

Facility Name & ID Number Alden Estates of Shorewood

0050781 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	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	331	4,772	17,626	22,729	8
9	SNF/PED					9
10	ICF	2,823	616	265	3,704	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	3,154	5,388	17,891	26,433	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.42%

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 17,447

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	651,372	46,425	360	698,157	2,582	700,739	4,376	705,115		1
2	Food Purchase		309,221		309,221	(29,458)	279,763	(7,321)	272,442		2
3	Housekeeping	119,315	45,123		164,438	1,182	165,620	5,128	170,748		3
4	Laundry	45,218	18,549	17	63,784	512	64,296		64,296		4
5	Heat and Other Utilities			222,335	222,335		222,335	(1,161)	221,174		5
6	Maintenance	61,880		182,095	243,975	324	244,299	34,928	279,227		6
7	Other (specify):* related party							4,589	4,589		7
8	TOTAL General Services	877,785	419,318	404,807	1,701,910	(24,858)	1,677,052	40,539	1,717,591		8
	B. Health Care and Programs										
9	Medical Director			39,000	39,000		39,000		39,000		9
10	Nursing and Medical Records	2,615,755	167,043	3,641	2,786,439	5,690	2,792,129	28,153	2,820,282		10
10a	Therapy		10,670	31,800	42,470	260	42,730		42,730		10a
11	Activities	84,004	2,806	4,444	91,254		91,254		91,254		11
12	Social Services	46,249			46,249		46,249		46,249		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							4,608	4,608		15
16	TOTAL Health Care and Programs	2,746,008	180,519	78,885	3,005,412	5,950	3,011,362	32,761	3,044,123		16
	C. General Administration										
17	Administrative	211,012			211,012		211,012	82,151	293,163		17
18	Directors Fees										18
19	Professional Services			763,056	763,056		763,056	(696,696)	66,360		19
20	Dues, Fees, Subscriptions & Promotions			104,782	104,782		104,782	(78,593)	26,189		20
21	Clerical & General Office Expenses	249,614	13,507	139,010	402,131	623	402,754	45,161	447,915		21
22	Employee Benefits & Payroll Taxes			608,323	608,323	15,385	623,708	(21,587)	602,121		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,125	1,125		1,125	680	1,805		24
25	Other Admin. Staff Transportation			2,758	2,758		2,758	7,928	10,686		25
26	Insurance-Prop.Liab.Malpractice			124,195	124,195		124,195	13,291	137,486		26
27	Other (specify):* related party			131,819	131,819		131,819	(96,461)	35,358		27
28	TOTAL General Administration	460,626	13,507	1,875,068	2,349,201	16,008	2,365,209	(744,126)	1,621,083		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,084,419	613,344	2,358,760	7,056,523	(2,900)	7,053,623	(670,825)	6,382,798		29

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

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

Facility Name & ID Number Alden Estates of Shorewood

#0050781

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

12/31/2015

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			30,989	30,989		30,989	531,421	562,410			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			19,595	19,595		19,595	719,853	739,448			32
33	Real Estate Taxes			394,180	394,180	(394,180)		397,425	397,425			33
34	Rent-Facility & Grounds			1,129,949	1,129,949	394,180	1,524,129	(1,524,129)				34
35	Rent-Equipment & Vehicles			20,819	20,819		20,819	26,415	47,234			35
36	Other (specify):* MIP							77,803	77,803			36
37	TOTAL Ownership			1,595,532	1,595,532		1,595,532	228,788	1,824,320			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,626,184	2,505,841	4,132,025	2,900	4,134,925	(315,821)	3,819,104			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			105,550	105,550		105,550		105,550			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,626,184	2,611,391	4,237,575	2,900	4,240,475	(315,821)	3,924,654			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,084,419	2,239,528	6,565,683	12,889,630		12,889,630	(757,858)	12,131,772			45

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

Alden Estates of Shorewood
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0050781

