

		FOR BHF USE					

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

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

<p><b>I. IDPH License ID Number:</b> <u>0052530</u></p> <p><b>Facility Name:</b> <u>Alden Courts of Shorewood</u></p> <p><b>Address:</b> <u>700 W. Black Road</u> <u>Shorewood</u> <u>60404</u>  Number City Zip Code</p> <p><b>County:</b> <u>Will</u></p> <p><b>Telephone Number:</b> <u>(815)230-8600</u> <b>Fax #</b> <u>(815)230-8699</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>2/22/17</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust  <b>IRS Exemption Code</b> _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input checked="" type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____ </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steven M. Kroll</u> <b>Telephone Number:</b> <u>773-286-3883</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2018</u> to <u>12/31/2018</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u></td> </tr> </table> <p align="right"><b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>  201 S. Grand Avenue East  Springfield, IL 62763-0001 <span style="float: right;">Phone # (217) 782-1630</span></p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u>							

Facility Name & ID Number Alden Courts of Shorewood

# 0052530 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	50	Skilled (SNF)	50	18,250	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	50	TOTALS	50	18,250	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		470	3,131	3,601	8
9	SNF/PED					9
10	ICF	1,196	9,181	31	10,408	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	1,196	9,651	3,162	14,009	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.76%

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 3,131

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Alden Courts of Shorewood # 0052530 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	79,067	14,850	6,677	100,594	1,706	102,300	(1,134)	101,166		1
2	Food Purchase		123,479		123,479	(11,378)	112,101	1,333	113,434		2
3	Housekeeping	55,399	19,045		74,444	781	75,225	1,976	77,201		3
4	Laundry		10,395		10,395	338	10,733		10,733		4
5	Heat and Other Utilities			78,122	78,122		78,122	149	78,271		5
6	Maintenance			82,156	82,156	214	82,370	2,300	84,670		6
7	Other (specify):* <b>related party</b>							1,818	1,818		7
8	<b>TOTAL General Services</b>	134,466	167,769	166,955	469,190	(8,339)	460,851	6,442	467,293		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	1,744,383	65,863	2,298	1,812,544	5,677	1,818,221	12,857	1,831,078		10
10a	Therapy		780		780	172	952		952		10a
11	Activities	31,561	3,302	15,653	50,516		50,516		50,516		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>related party</b>							1,864	1,864		15
16	<b>TOTAL Health Care and Programs</b>	1,775,944	69,945	23,951	1,869,840	5,849	1,875,689	14,721	1,890,410		16
	<b>C. General Administration</b>										
17	Administrative	102,798			102,798		102,798	56,091	158,889		17
18	Directors Fees										18
19	Professional Services			262,512	262,512		262,512	(230,694)	31,818		19
20	Dues, Fees, Subscriptions & Promotions			135,258	135,258		135,258	(131,489)	3,770		20
21	Clerical & General Office Expenses	58,936	7,593	97,094	163,623	412	164,035	75,666	239,701		21
22	Employee Benefits & Payroll Taxes			327,483	327,483	2,078	329,561	(2,287)	327,274		22
23	Inservice Training & Education										23
24	Travel and Seminar			713	713		713	417	1,130		24
25	Other Admin. Staff Transportation			19	19		19	3,942	3,961		25
26	Insurance-Prop.Liab.Malpractice			47,619	47,619		47,619	4,701	52,320		26
27	Other (specify):* <b>related party</b>			2,411	2,411		2,411	17,023	19,434		27
28	<b>TOTAL General Administration</b>	161,734	7,593	873,109	1,042,436	2,490	1,044,926	(206,630)	838,296		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,072,144	245,307	1,064,015	3,381,466		3,381,466	(185,467)	3,195,999		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	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			58,112	58,112		58,112	351,074	409,186		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			32,686	32,686		32,686	386,232	418,918		32
33	Real Estate Taxes			172,143	172,143	(172,143)		174,248	174,248		33
34	Rent-Facility & Grounds			624,081	624,081	172,143	796,224	(796,224)			34
35	Rent-Equipment & Vehicles			10,139	10,139		10,139	9,783	19,922		35
36	Other (specify):* MIP							26,693	26,693		36
37	<b>TOTAL Ownership</b>			897,161	897,161		897,161	151,806	1,048,967		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		233,636	494,490	728,126		728,126	(53,296)	674,830		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			88,360	88,360		88,360		88,360		42
43	Other (specify):*										43
44	<b>TOTAL Special Cost Centers</b>		233,636	582,850	816,486		816,486	(53,296)	763,190		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,072,144	478,943	2,544,026	5,095,113		5,095,113	(86,957)	5,008,156		45

