

		FOR BHF USE					

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**2018**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT (COST REPORT)**  
**FOR LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2018)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p><b>I. IDPH License ID Number:</b> <u>0044909</u></p> <p><b>Facility Name:</b> <u>Alden-Park Strathmoor, Inc.</u></p> <p><b>Address:</b> <u>5668 Strathmoor Dr.</u> <u>Rockford</u> <u>61107</u>  Number City Zip Code</p> <p><b>County:</b> <u>Winnebago</u></p> <p><b>Telephone Number:</b> <u>(815)229-5200</u> <b>Fax #</b> <u>(815)229-1411</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>08/01/2000</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust  <b>IRS Exemption Code</b> _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input checked="" type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____ </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steven M. Kroll</u> <b>Telephone Number:</b> <u>773-286-3883</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2018</u> to <u>12/31/2018</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u></td> </tr> </table> <p align="right"><b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>  201 S. Grand Avenue East  Springfield, IL 62763-0001 <span style="float: right;">Phone # (217) 782-1630</span></p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>							
Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u>							

Facility Name & ID Number Alden-Park Strathmoor, Inc.

# 0044909 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	189	Skilled (SNF)	189	68,985	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	189	TOTALS	189	68,985	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	6,496	639	2,033	9,168	8
9	SNF/PED					9
10	ICF	40,180	867	3,006	44,053	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	46,676	1,506	5,039	53,221	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.15%

D. How many bed reserve days during this year were paid by the Department? 53 (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 1,985

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Alden-Park Strathmoor, Inc. # 0044909 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	328,868	27,566	24,168	380,602	2,091	382,693	3,723	386,416		1
2	Food Purchase		496,411		496,411	(34,038)	462,373	(58,975)	403,398		2
3	Housekeeping	178,049	37,028		215,077	1,172	216,249	7,508	223,757		3
4	Laundry	66,986	24,104		91,090	651	91,741		91,741		4
5	Heat and Other Utilities			183,123	183,123		183,123	1,343	184,466		5
6	Maintenance	51,904	1,234	153,402	206,540	155	206,695	40,424	247,119		6
7	Other (specify):* related party							6,906	6,906		7
8	<b>TOTAL General Services</b>	625,807	586,343	360,693	1,572,843	(29,969)	1,542,874	929	1,543,803		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	3,014,337	198,277	15,347	3,227,961	(40,544)	3,187,417	60,627	3,248,044		10
10a	Therapy	143,839	84	1,431	145,354		145,354		145,354		10a
11	Activities	215,914	15,550	2,336	233,800	302	234,102		234,102		11
12	Social Services	50,374			50,374		50,374		50,374		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,082	7,082		15
16	<b>TOTAL Health Care and Programs</b>	3,424,464	213,911	73,114	3,711,489	(40,242)	3,671,247	67,709	3,738,956		16
	<b>C. General Administration</b>										
17	Administrative	171,313			171,313		171,313	213,094	384,407		17
18	Directors Fees										18
19	Professional Services			885,090	885,090		885,090	(806,862)	78,228		19
20	Dues, Fees, Subscriptions & Promotions			134,370	134,370	(490)	133,880	(105,198)	28,682		20
21	Clerical & General Office Expenses	145,863	19,097	230,550	395,510	581	396,091	280,560	676,651		21
22	Employee Benefits & Payroll Taxes			783,548	783,548	19,474	803,022	(2,639)	800,383		22
23	Inservice Training & Education										23
24	Travel and Seminar			488	488	490	978	1,585	2,563		24
25	Other Admin. Staff Transportation			2,160	2,160		2,160	14,975	17,135		25
26	Insurance-Prop.Liab.Malpractice			492,676	492,676		492,676	6,666	499,342		26
27	Other (specify):* related party			189,143	189,143		189,143	(115,313)	73,830		27
28	<b>TOTAL General Administration</b>	317,176	19,097	2,718,025	3,054,298	20,055	3,074,353	(513,132)	2,561,221		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,367,447	819,351	3,151,832	8,338,630	(50,156)	8,288,474	(444,494)	7,843,980		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, Inc.

#0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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			76,117	76,117		76,117	221,708	297,825			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			95,378	95,378		95,378	232,815	328,193			32
33	Real Estate Taxes							149,805	149,805			33
34	Rent-Facility & Grounds			723,673	723,673		723,673	(723,673)				34
35	Rent-Equipment & Vehicles			10,935	10,935		10,935	37,166	48,101			35
36	Other (specify):* MIP							46,496	46,496			36
37	<b>TOTAL Ownership</b>			906,103	906,103		906,103	(35,683)	870,420			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	410,279	581,119	802,738	1,794,136	50,156	1,844,292	(11,348)	1,832,944			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			417,916	417,916		417,916		417,916			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>	410,279	581,119	1,220,654	2,212,052	50,156	2,262,208	(11,348)	2,250,860			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	4,777,726	1,400,470	5,278,589	11,456,785		11,456,785	(491,525)	10,965,260			45

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

004-4909  
 Period Beginning: 01/01/2018  
 Period Ending: 12/31/2018

IDPH License No. 36-4367439

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(34,038)	Employee Meals
	22	34,038	Employee Meals
22		(14,564)	Uniform Reclass
	1	2,091	Uniform Reclass
	3	1,172	Uniform Reclass
	4	651	Uniform Reclass
	6	155	Uniform Reclass
	10	9,612	Uniform Reclass
	11	302	Uniform Reclass
	21	581	Uniform Reclass
10		(50,156)	Oxygen Cost Reclass
	39	50,156	Oxygen Cost Reclass
33			Rent - Real Estate Tax on associated landowner (Pg 6)
	34		Rent - Real Estate Tax on associated landowner (Pg 6)
20		(490)	Due & Subscriptions to Travel & Seminar -WHCA/WI
	24	490	Due & Subscriptions to Travel & Seminar -WHCA/WI

