



Facility Name & ID Number Alden Park Strathmoor

# 0044909 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	7,542	462	2,342	10,346	8
9	SNF/PED					9
10	ICF	35,318	3,550	3,632	42,500	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	42,860	4,012	5,974	52,846	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.61%

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 2,330

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name &amp; ID Number

Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	227,007	35,020	28,020	290,047	1,727	291,774	(3,388)	288,386		1
2	Food Purchase		434,814		434,814	(31,793)	403,021	(23,725)	379,296		2
3	Housekeeping	152,942	37,944		190,886	968	191,854	10,252	202,106		3
4	Laundry	72,563	23,343		95,906	538	96,444		96,444		4
5	Heat and Other Utilities			194,792	194,792		194,792	(1,558)	193,234		5
6	Maintenance	56,062		181,659	237,721	128	237,849	38,903	276,752		6
7	Other (specify):* <b>related party</b>							9,175	9,175		7
8	<b>TOTAL General Services</b>	508,574	531,121	404,471	1,444,166	(28,432)	1,415,734	29,659	1,445,393		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			54,000	54,000		54,000		54,000		9
10	Nursing and Medical Records	2,548,306	214,913	9,605	2,772,824	(44,657)	2,728,167	64,294	2,792,461		10
10a	Therapy	102,233	1,202	15,870	119,305		119,305		119,305		10a
11	Activities	161,542	15,404	3,421	180,367	249	180,616		180,616		11
12	Social Services	52,200			52,200		52,200		52,200		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>related party</b>							9,213	9,213		15
16	<b>TOTAL Health Care and Programs</b>	2,864,281	231,519	82,896	3,178,696	(44,408)	3,134,288	73,507	3,207,795		16
	<b>C. General Administration</b>										
17	Administrative	143,576			143,576		143,576	180,788	324,364		17
18	Directors Fees										18
19	Professional Services			794,986	794,986		794,986	(718,837)	76,149		19
20	Dues, Fees, Subscriptions & Promotions			75,216	75,216		75,216	(46,390)	28,826		20
21	Clerical & General Office Expenses	114,898	17,390	120,712	253,000	480	253,480	316,203	569,683		21
22	Employee Benefits & Payroll Taxes			754,042	754,042	19,763	773,805	(3,846)	769,959		22
23	Inservice Training & Education										23
24	Travel and Seminar			210	210		210	1,360	1,570		24
25	Other Admin. Staff Transportation			5,438	5,438		5,438	15,850	21,288		25
26	Insurance-Prop.Liab.Malpractice			237,099	237,099		237,099	8,456	245,555		26
27	Other (specify):* <b>related party</b>			111,974	111,974		111,974	(41,284)	70,690		27
28	<b>TOTAL General Administration</b>	258,474	17,390	2,099,677	2,375,541	20,243	2,395,784	(287,700)	2,108,084		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,631,329	780,030	2,587,044	6,998,403	(52,597)	6,945,806	(184,534)	6,761,272		29

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

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

Facility Name &amp; ID Number Alden Park Strathmoor

#0044909

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

12/31/2015

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			111,133	111,133		111,133	143,277	254,410			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			68,831	68,831		68,831	240,929	309,760			32
33	Real Estate Taxes							129,175	129,175			33
34	Rent-Facility & Grounds			702,729	702,729		702,729	(702,729)				34
35	Rent-Equipment & Vehicles			10,056	10,056		10,056	52,810	62,866			35
36	Other (specify):* MIP							49,962	49,962			36
37	<b>TOTAL Ownership</b>			892,749	892,749		892,749	(86,576)	806,173			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	407,074	451,436	831,386	1,689,896	52,597	1,742,493	5,272	1,747,765			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			414,499	414,499		414,499		414,499			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>	407,074	451,436	1,245,885	2,104,395	52,597	2,156,992	5,272	2,162,264			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,038,403	1,231,466	4,725,678	9,995,547		9,995,547	(265,838)	9,729,709			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  
 Period Beginning: 01/01/2015  
 Period Ending: 12/31/2015

IDPH License No. 0044909

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (31,793.00)	Employee Meals
	22	\$ 31,793.00	Employee Meals
22		\$ (12,030.00)	Uniform Reclass
	1	\$ 1,727.00	Uniform Reclass
	3	\$ 968.00	Uniform Reclass
	4	\$ 538.00	Uniform Reclass
	6	\$ 128.00	Uniform Reclass
	10	\$ 7,940.00	Uniform Reclass
	11	\$ 249.00	Uniform Reclass
	21	\$ 480.00	Uniform Reclass
10		\$ (52,597.00)	Oxygen Cost Reclass
	39	\$ 52,597.00	Oxygen Cost Reclass
33			Rent - Real Estate Tax on associated landowner (Pg 6)
	34		Rent - Real Estate Tax on associated landowner (Pg 6)
33			Rent - Real Estate Tax on associated landowner (Pg 6)
	34		Rent - Real Estate Tax on associated landowner (Pg 6)



Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

**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	(10,932)	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	(9,191)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,347)	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	(3,822)	21		17
18	Fines and Penalties	(250)	32		18
19	Entertainment	(296)	20		19
20	Contributions	(3,893)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,841)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(111,974)	27		24
25	Fund Raising, Advertising and Promotional	(16,434)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (162,980)		\$	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)	(88,886)		34
35	Other- Attach Schedule	(13,972)		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (102,858)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (265,838)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

## Alden Park Strathmoor

ID# 0044909

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (3,737)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(15,465)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,774	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	17,298	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series	150	30	6
7	Other Nursing Income	(784)	21	7
8	Late Fees on Utilities	(5,588)	5	8
9	Misc Income - Record Copies	(561)	10	9
10	Misc Income - Jury Duty	(25)	22	10
11	Misc Income - Other interest	(61)	32	11
12	Vendor Discount	(25)	10	12
13				13
14	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	14
15	Interest	27	32	15
16	Reduce Emplpyee Benefit for Customer Service Liaison	(112)	22	16
17	Customer Service Liaison	(600)	21	17
18				18
19	Bank Fees paid by LLC	(308)	21	19
20	Record Depreciation for Deferred Maint.	0	6	20
21	To correct YTD depreciation expense to detail	2,286	30	21
22	AMS Deprec Adj	(241)	30	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	<b>Total</b>		(13,972)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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	3,082	(6,470)	0	0	0	0	0	0	0	(3,388)	1
2	Food Purchase	(1,347)	0	0	(22,378)	0	0	0	0	0	0	0	(23,725)	2
3	Housekeeping	0	0	10,252	0	0	0	0	0	0	0	0	10,252	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,588)	0	4,030	0	0	0	0	0	0	0	0	(1,558)	5
6	Maintenance	8,140	2,815	24,627	0	0	0	(34)	3,356	0	0	0	38,903	6
7	Other (specify):*	0	0	9,175	0	0	0	0	0	0	0	0	9,175	7
8	<b>TOTAL General Services</b>	<b>1,205</b>	<b>2,815</b>	<b>51,166</b>	<b>(28,848)</b>	<b>0</b>	<b>0</b>	<b>(34)</b>	<b>3,356</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29,659</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(586)	0	58,076	7,621	(817)	0	0	0	0	0	0	64,294	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	9,213	0	0	0	0	0	0	0	0	9,213	15
16	<b>TOTAL Health Care and Programs</b>	<b>(586)</b>	<b>0</b>	<b>67,289</b>	<b>7,621</b>	<b>(817)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>73,507</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	180,788	0	0	0	0	0	0	0	0	180,788	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,841)	8,167	(722,163)	0	0	0	0	0	0	0	0	(718,837)	19
20	Fees, Subscriptions & Promotions	(20,623)	250	(26,017)	0	0	0	0	0	0	0	0	(46,390)	20
21	Clerical & General Office Expenses	(5,514)	308	321,409	0	0	0	0	0	0	0	0	316,203	21
22	Employee Benefits & Payroll Taxes	(137)	0	0	0	(3,709)	0	0	0	0	0	0	(3,846)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,360	0	0	0	0	0	0	0	0	1,360	24
25	Other Admin. Staff Transportation	0	0	15,850	0	0	0	0	0	0	0	0	15,850	25
26	Insurance-Prop.Liab.Malpractice	0	8,165	291	0	0	0	0	0	0	0	0	8,456	26
27	Other (specify):*	(111,974)	0	70,690	0	0	0	0	0	0	0	0	(41,284)	27
28	<b>TOTAL General Administration</b>	<b>(143,089)</b>	<b>16,890</b>	<b>(157,792)</b>	<b>0</b>	<b>(3,709)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(287,700)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(142,470)</b>	<b>19,705</b>	<b>(39,337)</b>	<b>(21,227)</b>	<b>(4,526)</b>	<b>0</b>	<b>(34)</b>	<b>3,356</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(184,534)</b>	<b>29</b>

## STATE OF ILLINOIS

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2015 Ending:

Summary B

12/31/2015

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(17,007)	156,080	4,204	0	0	0	0	0	0	0	0	143,277	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(17,475)	249,867	8,537	0	0	0	0	0	0	0	0	240,929	32
33	Real Estate Taxes	0	122,688	6,487	0	0	0	0	0	0	0	0	129,175	33
34	Rent-Facility & Grounds	0	(702,729)	0	0	0	0	0	0	0	0	0	(702,729)	34
35	Rent-Equipment & Vehicles	0	0	52,810	0	0	0	0	0	0	0	0	52,810	35
36	Other (specify):*	0	49,962	0	0	0	0	0	0	0	0	0	49,962	36
37	<b>TOTAL Ownership</b>	<b>(34,482)</b>	<b>(124,132)</b>	<b>72,038</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(86,576)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	7,899	(2,627)	0	0	0	0	0	0	5,272	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,899</b>	<b>(2,627)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,272</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(176,952)</b>	<b>(104,427)</b>	<b>32,701</b>	<b>(13,328)</b>	<b>(7,153)</b>	<b>0</b>	<b>(34)</b>	<b>3,356</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(265,838)</b>	<b>45</b>

**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 PG 6-Supp		See PG 6-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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 702,729	Park Strathmoor, LLC		\$	\$ (702,729)	1
2	V	32 Investment Income - RR	4,682	Park Strathmoor, LLC			(4,682)	2
3	V	32 Interest -Other	99	Park Strathmoor, LLC			(99)	3
4	V	19 Accounting Fee		Park Strathmoor, LLC		8,167	8,167	4
5	V	33 Real Estate Tax		Park Strathmoor, LLC		122,688	122,688	5
6	V	26 General Insurance Expenses		Park Strathmoor, LLC		8,165	8,165	6
7	V	36 Mortgage Insurance Premium		Park Strathmoor, LLC		49,962	49,962	7
8	V	32 Interest On Mortg./Interest Other		Park Strathmoor, LLC		238,537	238,537	8
9	V	30 Depreciation		Park Strathmoor, LLC		156,080	156,080	9
10	V	32 Amortization		Park Strathmoor, LLC		16,111	16,111	10
11	V	21 Bank Fees		Park Strathmoor, LLC		308	308	11
12	V	20 Annual Rpt Fee		Park Strathmoor, LLC		250	250	12
13	V	6 Repairs & Maintenance		Park Strathmoor, LLC		2,815	2,815	13
14	Total		\$ 707,510			\$ 603,083	\$ * (104,427)	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%	\$ 4,030	\$	4,030	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,360		1,360	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		15,850		15,850	17
18	V	26 Insurance		Alden Management Services, Inc.		291		291	18
19	V	20 Dues & Subscriptions	30,813	Alden Management Services, Inc.		4,796		(26,017)	19
20	V	30 Depreciation		Alden Management Services, Inc.		4,204		4,204	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,487		6,487	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		52,810		52,810	22
23	V	32 Interest		Alden Management Services, Inc.		8,537		8,537	23
24	V	1 Dietary		Alden Management Services, Inc.		3,082		3,082	24
25	V	3 Housekeeping		Alden Management Services, Inc.		10,252		10,252	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		9,175		9,175	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		58,076		58,076	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		9,213		9,213	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		180,788		180,788	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		70,690		70,690	30
31	V	19 Professional Fees	768,555	Alden Management Services, Inc.		46,392		(722,163)	31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		321,409		321,409	32
33	V	6 Repair & Maint.	13,605	Alden Management Services, Inc.		38,232		24,627	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 812,973			\$ 845,674	\$ *	32,701	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	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 144	\$ (26,256)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		13,230	13,230
17	V	2 Tube Feeding	90,880	Prism Health Care Services, Inc.		47,703	(43,177)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		8,809	2,149
19	V	39 Ancillary Supplies	198,689	Prism Health Care Services, Inc.		97,370	(101,319)
20	V	39 Vent Rent		Prism Health Care Services, Inc.		66,189	66,189
21	V	1 Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		6,556	6,556
22	V	2 Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		20,799	20,799
23	V	10 Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		5,472	5,472
24	V	39 Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		43,029	43,029
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		\$ 322,629			\$ 309,301	\$ * (13,328)

\* 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>	\$ 97,394	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 94,000	\$ (3,394)
16	V	39 <u>IV</u>	66,693	<u>Forum Extended Care Services II, Inc.</u>		64,369	(2,324)
17	V	39 <u>Wound Care</u>	14,037	<u>Forum Extended Care Services II, Inc.</u>		13,548	(489)
18	V	10 <u>House Stock</u>	18,899	<u>Forum Extended Care Services II, Inc.</u>		18,240	(659)
19	V	10 <u>Pharmacy Consultant</u>	4,536	<u>Forum Extended Care Services II, Inc.</u>		4,378	(158)
20	V	22 <u>Employee Vaccin.</u>	3,709	<u>Forum Extended Care Services II, Inc.</u>			(3,709)
21	V	39 <u>Employee Vaccin.</u>		<u>Forum Extended Care Services II, Inc.</u>		3,580	3,580
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	<b>Total</b>		\$ 205,268			\$ 198,115	\$ * (7,153)

\* 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	\$ 18,169	Alden Bennett Construction Company, Inc.	0.00%	\$ 18,134	\$ (34)
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	<b>Total</b>		\$ 18,169			\$ 18,134	\$ * (34)

\* 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	\$ 15,988	Alden Design Group, Inc.	0.00%	\$ 19,343	\$ 3,356	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	<b>Total</b>		\$ 15,988			\$ 19,343	\$ *	3,356	39

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

Facility Name &amp; ID Number

Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzi	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	17
18			Alden - Des Plaines Rehabilitation and Health C	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								30

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

## 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 A.	President	CEO	100.00	177,188	1.688	4.22	Salary	\$ 7,812	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,778	1.688	4.22	Salary	4,222	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,778	1.688	4.22	Salary	4,222	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	104,539	1.688	4.22	Salary	4,609	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,876	1.688	4.22	Salary	2,640	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 the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12											12
13								TOTAL	\$ 23,505		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:

01/01/2015

Ending: 2/31/2015

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	1,251,552	34	\$ 95,438	\$ 52,846	\$ 4,030	1
2	24	Trav & Seminar	Patient Days	1,251,552	34	32,213	52,846	1,360	2
3	25	Other Admin Travel	Patient Days	1,251,552	34	375,370	52,846	15,850	3
4	26	Insurance	Patient Days	1,251,552	34	6,897	52,846	291	4
5	20	Dues & Subscriptions	Patient Days	1,251,552	34	113,573	52,846	4,796	5
6	30	Depreciation	No of Providers/usage	34	34	156,306	1	4,204	6
7	33	Real Estate Tax	Patient Days/usage	1,251,552	34	176,959	52,846	6,487	7
8	35	Rent-Equip & Vehicle	Patient Days	1,251,552	34	1,250,701	52,846	52,810	8
9	32	Interest	Patient Days/usage	1,251,552	34	2,158,573	52,846	8,537	9
10	1	Dietary	Patient Days	1,251,552	34	72,994	72,994	3,082	10
11	3	Housekeeping	Patient Days	1,251,552	34	242,795	242,795	10,252	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,251,552	34	217,281	52,846	9,175	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,251,552	34	1,562,220	1,562,220	58,076	13
14	15	Employee Benefits -Health Care	Patient Days	1,251,552	34	218,198	52,846	9,213	14
15	17	Administrative Salary	Patient Days/usage	1,251,552	34	4,332,153	4,332,153	180,788	15
16	27	Employee Benefits - Admin	Patient Days	1,251,552	34	1,674,148	52,846	70,690	16
17	19	Professional fees	Patient Days	1,251,552	34	1,213,223	909,774	46,392	17
18	21	Gen'I & Admin	Patient Days	1,251,552	34	7,611,926	6,744,406	321,409	18
19	6	Repair & Maint.	Patient Days	1,251,552	34	1,835,211	1,239,870	38,232	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 23,346,179	\$ 15,104,212	\$ 845,674	25

Facility Name &amp; ID Number

Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
	<b>A. Directly Facility Related</b>															
	<b>Long-Term</b>															
1	Capital Funding		X	Mortgage		4/13	\$ 8,075,500	\$ 7,628,691	5/43	2.9900	\$ 230,537	1				
2	Bank Leumi		X	Line of Credit		7/09	1,500,000	1,370,401	9/16	4.7500	65,384	2				
3												3				
4	Insurance Interest (GL07053)		X	Medical Malpractice							3,224	4				
5												5				
	<b>Working Capital</b>															
6	Related party-AMS		X	Working Capital							8,537	6				
7												7				
8												8				
9	<b>TOTAL Facility Related</b>							\$ 9,575,500	\$ 8,999,092			\$ 307,683	9			
	<b>B. Non-Facility Related*</b>															
10	Interest Income on R.R.		X								(4,743)	10				
11	Int Income (GL#4975)		X								(9,290)	11				
12												12				
13	Amortization-ReFinancing Fee		X								16,111	13				
14	<b>TOTAL Non-Facility Related</b>							\$	\$			\$ 2,077	14			
15	<b>TOTALS (line 9+line14)</b>							\$ 9,575,500	\$ 8,999,092			\$ 309,760	15			

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 49,962 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

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1.	Real Estate Tax accrual used on 2014 report.	\$	<u>124,700</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>121,888</u>	2	
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>(2,812)</u>	3	
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>125,500</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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$		5	
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$		6	
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>122,688</u>	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>6,487</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>129,175</u>
Real Estate Tax Bill for Calendar Year:		2010	<u>115,134</u>	8	
		2011	<u>119,660</u>	9	
		2012	<u>118,261</u>	10	
		2013	<u>121,022</u>	11	
		2014	<u>121,888</u>	12	
<b>The current year accrual is based on an estimated 3% increase of the prior year tax</b>					
				<b>FOR BHF USE ONLY</b>	
		13	FROM R. E. TAX STATEMENT FOR 2014	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

## 2014 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 2014 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 2014.

(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>153,627.00</u>	\$ <u>6,487.00</u>
2. <u>12-21-452-007</u>	<u>Nursing facility</u>	\$ <u>121,888.46</u>	\$ <u>121,888.46</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>275,515.46</u></u>	\$ <u><u>128,375.46</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

Facility Name & ID Number Alden Park Strathmoor

# 0044909 Report Period Beginning:

01/01/2015 Ending:

12/31/2015

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
none

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>			\$ <u>569,205</u>	1
2					2
3	<b>TOTALS</b>			\$ <u>569,205</u>	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	\$	\$ 1,758,142	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
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		7,453	14
15	ABC - misc const. Work		2001	38,850	1,943	20	1,943		27,523	15
16	Rockford stem B		2001	5,035	336	15	336		4,926	16
17	FE Moran - Repair and Upgrade fire alarm system		2002	7,645	510	15	510		6,968	17
18	Patten - Repair Water System		2002	2,245	150	15	150		2,073	18
19	Capps - Repair water sys in Kitchen		2002	2,845	190	15	190		2,516	19
20	ABC - Repair Water heater		2002	7,113	474	15	474		6,518	20
21	ABC -		2002	4,256	284	15	284		3,715	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		503	24
25	ABC - Chimney 2		2002	3,032	152	20	152		2,012	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		1,629	30
31	Simplex - Fire & Security System Repair		2003	896	60	15	60		749	31
32	ABC - Repairs to Dining room		2003	5,177		10			5,177	32
33	ABC - Repair Boiler		2003	4,311		10			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 &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

**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	
37	GT Mechanical-a/c repair	2004	\$ 2,996	\$	10	\$	\$	\$ 2,996	37
38	GT Mechanical-repair hot water tank	2004	3,325		10			3,325	38
39	P&M Mercury-chiller repair	2004	2,118		10			2,118	39
40	ABC-electrical & plumbing repairs	2004	2,112		10			2,112	40
41	ABC-electronic locks	2005	762		5			762	41
42	ABC-new flooring	2005	1,666	94	10	94		1,666	42
43	ABC-lock sets	2005	5,538	506	10	506		5,538	43
44	ABC-lock sets	2005	1,246	111	10	111		1,246	44
45	ABC-lock sets	2005	1,888	156	10	156		1,888	45
46	ABC-parking lot repairs	2005	9,095	72	10	72		9,095	46
47	ABC-door install and wireless alarm	2005	4,652	40	10	40		4,652	47
48	Oak Fire-replace fire alarm system	2005	6,800		10			6,800	48
49	A&B Custom Cable-wiring and install	2005	3,250	81	10	81		3,250	49
50	Top Notch-repair freezer door	2005	2,435	77	10	77		2,435	50
51	CSI-freezer repair	2005	1,553	80	10	80		1,553	51
52	GT Mechanical-freezer repairs	2005	2,825	169	10	169		2,825	52
53	GT Mech-kitchen repairs	2005	2,364	102	10	102		2,364	53
54	Patten-generator repairs	2005	3,560	119	10	119		3,560	54
55	ABC-faucet replacements	2005	2,518		10			2,518	55
56	Top Notch-repair freezer	2005	7,186	476	10	476		7,186	56
57	ABC-drywall	2005	655	48	10	48		655	57
58	Patten-generator repairs	2005	1,856	105	10	105		1,856	58
59	Patten-generator repairs	2005	3,429	199	10	199		3,429	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		2,971	61
62	ABC-install smoke alarms	2006	3,265	327	10	327		2,997	62
63	Patten-generator repairs	2006	24,100	2,410	10	2,410		23,899	63
64	GT Mechanical-replace pump motor	2006	3,162	316	10	316		3,029	64
65	ABC-New AC and ductwork	2006	26,034	2,603	10	2,603		23,646	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		7,252	66
67	ABC-life code Imprvmt-carpetry firearm & Elect.	2007	62,381	4,159	15	4,159		34,312	67
68	ABC-fire protection	2007	22,921	1,528	15	1,528		12,479	68
69	ABC-fire proofing	2007	18,549	1,237	15	1,237		10,102	69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 3,895,770	\$ 135,441		\$ 135,441	\$	\$ 2,051,428	70

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

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 3,895,770	\$ 135,441		\$ 135,441	\$	\$ 2,051,428	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674	367	10	367		3,150	2
3	ABC -install new gasketing mtrl around doors	2007	2,679	268	10	268		2,300	3
4	ABC -elevator pump	2007	7,462	746	10	746		6,341	4
5	ABC -locksets	2007	5,404	540	10	540		4,590	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		3,151	7
8	Abc-instl. New elevetor pump	2007	13,180	879	15	879		7,252	8
9	ABC - new wall construction	2007	11,466	1,147	10	1,147		9,463	9
10	ABC - replace entrance door	2007	4,352	435	10	435		3,553	10
11	ABC -boiler ashpalt paving	2007	28,352	2,835	10	2,835		23,153	11
12	ABC -boiler repair & replace boiler valves	2007	15,917	1,592	10	1,592		12,869	12
13	ABC - install new boiler	2007	3,542	354	10	354		2,832	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		9,801	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		4,548	16
17	MI unit -various labor allotted by AMS	2007	3,435		4			3,435	17
18	MI unit -ABC -metal doors & hardware	2007	9,978	998	10	998		8,483	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612	2,661	10	2,661		19,071	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825	282	10	282		2,162	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053		5			6,053	21
22	ABC-Install new gutter, oxygen storage a label door	2008	2,863	286	10	286		2,217	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	444	25	444		3,404	23
24	ABC- Istall new exhaust Fan	2008	3,619	362	10	362		2,685	24
25	GT Mechanical, Inc- repair cooler, water pump	2008	2,627		5			2,627	25
26	GT Mechanical, Inc - Rep. Refreigerant Relief valve, leaks	2008	2,701	270	10	270		1,958	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548	637	15	637		3,874	27
28	ABC-Instll newBoiler tubes&crcltg pump/Jb#6032	2009	13,472	1,347	10	1,347		9,205	28
29	GTMECH -rps AC leak pump	2009	3,950		5			3,950	29
30	Gt Mechanical Inc.-repair leaking tubes in water cool	2009	3,785		5			3,785	30
31	GT Mechanical -Rprs Air condition bundle	2009	2,966		5			2,966	31
32	Top NOTch -Install Evaporator, Refrigerant filter	2009	7,401		5			7,401	32
33	TOPNOT- AC Compressor and CondenseFreezer	2009	18,080	1,808	10	1,808		11,300	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,188,390	\$ 155,770		\$ 155,770	\$	\$ 2,273,532	34

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

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 4,188,390	\$ 155,770		\$ 155,770	\$	\$ 2,273,532	1
2	<b>BOUDEV- Demolition,Dumpsters, Doors,Frames&amp;hardware,VCT</b>	2010	63,192	4,213	15	4,213		23,522	2
3	<b>BOUDEV- Finish Drywall (2), Instll PatchFloor &amp; VCT tile, Fire r</b>	2010	8,532	569	15	569		3,177	3
4	<b>EQUINT -Washer repairs</b>	2010	2,869	47	5	47		2,869	4
5	<b>TOPNOT-Rels Compressor, Filter,CoolerWarmer</b>	2010	2,652	46	5	46		2,652	5
6	<b>TOPNOT-Boiler repair</b>	2010	5,278	262	5	262		5,278	6
7	<b>GTMECH -Chiller leak repair</b>	2010	4,986	416	5	416		4,986	7
8	<b>ALDBEN-WindowShelf, Rprs ValveWaterExistingLine, -per Bldg</b>	2010	15,099	1,007	15	1,007		5,454	8
9	<b>Nov AMS-AMX/Hrld-Patten-Install rental Genset</b>	2010	6,159	923	5	923		6,159	9
10	<b>AFFCUS- Sprinkler System Reconfiguration</b>	2010	3,275	491	5	491		3,275	10
11	<b>ABC-Install Fire Dampers(HVAC,Sprinkler system, Fire protectio</b>	2010	258,600	10,344	25	10,344		55,168	11
12	<b>ALDBEN -Install Sprinkler System,HVAC &amp; Concrete</b>	2010	71,490	3,575	20	3,575		18,769	12
13	<b>ASPMAI - Parking lot pavement of all dirt and clean crack</b>	2011	38,900	2,593	15	2,593		11,236	13
14	<b>ABC - Steel Railings (1)</b>	2011	16,003	1,067	15	1,067		4,535	14
15	<b>Jun AMS-AMEEXP Floyd-Patten CAT -Install new batteries and</b>	2011	6,610	1,322	5	1,322		6,169	15
16	<b>ALDBEN-Install Aluminum Windows(2)</b>	2011	3,121	312	10	312		1,404	16
17	<b>ABC -Leaking boiler repairs (2)</b>	2011	5,678	1,136	5	1,136		4,639	17
18	<b>ABC -Electrical cable install for booster</b>	2012	13,340	889	15	889		2,667	18
19	<b>ABC -Install PhasePump-Heating/Vent, Fire Alarm</b>	2012	4,468	447	10	447		1,713	19
20	<b>ABC-HVAC Boiler Leakage Repair</b>	2012	7,405	741	10	741		2,778	20
21	<b>ABC-repair HVAC boiler leakage tubes</b>	2012	7,140	714	10	714		2,678	21
22	<b>Oct AMS-AMX-Floyd-Patten-Install Cable wire &amp; repairs Ceiling</b>	2012	5,926	1,185	5	1,185		3,950	22
23	<b>Oct AMS-AMX-Floyd-Patten-Repairs Drywall, ceiling tiles &amp; plun</b>	2012	5,902	590	10	590		1,967	23
24	<b>ABC- Install Thermostatic water mixing valve</b>	2012	3,019	604	5	604		1,913	24
25	<b>ABC - Repair damaged corner brick wall in Lobby</b>	2012	2,732	546	5	546		1,684	25
26	<b>ABC -'Boiler#2 leaking rprs</b>	2012	5,968	597	10	597		1,791	26
27	<b>Roof installation, Emergency -JD&amp;SON</b>	2013	7,000	700	10	700		1,808	27
28	<b>Boiler Retubing-ABC</b>	2013	25,370	1,691	15	1,691		3,946	28
29	<b>Boiler #1 tube replace- ABC</b>	2013	6,083	406	15	406		812	29
30	<b>Boiler #2 leakage repairs-ABC</b>	2013	4,656	310	15	310		620	30
31	<b>Brick rebuild outside wall -AMS</b>	2013	3,600	180	20	180		510	31
32	<b>Concrete &amp; Scrape &amp; Paint exterior-ALDMAN</b>	2014	2,750	275	10	275		435	32
33	<b>Asphalt &amp; Facia repairs -ALDBEN</b>	2014	39,575	4,947	8	4,947		6,184	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,845,766	\$ 198,914		\$ 198,914	\$	\$ 2,468,279	34

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

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

**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	<b>Totals from Page 12C, Carried Forward</b>		\$ 4,845,766	\$ 198,914		\$ 198,914	\$	\$ 2,468,279	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28	Adjust for ABC Related Party Profit	2008	(303)	(26)		(26)		(169)	28
29	Adjust for ABC Related Party Profit	2009	(178)	(5)		(5)		(32)	29
30	Adjust for ABC Related Party Profit	2010	(4,224)	(117)		(117)		(643)	30
31	Adjust for ABC Related Party Profit	2011	193	8		8		28	31
32	Adjust for ABC Related Party Profit	2012	2,721	298		298		894	32
33	Adjust for ABC Related Party Profit	2013	486	15		15		38	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,935,372	\$ 200,360		\$ 200,360	\$	\$ 2,553,866	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:

01/01/2015

Ending:

12/31/2015

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 4,935,372	\$ 200,360		\$ 200,360	\$	\$ 2,553,866	1
2	Asphalt & Facia repairs -ALDBEN	2014	9,495	633	15	633		791	2
3	Boiler Retube # 1 -ALDBEN	2014	13,907	927	15	927		1,622	3
4	Boiler leakage repair -ABC	2014	5,962	1,192	5	1,192		2,086	4
5	Roofwork completed -JDROOF	2014	3,500	700	5	700		933	5
6	Elevator upgrade 2of2 -SUBELE (telephone connect to equipment	2015	3,354	335	5	335		335	6
7									7
8									8
9									9
10									10
11									11
12									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)		\$ 4,971,589	\$ 204,148		\$ 204,148	\$	\$ 2,559,635	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 4,971,589	\$ 204,148		\$ 204,148	\$	\$ 2,559,635	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									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	Adjust for ABC Related Party Profit	2014	(193)	(24)		(24)		(32)	26
27	Adjust for ABC Related Party Profit	2015							27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,971,397	\$ 204,123		\$ 204,123	\$	\$ 2,559,602	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	\$ 420,562	\$ 44,072	\$ 44,072	\$	varies	\$ 173,318	71
72	Current Year Purchases	812,480	4,508	4,508		varies	2,828	72
73	Fully Depreciated Assets	854,590	1,707	1,707		varies	854,590	73
74								74
75	TOTALS	\$ 2,087,632	\$ 50,287	\$ 50,287	\$		\$ 1,030,736	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	\$	\$	\$	3	\$ 43,244	76
77										77
78										78
79	related party-AMS	various	1998-2004	4,026				3	4,026	79
80	TOTALS			\$ 47,270	\$	\$	\$		\$ 47,270	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)	\$ 7,675,503	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 254,410	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 254,410	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)	\$ 3,637,608	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	CIP	\$ 757,222	92
93			93
94			94
95		\$ 757,222	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: 01/01/2015

Ending: 12/31/2015

**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:				\$ <u>Related Party - Cost is backed out</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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. 12/31/16 \$ varies

13. 12/31/17 \$ varies

14. 12/31/18 \$ varies

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: \$ 30,889

Description: copy machine GL 6861 and equipment lease 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>16,300</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>83.33</u>	<u>1,000</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>17,300</u>	21

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2015 Ending: 12/31/2015  
**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	<b>TOTALS</b>	\$	\$	\$	\$
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**

<b>COMPLETED</b>		
1. From this facility		
2. From other facilities (f)		
<b>DROP-OUTS</b>		
1. From this facility		
2. From other facilities (f)		
<b>TOTAL TRAINED</b>		

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

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

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 126,645	\$		\$ 126,645	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			113,642			113,642	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			156,788			156,788	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				97,580		97,580	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any		407,074		147,959	54,400		609,434	12
13	Other (specify):	See Pg 16A				276,976	366,700		643,675	13
14	TOTAL			\$ 407,074		\$ 822,011	\$ 518,680		\$ 1,747,765	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.

**Alden-Park Strathmoor, Inc.**  
**PA pg 16A Ref. Line 39 Details)**  
**For the Twelve Months Ending December 31, 2015**

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	126,645.20	
2.	ST	39-3	To Col 5	113,641.92	
3.					
4.	PT	39-3	To Col 5	156,788.46	
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL			97,393.87	
	Manual Input from Related Party- Forum Drugs			186.00	
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	97,579.87	<b>494,655.45</b>
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	54,400.36	0.00
	Total Exceptional Care (Line 12, Col 8)			54,400.36	<b>54,400.36</b>
12	Reclass to Col 5 for RT Allocation		To Col 5	147,959.46	<b>147,959.46</b>
12.	Col 3. Salary Split		To Col 3	407,074.00	<b>407,074.00</b>
13.	Other:	See Pg 16A		-	<b>0.00</b>

13. Col 5: Manual Input: Related Party	To Col 5	276,975.54	<b>276,975.54</b>
Other		733,952.77	
Manual Input: Related Party - Prism		7,898.00	
Manual Input: Related Party FECII - I.V.		(2,324.00)	
Manual Input: Related Party FECII - Wound Care		(489.00)	
Oxygen, from reclass worksheet (Pg 4A)		52,597.00	
12. CPT Reclass to Col 5 for RT	To Col 5	(424,935.00)	
13. Col 6: Supplies Total	To Col 6	366,699.77	366,699.77
13. Total Line 13, Column 8		-	<b>643,675.31</b>
14. Total		-	<b>1,747,764.58</b>

Facility Name & ID Number **Alden Park Strathmoor** # **0044909** Report Period Beginning: **01/01/2015** Ending: **12/31/2015**  
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of **12/31/2015** (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 337,748	\$ 757,414	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (200,000) )	1,929,825	1,929,825	3
4	Supply Inventory (priced at )	4,107	4,107	4
5	Short-Term Investments	8,823	8,823	5
6	Prepaid Insurance		6,615	6
7	Other Prepaid Expenses	6,085	26,766	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	7,194	128,191	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,293,782	\$ 2,861,741	10
<b>B. Long-Term Assets</b>				
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	968,453	2,033,778	15
16	Equipment, at Historical Cost	726,382	867,808	16
17	Accumulated Depreciation (book methods)	(1,155,137)	(3,625,237)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		268,153	21
22	Other Long-Term Assets (spec <u>Fin Fees, net</u> )		248,191	22
23	Other(specify): <u>CIP/Repairs Escrow</u>	5,700	1,704,947	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 545,398	\$ 5,634,328	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,839,180	\$ 8,496,070	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 549,745	\$ 735,490	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	231,118	231,118	28
29	Short-Term Notes Payable		182,426	29
30	Accrued Salaries Payable	428,339	428,339	30
31	Accrued Taxes Payable (excluding real estate taxes)	23,255	23,255	31
32	Accrued Real Estate Taxes(Sch.IX-B)		125,500	32
33	Accrued Interest Payable	3,802	148,143	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	158,621	356,708	36
37	<u>Due to Affiliates</u>	4,152,766	4,013,460	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,547,646	\$ 6,244,439	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	1,370,401	1,370,401	39
40	Mortgage Payable		7,446,265	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 1,370,401	\$ 8,816,666	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,918,047	\$ 15,061,105	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (4,078,867)	\$ (6,565,035)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,839,180	\$ 8,496,070	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,553,365)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,553,365)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	474,498	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)	\$ 474,498	17
<b>B. Transfers (Itemize):</b>			
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)	\$ (4,078,867)	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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 10,268,440	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,268,440	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	138,277	6
7	Oxygen	48,740	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 187,017	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		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	822	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 822	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	9,191	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 9,191	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See PG 19A	4,575	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 4,575	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,470,045	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,444,166	31
32	Health Care	3,178,696	32
33	General Administration	2,375,541	33
<b>B. Capital Expense</b>			
34	Ownership	892,749	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,689,896	35
36	Provider Participation Fee	414,499	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,995,547	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	474,498	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 474,498	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,502,945	44
45	Private Pay - Net Inpatient Revenue	734,290	45
46	Medicare - Net Inpatient Revenue	1,208,302	46
47	Other-(specify) Hospice/Insurance	822,902	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 10,268,439	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