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

005-2530  
Period Beginning: 1/1/2018  
Period Ending: 12/31/2018

IDPH License No. 45-3659930-001 Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(11,378.00)	Employee Meals
	22	11,378.00	Employee Meals
22		(9,300.00)	Uniform Reclass
	1	1,706.00	Uniform Reclass
	3	781.00	Uniform Reclass
	4	338.00	Uniform Reclass
	6	214.00	Uniform Reclass
	10	5,677.00	Uniform Reclass
	11	172.00	Uniform Reclass
	21	412.00	Uniform Reclass
33		(172,143.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	172,143.00	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	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(7,635)	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	(107)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,550)	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	(6,699)	21		17
18	Fines and Penalties	(475)	32		18
19	Entertainment	(315)	20		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(117)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,411)	27		24
25	Fund Raising, Advertising and Promotional	(73,570)	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>	\$ (101,729)		\$	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)	51,788	Pg 6s	34
35	Other- Attach Schedule	(37,016)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 14,772		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (86,957)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Alden Courts of Shorewood

ID# 0052530

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Late fees on utilites	\$ (822)	5	1
2	Intercompany Interest	(31,637)	32	2
3	Back Out Bank Charges - Shorewood LLC	(2,270)	21	3
4	Back Out Shorewood Area Chamber of Commerce	(575)	20	4
5	Back Out Collaborative Healthcare /Broadcast Music Mc	(554)	20	5
6				6
7	Eliminate deprec exp on Pg 12 items <\$2,500	(739)	30	7
8	Eliminate deprec exp on Pg 13 items <\$2,500	(7,976)	30	8
9	Expense capital items <\$2,500 on Pg 13 -C SW	5,739	6	9
10	Expense Pg 5 Capital Items <\$2,500 on Pg 12 CSW	0	6	10
11	Correct YTD Depreciation	1,818	30	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
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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>	(37,016)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	742	(1,876)	0	0	0	0	0	0	0	(1,134)	1
2	Food Purchase	(2,550)	0	0	3,883	0	0	0	0	0	0	0	1,333	2
3	Housekeeping	0	0	1,976	0	0	0	0	0	0	0	0	1,976	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(822)	0	971	0	0	0	0	0	0	0	0	149	5
6	Maintenance	(1,896)	0	6,311	0	0	0	45	(2,160)	0	0	0	2,300	6
7	Other (specify):*	0	0	1,818	0	0	0	0	0	0	0	0	1,818	7
8	<b>TOTAL General Services</b>	<b>(5,268)</b>	<b>0</b>	<b>11,818</b>	<b>2,007</b>	<b>0</b>	<b>0</b>	<b>45</b>	<b>(2,160)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,442</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	13,100	707	(950)	0	0	0	0	0	0	12,857	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	1,864	0	0	0	0	0	0	0	0	1,864	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>14,964</b>	<b>707</b>	<b>(950)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,721</b>	<b>16</b>
<b>C. General Administration</b>														
17	Administrative	0	0	56,091	0	0	0	0	0	0	0	0	56,091	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(117)	2,920	(233,497)	0	0	0	0	0	0	0	0	(230,694)	19
20	Fees, Subscriptions & Promotions	(75,014)	82	(56,557)	0	0	0	0	0	0	0	0	(131,489)	20
21	Clerical & General Office Expenses	(8,969)	2,270	82,365	0	0	0	0	0	0	0	0	75,666	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,287)	0	0	0	0	0	0	(2,287)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	417	0	0	0	0	0	0	0	0	417	24
25	Other Admin. Staff Transportation	0	0	3,942	0	0	0	0	0	0	0	0	3,942	25
26	Insurance-Prop.Liab.Malpractice	0	4,619	82	0	0	0	0	0	0	0	0	4,701	26
27	Other (specify):*	(2,411)	0	19,434	0	0	0	0	0	0	0	0	17,023	27
28	<b>TOTAL General Administration</b>	<b>(86,511)</b>	<b>9,891</b>	<b>(127,723)</b>	<b>0</b>	<b>(2,287)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(206,630)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(91,779)</b>	<b>9,891</b>	<b>(100,941)</b>	<b>2,714</b>	<b>(3,237)</b>	<b>0</b>	<b>45</b>	<b>(2,160)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(185,467)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(14,747)	359,736	6,085	0	0	0	0	0	0	0	0	351,074	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(32,219)	383,883	34,568	0	0	0	0	0	0	0	0	386,232	32