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (29,457.83)	Employee Meals
	22	\$ 29,457.83	Employee Meals
22		\$ (14,073.00)	Uniform Reclass
	1	\$ 2,582.00	Uniform Reclass
	3	\$ 1,182.00	Uniform Reclass
	4	\$ 512.00	Uniform Reclass
	6	\$ 324.00	Uniform Reclass
	10	\$ 8,590.00	Uniform Reclass
	11	\$ 260.00	Uniform Reclass
	21	\$ 623.00	Uniform Reclass
10		\$ (2,900.36)	Oxygen Cost Reclass
	39	\$ 2,900.36	Oxygen Cost Reclass
33		\$ (394,180.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 394,180.00	Rent - Real Estate Tax on associated landowner (Pg 6)

Facility Name & ID Number Alden Estates of Shorewood

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Report Period Beginning: 01/01/2015

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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	(11,080)	2		4
5	Telephone, TV & Radio in Resident Rooms	(3,464)	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	(669)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,130)	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	(11,764)	21		17
18	Fines and Penalties	(17,906)	32		18
19	Entertainment	(504)	20		19
20	Contributions	(2,080)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(498)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(131,819)	27		24
25	Fund Raising, Advertising and Promotional	(40,747)	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)	\$ (230,925)		\$	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)	(408,037)		34
35	Other- Attach Schedule	(118,896)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (526,933)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (757,858)		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

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

ID# 0050781

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Late fees on utilites	\$ (3,177)	5	1
2	Other Nursing Income (flu, w/chair,etc)	(165)	21	2
3	Misc Income - Record Copies	(4,574)	10	3
4	Misc Income - Donation	(30)	20	4
5	Misc Income - Jury Duty	(92)	21	5
6	Vendor Discounts	(217)	10	6
7	Back Out Chamber of Commerce Joliet Region/Shorewo	(1,900)	20	7
8	Marketing Manager & Aides (GL#6701-100-009)	(103,582)	21	8
9	Back out % Employee Benefit for Mktg Manager	(15,427)	22	9
10	Back Out Bank Charges - Shorewood LLC	(326)	21	10
11				11
12				12
13				13
14				14
15	Eliminate deprec exp on Pg 12 items <\$2,500	(774)	30	15
16	Eliminate deprec exp on Pg 13 items <\$2,500	(12,903)	30	16
17	Expense capital items <\$2,500 on Pg 13 - SW	18,122	6	17
18	Expense Pg 5 Capital Items <\$2,500 on Pg 12 SW	6,328	6	18
19	Correct YTD Depreciation	62	30	19
20	AMS Depreciation Adj	(241)	30	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		(118,896)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	1,542	2,834	0	0	0	0	0	0	0	4,376	1
2	Food Purchase	(16,210)	0	0	8,889	0	0	0	0	0	0	0	(7,321)	2
3	Housekeeping	0	0	5,128	0	0	0	0	0	0	0	0	5,128	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,177)	0	2,016	0	0	0	0	0	0	0	0	(1,161)	5
6	Maintenance	20,986	0	12,337	0	0	0	(64)	1,669	0	0	0	34,928	6
7	Other (specify):*	0	0	4,589	0	0	0	0	0	0	0	0	4,589	7
8	TOTAL General Services	1,599	0	25,612	11,723	0	0	(64)	1,669	0	0	0	40,539	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	(4,791)	0	29,049	4,515	(620)	0	0	0	0	0	0	28,153	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	4,608	0	0	0	0	0	0	0	0	4,608	15
16	TOTAL Health Care and Programs	(4,791)	0	33,657	4,515	(620)	0	0	0	0	0	0	32,761	16
	C. General Administration													
17	Administrative	0	0	82,151	0	0	0	0	0	0	0	0	82,151	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(498)	13,719	(709,917)	0	0	0	0	0	0	0	0	(696,696)	19
20	Fees, Subscriptions & Promotions	(45,261)	250	(33,582)	0	0	0	0	0	0	0	0	(78,593)	20
21	Clerical & General Office Expenses	(115,930)	326	160,765	0	0	0	0	0	0	0	0	45,161	21
22	Employee Benefits & Payroll Taxes	(15,427)	0	0	0	(6,160)	0	0	0	0	0	0	(21,587)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	680	0	0	0	0	0	0	0	0	680	24
25	Other Admin. Staff Transportation	0	0	7,928	0	0	0	0	0	0	0	0	7,928	25
26	Insurance-Prop.Liab.Malpractice	0	13,145	146	0	0	0	0	0	0	0	0	13,291	26
27	Other (specify):*	(131,819)	0	35,358	0	0	0	0	0	0	0	0	(96,461)	27
28	TOTAL General Administration	(308,935)	27,440	(456,471)	0	(6,160)	0	0	0	0	0	0	(744,126)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(312,126)	27,440	(397,202)	16,238	(6,780)	0	(64)	1,669	0	0	0	(670,825)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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

