



Facility Name & ID Number Alden Estates of Shorewood

# 0050781 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**III. STATISTICAL DATA**

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	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	3	5,569	17,041	22,613	8
9	SNF/PED					9
10	ICF	4,584	1,364	239	6,187	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,587	6,933	17,280	28,800	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 78.90%

**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 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 16,885

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 Estates of Shorewood # 0050781 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	740,433	27,385	345	768,163	4,083	772,246	6,786	779,032		1
2	Food Purchase		285,745		285,745	(25,282)	260,463	(160)	260,303		2
3	Housekeeping	130,449	62,196		192,645	1,869	194,514	4,760	199,274		3
4	Laundry	44,011	22,405		66,416	809	67,225		67,225		4
5	Heat and Other Utilities			281,373	281,373		281,373	(2,843)	278,530		5
6	Maintenance	69,008		216,806	285,814	6,962	292,776	40,032	332,808		6
7	Other (specify):* related party							5,335	5,335		7
8	<b>TOTAL General Services</b>	983,901	397,731	498,524	1,880,156	(11,559)	1,868,597	53,910	1,922,507		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			64,500	64,500		64,500		64,500		9
10	Nursing and Medical Records	2,543,022	185,535	9,654	2,738,211	(13,239)	2,724,972	38,990	2,763,962		10
10a	Therapy		6,511	25,862	32,373		32,373		32,373		10a
11	Activities	151,167	2,808	6,682	160,657	410	161,067		161,067		11
12	Social Services	50,168			50,168		50,168		50,168		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							5,162	5,162		15
16	<b>TOTAL Health Care and Programs</b>	2,744,357	194,854	106,698	3,045,909	(12,829)	3,033,080	44,152	3,077,232		16
	<b>C. General Administration</b>										
17	Administrative	109,246			109,246		109,246	101,950	211,196		17
18	Directors Fees										18
19	Professional Services			902,017	902,017		902,017	(806,367)	95,650		19
20	Dues, Fees, Subscriptions & Promotions			170,826	170,826		170,826	(149,269)	21,557		20
21	Clerical & General Office Expenses	223,588	25,956	195,630	445,174	(5,465)	439,709	37,572	477,281		21
22	Employee Benefits & Payroll Taxes			626,767	626,767	3,033	629,800	(20,521)	609,279		22
23	Inservice Training & Education										23
24	Travel and Seminar			606	606		606	692	1,298		24
25	Other Admin. Staff Transportation			4,814	4,814		4,814	7,604	12,418		25
26	Insurance-Prop.Liab.Malpractice			152,166	152,166		152,166	10,619	162,785		26
27	Other (specify):* related party			123,285	123,285		123,285	(82,632)	40,653		27
28	<b>TOTAL General Administration</b>	332,834	25,956	2,176,111	2,534,901	(2,432)	2,532,469	(900,352)	1,632,117		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,061,092	618,541	2,781,333	7,460,966	(26,820)	7,434,146	(802,290)	6,631,856		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 Estates of Shorewood

#0050781

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			32,457	32,457		32,457	405,401	437,858			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			35,203	35,203		35,203	722,163	757,366			32
33	Real Estate Taxes			251,570	251,570	(251,570)		253,870	253,870			33
34	Rent-Facility & Grounds			1,144,614	1,144,614	251,570	1,396,184	(1,388,135)	8,049			34
35	Rent-Equipment & Vehicles			31,217	31,217		31,217	20,760	51,977			35
36	Other (specify):* MIP							76,329	76,329			36
37	<b>TOTAL Ownership</b>			1,495,061	1,495,061		1,495,061	90,388	1,585,449			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,974,295	2,582,414	4,556,709	26,820	4,583,529	(480,935)	4,102,594			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			122,965	122,965		122,965		122,965			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		1,974,295	2,705,379	4,679,674	26,820	4,706,494	(480,935)	4,225,559			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,061,092	2,592,836	6,981,773	13,635,701		13,635,701	(1,192,836)	12,442,865			45

