

Facility Name & ID Number Alden Estates of Shorewood

0050781 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	35	3,354	20,775	24,164	8
9	SNF/PED					9
10	ICF	2,288	592	404	3,284	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	2,323	3,946	21,179	27,448	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.20%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 3/26/2012

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 100 and days of care provided 20,775

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	631,100	39,168	630	670,898	3,615	674,513	1,528	676,041		1
2	Food Purchase		286,343		286,343	(27,433)	258,910	(18,201)	240,709		2
3	Housekeeping	122,975	41,701		164,676	1,655	166,331	5,122	171,453		3
4	Laundry	42,874	27,563	70	70,507	718	71,225		71,225		4
5	Heat and Other Utilities			217,242	217,242		217,242	(3,626)	213,616		5
6	Maintenance	59,325		193,189	252,514	523	253,037	19,802	272,839		6
7	Other (specify):* related party							5,531	5,531		7
8	TOTAL General Services	856,274	394,775	411,131	1,662,180	(20,922)	1,641,258	10,156	1,651,414		8
	B. Health Care and Programs										
9	Medical Director			35,500	35,500		35,500		35,500		9
10	Nursing and Medical Records	2,557,147	176,130	4,883	2,738,160	8,640	2,746,800	23,461	2,770,261		10
10a	Therapy		14,338	20,594	34,932	363	35,295		35,295		10a
11	Activities	99,768	3,554	1,760	105,082		105,082		105,082		11
12	Social Services	48,698			48,698		48,698		48,698		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							4,481	4,481		15
16	TOTAL Health Care and Programs	2,705,613	194,022	62,737	2,962,372	9,003	2,971,375	27,942	2,999,317		16
	C. General Administration										
17	Administrative	170,577			170,577		170,577	72,073	242,650		17
18	Directors Fees										18
19	Professional Services			799,609	799,609		799,609	(735,671)	63,938		19
20	Dues, Fees, Subscriptions & Promotions			110,799	110,799	(69)	110,730	(88,894)	21,836		20
21	Clerical & General Office Expenses	204,772	12,505	135,895	353,172	872	354,044	227,540	581,584		21
22	Employee Benefits & Payroll Taxes			689,551	689,551	7,728	697,279	(10,170)	687,109		22
23	Inservice Training & Education										23
24	Travel and Seminar			391	391		391	950	1,341		24
25	Other Admin. Staff Transportation			464	464		464	9,122	9,586		25
26	Insurance-Prop.Liab.Malpractice			125,399	125,399		125,399	13,733	139,132		26
27	Other (specify):* related party			138,583	138,583		138,583	(92,492)	46,091		27
28	TOTAL General Administration	375,349	12,505	2,000,691	2,388,545	8,531	2,397,076	(603,809)	1,793,267		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,937,236	601,302	2,474,559	7,013,097	(3,388)	7,009,709	(565,711)	6,443,998		29

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

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

Facility Name & ID Number

Alden Estates of Shorewood

#0050781

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			26,841	26,841		26,841	534,280	561,121			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			17,465	17,465		17,465	728,764	746,229			32
33	Real Estate Taxes			385,560	385,560	(385,560)		388,484	388,484			33
34	Rent-Facility & Grounds			1,143,378	1,143,378	385,560	1,528,938	(1,528,938)				34
35	Rent-Equipment & Vehicles			18,780	18,780		18,780	30,087	48,867			35
36	Other (specify):* MIP							79,533	79,533			36
37	TOTAL Ownership			1,592,024	1,592,024		1,592,024	232,210	1,824,234			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,486,958	2,455,192	3,942,150	3,388	3,945,538	(382,279)	3,563,259			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			92,408	92,408		92,408		92,408			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,486,958	2,547,600	4,034,558	3,388	4,037,946	(382,279)	3,655,667			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,937,236	2,088,260	6,614,183	12,639,679		12,639,679	(715,780)	11,923,899			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		\$ (27,433.00)	Employee Meals
	22	\$ 27,433.00	Employee Meals
22		\$ (19,705.00)	Uniforms
	1	\$ 3,615.00	Uniforms
	3	\$ 1,655.00	Uniforms
	4	\$ 718.00	Uniforms
	6	\$ 454.00	Uniforms
	10	\$ 12,028.00	Uniforms
	11	\$ 363.00	Uniforms
	21	\$ 872.00	Uniforms
10		\$ (3,388.29)	Oxygen - to appropriate cost center
	39	\$ 3,388.29	Oxygen - to appropriate cost center
33		\$ (385,560.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 385,560.00	Rent - Real Estate Tax on associated landowner (Pg 6)
20		\$ (68.80)	NTB Vehicle Repairs
	6	\$ 68.80	NTB Vehicle Repairs
		<u>\$ -</u>	