	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	(19,120)	546,337	4,204	0	0	0	0	0	0	0	0	531,421	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(18,575)	734,158	4,270	0	0	0	0	0	0	0	0	719,853	32
33	Real Estate Taxes	0	394,180	3,245	0	0	0	0	0	0	0	0	397,425	33
34	Rent-Facility & Grounds	0	(1,524,129)	0	0	0	0	0	0	0	0	0	(1,524,129)	34
35	Rent-Equipment & Vehicles	0	0	26,415	0	0	0	0	0	0	0	0	26,415	35
36	Other (specify):*	0	77,803	0	0	0	0	0	0	0	0	0	77,803	36
37	TOTAL Ownership	(37,695)	228,349	38,134	0	0	0	0	0	0	0	0	228,788	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	(56,308)	(46,145)	(213,368)	0	0	0	0	0	(315,821)	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	(56,308)	(46,145)	(213,368)	0	0	0	0	0	(315,821)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(349,821)	255,789	(359,068)	(40,070)	(52,925)	(213,368)	(64)	1,669	0	0	0	(757,858)	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 PG 6-Supp		See PG 6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,524,129	Alden Estates of Shorewood, LLC	0.00%	\$	\$ (1,524,129)	1
2	V	32 Interest Income - RR	543	Alden Estates of Shorewood, LLC			(543)	2
3	V	19 Accounting/Professional Fees/Surety Bond		Alden Estates of Shorewood, LLC		13,719	13,719	3
4	V	21 Licenses & Insp./Bank Fees		Alden Estates of Shorewood, LLC		326	326	4
5	V	20 Dues & Subscription/Rprt Fee		Alden Estates of Shorewood, LLC		250	250	5
6	V	33 Real Estate Tax Expense		Alden Estates of Shorewood, LLC		394,180	394,180	6
7	V	26 General Insurance Expense		Alden Estates of Shorewood, LLC		13,145	13,145	7
8	V	36 Mortgage Insurance Premium		Alden Estates of Shorewood, LLC		77,803	77,803	8
9	V	32 Interest on Loan- Mortgage & other		Alden Estates of Shorewood, LLC		732,195	732,195	9
10	V	30 Depreciation Expense		Alden Estates of Shorewood, LLC		546,337	546,337	10
11	V	32 Amortization Exp		Alden Estates of Shorewood, LLC		2,506	2,506	11
12	V	6 Repairs & Maintenance		Alden Estates of Shorewood, LLC				12
13	V							13
14	Total		\$ 1,524,672			\$ 1,780,461	\$ * 255,789	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%	\$ 2,016	\$ 2,016 15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		680	680 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		7,928	7,928 17
18	V	26 Insurance		Alden Management Services, Inc.		146	146 18
19	V	20 Dues/Subscriptions	35,981	Alden Management Services, Inc.		2,399	(33,582) 19
20	V	30 Depreciation		Alden Management Services, Inc.		4,204	4,204 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,245	3,245 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		26,415	26,415 22
23	V	32 Interest		Alden Management Services, Inc.		4,270	4,270 23
24	V	1 Diet. Salary		Alden Management Services, Inc.		1,542	1,542 24
25	V	3 Housekeeping Salary		Alden Management Services, Inc.		5,128	5,128 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		4,589	4,589 26
27	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		29,049	29,049 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		4,608	4,608 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		82,151	82,151 29
30	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		35,358	35,358 30
31	V	19 Professional Fees	749,905	Alden Management Services, Inc.		39,988	(709,917) 31
32	V	21 Gen'l & Administrative		Alden Management Services, Inc.		160,765	160,765 32
33	V	6 Repairs & Maniten.	6,322	Alden Management Services, Inc.		18,659	12,337 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 792,208			\$ 433,140	\$ * (359,068) 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	\$	Prism Health Care Services, Inc.	0.00%	\$	\$	15
16	V	1 Diet Salary		Prism Health Care Services, Inc.				16
17	V	2 Tube Feeding	3,230	Prism Health Care Services, Inc.		3,127	(103)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		8,809	2,149	18
19	V	39 Supplies	129,597	Prism Health Care Services, Inc.		54,686	(74,911)	19
20	V	1 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		2,834	2,834	20
21	V	2 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		8,992	8,992	21
22	V	10 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		2,366	2,366	22
23	V	39 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		18,603	18,603	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		\$ 139,487			\$ 99,417	\$ * (40,070)	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 Drugs	\$ 755,308	Forum Extended Care Services II, Inc.	0.00%	\$ 728,986	\$ (26,322)
16	V	39 I.V. Drugs	739,088	Forum Extended Care Services II, Inc.		713,331	(25,757)
17	V	39 Wound Care	334	Forum Extended Care Services II, Inc.		323	(11)
18	V	10 House Stock	15,402	Forum Extended Care Services II, Inc.		14,866	(536)
19	V	10 Pharmacy Consultant	2,400	Forum Extended Care Services II, Inc.		2,316	(84)
20	V	22 Employee Vaccination	6,160	Forum Extended Care Services II, Inc.			(6,160)
21	V	39 Employee Vaccination		Forum Extended Care Services II, Inc.		5,945	5,945
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		\$ 1,518,692			\$ 1,465,767	\$ * (52,925)