33	Real Estate Taxes	0	172,143	2,105	0	0	0	0	0	0	0	0	174,248	33
34	Rent-Facility & Grounds	0	(796,224)	0	0	0	0	0	0	0	0	0	(796,224)	34
35	Rent-Equipment & Vehicles	0	0	9,783	0	0	0	0	0	0	0	0	9,783	35
36	Other (specify):*	0	26,693	0	0	0	0	0	0	0	0	0	26,693	36
37	<b>TOTAL Ownership</b>	<b>(46,966)</b>	<b>146,231</b>	<b>52,541</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>151,806</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	(13,627)	(14,353)	(25,316)	0	0	0	0	0	(53,296)	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>(13,627)</b>	<b>(14,353)</b>	<b>(25,316)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(53,296)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(138,745)</b>	<b>156,122</b>	<b>(48,400)</b>	<b>(10,913)</b>	<b>(17,590)</b>	<b>(25,316)</b>	<b>45</b>	<b>(2,160)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(86,957)</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	\$ 796,224	Alden Estates of Shorewood, LLC	0.00%	\$	\$ (796,224)	1
2	V	32 Interest Income - RR	63	Alden Estates of Shorewood, LLC			(63)	2
3	V	19 Accounting/Professional Fees/Surety Bond/Legal Fees		Alden Estates of Shorewood, LLC		2,920	2,920	3
4	V	21 Licenses & Insp./Bank Fees		Alden Estates of Shorewood, LLC		2,270	2,270	4
5	V	20 Dues & Subscription/Rprt Fee		Alden Estates of Shorewood, LLC		82	82	5
6	V	33 Real Estate Tax Expense		Alden Estates of Shorewood, LLC		172,143	172,143	6
7	V	26 General Insurance Expense		Alden Estates of Shorewood, LLC		4,619	4,619	7
8	V	36 Mortgage Insurance Premium		Alden Estates of Shorewood, LLC		26,693	26,693	8
9	V	32 Interest on Loan- Mortgage & other		Alden Estates of Shorewood, LLC		360,492	360,492	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		23,454	23,454	11
12	V							12
13	V							13
14	Total		\$ 796,287			\$ 952,409	\$ * 156,122	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%	\$ 971	\$	971	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		417		417	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		3,942		3,942	17
18	V	26 Insurance		Alden Management Services, Inc.		82		82	18
19	V	20 Dues/Subscriptions	57,056	Alden Management Services, Inc.		499		(56,557)	19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085		6,085	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,105		2,105	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		9,783		9,783	22
23	V	32 Interest		Alden Management Services, Inc.		34,568		34,568	23
24	V	1 Diet. Salary		Alden Management Services, Inc.		742		742	24
25	V	3 Housekeeping Salary		Alden Management Services, Inc.		1,976		1,976	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		1,818		1,818	26
27	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		13,100		13,100	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		1,864		1,864	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		56,091		56,091	29
30	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		19,434		19,434	30
31	V	19 Professional Fees	236,152	Alden Management Services, Inc.		2,655		(233,497)	31
32	V	21 Gen'l & Administrative	7,432	Alden Management Services, Inc.		89,797		82,365	32
33	V	6 Repairs & Maniten.	9,857	Alden Management Services, Inc.		16,168		6,311	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 310,497			\$ 262,097	\$ *	(48,400)	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	\$ 6,677	Prism Health Care Services, Inc.	0.00%	\$	\$ (6,677)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		3,958	3,958
17	V	2 Tube Feeding	448	Prism Health Care Services, Inc.		1,723	1,275
18	V	10 Equipment Rental		Prism Health Care Services, Inc.			
19	V	39 Supplies	26,270	Prism Health Care Services, Inc.		7,548	(18,722)
20	V	1 Gen'l & admin & benefits		Prism Health Care Services, Inc.		843	843
21	V	2 Gen'l & admin & benefits		Prism Health Care Services, Inc.		2,608	2,608
22	V	10 Gen'l & admin & benefits		Prism Health Care Services, Inc.		707	707
23	V	39 Gen'l & admin & benefits		Prism Health Care Services, Inc.		5,095	5,095
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 33,395			\$ 22,482	\$ * (10,913)

