



Facility Name & ID Number Alden Courts of Shorewood

# 0052530 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**III. STATISTICAL DATA**

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 2/22/17

	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	50	Skilled (SNF)	50	15,650	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	50	TOTALS	50	15,650	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		34	948	982	8
9	SNF/PED					9
10	ICF	245	3,025		3,270	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	245	3,059	948	4,252	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 27.17%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started 02/26/2017

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 50 and days of care provided 948

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Alden Courts of Shorewood # 0052530 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	26,413	9,090	208	35,711	1,622	37,333	410	37,743		1
2	Food Purchase		36,054		36,054	(3,425)	32,629	(746)	31,883		2
3	Housekeeping	30,681	2,987		33,668	743	34,411	703	35,114		3
4	Laundry		17,312		17,312	322	17,634		17,634		4
5	Heat and Other Utilities			29,169	29,169		29,169	(262)	28,907		5
6	Maintenance			87,094	87,094	203	87,297	91,237	178,534		6
7	Other (specify):* related party							788	788		7
8	<b>TOTAL General Services</b>	57,094	65,443	116,471	239,008	(535)	238,473	92,130	330,603		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			6,000	6,000		6,000		6,000		9
10	Nursing and Medical Records	862,268	42,943	760	905,971	5,397	911,368	4,563	915,931		10
10a	Therapy										10a
11	Activities	12,284	2,329	10,954	25,567	163	25,730		25,730		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							762	762		15
16	<b>TOTAL Health Care and Programs</b>	874,552	45,272	17,714	937,538	5,560	943,098	5,325	948,423		16
	<b>C. General Administration</b>										
17	Administrative	125,817			125,817		125,817	15,052	140,869		17
18	Directors Fees										18
19	Professional Services			75,408	75,408		75,408	(61,775)	13,633		19
20	Dues, Fees, Subscriptions & Promotions			57,365	57,365		57,365	(55,937)	1,428		20
21	Clerical & General Office Expenses	80,554	7,991	54,223	142,768	391	143,159	23,261	166,420		21
22	Employee Benefits & Payroll Taxes			159,004	159,004	(5,416)	153,588	(1,708)	151,880		22
23	Inservice Training & Education										23
24	Travel and Seminar			550	550		550	102	652		24
25	Other Admin. Staff Transportation							1,123	1,123		25
26	Insurance-Prop.Liab.Malpractice			9,698	9,698		9,698	4,384	14,082		26
27	Other (specify):* related party			7,487	7,487		7,487	(1,485)	6,002		27
28	<b>TOTAL General Administration</b>	206,371	7,991	363,735	578,097	(5,025)	573,072	(76,983)	496,089		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,138,017	118,706	497,920	1,754,643		1,754,643	20,472	1,775,115		29

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

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

Facility Name &amp; ID Number Alden Courts of Shorewood

#0052530

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			62,105	62,105		62,105	347,522	409,627			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			16,601	16,601		16,601	302,891	319,492			32
33	Real Estate Taxes			178,560	178,560	(178,560)		178,899	178,899			33
34	Rent-Facility & Grounds			543,279	543,279	178,560	721,839	(721,839)				34
35	Rent-Equipment & Vehicles			9,195	9,195		9,195	3,065	12,260			35
36	Other (specify):* MIP							53,320	53,320			36
37	<b>TOTAL Ownership</b>			809,740	809,740		809,740	163,858	973,598			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		62,679	162,198	224,877		224,877	(19,330)	205,547			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			32,197	32,197		32,197		32,197			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		62,679	194,395	257,074		257,074	(19,330)	237,744			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,138,017	181,385	1,502,055	2,821,457		2,821,457	165,000	2,986,457			45

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

0052530  
 Period Beginning: 01/01/2017  
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(3,425)	Employee Meals
	22	3,425	Employee Meals
22		(8,841)	Uniform Reclass
	1	1,622	Uniform Reclass
	3	743	Uniform Reclass
	4	322	Uniform Reclass
	6	203	Uniform Reclass
	10	5,397	Uniform Reclass
	11	163	Uniform Reclass
	21	391	Uniform Reclass
10		-	Oxygen Cost Reclass
	39	-	Oxygen Cost Reclass
33		(178,560)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	178,560	Rent - Real Estate Tax on associated landowner (Pg 6)