* 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	\$ 2,421,384	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 2,208,016	\$ (213,368)
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		\$ 2,421,384			\$ 2,208,016	\$ * (213,368)

* 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	\$ 33,508	Alden Bennett Construction Company, Inc.	0.00%	\$ 33,444	\$ (64)
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		\$ 33,508			\$ 33,444	\$ * (64)

* 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	\$ 7,950	Alden Design Group, Inc.	0.00%	\$ 9,619	\$ 1,669	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		\$ 7,950			\$ 9,619	\$ *	1,669	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:

01/01/2015

Ending:

12/31/2015

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alz	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Estates of Shorewood # 0050781 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1	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.	President	CEO	100.00	181,093	0.844	2.11	Salary	\$ 3,907	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,888	0.844	2.11	Salary	2,112	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,888	0.844	2.11	Salary	2,112	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	106,843	0.844	2.11	Salary	2,305	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	61,196	0.844	2.11	Salary	1,320	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	\$ 11,756		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: 01/01/2015

Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,251,552	34	\$ 95,438	\$ 26,433	\$ 2,016	1	
2	24	Trav & Seminar	Patient Days	1,251,552	34	32,213	26,433	680	2	
3	25	Other Admin Travel	Patient Days	1,251,552	34	375,370	26,433	7,928	3	
4	26	Insurance	Patient Days	1,251,552	34	6,897	26,433	146	4	
5	20	Dues & Subscriptions	Patient Days	1,251,552	34	113,573	26,433	2,399	5	
6	30	Depreciation	No of Providers/usage	34	34	156,306	1	4,204	6	
7	33	Real Estate Tax	Patient Days/usage	1,251,552	34	176,959	26,433	3,245	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,251,552	34	1,250,701	26,433	26,415	8	
9	32	Interest	Patient Days/usage	1,251,552	34	2,158,573	26,433	4,270	9	
10	1	Dietary Salary	Patient Days	1,251,552	34	72,994	72,994	26,433	1,542	10
11	3	Housekeeping Salary	Patient Days	1,251,552	34	242,795	242,795	26,433	5,128	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,251,552	34	217,281	26,433	4,589	12	
13	10	Nurs & Med Records Salary	Patient Days/usage	1,251,552	34	1,562,220	1,562,220	26,433	29,049	13
14	15	Employee Benefits -Health Care	Patient Days	1,251,552	34	218,198	26,433	4,608	14	
15	17	Administrative Salary	Patient Days/usage	1,251,552	34	4,332,153	4,332,153	26,433	82,151	15
16	27	Employee Benefits - Admin	Patient Days	1,251,552	34	1,674,148	26,433	35,358	16	
17	19	Professional fees	Charge/usage	1,251,552	34	1,213,223	909,774	26,433	39,988	17
18	21	Gen'I & Admin	Patient Days/usage	1,251,552	34	7,611,926	6,744,406	26,433	160,765	18
19	6	Repair & Maint.	Charge/usage	1,251,552	34	1,835,211	1,239,870	26,433	18,659	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 23,346,179	\$ 15,104,212	\$ 433,140	25	

Facility Name & ID Number

Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					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			\$71,933.35	10/2013	\$ 14,366,500	\$ 14,148,981	01/2052	5.1800	\$ 367,155						
2	Cambridge Realty Capital, Ltd.	X			\$71,896.38	10/2013	14,366,500	14,093,818	01/2052	5.1700	365,040						
3																	
4	Insurance Interest (GL07053)	X									1,689						
5	Amort of Fin Fees (GL 1918)	X									2,506						
Working Capital																	
6	Related party-AMS		X	Working Capital							4,270						
7																	
8																	
9	TOTAL Facility Related				\$143,829.73		\$ 28,733,000	\$ 28,242,799			\$ 740,660						
B. Non-Facility Related*																	
10	Interest Income on R.R.		X								(309)						
11	Int Income (GL#4975)		X								(903)						
12																	
13																	
14	TOTAL Non-Facility Related						\$	\$			(1,211)						
15	TOTALS (line 9+line14)						\$ 28,733,000	\$ 28,242,799			\$ 739,448						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 77,803 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 2014 report.		\$	<u>375,400</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>379,080</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>3,680</u>		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>390,500</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (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>394,180</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$ 3,245	
			Total Real Estate Tax Expense, Sch V, Line 33	<u>\$ 397,425</u>	
Real Estate Tax Bill for Calendar Year:	2010	<u>42,996</u>	8	FOR BHF USE ONLY	
	2011	<u>35,247</u>	9		
	2012	<u>401,904</u>	10		
	2013	<u>364,460</u>	11		
	2014	<u>379,080</u>	12		
The current year accrual is based on an estimated 3% increase of the prior year tax					
				13	FROM R. E. TAX STATEMENT FOR 2014 \$
				14	PLUS APPEAL COST FROM LINE 5 \$
				15	LESS REFUND FROM LINE 6 \$
				16	AMOUNT TO USE FOR RATE CALCULATION \$

NOTES:

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

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden 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 2014 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2014.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>153,627.00</u>	\$ <u>3,245.00</u>
2. <u>See attached (Supplement)</u>	<u>Nursing facility</u>	\$ <u>379,079.80</u>	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>532,706.80</u></u>	\$ <u><u>3,245.00</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

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	100			2012	\$ 13,934,038	\$ 357,283	39	\$ 357,283	\$	\$ 1,369,359	4
5	Builder's Profit			2012	(205,307)		39	(5,264)	(5,264)	(20,619)	5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,728,731	\$ 357,283		\$ 352,019	\$ (5,264)	\$ 1,348,740	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,819,641	\$ 358,555		\$ 353,291	\$ (5,264)	\$ 1,434,211	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	\$ 1,433,269	\$ 205,155	\$ 205,155	\$	varies	\$ 789,321	71
72	Current Year Purchases	15,263	2,053	2,053		varies	1,524	72
73	Fully Depreciated Assets	85,758	1,911	1,911		varies	85,758	73
74								74
75	TOTALS	\$ 1,534,290	\$ 209,119	\$ 209,119	\$		\$ 876,603	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				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	4,026				3	4,026	77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	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)	\$ 17,090,972	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 567,674	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 562,410	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)	\$ 2,314,840	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: 01/01/2015