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

0050781  
 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		(25,282)	Employee Meals
	22	25,282	Employee Meals
22		(22,249)	Uniform Reclass
	1	4,083	Uniform Reclass
	3	1,869	Uniform Reclass
	4	809	Uniform Reclass
	6	512	Uniform Reclass
	10	13,581	Uniform Reclass
	11	410	Uniform Reclass
	21	985	Uniform Reclass
10		(26,820)	Oxygen Cost Reclass
	39	26,820	Oxygen Cost Reclass
33		(251,570)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	251,570	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(6,450)	Vendor Settlements
	6	6,450	Vendor Settlements

**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	(10)	2		4
5	Telephone, TV & Radio in Resident Rooms	(5,366)	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	(2,772)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(7,556)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(13,748)	21		17
18	Fines and Penalties	(312)	32		18
19	Entertainment	(5,214)	20		19
20	Contributions	(3,160)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(393)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(123,285)	27		24
25	Fund Raising, Advertising and Promotional	(48,803)	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>	\$ (215,883)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(855,341)	Pg 6s	34
35	Other- Attach Schedule	(121,612)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (976,953)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,192,836)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

Alden Estates of Shorewood

ID# 0050781

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Late fees on utilities	\$ (4,813)	5	1
2	Other Nursing Income (flu, w/chair,etc)	(44)	21	2
3	Misc Income - Record Copies	(328)	10	3
4	Vendor Discounts	(411)	10	4
5				5
6				6
7	Back Out Shaw Suburban Media	(7,555)	20	7
8	Back Out Chamber of Commerce Plainfield Area	(300)	20	8
9	Marketing Manager & Aides (GL#6701-100-009)	(77,668)	21	9
10	Back out % Employee Benefit for Mktg Manager	(11,987)	22	10
11	Back Out Bank Charges - Shorewood LLC	(339)	21	11
12	Intercompany Interest	(32,838)	32	12
13				13
14				14
15	Eliminate deprec exp on Pg 12 items <\$2,500	(4,528)	30	15
16	Eliminate deprec exp on Pg 13 items <\$2,500	(12,084)	30	16
17	Expense capital items <\$2,500 on Pg 13 - SW	26,669	6	17
18	Expense Pg 5 Capital Items <\$2,500 on Pg 12 SW	5,178	6	18
19	Correct YTD Depreciation	(557)	30	19
20	ABC Related Party Depreciation Adj 2016	(5)	30	20
21	ABC Related Party Depreciation Adj 2017	(3)	30	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>	(121,612)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Estates of Shorewood

# 0050781

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	1,624	5,162	0	0	0	0	0	0	0	6,786	1
2	Food Purchase	(7,566)	0	0	7,406	0	0	0	0	0	0	0	(160)	2
3	Housekeeping	0	0	4,760	0	0	0	0	0	0	0	0	4,760	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,813)	0	1,970	0	0	0	0	0	0	0	0	(2,843)	5
6	Maintenance	26,481	0	12,134	0	0	0	(38)	1,455	0	0	0	40,032	6
7	Other (specify):*	0	0	5,335	0	0	0	0	0	0	0	0	5,335	7
8	<b>TOTAL General Services</b>	<b>14,102</b>	<b>0</b>	<b>25,823</b>	<b>12,568</b>	<b>0</b>	<b>0</b>	<b>(38)</b>	<b>1,455</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53,910</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	(739)	0	34,235	7,254	(1,760)	0	0	0	0	0	0	38,990	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	5,162	0	0	0	0	0	0	0	0	5,162	15
16	<b>TOTAL Health Care and Programs</b>	<b>(739)</b>	<b>0</b>	<b>39,397</b>	<b>7,254</b>	<b>(1,760)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44,152</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	101,950	0	0	0	0	0	0	0	0	101,950	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(393)	16,046	(822,020)	0	0	0	0	0	0	0	0	(806,367)	19
20	Fees, Subscriptions & Promotions	(65,032)	614	(84,851)	0	0	0	0	0	0	0	0	(149,269)	20
21	Clerical & General Office Expenses	(91,799)	339	129,032	0	0	0	0	0	0	0	0	37,572	21
22	Employee Benefits & Payroll Taxes	(11,987)	0	0	0	(8,534)	0	0	0	0	0	0	(20,521)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	692	0	0	0	0	0	0	0	0	692	24
25	Other Admin. Staff Transportation	0	0	7,604	0	0	0	0	0	0	0	0	7,604	25
26	Insurance-Prop.Liab.Malpractice	0	10,458	161	0	0	0	0	0	0	0	0	10,619	26
27	Other (specify):*	(123,285)	0	40,653	0	0	0	0	0	0	0	0	(82,632)	27
28	<b>TOTAL General Administration</b>	<b>(292,496)</b>	<b>27,457</b>	<b>(626,779)</b>	<b>0</b>	<b>(8,534)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(900,352)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(279,133)</b>	<b>27,457</b>	<b>(561,559)</b>	<b>19,822</b>	<b>(10,294)</b>	<b>0</b>	<b>(38)</b>	<b>1,455</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(802,290)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Estates of Shorewood

# 0050781

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	(22,441)	425,060	2,782	0	0	0	0	0	0	0	0	405,401	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(35,922)	719,409	38,676	0	0	0	0	0	0	0	0	722,163	32
33	Real Estate Taxes	0	251,571	2,299	0	0	0	0	0	0	0	0	253,870	33
34	Rent-Facility & Grounds	0	(1,388,135)	0	0	0	0	0	0	0	0	0	(1,388,135)	34
35	Rent-Equipment & Vehicles	0	0	20,760	0	0	0	0	0	0	0	0	20,760	35
36	Other (specify):*	0	76,329	0	0	0	0	0	0	0	0	0	76,329	36
37	<b>TOTAL Ownership</b>	<b>(58,363)</b>	<b>84,234</b>	<b>64,517</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>90,388</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	(96,239)	(129,469)	(255,227)	0	0	0	0	0	(480,935)	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>(96,239)</b>	<b>(129,469)</b>	<b>(255,227)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(480,935)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(337,495)</b>	<b>111,691</b>	<b>(497,042)</b>	<b>(76,417)</b>	<b>(139,763)</b>	<b>(255,227)</b>	<b>(38)</b>	<b>1,455</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,192,836)</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	\$ 1,388,135	Alden Estates of Shorewood, LLC	0.00%	\$	\$ (1,388,135)	1
2	V	32 Interest Income - RR	582	Alden Estates of Shorewood, LLC			(582)	2
3	V	19 Accounting/Professional Fees/Surety Bond/Legal Fees		Alden Estates of Shorewood, LLC		16,046	16,046	3
4	V	21 Licenses & Insp./Bank Fees		Alden Estates of Shorewood, LLC		339	339	4
5	V	20 Dues & Subscription/Rprt Fee		Alden Estates of Shorewood, LLC		614	614	5
6	V	33 Real Estate Tax Expense		Alden Estates of Shorewood, LLC		251,571	251,571	6
7	V	26 General Insurance Expense		Alden Estates of Shorewood, LLC		10,458	10,458	7
8	V	36 Mortgage Insurance Premium		Alden Estates of Shorewood, LLC		76,329	76,329	8
9	V	32 Interest on Loan- Mortgage & other		Alden Estates of Shorewood, LLC		717,533	717,533	9
10	V	30 Depreciation Expense		Alden Estates of Shorewood, LLC		425,060	425,060	10
11	V	32 Amortization Exp		Alden Estates of Shorewood, LLC		2,458	2,458	11
12	V							12
13	V							13
14	Total		\$ 1,388,717			\$ 1,500,408	\$ * 111,691	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%	\$ 1,970	\$ 1,970 15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		692	692 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		7,604	7,604 17
18	V	26 Insurance		Alden Management Services, Inc.		161	161 18
19	V	20 Dues/Subscriptions	85,584	Alden Management Services, Inc.		733	(84,851) 19
20	V	30 Depreciation		Alden Management Services, Inc.		2,782	2,782 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,299	2,299 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		20,760	20,760 22
23	V	32 Interest		Alden Management Services, Inc.		38,676	38,676 23
24	V	1 Diet. Salary		Alden Management Services, Inc.		1,624	1,624 24
25	V	3 Housekeeping Salary		Alden Management Services, Inc.		4,760	4,760 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		5,335	5,335 26
27	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		34,235	34,235 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		5,162	5,162 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		101,950	101,950 29
30	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		40,653	40,653 30
31	V	19 Professional Fees	857,840	Alden Management Services, Inc.		35,820	(822,020) 31
32	V	21 Gen'l & Administrative	49,608	Alden Management Services, Inc.		178,640	129,032 32
33	V	6 Repairs & Maniten.	16,759	Alden Management Services, Inc.		28,893	12,134 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,009,791			\$ 512,749	\$ * (497,042) 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%	\$	\$	15
16	V	1 Diet Salary		Prism Health Care Sevices, Inc.				16
17	V	2 Tube Feeding	20,216	Prism Health Care Sevices, Inc.		9,969	(10,247)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		9,694	3,034	18
19	V	39 Supplies	182,047	Prism Health Care Sevices, Inc.		54,039	(128,008)	19
20	V	1 Gen'1 & admin & benefits		Prism Health Care Sevices, Inc.		5,162	5,162	20
21	V	2 Gen'1 & admin & benefits		Prism Health Care Sevices, Inc.		17,653	17,653	21
22	V	10 Gen'1 & admin & benefits		Prism Health Care Sevices, Inc.		4,220	4,220	22
23	V	39 Gen'1 & admin & benefits		Prism Health Care Sevices, Inc.		31,769	31,769	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		\$ 208,923			\$ 132,506	\$ * (76,417)	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	\$ 1,444,577	Forum Extended Care Services II, Inc.	0.00%	\$ 1,333,435	\$ (111,142)
16	V	39 I.V. Drugs	330,169	Forum Extended Care Services II, Inc.		304,767	(25,402)
17	V	39 Wound Care Products	10,427	Forum Extended Care Services II, Inc.		9,625	(802)
18	V	10 House Stock	20,463	Forum Extended Care Services II, Inc.		18,888	(1,575)
19	V	10 Pharmacy Consultant	2,400	Forum Extended Care Services II, Inc.		2,215	(185)
20	V	22 Employee Vaccination	8,534	Forum Extended Care Services II, Inc.			(8,534)
21	V	39 Employee Vaccination		Forum Extended Care Services II, Inc.		7,877	7,877
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		\$ 1,816,570			\$ 1,676,807	\$ * (139,763)

\* 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	\$ 2,506,675	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 2,251,448	\$ (255,227)
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		\$ 2,506,675			\$ 2,251,448	\$ * (255,227)

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair & Maintenance	\$ 28,299	Alden Bennett Construction Company, Inc.	0.00%	\$ 28,261	\$	(38)	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>		\$ 28,299			\$ 28,261	\$ *	(38)	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	\$ 6,641	Alden Design Group, Inc.	0.00%	\$ 8,096	\$ 1,455	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>		\$ 6,641			\$ 8,096	\$ *	1,455	39

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

Facility Name &amp; ID Number

Alden Estates of Shorewood

# 0050781

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 &amp; ID Number

Alden Estates of Shorewood

# 0050781

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	180,964	0.872	2.18	Salary	\$ 4,036	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,819	0.872	2.18	Salary	2,181	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,819	0.872	2.18	Salary	2,181	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	112,390	0.872	2.18	Salary	2,507	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	61,585	0.872	2.18	Salary	1,373	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	180,964	0.654	2.18	Salary	4,036	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	\$ 16,314		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:

01/01/2017

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	\$ 28,800	\$ 1,970	1	
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	28,800	692	2	
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	28,800	7,604	3	
4	26	Insurance	Patient Days	1,320,269	35	7,373	28,800	161	4	
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	28,800	733	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	28,800	2,299	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	28,800	20,760	8	
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	28,800	38,676	9	
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	28,800	1,624	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	28,800	4,760	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	28,800	5,335	12	
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	28,800	34,235	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	28,800	5,162	14	
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	28,800	101,950	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	28,800	40,653	16	
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	28,800	35,820	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	28,800	178,640	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	28,800	28,893	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 512,749	25	

Facility Name & ID Number

Alden Estates of Shorewood

# 0050781

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge Realty Capital, Ltd.		x	Mortgage	\$71,896.38	10/2013	\$ 14,366,500	\$ 13,811,888	01/2052	5.1700	\$ 717,533	1						
2												2						
3	Interest Capital Lease (7030)		x	Phone Lease								332						
4	Insurance Interest (GL07053)		x									1,721						
5	Amort of Fin Fees (GL 7105)		x	Malpractice Insurance								2,458						
<b>Working Capital</b>																		
6	Related party-AMS		x	Working Capital								38,676						
7												7						
8												8						
9	<b>TOTAL Facility Related</b>				\$71,896.38		\$ 14,366,500	\$ 13,811,888			\$ 760,721	9						
<b>B. Non-Facility Related*</b>																		
10	Interest Income on R.R.		x									(473)						
11	Int Income (GL#4975)		x									(2,882)						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (3,355)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 14,366,500	\$ 13,811,888			\$ 757,366	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 76,329      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.			\$	<u>367,800</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>351,531</u>	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	<u>(16,269)</u>	3
4.	Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>267,840</u>	4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$		6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>251,571</u>	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	<u>2,299</u>	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>253,870</u>	
Real Estate Tax Bill for Calendar Year:	2012	<u>401,904</u>	8	<b>FOR BHF USE ONLY</b>		
	2013	<u>364,460</u>	9	13	FROM R. E. TAX STATEMENT FOR 2016	\$
	2014	<u>379,080</u>	10	14	PLUS APPEAL COST FROM LINE 5	\$
	2015	<u>357,045</u>	11	15	LESS REFUND FROM LINE 6	\$
	2016	<u>351,531</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION	\$

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

**NOTES:**

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

**2016 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 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>2,299.00</u>
2. <u>05-06-04-405-013-0000</u>	<u>Nursing facility</u>	\$ <u>351,530.70</u>	\$ <u>351,530.70</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>456,902.70</u></u>	\$ <u><u>353,829.70</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: 65,300 B. General Construction Type: Exterior Face Brick Frame Steel Skeleton/Metal Frame 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).

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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	222,931	2006	\$ 1,733,015	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		2,083,925	4
5	Builder's Profit		2012	(205,307)		39	(5,264)	(5,264)	(31,147)	5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	ABC - Dyke, for generator		2016	15,777	1,052	15	1,052		1,578	9
10	GTMECH - Chiller, leak repair		2016	5,631	1,126	5	1,126		2,158	10
11	Stain Furniture - AMS		2016	10,124	1,012	10	1,012		1,349	11
12	Stain Furniture - AMS		2016	9,184	918	10	918		1,148	12
13	Stain Furniture - AMS		2016	4,544	454	10	454		530	13
14	Stain Furniture - AMS		2016	7,480	748	10	748		810	14
15	Stain Furniture - AMS		2016	10,120	1,012	10	1,012		1,012	15
16										16
17	ABC - Masonry, Corridor		2017	21,433	643	25	643		643	17
18	ABC - Fire Protection, Corridor		2017	2,942	98	15	98		98	18
19	SEBLAN - Turf Repair		2017	15,240	635	10	635		635	19
20	Stain Furniture - AMS		2017	5,280	176	10	176		176	20
21	ABC - Paving, Asphalt		2017	11,000	573	8	573		573	21
22	ABC - Landscaping, Pond		2017	6,394	107	10	107		107	22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31	Adj for ABC related party profit		2016	(30)	(5)		(5)		(6)	31
32	Adj for ABC related party profit		2017	(79)	(3)		(3)		(3)	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 Estates of Shorewood

# 0050781

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>		\$ 13,853,771	\$ 365,829		\$ 360,565	\$ (5,264)	\$ 2,063,585	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17		17		60	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,932,725	\$ 366,869		\$ 361,605	\$ (5,264)	\$ 2,152,546	34

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

Facility Name & ID Number Alden Estates of Shorewood

# 0050781

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	\$ 693,547	\$ 55,229	\$ 55,229	\$	varies	\$ 311,171	71
72	Current Year Purchases	201,567	3,886	3,886		varies	2,610	72
73	Fully Depreciated Assets	841,573	17,138	17,138		varies	841,573	73
74								74
75	TOTALS	\$ 1,736,687	\$ 76,253	\$ 76,253	\$		\$ 1,155,354	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	3,911				3	3,911	77
78										78
79										79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 17,406,338	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 443,122	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 437,858	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)	\$ 3,311,811	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: 01/01/2017

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	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. 12/31/2018                      \$ 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: \$ 14,445      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>772.42</u>	\$ <u>9,269</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>#####</u>	<u>23,715</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>32,984</u>	21