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	(15,802)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(6,457)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,031)	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	(13,630)	21		17
18	Fines and Penalties	(180)	32		18
19	Entertainment	(1,859)	20		19
20	Contributions	(3,893)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,178)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(189,143)	27		24
25	Fund Raising, Advertising and Promotional	(14,786)	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>	\$ (251,959)		\$	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)	(176,680)	Pg 6s	34
35	Other- Attach Schedule	(62,886)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (239,566)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (491,525)		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, Inc.

ID# 0044909

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (3,013)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(21,232)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	6,705	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	22,558	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series	13	30	6
7	Other Nursing Income	(1,258)	21	7
8	Late Fees on Utilities	(2,345)	5	8
9	Misc Income - Record Copies	(80)	10	9
10	Misc Income - Other interest	(38)	10	10
11	Vendor Discount	(720)	10	11
12	Intercompany Interest with Rockford Invest. LLC	(8,000)	32	12
13	Bank Fees paid by LLC	(282)	21	13
14	Record Depreciation for Deferred Maint.	0	6	14
15	To correct YTD depreciation expense to detail	2,128	30	15
16	Intercompany Interest Not Allowed	(56,822)	32	16
17	Rockford Chamber back out	(500)	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>	(62,886)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	2,820	903	0	0	0	0	0	0	0	3,723	1
2	Food Purchase	(1,031)	0	0	(57,944)	0	0	0	0	0	0	0	(58,975)	2
3	Housekeeping	0	0	7,508	0	0	0	0	0	0	0	0	7,508	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,345)	0	3,688	0	0	0	0	0	0	0	0	1,343	5
6	Maintenance	13,461	5,155	21,810	0	0	0	78	(80)	0	0	0	40,424	6
7	Other (specify):*	0	0	6,906	0	0	0	0	0	0	0	0	6,906	7
8	<b>TOTAL General Services</b>	<b>10,085</b>	<b>5,155</b>	<b>42,732</b>	<b>(57,041)</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>(80)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>929</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	(838)	0	49,767	13,349	(1,651)	0	0	0	0	0	0	60,627	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	7,082	0	0	0	0	0	0	0	0	7,082	15
16	<b>TOTAL Health Care and Programs</b>	<b>(838)</b>	<b>0</b>	<b>56,849</b>	<b>13,349</b>	<b>(1,651)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>67,709</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	213,094	0	0	0	0	0	0	0	0	213,094	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,178)	7,725	(809,409)	0	0	0	0	0	0	0	0	(806,862)	19
20	Fees, Subscriptions & Promotions	(21,038)	128	(84,288)	0	0	0	0	0	0	0	0	(105,198)	20
21	Clerical & General Office Expenses	(15,170)	282	295,448	0	0	0	0	0	0	0	0	280,560	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,639)	0	0	0	0	0	0	(2,639)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,585	0	0	0	0	0	0	0	0	1,585	24
25	Other Admin. Staff Transportation	0	0	14,975	0	0	0	0	0	0	0	0	14,975	25
26	Insurance-Prop.Liab.Malpractice	0	6,353	313	0	0	0	0	0	0	0	0	6,666	26
27	Other (specify):*	(189,143)	0	73,830	0	0	0	0	0	0	0	0	(115,313)	27
28	<b>TOTAL General Administration</b>	<b>(230,529)</b>	<b>14,488</b>	<b>(294,452)</b>	<b>0</b>	<b>(2,639)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(513,132)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(221,282)</b>	<b>19,643</b>	<b>(194,871)</b>	<b>(43,692)</b>	<b>(4,290)</b>	<b>0</b>	<b>78</b>	<b>(80)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(444,494)</b>	<b>29</b>



## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	(22,104)	237,727	6,085	0	0	0	0	0	0	0	0	221,708	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(71,459)	236,319	67,955	0	0	0	0	0	0	0	0	232,815	32
33	Real Estate Taxes	0	141,807	7,998	0	0	0	0	0	0	0	0	149,805	33
34	Rent-Facility & Grounds	0	(723,673)	0	0	0	0	0	0	0	0	0	(723,673)	34
35	Rent-Equipment & Vehicles	0	0	37,166	0	0	0	0	0	0	0	0	37,166	35
36	Other (specify):*	0	46,496	0	0	0	0	0	0	0	0	0	46,496	36
37	<b>TOTAL Ownership</b>	<b>(93,563)</b>	<b>(61,324)</b>	<b>119,204</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>(35,683)</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	(32,157)	(17,965)	38,774	0	0	0	0	0	(11,348)	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>(32,157)</b>	<b>(17,965)</b>	<b>38,774</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(11,348)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(314,845)</b>	<b>(41,681)</b>	<b>(75,667)</b>	<b>(75,849)</b>	<b>(22,255)</b>	<b>38,774</b>	<b>78</b>	<b>(80)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(491,525)</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: 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	\$ 723,673	Park Strathmoor, LLC		\$	\$ (723,673)	1
2	V	32 Investment Income - RR	370	Park Strathmoor, LLC			(370)	2
3	V	32 Interest -Other	165	Park Strathmoor, LLC			(165)	3
4	V	19 Accounting Fee/Professional		Park Strathmoor, LLC		7,725	7,725	4
5	V	33 Real Estate Tax		Park Strathmoor, LLC		141,807	141,807	5
6	V	26 General Insurance Expenses		Park Strathmoor, LLC		6,353	6,353	6
7	V	36 Mortgage Insurance Premium		Park Strathmoor, LLC		46,496	46,496	7
8	V	32 Interest On Mortg./Interest Other		Park Strathmoor, LLC		221,901	221,901	8
9	V	30 Depreciation		Park Strathmoor, LLC		237,727	237,727	9
10	V	32 Amortization		Park Strathmoor, LLC		14,953	14,953	10
11	V	21 Bank Fees		Park Strathmoor, LLC		282	282	11
12	V	20 Annual Rpt Fee		Park Strathmoor, LLC		128	128	12
13	V	6 Repairs & Maintenance		Park Strathmoor, LLC		5,155	5,155	13
14	Total		\$ 724,208			\$ 682,527	\$ * (41,681)	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%	\$ 3,688	\$ 3,688 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,585	1,585 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,975	14,975 17
18	V	26 Insurance		Alden Management Services, Inc.		313	313 18
19	V	20 Dues & Subscriptions	86,184	Alden Management Services, Inc.		1,896	(84,288) 19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,998	7,998 21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		37,166	37,166 22
23	V	32 Interest		Alden Management Services, Inc.		67,955	67,955 23
24	V	1 Dietary		Alden Management Services, Inc.		2,820	2,820 24
25	V	3 Housekeeping		Alden Management Services, Inc.		7,508	7,508 25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,906	6,906 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		49,767	49,767 27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		7,082	7,082 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		213,094	213,094 29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		73,830	73,830 30
31	V	19 Professional Fees	851,812	Alden Management Services, Inc.		42,403	(809,409) 31
32	V	21 Gen'l & Admin	45,695	Alden Management Services, Inc.		341,143	295,448 32
33	V	6 Repair & Maint.	6,684	Alden Management Services, Inc.		28,494	21,810 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 990,375			\$ 914,708	\$ * (75,667) 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	\$ 24,168	Prism Health Care Services, Inc.	0.00%	\$	\$ (24,168)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		14,326	14,326
17	V	2 Tube Feeding	147,229	Prism Health Care Services, Inc.		56,040	(91,189)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Ancillary Supplies	247,707	Prism Health Care Services, Inc.		84,805	(162,902)
20	V	39 Vent Rent		Prism Health Care Services, Inc.		65,787	65,787
21	V	1 Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		10,745	10,745
22	V	2 Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		33,245	33,245
23	V	10 Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		9,012	9,012
24	V	39 Gen'l & Admin & Employee Benefits costs		Prism Health Care Services, Inc.		64,958	64,958
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		\$ 425,764			\$ 349,915	\$ * (75,849)

\* 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>	\$ 210,960	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 194,202	\$ (16,758)
16	V	39 <u>IV</u>	10,199	<u>Forum Extended Care Services II, Inc.</u>		9,389	(810)
17	V	39 <u>Wound Care</u>	35,573	<u>Forum Extended Care Services II, Inc.</u>		32,747	(2,826)
18	V	10 <u>House Stock</u>	16,257	<u>Forum Extended Care Services II, Inc.</u>		14,966	(1,291)
19	V	10 <u>Pharmacy Consultant</u>	4,536	<u>Forum Extended Care Services II, Inc.</u>		4,176	(360)
20	V	22 <u>Employee Vaccin.</u>	2,639	<u>Forum Extended Care Services II, Inc.</u>			(2,639)
21	V	39 <u>Employee Vaccin.</u>		<u>Forum Extended Care Services II, Inc.</u>		2,429	2,429
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>		\$ 280,164			\$ 257,909	\$ * (22,255)

\* 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	\$ 374,543	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 413,317	\$ 38,774	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		\$ 374,543			\$ 413,317	\$ * 38,774	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 & Maintenance	\$ 25,788	Alden Bennett Construction Company, Inc.	0.00%	\$ 25,866	\$	78	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		\$ 25,788			\$ 25,866	\$ *	78	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 & Maintenance	\$ 121	Alden Design Group, Ltd.	0.00%	\$ 41	\$	(80)	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		\$ 121			\$ 41	\$ *	(80)	39

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



Facility Name &amp; ID Number

Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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 F	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/Alz	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	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health C	Long Grove				30

Facility Name & ID Number Alden-Park Strathmoor, Inc. # 0044909 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	177,680	1.584	3.96	Salary	\$ 7,320	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,043	1.584	3.96	Salary	3,957	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,043	1.584	3.96	Salary	3,957	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	112,212	1.584	3.96	Salary	4,623	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,635	1.584	3.96	Salary	2,498	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	177,680	1.188	3.96	Salary	7,320	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
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.										
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.										
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.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 29,675		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, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending: 2/31/2018

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	1,345,058	36	\$ 93,217	\$ 53,221	\$ 3,688	1	
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	53,221	1,585	2	
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	53,221	14,975	3	
4	26	Insurance	Patient Days	1,345,058	36	7,901	53,221	313	4	
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	53,221	1,896	5	
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6	
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	53,221	7,998	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	53,221	37,166	8	
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	53,221	67,955	9	
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	53,221	2,820	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	53,221	7,508	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	53,221	6,906	12	
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	53,221	49,767	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	53,221	7,082	14	
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	53,221	213,094	15	
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	53,221	73,830	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	53,221	42,403	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	53,221	341,143	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	53,221	28,494	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 914,708	25	

Facility Name &amp; ID Number

Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	\$ 7,064,656	5/43	2.9900	\$ 213,901	1						
2	Bank Leumi		X	Line of Credit		7/09	1,500,000		9/18	5.7500	34,249	2						
3												3						
4												4						
5	Insurance Interest (GL7053)		x	Medical Malpractice							2,018	5						
	<b>Working Capital</b>																	
6	Related party-AMS		x	Working Capital							67,955	6						
7	AILCO Equipment Finance		x	Capital Lease		01/17	7,238	2,393	12/19	8.4800	576	7						
8	AILCO Equipment Finance		x	Capital Lease		10/17	24,144	13,391	08/20	9.6100	1,533	8						
9	<b>TOTAL Facility Related</b>						\$ 9,606,882	\$ 7,080,440			\$ 320,232	9						
	<b>B. Non-Facility Related*</b>																	
10	Interest Income on R.R.		x								(370)	10						
11	Int Income (GL#4975)		x								(6,622)	11						
12												12						
13	Amortization-ReFinancing Fee										14,953	13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 7,961	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 9,606,882	\$ 7,080,440			\$ 328,193	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 46,496 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 2017 report.			\$	<u>145,700</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>141,607</u>	2	
3.	Under or (over) accrual (line 2 minus line 1).			\$	<u>(4,093)</u>	3	
4.	Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>145,900</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>141,807</u>	7	
Real Estate Tax History:		<b>Plus: Related party taxes - See Pg RE_Tax page</b>		\$	<u>7,998</u>		
		<b>Total Real Estate Tax Expense, Sch V, Line 33</b>		\$	<u>149,805</u>		
Real Estate Tax Bill for Calendar Year:	2013	<u>121,022</u>	8	<b>FOR BHF USE ONLY</b>			
	2014	<u>121,888</u>	9	13	FROM R. E. TAX STATEMENT FOR 2017	\$	13
	2015	<u>143,261</u>	10	14	PLUS APPEAL COST FROM LINE 5	\$	14
	2016	<u>141,478</u>	11	15	LESS REFUND FROM LINE 6	\$	15
	2017	<u>141,607</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

The current year accrual is based on an estimated 3% increase of the prior year tax.

**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.**

**2017 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Alden-Park Strathmoor, Inc. 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 2017 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 2017.

(A)	(B)	(C)	(D) <u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>202,125.00</u>	\$ <u>7,998.00</u>
2. <u>12-21-452-007</u>	<u>Nursing facility</u>	\$ <u>141,606.86</u>	\$ <u>141,606.86</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>343,731.86</u></u>	\$ <u><u>149,604.86</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

**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, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Nursing facility, 221,441, \$ 569,205, 1. Row 2: 2. Row 3: TOTALS, 221,441, \$ 569,205, 3.

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	189	2000		\$ 3,524,779	\$ 111,602	31.5	\$ 111,602	\$	\$ 2,067,385	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		9,031	14
15	ABC - misc const. Work		2001	38,850	1,943	20	1,943		33,352	15
16	Rockford stem B		2001	5,035		15			5,035	16
17	FE Moran - Repair and Upgrade fire alarm system		2002	7,645		15			7,645	17
18	Patten - Repair Water System		2002	2,245		15			2,245	18
19	Capps - Repair water sys in Kitchen		2002	2,845		15			2,845	19
20	ABC - Repair Water heater		2002	7,113		15			7,113	20
21	ABC -		2002	4,256		15			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		617	24
25	ABC - Chimney 2		2002	3,032	152	20	152		2,468	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	93	15	93		1,986	30
31	Simplex - Fire & Security System Repair		2003	896	27	15	27		896	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, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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		3,901	61
62	ABC-install smoke alarms	2006	3,265		10			3,265	62
63	Patten-generator repairs	2006	24,100		10			24,100	63
64	GT Mechanical-replace pump motor	2006	3,162		10			3,162	64
65	ABC-New AC and ductwork	2006	26,034		10			26,034	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179	879	15	879		9,889	66
67	ABC-life code Imprvmt-carpetry firealrm & Elect.	2007	62,381	4,159	15	4,159		46,789	67
68	ABC-fire protection	2007	22,921	1,528	15	1,528		17,063	68
69	ABC-fire proofing	2007	18,549	1,237	15	1,237		13,813	69
70	TOTAL (lines 4 thru 69)		\$ 3,895,770	\$ 122,494		\$ 122,494	\$	\$ 2,398,904	70

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

Facility Name &amp; ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	\$ 122,494		\$ 122,494	\$	\$ 2,398,904	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674		10			3,674	2
3	ABC -install new gasketing mtrl around doors	2007	2,679		10			2,679	3
4	ABC -elevator pump	2007	7,462		10			7,462	4
5	ABC -locksets	2007	5,404		10			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		4,297	7
8	Abc-instl. New elevetor pump	2007	13,180	879	15	879		9,889	8
9	ABC - new wall construction	2007	11,466		10			11,466	9
10	ABC - replace entrance door	2007	4,352		10			4,352	10
11	ABC -boiler asphalt paving	2007	28,352		10			28,352	11
12	ABC -boiler repair & replace boiler valves	2007	15,917		10			15,917	12
13	ABC - install new boiler	2007	3,542	2	10	2		3,542	13
14	MI unit-ABC -HVAC electric & security	2007	17,297	1,153	15	1,153		13,260	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		6,153	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		10			9,978	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612	2,219	10	2,219		26,612	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825	99	10	99		2,825	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	74	10	74		2,863	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094	444	25	444		4,736	23
24	ABC- Iinstall new exhaust Fan	2008	3,619	210	10	210		3,619	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	203	10	203		2,701	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548	637	15	637		5,785	27
28	ABC-Instll newBoiler tubes&crcltg pump/Jb#6032	2009	13,472	1,347	10	1,347		13,246	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		16,724	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,188,390	\$ 132,486		\$ 132,486	\$	\$ 2,669,182	34

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

Facility Name &amp; ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	\$ 132,486		\$ 132,486	\$	\$ 2,669,182	1
2	BOUDEV- Demolition,Dumpsters, Doors,Frames&hardware,VCT	2010	63,192	4,213	15	4,213		36,161	2
3	BOUDEV- Finish Drywall (2), Instll PatchFloor & VCT tile, Fire r	2010	8,532	569	15	569		4,884	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		8,475	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		86,200	11
12	ALDBEN -Install Sprinkler System,HVAC & Concrete	2010	71,490	3,575	20	3,575		29,494	12
13	ASPMAI - Parking lot pavement of all dirt and clean crack	2011	38,900	2,593	15	2,593		19,015	13
14	ABC - Steel Railings (1)	2011	16,003	1,067	15	1,067		7,736	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		2,340	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		5,334	18
19	ABC -Install PhasePump-Heating/Vent, Fire Alarm	2012	4,468	447	10	447		3,054	19
20	ABC-HVAC Boiler Leakage Repair	2012	7,405	741	10	741		5,001	20
21	ABC-repair HVAC boiler leakage tubes	2012	7,140	714	10	714		4,820	21
22	Oct AMS-AMX-Floyd-Patten-Install Cable wire & repairs Ceiling	2012	5,926		5			5,926	22
23	Oct AMS-AMX-Floyd-Patten-Repairs Drywall, ceiling tiles & plur	2012	5,902	590	10	590		3,737	23
24	ABC- Install Thermostatic water mixing valve	2012	3,019		5			3,019	24
25	ABC - Repair damaged corner brick wall in Lobby	2012	2,732		5			2,732	25
26	ABC -'Boiler#2 leaking rprs	2012	5,968	597	10	597		3,582	26
27	Roof installation, Emergency -JD&SON	2013	7,000	700	10	700		3,908	27
28	Boiler Retubing-ABC	2013	25,370	1,691	15	1,691		9,019	28
29	Boiler #1 tube replace- ABC	2013	6,083	406	15	406		2,030	29
30	Boiler #2 leakage repairs-ABC	2013	4,656	310	15	310		1,550	30
31	Brick rebuild outside wall -AMS	2013	3,600	180	20	180		1,050	31
32	Concrete & Scrape & Paint exterior-ALDMAN	2014	2,750	275	10	275		1,260	32
33	Asphalt & Facia repairs -ALDBEN	2014	39,575	4,947	8	4,947		21,025	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,845,766	\$ 168,653		\$ 168,653	\$	\$ 2,978,041	34

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

Facility Name &amp; ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	\$ 168,653		\$ 168,653	\$	\$ 2,978,041	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,990,942	\$ 171,400		\$ 171,400	\$	\$ 3,064,309	34

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

Facility Name &amp; ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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>		\$ 4,990,942	\$ 171,400		\$ 171,400	\$	\$ 3,064,309	1
2	Asphalt & Facia repairs -ALDBEN	2014	9,495	633	15	633		2,690	2
3	Boiler Retube # 1 -ALDBEN	2014	13,907	927	15	927		4,403	3
4	Boiler leakage repair -ABC	2014	5,962	1,192	5	1,192		5,662	4
5	Roofwork completed -JDROOF	2014	3,500	700	5	700		3,033	5
6	Elevator upgrade 2of2 -SUBELE (telephone connect to equipment	2015	3,354	671	5	671		2,348	6
7	Motor (1) for dishmachine-TOPNOT	2016	2,751	550	5	550		1,192	7
8	Motor (1) for pump-GTMECH	2016	3,101	620	5	620		1,343	8
9	Chiller piping repair -GTMECH	2016	17,821	1,188	15	1,188		3,366	9
10	Storage tank leak repair -ALDBEN	2016	6,793	1,359	5	1,359		3,511	10
11	Plumbing Reprs per States of IL -ALDBEN	2016	12,324	822	15	822		1,918	11
12	Soda shop/Food Pentry -ALDBEN	2016	99,490	3,980	25	3,980		10,281	12
13	Demolition-ABC	2016	8,359	418	20	418		1,045	13
14	Carpentry-ABC	2016	27,044	1,803	15	1,803		4,507	14
15	Fire Caulking-ABC	2016	3,073	123	25	123		307	15
16	Roofing-ABC	2016	4,302	287	15	287		717	16
17	Windows -Tinting-ABC	2016	6,146	615	10	615		1,537	17
18	Door Automatic Openers/Vestibule-ABC	2016	18,439	1,229	15	1,229		3,073	18
19	Countertops -ABC	2016	18,439	922	20	922		2,305	19
20	Acoustical-ABC	2016	16,595	1,106	15	1,106		2,627	20
21	Painting & Decorating-ABC	2016	34,420	2,294	39	2,294		5,735	21
22	Wall Covering-ABC	2016	7,376	295	25	295		685	22
23	Fire Alarm-ABC	2016	11,678	299	39	299		832	23
24	Heating & Cooling system upgrade with Exiting System-ABC	2016	677,328	17,367	25	17,367		43,418	24
25	Fire Protection/Sprinkler-ABC	2016	9,342	467	20	467		1,121	25
26	Plumbing Floor Saw Cutting/Patching/Concrete-ABC	2016	4,302	215	20	215		538	26
27	Plumbing pipes install for pantry room, two public bathroom, acvi	2016	34,420	1,721	39	1,721		4,302	27
28	Electrical for HVAC work-ABC	2016	49,171	1,261	39	1,261		3,152	28
29	Interior Design Fees-ABC	2016	24,585	630	39	630		1,575	29
30	Prelim Review--ILLDPR	2016	5,700	146	39	146		365	30
31	PERMIT FEE-CITROC	2016	4,564	183	25	183		425	31
32	Soda Shop -INTCON	2016	30,600	1,224	25	1,224		3,060	32
33	Soda shop/Food Pentry -ALDBEN	2016	15,210	608	25	608		1,520	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,180,534	\$ 217,255		\$ 217,255	\$	\$ 3,186,902	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>		\$ 6,180,534	\$ 217,255		\$ 217,255	\$	\$ 3,186,902	1
2	Soda shop/Food Pentry -FOXBU1	2016	2,900	116	25	116		280	2
3	Soda shop/Food Pentry -FLOWAL	2016	5,800	232	25	232		561	3
4	Windows/Framing -INTCON	2016	34,500	1,380	25	1,380		3,105	4
5	Motor (1) for dishmachine-TOPNOT	2016	2,751	550	5	550		1,513	5
6	Motor (1) for pump-GTMECH	2016	3,101	620	5	620		1,705	6
7	Pipe install in chiller -GTMECh	2017	8,110	1,622	5	1,622		2,568	7
8	Roof Repairs-JDROOF	2017	5,750	1,150	5	1,150		1,438	8
9	Storage tank leak repair -ALDBEN	2017	6,793	1,359	5	1,359		2,604	9
10	Chiller piping repair -GTMECH	2017	17,821	1,188	15	1,188		1,980	10
11	Repair Pipe leak on Hydronics system -NORMEC	2018	5,557	93	5	93		93	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>		\$ 6,273,618	\$ 225,565		\$ 225,565	\$	\$ 3,202,749	34

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

Facility Name & ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 744,583	\$ 59,789	\$ 59,789	\$	varies	\$ 254,930	71
72	Current Year Purchases	37,542	5,546	5,546		varies	4,458	72
73	Fully Depreciated Assets	940,235	6,903	6,903		varies	970,015	73
74								74
75	TOTALS	\$ 1,722,360	\$ 72,238	\$ 72,238	\$		\$ 1,229,403	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	3,802					3,802	79
80	TOTALS			\$ 47,046	\$	\$	\$		\$ 47,046	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)	\$ 8,603,824	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 297,825	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 297,825	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)	\$ 4,479,345	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.

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 12H, Carried Forward		\$ 6,273,618	\$ 225,565		\$ 225,565	\$	\$ 3,202,749	1
2	Adjust for ABC Related Party Profit	2008	(303)	(26)		(26)		(247)	2
3	Adjust for ABC Related Party Profit	2009	(178)	(5)		(5)		(47)	3
4	Adjust for ABC Related Party Profit	2010	(4,224)	(117)		(117)		(994)	4
5	Adjust for ABC Related Party Profit	2011	193	8		8		52	5
6	Adjust for ABC Related Party Profit	2012	2,721	298		298		1,788	6
7	Adjust for ABC Related Party Profit	2013	486	15		15		83	7
8	Adjust for ABC Related Party Profit	2014	(193)	(24)		(24)		(104)	8
9	Adjust for ABC Related Party Profit	2015							9
10	Adjust for ABC Related Party Profit	2016	(6,864)	(120)		(120)		(360)	10
11	Adjust for ABC Related Party Profit	2017	(43)	(8)		(8)		(24)	11
12	Adjust for ABC Related Party Profit	2018							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)		\$ 6,265,213	\$ 225,587		\$ 225,587	\$	\$ 3,202,896	34

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



Facility Name & ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: Related party - cost is eliminated

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

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: \$ 18,299 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>21,146</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>21,146</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	\$		\$ 87,852	\$		\$ 87,852	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			122,343			122,343	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			160,287			160,287	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				196,631		196,631	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):			410,279		135,545	49,641		595,465	12
13	Other (specify): See PG 16A	39-1, 39-3, if any				325,870	344,496		670,366	13
14	TOTAL			\$ 410,279		\$ 831,898	\$ 590,768		\$ 1,832,944	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, 2018**

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	\$87,851.84	<b>\$87,851.84</b>
2.	ST	39-3	To Col 5	122,343.21	<b>122,343.21</b>
3.					
4.	PT	39-3	To Col 5	160,287.47	<b>160,287.47</b>
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			210,960.27	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(14,329.00)	
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6		<b>196,631.27</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	49,640.92	
	Total Exceptional Care (Line 12, Col 8)				<b>49,640.92</b>
12	Reclass to Col 5 for RT Allocation		To Col 5	135,545.00	<b>135,545.00</b>
12	Col 3. Salary Split		To Col 3	410,279.00	<b>410,279.00</b>
13.	Other:	See Pg 16A		-	0.00
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	325,870.00	<b>325,870.00</b>
	Other			752,773.56	
	Manual Input: Related Party - Prism			(32,158.00)	
	Manual Input: Related Party FECII - I.V.			(810.00)	
	Manual Input: Related Party FECII - Wound Care Products			(2,826.00)	
	Oxygen, from reclass worksheet (Pg 4A)			50,156.00	
12.	CPT Reclass to Col 5 for RT		To Col 5	(422,640.00)	
13.	Col 6: Supplies Total		To Col 6		<b>344,495.56</b>
13.	Total Line 13, Column 8				<b>670,365.56</b>
14.	Total				<b>1,832,944.27</b>

Facility Name &amp; ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(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	\$ 14,967	\$ 37,303	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (122,000) )	1,996,027	1,996,027	3
4	Supply Inventory (priced at )	4,107	4,107	4
5	Short-Term Investments			5
6	Prepaid Insurance		6,239	6
7	Other Prepaid Expenses	2,929	22,084	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	5,533	154,645	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,023,563	\$ 2,220,405	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	26,917	26,917	12
13	Land		611,909	13
14	Buildings, at Historical Cost		3,524,779	14
15	Leasehold Improvements, at Historical Cost	997,125	3,650,999	15
16	Equipment, at Historical Cost	719,086	936,475	16
17	Accumulated Depreciation (book methods)	(1,373,982)	(4,506,494)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		127,855	21
22	Other Long-Term Assets (spe <u>Fin Fees, net</u>		202,152	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 369,146	\$ 4,574,592	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,392,709	\$ 6,794,997	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 674,292	\$ 674,292	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	395,217	395,217	28
29	Short-Term Notes Payable	2,393	201,917	29
30	Accrued Salaries Payable	552,882	552,882	30
31	Accrued Taxes Payable (excluding real estate taxes)	27,540	27,540	31
32	Accrued Real Estate Taxes(Sch.IX-B)		145,900	32
33	Accrued Interest Payable	112	21,372	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>	334,224	334,238	36
37	<u>Due to Affiliates</u>	4,146,948	3,645,576	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 6,133,608	\$ 5,998,934	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	5,171	5,171	39
40	Mortgage Payable		6,865,133	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>	\$ 5,171	\$ 6,870,304	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,138,779	\$ 12,869,238	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (3,746,069)	\$ (6,074,240)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,392,709	\$ 6,794,997	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,354,647)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,354,647)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(391,422)	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)	\$ (391,422)	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)	\$ (3,746,069)	24 *

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

Facility Name &amp; ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**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	\$ 10,852,622	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,852,622	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	144,781	6
7	Oxygen	49,815	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 194,596	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	2,584	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 2,584	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	6,457	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 6,457	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG 19A</u>	9,104	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 9,104	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,065,363	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,572,843	31
32	Health Care	3,711,489	32
33	General Administration	3,054,298	33
<b>B. Capital Expense</b>			
34	Ownership	906,103	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,794,136	35
36	Provider Participation Fee	417,916	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,456,785	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(391,422)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (391,422)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,530,352	44
45	Private Pay - Net Inpatient Revenue	277,121	45
46	Medicare - Net Inpatient Revenue	1,213,096	46
47	Other-(specify) <u>Hospice/Insurance</u>	832,053	47
48	Other-(specify) <u>VA/Sales Allow.</u>		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 10,852,622	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, Inc.# 004-4909Report Period Beginning 1/1/2018

Ending:

12/31/2018**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	\$ 118
Record Copies-Backed out with Ln ref 21-Pg 5A Jury Duty-Backed out with Ln ref 22-Pg 5A	
Adjustment to prior year expense (private only, not offset on Schedl V)	\$ 2,623
Vendor Discount	\$ 720
Gain on Sales of Assets	\$ 5,642
Line 28 Total:	<u><u>9,104</u></u>



Facility Name & ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	2,228	2,252	\$ 101,948	\$ 45.27	1
2	Assistant Director of Nursing	2,362	2,370	83,792	35.36	2
3	Registered Nurses	26,891	28,876	996,438	34.51	3
4	Licensed Practical Nurses	21,756	24,036	719,308	29.93	4
5	CNAs & Orderlies	78,831	84,360	1,267,098	15.02	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,430	2,737	50,204	18.34	8
9	Activity Director	2,072	2,080	43,234	20.79	9
10	Activity Assistants	4,134	4,400	49,140	11.17	10
11	Social Service Workers	2,096	2,104	50,374	23.94	11
12	Dietician					12
13	Food Service Supervisor	2,088	2,171	49,686	22.89	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,297	22,553	279,182	12.38	15
16	Dishwashers					16
17	Maintenance Workers	1,768	1,895	51,904	27.39	17
18	Housekeepers	13,430	14,991	178,049	11.88	18
19	Laundry	4,815	5,005	66,986	13.38	19
20	Administrator	2,072	2,080	107,663	51.76	20
21	Assistant Administrator	1,488	1,590	63,651	40.03	21
22	Other Administrative	13,305	13,769	254,722	18.50	22
23	Office Manager					23
24	Clerical	4,074	4,246	49,846	11.74	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,344	2,352	80,765	34.34	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Behavioral Health	2,950	3,190	58,471	18.33	32
33	Other(specify) Unit Manager/Me	8,989	9,344	175,265	18.76	33
34	TOTAL (lines 1 - 33)	220,420	236,401	\$ 4,777,726 *	\$ 20.21	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	2010/Monthly	\$ 24,168	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	18	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)	36	\$ 83,964		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	6	\$ 2,847	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	6	\$ 2,847		53

Facility Name & ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount				
KULJANIN, NIKOLINA	Administrator	0	\$ 107,663	Workers' Compensation Insurance	\$ 129,073	IDPH License Fee	\$				
Ossola Jung, Dana M	Assistant Administrator	0	63,650	Unemployment Compensation Insurance	28,427	Advertising: Employee Recruitment	3,455				
		0		FICA Taxes	359,216	Health Care Worker Background Check					
		0		Employee Health Insurance	97,357	(Indicate # of checks performed 16 )	520				
		0		Employee Meals	34,038	Patient Background Checks	206 2,394				
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond/Chug -Collaborative Health Care	1,381				
		0		Union Health & Welfare	103,566	Health Care Council	18,144				
		0		Dental, Life, Relations, Pension & Misc	42,505	Related party - Park, LLC	128				
		0		Tuition & Drug Test	1,838	Citi Corp-Annual Rpt/Crisis CPI Membership	764				
		0		401k Match / Empl. Dishonesty/Emp Vaccin	7,002	Related party- AMS	1,896				
		0				Less: Public Relations Expense	( )				
		0				Non-allowable advertising	( )				
		0				Yellow page advertising	( )				
		0									
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)				TOTAL (agree to Sch. V, line 20, col. 8)			
\$ 171,313				\$ 800,383				\$ 28,682			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**			
Description	Amount			Description	Line #	Amount	Description	Amount			
	\$			Not Applicable		\$	Out-of-State Travel	\$			
	\$										
	\$						In-State Travel				
	\$										
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL				TOTAL (agree to Sch. V, line 24, col. 8)			
\$				\$				\$ 2,563			
C. Professional Services											
Vendor/Payee	Type	Amount									
Alden Management Services	Consulting fees	\$ 806,619									
BDO Seidman & Virchow Krause	Accounting Fees	13,736									
C. Novotny/KPMG	Accounting Fees	216									
MidCap Fees	Accounting Fees	1,470									
AMS (Eliminated)	Allocated Legal Fees	45,192									
VON Briesen & Roper/Sharon R Rud	Legal-Non Collection	1,743									
MidCap Fees	Legal-Non Collection	2,635									
Achieve Accreditation	Consultation	8,199									
NPDB . HR/ Pathway Health Care	Consultation	102									
Stone Pogrund	Legal-Collections	2,927									
Ariana Fish/Silversti Law Office	Legal-Collections	(1,242)									
SB2 Inc.	Legal-Collections	3,493									
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				\$ 885,090							

\* Attach copy of IMRF notifications

\*\*See instructions.

**Alden-Park Strathmoor, Inc.  
Legal Fee Support  
2018**

Legal Fees Reported on Pg 21, Section C: \$ 54,748.31

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

Non-allowable legal fees, if any, deducted on (5,178.15)  
- Pg 6A (AMS Allocated Legal Fees) (45,192.00)  
+ Add Back voided invoice of prior year, if any

Allowable Legal Fees **\$ 4,378.16**

<-Check: should match total for Allow. Fees in new detail section below.

In Detail:

Vendor Name	Invoice Date	Amount
Ariana Fisch	7/23/2018	209.56
Ariana Fisch	7/23/2018	209.56
Ariana Fisch	3/5/2018	214.76
MidCap	11/1/2018	529.83
MidCap	10/1/2018	611.18
MidCap		1,494.48
NPDB.HRSA. GOV	7/19/2018	2.00
NPDB.HRSA. GOV	7/19/2018	2.00
NPDB.HRSA. GOV	7/23/2018	2.00
Sharon R. Rudy P.C.	10/24/2018	373.50
Smith Amundsen, LLC	10/10/2018	720.00
VON Briesen & Roper S.C.	11/14/2017	9.29
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<b>4,378.16</b>

Vendor Name	Invoice Date	Amount
Stone Poggrund & Korey LLC.	12/31/2017	18.71
Stone Poggrund & Korey LLC.	8/31/2018	81.06
Stone Poggrund & Korey LLC.	9/30/2018	950.05
Stone Poggrund & Korey LLC.	7/31/2018	870.01
Stone Poggrund & Korey LLC.	11/1/2018	955.68
Stone Poggrund & Korey LLC.	12/31/2018	45.00
Stone Poggrund & Korey LLC.	11/30/2018	6.67
SB2, Inc.	01/01/18	295.45
SB2, Inc.	01/01/18	295.45
SB2, Inc.	02/01/18	295.45
SB2, Inc.	03/01/18	295.45
SB2, Inc.	04/02/18	295.45
SB2, Inc.	09/04/18	295.45
SB2, Inc.	08/01/18	295.45
SB2, Inc.	07/02/18	295.45
SB2, Inc.	06/01/18	334.16
SB2, Inc.	05/01/18	295.45
SB2, Inc.	10/01/18	295.45
SB2, Inc.	12/03/18	204.55
LAWKIM Atty Fees Collection	4/4/2018	150.00
Ariana Fisch	1/31/2018	214.76
Silverstri Law Office	10/2/2018	(1,607.00)
<b>TOTAL Collection-NOT ALLOWABLE LEGAL FEES</b>		<b>5,178.15</b>

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-18	1/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	2/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	3/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	4/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	5/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	6/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	7/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	8/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	9/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	10/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	11/1/2018	3,766.00
AMS Corp Legal Cost Alloc-18	12/1/2018	3,766.00
<b>TOTAL Allocated Legal Fees</b>		<b>45,192.00</b>

Total Legal Cost **54,748.31**

Facility Name &amp; ID Number Alden-Park Strathmoor, Inc.

# 0044909

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**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. II.Health Care Ass. \$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. \$ 35,639 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. \$ 417,916  
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 benefit on Schedule V. \$ 34,038 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: n/a
- (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