



Facility Name & ID Number Alden Park Strathmoor

# 0044909 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**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	5,733	469	2,572	8,774	8
9	SNF/PED					9
10	ICF	38,967	1,607	4,531	45,105	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,700	2,076	7,103	53,879	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 78.10%

**D. How many bed reserve days during this year were paid by the Department?**  
24 (Do not include bed reserve 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 2,450

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: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	272,464	35,798	26,400	334,662	3,226	337,888	2,148	340,036		1
2	Food Purchase		487,084		487,084	(34,062)	453,022	(39,285)	413,737		2
3	Housekeeping	155,964	34,297		190,261	1,808	192,069	8,905	200,974		3
4	Laundry	65,746	23,656		89,402	1,004	90,406		90,406		4
5	Heat and Other Utilities			183,040	183,040		183,040	2,067	185,107		5
6	Maintenance	57,571		172,510	230,081	239	230,320	35,733	266,053		6
7	Other (specify):* related party							9,980	9,980		7
8	<b>TOTAL General Services</b>	551,745	580,835	381,950	1,514,530	(27,785)	1,486,745	19,548	1,506,293		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	2,871,018	212,531	6,250	3,089,799	(37,331)	3,052,468	83,966	3,136,434		10
10a	Therapy	123,707	228	13,918	137,853		137,853		137,853		10a
11	Activities	246,925	14,915	5,399	267,239	466	267,705		267,705		11
12	Social Services	50,505			50,505		50,505		50,505		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,658	9,658		15
16	<b>TOTAL Health Care and Programs</b>	3,292,155	227,674	79,567	3,599,396	(36,865)	3,562,531	93,624	3,656,155		16
	<b>C. General Administration</b>										
17	Administrative	153,682			153,682		153,682	190,727	344,409		17
18	Directors Fees										18
19	Professional Services			889,928	889,928		889,928	(815,519)	74,409		19
20	Dues, Fees, Subscriptions & Promotions			134,810	134,810		134,810	(108,405)	26,405		20
21	Clerical & General Office Expenses	149,089	24,931	204,407	378,427	896	379,323	282,385	661,708		21
22	Employee Benefits & Payroll Taxes			790,752	790,752	11,595	802,347	(3,314)	799,033		22
23	Inservice Training & Education										23
24	Travel and Seminar			802	802		802	1,295	2,097		24
25	Other Admin. Staff Transportation			2,109	2,109		2,109	14,226	16,335		25
26	Insurance-Prop.Liab.Malpractice			255,832	255,832		255,832	7,151	262,983		26
27	Other (specify):* related party			214,905	214,905		214,905	(138,851)	76,054		27
28	<b>TOTAL General Administration</b>	302,771	24,931	2,493,545	2,821,247	12,491	2,833,738	(570,305)	2,263,433		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,146,671	833,440	2,955,062	7,935,173	(52,159)	7,883,014	(457,133)	7,425,881		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:

01/01/2017

Ending:

12/31/2017

## 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			88,605	88,605		88,605	214,201	302,806			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			69,624	69,624		69,624	240,032	309,656			32
33	Real Estate Taxes							143,878	143,878			33
34	Rent-Facility & Grounds			723,316	723,316		723,316	(723,316)				34
35	Rent-Equipment & Vehicles			8,808	8,808		8,808	38,837	47,645			35
36	Other (specify):* MIP							47,737	47,737			36
37	<b>TOTAL Ownership</b>			890,353	890,353		890,353	(38,631)	851,722			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	413,310	603,515	838,249	1,855,074	52,159	1,907,233	355	1,907,588			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			414,383	414,383		414,383		414,383			42
43	Other (specify):* loss on asset disp			29,780	29,780		29,780		29,780			43
44	<b>TOTAL Special Cost Centers</b>	413,310	603,515	1,282,412	2,299,237	52,159	2,351,396	355	2,351,751			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,559,981	1,436,955	5,127,827	11,124,763		11,124,763	(495,409)	10,629,354			45

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

0044909  
 Period Beginning: 01/01/2017  
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(34,062)	Employee Meals
	22	34,062	Employee Meals
22		(22,467)	Uniform Reclass
	1	3,226	Uniform Reclass
	3	1,808	Uniform Reclass
	4	1,004	Uniform Reclass
	6	239	Uniform Reclass
	10	14,828	Uniform Reclass
	11	466	Uniform Reclass
	21	896	Uniform Reclass
10		(52,159)	Oxygen Cost Reclass
	39	52,159	Oxygen Cost Reclass
33			Rent - Real Estate Tax on associated landowner (Pg 6)
	34		Rent - Real Estate Tax on associated landowner (Pg 6)

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

**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	(14,137)	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	(4,919)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,263)	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	(5,282)	21		17
18	Fines and Penalties	(353)	32		18
19	Entertainment	(1,298)	20		19
20	Contributions	(5,828)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(863)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(214,905)	27		24
25	Fund Raising, Advertising and Promotional	(15,602)	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>	\$ (264,450)		\$	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)	(225,944)	Pg 6s	34
35	Other- Attach Schedule	(5,015)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (230,959)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (495,409)		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: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (2,872)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(20,196)	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 +	25,423	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series	21	30	6
7	Other Nursing Income	(440)	21	7
8	Late Fees on Utilities	(1,620)	5	8
9	Misc Income - Record Copies	(641)	10	9
10	Misc Income - Other interest	(505)	10	10
11	Vendor Discount	(76)	10	11
12	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	12
13	Bank Fees paid by LLC	(459)	21	13
14	Record Depreciation for Deferred Maint.	0	6	14
15	To correct YTD depreciation expense to detail	4,187	30	15
16				16
17	Adj Dues, Fees & Subscription & Promotions	163	20	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	<b>Total</b>	(5,015)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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	3,037	(889)	0	0	0	0	0	0	0	2,148	1
2	Food Purchase	(1,263)	0	0	(38,022)	0	0	0	0	0	0	0	(39,285)	2
3	Housekeeping	0	0	8,905	0	0	0	0	0	0	0	0	8,905	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,620)	0	3,687	0	0	0	0	0	0	0	0	2,067	5
6	Maintenance	11,286	5,878	18,257	0	0	0	(36)	348	0	0	0	35,733	6
7	Other (specify):*	0	0	9,980	0	0	0	0	0	0	0	0	9,980	7
8	<b>TOTAL General Services</b>	<b>8,403</b>	<b>5,878</b>	<b>43,866</b>	<b>(38,911)</b>	<b>0</b>	<b>0</b>	<b>(36)</b>	<b>348</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19,548</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	(1,222)	0	75,771	11,642	(2,225)	0	0	0	0	0	0	83,966	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	9,658	0	0	0	0	0	0	0	0	9,658	15
16	<b>TOTAL Health Care and Programs</b>	<b>(1,222)</b>	<b>0</b>	<b>85,429</b>	<b>11,642</b>	<b>(2,225)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>93,624</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	190,727	0	0	0	0	0	0	0	0	190,727	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(863)	7,200	(821,856)	0	0	0	0	0	0	0	0	(815,519)	19
20	Fees, Subscriptions & Promotions	(22,565)	307	(86,147)	0	0	0	0	0	0	0	0	(108,405)	20
21	Clerical & General Office Expenses	(6,181)	459	288,107	0	0	0	0	0	0	0	0	282,385	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,314)	0	0	0	0	0	0	(3,314)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,295	0	0	0	0	0	0	0	0	1,295	24
25	Other Admin. Staff Transportation	0	0	14,226	0	0	0	0	0	0	0	0	14,226	25
26	Insurance-Prop.Liab.Malpractice	0	6,850	301	0	0	0	0	0	0	0	0	7,151	26
27	Other (specify):*	(214,905)	0	76,054	0	0	0	0	0	0	0	0	(138,851)	27
28	<b>TOTAL General Administration</b>	<b>(244,514)</b>	<b>14,816</b>	<b>(337,293)</b>	<b>0</b>	<b>(3,314)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(570,305)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(237,333)</b>	<b>20,694</b>	<b>(207,998)</b>	<b>(27,269)</b>	<b>(5,539)</b>	<b>0</b>	<b>(36)</b>	<b>348</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(457,133)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(18,860)	230,279	2,782	0	0	0	0	0	0	0	0	214,201	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(13,272)	242,383	10,921	0	0	0	0	0	0	0	0	240,032	32
33	Real Estate Taxes	0	139,578	4,300	0	0	0	0	0	0	0	0	143,878	33
34	Rent-Facility & Grounds	0	(723,316)	0	0	0	0	0	0	0	0	0	(723,316)	34
35	Rent-Equipment & Vehicles	0	0	38,837	0	0	0	0	0	0	0	0	38,837	35
36	Other (specify):*	0	47,737	0	0	0	0	0	0	0	0	0	47,737	36
37	<b>TOTAL Ownership</b>	<b>(32,132)</b>	<b>(63,339)</b>	<b>56,840</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>(38,631)</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	(34,555)	(17,222)	52,132	0	0	0	0	0	355	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>(34,555)</b>	<b>(17,222)</b>	<b>52,132</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>355</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(269,465)</b>	<b>(42,645)</b>	<b>(151,158)</b>	<b>(61,824)</b>	<b>(22,761)</b>	<b>52,132</b>	<b>(36)</b>	<b>348</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(495,409)</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 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	\$ 723,316	Park Strathmoor, LLC	0.00%	\$	\$ (723,316)	1
2	V	32	Investment Income - RR	368	Park Strathmoor, LLC			(368)	2
3	V	32	Interest -Other	213	Park Strathmoor, LLC			(213)	3
4	V	19	Accounting Fee		Park Strathmoor, LLC		7,200	7,200	4
5	V	33	Real Estate Tax		Park Strathmoor, LLC		139,578	139,578	5
6	V	26	General Insurance Expenses		Park Strathmoor, LLC		6,850	6,850	6
7	V	36	Mortgage Insurance Premium		Park Strathmoor, LLC		47,737	47,737	7
8	V	32	Interest On Mortg./Interest Other		Park Strathmoor, LLC		227,613	227,613	8
9	V	30	Depreciation		Park Strathmoor, LLC		230,279	230,279	9
10	V	32	Amortization		Park Strathmoor, LLC		15,351	15,351	10
11	V	21	Bank Fees		Park Strathmoor, LLC		459	459	11
12	V	20	Annual Rpt Fee		Park Strathmoor, LLC		307	307	12
13	V	6	Repairs & Maintenance		Park Strathmoor, LLC		5,878	5,878	13
14	Total		\$ 723,897				\$ 681,252	\$ * (42,645)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,687	\$ 3,687 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,295	1,295 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,226	14,226 17
18	V	26 Insurance		Alden Management Services, Inc.		301	301 18
19	V	20 Dues & Subscriptions	87,518	Alden Management Services, Inc.		1,371	(86,147) 19
20	V	30 Depreciation		Alden Management Services, Inc.		2,782	2,782 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		4,300	4,300 21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		38,837	38,837 22
23	V	32 Interest		Alden Management Services, Inc.		10,921	10,921 23
24	V	1 Dietary		Alden Management Services, Inc.		3,037	3,037 24
25	V	3 Housekeeping		Alden Management Services, Inc.		8,905	8,905 25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		9,980	9,980 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		75,771	75,771 27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		9,658	9,658 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		190,727	190,727 29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		76,054	76,054 30
31	V	19 Professional Fees	861,461	Alden Management Services, Inc.		39,605	(821,856) 31
32	V	21 Gen'I & Admin	46,092	Alden Management Services, Inc.		334,199	288,107 32
33	V	6 Repair & Maint.	7,451	Alden Management Services, Inc.		25,708	18,257 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,002,522			\$ 851,364	\$ * (151,158) 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 Sevices, Inc.	0.00%	\$	\$ (26,400)
16	V	1 Dietarty Salary		Prism Health Care Sevices, Inc.		14,981	14,981
17	V	2 Tube Feeding	130,388	Prism Health Care Sevices, Inc.		56,357	(74,031)
18	V	10 Equip. Rental	6,660	Prism Health Care Sevices, Inc.		9,694	3,034
19	V	39 Ancillary Supplies	262,729	Prism Health Care Sevices, Inc.		96,727	(166,002)
20	V	39 Vent Rent		Prism Health Care Sevices, Inc.		66,642	66,642
21	V	1 Gen'l & Admin & Employee Benefits costs		Prism Health Care Sevices, Inc.		10,530	10,530
22	V	2 Gen'l & Admin & Employee Benefits costs		Prism Health Care Sevices, Inc.		36,009	36,009
23	V	10 Gen'l & Admin & Employee Benefits costs		Prism Health Care Sevices, Inc.		8,608	8,608
24	V	39 Gen'l & Admin & Employee Benefits costs		Prism Health Care Sevices, Inc.		64,805	64,805
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		\$ 426,177			\$ 364,353	\$ * (61,824)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 233,613	Forum Extended Care Services II, Inc.	0.00%	\$ 215,639	\$ (17,974)
16	V	39 IV	15,353	Forum Extended Care Services II, Inc.		14,172	(1,181)
17	V	39 Wound Care	14,635	Forum Extended Care Services II, Inc.		13,509	(1,126)
18	V	10 House Stock	24,384	Forum Extended Care Services II, Inc.		22,508	(1,876)
19	V	10 Pharmacy Consultant	4,536	Forum Extended Care Services II, Inc.		4,187	(349)
20	V	22 Employee Vaccin.	3,314	Forum Extended Care Services II, Inc.			(3,314)
21	V	39 Employee Vaccin.		Forum Extended Care Services II, Inc.		3,059	3,059
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 295,835			\$ 273,074	\$ * (22,761)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Therapy Revenue	\$ 407,155	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 459,287	\$	52,132	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		\$ 407,155			\$ 459,287	\$ *	52,132	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs and Maintenance	\$ 26,713	Alden Bennett Construction Company, Inc.	0.00%	\$ 26,677	\$	(36)	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		\$ 26,713			\$ 26,677	\$ *	(36)	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Repairs and Maintenance	\$ 1,586	Alden Design Group, Inc.	0.00%	\$ 1,934	\$ 348	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		\$ 1,586			\$ 1,934	\$ *	348 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:

01/01/2017

Ending:

12/31/2017

## 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 Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		Home health & hosp	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	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

## 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.	Chairman-Board of D	Chairman	100.00	177,450	1.632	4.08	Salary	\$ 7,550	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,919	1.632	4.08	Salary	4,081	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,919	1.632	4.08	Salary	4,081	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,208	1.632	4.08	Salary	4,689	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	60,389	1.632	4.08	Salary	2,569	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	177,450	1.224	4.08	Salary	7,550	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, 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	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 30,520		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:

01/01/2017

Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,320,269	35	\$ 90,340	\$ 53,879	\$ 3,687	1
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	53,879	1,295	2
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	53,879	14,226	3
4	26	Insurance	Patient Days	1,320,269	35	7,373	53,879	301	4
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	53,879	1,371	5
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	53,879	4,300	7
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	53,879	38,837	8
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	53,879	10,921	9
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	3,037	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	8,905	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	53,879	9,980	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	75,771	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	53,879	9,658	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	190,727	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	53,879	76,054	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	39,605	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	334,199	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	25,708	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 851,364	25

Facility Name & ID Number

Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

**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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Capital Funding		X	Mortgage		4/13	\$ 8,075,500	\$ 7,258,310	5/43	2.9900	\$ 219,613	1						
2	Bank Leumi		X	Line of Credit		7/09	1,500,000	1,130,401	9/18	5.5000	64,943	2						
3												3						
4												4						
5	Insurance Interest (GL7053)		x	Medical Malpractice							3,286	5						
<b>Working Capital</b>																		
6	Related party-AMS		x	Working Capital							10,921	6						
7	AILCO Equipment Finance		x	Capital Lease		01/17	7,238		12/19	8.4800	512	7						
8	AILCO Equipment Finance		x	Capital Lease		10/17	24,144		08/20	9.6100	529	8						
9	TOTAL Facility Related						\$ 9,606,882	\$ 8,388,711			\$ 299,804	9						
<b>B. Non-Facility Related*</b>																		
10	Interest Income on R.R.		x								(368)	10						
11	Int Income (GL#4975)		x								(5,131)	11						
12												12						
13	Amortization-ReFinancing Fee		x								15,351	13						
14	TOTAL Non-Facility Related						\$	\$			\$ 9,852	14						
15	TOTALS (line 9+line14)						\$ 9,606,882	\$ 8,388,711			\$ 309,656	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 47,737 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.)



**2016 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 2016 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 2016.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>105,372.00</u>	\$ <u>4,300.00</u>
2. <u>12-21-452-007</u>	<u>Nursing facility</u>	\$ <u>141,477.78</u>	\$ <u>141,477.78</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>246,849.78</u></u>	\$ <u><u>145,777.78</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

**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:

01/01/2017 Ending:

12/31/2017

**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

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>221,441</u>		<u>\$ 569,205</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>221,441</b>		<b>\$ 569,205</b>	<b>3</b>

**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	\$ 111,602	31.5	\$ 111,602	\$	\$ 1,955,783	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		8,505	14
15	ABC - misc const. Work		2001	38,850	1,943	20	1,943		31,409	15
16	Rockford stem B		2001	5,035		15			5,035	16
17	FE Moran - Repair and Upgrade fire alarm system		2002	7,645	167	15	167		7,645	17
18	Patten - Repair Water System		2002	2,245	22	15	22		2,245	18
19	Capps - Repair water sys in Kitchen		2002	2,845	139	15	139		2,845	19
20	ABC - Repair Water heater		2002	7,113	121	15	121		7,113	20
21	ABC -		2002	4,256	257	15	257		4,256	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		579	24
25	ABC - Chimney 2		2002	3,032	152	20	152		2,316	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		1,893	30
31	Simplex - Fire & Security System Repair		2003	896	60	15	60		869	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:

01/01/2017 Ending: 12/31/2017

## 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		10			1,666	42
43	ABC-lock sets	2005	5,538		10			5,538	43
44	ABC-lock sets	2005	1,246		10			1,246	44
45	ABC-lock sets	2005	1,888		10			1,888	45
46	ABC-parking lot repairs	2005	9,095		10			9,095	46
47	ABC-door install and wireless alarm	2005	4,652		10			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		10			3,250	49
50	Top Notch-repair freezer door	2005	2,435		10			2,435	50
51	CSI-freezer repair	2005	1,553		10			1,553	51
52	GT Mechanical-freezer repairs	2005	2,825		10			2,825	52
53	GT Mech-kitchen repairs	2005	2,364		10			2,364	53
54	Patten-generator repairs	2005	3,560		10			3,560	54
55	ABC-faucet replacements	2005	2,518		10			2,518	55
56	Top Notch-repair freezer	2005	7,186		10			7,186	56
57	ABC-drywall	2005	655		10			655	57
58	Patten-generator repairs	2005	1,856		10			1,856	58
59	Patten-generator repairs	2005	3,429		10			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		3,591	61
62	ABC-install smoke alarms	2006	3,265	268	10	268		3,265	62
63	Patten-generator repairs	2006	24,100	201	10	201		24,100	63
64	GT Mechanical-replace pump motor	2006	3,162	133	10	133		3,162	64
65	ABC-New AC and ductwork	2006	26,034	2,388	10	2,388		26,034	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		9,010	66
67	ABC-life code Imprvmt-carpetry firealrm & Elect.	2007	62,381	4,159	15	4,159		42,630	67
68	ABC-fire protection	2007	22,921	1,528	15	1,528		15,535	68
69	ABC-fire proofing	2007	18,549	1,237	15	1,237		12,576	69
70	TOTAL (lines 4 thru 69)		\$ 3,895,770	\$ 126,261		\$ 126,261	\$	\$ 2,276,409	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:

01/01/2017 Ending: 12/31/2017

## 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	\$ 126,261		\$ 126,261	\$	\$ 2,276,409	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674	157	10	157		3,674	2
3	ABC -install new gasketing mtrl around doors	2007	2,679	111	10	111		2,679	3
4	ABC -elevator pump	2007	7,462	375	10	375		7,462	4
5	ABC -locksets	2007	5,404	274	10	274		5,404	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		3,915	7
8	Abc-instl. New elevetor pump	2007	13,180	879	15	879		9,010	8
9	ABC - new wall construction	2007	11,466	856	10	856		11,466	9
10	ABC - replace entrance door	2007	4,352	364	10	364		4,352	10
11	ABC -boiler asphalt paving	2007	28,352	2,364	10	2,364		28,352	11
12	ABC -boiler repair & replace boiler valves	2007	15,917	1,456	10	1,456		15,917	12
13	ABC - install new boiler	2007	3,542	354	10	354		3,540	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		12,107	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		5,618	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	497	10	497		9,978	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612	2,661	10	2,661		24,393	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825	282	10	282		2,726	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053		5			6,053	21
22	ABC-Install new gutter, oxygen sorage a label door	2008	2,863	286	10	286		2,789	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	444	25	444		4,292	23
24	ABC- Iinstall new exhaust Fan	2008	3,619	362	10	362		3,409	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		2,498	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548	637	15	637		5,148	27
28	ABC-Instll newBoiler tubes&crcltg pump/Jb#6032	2009	13,472	1,347	10	1,347		11,899	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		14,916	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,188,390	\$ 144,115		\$ 144,115	\$	\$ 2,536,695	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:

01/01/2017 Ending: 12/31/2017

## 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	\$ 144,115		\$ 144,115	\$	\$ 2,536,695	1
2	BOUDEV- Demolition,Dumpsters, Doors,Frames&hardware,VCT	2010	63,192	4,213	15	4,213		31,948	2
3	BOUDEV- Finish Drywall (2), Instll PatchFloor & VCT tile, Fire r	2010	8,532	569	15	569		4,315	3
4	EQUINT -Washer repairs	2010	2,869		5			2,869	4
5	TOPNOT-Rels Compressor, Filter,CoolerWarmer	2010	2,652		5			2,652	5
6	TOPNOT-Boiler repair	2010	5,278		5			5,278	6
7	GTMECH -Chiller leak repair	2010	4,986		5			4,986	7
8	ALDBEN-WindowShelf, Rprs ValveWaterExistingLine, -per Bldg	2010	15,099	1,007	15	1,007		7,468	8
9	Nov AMS-AMX/Hrld-Patten-Install rental Genset	2010	6,159		5			6,159	9
10	AFFCUS- Sprinkler System Reconfiguration	2010	3,275		5			3,275	10
11	ABC-Install Fire Dampers(HVAC,Sprinkler system, Fire protectio	2010	258,600	10,344	25	10,344		75,856	11
12	ALDBEN -Install Sprinkler System,HVAC & Concrete	2010	71,490	3,575	20	3,575		25,919	12
13	ASPMAI - Parking lot pavement of all dirt and clean crack	2011	38,900	2,593	15	2,593		16,422	13
14	ABC - Steel Railings (1)	2011	16,003	1,067	15	1,067		6,669	14
15	Jun AMS-AMEEXP Floyd-Patten CAT -Install new batteries and	2011	6,610		5			6,610	15
16	ALDBEN-Install Aluminum Windows(2)	2011	3,121	312	10	312		2,028	16
17	ABC -Leaking boiler repairs (2)	2011	5,678		5			5,678	17
18	ABC -Electrical cable install for booster	2012	13,340	889	15	889		4,445	18
19	ABC -Install PhasePump-Heating/Vent, Fire Alarm	2012	4,468	447	10	447		2,607	19
20	ABC-HVAC Boiler Leakage Repair	2012	7,405	741	10	741		4,260	20
21	ABC-repair HVAC boiler leakage tubes	2012	7,140	714	10	714		4,106	21
22	Oct AMS-AMX-Floyd-Patten-Install Cable wire & repairs Ceiling	2012	5,926	1,185	5	1,185		5,926	22
23	Oct AMS-AMX-Floyd-Patten-Repairs Drywall, ceiling tiles & plur	2012	5,902	590	10	590		3,147	23
24	ABC- Install Thermostatic water mixing valve	2012	3,019	604	5	604		3,019	24
25	ABC - Repair damaged corner brick wall in Lobby	2012	2,732	546	5	546		2,732	25
26	ABC -'Boiler#2 leaking rprs	2012	5,968	597	10	597		2,985	26
27	Roof installation, Emergency -JD&SON	2013	7,000	700	10	700		3,208	27
28	Boiler Retubing-ABC	2013	25,370	1,691	15	1,691		7,328	28
29	Boiler #1 tube replace- ABC	2013	6,083	406	15	406		1,624	29
30	Boiler #2 leakage repairs-ABC	2013	4,656	310	15	310		1,240	30
31	Brick rebuild outside wall -AMS	2013	3,600	180	20	180		870	31
32	Concrete & Scrape & Paint exterior-ALDMAN	2014	2,750	275	10	275		985	32
33	Asphalt & Facia repairs -ALDBEN	2014	39,575	4,947	8	4,947		16,078	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,845,766	\$ 182,616		\$ 182,616	\$	\$ 2,809,387	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	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	\$ 182,616		\$ 182,616	\$	\$ 2,809,387	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17		17		60	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,924,720	\$ 183,656		\$ 183,656	\$	\$ 2,898,348	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	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 12D, Carried Forward</b>		\$ 4,924,720	\$ 183,656		\$ 183,656	\$	\$ 2,898,348	1
2	Asphalt & Facia repairs -ALDBEN	2014	9,495	633	15	633		2,057	2
3	Boiler Retube # 1 -ALDBEN	2014	13,907	927	15	927		3,476	3
4	Boiler leakage repair -ABC	2014	5,962	1,192	5	1,192		4,470	4
5	Roofwork completed -JDROOF	2014	3,500	700	5	700		2,333	5
6	Elevator upgrade 2of2 -SUBELE (telephone connect to equipment	2015	3,354	671	5	671		1,677	6
7	Motor (1) for dishmachine-TOPNOT	2016	2,751	550	5	550		642	7
8	Motor (1) for pump-GTMECH	2016	3,101	620	5	620		723	8
9	Chiller piping repair -GTMECH	2016	17,821	1,188	15	1,188		2,178	9
10	Storage tank leak repair -ALDBEN	2016	6,793	1,359	5	1,359		2,152	10
11	Plumbing Reprs per States of IL -ALDBEN	2016	12,324	822	15	822		1,096	11
12	Soda shop/Food Pentry -ALDBEN	2016	99,490	3,980	25	3,980		6,301	12
13	Demolition-ABC	2016	8,359	418	20	418		627	13
14	Carpentry-ABC	2016	27,044	1,803	15	1,803		2,704	14
15	Fire Caulking-ABC	2016	3,073	123	25	123		184	15
16	Roofing-ABC	2016	4,302	287	15	287		430	16
17	Windows -Tinting-ABC	2016	6,146	615	10	615		922	17
18	Door Automatic Openers/Vestibule-ABC	2016	18,439	1,229	15	1,229		1,844	18
19	Countertops -ABC	2016	18,439	922	20	922		1,383	19
20	Acoustical-ABC	2016	16,595	1,106	15	1,106		1,521	20
21	Painting & Decorating-ABC	2016	34,420	2,294	39	2,294		3,441	21
22	Wall Covering-ABC	2016	7,376	295	25	295		390	22
23	Fire Alarm-ABC	2016	11,678	299	39	299		533	23
24	Heating & Cooling system upgrade with Exiting System-ABC	2016	677,328	17,367	25	17,367		26,051	24
25	Fire Protection/Sprinkler-ABC	2016	9,342	467	20	467		654	25
26	Plumbing Floor Saw Cutting/Patching/Concrete-ABC	2016	4,302	215	20	215		323	26
27	Plumbing pipes install for pantry room, two public bathroom, acvi	2016	34,420	1,721	39	1,721		2,581	27
28	Electrical for HVAC work-ABC	2016	49,171	1,261	39	1,261		1,891	28
29	Interior Design Fees-ABC	2016	24,585	630	39	630		945	29
30	Prelim Review--ILLDPR	2016	5,700	146	39	146		219	30
31	PERMIT FEE-CITROC	2016	4,564	183	25	183		242	31
32	Soda Shop -INTCON	2016	30,600	1,224	25	1,224		1,836	32
33	Soda shop/Food Pentry -ALDBEN	2016	15,210	608	25	608		912	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,114,312	\$ 229,511		\$ 229,511	\$	\$ 2,975,087	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	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 12E, Carried Forward</b>		\$ 6,114,312	\$ 229,511		\$ 229,511	\$	\$ 2,975,087	1
2	Soda shop/Food Pentry -FOXBU1	2016	2,900	116	25	116		164	2
3	Soda shop/Food Pentry -FLOWAL	2016	5,800	232	25	232		329	3
4	Windows/Framing -INTCON	2016	34,500	1,380	25	1,380		1,725	4
5	Motor (1) for dishmachine-TOPNOT	2016	2,751	550	5	550		963	5
6	Motor (1) for pump-GTMECH	2016	3,101	620	5	620		1,085	6
7	Pipe install in chiller -GTMECh	2017	8,110	946	5	946		946	7
8	Roof Repairs-JDROOF	2017	5,750	288	5	288		288	8
9	Storage tank leak repair -ALDBEN	2017	6,793	1,245	5	1,245		1,245	9
10	Chiller piping repair -GTMECH	2017	17,821	792	15	792		792	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,201,838	\$ 235,680		\$ 235,680	\$	\$ 2,982,624	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	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 12H, Carried Forward		\$ 6,201,838	\$ 235,680		\$ 235,680	\$	\$ 2,982,624	1
2	Adjust for ABC Related Party Profit	2008	(303)	(26)		(26)		(221)	2
3	Adjust for ABC Related Party Profit	2009	(178)	(5)		(5)		(42)	3
4	Adjust for ABC Related Party Profit	2010	(4,224)	(117)		(117)		(877)	4
5	Adjust for ABC Related Party Profit	2011	193	8		8		44	5
6	Adjust for ABC Related Party Profit	2012	2,721	298		298		1,490	6
7	Adjust for ABC Related Party Profit	2013	486	15		15		68	7
8	Adjust for ABC Related Party Profit	2014	(193)	(24)		(24)		(80)	8
9	Adjust for ABC Related Party Profit	2015							9
10	Adjust for ABC Related Party Profit	2016	(6,864)	(120)		(120)		(240)	10
11	Adjust for ABC Related Party Profit	2017	(43)	(8)		(8)		(8)	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)		\$ 6,193,434	\$ 235,703		\$ 235,703	\$	\$ 2,982,758	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	\$ 608,335	\$ 58,320	\$ 58,320	\$		\$ 221,445	71
72	Current Year Purchases	199,802	7,434	7,434			6,531	72
73	Fully Depreciated Assets	894,320	1,349	1,349			924,100	73
74								74
75	TOTALS	\$ 1,702,457	\$ 67,103	\$ 67,103	\$		\$ 1,152,076	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					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)	\$ 8,512,366	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 302,806	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 302,806	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)	\$ 4,182,104	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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.	<u>12/31/2018</u>	\$ <u>varies</u>
13.	<u>12/31/2019</u>	\$ <u>varies</u>
14.	<u>12/31/2020</u>	\$ <u>varies</u>

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 17,924 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>17,341</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>17,341</u>	21

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled 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			
		1	2	3	4
		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	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 104,992	\$		\$ 104,992	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			120,632			120,632	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			170,407			170,407	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				218,698		218,698	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		413,310		144,574	53,499		611,382	12
13	Other (specify):	See Pg 16A				332,088	349,387		681,476	13
14	TOTAL			\$ 413,310		\$ 872,694	\$ 621,584		\$ 1,907,588	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 Thirteen Months Ending December 31, 2017**

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	\$104,991.87	<b>\$104,991.87</b>	
2.	ST	39-3	To Col 5	120,632.45	<b>120,632.45</b>	
3.						
4.	PT	39-3	To Col 5	170,407.21	<b>170,407.21</b>	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL			233,613.24		
	Manual Input from Related Party- Forum Drugs & Vaccinations			(14,915.00)		From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6		<b>218,698.24</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	53,498.62		
	Total Exceptional Care (Line 12, Col 8)				<b>53,498.62</b>	
12	Reclass to Col 5 for RT Allocation		To Col 5	144,573.66	<b>144,573.66</b>	
12.	Col 3. Salary Split		To Col 3	413,310.00	<b>413,310.00</b>	
13.	Other:	See Pg 16A		-		0.00
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	332,088.34	<b>332,088.34</b>	From Page 6D
	Other			758,620.28		
	Manual Input: Related Party - Prism			(34,555.00)		From Page 6B
	Manual Input: Related Party FECII - I.V.			(1,181.00)		From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(1,126.00)		From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			52,159.00		
12.	CPT Reclass to Col 5 for RT		To Col 5	(424,530.00)		
13.	Col 6: Supplies Total		To Col 6		<b>349,387.28</b>	
13.	Total Line 13, Column 8				<b>681,475.62</b>	
14.	Total				<b>1,907,587.67</b>	

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	\$ 510,387	\$ 545,844	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (81,105) )	1,876,795	1,876,795	3
4	Supply Inventory (priced at )	4,107	4,107	4
5	Short-Term Investments	8,545	8,545	5
6	Prepaid Insurance		5,785	6
7	Other Prepaid Expenses	8,141	27,820	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	1,129	135,903	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,409,104	\$ 2,604,799	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	30,055	30,055	12
13	Land		611,909	13
14	Buildings, at Historical Cost		3,524,779	14
15	Leasehold Improvements, at Historical Cost	994,143	3,608,578	15
16	Equipment, at Historical Cost	742,321	936,341	16
17	Accumulated Depreciation (book methods)	(1,305,273)	(4,200,057)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		117,208	21
22	Other Long-Term Assets (spe <u>Fin Fees, net</u>		217,105	22
23	Other(specify): <u>Repair Escrow</u>		11,946	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 461,246	\$ 4,857,864	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,870,350	\$ 7,462,663	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 951,404	\$ 951,404	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	259,016	259,016	28
29	Short-Term Notes Payable		193,653	29
30	Accrued Salaries Payable	546,999	546,999	30
31	Accrued Taxes Payable (excluding real estate taxes)	26,617	26,617	31
32	Accrued Real Estate Taxes(Sch.IX-B)		145,700	32
33	Accrued Interest Payable	172	26,257	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	102,991	103,020	36
37	<u>Due to Affiliates</u>	3,188,554	2,720,597	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,075,753	\$ 4,973,263	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,149,243	1,149,243	39
40	Mortgage Payable		7,064,656	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>	\$ 1,149,243	\$ 8,213,899	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,224,996	\$ 13,187,162	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (3,354,647)	\$ (5,724,499)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,870,350	\$ 7,462,663	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (3,404,347)	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (3,404,347)	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	49,700	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 49,700	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (3,354,647)	<b>24</b> *

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

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 10,993,149	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,993,149	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	122,176	6
7	Oxygen	46,008	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 168,184	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	6,990	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 6,990	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	4,919	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 4,919	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See PG19A	1,221	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,221	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,174,463	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,514,530	31
32	Health Care	3,599,396	32
33	General Administration	2,821,247	33
<b>B. Capital Expense</b>			
34	Ownership	890,353	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,855,074	35
36	Provider Participation Fee	414,383	36
<b>D. Other Expenses (specify):</b>			
37	loss on asset disposal	29,780	37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,124,763	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	49,700	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 49,700	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 8,041,304	44
45	Private Pay - Net Inpatient Revenue	496,023	45
46	Medicare - Net Inpatient Revenue	1,471,958	46
47	Other-(specify) Hospice/Insurance	983,864	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 10,993,149	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.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning 01/01/2017 Ending: 12/31/2017

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	\$ 1,145
Record Copies-Backed out with Ln ref 21-Pg 5A Jury Duty-Backed out with Ln ref 22-Pg 5A	
Write Off Old Accounts Payables Vendor Discount	\$ 76
United Healthcare-(Rebate/Incentive) U'SAgain LLc	
Line 28 Total:	<u><u>1,221</u></u>

Facility Name & ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,785	1,927	\$ 85,332	\$ 44.28	1
2	Assistant Director of Nursing	1,514	1,514	58,079	38.36	2
3	Registered Nurses	29,995	32,065	1,052,960	32.84	3
4	Licensed Practical Nurses	23,339	25,261	760,378	30.10	4
5	CNAs & Orderlies	77,968	83,681	1,103,091	13.18	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,554	3,910	63,964	16.36	8
9	Activity Director	2,080	2,080	42,116	20.25	9
10	Activity Assistants	5,113	5,555	55,135	9.93	10
11	Social Service Workers	2,080	2,080	50,506	24.28	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	44,491	21.39	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,346	20,890	227,973	10.91	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	57,571	27.68	17
18	Housekeepers	13,416	14,767	155,964	10.56	18
19	Laundry	4,841	5,105	65,746	12.88	19
20	Administrator	2,024	2,040	102,007	50.00	20
21	Assistant Administrator	1,280	1,280	51,675	40.37	21
22	Other Administrative	13,153	13,412	232,304	17.32	22
23	Office Manager					23
24	Clerical	4,606	4,746	52,300	11.02	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	71,664	34.45	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Behavioral Health	4,065	4,528	73,900	16.32	32
33	Other(specify) Unit Manager/Me	8,357	8,797	152,825	17.37	33
34	TOTAL (lines 1 - 33)	224,756	239,878	\$ 4,559,981 *	\$ 19.01	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	2200/Monthly	\$ 26,400	1-3	35
36	Medical Director	4500/Monthly	54,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	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	33	2,450	11-3	44
45	Social Service Consultant	140	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	173	\$ 88,226		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3	\$ 1,161	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	3	\$ 1,161		53



**Alden Park Strathmoor  
Legal Fee Support  
2017**

Legal Fees Reported on Pg 21, Section C:	\$ 47,583.69
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	
Non-allowable legal fees, if any, deducted on	(863.12)
- Pg 6A (AMS Allocated Legal Fees)	(45,192.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 1,528.57</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
VON Briesen & Roper S.C.	10/31/2017	7.29
VON Briesen & Roper S.C.	8/31/2017	334.32
VON Briesen & Roper S.C.	8/31/2017	39.00
VON Briesen & Roper S.C.	7/19/2017	26.32
VON Briesen & Roper S.C.	6/15/2017	134.64
VON Briesen & Roper S.C.	5/24/2017	307.00
Bank Leumi	1/10/2017	680.00

**TOTAL ALLOWABLE LEGAL FEES** 1,528.57

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Stone Pogrund & Korey LLC.	11/30/2017	88.12
LAWKIM Atty Fees	10/11/2017	775.00

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES** 863.12

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Corp Legal Cost Alloc-'17	1/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	2/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	3/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	4/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	5/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	6/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	7/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	8/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	9/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	10/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	11/1/2017	3,766.00
AMS Corp Legal Cost Alloc-'17	12/1/2017	3,766.00

**TOTAL Allocated Legal Fees** 45,192.00

Total Legal Cost 47,583.69

Facility Name &amp; ID Number Alden Park Strathmoor

# 0044909

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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. HCC of Illinois \$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? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 43,599 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. \$ 414,383  
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. \$ 34,062 Has any meal income been offset against related costs? No Indicate the amount. \$ 0
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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