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

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

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

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

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 1,096,073	\$		\$ 1,096,073	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			174,569			174,569	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,235,083			1,235,083	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				1,341,311		1,341,311	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					(255,227)	510,785		255,558	13
14	TOTAL			\$		\$ 2,250,498	\$ 1,852,096		\$ 4,102,594	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	\$1,096,073.00	
2.	ST	39-3	To Col 5	174,569.00	
3.					
4.	PT	39-3	To Col 5	1,235,083.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			1,444,577.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(103,266.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	1,341,311.00	
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	(255,227.00)	From Page 6D
	Other			606,408.00	
	Manual Input: Related Party - Prism			(96,239.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(25,402.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(802.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			26,820.00	
13.	Col 6: Supplies Total		To Col 6	510,785.00	
13.	Total Line 13, Column 8			255,558.00	
14.	Total			4,102,594.00	

Facility Name &amp; ID Number Alden Estates of Shorewood

# 0050781

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>61,000</u> )	<u>1,822,979</u>	<u>1,822,979</u>	3
4	Supply Inventory (priced at )	<u>4,078</u>	<u>4,078</u>	4
5	Short-Term Investments			5
6	Prepaid Insurance		<u>8,970</u>	6
7	Other Prepaid Expenses	<u>19,869</u>	<u>76,662</u>	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	<u>4,865</u>	<u>201,780</u>	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 1,851,791</b>	<b>\$ 2,114,468</b>	<b>10</b>
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	<u>15,669</u>	<u>15,669</u>	12
13	Land		<u>1,733,015</u>	13
14	Buildings, at Historical Cost		<u>13,934,039</u>	14
15	Leasehold Improvements, at Historical Cost	<u>135,077</u>	<u>163,975</u>	15
16	Equipment, at Historical Cost	<u>328,778</u>	<u>1,689,536</u>	16
17	Accumulated Depreciation (book methods)	<u>(166,185)</u>	<u>(3,261,120)</u>	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		<u>625,209</u>	21
22	Other Long-Term Assets (spe <u>Finance Fees</u> )		<u>53,387</u>	22
23	Other(specify): <u>Due from Affiliate</u>	<u>1,889,224</u>	<u>1,889,224</u>	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 2,202,563</b>	<b>\$ 16,842,934</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 4,054,354</b>	<b>\$ 18,957,402</b>	<b>25</b>

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ <u>655,079</u>	\$ <u>586,462</u>	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>128,410</u>	<u>128,410</u>	28
29	Short-Term Notes Payable	<u>2,646</u>	<u>154,902</u>	29
30	Accrued Salaries Payable	<u>413,397</u>	<u>413,397</u>	30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>23,615</u>	<u>23,615</u>	31
32	Accrued Real Estate Taxes(Sch.IX-B)		<u>267,840</u>	32
33	Accrued Interest Payable		<u>59,506</u>	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>	<u>138,214</u>	<u>138,214</u>	36
37	<u>Due to Affiliates</u>	<u>3,212,064</u>	<u>3,212,064</u>	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 4,573,425</b>	<b>\$ 4,984,410</b>	<b>38</b>
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	<u>12,377</u>	<u>12,377</u>	39
40	Mortgage Payable		<u>13,659,632</u>	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Affiliates</u>			43
44	<u>Sharehold.loan, other</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$ 12,377</b>	<b>\$ 13,672,009</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 4,585,802</b>	<b>\$ 18,656,419</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ (531,448)</b>	<b>\$ 300,983</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 4,054,354</b>	<b>\$ 18,957,402</b>	<b>48</b>

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (705,053)	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (705,053)	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	173,605	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 173,605	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (531,448)	<b>24</b> *

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

Facility Name &amp; ID Number Alden Estates of Shorewood

# 0050781

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	\$ 13,638,937	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 13,638,937	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	157,787	6
7	Oxygen	1,001	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 158,789	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	630	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	10	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	4,863	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 5,503	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	2,772	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 2,772	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See PG19A	3,305	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 3,305	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,809,306	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,880,156	31
32	Health Care	3,045,909	32
33	General Administration	2,534,901	33
<b>B. Capital Expense</b>			
34	Ownership	1,495,061	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	4,556,709	35
36	Provider Participation Fee	122,965	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,635,701	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	173,605	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 173,605	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 770,230	44
45	Private Pay - Net Inpatient Revenue	606,395	45
46	Medicare - Net Inpatient Revenue	9,765,849	46
47	Other-(specify) <u>Hospice/Insurance</u>	2,496,463	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 13,638,937	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 Estates of Shorewood

# 0050781

Report Period Beginning 01/01/2017 Ending:

12/31/2017

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income ( Record copies)	\$ 328
Vendor Discounts	\$ 411
Gain on Sale of Prior Year Assets	\$ 2,566

Line 28 Total: 3,305

Facility Name & ID Number Alden Estates of Shorewood

# 0050781

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	2,428	2,428	\$ 115,466	\$ 47.56	1
2	Assistant Director of Nursing	2,152	2,152	78,499	36.48	2
3	Registered Nurses	42,242	45,146	1,376,030	30.48	3
4	Licensed Practical Nurses	2,080	2,158	58,852	27.27	4
5	CNAs & Orderlies	58,647	60,866	687,345	11.29	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	39,550	19.01	9
10	Activity Assistants	5,799	5,911	54,075	9.15	10
11	Social Service Workers	2,176	2,240	50,168	22.40	11
12	Dietician					12
13	Food Service Supervisor	2,056	2,056	80,553	39.18	13
14	Head Cook	6,320	6,399	165,163	25.81	14
15	Cook Helpers/Assistants	40,560	42,168	494,717	11.73	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	69,008	33.18	17
18	Housekeepers	11,842	12,561	130,449	10.39	18
19	Laundry	4,003	4,241	44,011	10.38	19
20	Administrator	2,072	2,080	104,108	50.05	20
21	Assistant Administrator	392	400	5,138	12.85	21
22	Other Administrative	4,244	4,252	124,125	29.19	22
23	Office Manager	2,080	2,080	47,845	23.00	23
24	Clerical	4,537	4,634	51,618	11.14	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,577	4,577	160,608	35.09	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager/Nur	6,152	6,501	123,764	19.04	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	208,519	217,010	\$ 4,061,092 *	\$ 18.71	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	\$ 345	1-3	35
36	Medical Director	Monthly	64,500	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	Monthly	2,400	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	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	\$ 69,885		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	18	\$ 7,221	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	18	\$ 7,221		53



Alden Estates of Shorewood  
 Legal Fee Support  
 2017

Legal Fees Reported on Pg 21, Section C:

Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	54,948.00
Non-allowable legal fees, if any, deducted on	(393.00)
- Pg 6A (AMS Allocated Legal Fees)	(45,192.00)
+ Add Back voided invoice of prior year, if any	<u>                    </u>
Allowable Legal Fees	<u>\$ 9,363.00</u>

In Detail:

Vendor Name	Invoice Date	Amount
IIT Chicago-Kent College of Law	3/10/2017	610.92
IIT Chicago-Kent College of Law	6/13/2017	717.19
IIT Chicago-Kent College of Law	10/13/2017	398.42
IIT Chicago-Kent College of Law	11/6/2017	1,062.50
Leahy Eisenberg & Fraenkel LTD	2/14/2017	585.87
Leahy Eisenberg & Fraenkel LTD	2/14/2017	727.80
Leahy Eisenberg & Fraenkel LTD	2/14/2017	1,546.14
Leahy Eisenberg & Fraenkel LTD	2/14/2017	877.73
Leahy Eisenberg & Fraenkel LTD	4/24/2017	2,045.20
Leahy Eisenberg & Fraenkel LTD	9/21/2017	280.07
MidCap	8/31/2017	511.16
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><u>9,363.00</u></u>

Vendor Name	Invoice Date	Amount
Ariana Fisch	5/31/2017	121.00
Will County Clerk of the Circuit Court	4/11/2017	272.00

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES** 393.00

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-17	01/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	02/28/17	3,766.00
AMS Corp Legal Cost Alloc-17	03/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	04/30/17	3,766.00
AMS Corp Legal Cost Alloc-17	05/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	06/30/17	3,766.00
AMS Corp Legal Cost Alloc-17	07/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	08/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	09/30/17	3,766.00
AMS Corp Legal Cost Alloc-17	10/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	11/30/17	3,766.00
AMS Corp Legal Cost Alloc-17	12/31/17	3,766.00
<b>TOTAL Allocated Legal Fees</b>		<u><u>45,192.00</u></u>

Total Legal Cost 54,948.00

Facility Name &amp; ID Number Alden Estates of Shorewood

# 0050781

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? 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? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 19,138 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. \$ 122,965  
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. \$ 25,282 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