laundry room remodeling	2000		3,922	262	10	262		3,922	9
10		Alden Design-laundry room remodeling	2000		2,098	139	10	139		2,098	10
11		Alden Design-laundry room remodeling	2000		4,533	341	10	341		4,533	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		4,823	14
15		ABC - misc const. Work	2001		38,850	1,943	20	1,943		17,808	15
16		Rockford stem B	2001		5,035	336	15	336		3,246	16
17		FE Moran - Repair and Upgrade fire alarm system	2002		7,645	510	15	510		4,418	17
18		Patten - Repair Water System	2002		2,245	150	15	150		1,323	18
19		Capps - Repair water sys in Kitchen	2002		2,845	190	15	190		1,566	19
20		ABC - Repair Water heater	2002		7,113	474	15	474		4,148	20
21		ABC -	2002		4,256	284	15	284		2,295	21
22		ABC (misc construction work)	2002		4,233	423	10	423		3,421	22
23		ABC - Carpet	2002		1,078	108	10	108		944	23
24		ABC - Chimney	2002		758	38	20	38		313	24
25		ABC - Chimney 2	2002		3,032	152	20	152		1,252	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		1,337	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		969	30
31		Simplex - Fire & Security System Repair	2003		896	60	15	60		449	31
32		ABC - Repairs to Dining room	2003		5,177	518	10	518		3,711	32
33		ABC - Repair Boiler	2003		4,311	431	10	431		3,053	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 & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	\$	\$ 1,949	37
38	GT Mechanical-repair hot water tank	2004	3,325	332	10	332		2,076	38
39	P&M Mercury-chiller repair	2004	2,118	212	10	212		1,342	39
40	ABC-electrical & plumbing repairs	2004	2,112	211	10	211		1,319	40
41	ABC-electronic locks	2005	762	90	5	90		762	41
42	ABC-new flooring	2005	1,666	167	10	167		904	42
43	ABC-lock sets	2005	5,538	554	10	554		2,816	43
44	ABC-lock sets	2005	1,246	125	10	125		635	44
45	ABC-lock sets	2005	1,888	189	10	189		976	45
46	ABC-parking lot repairs	2005	9,095	910	10	910		5,383	46
47	ABC-door install and wireless alarm	2005	4,652	465	10	465		2,752	47
48	Oak Fire-replace fire alarm system	2005	6,800	680	10	680		4,080	48
49	A&B Custom Cable-wiring and install	2005	3,250	325	10	325		1,869	49
50	Top Notch-repair freezer door	2005	2,435	244	10	244		1,382	50
51	CSI-freezer repair	2005	1,553	155	10	155		853	51
52	GT Mechanical-freezer repairs	2005	2,825	282	10	282		1,528	52
53	GT Mech-kitchen repairs	2005	2,364	236	10	236		1,318	53
54	Patten-generator repairs	2005	3,560	356	10	356		2,017	54
55	ABC-faucet replacements	2005	2,518	252	10	252		1,790	55
56	Top Notch-repair freezer	2005	7,186	719	10	719		3,834	56
57	ABC-drywall	2005	655	65	10	65		347	57
58	Patten-generator repairs	2005	1,856	186	10	186		1,007	58
59	Patten-generator repairs	2005	3,429	343	10	343		1,858	59
60	Insurance check received for A/C replacement	2005	(6,221)	(829)	5	(829)		(6,221)	60
61	Top Notch - boiler replacement	2006	6,200	310	20	310		1,421	61
62	ABC-install smoke alarms	2006	3,265	327	10	327		1,362	62
63	Patten-generator repairs	2006	24,100	2,410	10	2,410		11,849	63
64	GT Mechanical-replace pump motor	2006	3,162	316	10	316		1,449	64
65	ABC-New AC and ductwork	2006	26,034	2,603	10	2,603		10,631	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		2,857	66
67	ABC-life code Imprvmt-carpetry firealrm & Elect.	2007	62,381	4,159	15	4,159		13,517	67
68	ABC-fire protection	2007	22,921	1,528	15	1,528		4,859	68
69	ABC-fire proofing	2007	18,549	1,237	15	1,237		3,917	69
70	TOTAL (lines 4 thru 69)		\$ 3,895,770	\$ 141,962		\$ 141,962	\$	\$ 1,351,398	70

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

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

1/1/10

Ending:

12/31/10

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,895,770	\$ 141,962		\$ 141,962	\$	\$ 1,351,398	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674	367	10	367		1,315	2
3	ABC -install new gasketing mtrl around doors	2007	2,679	268	10	268		960	3
4	ABC -elevator pump	2007	7,462	746	10	746		2,611	4
5	ABC -locksets	2007	5,404	540	10	540		1,890	5
6	ABC -intall new smoke damper	2007	2,671	534	5	534		1,825	6
7	Gt Mechanical Inc. -water heater replaced	2007	5,728	382	15	382		1,241	7
8	Abc-instl. New elevetor pump	2007	13,180	879	15	879		2,857	8
9	ABC - new wall construction	2007	11,466	1,147	10	1,147		3,728	9
10	ABC - replace entrance door	2007	4,352	435	10	435		1,378	10
11	ABC -boiler asphalt paving	2007	28,352	2,835	10	2,835		8,978	11
12	ABC -boiler repair & replace boiler valves	2007	15,917	1,592	10	1,592		4,909	12
13	ABC - install new boiler	2007	3,542	354	10	354		1,062	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		4,036	14
15	MI unit -ABC -misc hard costs & labor	2007	31,854	7,964	4	7,964		29,226	15
16	MI unit -allocated carpenter labor -fireproofing	2007	8,032	535	15	535		1,873	16
17	MI unit -various labor allocted by AMS	2007	3,435	859	4	859		3,006	17
18	MI unit -ABC -metal doors & hardware	2007	9,978	998	10	998		3,493	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612	2,661	10	2,661		5,766	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825	282	10	282		752	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053	1,211	5	1,211		3,431	21
22	ABC-Install new gutter, oxygen sorage a label door	2008	2,863	286	10	286		787	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	444	25	444		1,184	23
24	ABC- Iinstall new exhaust Fan	2008	3,619	362	10	362		875	24
25	GT Mechanical, Inc- repair cooler, water pump	2008	2,627	525	5	525		1,225	25
26	GT Mechanical, Inc - Rep. Refreigerant Relief valve, leaks	2008	2,701	270	10	270		608	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548	637	15	637		690	27
28	ABC-Instll newBoiler tubes&crcltg pump/Jb#6032	2009	13,472	1,347	10	1,347		2,470	28
29	GTMECH -rps AC leak pump	2009	3,950	790	5	790		1,251	29
30	Gt Mechanical Inc.-repair leaking tubes in water cool	2009	3,785	757	5	757		1,199	30
31	GT Mechanical -Rprs Air condition bundle	2009	2,966	593	5	593		890	31
32	Top Notch -Install Evaporator, Refrigerant filter	2009	7,401	1,480	5	1,480		1,974	32
33	TOPNOT- AC Compressor and CondenseFreezer	2009	18,080	1,808	10	1,808		2,260	33
34	TOTAL (lines 1 thru 33)		\$ 4,188,390	\$ 177,004		\$ 177,004	\$	\$ 1,451,146	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 4,188,390	\$ 177,004		\$ 177,004	\$	\$ 1,451,146	1
2	BOUDEV- Demolition,Dumpsters, Doors,Frames&hardware,VCT	2010	63,192	2,457	15	2,457		2,457	2
3	BOUDEV- Finish Drywall (2), Instll PatchFloor & VCT tile, Fire r	2010	8,532	332	15	332		332	3
4	EQUINT -Washer repairs	2010	2,869	526	5	526		526	4
5	TOPNOT-Rels Compressor, Filter,CoolerWarmer	2010	2,652	486	5	486		486	5
6	TOPNOT-Boiler repair	2010	5,278	792	5	792		792	6
7	GTMECH -Chiller leak repair	2010	4,986	582	5	582		582	7
8	ALDBEN-WindowShelf, Rprs ValveWaterExistingLine, -per Bldg	2010	15,099	419	15	419		419	8
9	Nov AMS-AMX/Hrld-Patten-Install rental Genset	2010	6,159	308	5	308		308	9
10	AFFCUS- Sprinkler System Reconfiguration	2010	3,275	164	5	164		164	10
11	ABC-Install Fire Dampers(HVAC,Sprinkler system, Fire protectio	2010	258,600	3,448	25	3,448		3,448	11
12	ALDBEN -Install Sprinkler System,HVAC & Concrete	2010	71,490	894	20	894		894	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,630,521	\$ 187,412		\$ 187,412	\$	\$ 1,461,554	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:

1/1/10

Ending:

12/31/10

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 4,630,521	\$ 187,412		\$ 187,412	\$	\$ 1,461,554	1
2	Forum Prof Ctr: Remodeling	1979	12,778		20			12,778	2
3	Forum Prof Ctr: Build Improv - multiple	1980	24,885		15			24,885	3
4	Forum Prof Ctr: Tennant Improv	1986	785		13			785	4
5	Forum Prof Ctr: AMS remodel	1990	5,337		10			5,337	5
6	Forum Prof Ctr: Roof	1994	2,815	175	16	175		2,815	6
7	Forum Prof Ctr: Build Improv-multiple	1995	993	62	16	62		927	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,568	112	10	112		1,517	8
9	Forum Prof Ctr: Remodel/electrical	2001	611	33	7	33		544	9
10	Forum Prof Ctr: bathroom remodel	2002	540	50	5	50		452	10
11	Forum Prof Ctr: remodel suites/etc.	2003	694	70	9	70		555	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,138	104	7	104		1,762	12
13	Forum Prof Ctr: Suite renovation	2005	432	62	10	62		485	13
14	Forum Prof Ctr: Superior installations, etc.	2006	85	12	4	12		85	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	415	65	7	65		215	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	346	60	7	60		142	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	715	68	7	68		82	17
18	Forum Prof Ctr: Building Renovations	2010	1,161	330	7	330		330	18
19	Alden Mgt Servs: Remodel suites	1993	7,174	23	7	23		7,163	19
20	Alden Mgt Servs: Remodel suites	2002	299		7			299	20
21	Alden Mgt Servs: Remodel suites	2003	6,486	161	7	161		6,474	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	Adjust for ABC Related Party Profit	2008	(303)	(26)		(26)		(39)	30
31	Adjust for ABC Related Party Profit	2009	(178)	(5)		(5)		(7)	31
32	Adjust for ABC Related Party Profit	2010	(4,224)	(58)		(58)		(58)	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,696,074	\$ 188,710		\$ 188,710	\$	\$ 1,529,081	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	\$ 179,682	\$ 13,765	\$ 13,765	\$		\$ 68,985	71
72	Current Year Purchases	90,036	3,031	3,031			3,031	72
73	Fully Depreciated Assets	778,654	8,801	8,801			778,654	73
74								74
75	TOTALS	\$ 1,048,372	\$ 25,597	\$ 25,597	\$		\$ 850,670	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	MIDTRA- Van Purchased	2010, Ford, BRAUN	2010	\$ 43,244	\$ 8,409	\$ 8,409	\$	3	\$ 8,410	76
77										77
78										78
79	Related Party-AMS	Various	98-'02	4,415					4,415	79
80	TOTALS			\$ 47,659	\$ 8,409	\$ 8,409	\$		\$ 12,825	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)	\$ 6,361,309	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 222,716	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 222,716	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)	\$ 2,392,575	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/10

Ending: 12/31/10

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: \$ 32,752 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>27,207</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>0.00</u>	<u>0</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>27,207</u>	21

10. Effective dates of current rental agreement:

Beginning 01/01/2011

Ending 12/31/2020

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

Fiscal Year Ending Annual Rent

12. /2011 \$ Varies

13. /2012 \$ Varies

14. /2013 \$ Varies

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

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

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	\$		\$ 230,381	\$		\$ 230,381	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			141,340			141,340	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			253,236			253,236	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				212,475		212,475	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		466,125		126,102	139,089		731,315	12
13	Other (specify): <u>See Pg 16A</u>					86,268	476,689		562,957	13
14	TOTAL			\$ 466,125		\$ 837,327	\$ 828,253		\$ 2,131,705	14

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

Park Strathmoor, Inc
2010

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$230,381.46
2.	ST	39-3	To Col 5	141,340.14
3.				
4.	PT	39-3	To Col 5	253,235.62
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			151,085.80
	Manual Input from Related Party- Forum Drugs			61,389.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	212,474.80
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	70,137.67
12.	Prism - Vent supplies:	See pg 16A	To Col. 6	68,951.00
	Total Exceptional Care (Line 12, Col 8)			139,088.67
12	CPT Reclass to Col 5 for RT Allocation		To Col 5	126,101.78
12.	Col 3. Salary Split		To Col 3	466,125.00
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	86,268.00
	Other			796,946.58
	Manual Input: Related Party - Prism			(82,548.00)
	Manual Input: Related Party FECII - I.V.			(119,681.00)
	Manual Input: Related Party FECII - Wound Care			(3,768.00)
	Oxygen, from reclass worksheet (Pg 4A)			65,358.78
12.	CPT Reclass to Col 5 for RT		To Col 5	(179,619.00)
13.	Col 6: Supplies Total		To Col 6	476,689.36
13.	Total Line 13, Column 8			562,957.36
14.	Total			2,131,704.83

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/10

Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 267,860	\$ 288,473	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>125,000</u>)	1,062,969	1,062,969	3
4	Supply Inventory (priced at)	1,112	1,112	4
5	Short-Term Investments	169,352	1,324,742	5
6	Prepaid Insurance		5,397	6
7	Other Prepaid Expenses	7,827	7,827	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	58,958	59,756	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,568,078	\$ 2,750,276	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		569,205	13
14	Buildings, at Historical Cost		3,524,779	14
15	Leasehold Improvements, at Historical Cost	797,728	1,758,594	15
16	Equipment, at Historical Cost	476,767	546,334	16
17	Accumulated Depreciation (book methods)	(516,123)	(2,315,306)	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>)			22
23	Other(specify): <u>Goodwill, net</u>		42,704	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 758,372	\$ 4,126,311	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,326,450	\$ 6,876,587	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 564,312	\$ 817,309	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	217,955	217,955	28
29	Short-Term Notes Payable	175,000	175,000	29
30	Accrued Salaries Payable	356,655	356,655	30
31	Accrued Taxes Payable (excluding real estate taxes)	62,018	62,018	31
32	Accrued Real Estate Taxes(Sch.IX-B)		121,400	32
33	Accrued Interest Payable	678	17,417	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	95,632	95,632	36
37	<u>Due to Affiliates</u>	7,879,138	7,299,337	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,351,388	\$ 9,162,723	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,080,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 6,080,000	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,351,388	\$ 15,242,723	46
47	TOTAL EQUITY(page 18, line 24)	\$ (7,024,938)	\$ (8,366,137)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,326,450	\$ 6,876,587	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,779,896)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,779,896)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	754,958	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 754,958	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (7,024,938)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/10

Ending: 12/31/10

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,090,735	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,090,735	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	263,110	6
7	Oxygen	108,322	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 371,432	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	14	12
13	Barber and Beauty Care	(30)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	0	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(766)	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ (782)	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,668	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,668	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Record Copies, Food Rebate,Wage Fee</u>	1,285	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,285	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,468,338	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,463,973	31
32	Health Care	3,352,982	32
33	General Administration	2,127,538	33
B. Capital Expense			
34	Ownership	556,157	34
C. Ancillary Expense			
35	Special Cost Centers	2,109,252	35
36	Provider Participation Fee	103,478	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,713,380	40
41	Income before Income Taxes (line 30 minus line 40)**	754,958	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 754,958	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

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 89,160	\$ 42.87	1
2	Assistant Director of Nursing	1,640	1,653	57,940	35.05	2
3	Registered Nurses	14,057	14,892	451,634	30.33	3
4	Licensed Practical Nurses	39,014	41,651	1,041,617	25.01	4
5	CNAs & Orderlies	95,950	101,962	1,228,379	12.05	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,849	2,078	32,111	15.45	8
9	Activity Director	2,072	2,080	34,372	16.53	9
10	Activity Assistants	5,040	5,289	46,101	8.72	10
11	Social Service Workers	1,968	2,128	48,138	22.62	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	39,231	18.86	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,767	21,641	243,189	11.24	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	46,251	22.24	17
18	Housekeepers	19,062	20,705	206,820	9.99	18
19	Laundry	2,869	2,919	50,039	17.14	19
20	Administrator	1,384	1,464	59,081	40.36	20
21	Assistant Administrator					21
22	Other Administrative	8,832	8,974	183,899	20.49	22
23	Office Manager	520	520	6,771	13.02	23
24	Clerical	4,392	4,498	39,799	8.85	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,472	3,546	109,357	30.84	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselor	7,937	8,041	164,783	20.49	32
33	Other(specify) Unit Director/Alzheimer	7,492	7,718	126,789	16.43	33
34	TOTAL (lines 1 - 33)	243,557	257,999	\$ 4,305,461 *	\$ 16.69	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	1900/Monthly	\$ 21,800	1-3	35
36	Medical Director	4500/Monthly	53,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	378/Monthly	4,536		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	245	2,940	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	245	\$ 82,276		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

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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		
Eugene, Rick M	Administrator	0	\$ 59,081	Workers' Compensation Insurance	\$ 134,227	IDPH License Fee	\$		
				Unemployment Compensation Insurance	62,395	Advertising: Employee Recruitment	2,237		
				FICA Taxes	316,914	Health Care Worker Background Check			
				Employee Health Insurance	76,013	(Indicate # of checks performed 204)	2,040		
				Employee Meals	26,762	Patient Background Checks	89		
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond	675		
				Union Health & Welfare	106,090	IHCA dues, less pac fees	7,302		
				Dental, Life, Relations, Pension & Misc	35,724	Related party - Park, LLC	250		
				Tuition & Drug Test	3,878				
				401k Match / Empl. Dishonesty/Emp Vaccin	3,594	Related party -AMS	1,346		
				Offset Benefit Costs with Misc. Income	(198)	Less: Public Relations Expense	()		
				Marketing Manager Benefits Deduction	(7,318)	Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 59,081	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 14,740	
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)		\$ 8,163
C. Professional Services									
Vendor/Payee	Type		Amount						
Alden Management Services	Consulting Fees		\$ 617,750						
BDO Seidman & Virchow Krause	Accounting Fees		12,585						
Ava P Daley	Accounting Fees		114						
Kenneth J. Fisch/Janet L. Hermann	Legal-Non Collection		612						
Pathway-Reclass to Nursing	Clinical Consultants		13,054						
Medi.Com/Ungaretti & Harris,	Billing Consultants		505						
First Advantage	Tax Credit Services		2,124						
IL. Assoc. of Healthcare Facility	Legal-Non Collection		2,268						
Kenneth J. Fisch	Legal-Collections		945						
NCS Plus, Inc	Billing Consultants		4,000						
AMS (Eliminated)	Allocated Legal Fees		30,552						
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)		\$ 8,163

* Attach copy of IMRF notifications

**See instructions.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	ALDBEN-Painting -PerBldg In	13,949	5				1,395	2,790	2,790	2,790	2,790	1,394
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$ 13,949		\$	\$	\$	\$ 1,395	\$ 2,790	\$ 2,790	\$ 2,790	\$ 2,790	\$ 1,394

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 1/1/10

Ending: 12/31/10

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=\$7,302 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. \$ 17,090 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. \$ 26,762 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.