\* 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	\$ 182,042	Forum Extended Care Services II, Inc.	0.00%	\$ 167,581	\$ (14,461)
16	V	39 I.V. Drugs	22,548	Forum Extended Care Services II, Inc.		20,757	(1,791)
17	V	39 Wound Care Products	2,591	Forum Extended Care Services II, Inc.		2,385	(206)
18	V	10 House Stock	11,355	Forum Extended Care Services II, Inc.		10,453	(902)
19	V	10 Pharmacy Consultant	600	Forum Extended Care Services II, Inc.		552	(48)
20	V	22 Employee Vaccination	2,287	Forum Extended Care Services II, Inc.			(2,287)
21	V	39 Employee Vaccination		Forum Extended Care Services II, Inc.		2,105	2,105
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		\$ 221,423			\$ 203,833	\$ * (17,590)

\* 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	\$ 485,981	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 460,665	\$ (25,316)
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		\$ 485,981			\$ 460,665	\$ * (25,316)

\* 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	\$ 14,755	Alden Bennett Construction Company, Inc.	0.00%	\$ 14,800	\$	45	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		\$ 14,755			\$ 14,800	\$ *	45	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	\$ 3,277	Alden Design Group, Ltd.	0.00%	\$ 1,117	\$ (2,160)
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	<b>Total</b>		\$ 3,277			\$ 1,117	\$ * (2,160)

\* 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:

1/1/2018

Ending:

12/31/2018

## VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Courts of Shorewood # 0052530 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	183,073	0.416	1.04	Salary	\$ 1,927	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,959	0.416	1.04	Salary	1,041	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,959	0.416	1.04	Salary	1,041	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	115,618	0.416	1.04	Salary	1,217	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	62,475	0.416	1.04	Salary	658	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	183,073	0.364	1.04	Salary	1,927	6-7,17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 7,811		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:

1/1/2018

Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,345,058	36	\$ 93,217	\$ 14,009	\$ 971	1	
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	14,009	417	2	
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	14,009	3,942	3	
4	26	Insurance	Patient Days	1,345,058	36	7,901	14,009	82	4	
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	14,009	499	5	
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6	
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	14,009	2,105	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	14,009	9,783	8	
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	14,009	34,568	9	
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	14,009	742	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	14,009	1,976	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	14,009	1,818	12	
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	14,009	13,100	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	14,009	1,864	14	
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	14,009	56,091	15	
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	14,009	19,434	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	14,009	2,655	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	14,009	89,797	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	14,009	16,168	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 262,097	25	