**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(7,804)	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	(7,850)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,489)	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	(2,858)	21		17
18	Fines and Penalties				18
19	Entertainment	(522)	20		19
20	Contributions	(250)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(59)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(7,487)	27		24
25	Fund Raising, Advertising and Promotional	(53,623)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (81,942)		\$	30

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
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)	189,194	Pg 6s	34
35	Other- Attach Schedule	57,748	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 246,942		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 165,000		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
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>
38	Medically Necessary Transport.		x	\$	38
39			x		39
40	Gift and Coffee Shops		x		40
41	Barber and Beauty Shops		x		41
42	Laboratory and Radiology		x		42
43	Prescription Drugs		x		43
44			x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

<b>BHF USE ONLY</b>							
48		49		50		51	

Alden Courts of Shorewood

ID# 0052530

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Valet Cost	\$ (255)	21	1
2	Late fees on utilites	(553)	5	2
3	Intercompany Interest	(16,419)	32	3
4	Back Out Bank Charges - Shorewood LLC	(5,537)	21	4
5	Back Out Shorewood Area Chamber of Commerce	(575)	20	5
6	Back Out Joliet Region Chamber of Commerce	(1,075)	20	6
7				7
8				8
9				9
10	Eliminate deprec exp on Pg 12 items <\$2,500	(4,859)	30	10
11	Eliminate deprec exp on Pg 13 items <\$2,500	(701)	30	11
12	Expense capital items <\$2,500 on Pg 13 -C SW	63,825	6	12
13	Expense Pg 5 Capital Items <\$2,500 on Pg 12 CSW	25,483	6	13
14	Correct YTD Depreciation	(1,586)	30	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
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	57,748		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	240	170	0	0	0	0	0	0	0	410	1
2	Food Purchase	(1,489)	0	0	743	0	0	0	0	0	0	0	(746)	2
3	Housekeeping	0	0	703	0	0	0	0	0	0	0	0	703	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(553)	0	291	0	0	0	0	0	0	0	0	(262)	5
6	Maintenance	81,504	0	8,848	0	0	0	(36)	921	0	0	0	91,237	6
7	Other (specify):*	0	0	788	0	0	0	0	0	0	0	0	788	7
8	<b>TOTAL General Services</b>	<b>79,462</b>	<b>0</b>	<b>10,870</b>	<b>913</b>	<b>0</b>	<b>0</b>	<b>(36)</b>	<b>921</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>92,130</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	5,054	139	(630)	0	0	0	0	0	0	4,563	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	762	0	0	0	0	0	0	0	0	762	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>5,816</b>	<b>139</b>	<b>(630)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,325</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	15,052	0	0	0	0	0	0	0	0	15,052	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(59)	11,365	(73,081)	0	0	0	0	0	0	0	0	(61,775)	19
20	Fees, Subscriptions & Promotions	(56,045)	0	108	0	0	0	0	0	0	0	0	(55,937)	20
21	Clerical & General Office Expenses	(8,650)	5,537	26,374	0	0	0	0	0	0	0	0	23,261	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(1,708)	0	0	0	0	0	0	(1,708)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	102	0	0	0	0	0	0	0	0	102	24
25	Other Admin. Staff Transportation	0	0	1,123	0	0	0	0	0	0	0	0	1,123	25
26	Insurance-Prop.Liab.Malpractice	0	4,360	24	0	0	0	0	0	0	0	0	4,384	26
27	Other (specify):*	(7,487)	0	6,002	0	0	0	0	0	0	0	0	(1,485)	27
28	<b>TOTAL General Administration</b>	<b>(72,241)</b>	<b>21,262</b>	<b>(24,296)</b>	<b>0</b>	<b>(1,708)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(76,983)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>7,221</b>	<b>21,262</b>	<b>(7,610)</b>	<b>1,052</b>	<b>(2,338)</b>	<b>0</b>	<b>(36)</b>	<b>921</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20,472</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(14,996)	359,736	2,782	0	0	0	0	0	0	0	0	347,522	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(16,419)	302,029	17,281	0	0	0	0	0	0	0	0	302,891	32
33	Real Estate Taxes	0	178,560	339	0	0	0	0	0	0	0	0	178,899	33
34	Rent-Facility & Grounds	0	(721,839)	0	0	0	0	0	0	0	0	0	(721,839)	34
35	Rent-Equipment & Vehicles	0	0	3,065	0	0	0	0	0	0	0	0	3,065	35
36	Other (specify):*	0	53,320	0	0	0	0	0	0	0	0	0	53,320	36
37	<b>TOTAL Ownership</b>	<b>(31,415)</b>	<b>171,806</b>	<b>23,467</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>163,858</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(3,884)	(2,715)	(12,731)	0	0	0	0	0	(19,330)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(3,884)</b>	<b>(2,715)</b>	<b>(12,731)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(19,330)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(24,194)</b>	<b>193,068</b>	<b>15,857</b>	<b>(2,832)</b>	<b>(5,053)</b>	<b>(12,731)</b>	<b>(36)</b>	<b>921</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>165,000</b>	<b>45</b>

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden 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	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	\$ 721,839	Alden Estates of Shorewood, LLC	0.00%	\$	\$ (721,839)	1
2	V	32 Interest Income - RR	19	Alden Estates of Shorewood, LLC			(19)	2
3	V	19 Accounting/Professional Fees/Surety Bond/Legal Fees		Alden Estates of Shorewood, LLC		11,365	11,365	3
4	V	21 Licenses & Insp./Bank Fees		Alden Estates of Shorewood, LLC		5,537	5,537	4
5	V	20 Dues & Subscription/Rprt Fee		Alden Estates of Shorewood, LLC				5
6	V	33 Real Estate Tax Expense		Alden Estates of Shorewood, LLC		178,560	178,560	6
7	V	26 General Insurance Expense		Alden Estates of Shorewood, LLC		4,360	4,360	7
8	V	36 Mortgage Insurance Premium		Alden Estates of Shorewood, LLC		53,320	53,320	8
9	V	32 Interest on Loan- Mortgage & other		Alden Estates of Shorewood, LLC		300,078	300,078	9
10	V	30 Depreciation Expense		Alden Estates of Shorewood, LLC		359,736	359,736	10
11	V	32 Amortization Exp		Alden Estates of Shorewood, LLC		1,970	1,970	11
12	V							12
13	V							13
14	Total		\$ 721,858			\$ 914,926	\$ * 193,068	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%	\$ 291	\$	291	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		102		102	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		1,123		1,123	17
18	V	26 Insurance		Alden Management Services, Inc.		24		24	18
19	V	20 Dues/Subscriptions		Alden Management Services, Inc.		108		108	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,782		2,782	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		339		339	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		3,065		3,065	22
23	V	32 Interest		Alden Management Services, Inc.		17,281		17,281	23
24	V	1 Diet. Salary		Alden Management Services, Inc.		240		240	24
25	V	3 Housekeeping Salary		Alden Management Services, Inc.		703		703	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		788		788	26
27	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		5,054		5,054	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		762		762	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		15,052		15,052	29
30	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		6,002		6,002	30
31	V	19 Professional Fees	73,723	Alden Management Services, Inc.		642		(73,081)	31
32	V	21 Gen'l & Administrative		Alden Management Services, Inc.		26,374		26,374	32
33	V	6 Repairs & Maniten.	40,428	Alden Management Services, Inc.		49,276		8,848	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 114,151			\$ 130,008	\$ *	15,857	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 Sevices, Inc.	0.00%	\$	\$
16	V	1 Diet Salary		Prism Health Care Sevices, Inc.			
17	V	2 Tube Feeding		Prism Health Care Sevices, Inc.		160	160
18	V	10 Equipment Rental		Prism Health Care Sevices, Inc.			
19	V	39 Supplies	6,899	Prism Health Care Sevices, Inc.		1,966	(4,933)
20	V	1 Gen'1 & admin & benefits		Prism Health Care Sevices, Inc.		170	170
21	V	2 Gen'1 & admin & benefits		Prism Health Care Sevices, Inc.		583	583
22	V	10 Gen'1 & admin & benefits		Prism Health Care Sevices, Inc.		139	139
23	V	39 Gen'1 & admin & benefits		Prism Health Care Sevices, Inc.		1,049	1,049
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		\$ 6,899			\$ 4,067	\$ * (2,832)

\* 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>	\$ 54,291	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 50,114	\$ (4,177)
16	V	39 <u>I.V. Drugs</u>	1,386	<u>Forum Extended Care Services II, Inc.</u>		1,279	(107)
17	V	39 <u>Wound Care Products</u>	103	<u>Forum Extended Care Services II, Inc.</u>		95	(8)
18	V	10 <u>House Stock</u>	7,787	<u>Forum Extended Care Services II, Inc.</u>		7,188	(599)
19	V	10 <u>Pharmacy Consultant</u>	400	<u>Forum Extended Care Services II, Inc.</u>		369	(31)
20	V	22 <u>Employee Vaccination</u>	1,708	<u>Forum Extended Care Services II, Inc.</u>			(1,708)
21	V	39 <u>Employee Vaccination</u>		<u>Forum Extended Care Services II, Inc.</u>		1,577	1,577
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 65,675			\$ 60,622	\$ * (5,053)

\* 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	\$ 156,572	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 143,841	\$ (12,731)
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		\$ 156,572			\$ 143,841	\$ * (12,731)

\* 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	\$ 26,874	Alden Bennett Construction Company, Inc.	0.00%	\$ 26,838	\$	(36)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 26,874			\$ 26,838	\$ *	(36)	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 4,204	Alden Design Group, Inc.	0.00%	\$ 5,125	\$ 921	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	<b>Total</b>		\$ 4,204			\$ 5,125	\$ *	921	39

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

Facility Name &amp; ID Number

Alden Courts of Shorewood

# 0052530

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number Alden Courts of Shorewood # 0052530 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	184,404	0.128	0.32	Salary	\$ 596	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	99,678	0.128	0.32	Salary	322	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	99,678	0.128	0.32	Salary	322	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	114,527	0.128	0.32	Salary	370	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	62,755	0.128	0.32	Salary	203	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	184,404	0.096	0.32	Salary	596	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 2,409		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 Courts of Shorewood

# 0052530

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,320,269	35	\$ 90,340	\$ 4,252	\$ 291	1	
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	4,252	102	2	
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	4,252	1,123	3	
4	26	Insurance	Patient Days	1,320,269	35	7,373	4,252	24	4	
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	4,252	108	5	
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6	
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	4,252	339	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	4,252	3,065	8	
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	4,252	17,281	9	
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	4,252	240	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	4,252	703	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	4,252	788	12	
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	4,252	5,054	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	4,252	762	14	
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	4,252	15,052	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	4,252	6,002	16	
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	4,252	642	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	4,252	26,374	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	4,252	49,276	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 130,008	25	

Facility Name & ID Number

Alden Courts of Shorewood

# 0052530

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Cambridge Realty Capital, Ltd.	x	Mortgage	\$42,119.17	11/1/17	\$ 9,870,300	\$ 9,742,496	01/2052	3.7300	\$ 300,078	1									
2											2									
3	Interest Capital Lease (7030)	x	Phone Lease							40	3									
4	Insurance Interest (GL07053)	x								142	4									
5	Amort of Fin Fees (GL 7105)	x	Malpractice Insurance							1,970	5									
<b>Working Capital</b>																				
6	Related party-AMS	x	Working Capital							17,281	6									
7											7									
8											8									
9	<b>TOTAL Facility Related</b>			\$42,119.17		\$ 9,870,300	\$ 9,742,496			\$ 319,511	9									
<b>B. Non-Facility Related*</b>																				
10	Interest Income on R.R.	x								(19)	10									
11											11									
12											12									
13											13									
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ (19)	14									
15	<b>TOTALS (line 9+line14)</b>					\$ 9,870,300	\$ 9,742,496			\$ 319,492	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 53,320 Line # 36

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

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

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1.	Real Estate Tax accrual used on 2016 report.			\$	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.)			\$	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	3
4.	Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$	5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$	6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	339
		Total Real Estate Tax Expense, Sch V, Line 33		\$	178,899
Real Estate Tax Bill for Calendar Year:				<b>FOR BHF USE ONLY</b>	
	2012	_____	8	13	FROM R. E. TAX STATEMENT FOR 2016 \$
	2013	_____	9	14	PLUS APPEAL COST FROM LINE 5 \$
	2014	_____	10	15	LESS REFUND FROM LINE 6 \$
	2015	_____	11	16	AMOUNT TO USE FOR RATE CALCULATION \$
	2016	<u>144,831</u>	12		
<u>Current year estimated/accrual based on initial board of review assessment.</u>					

**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.**

**2016 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Alden Courts of Shorewood COUNTY Will

FACILITY IDPH LICENSE NUMBER 0052530

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773)286-3883 FAX #: (773)286-8038

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2016 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2016.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>105,372.00</u>	\$ <u>339.00</u>
2. <u>05-06-04-405-013-0000</u>	<u>Nursing Facility</u>	\$ <u>351,530.70</u>	\$ <u>178,560.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>456,902.70</u></u>	\$ <u><u>178,899.00</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 35,635 B. General Construction Type: Exterior Brick/Cement Frame Steel Skeleton/Metal Frame Number of Stories 1 + 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).

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

If so, please complete the following:

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

Nature of Costs:

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	nursing facility	73,567	2006	\$ 571,894	1
2					2
3	TOTALS	73,567		\$ 571,894	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	50		2017	8,671,724	222,352	39	222,352		222,352	4
5			2017	(306,135)		39	(7,850)	(7,850)	(7,850)	5
6			2017	1,352,929	34,690	39	34,690		34,690	6
7										7
8										8
<b>Improvement Type**</b>										
9	Building - (Additional Construction Costs - 306)		2017	295,051	7,565	39	7,565		7,565	9
10	ALDDDES - Architectural Work		2017	8,762	225	39	225		225	10
11	AMS - Structural/Finishing Maintenance		2017	13,004	306	39	306		306	11
12	AMS - Structural/Finishing Maintenance		2017	9,528	204	39	204		204	12
13	ALDDDES - Architectural Work		2017	13,778	294	39	294		294	13
14	ALDDDES - Architectural Work		2017	4,486	86	39	86		86	14
15	AMS - Structural/Finishing Maintenance		2017	4,568	88	39	88		88	15
16	AMS - Structural/Finishing Maintenance		2017	10,016	193	39	193		193	16
17	DEDRES - Restoration, Flood Damage		2017	13,923	696	15	696		696	17
18	Building- (Additional after initial cost cert - Closing Oct 2017)		2017	1,027,219	26,339	39	26,339		26,339	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

Facility Name &amp; ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,118,853	\$ 293,038		\$ 285,188	\$ (7,850)	\$ 285,188	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17	5	17		60	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,197,807	\$ 294,078		\$ 286,228	\$ (7,850)	\$ 374,149	34

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

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 998,496	\$ 7,068	\$ 7,068	\$		\$ 13,397	71
72	Current Year Purchases	147,211	116,223	116,223			116,223	72
73	Fully Depreciated Assets	81,168	108	108			81,168	73
74								74
75	TOTALS	\$ 1,226,875	\$ 123,399	\$ 123,399	\$		\$ 210,788	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					3	3,911	77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$ 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)	\$ 12,996,576	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 417,477	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 409,627	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (7,850)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 588,848	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 Courts of Shorewood

# 0052530

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: Related Party cost 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	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning 2/1/17

Ending 2/1/27

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

Fiscal Year Ending                      Annual Rent

12. 12/31/2018                      \$ varies

13. 12/31/2019                      \$ varies

14. 12/31/2020                      \$ 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: \$ 14,576      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>114.00</u>	\$ <u>1,368</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	<b>TOTAL</b>		\$ <b>114.00</b>	\$ <b>1,368</b>	21

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

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

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

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

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

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 64,278	\$		\$ 64,278	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			15,319			15,319	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			80,934			80,934	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				51,691		51,691	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				(12,731)	6,056		(6,675)	12
13	Other (specify):	See Pg 16A								13
14	TOTAL			\$		\$ 147,800	\$ 57,747		\$ 205,547	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	\$64,278.00	
2.	ST	39-3	To Col 5	15,319.00	
3.					
4.	PT	39-3	To Col 5	80,934.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			54,291.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(2,600.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	51,691.00	
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	(12,731.00)	From Page 6D
	Other			10,055.00	
	Manual Input: Related Party - Prism			(3,884.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(107.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(8.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)				
13.	Col 6: Supplies Total		To Col 6	6,056.00	
13.	Total Line 13, Column 8			(6,675.00)	
14.	Total			205,547.00	

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>7,400</u> )	245,495	245,495	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		4,162	6
7	Other Prepaid Expenses	28,300	52,136	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>		36,721	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 273,795	\$ 338,514	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	3,919	3,919	12
13	Land			13
14	Buildings, at Historical Cost		9,698,943	14
15	Leasehold Improvements, at Historical Cost	1,751,054	1,751,054	15
16	Equipment, at Historical Cost	188,861	1,140,353	16
17	Accumulated Depreciation (book methods)	(62,105)	(421,841)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		51,136	21
22	Other Long-Term Assets (spe <u>Finance Fees</u> )		486,322	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,881,729	\$ 12,709,885	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,155,524	\$ 13,048,399	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 114,613	\$ 117,028	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	63,503	63,503	28
29	Short-Term Notes Payable	1,163	145,651	29
30	Accrued Salaries Payable	155,348	155,348	30
31	Accrued Taxes Payable (excluding real estate taxes)	16,636	16,636	31
32	Accrued Real Estate Taxes(Sch.IX-B)		178,560	32
33	Accrued Interest Payable		30,283	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	31,360	31,360	36
37	<u>Due to Affiliates</u>	374,763	374,763	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 757,386	\$ 1,113,132	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	2,666	2,666	39
40	Mortgage Payable		9,598,008	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Affiliates</u>	2,734,131	2,703,848	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 2,736,797	\$ 12,304,522	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,494,183	\$ 13,417,654	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (1,338,658)	\$ (369,255)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,155,524	\$ 13,048,399	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (34,271)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (34,271)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(1,304,387)	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)	\$ (1,304,387)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,338,658)	24 *

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

Facility Name &amp; ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 1,440,883	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 1,440,883	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	70,839	6
7	Oxygen	5	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 70,844	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	2,000	19
20	Radiology and X-Ray		20
21	Other Medical Services	3,342	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 5,342	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG19A</u>		28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 1,517,070	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	239,008	31
32	Health Care	937,538	32
33	General Administration	578,097	33
<b>B. Capital Expense</b>			
34	Ownership	809,740	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	224,877	35
36	Provider Participation Fee	32,197	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 2,821,457	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,304,387)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,304,387)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 37,781	44
45	Private Pay - Net Inpatient Revenue	828,050	45
46	Medicare - Net Inpatient Revenue	565,292	46
47	Other-(specify) <u>Hospice/Insurance</u>	9,761	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 1,440,883	49

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

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

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

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

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning 01/01/2017 Ending:

12/31/2017

Details of Page 19, Line 28

Description

Amount

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

Record Copies-Backed out with Ln ref 21-Pg 5A

Jury Duty-Backed out with Ln ref 22-Pg 5A

Write Off Old Accounts Payables

Vendor Discount

United Healthcare-(Rebate/Incentive)

U'SAgain LLc

Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)

Line 28 Total:

0

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,007	2,007	\$ 97,731	\$ 48.70	1
2	Assistant Director of Nursing					2
3	Registered Nurses	13,074	13,157	432,882	32.90	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	13,184	13,425	172,172	12.82	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	245	245	3,502	14.29	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	1,613	1,891	26,413	13.97	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	2,515	2,609	30,681	11.76	18
19	Laundry					19
20	Administrator	2,080	2,080	117,163	56.33	20
21	Assistant Administrator	240	240	8,654	36.06	21
22	Other Administrative	336	370	25,677	69.40	22
23	Office Manager					23
24	Clerical	3,846	4,040	54,877	13.58	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,312	1,312	48,798	37.19	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Memory Care Dir</u>	6,150	6,229	119,467	19.18	33
34	TOTAL (lines 1 - 33)	46,602	47,605	\$ 1,138,017 *	\$ 23.91	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	\$ 208	1-3	35
36	Medical Director	Monthly	6,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	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	Monthly	9,193	11-3	44
45	Social Service Consultant	8	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	8	\$ 16,361		49

C. CONTRACT NURSES

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



Alden Courts of Shorewood  
 Legal Fee Support  
 2017

Legal Fees Reported on Pg 21, Section C:	\$	874.58
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(59.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		<u>                    </u>
Allowable Legal Fees	\$	<u>815.58</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
CMS Medicare	2/23/2017	560.00
MidCap	8/31/2017	255.58
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><u>815.58</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
MB Financial Bank	12/14/2017	59.00

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES** 59.00

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
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**TOTAL Allocated Legal Fees** -

Total Legal Cost 874.58

Facility Name &amp; ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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? No  
If YES, give association name and amount. \_\_\_\_\_
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 3,619 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. \$ 32,197  
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. \$ 3,425 Has any meal income been offset against related costs? No Indicate the amount. \$ n/a
- (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