Ending: 12/31/2015

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related Party cost 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. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ 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: \$ 33,119 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>679.42</u>	\$ <u>8,153</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>724.77</u>	<u>8,697</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>16,850</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: 01/01/2015 Ending: 12/31/2015
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>skilled nursing on site</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	3 Cost	Units	5 Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 1,011,588	\$		\$ 1,011,588	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			73,335			73,335	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,350,972			1,350,972	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				734,931		734,931	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify):	See Pg 16A				(213,368)	861,645		648,277	13
14	TOTAL			\$		\$ 2,222,528	\$ 1,596,577		\$ 3,819,104	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.

XIV. Special Services (Direct Cost)

Page 16
Col 5: PT,OT, & ST
Col 6: Supplies

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.			
1.	OT	39-3	To Col 5	-	\$1,011,588.19	
2.	ST	39-3	To Col 5	-	73,335.24	
3.						
4.	PT	39-3	To Col 5	-	1,350,972.31	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL			-	755,308.22	
	Manual Input from Related Party- Forum Drugs & Vaccinations				(20,377.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	734,931.22	
10.						
11.						
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00	
	Total Exceptional Care (Line 12, Col 8)			-	0.00	
13.	Other:	See Pg 16A				
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(213,368.00)	From Page 6D

Other		-	940,821.00	
Manual Input: Related Party - Prism			(56,308.00)	From Page 6B
Manual Input: Related Party FECII - I.V.			(25,757.00)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)			(11.00)	From Page 6C
			2,900.36	

13. Col 6: Supplies Total	To Col 6	-	861,645.36	

13. Total Line 13, Column 8		-	648,277.36	
			- - - - -	
14. Total		-	3,819,104.32	
			= = = = =	

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>130,500</u>)	1,442,927	1,442,927	3
4	Supply Inventory (priced at)	4,078	4,078	4
5	Short-Term Investments			5
6	Prepaid Insurance		10,292	6
7	Other Prepaid Expenses	13,377	71,362	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	8,057	151,487	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,468,439	\$ 1,680,146	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	3,927	8,532	15
16	Equipment, at Historical Cost	243,982	1,549,512	16
17	Accumulated Depreciation (book methods)	(105,229)	(2,226,140)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		437,328	21
22	Other Long-Term Assets (spec <u>Finance Fees</u>)		58,327	22
23	Other(specify): <u>Due from Affiliate,</u>	1,321,220	1,356,363	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,463,900	\$ 16,850,976	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,932,339	\$ 18,531,122	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 514,528	\$ 391,541	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	166,225	166,225	28
29	Short-Term Notes Payable		137,330	29
30	Accrued Salaries Payable	343,435	343,435	30
31	Accrued Taxes Payable (excluding real estate taxes)	18,877	18,877	31
32	Accrued Real Estate Taxes(Sch.IX-B)		390,500	32
33	Accrued Interest Payable		60,721	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	189,749	189,749	36
37	<u>Due to Affiliates</u>	2,927,986	2,927,986	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,160,800	\$ 4,626,364	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		13,956,488	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>			43
44	<u>Sharehold.loan, other</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 13,956,488	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,160,800	\$ 18,582,853	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,228,461)	\$ (51,731)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,932,339	\$ 18,531,122	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,165,160)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,165,160)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(63,301)	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)	\$ (63,301)	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)	\$ (1,228,461)	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	\$ 12,753,310	1	
2	Discounts and Allowances for all Levels	()	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,753,310	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	45,551	6	
7	Oxygen	6,126	7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 51,677	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	521	12	
13	Barber and Beauty Care		13	
14	Non-Patient Meals	11,080	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	2,499	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 14,100	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	669	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 669	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	See page 19A, if any	6,573	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,573	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,826,329	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,701,910	31	
32	Health Care	3,005,412	32	
33	General Administration	2,349,201	33	
B. Capital Expense				
34	Ownership	1,595,532	34	
C. Ancillary Expense				
35	Special Cost Centers	4,132,025	35	
36	Provider Participation Fee	105,550	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,889,630	40	
41	Income before Income Taxes (line 30 minus line 40)**	(63,301)	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (63,301)	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 532,911	44
45	Private Pay - Net Inpatient Revenue	275,120	45
46	Medicare - Net Inpatient Revenue	9,891,731	46
47	Other-(specify) <u>Hospice/Insurance</u>	2,053,548	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,753,310	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)	\$ 4,574
Misc Income - Donation	\$ 30
Misc Income - Jury Duty	\$ 92
Vendor Discounts	\$ 217
Gain on Sale of Prior Year Assets	\$ 1,660
Line 28 Total:	<u><u>6,573</u></u>

Ending: 12/31/2015

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 108,105	\$ 51.97	1
2	Assistant Director of Nursing	2,080	2,080	88,142	42.38	2
3	Registered Nurses	43,676	46,345	1,390,674	30.01	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	62,627	65,332	740,414	11.33	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	38,695	18.60	9
10	Activity Assistants	4,279	4,549	45,310	9.96	10
11	Social Service Workers	2,080	2,080	46,249	22.24	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	72,551	34.88	13
14	Head Cook	6,240	6,240	169,988	27.24	14
15	Cook Helpers/Assistants	34,568	35,998	408,833	11.36	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	61,880	29.75	17
18	Housekeepers	11,213	11,735	119,316	10.17	18
19	Laundry	4,009	4,293	45,218	10.53	19
20	Administrator	2,080	2,080	147,248	70.79	20
21	Assistant Administrator	2,080	2,080	63,764	30.66	21
22	Other Administrative	7,360	7,360	198,877	27.02	22
23	Office Manager	1,520	1,520	24,142	15.88	23
24	Clerical	2,776	2,846	26,595	9.34	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,152	4,160	163,958	39.41	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	8,242	8,011	124,460	15.54	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	207,302	215,029	\$ 4,084,419 *	\$ 18.99	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	\$ 360	1-3	35
36	Medical Director	Monthly	39,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	Monthly	24,000		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,640	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	48	\$ 66,000		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3	\$ 1,062	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	3	\$ 1,062		53

Alden Estates of Shorewood
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$ 48,280.87
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(497.75)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)	(46,908.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	\$ 875.12

In Detail:

Vendor Name	Invoice Date	Amount
Kent College of Law		106.25
Kent College of Law		53.09
Janet Hermann		72.92
Janet Hermann		262.50
Janet Hermann		160.42
Stone Pogrund & Korey LLC		50.00
Stone Pogrund & Korey LLC		169.94
TOTAL ALLOWABLE LEGAL FEES		875.12

Vendor Name	Invoice Date	Amount
Arianna Fisch		5.00
Clerk Of The Circuit Court		5.00
Clerk Of The Circuit Court		50.00
Clerk Of The Circuit Court		(236.00)
Clerk Of The Circuit Court		(276.00)

Clerk Of The Circuit Court	(236.00)
Clerk Of The Circuit Court	(236.00)
Clerk Of The Circuit Court	261.00
Clerk Of The Circuit Court	261.00
Clerk Of The Circuit Court	301.00
Clerk Of The Circuit Court	261.00
Markley Investigations Inc.	78.00
Markley Investigations Inc.	50.00
Markley Investigations Inc.	78.00
Markley Investigations Inc.	98.00
Markley Investigations Inc.	125.00
Sheriff of Will County	(79.00)
Sheriff of Will County	(50.00)
Recorder of Deed - Will County	37.75

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 497.75

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Corp Legal Cost Alloc-'15	01/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	02/28/15	3,909.00
AMS Corp Legal Cost Alloc-'15	03/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	04/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	05/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	06/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	07/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	08/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	09/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	10/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	11/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	12/31/15	3,909.00
TOTAL Allocated Legal Fees		<u><u>46,908.00</u></u>
Total Legal Cost		<u><u>48,280.87</u></u>

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

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. Health Care Council of Illinois = \$9,600
- (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. \$ 16,269 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 105,550
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. \$ 29,458 Has any meal income been offset against related costs? No 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) 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.