

Facility Name & ID Number Alden Park Strathmoor

0044909 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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
		3 Medicaid Recipient	3 Private Pay	4 Other	4 Total	
8	SNF	10,206	1,094	5,891	17,191	8
9	SNF/PED					9
10	ICF	32,199	1,598	1,157	34,954	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	42,405	2,692	7,048	52,145	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.59%

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 3,744

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name & ID Number

Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	249,927	30,706	22,800	303,433	3,437	306,870	(7,041)	299,829		1
2	Food Purchase		393,998		393,998	(26,266)	367,732	(60,494)	307,238		2
3	Housekeeping	132,286	36,271		168,557	1,213	169,770	7,812	177,582		3
4	Laundry	89,173	31,861		121,034	674	121,708		121,708		4
5	Heat and Other Utilities			219,675	219,675		219,675	2,047	221,722		5
6	Maintenance	49,070		192,970	242,040	160	242,200	21,309	263,509		6
7	Other (specify):* related party							9,619	9,619		7
8	TOTAL General Services	520,456	492,836	435,445	1,448,737	(20,782)	1,427,955	(26,748)	1,401,207		8
	B. Health Care and Programs										
9	Medical Director			50,200	50,200		50,200		50,200		9
10	Nursing and Medical Records	2,655,927	245,218	4,536	2,905,681	(45,272)	2,860,409	43,836	2,904,245		10
10a	Therapy	88,610	3,386	15,600	107,596		107,596		107,596		10a
11	Activities	166,868	17,286	7,085	191,239	313	191,552		191,552		11
12	Social Services	49,317			49,317		49,317		49,317		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,234	7,234		15
16	TOTAL Health Care and Programs	2,960,722	265,890	77,421	3,304,033	(44,959)	3,259,074	51,070	3,310,144		16
	C. General Administration										
17	Administrative	86,290			86,290		86,290	121,972	208,262		17
18	Directors Fees										18
19	Professional Services			779,891	779,891	(1,272)	778,619	(695,036)	83,583		19
20	Dues, Fees, Subscriptions & Promotions			72,329	72,329		72,329	(57,389)	14,940		20
21	Clerical & General Office Expenses	224,919	19,677	103,073	347,669	601	348,270	347,695	695,965		21
22	Employee Benefits & Payroll Taxes			907,952	907,952	11,191	919,143	(65)	919,078		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,573	1,573		1,573	857	2,430		24
25	Other Admin. Staff Transportation			7,296	7,296		7,296	16,598	23,894		25
26	Insurance-Prop.Liab.Malpractice			217,566	217,566		217,566	6,836	224,402		26
27	Other (specify):* related party			220,144	220,144		220,144	(156,668)	63,476		27
28	TOTAL General Administration	311,209	19,677	2,309,824	2,640,710	10,520	2,651,230	(415,200)	2,236,030		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,792,387	778,403	2,822,690	7,393,480	(55,221)	7,338,259	(390,878)	6,947,381		29

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

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

Facility Name & ID Number Alden Park Strathmoor

#0044909

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			140,539	140,539		140,539	120,427	260,966			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			83,668	83,668		83,668	190,855	274,523			32
33	Real Estate Taxes							122,965	122,965			33
34	Rent-Facility & Grounds			549,303	549,303		549,303	(549,303)				34
35	Rent-Equipment & Vehicles			22,116	22,116		22,116	54,862	76,978			35
36	Other (specify):* MIP							57,941	57,941			36
37	TOTAL Ownership			795,626	795,626		795,626	(2,253)	793,373			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	363,431	447,041	1,007,614	1,818,086	55,221	1,873,307	(64,583)	1,808,724			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			402,001	402,001		402,001		402,001			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	363,431	447,041	1,409,615	2,220,087	55,221	2,275,308	(64,583)	2,210,725			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,155,818	1,225,444	5,027,931	10,409,193		10,409,193	(457,714)	9,951,479			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(26,266.00)	Employee Meals
	22	26,266.00	Employee Meals
22		(15,075.00)	Uniforms
	1	2,165.00	Uniforms
	3	1,213.00	Uniforms
	4	674.00	Uniforms
	6	160.00	Uniforms
	10	9,949.00	Uniforms
	11	313.00	Uniforms
	21	601.00	Uniforms
10		(55,221.00)	Oxygen - to appropriate cost center
	39	55,221.00	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)
19		(1,272.00)	RC Dietary Consultant from Professional fees
	1	1,272.00	RC Dietary Consultant from Professional fees

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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	(9,441)	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	(37,569)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,325)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(5,858)	21		17
18	Fines and Penalties	(13,003)	32		18
19	Entertainment	(557)	20		19
20	Contributions	(5,275)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,165)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(220,144)	27		24
25	Fund Raising, Advertising and Promotional	(20,561)	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)	\$ (317,898)		\$	30

BHF USE ONLY						
48		49		50		51
						52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(118,468)	Various	34
35	Other- Attach Schedule	(21,348)	PG-5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (139,816)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (457,714)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Alden Park Strathmoor