Facility Name & ID Number

Alden Courts of Shorewood

# 0052530

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

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

1	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	\$ 9,598,008	01/2052	3.7300	\$ 360,492	1									
2											2									
3	Interest Capital Lease (7030)	x	Phone Lease							432	3									
4	Insurance Interest (GL07053)	x								142	4									
5	Amort of Fin Fees (GL 7105)	x	Malpractice Insurance							23,454	5									
<b>Working Capital</b>																				
6											6									
7											7									
8	Related party - AMS	x	Working Capital							34,568	8									
9	<b>TOTAL Facility Related</b>			\$42,119.17		\$ 9,870,300	\$ 9,598,008			\$ 419,088	9									
<b>B. Non-Facility Related*</b>																				
10	Interest Income on R.R.	x								(63)	10									
11	Interest Income	x								(107)	11									
12											12									
13											13									
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ (170)	14									
15	<b>TOTALS (line 9+line14)</b>					\$ 9,870,300	\$ 9,598,008			\$ 418,918	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 26,693 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.)



**2017 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 2017 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>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>202,125.00</u>	\$ <u>2,105.00</u>
2. <u>05-06-04-405-013-0000</u>	<u>Nursing Facility</u>	\$ <u>417,506.00</u>	\$ <u>167,002.54</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>619,631.00</u></u>	\$ <u><u>169,107.54</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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).

None

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

If so, please complete the following:

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and an unlabeled column. Row 1: Nursing facility, 73,567, 2006, \$ 571,894, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 73,567, (blank), \$ 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			2017	\$ 8,671,724	\$ 222,352	39	\$ 222,352	\$	\$ 444,704	4
5			2017	(306,135)		39	(7,850)	(7,850)	(15,700)	5
6			2017	1,352,929	34,690	39	34,690		69,380	6
7										7
8										8
<b>Improvement Type**</b>										
9	Building - (Additional Construction Costs - 306)		2017	295,051	7,565	39	7,565		15,130	9
10	ALDDDES - Architectural Work		2017	8,762	225	39	225		450	10
11	AMS - Structural/Finishing Maintenance		2017	13,004	333	39	333		639	11
12	AMS - Structural/Finishing Maintenance		2017	9,528	244	39	244		448	12
13	ALDDDES - Architectural Work		2017	13,778	353	39	353		647	13
14	ALDDDES - Architectural Work		2017	4,486	115	39	115		201	14
15	AMS - Structural/Finishing Maintenance		2017	4,568	117	39	117		205	15
16	AMS - Structural/Finishing Maintenance		2017	10,016	257	39	257		450	16
17	DEDRES - Restoration, Flood Damage		2017	13,923	928	15	928		1,624	17
18	Building- (Additional after initial cost cert - Closing Oct 2017)		2017	1,027,219	26,339	39	26,339		52,678	18
19	Building Costs that could not be claimed on Cost Cert \$287,644.92		2017		(7,376)	39	(7,376)		(7,376)	19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

\*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	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	\$ 286,142		\$ 278,292	\$ (7,850)	\$ 563,480	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,264,029	\$ 288,890		\$ 281,040	\$ (7,850)	\$ 649,749	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,142,112	\$ 125,258	\$ 125,258	\$	varies	\$ 255,571	71
72	Current Year Purchases	8,032	2,776	2,776		varies	2,776	72
73	Fully Depreciated Assets	82,490	112	112		varies	82,490	73
74								74
75	TOTALS	\$ 1,232,634	\$ 128,146	\$ 128,146	\$		\$ 340,837	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	3,802	77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$ 3,802	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)	\$ 13,068,557	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 417,036	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 409,186	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)	\$ 994,388	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: 1/1/2018

Ending: 12/31/2018

**XII. RENTAL COSTS**

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

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

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			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. 12/31/2019                      \$ varies

13. 12/31/2020                      \$ varies

14. 12/31/2021                      \$ 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: \$ 15,726      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>463.83</u>	\$ <u>5,566</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>0.00</u>		19
20					20
21	<b>TOTAL</b>		\$ <u>463.83</u>	\$ <u>5,566</u>	21