Misc. Income GL#4977 (discribe) (is offset against Sch.# V)

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 Schld V)

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

Vendor Discount

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

Line 28 Total:

**Ending:** 12/31/2015

Amount

647.41

25.00

3,903.00

4,575

Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	\$ 98,096	\$ 47.16	1
2	Assistant Director of Nursing	1,040	1,057	39,112	37.00	2
3	Registered Nurses	24,966	26,760	908,596	33.95	3
4	Licensed Practical Nurses	24,396	26,177	769,822	29.41	4
5	CNAs & Orderlies	80,771	86,684	989,814	11.42	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,946	2,173	36,181	16.65	8
9	Activity Director	2,080	2,080	31,939	15.36	9
10	Activity Assistants	6,157	6,643	61,107	9.20	10
11	Social Service Workers	2,080	2,080	52,200	25.10	11
12	Dietician					12
13	Food Service Supervisor	1,936	2,065	41,421	20.06	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,434	17,814	185,585	10.42	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	56,062	26.95	17
18	Housekeepers	14,940	16,154	152,942	9.47	18
19	Laundry	5,982	6,268	72,562	11.58	19
20	Administrator	1,848	1,848	104,346	56.46	20
21	Assistant Administrator	1,120	1,120	39,231	35.03	21
22	Other Administrative	5,456	5,456	136,114	24.95	22
23	Office Manager					23
24	Clerical	4,417	4,700	44,835	9.54	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,080	71,352	34.30	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Behavioral Counse	3,956	4,216	68,495	16.25	32
33	Other(specify) Unit Manager/Me	5,440	5,553	78,591	14.15	33
34	TOTAL (lines 1 - 33)	211,197	225,088	\$ 4,038,403 *	\$ 17.94	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	2335/Monthly	\$ 28,020	1-3	35
36	Medical Director	4500/Monthly	54,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	378/Monthly	4,536	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20	980	11-3	44
45	Social Service Consultant	18	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	38	\$ 87,816		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1	\$ 687	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	1	\$ 687		53



Alden Park Strathmoor  
 Legal Fee Support  
 2015

Legal Fees Reported on Pg 21, Section C:	\$	58,384.20
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(4,841.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	<u>\$</u>	<u>6,635.20</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Medicaid Legal Fees-2011	12/10/15	100.00
Medicaid Legal Fees-2012	12/10/15	100.00
Medicaid Legal Fees-2013	12/10/15	100.00
Bank Leumi	10/08/15	977.50
Lisa A. Jensen -Law office	06/17/15	1,358.90
Lisa A. Jensen -Law office	06/17/15	2,204.90
Lisa A. Jensen -Law office	03/04/15	1,793.65
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><u>6,634.95</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Pogrund & Korey LLC-d/b/a Stone Pogr	10/01/15	366.17
Recorder of Deeds Winnebago County	01/28/15	35.75
Silvestri Law Office	11/03/15	1,651.25
Silvestri Law Office	10/10/15	33.00
Silvestri Law Office	10/10/15	204.00
Silvestri Law Office	06/26/15	1,766.50

Silvestri Law Office	03/17/15	250.00
Silvestri Law Office	02/02/15	464.25
Valet Enterprises, Inc.	12/31/14	35.04
Valet Enterprises, Inc.	06/26/15	35.04

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES 4,841.00**

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Corp Legal Cost Alloc-'15	01/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	02/28/15	3,909.00
AMS Corp Legal Cost Alloc-'15	03/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	04/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	05/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	06/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	07/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	08/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	09/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	10/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	11/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	12/31/15	3,909.00

**TOTAL Allocated Legal Fees 46,908.00**

**Total Legal Cost 58,383.95**

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	0
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	<b>TOTALS</b>		\$ 19,096		\$	\$	\$ 1,395	\$ 3,073	\$ 3,561	\$ 3,887	\$ 4,223	\$ 2,480

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes, RN/LPNs: NC (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
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Health Care Council -\$18,144
- (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. \$ 48,269 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. \$ 414,499  
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) 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.
- (14) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 31,793 Has any meal income been offset against related costs? No Indicate the amount. \$ 0
- (15) 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**
- (16) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (17) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (18) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.