ID# 0044909

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (5,158)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(15,119)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	0	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	7,017	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series	63	30	6
7	Other Nursing Income	(1,354)	21	7
8	Late Fees on Utilities	(1,192)	5	8
9	Misc Income - Record Copies	(405)	21	9
10	Misc Income - Jury Duty	(65)	22	10
11	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	11
12	30.00 % of PAC Fees in IHCA expenses	(1,565)	20	12
13	Bank Fees paid by LLC	(435)	21	13
14	Record Depreciation for Deferred Maint.	0	6	14
15	To correct YTD depreciation expense to detail	3,105	30	15
16	Adj Prior Year Legal -Non Colletion Fees	1,760	19	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(21,348)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	2,787	(9,828)	0	0	0	0	0	0	0	(7,041)	1
2	Food Purchase	(1,325)	0	0	(59,169)	0	0	0	0	0	0	0	(60,494)	2
3	Housekeeping	0	0	7,812	0	0	0	0	0	0	0	0	7,812	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,192)	0	3,239	0	0	0	0	0	0	0	0	2,047	5
6	Maintenance	(2,424)	0	23,438	0	0	0	295	0	0	0	0	21,309	6
7	Other (specify):*	0	0	7,402	2,217	0	0	0	0	0	0	0	9,619	7
8	TOTAL General Services	(4,941)	0	44,678	(66,780)	0	0	295	0	0	0	0	(26,748)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	46,942	1,351	(4,457)	0	0	0	0	0	0	43,836	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	7,234	0	0	0	0	0	0	0	0	7,234	15
16	TOTAL Health Care and Programs	0	0	54,176	1,351	(4,457)	0	0	0	0	0	0	51,070	16
	C. General Administration													
17	Administrative	0	0	121,972	0	0	0	0	0	0	0	0	121,972	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,405)	1,391	(694,022)	0	0	0	0	0	0	0	0	(695,036)	19
20	Fees, Subscriptions & Promotions	(27,958)	309	(29,740)	0	0	0	0	0	0	0	0	(57,389)	20
21	Clerical & General Office Expenses	(8,052)	435	286,640	46,643	22,029	0	0	0	0	0	0	347,695	21
22	Employee Benefits & Payroll Taxes	(65)	0	0	0	0	0	0	0	0	0	0	(65)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	857	0	0	0	0	0	0	0	0	857	24
25	Other Admin. Staff Transportation	0	0	16,598	0	0	0	0	0	0	0	0	16,598	25
26	Insurance-Prop.Liab.Malpractice	0	6,601	235	0	0	0	0	0	0	0	0	6,836	26
27	Other (specify):*	(220,144)	0	57,015	4,767	1,694	0	0	0	0	0	0	(156,668)	27
28	TOTAL General Administration	(258,624)	8,736	(240,445)	51,410	23,723	0	0	0	0	0	0	(415,200)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(263,565)	8,736	(141,591)	(14,019)	19,266	0	295	0	0	0	0	(390,878)	29

STATE OF ILLINOIS

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013 Ending:

Summary B

12/31/2013

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	(17,109)	128,460	9,076	0	0	0	0	0	0	0	0	120,427	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(58,572)	239,209	9,629	0	589	0	0	0	0	0	0	190,855	32
33	Real Estate Taxes	0	116,761	5,972	0	232	0	0	0	0	0	0	122,965	33
34	Rent-Facility & Grounds	0	(549,303)	0	0	0	0	0	0	0	0	0	(549,303)	34
35	Rent-Equipment & Vehicles	0	0	54,862	0	0	0	0	0	0	0	0	54,862	35
36	Other (specify):*	0	57,941	0	0	0	0	0	0	0	0	0	57,941	36
37	TOTAL Ownership	(75,681)	(6,932)	79,539	0	821	0	0	0	0	0	0	(2,253)	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	(23,066)	(41,517)	0	0	0	0	0	0	(64,583)	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	(23,066)	(41,517)	0	0	0	0	0	0	(64,583)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(339,246)	1,804	(62,052)	(37,085)	(21,430)	0	295	0	0	0	0	(457,714)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Realty Services, Inc.	100	See PG6-Supp		See PG6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 549,303	Park Strathmoor, LLC	0.00%	\$	\$ (549,303)	1
2	V	32 Investment Income - RR	3,127	Park Strathmoor, LLC			(3,127)	2
3	V	32 Interest -Other	10,564	Park Strathmoor, LLC			(10,564)	3
4	V	19 Accounting Fee		Park Strathmoor, LLC		1,391	1,391	4
5	V	33 Real Estate Tax		Park Strathmoor, LLC		116,761	116,761	5
6	V	26 General Insurance Expenses		Park Strathmoor, LLC		6,601	6,601	6
7	V	36 Mortgage Insurance Premium		Park Strathmoor, LLC		57,941	57,941	7
8	V	32 Interest On Mortg.		Park Strathmoor, LLC		234,191	234,191	8
9	V	30 Depreciation		Park Strathmoor, LLC		128,460	128,460	9
10	V	32 Amortization		Park Strathmoor, LLC		10,709	10,709	10
11	V	21 Bank Fees		Park Strathmoor, LLC		435	435	11
12	V	20 Annual Rpt Fee		Park Strathmoor, LLC		309	309	12
13	V	32 Interest -Other				8,000	8,000	13
14	Total		\$ 562,994			\$ 564,798	\$ * 1,804	14

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

Facility Name & ID Number

Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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%	\$ 3,239	\$ 3,239 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		857	857 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		16,598	16,598 17
18	V	26 Insurance		Alden Management Services, Inc.		235	235 18
19	V	20 Dues & Subscriptions	32,562	Alden Management Services, Inc.		2,822	(29,740) 19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076	9,076 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,972	5,972 21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		54,862	54,862 22
23	V	32 Interest		Alden Management Services, Inc.		9,629	9,629 23
24	V	1 Dietary		Alden Management Services, Inc.		2,787	2,787 24
25	V	3 Housekeeping		Alden Management Services, Inc.		7,812	7,812 25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		7,402	7,402 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		46,942	46,942 27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		7,234	7,234 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		121,972	121,972 29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		57,015	57,015 30
31	V	19 Professional Fees	744,022	Alden Management Services, Inc.		50,000	(694,022) 31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		286,640	286,640 32
33	V	6 Repair & Maint.	30,399	Alden Management Services, Inc.		53,837	23,438 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 806,983			\$ 744,931	\$ * (62,052) 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	\$ 22,800	Prism Health Care Services, Inc.	0.00%	\$ 71	\$ (22,729)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		12,901	12,901
17	V	2 Tube Feeding	109,161	Prism Health Care Services, Inc.		49,992	(59,169)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		8,011	1,351
19	V	39 Ancillary Supplies	146,306	Prism Health Care Services, Inc.		78,167	(68,139)
20	V	39 Vent Rent		Prism Health Care Services, Inc.		45,073	45,073
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		27,480	27,480
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		4,767	4,767
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		2,217	2,217
24	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		19,163	19,163
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		\$ 284,927			\$ 247,842	\$ * (37,085)

* 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>	\$ 130,760	<u>Forum Extended Care Services, Inc.</u>	0.00%	\$ 107,916	\$ (22,844)
16	V	39 <u>IV</u>	90,855	<u>Forum Extended Care Services, Inc.</u>		74,982	(15,873)
17	V	39 <u>Wound Care</u>	16,027	<u>Forum Extended Care Services, Inc.</u>		13,227	(2,800)
18	V	10 <u>House Stock</u>	20,978	<u>Forum Extended Care Services, Inc.</u>		17,313	(3,665)
19	V	10 <u>Pharmacy Consultant</u>	4,536	<u>Forum Extended Care Services, Inc.</u>		3,744	(792)
20	V	27 <u>Employee Vaccin.</u>	2,209	<u>Forum Extended Care Services, Inc.</u>		1,823	(386)
21	V	27 <u>Employee Benefits: G&A</u>		<u>Forum Extended Care Services, Inc.</u>		2,080	2,080
22	V	21 <u>Gen'l & Admin. Salary</u>		<u>Forum Extended Care Services, Inc.</u>		13,895	13,895
23	V	21 <u>Gen'l & Admin</u>		<u>Forum Extended Care Services, Inc.</u>		8,134	8,134
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services, Inc.</u>		589	589
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services, Inc.</u>		232	232
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		\$ 265,365			\$ 243,935	\$ * (21,430)

* 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	\$ 21,845	Alden Bennett Construction Company, Inc.	0.00%	\$ 22,140	\$ 295	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		\$ 21,845			\$ 22,140	\$ *	295 39

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

Facility Name & ID Number

Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Alden Realty Services, Inc.	100	Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health Care	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Serv	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and Health Care	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Care	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health Care	Orland Park	Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Care	Chicago	Alden Bennett Construct	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health Care	Cicero				14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health Care	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health Care	Skokie				17
18			Alden - Des Plaines Rehabilitation and Health Care	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden Estates of Greenville, Inc.	Greenville, IL				30

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	177,687	1.58	3.95	Salary	\$ 7,313	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	91,245	1.58	3.95	Salary	3,755	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	91,245	1.58	3.95	Salary	3,755	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	101,059	1.58	3.95	Salary	4,160	17-7	4
5	Audra Elisco	Training Coordinator	Train Employees	0.00	55,086	1.58	3.95	Salary	2,267	21-7	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	D. Ina Schlossberg is th wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra is the daughter of Floyd Schlossberg. Audra is a coordinator who trains employees in quality assurance.										11
12											12
13								TOTAL	\$ 21,250		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,319,137	35	\$ 81,942	\$ 52,145	\$ 3,239	1
2	24	Trav & Seminar	Patient Days	1,319,137	35	21,681	52,145	857	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878	52,145	16,598	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	52,145	235	4
5	20	Dues & Subscriptions	Patient Days	1,319,137	35	71,386	52,145	2,822	5
6	30	Depreciation	No of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real Estate Tax	Patient Days/usage	1,319,137	35	171,267	52,145	5,972	7
8	35	Rent-Equip & Vehicle	Patient Days	1,319,137	35	1,387,861	52,145	54,862	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	52,145	9,629	9
10	1	Dietary	Patient Days	1,319,137	35	70,514	70,514	2,787	10
11	3	Housekeeping	Patient Days	1,319,137	35	197,635	197,635	7,812	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,319,137	35	187,265	52,145	7,402	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,319,137	35	1,315,353	1,315,353	46,942	13
14	15	Employee Benefits -Health Care	Patient Days	1,319,137	35	182,984	52,145	7,234	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	121,972	15
16	27	Employee Benefits - Admin	Patient Days	1,319,137	35	1,442,333	52,145	57,015	16
17	19	Professional fees	Patient Days	1,319,137	35	1,264,885	822,981	50,000	17
18	21	Gen'I & Admin	Patient Days	1,319,137	35	7,251,269	6,199,389	286,640	18
19	6	Repair & Maint.	Patient Days	1,319,137	35	1,361,952	1,077,972	53,837	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 744,931	25

Facility Name & ID Number

Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	Name of Lender	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	\$		9/13	5.0000	\$ 53,179	1					
2		Capital Funding		x	Mortgage		4/13	8,075,500	7,977,599		5/43	2.9900	181,012	2					
3		Bank Leumi		x	Line of Credit		7/09	1,500,000	1,475,000		9/14	4.5000	67,485	3					
4														4					
5		Insurance Interest (GL 7053)		x	Medical Malpractice								3,180	5					
		Working Capital																	
6		Related party-AMS		x									9,629	6					
7		Related party-FECII		x									589	7					
8														8					
9		TOTAL Facility Related						\$ 15,655,500	\$ 9,452,599			\$ 315,074	9						
		B. Non-Facility Related*																	
10		Interest Income on R.R.		x									(3,128)	10					
11		Int Income		x									(48,132)	11					
12														12					
13		Amortization-Fin/Refin Fee		x									10,709	13					
14		TOTAL Non-Facility Related						\$	\$			\$ (40,551)	14						
15		TOTALS (line 9+line14)						\$ 15,655,500	\$ 9,452,599			\$ 274,523	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 57,941 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2012 report.		\$	<u>123,300</u>		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.)		\$	<u>118,261</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(5,039)</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>121,800</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>116,761</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>6,204.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>122,965</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>112,977</u>	8	FOR BHF USE ONLY	
	2009	<u>117,911</u>	9	13	FROM R. E. TAX STATEMENT FOR 2012 \$
	2010	<u>115,134</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2011	<u>119,660</u>	11	15	LESS REFUND FROM LINE 6 \$
	2012	<u>118,261</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
<u>the current year accrual is based on an estimated 3% increase of the prior year tax</u>					

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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Park Strathmoor COUNTY Winnebago
 FACILITY IDPH LICENSE NUMBER 0044909
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll
 TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>285,389.00</u>	\$ <u>5,972.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>232.00</u>
3. <u>12-21-452-007</u>	<u>Nursing Home Facility</u>	\$ <u>118,261.24</u>	\$ <u>118,261.24</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>439,331.24</u></u>	\$ <u><u>124,465.24</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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

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).

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	Nursing facility			\$ 569,205	1
2					2
3	TOTALS			\$ 569,205	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	189	2000		\$ 3,524,779	\$ 114,443	31.5	\$ 114,443	\$	\$ 1,529,256	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Alden Design-laundry room remodeling	2000		3,922		10			3,922	9
10	Alden Design-laundry room remodeling	2000		2,098		10			2,098	10
11	Alden Design-laundry room remodeling	2000		4,533		10			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		6,401	14
15	ABC - misc const. Work	2001		38,850	1,943	20	1,943		23,637	15
16	Rockford stem B	2001		5,035	336	15	336		4,254	16
17	FE Moran - Repair and Upgrade fire alarm system	2002		7,645	510	15	510		5,948	17
18	Patten - Repair Water System	2002		2,245	150	15	150		1,773	18
19	Capps - Repair water sys in Kitchen	2002		2,845	190	15	190		2,136	19
20	ABC - Repair Water heater	2002		7,113	474	15	474		5,570	20
21	ABC -	2002		4,256	284	15	284		3,147	21
22	ABC (misc construction work)	2002		4,233		10			4,233	22
23	ABC - Carpet	2002		1,078		10			1,078	23
24	ABC - Chimney	2002		758	38	20	38		427	24
25	ABC - Chimney 2	2002		3,032	152	20	152		1,708	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		10			1,648	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		1,365	30
31	Simplex - Fire & Security System Repair	2003		896	60	15	60		629	31
32	ABC - Repairs to Dining room	2003		5,177	430	10	430		5,177	32
33	ABC - Repair Boiler	2003		4,311	396	10	396		4,311	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:

01/01/2013 Ending: 12/31/2013

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

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	GT Mechanical-a/c repair	2004	\$ 2,996	\$ 300	10	\$ 300	\$	\$ 2,849	37
38	GT Mechanical-repair hot water tank	2004	3,325	332	10	332		3,072	38
39	P&M Mercury-chiller repair	2004	2,118	212	10	212		1,978	39
40	ABC-electrical & plumbing repairs	2004	2,112	211	10	211		1,952	40
41	ABC-electronic locks	2005	762		5			762	41
42	ABC-new flooring	2005	1,666	167	10	167		1,405	42
43	ABC-lock sets	2005	5,538	554	10	554		4,478	43
44	ABC-lock sets	2005	1,246	125	10	125		1,010	44
45	ABC-lock sets	2005	1,888	189	10	189		1,543	45
46	ABC-parking lot repairs	2005	9,095	910	10	910		8,113	46
47	ABC-door install and wireless alarm	2005	4,652	465	10	465		4,147	47
48	Oak Fire-replace fire alarm system	2005	6,800	680	10	680		6,121	48
49	A&B Custom Cable-wiring and install	2005	3,250	325	10	325		2,844	49
50	Top Notch-repair freezer door	2005	2,435	244	10	244		2,114	50
51	CSI-freezer repair	2005	1,553	155	10	155		1,318	51
52	GT Mechanical-freezer repairs	2005	2,825	282	10	282		2,374	52
53	GT Mech-kitchen repairs	2005	2,364	236	10	236		2,026	53
54	Patten-generator repairs	2005	3,560	356	10	356		3,085	54
55	ABC-faucet replacements	2005	2,518	224	10	224		2,518	55
56	Top Notch-repair freezer	2005	7,186	719	10	719		5,991	56
57	ABC-drywall	2005	655	65	10	65		542	57
58	Patten-generator repairs	2005	1,856	186	10	186		1,565	58
59	Patten-generator repairs	2005	3,429	343	10	343		2,887	59
60	Insurance check received for A/C replacement	2005	(6,221)		5			(6,221)	60
61	Top Notch - boiler replacement	2006	6,200	310	20	310		2,351	61
62	ABC-install smoke alarms	2006	3,265	327	10	327		2,343	62
63	Patten-generator repairs	2006	24,100	2,410	10	2,410		19,079	63
64	GT Mechanical-replace pump motor	2006	3,162	316	10	316		2,397	64
65	ABC-New AC and ductwork	2006	26,034	2,603	10	2,603		18,440	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		5,494	66
67	ABC-life code Imprvmt-carpetry firearm & Elect.	2007	62,381	4,159	15	4,159		25,994	67
68	ABC-fire protection	2007	22,921	1,528	15	1,528		9,423	68
69	ABC-fire proofing	2007	18,549	1,237	15	1,237		7,628	69
70	TOTAL (lines 4 thru 69)		\$ 3,895,770	\$ 141,112		\$ 141,112	\$	\$ 1,776,279	70

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

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,895,770	\$ 141,112		\$ 141,112	\$	\$ 1,776,279	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674	367	10	367		2,416	2
3	ABC -install new gasketing mtrl around doors	2007	2,679	268	10	268		1,764	3
4	ABC -elevator pump	2007	7,462	746	10	746		4,849	4
5	ABC -locksets	2007	5,404	540	10	540		3,510	5
6	ABC -intall new smoke damper	2007	2,671		5			2,671	6
7	Gt Mechanical Inc. -water heater replaced	2007	5,728	382	15	382		2,387	7
8	Abc-instl. New elevetor pump	2007	13,180	879	15	879		5,494	8
9	ABC - new wall contruction	2007	11,466	1,147	10	1,147		7,169	9
10	ABC - replace entrance door	2007	4,352	435	10	435		2,683	10
11	ABC -boiler ashpalt paving	2007	28,352	2,835	10	2,835		17,483	11
12	ABC -boiler repair & replace boiler valves	2007	15,917	1,592	10	1,592		9,685	12
13	ABC - install new boiler	2007	3,542	354	10	354		2,124	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		7,495	14
15	MI unit -ABC -misc hard costs & labor	2007	31,854		4			31,854	15
16	MI unit -allocated carpenter labor -fireproofing	2007	8,032	535	15	535		3,478	16
17	MI unit -various labor allocted by AMS	2007	3,435		4			3,435	17
18	MI unit -ABC -metal doors & hardware	2007	9,978	998	10	998		6,487	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612	2,661	10	2,661		13,749	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825	282	10	282		1,598	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053	200	5	200		6,053	21
22	ABC-Install new gutter, oxygen storage a label door	2008	2,863	286	10	286		1,645	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	444	25	444		2,516	23
24	ABC- Istall new exhaust Fan	2008	3,619	362	10	362		1,961	24
25	GT Mechanical, Inc- repair cooler, water pump	2008	2,627	352	5	352		2,627	25
26	GT Mechanical, Inc - Rep. Refreigerant Relief valve, leaks	2008	2,701	270	10	270		1,418	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548	637	15	637		2,600	27
28	ABC-Instll newBoiler tubes&crcltg pump/Jb#6032	2009	13,472	1,347	10	1,347		6,511	28
29	GTMECH -rps AC leak pump	2009	3,950	790	5	790		3,621	29
30	Gt Mechanical Inc.-repair leaking tubes in water cool	2009	3,785	757	5	757		3,470	30
31	GT Mechanical -Rprs Air condition bundle	2009	2,966	593	5	593		2,669	31
32	Top NOTch -Install Evaporator, Refrigerant filter	2009	7,401	1,480	5	1,480		6,414	32
33	TOPNOT- AC Compressor and CondenseFreezer	2009	18,080	1,808	10	1,808		7,684	33
34	TOTAL (lines 1 thru 33)		\$ 4,188,390	\$ 165,614		\$ 165,614	\$	\$ 1,955,799	34

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

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	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	\$ 165,614		\$ 165,614	\$	\$ 1,955,799	1
2	BOUDEV- Demolition,Dumpsters, Doors,Frames&hardware,VCT	2010	63,192	4,213	15	4,213		15,096	2
3	BOUDEV- Finish Drywall (2), Instll PatchFloor & VCT tile, Fire r	2010	8,532	569	15	569		2,039	3
4	EQUINT -Washer repairs	2010	2,869	574	5	574		2,248	4
5	TOPNOT-Rels Compressor, Filter,CoolerWarmer	2010	2,652	530	5	530		2,076	5
6	TOPNOT-Boiler repair	2010	5,278	1,056	5	1,056		3,960	6
7	GTMECH -Chiller leak repair	2010	4,986	997	5	997		3,573	7
8	ALDBEN-WindowShelf, Rprs ValveWaterExistingLine, -per Bldg	2010	15,099	1,007	15	1,007		3,440	8
9	Nov AMS-AMX/Hrld-Patten-Install rental Genset	2010	6,159	1,232	5	1,232		4,004	9
10	AFFCUS- Sprinkler System Reconfiguration	2010	3,275	655	5	655		2,129	10
11	ABC-Install Fire Dampers(HVAC,Sprinkler system, Fire protectio	2010	258,600	10,344	25	10,344		34,480	11
12	ALDBEN -Install Sprinkler System,HVAC & Concrete	2010	71,490	3,575	20	3,575		11,619	12
13	ASPMAI - Parking lot pavement of all dirt and clean crack	2011	38,900	2,593	15	2,593		6,050	13
14	ABC - Steel Railings (1)	2011	16,003	1,067	15	1,067		2,401	14
15	Jun AMS-AMEEXP Floyd-Patten CAT -Install new batteries and	2011	6,610	1,322	5	1,322		3,525	15
16	ALDBEN-Install Aluminum Windows(2)	2011	3,121	312	10	312		780	16
17	ABC -Leaking boiler repairs (2)	2011	5,678	1,136	5	1,136		2,367	17
18	ABC -Electrical cable install for booster	2012	13,340	889	15	889		889	18
19	ABC -Install PhasePump-Heating/Vent, Fire Alarm	2012	4,468	447	10	447		819	19
20	ABC-HVAC Boiler Leakage Repair	2012	7,405	741	10	741		1,296	20
21	ABC-repair HVAC boiler leakage tubes	2012	7,140	714	10	714		1,250	21
22	Oct AMS-AMX-Floyd-Patten-Install Cable wire & repairs Ceiling	2012	5,926	1,185	5	1,185		1,580	22
23	Oct AMS-AMX-Floyd-Patten-Repairs Drywall, ceiling tiles & plun	2012	5,902	590	10	590		787	23
24	ABC- Install Thermostatic water mixing valve	2012	3,019	604	5	604		705	24
25	ABC - Repair damaged corner brick wall in Lobby	2012	2,732	546	5	546		592	25
26	ABC -'Boiler#2 leaking rprs	2012	5,968	597	10	597		597	26
27	Roof installation, Emergency -JD&SON	2013	7,000	408	10	408		408	27
28	Boiler Retubing-ABC	2013	25,370	564	15	564		564	28
29	Boiler #1 tube replace- ABC	2013	6,083		15				29
30	Boiler #2 leakage repairs-ABC	2013	4,656		15				30
31	Brick rebuild outside wall -AMS	2013	3,600	150	20	150		150	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,803,441	\$ 204,229		\$ 204,229	\$	\$ 2,065,222	34

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

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 4,803,441	\$ 204,229		\$ 204,229	\$	\$ 2,065,222	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	24
25									25
26	Adjust for ABC Related Party Profit	2008	(303)	(26)		(26)		(117)	26
27	Adjust for ABC Related Party Profit	2009	(178)	(5)		(5)		(22)	27
28	Adjust for ABC Related Party Profit	2010	(4,224)	(117)		(117)		(409)	28
29	Adjust for ABC Related Party Profit	2011	193	8		8		12	29
30	Adjust for ABC Related Party Profit	2012	2,721	298		298		298	30
31	Adjust for ABC Related Party Profit	2013	486	8		8		8	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,888,903	\$ 205,706		\$ 205,706	\$	\$ 2,144,942	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 370,662	\$ 35,375	\$ 35,375	\$	Various	\$ 138,533	71
72	Current Year Purchases	132,069	8,962	8,962		Various	8,962	72
73	Fully Depreciated Assets	793,748	4,920	4,920		Various	793,748	73
74								74
75	TOTALS	\$ 1,296,479	\$ 49,257	\$ 49,257	\$		\$ 941,243	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	MIDTRA- Van Purchased	2010, Ford, BRAUN	2010	\$ 43,244	\$ 6,003	\$ 6,003	\$	3	\$ 43,244	76
77										77
78										78
79	Related Party-AMS	Various	98-'02	3,911					3,911	79
80	TOTALS			\$ 47,155	\$ 6,003	\$ 6,003	\$		\$ 47,155	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)	\$ 6,801,742	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 260,966	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 260,966	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,133,340	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.

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?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site.</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
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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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	251,451	\$		\$	251,451	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				149,086				149,086	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				197,022				197,022	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					107,914			107,914	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any			363,431		127,194	79,085			569,710	12
13	Other (specify): <u>See Pg 16A</u>						268,100	265,440			533,540	13
14	TOTAL			\$	363,431	\$	992,853	\$	452,440	\$	1,808,724	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
2013**

XIV. Special Services (Direct Cost)

Page 16

Col 5: PT,OT, & ST

Col 6: Supplies

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$251,450.66
2.	ST	39-3	To Col 5	149,086.31
3.				
4.	PT	39-3	To Col 5	197,021.69
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			130,759.43
	Manual Input from Related Party- Forum Drugs			(22,845.00)
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	107,914.43
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	34,012.42
12.	Prism - Vent supplies:	See pg 16A	To Col. 6	45,073.00
	Total Exceptional Care (Line 12, Col 8)			79,085.42

12	CPT Reclass to Col 5 for RT Allocation	To Col 5	127,193.72
12.	Col 3. Salary Split	To Col 3	363,431.00
13. Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT	To Col 5	268,100.28
	Other		692,325.09
	Manual Input: Related Party - Prism		(68,139.00)
	Manual Input: Related Party FECII - I.V.		(15,873.00)
	Manual Input: Related Party FECII - Wound Care		(2,800.00)
	Oxygen, from reclass worksheet (Pg 4A)		55,221.00
12.	CPT Reclass to Col 5 for RT	To Col 5	(395,294.00)
13.	Col 6: Supplies Total	To Col 6	265,440.09
13.	Total Line 13, Column 8		533,540.37
14.	Total		1,808,723.60

Facility Name & ID Number **Alden Park Strathmoor** # **0044909** Report Period Beginning: **01/01/2013** Ending: **12/31/2013**
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of **12/31/2013** (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	\$ 52,249	\$ 107,701	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>149,000</u>)	2,450,222	2,450,222	3
4	Supply Inventory (priced at)	4,107	4,107	4
5	Short-Term Investments	9,111	9,111	5
6	Prepaid Insurance		6,707	6
7	Other Prepaid Expenses		33,408	7
8	Accounts Receivable (owners or related parties)	3,275	3,275	8
9	Other(specify): <u>Due from 3rd party</u>	1,457	103,169	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,520,421	\$ 2,717,700	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		611,909	13
14	Buildings, at Historical Cost		3,524,779	14
15	Leasehold Improvements, at Historical Cost	973,945	1,938,411	15
16	Equipment, at Historical Cost	833,873	833,873	16
17	Accumulated Depreciation (book methods)	(927,662)	(3,097,168)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		352,466	21
22	Other Long-Term Assets (spec <u>Fin Fees, net</u>		280,776	22
23	Other(specify): <u>Repairs Escrow</u>		1,305,809	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 880,156	\$ 5,750,854	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,400,577	\$ 8,468,554	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 667,247	\$ 668,639	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	303,446	303,446	28
29	Short-Term Notes Payable	1,475,000	1,646,849	29
30	Accrued Salaries Payable	404,439	404,439	30
31	Accrued Taxes Payable (excluding real estate taxes)	33,016	33,016	31
32	Accrued Real Estate Taxes(Sch.IX-B)		121,800	32
33	Accrued Interest Payable	3,876	23,754	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	213,208	213,208	36
37	<u>Due to Affiliates</u>	4,913,414	4,570,988	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,013,646	\$ 7,986,139	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,805,750	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)	\$	\$ 7,805,750	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,013,646	\$ 15,791,889	46
47	TOTAL EQUITY(page 18, line 24)	\$ (4,613,069)	\$ (7,323,335)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,400,577	\$ 8,468,554	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,231,075)	1
2	Restatements (describe):		2
3	Utilization of prior years' net operating losses		3
4	for state and federal taxes	767,931	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,463,144)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(149,925)	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)	\$ (149,925)	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)	\$ (4,613,069)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
 Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,962,677	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,962,677	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	235,748	6
7	Oxygen	20,392	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 256,140	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,354	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,354	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	37,569	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 37,569	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Page 19A	1,528	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,528	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,259,268	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,448,737	31
32	Health Care	3,304,033	32
33	General Administration	2,640,710	33
B. Capital Expense			
34	Ownership	795,626	34
C. Ancillary Expense			
35	Special Cost Centers	1,818,086	35
36	Provider Participation Fee	402,001	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,409,193	40
41	Income before Income Taxes (line 30 minus line 40)**	(149,925)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (149,925)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,738,771	44
45	Private Pay - Net Inpatient Revenue	865,933	45
46	Medicare - Net Inpatient Revenue	1,886,876	46
47	Other-(specify) Hospice/Insurance	471,183	47
48	Other-(specify) Veterans/Sales Allow.	(86)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,962,677	49

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

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

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

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

Details of Page 19, Line 28

Description

Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)
Wage Service Fee- Backed out with line reference 22 on page 5A
Record Copies- Backed out with line reference 22 on page 5A
Jury Duty- Backed out with line reference 22 on page 5A
Vending Machine Receipt- Backed out with line reference 2 on page 5A
Recovery of Bad Debts (private only, is not offset on Schdl V)

Adjustment to prior year expense (related to prior yr, not offset on Schdl V)
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)

Line 28 Total:

Misc Income - Other Unclaimed Property	1,059
Misc Income - Record Copies	405
Misc Income - Jury Duty	65
	<u>1,528.31</u>

Ending: 12/31/2013

Amount

1,528.31

-

1,528

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	\$ 95,437	\$ 45.88	1
2	Assistant Director of Nursing	1,768	1,850	67,396	36.43	2
3	Registered Nurses	22,459	24,015	743,944	30.98	3
4	Licensed Practical Nurses	29,870	31,721	873,625	27.54	4
5	CNAs & Orderlies	95,107	101,785	1,125,585	11.06	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,103	1,576	25,594	16.24	8
9	Activity Director	2,080	2,080	30,432	14.63	9
10	Activity Assistants	4,807	5,059	45,183	8.93	10
11	Social Service Workers	2,080	2,080	49,317	23.71	11
12	Dietician					12
13	Food Service Supervisor	1,992	2,064	51,761	25.08	13
14	Head Cook					14
15	Cook Helpers/Assistants	17,371	18,893	198,166	10.49	15
16	Dishwashers					16
17	Maintenance Workers	1,840	1,950	49,070	25.16	17
18	Housekeepers	13,214	14,304	132,287	9.25	18
19	Laundry	7,986	8,396	89,173	10.62	19
20	Administrator	2,080	2,080	86,290	41.49	20
21	Assistant Administrator					21
22	Other Administrative	7,248	7,525	241,698	32.12	22
23	Office Manager					23
24	Clerical	4,881	5,071	46,237	9.12	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,008	2,008	63,818	31.78	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Behavioral Counse	4,884	5,125	94,426	18.42	32
33	Other(specify) Unit Director/Alzh	4,318	4,433	46,379	10.46	33
34	TOTAL (lines 1 - 33)	229,176	244,095	\$ 4,155,818 *	\$ 17.03	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	\$ 22,800	1-3	35
36	Medical Director	4500/Monthly	50,200	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	348/Monthly	4,183	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	245	735	11-3	44
45	Social Service Consultant		560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	245	\$ 78,478		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

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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	
WUBBENA, JODI A	Administrator	0	\$ 86,290	Workers' Compensation Insurance	\$ 178,077	IDPH License Fee	\$ 689	
		0		Unemployment Compensation Insurance	175,699	Advertising: Employee Recruitment		
		0		FICA Taxes	313,888	Health Care Worker Background Check		
		0		Employee Health Insurance	79,432	(Indicate # of checks performed 28)	840	
		0		Employee Meals	26,266	Patient Background Checks 78	1,252	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond/Collabrative Healthcare	875	
		0		Union Health & Welfare	110,939	IHCA dues, less pac fees/Health Care Council	7,998	
				Dental, Life, Relations, Pension & Misc	16,017	Related party - Park, LLC	309	
				Tuition & Drug Test	12,425	Citi Corp-Annual Rpt	155	
				401k Match / Empl. Dishonesty/Emp Vaccin	6,400	Related parties	2,822	
				Offset Benefit Costs with Misc. Income	(65)	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						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)	
\$ 86,290				\$ 919,078			\$ 14,940	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
				Not Applicable			Out-of-State Travel	\$
							In-State Travel	
							Senior Living Conference	327
							Related parties	857
							Seminar Expense	
							Leadership Training	483
							IL Health Care Association	360
							Seminars/Conventions	403
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL	
\$				\$			\$ 2,430	
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Servs.	Consulting		\$ 700,030					
BDO Seidman & Virchow Krause	Accounting Fees		11,519					
KPMG/Ava P Daley	Accounting Fees		333					
Lis A. Jenson-Law Office/Markley Ir	Legal-Collection		2,925					
Silversti Law Office	Legal-Collections		1,241					
Linda Roberts & Assoc.,	Billing Consultants		1,272					
First Advantage/Plante Maron	Tax Credit Services		14,216					
AMS (Eliminated)	Allocated Legal Fees		43,992					
Lis A. Jenson-Law Office	Legal-Non Collection		2,363					
Bank Leumi	Loan Services		3,760					
Barry H.Greenburg	Legal-Non Collections		(1,619)					
Shesky & Froelich	Mediation Svcs		(141)					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 779,891								

* Attach copy of IMRF notifications

**See instructions.

Alden Park Strathmoor
Legal Fee Support
2013

Legal Fees Reported on Pg 21, Section C:

Less: Collection, estates, & other non-allowable legal fees
listed on Pg 5, Line 22

Less: Non-allowable legal fees, if any, deducted on
Pg 5A (AMS Allocated Legal Fees)

Allowable Legal Fees	\$	-
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Total Allow. Legal Fees should be the sum of the invoices you are providing.

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	ALDBEN-Painting -PerBl	2010	13,949	5			1,395	2,790	2,790	2,790	2,790	1,394
2	ALDBEN - Custom Tinted	2011	2,120	5				283	424	424	424	424
3	ABC - Painting	2011	1,041	3				0	347	347	347	347
4	ABC- Paint Eggshell Tint	2013	714	3						198	238	238
5	ABC-Paint Semiglass Tint	2013	574	3						127	191	191
6	ABC-Painting	2013	698	3						0	233	233
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 19,096		\$	\$	\$ 1,395	\$ 3,073	\$ 3,561	\$ 3,887	\$ 4,223	\$ 2,827

Facility Name & ID Number Alden Park Strathmoor

0044909

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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=\$3,651 & HEACOU -\$4,347
- (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. \$ 50,782 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 402,001
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. \$ 26,266 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?
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? No
Attach invoices and a summary of services for all architect and appraisal fees.