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 203,417	\$		\$ 203,417	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			86,174			86,174	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			193,775			193,775	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				169,686		169,686	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____					(25,316)	47,094		21,778	12
13	Other (specify): See PG 16A	39-1, 39-3, if any								13
14	TOTAL			\$		\$ 458,050	\$ 216,780		\$ 674,830	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	203,416.63	
2.	ST	39-3	To Col 5	86,174.45	
3.					
4.	PT	39-3	To Col 5	193,774.70	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			182,042.23	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(12,356.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	169,686.23	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	184.26	
	Total Exceptional Care (Line 12, Col 8)			184.26	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(25,316.00)	From Page 6D
	Other			62,533.98	
	Manual Input: Related Party - Prism			(13,627.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(1,791.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(206.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			-	
13.	Col 6: Supplies Total		To Col 6	46,909.98	
13.	Total Line 13, Column 8			21,593.98	
14.	Total			674,830.25	

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$ 15,788	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 2,600 )	575,274	575,274	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		5,027	6
7	Other Prepaid Expenses	12,373	20,942	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	4,081	99,697	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 591,729	\$ 716,728	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	3,135	3,135	12
13	Land			13
14	Buildings, at Historical Cost		9,698,943	14
15	Leasehold Improvements, at Historical Cost	2,513,846	2,513,846	15
16	Equipment, at Historical Cost	198,155	1,149,647	16
17	Accumulated Depreciation (book methods)	(129,292)	(848,764)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		106,963	21
22	Other Long-Term Assets (spe <u>Finance Fees</u> )		462,868	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,585,845	\$ 13,086,638	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,177,573	\$ 13,803,366	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 149,454	\$ 149,454	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	80,085	80,085	28
29	Short-Term Notes Payable	1,327	151,298	29
30	Accrued Salaries Payable	199,817	199,817	30
31	Accrued Taxes Payable (excluding real estate taxes)	13,046	13,046	31
32	Accrued Real Estate Taxes(Sch.IX-B)		183,700	32
33	Accrued Interest Payable		29,834	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>	86,028	86,028	36
37	<u>Due to Affiliates</u>	575,800	575,800	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,105,557	\$ 1,469,062	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,236	1,236	39
40	Mortgage Payable		9,448,037	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Affiliates</u>	3,528,904	3,335,427	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 3,530,140	\$ 12,784,700	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,635,697	\$ 14,253,761	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (1,458,124)	\$ (450,395)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,177,573	\$ 13,803,366	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (1,338,658)	<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>	\$ (1,338,658)	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(119,465)	<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>	\$ (119,465)	<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>	\$ (1,458,124)	<b>24</b> *

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

Facility Name &amp; ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required****classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 4,670,900	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 4,670,900	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	147,401	6
7	Oxygen	649	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 148,050	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	12,196	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 10,196	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	107	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 107	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG 19A</u>	146,395	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 146,395	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 4,975,648	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	469,190	31
32	Health Care	1,869,840	32
33	General Administration	1,042,436	33
<b>B. Capital Expense</b>			
34	Ownership	897,161	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	728,126	35
36	Provider Participation Fee	88,360	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 5,095,113	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(119,465)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (119,465)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 196,969	44
45	Private Pay - Net Inpatient Revenue	2,405,803	45
46	Medicare - Net Inpatient Revenue	1,870,942	46
47	Other-(specify) <u>Hospice/Insurance</u>	197,186	47
48	Other-(specify) <u>VA/Sales Allow.</u>		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 4,670,900	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, Inc.

# 005-2530

Report Period Beginning 01/01/2017 Ending:

12/31/2017

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Wellness Fee	\$ 155,204
Late Fee For Residents Account	\$ (74)
Gain on Sale of Prior Year Assets	\$ (8,735)