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(11,741)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,211)	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	(3,789)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,626)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(12,155)	21		17
18	Fines and Penalties	(15,765)	32		18
19	Entertainment	(1,588)	20		19
20	Contributions	(6,384)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,175)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(138,583)	27		24
25	Fund Raising, Advertising and Promotional	(49,772)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (254,053)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(393,653)		34
35	Other- Attach Schedule	(68,074)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (461,727)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (715,780)		37

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

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

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

Alden Estates of Shorewood

ID#	0050781
Report Period Beginning:	01/01/2014
Ending:	12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilites	\$ (5,522)	5	1
2	Other Nursing Income (flu, w/chair,etc)	(255)	21	2
3	Misc Income - Record Copies	(2,153)	10	3
4	Misc Income - Food Rebate	(1,142)	2	4
5	Misc Income - Jury Duty	(44)	21	5
6	Vendor Discounts	(415)	10	6
7	Collection Fees	(30)	21	7
8	Marketing Manager & Aides (GL#6701-100-009)	(58,299)	21	8
9	Back out % Employee Benefit for Mktg Manager	(10,170)	22	9
10	Back Out Bank Charges - Shorewood LLC	(196)	21	10
11				11
12				12
13				13
14	Eliminate deprec exp on Pg 12 items <\$2,500	(11,029)	30	14
15	Eliminate deprec exp on Pg 13 items <\$2,500	(344)	30	15
16	Expense capital items <\$2,500 on Pg 13 - SW	17,014	6	16
17	Expense Pg 5 Capital Items <\$2,500 on Pg 12 SW	2,204	6	17
18	Correct YTD Depreciation	2,309	30	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(68,074)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	1,528	0	0	0	0	0	0	0	0	1,528	1
2	Food Purchase	(16,509)	0	0	(1,692)	0	0	0	0	0	0	0	(18,201)	2
3	Housekeeping	0	0	5,122	0	0	0	0	0	0	0	0	5,122	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,522)	0	1,896	0	0	0	0	0	0	0	0	(3,626)	5
6	Maintenance	15,007	16	4,649	0	0	0	(33)	163	0	0	0	19,802	6
7	Other (specify):*	0	0	4,658	873	0	0	0	0	0	0	0	5,531	7
8	TOTAL General Services	(7,024)	16	17,853	(819)	0	0	(33)	163	0	0	0	10,156	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(2,568)	0	28,971	(58)	(2,884)	0	0	0	0	0	0	23,461	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	4,481	0	0	0	0	0	0	0	0	4,481	15
16	TOTAL Health Care and Programs	(2,568)	0	33,452	(58)	(2,884)	0	0	0	0	0	0	27,942	16
	C. General Administration													
17	Administrative	0	0	72,073	0	0	0	0	0	0	0	0	72,073	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,175)	5,385	(739,881)	0	0	0	0	0	0	0	0	(735,671)	19
20	Fees, Subscriptions & Promotions	(57,744)	309	(31,459)	0	0	0	0	0	0	0	0	(88,894)	20
21	Clerical & General Office Expenses	(70,981)	1,709	165,716	23,083	108,013	0	0	0	0	0	0	227,540	21
22	Employee Benefits & Payroll Taxes	(10,170)	0	0	0	0	0	0	0	0	0	0	(10,170)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	950	0	0	0	0	0	0	0	0	950	24
25	Other Admin. Staff Transportation	0	0	9,122	0	0	0	0	0	0	0	0	9,122	25
26	Insurance-Prop.Liab.Malpractice	0	13,603	130	0	0	0	0	0	0	0	0	13,733	26
27	Other (specify):*	(138,583)	0	35,595	2,269	8,227	0	0	0	0	0	0	(92,492)	27
28	TOTAL General Administration	(278,653)	21,006	(487,754)	25,352	116,240	0	0	0	0	0	0	(603,809)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(288,245)	21,022	(436,449)	24,475	113,356	0	(33)	163	0	0	0	(565,711)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(14,328)	544,618	3,990	0	0	0	0	0	0	0	0	534,280	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(19,554)	741,259	4,729	0	2,330	0	0	0	0	0	0	728,764	32
33	Real Estate Taxes	0	385,560	3,212	0	(288)	0	0	0	0	0	0	388,484	33
34	Rent-Facility & Grounds	0	(1,528,938)	0	0	0	0	0	0	0	0	0	(1,528,938)	34
35	Rent-Equipment & Vehicles	0	0	30,087	0	0	0	0	0	0	0	0	30,087	35
36	Other (specify):*	0	79,533	0	0	0	0	0	0	0	0	0	79,533	36
37	TOTAL Ownership	(33,882)	222,032	42,018	0	2,042	0	0	0	0	0	0	232,210	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(67,769)	(209,828)	(104,682)	0	0	0	0	0	(382,279)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(67,769)	(209,828)	(104,682)	0	0	0	0	0	(382,279)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(322,127)	243,054	(394,431)	(43,294)	(94,430)	(104,682)	(33)	163	0	0	0	(715,780)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG6-Supp		See PG6-Supp		

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

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

1	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	\$ 1,528,938	Alden Estates of Shorewood, LLC	0.00%	\$	\$ (1,528,938)	1
2	V	32 Interest Income - RR	469	Alden Estates of Shorewood, LLC			(469)	2
3	V	19 Accounting/Professional Fees/Surety Bond		Alden Estates of Shorewood, LLC		5,385	5,385	3
4	V	21 Licenses & Insp./Bank Fees		Alden Estates of Shorewood, LLC		1,709	1,709	4
5	V	20 Dues & Subscription/Rprt Fee		Alden Estates of Shorewood, LLC		309	309	5
6	V	33 Real Estate Tax Expense		Alden Estates of Shorewood, LLC		385,560	385,560	6
7	V	26 General Insurance Expense		Alden Estates of Shorewood, LLC		13,603	13,603	7
8	V	36 Mortgage Insurance Premium		Alden Estates of Shorewood, LLC		79,533	79,533	8
9	V	32 Interest on Loan- Mortgage & other		Alden Estates of Shorewood, LLC		739,200	739,200	9
10	V	30 Depreciation Expense		Alden Estates of Shorewood, LLC		544,618	544,618	10
11	V	32 Amortization Exp/Fines/Penalties		Alden Estates of Shorewood, LLC		2,528	2,528	11
12	V	6 Repairs & Maintenance		Alden Estates of Shorewood, LLC		16	16	12
13	V							13
14	Total		\$ 1,529,407			\$ 1,772,461	\$ * 243,054	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%	\$ 1,896	\$ 1,896
16	V	24 Trav & Seminar		Alden Management Services, Inc.		950	950
17	V	25 Other Admin Travel		Alden Management Services, Inc.		9,122	9,122
18	V	26 Insurance		Alden Management Services, Inc.		130	130
19	V	20 Dues & Subscriptions	33,714	Alden Management Services, Inc.		2,255	(31,459)
20	V	30 Depreciation		Alden Management Services, Inc.		3,990	3,990
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,212	3,212
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		30,087	30,087
23	V	32 Interest		Alden Management Services, Inc.		4,729	4,729
24	V	1 Dietary		Alden Management Services, Inc.		1,528	1,528
25	V	3 Housekeeping		Alden Management Services, Inc.		5,122	5,122
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		4,658	4,658
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		28,971	28,971
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		4,481	4,481
29	V	17 Administrative Salary		Alden Management Services, Inc.		72,073	72,073
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		35,595	35,595
31	V	19 Professional Fees	781,175	Alden Management Services, Inc.		41,294	(739,881)
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		165,716	165,716
33	V	6 Repair & Maint	12,860	Alden Management Services, Inc.		17,509	4,649
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 827,749			\$ 433,318	\$ * (394,431)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Diet Consultant	\$	Prism Health Care Sevices, Inc.	0.00%	\$	\$	15
16	V	1 Dietary salary		Prism Health Care Sevices, Inc.				16
17	V	2 Tube Feeding	8,226	Prism Health Care Sevices, Inc.		6,534	(1,692)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		6,602	(58)	18
19	V	39 Supplies	107,017	Prism Health Care Sevices, Inc.		39,248	(67,769)	19
20	V	21 Salary G & A		Prism Health Care Sevices, Inc.		13,646	13,646	20
21	V	27 Employee Benefit		Prism Health Care Sevices, Inc.		2,269	2,269	21
22	V	7 Employee Benefit		Prism Health Care Sevices, Inc.		873	873	22
23	V	21 G & A		Prism Health Care Sevices, Inc.		9,437	9,437	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		\$ 121,903			\$ 78,609	\$ * (43,294)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 690,467	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 584,981	\$ (105,486)
16	V	39 <u>I.V. Drugs</u>	682,427	<u>Forum Extended Care Services II, Inc.</u>		578,168	(104,259)
17	V	39 <u>Wound Care</u>	542	<u>Forum Extended Care Services II, Inc.</u>		459	(83)
18	V	10 <u>House Stock</u>	16,475	<u>Forum Extended Care Services II, Inc.</u>		13,958	(2,517)
19	V	10 <u>Pharmacy Consultant</u>	2,400	<u>Forum Extended Care Services II, Inc.</u>		2,033	(367)
20	V	27 <u>Employee Vaccination</u>	4,793	<u>Forum Extended Care Services II, Inc.</u>		4,061	(732)
21	V	27 <u>Employee Benefit - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		8,959	8,959
22	V	21 <u>Salary - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		59,403	59,403
23	V	21 <u>General Administration</u>		<u>Forum Extended Care Services II, Inc.</u>		48,610	48,610
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		2,330	2,330
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		(288)	(288)
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		\$ 1,397,104			\$ 1,302,674	\$ * (94,430)

* 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	\$ 2,380,560	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 2,275,878	\$ (104,682)
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		\$ 2,380,560			\$ 2,275,878	\$ * (104,682)

* 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	\$ 17,408	Alden Bennett Construction Company, Inc.	0.00%	\$ 17,375	\$	(33)	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		\$ 17,408			\$ 17,375	\$ *	(33)	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	\$ 774	Alden Design Group, Inc.	0.00%	\$ 937	\$ 163	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		\$ 774			\$ 937	\$ *	163	39

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

Facility Name & ID Number

Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Estates of Shorewood # 0050781 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	President	CEO	100.00	181,027	0.86	2.15	Salary	\$ 3,973	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	92,960	0.86	2.15	Salary	2,040	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	92,960	0.86	2.15	Salary	2,040	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	98,088	0.86	2.15	Salary	2,153	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,619	0.86	2.15	Salary	1,309	21-7	5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12											12
13								TOTAL	\$ 11,515		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: 01/01/2014

Ending: 2/31/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,278,025	35	\$ 88,281	\$ 27,448	\$ 1,896	1
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	27,448	950	2
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	27,448	9,122	3
4	26	Insurance	Patient Days	1,278,025	35	6,060	27,448	130	4
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	27,448	2,255	5
6	30	Depreciation	No of Providers/usage	35	35	150,051	1	3,990	6
7	33	Real Estate Tax	Patient Days/usage	1,278,025	35	171,564	27,448	3,212	7
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	27,448	30,087	8
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	27,448	4,729	9
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	71,149	1,528	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	238,482	5,122	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	27,448	4,658	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	1,414,605	28,971	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	27,448	4,481	14
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	3,718,414	72,073	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	27,448	35,595	16
17	19	Professional fees	Charge/usage	1,278,025	35	1,311,498	850,594	41,294	17
18	21	Gen'I & Admin	Patient Days/usage	1,278,025	35	7,716,027	6,669,245	165,716	18
19	6	Repair & Maint.	Charge/usage	1,278,025	35	1,444,891	1,161,005	17,509	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 433,318	25

Facility Name & ID Number

Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
	A. Directly Facility Related																
	Long-Term																
1	Cambridge Realty Capital, Ltd.		X	Mortgage	\$71,933.35	10/2013	\$ 14,366,500	\$ 14,213,150	01/2052	5.1800	\$ 739,200	1					
2												2					
3												3					
4	Insurance Interest (GL07053)		X	Medical Malpractice							1,701	4					
5	Amort of Fin Fees (GL 1918)		X	Refinancing							2,528	5					
	Working Capital																
6	Related party-AMS		X	Working Capital							4,729	6					
7	Related party-FECII		X	Working Capital							2,330	7					
8												8					
9	TOTAL Facility Related				\$71,933.35		\$ 14,366,500	\$ 14,213,150			\$ 750,488	9					
	B. Non-Facility Related*																
10	Interest Income on R.R.		X								(243)	10					
11	Int Income (GL#4975)		X								(4,016)	11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (4,259)	14					
15	TOTALS (line 9+line14)						\$ 14,366,500	\$ 14,213,150			\$ 746,229	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 79,533 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.)

2013 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 2013 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 2013.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>317,349.00</u>	\$ <u>3,212.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(288.00)</u>
3. <u>05-06-04-405-013-0000</u>	<u>Nursing Home Facility</u>	\$ <u>364,460.10</u>	\$ <u>364,460.10</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>672,643.10</u></u>	\$ <u><u>367,384.10</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>222,931</u>	<u>2006</u>	<u>\$ 1,733,015</u>	1
2					2
3	TOTALS	222,931		\$ 1,733,015	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	100			2012	\$ 13,934,038	\$ 357,283	39	\$ 357,283	\$	\$ 1,012,076	4
5	Builder's Profit			2012	(205,307)		39	(5,264)	(5,264)	(15,355)	5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,728,731	\$ 357,283		\$ 352,019	\$ (5,264)	\$ 996,721	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,819,186	\$ 358,587		\$ 353,323	\$ (5,264)	\$ 1,078,755	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	\$ 1,427,214	\$ 205,375	\$ 205,375	\$	varies	\$ 587,929	71
72	Current Year Purchases	17,381	1,690	1,690		varies	1,655	72
73	Fully Depreciated Assets	78,771	733	733		varies	78,771	73
74								74
75	TOTALS	\$ 1,523,366	\$ 207,798	\$ 207,798	\$		\$ 668,355	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	4,026					4,026	77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 17,079,593	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 566,385	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 561,121	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (5,264)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,751,136	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: 01/01/2014

Ending: 12/31/2014

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. 12/31/2015 \$ varies

13. 12/31/2016 \$ varies

14. 12/31/2017 \$ 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: \$ 20,973

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>921.75</u>	\$ <u>11,061</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>185.36</u>	<u>2,224</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>13,285</u>	21

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

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

Facility Name & ID Number Alden Estates of Shorewood # 0050781 Report Period Beginning: 01/01/2014 Ending: 12/31/2014
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	1,044,557	\$		\$	1,044,557	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				66,561				66,561	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				1,268,722				1,268,722	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	See Pg 16A	# of prescripts					584,981			584,981	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					(104,682)	703,118			598,436	13
14	TOTAL			\$		\$	2,275,159	\$	1,288,100	\$	3,563,259	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

XIV. Special Services (Direct Cost)

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

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		

1.	OT		39-3	To Col 5		\$1,044,557.38	
2.	ST		39-3	To Col 5		66,561.18	
3.							
4.	PT		39-3	To Col 5		1,268,722.42	
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					690,467.49	
	Manual Input from Related Party- Forum Drugs					(105,486.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		584,981.49	2,964,822.47

10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		0.00	0.00

	Total Exceptional Care (Line 12, Col 8)					0	0.00

13.	Other:	See Pg 16A					

13. Col 5: Manual Input: Related Party - CPT	To Col 5		(104,682.00)
Other		871,840.98	
Manual Input: Related Party - Prism		(67,769.00)	
Manual Input: Related Party FECII - I.V.		(104,259.00)	
Manual Input: Related Party FECII - Wound Care		(83.00)	
Oxygen, from reclass worksheet (Pg 4A)		3,388.29	
13. Col 6: Supplies Total	To Col 6	703,118.27	703,118.27
13. Total Line 13, Column 8		0.00	598,436.27
14. Total		0.00	3,563,258.74

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 50,867	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (100,000))	1,682,072	1,682,072	3
4	Supply Inventory (priced at)	4,078	4,078	4
5	Short-Term Investments			5
6	Prepaid Insurance		12,137	6
7	Other Prepaid Expenses	11,968	70,443	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	2,923	137,894	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,701,041	\$ 1,957,490	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,733,015	13
14	Buildings, at Historical Cost		13,934,039	14
15	Leasehold Improvements, at Historical Cost		2,204	15
16	Equipment, at Historical Cost	245,123	1,526,702	16
17	Accumulated Depreciation (book methods)	(75,901)	(1,650,475)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		330,107	21
22	Other Long-Term Assets (spec Finance Fees)		60,833	22
23	Other(specify): Due from Affiliate,	612,961	700,767	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 782,183	\$ 16,637,192	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,483,224	\$ 18,594,682	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 389,584	\$ 339,027	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	108,534	108,534	28
29	Short-Term Notes Payable		130,017	29
30	Accrued Salaries Payable	317,158	317,158	30
31	Accrued Taxes Payable (excluding real estate taxes)	25,476	25,476	31
32	Accrued Real Estate Taxes(Sch.IX-B)		375,400	32
33	Accrued Interest Payable		61,353	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	169,803	169,803	36
37	Due to Affiliates	2,637,829	2,637,829	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,648,384	\$ 4,164,597	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,083,133	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates			43
44	Sharehold.loan, other			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 14,083,133	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,648,384	\$ 18,247,730	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,165,160)	\$ 346,952	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,483,224	\$ 18,594,682	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,906,345)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	175	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,906,170)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	741,010	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 741,010	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,165,160)	24 *

* This must agree with page 17, line 47.

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

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,306,448	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,306,448	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	37,176	6
7	Oxygen	8,027	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 45,203	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	786	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	11,741	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	4,913	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	560	20
21	Other Medical Services	2,697	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 20,696	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,789	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,789	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A, if any	4,553	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,553	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,380,689	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,662,180	31
32	Health Care	2,962,372	32
33	General Administration	2,388,545	33
B. Capital Expense			
34	Ownership	1,592,024	34
C. Ancillary Expense			
35	Special Cost Centers	3,942,150	35
36	Provider Participation Fee	92,408	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,639,679	40
41	Income before Income Taxes (line 30 minus line 40)**	741,010	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 741,010	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 396,069	44
45	Private Pay - Net Inpatient Revenue	216,525	45
46	Medicare - Net Inpatient Revenue	11,213,646	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,480,207	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,306,448	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Estates of Shorewood # 0050781 Report Period Beginning: 01/01/2014 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Misc Income (Record copies)	\$ 2,153
Misc Income - Food Rebate	\$ 1,142
Misc Income - Jury Duty	\$ 44
Vendor Discounts	\$ 415
Gain on Sale of Prior Year Assets	\$ 798

Line 28 Total: 4,553

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 102,501	\$ 49.28	1
2	Assistant Director of Nursing	2,080	2,080	85,485	41.10	2
3	Registered Nurses	43,710	45,674	1,365,669	29.90	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	60,800	63,976	734,772	11.49	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,064	2,080	46,585	22.40	9
10	Activity Assistants	5,097	5,352	53,182	9.94	10
11	Social Service Workers	2,080	2,114	48,698	23.04	11
12	Dietician					12
13	Food Service Supervisor	2,000	2,074	68,059	32.82	13
14	Head Cook	6,240	6,240	158,526	25.40	14
15	Cook Helpers/Assistants	34,792	36,000	404,515	11.24	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	59,325	28.52	17
18	Housekeepers	11,045	11,583	122,975	10.62	18
19	Laundry	4,060	4,327	42,874	9.91	19
20	Administrator	2,080	2,080	130,753	62.86	20
21	Assistant Administrator	1,520	1,520	39,825	26.20	21
22	Other Administrative	6,064	6,220	150,538	24.20	22
23	Office Manager	1,784	1,784	30,430	17.06	23
24	Clerical	2,613	2,615	23,804	9.10	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,200	4,200	160,376	38.18	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	7,040	7,040	108,344	15.39	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	203,429	211,119	\$ 3,937,236 *	\$ 18.65	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	\$ 630	1-3	35
36	Medical Director	Monthly	35,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,400	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	660	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	12	\$ 39,190		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	6	\$ 2,342	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	6	\$ 2,342		53

Alden Estates of Shorewood
 Legal Fee Support
 2014

Legal Fees Reported on Pg 21, Section C:	\$	48,083.27
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(1,175.27)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		<u> </u>
Allowable Legal Fees	<u>\$</u>	<u> -</u>

Vendor Name	Invoice Date	Total Amount	Total Allowable Legal fees
AMS Allocated Legal Fees	1/1/14 - 12/31/2014	46,908.00	
Chicago Title Company , LLC	06/03/14	60.00	
Clerk Of The Circuit Court	10/17/14	236.00	
Clerk Of The Circuit Court	10/17/14	276.00	
Clerk Of The Circuit Court	10/17/14	236.00	
Clerk Of The Circuit Court	10/17/14	236.00	
G. Jeropke	08/06/14	(125.00)	
Markley Investigations Inc.	12/09/14	50.00	
Nolan Law Group	04/22/14	(90.73)	
Sheriff of Kendall County	10/17/14	78.00	
Sheriff of Will County	10/17/14	40.00	
Sheriff of Will County	10/17/14	50.00	
Sheriff of Will County	10/17/14	79.00	
Sheriff of Will County	10/17/14	50.00	
TOTAL		<u><u>48,083.27</u></u>	<u><u>-</u></u>

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

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

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 = \$5,520
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 15,652 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. \$ 92,408
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. \$ 27,433 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.