

Facility Name & ID Number Alden Estates of Shorewood

0050781 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	100	Skilled (SNF)	100	36,500	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	100	TOTALS	100	36,500	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	52	2,127	18,790	20,969	8
9	SNF/PED					9
10	ICF	1,455	162	124	1,741	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	1,507	2,289	18,914	22,710	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.22%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 3/26/2012

J. Was the facility purchased or leased after January 1, 1978?

YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 100 and days of care provided 18,751

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

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

Facility Name & ID Number

Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	581,457	42,562		624,019	3,617	627,636	1,214	628,850		1
2	Food Purchase		272,851		272,851	(26,203)	246,648	(4,488)	242,160		2
3	Housekeeping	130,068	30,845		160,913	1,656	162,569	3,402	165,971		3
4	Laundry	36,000	24,924	25	60,949	717	61,666		61,666		4
5	Heat and Other Utilities			197,664	197,664		197,664	687	198,351		5
6	Maintenance	56,379		153,381	209,760	454	210,214	39,749	249,963		6
7	Other (specify):* Related Party							3,740	3,740		7
8	TOTAL General Services	803,904	371,182	351,070	1,526,156	(19,759)	1,506,397	44,304	1,550,701		8
	B. Health Care and Programs										
9	Medical Director			30,750	30,750		30,750		30,750		9
10	Nursing and Medical Records	2,258,837	146,336	4,207	2,409,380	12,035	2,421,415	18,399	2,439,814		10
10a	Therapy		11,993	17,400	29,393	363	29,756		29,756		10a
11	Activities	86,817	4,343	2,225	93,385		93,385		93,385		11
12	Social Services	46,154			46,154		46,154		46,154		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							3,150	3,150		15
16	TOTAL Health Care and Programs	2,391,808	162,672	54,582	2,609,062	12,398	2,621,460	21,549	2,643,009		16
	C. General Administration										
17	Administrative	138,503			138,503		138,503	53,121	191,624		17
18	Directors Fees										18
19	Professional Services			656,209	656,209		656,209	(561,190)	95,019		19
20	Dues, Fees, Subscriptions & Promotions			79,839	79,839		79,839	(54,453)	25,386		20
21	Clerical & General Office Expenses	199,487	24,068	111,939	335,494	873	336,367	158,673	495,040		21
22	Employee Benefits & Payroll Taxes			593,904	593,904	6,488	600,392	(10,690)	589,702		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,057	1,057		1,057	373	1,430		24
25	Other Admin. Staff Transportation							7,229	7,229		25
26	Insurance-Prop.Liab.Malpractice			113,963	113,963		113,963	12,261	126,224		26
27	Other (specify):* Related Party			62,656	62,656		62,656	(29,023)	33,633		27
28	TOTAL General Administration	337,990	24,068	1,619,567	1,981,625	7,361	1,988,986	(423,699)	1,565,287		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,533,702	557,922	2,025,219	6,116,843		6,116,843	(357,846)	5,758,997		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			31,002	31,002		31,002	534,674	565,676			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,719	1,719		1,719	1,353,773	1,355,492			32
33	Real Estate Taxes			354,300	354,300	(354,300)		357,834	357,834			33
34	Rent-Facility & Grounds			1,111,131	1,111,131	354,300	1,465,431	(1,465,431)				34
35	Rent-Equipment & Vehicles			16,555	16,555		16,555	23,893	40,448			35
36	Other (specify):* M.I.P.							68,466	68,466			36
37	TOTAL Ownership			1,514,707	1,514,707		1,514,707	873,209	2,387,916			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,106,926	2,053,768	3,160,694		3,160,694	(450,570)	2,710,124			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			75,855	75,855		75,855		75,855			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,106,926	2,129,623	3,236,549		3,236,549	(450,570)	2,785,979			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,533,702	1,664,848	5,669,549	10,868,099		10,868,099	64,793	10,932,892			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(26,203.00)	Employee Meals
	22	26,203.00	Employee Meals
22		(19,715.00)	Uniforms
	1	3,617.00	Uniforms
	3	1,656.00	Uniforms
	4	717.00	Uniforms
	6	454.00	Uniforms
	10	12,035.00	Uniforms
	11	363.00	Uniforms
	21	873.00	Uniforms
33		(354,300.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	354,300.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(1,088)	Reclass Linda Roberts from professional fee expense to
	1	1,088	Dietary Consultant

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,820)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,497)	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	(5,264)	30		9
10	Interest and Other Investment Income	(1,476)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,998)	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	(12,444)	21		17
18	Fines and Penalties	(53)	32		18
19	Entertainment	(119)	20		19
20	Contributions	(2,693)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(62,656)	27		24
25	Fund Raising, Advertising and Promotional	(49,787)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (143,807)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	271,514	Various	34
35	Other- Attach Schedule	(62,914)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 208,600		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 64,793		37

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

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

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

Alden Estates of Shorewood

ID#	0050781
Report Period Beginning:	01/01/2013
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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilites	\$ (724)	5	1
2	Other Nursing Income (flu, w/chair,etc)	(196)	21	2
3	Misc Income - Record Copies	(870)	10	3
4	Misc Income - Food Rebate	(167)	2	4
5				5
6				6
7				7
8	Marketing Manager & Aides (GL#6701-100-009)	(63,168)	21	8
9	Back out % Employee Benefit for Mktg Manager	(10,690)	22	9
10	Back out 30% PAC Fees from IHCA bills	(966)	20	10
11	Back Out Bank Charges - Shorewood LLC	(595)	21	11
12				12
13	Eliminate deprec exp on Pg 12 items <\$2,500	(8,735)	30	13
14	Eliminate deprec exp on Pg 13 items <\$2,500	(69)	30	14
15	Expense capital items <\$2,500 on Pg 13 - SW	21,063	6	15
16	Expense Pg 5 Capital Items <\$2,500 on Pg 12 SW	2,204	6	16
17	Correct YTD Depreciation	(1)	30	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(62,914)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	1,214	0	0	0	0	0	0	0	0	1,214	1
2	Food Purchase	(4,985)	0	0	497	0	0	0	0	0	0	0	(4,488)	2
3	Housekeeping	0	0	3,402	0	0	0	0	0	0	0	0	3,402	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(724)	0	1,411	0	0	0	0	0	0	0	0	687	5
6	Maintenance	18,770	0	20,601	0	0	0	378	0	0	0	0	39,749	6
7	Other (specify):*	0	0	3,224	516	0	0	0	0	0	0	0	3,740	7
8	TOTAL General Services	13,061	0	29,852	1,013	0	0	378	0	0	0	0	44,304	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(870)	0	20,444	1,351	(2,526)	0	0	0	0	0	0	18,399	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	3,150	0	0	0	0	0	0	0	0	3,150	15
16	TOTAL Health Care and Programs	(870)	0	23,594	1,351	(2,526)	0	0	0	0	0	0	21,549	16
	C. General Administration													
17	Administrative	0	0	53,121	0	0	0	0	0	0	0	0	53,121	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	45,707	(606,897)	0	0	0	0	0	0	0	0	(561,190)	19
20	Fees, Subscriptions & Promotions	(53,565)	10,771	(11,659)	0	0	0	0	0	0	0	0	(54,453)	20
21	Clerical & General Office Expenses	(76,403)	10,890	124,836	10,858	88,492	0	0	0	0	0	0	158,673	21
22	Employee Benefits & Payroll Taxes	(10,690)	0	0	0	0	0	0	0	0	0	0	(10,690)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	373	0	0	0	0	0	0	0	0	373	24
25	Other Admin. Staff Transportation	0	0	7,229	0	0	0	0	0	0	0	0	7,229	25
26	Insurance-Prop.Liab.Malpractice	0	12,159	102	0	0	0	0	0	0	0	0	12,261	26
27	Other (specify):*	(62,656)	0	24,831	1,110	7,692	0	0	0	0	0	0	(29,023)	27
28	TOTAL General Administration	(203,314)	79,527	(408,064)	11,968	96,184	0	0	0	0	0	0	(423,699)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(191,123)	79,527	(354,618)	14,332	93,658	0	378	0	0	0	0	(357,846)	29

STATE OF ILLINOIS

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2013 Ending:

Summary B

12/31/2013

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(14,069)	539,667	9,076	0	0	0	0	0	0	0	0	534,674	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,529)	1,348,742	4,193	0	2,367	0	0	0	0	0	0	1,353,773	32
33	Real Estate Taxes	0	354,300	2,601	0	933	0	0	0	0	0	0	357,834	33
34	Rent-Facility & Grounds	0	(1,465,431)	0	0	0	0	0	0	0	0	0	(1,465,431)	34
35	Rent-Equipment & Vehicles	0	0	23,893	0	0	0	0	0	0	0	0	23,893	35
36	Other (specify):*	0	68,466	0	0	0	0	0	0	0	0	0	68,466	36
37	TOTAL Ownership	(15,598)	845,744	39,763	0	3,300	0	0	0	0	0	0	873,209	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(31,489)	(183,045)	(236,036)	0	0	0	0	0	(450,570)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(31,489)	(183,045)	(236,036)	0	0	0	0	0	(450,570)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(206,721)	925,271	(314,855)	(17,157)	(86,087)	(236,036)	378	0	0	0	0	64,793	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,465,431	Alden Estates of Shorewood, LLC	0.00%	\$	\$ (1,465,431)	1
2	V	32 Interest Income - RR	302	Alden Estates of Shorewood, LLC			(302)	2
3	V	19 Accounting/Professional Fees/Surety Bond		Alden Estates of Shorewood, LLC		25,522	25,522	3
4	V	21 Licenses & Insp./Bank Fees		Alden Estates of Shorewood, LLC		10,890	10,890	4
5	V	20 Dues & Subscription/Rprt Fee		Alden Estates of Shorewood, LLC		10,771	10,771	5
6	V	33 Real Estate Tax Expense		Alden Estates of Shorewood, LLC		354,300	354,300	6
7	V	26 General Insurance Expense		Alden Estates of Shorewood, LLC		12,159	12,159	7
8	V	36 Mortgage Insurance Premium		Alden Estates of Shorewood, LLC		68,466	68,466	8
9	V	32 Interest on Loan- Mortgage & other		Alden Estates of Shorewood, LLC		810,408	810,408	9
10	V	30 Depreciation Expense		Alden Estates of Shorewood, LLC		539,667	539,667	10
11	V	32 Amortization Exp/Fines/Penalties		Alden Estates of Shorewood, LLC		538,636	538,636	11
12	V	19 Legal Fees Non-Collections		Alden Estates of Shorewood, LLC		20,185	20,185	12
13	V			Alden Estates of Shorewood, LLC				13
14	Total		\$ 1,465,733			\$ 2,391,004	\$ * 925,271	14

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

Facility Name & ID Number Alden Estates of Shorewood# 0050781Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 1,411	\$ 1,411
16	V	24 Trav & Seminar		Alden Management Services, Inc.		373	373
17	V	25 Other Admin Travel		Alden Management Services, Inc.		7,229	7,229
18	V	26 Insurance		Alden Management Services, Inc.		102	102
19	V	20 Dues & Subscriptions	12,888	Alden Management Services, Inc.		1,229	(11,659)
20	V	30 Depreciation		Alden Management Services, Inc.		9,076	9,076
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,601	2,601
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		23,893	23,893
23	V	32 Interest		Alden Management Services, Inc.		4,193	4,193
24	V	1 Dietary		Alden Management Services, Inc.		1,214	1,214
25	V	3 Housekeeping		Alden Management Services, Inc.		3,402	3,402
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		3,224	3,224
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		20,444	20,444
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		3,150	3,150
29	V	17 Administrative Salary		Alden Management Services, Inc.		53,121	53,121
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		24,831	24,831
31	V	19 Professional Fees	628,673	Alden Management Services, Inc.		21,776	(606,897)
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		124,836	124,836
33	V	6 Repair & Maint	2,846	Alden Management Services, Inc.		23,447	20,601
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 644,407			\$ 329,552	\$ * (314,855)

* 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	\$	Prism Health Care Sevices, Inc.	0.00%	\$	\$	15
16	V	1 Dietary salary		Prism Health Care Sevices, Inc.				16
17	V	2 Tube Feeding	3,673	Prism Health Care Sevices, Inc.		4,170	497	17
18	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		8,011	1,351	18
19	V	39 Supplies	55,997	Prism Health Care Sevices, Inc.		24,508	(31,489)	19
20	V	21 Salary G & A		Prism Health Care Sevices, Inc.		6,397	6,397	20
21	V	27 Employee Benefit		Prism Health Care Sevices, Inc.		1,110	1,110	21
22	V	7 Employee Benefit		Prism Health Care Sevices, Inc.		516	516	22
23	V	21 G & A		Prism Health Care Sevices, Inc.		4,461	4,461	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		\$ 66,330			\$ 49,173	\$ * (17,157)	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	39 <u>Drugs</u>	\$ 526,654	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 434,644	\$ (92,010)
16	V	39 <u>I.V. Drugs</u>	520,710	<u>Forum Extended Care Services II, Inc.</u>		429,738	(90,972)
17	V	39 <u>Wound Care</u>	356	<u>Forum Extended Care Services II, Inc.</u>		293	(63)
18	V	10 <u>House Stock</u>	12,060	<u>Forum Extended Care Services II, Inc.</u>		9,953	(2,107)
19	V	10 <u>Pharmacy Consultant</u>	2,400	<u>Forum Extended Care Services II, Inc.</u>		1,981	(419)
20	V	27 <u>Employee Vaccination</u>	3,808	<u>Forum Extended Care Services II, Inc.</u>		3,143	(665)
21	V	27 <u>Employee Benefit - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		8,357	8,357
22	V	21 <u>Salary - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		55,816	55,816
23	V	21 <u>General Administration</u>		<u>Forum Extended Care Services II, Inc.</u>		32,676	32,676
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		2,367	2,367
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		933	933
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		\$ 1,065,988			\$ 979,901	\$ * (86,087)

* 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	\$ 2,011,617	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,775,581	\$ (236,036)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,011,617			\$ 1,775,581	\$ * (236,036)

* 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 Repair & Maintenance	\$ 28,102	Alden Bennett Construction Company, Inc.	0.00%	\$ 28,480	\$ 378	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		\$ 28,102			\$ 28,480	\$ *	378 39

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

Facility Name & ID Number

Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Estates of Shorewood # 0050781 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	181,815	0.688	1.72	Salary	\$ 3,185	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	68,480	0.688	1.72	Salary	1,200	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	39,862	0.688	1.72	Salary	698	6-7	3
4	Ina Schlossberg	Board Member	General Opertatio	0.00	103,407	0.688	1.72	Salary	1,811	17-7	4
5	Audra Elisco	Training Coordinator	Train quality assu	0.00	8,268	0.688	1.72	Salary	987	21-7	5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our quality assurance program.										11
12											12
13								TOTAL	\$ 7,881		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 Estates of Shorewood

0050781 Report Period Beginning: 01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient days	1,319,137	35	\$ 81,942	\$ 22,710	\$ 1,411	1	
2	24	Travel/Seminar	Patient days	1,319,137	35	21,681	22,710	373	2	
3	25	Other Admin Travel	Patient days	1,319,137	35	419,878	22,710	7,229	3	
4	26	Insurance	Patient days	1,319,137	35	5,945	22,710	102	4	
5	20	Dues/Subscriptions	Patient days	1,319,137	35	71,386	22,710	1,229	5	
6	30	Depreciation	No. of Providers	35	35	331,030	1	9,076	6	
7	33	Real Estate Tax	Patient days	1,319,137	35	171,267	22,710	2,601	7	
8	35	Rent-Equip & Vehicles	Patient days	1,319,137	35	1,387,861	22,710	23,893	8	
9	32	Interest	Patient days	1,319,137	35	2,365,205	22,710	4,193	9	
10	1	Diet. Salary	Patient days	1,319,137	35	70,514	70,514	22,710	1,214	10
11	3	Housekeeping Salary	Patient days	1,319,137	35	197,635	197,635	22,710	3,402	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,319,137	35	187,265	22,710	3,224	12	
13	10	Nurs & Med Record Salary	Patient days	1,319,137	35	1,315,353	1,315,353	22,710	20,444	13
14	15	Employee Benefits-Health Care	Patient days	1,319,137	35	182,984	22,710	3,150	14	
15	17	Administrative Salary	Patient days	1,319,137	35	3,345,614	3,345,614	22,710	53,121	15
16	27	Employee Benefits-Adminstr.	Patient days	1,319,137	35	1,442,333	22,710	24,831	16	
17	19	Professional Fees	Patient days	1,319,137	35	1,264,885	822,981	22,710	21,776	17
18	21	Gen'l & Administrative	Patient days	1,319,137	35	7,251,269	6,199,389	22,710	124,836	18
19	6	Repairs & Maniten.	Patient days	1,319,137	35	1,361,952	1,077,972	22,710	23,447	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 329,552	25	

Facility Name & ID Number

Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
	A. Directly Facility Related																
	Long-Term																
1	Cambridge Realty Capital, Ltd.	x		Mortgage	\$71,933.35	10/2013	\$ 14,366,500	\$ 14,336,618	01/2052	5.1800	\$ 624,620	1					
2	Cambridge Realty Capital, Ltd.	x		Mortgage - Refinanced	\$77,847.99	01/2012	14,366,500		01/2052	5.8800	185,789	2					
3												3					
4	Insurance interest		x	Medical Malpractice							1,666	4					
5												5					
	Working Capital																
6	Related party-AMS		x	Working Capital							4,193	6					
7	Related party-FECII		x	Working Capital							2,367	7					
8												8					
9	TOTAL Facility Related				\$149,781.34		\$ 28,733,000	\$ 14,336,618			\$ 818,634	9					
	B. Non-Facility Related*																
10	Interest Income on R.R.		x								(131)	10					
11	Int Income (GL#4975)		x								(1,647)	11					
12												12					
13	Amortization-Fin/Refin Fee		x								538,636	13					
14	TOTAL Non-Facility Related						\$	\$			\$ 536,858	14					
15	TOTALS (line 9+line14)						\$ 28,733,000	\$ 14,336,618			\$ 1,355,492	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 68,466 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2012 report.	\$	<u>401,904</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>401,904</u>		2
3.	Under or (over) accrual (line 2 minus line 1).	\$			3
4.	Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>354,300</u>		4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$			5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$			6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>354,300</u>		7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>3,534.00</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>357,834</u>
Real Estate Tax Bill for Calendar Year:		2008	_____	8	
		2009	_____	9	
		2010	<u>42,996</u>	10	
		2011	<u>35,247</u>	11	
		2012	<u>401,904</u>	12	
<u>the current year accrual is based on an estimated 3% increase of the prior year tax</u>					
		FOR BHF USE ONLY			
		13	FROM R. E. TAX STATEMENT FOR 2012 \$		13
		14	PLUS APPEAL COST FROM LINE 5 \$		14
		15	LESS REFUND FROM LINE 6 \$		15
		16	AMOUNT TO USE FOR RATE CALCULATION \$		16

NOTES:

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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Shorewood COUNTY Will
 FACILITY IDPH LICENSE NUMBER 0050781
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll
 TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>308,970.00</u>	\$ <u>2,601.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>933.00</u>
3. <u>05-06-04-405-013-0000</u>	<u>Nursing Home Facility</u>	\$ <u>401,904.00</u>	\$ <u>401,904.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>746,555.00</u></u>	\$ <u><u>405,438.00</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 65,300 B. General Construction Type: Exterior Face Brick Frame Steel Skeleton/Metal F Number of Stories 3 + Basement

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Nursing facility</u>	<u>222,931</u>	<u>2006</u>	<u>\$ 1,733,015</u>	1
2					2
3	TOTALS	222,931		\$ 1,733,015	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			2012	\$ 13,934,038	\$ 357,283	39	\$ 357,283	\$	\$ 654,793
5	Builder's Profit		2012	(205,307)		39	(5,264)	(5,264)	(10,090)
6									
7									
8									
Improvement Type**									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,728,731	\$ 357,283		\$ 352,019	\$ (5,264)	\$ 644,702	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,815,498	\$ 358,594		\$ 353,330	\$ (5,264)	\$ 724,652	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,420,255	\$ 204,934	\$ 204,934	\$	Various	\$ 388,930	71
72	Current Year Purchases	25,222	2,689	2,689		Various	1,320	72
73	Fully Depreciated Assets	70,737	4,723	4,723		Various	70,737	73
74								74
75	TOTALS	\$ 1,516,214	\$ 212,346	\$ 212,346	\$		\$ 460,987	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	Related Party - AMS _	Various	98-02	\$ 3,911	\$	\$	\$	3	\$ 3,911	76
77										77
78										78
79										79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	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)	\$ 17,068,638	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 570,940	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 565,676	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (5,264)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,189,550	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party costs are 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:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 5/2/2012

Ending 5/2/2022

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

Fiscal Year Ending Annual Rent

12. 12/31/14 \$ Varies

13. 12/31/15 \$ Varies

14. 12/31/16 \$ Varies

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 32,380 Description: Copy machine lease & other various office equipment

(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>772.67</u>	\$ <u>9,272</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>772.67</u>	\$ <u>9,272</u>	21

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

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

Facility Name & ID Number Alden Estates of Shorewood # 0050781 Report Period Beginning: 01/01/2013 Ending: 12/31/2013
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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			4 Total
		1 Drop-outs	2 Completed	3 Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	888,199	\$		\$	888,199	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				45,345				45,345	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				1,078,073				1,078,073	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	See Pg 16A	# of prescripts					434,643			434,643	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any						100			100	12
13	Other (specify): <u>See Pg 16A</u>						(236,036)	499,800			263,764	13
14	TOTAL			\$		\$	1,775,581	\$	934,543	\$	2,710,124	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.

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	\$888,199.48
2.	ST		39-3	To Col 5	45,344.90
3.					
4.	PT		39-3	To Col 5	1,078,072.93
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL				526,653.88
	Manual Input from Related Party- Forum Drugs				(92,011.00)
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6	----- 434,642.88 -----
10.					
11.					
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6	100.00
	Total Exceptional Care (Line 12, Col 8)				----- 100.00 -----
13.	Other:		See Pg 16A		

13. Col 5: Manual Input: Related Party - CPT	To Col 5	(236,036.00)
Other		622,323.09
Manual Input: Related Party - Prism		(31,489.00)
Manual Input: Related Party FECII - I.V.		(90,972.00)
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)		(62.00)
13. Col 6: Supplies Total	To Col 6	----- 499,800.09 -----
13. Total Line 13, Column 8		----- 263,764.09 -----
14. Total		----- 2,710,124.28 =====

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 41,488	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 19,500)	1,713,751	1,713,751	3
4	Supply Inventory (priced at)	4,078	4,078	4
5	Short-Term Investments			5
6	Prepaid Insurance		12,500	6
7	Other Prepaid Expenses	9,798	78,085	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	11,746	171,106	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,739,373	\$ 2,021,008	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,733,015	13
14	Buildings, at Historical Cost		13,934,039	14
15	Leasehold Improvements, at Historical Cost	2,204	2,204	15
16	Equipment, at Historical Cost	240,954	1,512,310	16
17	Accumulated Depreciation (book methods)	(49,857)	(1,079,812)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		209,026	21
22	Other Long-Term Assets (spec Finance Fees)		63,361	22
23	Other(specify): Due from Affiliate,		16,421	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 193,301	\$ 16,390,563	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,932,674	\$ 18,411,571	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 363,277	\$ 320,569	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	37,354	37,354	28
29	Short-Term Notes Payable		123,467	29
30	Accrued Salaries Payable	278,008	278,008	30
31	Accrued Taxes Payable (excluding real estate taxes)	29,132	29,132	31
32	Accrued Real Estate Taxes(Sch.IX-B)		354,300	32
33	Accrued Interest Payable		61,886	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	121,244	134,880	36
37	Due to Affiliates	2,156,174	2,156,174	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,985,189	\$ 3,495,770	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,213,150	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates	853,829	853,829	43
44	Sharehold.loan, other			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 853,829	\$ 15,066,979	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,839,018	\$ 18,562,750	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,906,345)	\$ (151,179)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,932,674	\$ 18,411,571	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,968,074)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(151,904)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,119,978)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	213,634	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)	\$ 213,634	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,906,345)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,043,743	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,043,743	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	30,274	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 30,274	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	278	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	1,820	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(6)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(45)	19
20	Radiology and X-Ray		20
21	Other Medical Services	853	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,900	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,476	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,476	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	3,340	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,340	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,081,733	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,526,156	31
32	Health Care	2,609,062	32
33	General Administration	1,981,625	33
B. Capital Expense			
34	Ownership	1,514,707	34
C. Ancillary Expense			
35	Special Cost Centers	3,160,694	35
36	Provider Participation Fee	75,855	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,868,099	40
41	Income before Income Taxes (line 30 minus line 40)**	213,634	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 213,634	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 195,850	44
45	Private Pay - Net Inpatient Revenue	94,871	45
46	Medicare - Net Inpatient Revenue	9,842,142	46
47	Other-(specify) <u>Hospice/Insurance</u>	911,892	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	(1,012)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,043,743	49

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

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

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

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

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Misc Income - Record Copies	\$ 870
Misc Income - Food Rebate	\$ 167
Gains on Sale of Assets	\$ 2,303

Line 28 Total: 3,340

Ending: 12/31/2013

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 109,863	\$ 52.82	1
2	Assistant Director of Nursing	1,568	1,657	60,204	36.33	2
3	Registered Nurses	40,199	41,223	1,204,434	29.22	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	56,544	58,115	679,440	11.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,600	1,600	36,569	22.86	9
10	Activity Assistants	4,953	5,118	50,248	9.82	10
11	Social Service Workers	2,080	2,080	46,154	22.19	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	59,849	28.77	13
14	Head Cook	6,240	6,240	151,200	24.23	14
15	Cook Helpers/Assistants	33,261	34,051	370,408	10.88	15
16	Dishwashers					16
17	Maintenance Workers	2,032	2,047	56,379	27.54	17
18	Housekeepers	11,528	12,005	130,068	10.83	18
19	Laundry	3,390	3,625	36,000	9.93	19
20	Administrator	2,080	2,081	122,706	58.96	20
21	Assistant Administrator	640	640	15,797	24.68	21
22	Other Administrative	6,208	6,325	143,912	22.75	22
23	Office Manager	2,080	2,080	35,360	17.00	23
24	Clerical	2,245	2,252	20,216	8.98	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,416	3,416	134,172	39.28	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	4,384	4,436	70,723	15.94	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	188,608	193,151	\$ 3,533,702 *	\$ 18.30	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	Monthly	\$ 30,750	1-3	35
36	Medical Director			10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,400	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	Varies	1,100	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 34,250		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	29	\$ 1,698	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	29	\$ 1,698		53

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	
Annette G. Borcky	Administrator	0	\$ 122,706	Workers' Compensation Insurance	\$ 131,244	IDPH License Fee	\$	
Emily E. Rickman	Assistant Administrator	0	15,797	Unemployment Compensation Insurance	78,872	Advertising: Employee Recruitment	274	
		0		FICA Taxes	260,188	Health Care Worker Background Check	1,500	
		0		Employee Health Insurance	91,281	(Indicate # of checks performed 50)		
		0		Employee Meals	26,203	Patient Background Checks	374	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	10,468	
		0		Dental Insurance/Life Insurance	1,422	IL Healthcare Association/Health Council	4,094	
				Misc Payroll Costs/401K Match	1,645	Annual Report/Secretary of State	606	
				Employee Drug Tests/Vaccinations	6,032	Chicago Sun-Times/Collaborative Health/Pla	3,475	
				Employee Relations	3,505	Related party- AMS	1,229	
				Back out % Employee Benefit for Mktg Manager	(10,690)	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 138,503	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 25,386
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
\$				\$			\$	
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)	
\$				\$			\$	
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Servs.	Consulting		\$ 584,681				Out-of-State Travel	
BDO Seidman/Baker Tilly	Accounting Fees		6,658				\$	
Ava P. Daley/KMPG	Accounting Fees		333					
Linda Roberts	Clinical Support		1,088				In-State Travel	
First Advantage Corp.	Professional Consulting Fee		1,834					
Achieve Accreditation	Professional Consulting Fee		14,843					
Plante & Moran	Medicare Compliance		2,779				Related party- AMS	
AMS-Eliminated	Allocated Legal Fees		43,992				373	
							Seminar Expense	
							Oakton Community College	
							458	
							ILL Council, IHCA	
							255	
							NIC Conference/ NASWIC	
							344	
							Entertainment Expense	
							()	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 656,209				\$			\$ 1,430	

* Attach copy of IMRF notifications

**See instructions.

Alden Estates of Shorewood		
Legal Fee Support		
2013		
Legal Fees Reported on Pg 21, Section C:	\$	43,992.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		
Less: Non-allowable legal fees, if any, deducted or Pg 5A (AMS Allocated Legal Fees)		(43,992.00)
Allowable Legal Fees	\$	-

Total Allow. Legal Fees should be the sum of the invoices you are providing.

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

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

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA/HEACOU = \$4,094
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 11,273 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. \$ 75,855
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 26,203 Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (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. \$ _____
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. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.