Line 28 Total: 146,395

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4	
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,178	\$ 113,801	\$ 49.50	1
2	Assistant Director of Nursing				2
3	Registered Nurses	25,334	845,205	31.89	3
4	Licensed Practical Nurses	3,475	94,504	26.82	4
5	CNAs & Orderlies	28,279	378,501	13.03	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director				9
10	Activity Assistants				10
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor				13
14	Head Cook				14
15	Cook Helpers/Assistants	6,873	79,067	11.28	15
16	Dishwashers				16
17	Maintenance Workers				17
18	Housekeepers	4,725	55,399	11.24	18
19	Laundry				19
20	Administrator	2,056	102,798	49.42	20
21	Assistant Administrator				21
22	Other Administrative				22
23	Office Manager				23
24	Clerical	4,272	58,936	13.26	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator	2,080	75,132	36.12	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>	18,653	268,801	14.08	33
34	TOTAL (lines 1 - 33)	97,925	\$ 2,072,144 *	\$ 20.51	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 \$ 6,677	1-3	35
36	Medical Director	Monthly 6,000	10-3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 600	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 11,476	11-3	44
45	Social Service Consultant	12 840	11-3	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	12 \$ 25,593		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	5 \$ 1,698	10-3	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	5 \$ 1,698		53

Facility Name & ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Ashley Bolyn	Administrator	0	\$ 102,798	Workers' Compensation Insurance	\$ 59,833	IDPH License Fee	\$		
		0		Unemployment Compensation Insurance	37,495	Advertising: Employee Recruitment			
		0		FICA Taxes	152,736	Health Care Worker Background Check			
		0		Employee Health Insurance	59,248	(Indicate # of checks performed 29 )	943		
		0		Employee Meals	11,378	Patient Background Checks	2,044		
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees/Annual Report Fee	202		
		0		Dental/Life/Vision Insurance	1,233	Related party-Shorewood LLC (Annual Corp	82		
		0		Employee Drug Tests/Vaccinations	3,930				
		0		Employee Relations/Tuition Reimbursement	3,236				
		0		401K Match/Misc Payroll Costs	472				
		0				Related Party - AMS	499		
		0				Less: Public Relations Expense	( )		
		0				Non-allowable advertising	( )		
		0				Yellow page advertising	( )		
		0							
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 102,798						
(List each licensed administrator separately.)									
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)		
Description			Amount				\$ 3,770		
			\$						
TOTAL (agree to Schedule V, line 17, col. 3)			\$						
(Attach a copy of any management service agreement)									
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
Alden Management Services, Inc.	Consulting Fees		\$ 236,152			\$	Out-of-State Travel	\$	
MidCap	Legal: Non-Collections		1,147						
TIAA Bank	Legal:Collections		117						
MidCap	Accounting Fees		419				In-State Travel		
Joint Commission	Professional Consulting Fee		5,465						
Vikus Corp.	Professional Consulting Fee		560						
KPMG	Accounting Fees		116				Related party - AMS	417	
Chris Novotny	Accounting Fees		100				Seminar Expense		
Achieve Accreditation	Professional Consulting Fee		17,400				Illinois Council	125	
Linked Seniors, Inc.	Professional Consulting Fee		1,000				Carillon Lakes	125	
National Practitioner Data Bank	Professional Consulting Fee		36				NIC Sponsorship	463	
							Entertainment Expense	( )	
							(agree to Sch. V,		
TOTAL (agree to Schedule V, line 19, column 3)			\$ 262,512	TOTAL			\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 1,130
(For legal fee disclosure, see page 39 of instructions)									

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden Courts of Shorewood, Inc.  
 Legal Fee Support  
 2018

PG 21A

Legal Fees Reported on Pg 21, Section C:

#####

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

(116.87)

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

-

Allowable Legal Fees

#####

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
MidCap Allocated Int. 3/18	3/31/2018	34.16
MidCap Allocated Int. 6/18	6/30/2018	415.50
MidCap Allocated Int. 9/18	9/30/2018	395.37
MidCap Allocated Int. 10/18	10/31/2018	161.69
MidCap Allocated Int. 11/18	11/30/2018	140.17
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<b><u>1,146.89</u></b>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
TIAA Bank	6/30/2018	116.87

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES** **116.87**

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
--------------------	---------------------	---------------

**TOTAL Allocated Legal Fees** **-**

Total Legal Cost **1,263.76**

Facility Name &amp; ID Number Alden Courts of Shorewood

# 0052530

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**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. \$ 9,188 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. \$ 88,360  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 11,378 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: n/a
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees