

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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.

I. IDPH License ID Number: 0050781

Facility Name: Alden Estates of Shorewood

Address: 710 W Black Rd Shorewood 60404
Number City Zip Code

County: Will

Telephone Number: (815) 230-8700 Fax # (815) 254-8697

HFS ID Number:

Date of Initial License for Current Owners: 3/9/12

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☒ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 286-3883
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 03/09/2012 to 12/31/2012 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or
Administrator
of Provider

(Signed) _____ (Date) _____
(Type or Print Name) Joan Carl
(Title) Vice-President

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Estates of Shorewood# 0050781 Report Period Beginning: 03/09/2012 Ending: 12/31/2012

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	<u>100</u>	Skilled (SNF)	<u>100</u>	<u>29,800</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>100</u>	TOTALS	<u>100</u>	<u>29,800</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>184</u>	<u>738</u>	<u>5,349</u>	<u>6,271</u>	8
9	SNF/PED					9
10	ICF	<u>773</u>	<u>69</u>	<u>0</u>	<u>842</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>957</u>	<u>807</u>	<u>5,349</u>	<u>7,113</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 23.87%

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?

YesG. 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 5,325Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/12Fiscal Year: 12/31/12

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total						
		1	2	3	4	5	6	7	8	9	10
	A. General Services										
1	Dietary	295,201	75,115		370,316	2,632	372,948	717	373,665		1
2	Food Purchase		143,281		143,281	(3,533)	139,748	791	140,539		2
3	Housekeeping	64,478	29,952		94,430	1,205	95,635	802	96,437		3
4	Laundry	26,058	26,816	365	53,239	522	53,761		53,761		4
5	Heat and Other Utilities			144,381	144,381		144,381	(999)	143,382		5
6	Maintenance	43,725		122,467	166,192	330	166,522	61,482	228,004		6
7	Other (specify):* related party							1,090	1,090		7
8	TOTAL General Services	429,462	275,164	267,213	971,839	1,156	972,995	63,883	1,036,878		8
	B. Health Care and Programs										
9	Medical Director			19,500	19,500		19,500		19,500		9
10	Nursing and Medical Records	877,012	69,252	3,014	949,278	8,758	958,036	8,300	966,336		10
10a	Therapy		3,960	6,465	10,425		10,425		10,425		10a
11	Activities	58,646	3,746	2,499	64,891	265	65,156		65,156		11
12	Social Services	34,088			34,088		34,088		34,088		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							834	834		15
16	TOTAL Health Care and Programs	969,746	76,958	31,478	1,078,182	9,023	1,087,205	9,134	1,096,339		16
	C. General Administration										
17	Administrative	89,094			89,094		89,094	15,578	104,672		17
18	Directors Fees										18
19	Professional Services			189,192	189,192		189,192	(178,222)	10,970		19
20	Dues, Fees, Subscriptions & Promotions			83,638	83,638		83,638	(80,909)	2,729		20
21	Clerical & General Office Expenses	134,138	26,744	97,890	258,772	635	259,407	80,197	339,604		21
22	Employee Benefits & Payroll Taxes			237,467	237,467	(10,814)	226,653	(3,087)	223,566		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,680	1,680		1,680	125	1,805		24
25	Other Admin. Staff Transportation			825	825		825	2,317	3,142		25
26	Insurance-Prop.Liab.Malpractice			51,811	51,811	82	51,893	8,732	60,625		26
27	Other (specify):* related party			1,117	1,117		1,117	8,496	9,613		27
28	TOTAL General Administration	223,232	26,744	663,620	913,596	(10,097)	903,499	(146,774)	756,725		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,622,440	378,866	962,311	2,963,617	82	2,963,699	(73,757)	2,889,942		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			21,159	21,159		21,159	484,862	506,021			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			884	884	(82)	802	682,615	683,417			32
33	Real Estate Taxes			244,049	244,049	(244,049)		245,248	245,248			33
34	Rent-Facility & Grounds			900,954	900,954	244,049	1,145,003	(1,145,003)				34
35	Rent-Equipment & Vehicles			13,951	13,951		13,951	7,004	20,955			35
36	Other (specify):* M.I.P.							65,875	65,875			36
37	TOTAL Ownership			1,180,997	1,180,997	(82)	1,180,915	340,601	1,521,516			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		376,084	590,014	966,098		966,098	(115,086)	851,012			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			50,873	50,873		50,873		50,873			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		376,084	640,887	1,016,971		1,016,971	(115,086)	901,885			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	1,622,440	754,950	2,784,195	5,161,585		5,161,585	151,758	5,313,343			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		(3,533.00)	Employee Meals
	22	3,533.00	Employee Meals
22		(14,347.00)	Uniforms
	1	2,632.00	Uniforms
	3	1,205.00	Uniforms
	4	522.00	Uniforms
	6	330.00	Uniforms
	10	8,758.00	Uniforms
	11	265.00	Uniforms
	21	635.00	Uniforms
32		(82.47)	A.F.C.O. Property Insurance
	26	82.47	A.F.C.O. Property Insurance
33		(244,048.82)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	244,048.82	Rent - Real Estate Tax on associated landowner (Pg 6)

		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	(4,274)	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	(4,826)	30		9
10	Interest and Other Investment Income	(71)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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	(29)	21		17
18	Fines and Penalties				18
19	Entertainment	(960)	20		19
20	Contributions	(3,810)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,117)	27		24
25	Fund Raising, Advertising and Promotional	(74,408)	20		25
	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)	\$ (89,495)		\$	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 Amount	2 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)	230,856	Various	34
35	Other- Attach Schedule	10,397	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 241,253		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 151,758		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 Yes	2 No	3 Amount	4 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: 03/09/2012

Ending: 12/31/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Late fees on utilites	\$ (1,455)	5	1
2	Other Nursing Income (flu, w/chair,etc)	(192)	21	2
3	Marketing Manager & Aides (GL#6701-100-009)	(20,871)	21	3
4	Back out % Employee Benefit for Mktg Manager	(3,087)	22	4
5	Back out 30% PAC Fees from IHCA bills	(690)	20	5
6	Back out Collabortive Health	(405)	20	6
7	Back Out IHCA Pac due assessment fee	(1,000)	20	7
8	Back Out Joliet Region Chamber of Commerce	(355)	20	8
9	Back Out Extension Charges - Shorewood LLC	(14,200)	32	9
10	Back Out Bank Charges - Shorewood LLC	(784)	21	10
11				11
12	Eliminate deprec exp on Pg 13 items < \$2,500 - SW	(5,405)	30	12
13	Expense item <\$2,500 on Pg 13 items - SW	58,843	6	13
14	Correct YTD Depreciation	(1)	30	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	10,397		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Shorewood # 0050781 Report Period Beginning: 03/09/2012 Ending: 12/31/2012

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	717	0	0	0	0	0	0	0	0	717	1
2	Food Purchase	0	0	0	791	0	0	0	0	0	0	0	791	2
3	Housekeeping	0	0	802	0	0	0	0	0	0	0	0	802	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,455)	0	456	0	0	0	0	0	0	0	0	(999)	5
6	Maintenance	54,569	2,841	2,727	0	0	0	1,345	0	0	0	0	61,482	6
7	Other (specify):*	0	0	890	200	0	0	0	0	0	0	0	1,090	7
8	TOTAL General Services	53,114	2,841	5,592	991	0	0	1,345	0	0	0	0	63,883	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	0	0	5,718	70	2,512	0	0	0	0	0	0	8,300	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	834	0	0	0	0	0	0	0	0	834	15
16	TOTAL Health Care and Programs	0	0	6,552	70	2,512	0	0	0	0	0	0	9,134	16
	C. General Administration													
17	Administrative	0	0	15,578	0	0	0	0	0	0	0	0	15,578	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	5,129	(183,351)	0	0	0	0	0	0	0	0	(178,222)	19
20	Fees, Subscriptions & Promotions	(81,628)	356	363	0	0	0	0	0	0	0	0	(80,909)	20
21	Clerical & General Office Expenses	(21,876)	26,993	36,295	3,607	35,178	0	0	0	0	0	0	80,197	21
22	Employee Benefits & Payroll Taxes	(3,087)	0	0	0	0	0	0	0	0	0	0	(3,087)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	125	0	0	0	0	0	0	0	0	125	24
25	Other Admin. Staff Transportation	0	0	2,317	0	0	0	0	0	0	0	0	2,317	25
26	Insurance-Prop.Liab.Malpractice	0	8,697	35	0	0	0	0	0	0	0	0	8,732	26
27	Other (specify):*	(1,117)	0	7,143	411	2,059	0	0	0	0	0	0	8,496	27
28	TOTAL General Administration	(107,709)	41,175	(121,495)	4,018	37,237	0	0	0	0	0	0	(146,774)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(54,595)	44,016	(109,351)	5,079	39,749	0	1,345	0	0	0	0	(73,757)	29

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
(to Sch V, col.7)														
30	Depreciation	(10,232)	490,289	4,805	0	0	0	0	0	0	0	0	484,862	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(14,271)	695,333	1,316	0	237	0	0	0	0	0	0	682,615	32
33	Real Estate Taxes	0	244,049	852	0	347	0	0	0	0	0	0	245,248	33
34	Rent-Facility & Grounds	0	(1,145,003)	0	0	0	0	0	0	0	0	0	(1,145,003)	34
35	Rent-Equipment & Vehicles	0	0	7,004	0	0	0	0	0	0	0	0	7,004	35
36	Other (specify):*	0	65,875	0	0	0	0	0	0	0	0	0	65,875	36
37	TOTAL Ownership	(24,503)	350,543	13,977	0	584	0	0	0	0	0	0	340,601	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	(10,800)	(105,294)	1,008	0	0	0	0	0	(115,086)	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	(10,800)	(105,294)	1,008	0	0	0	0	0	(115,086)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(79,098)	394,559	(95,374)	(5,721)	(64,961)	1,008	1,345	0	0	0	0	151,758	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	\$ 1,145,003	Alden Estates of Shorewood, LLC		\$	\$ (1,145,003)	1
2	V	32	Investment Income - RR	34	Alden Estates of Shorewood, LLC			(34)	2
3	V	19	Accounting/Professional Fees		Alden Estates of Shorewood, LLC		3,297	3,297	3
4	V	21	Licenses & Insp./Bank Fees		Alden Estates of Shorewood, LLC		26,993	26,993	4
5	V	20	Dues & Subscription/Rprt Fee		Alden Estates of Shorewood, LLC		356	356	5
6	V	33	Real Estate Tax Expense		Alden Estates of Shorewood, LLC		244,049	244,049	6
7	V	26	General Insurance Expense		Alden Estates of Shorewood, LLC		8,697	8,697	7
8	V	36	Mortgage Insurance Premium		Alden Estates of Shorewood, LLC		65,875	65,875	8
9	V	32	Interest on Loan- Mortgage & other		Alden Estates of Shorewood, LLC		662,475	662,475	9
10	V	30	Depreciation Expense		Alden Estates of Shorewood, LLC		490,289	490,289	10
11	V	32	Amortization Exp/Fines/Penalties		Alden Estates of Shorewood, LLC		32,892	32,892	11
12	V	19	Legal Fees Non-Collections		Alden Estates of Shorewood, LLC		1,832	1,832	12
13	V	6	Repairs and Maintenance		Alden Estates of Shorewood, LLC		2,841	2,841	13
14	Total			\$ 1,145,037			\$ 1,539,596	\$ * 394,559	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%	\$ 456	\$ 456	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		125	125	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		2,317	2,317	17
18	V	26	Insurance		Alden Management Services, Inc.		35	35	18
19	V	20	Dues & Subscriptions		Alden Management Services, Inc.		363	363	19
20	V	30	Depreciation		Alden Management Services, Inc.		4,805	4,805	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		852	852	21
22	V	35	Rent-Equip & Vehicles		Alden Management Services, Inc.		7,004	7,004	22
23	V	32	Interest		Alden Management Services, Inc.		1,316	1,316	23
24	V	1	Dietary		Alden Management Services, Inc.		717	717	24
25	V	3	Housekeeping		Alden Management Services, Inc.		802	802	25
26	V	7	Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		890	890	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		5,718	5,718	27
28	V	15	Employee Benefits-Health Care		Alden Management Services, Inc.		834	834	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		15,578	15,578	29
30	V	27	Employee Benefits-Admin		Alden Management Services, Inc.		7,143	7,143	30
31	V	19	Professional Fees	188,758	Alden Management Services, Inc.		5,407	(183,351)	31
32	V	21	Gen'l & Admin		Alden Management Services, Inc.		36,295	36,295	32
33	V	6	Repair & Maint	5,016	Alden Management Services, Inc.		7,743	2,727	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 193,774			\$ 98,400	\$ * (95,374)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Diet Consultant	\$	Prism Health Care Sevices, Inc.	0.00%	\$	\$	15
16	V	1	Dietary salary		Prism Health Care Sevices, Inc.				16
17	V	2	Tube Feeding	1	Prism Health Care Sevices, Inc.		792	791	17
18	V	10	Equipment Rental	5,550	Prism Health Care Sevices, Inc.		5,620	70	18
19	V	39	Supplies	18,668	Prism Health Care Sevices, Inc.		7,868	(10,800)	19
20	V	21	Salary G & A		Prism Health Care Sevices, Inc.		2,508	2,508	20
21	V	27	Employee Benefit		Prism Health Care Sevices, Inc.		411	411	21
22	V	7	Employee Benefit		Prism Health Care Sevices, Inc.		200	200	22
23	V	21	G & A		Prism Health Care Sevices, Inc.		1,099	1,099	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			\$ 24,219			\$ 18,498	\$ * (5,721)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 179,528	Forum Extended Care Services II, Inc.	0.00%	\$ 229,351	\$ 49,823	15
16	V	39	I.V. Drugs	176,878	Forum Extended Care Services II, Inc.		21,969	(154,909)	16
17	V	39	Wound Care	1,009	Forum Extended Care Services II, Inc.		801	(208)	17
18	V	10	House Stock	5,662	Forum Extended Care Services II, Inc.		5,237	(425)	18
19	V	10	Pharmacy Consultant	2,932	Forum Extended Care Services II, Inc.		5,869	2,937	19
20	V	27	Employee Vaccination	3,294	Forum Extended Care Services II, Inc.		2,614	(680)	20
21	V	27	Employee Benefit - G & A		Forum Extended Care Services II, Inc.		2,739	2,739	21
22	V	21	Salary - G & A		Forum Extended Care Services II, Inc.		20,012	20,012	22
23	V	21	General Administration		Forum Extended Care Services II, Inc.		15,166	15,166	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		237	237	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		347	347	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			\$ 369,303			\$ 304,342	\$ * (64,961)	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	Therapy	\$ 545,332	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 546,340	\$ 1,008	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			\$ 545,332			\$ 546,340	\$ * 1,008	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	Repair & Maintenance	\$ 21,785	Alden Bennett Construction Company, Inc.	0.00%	\$ 23,130	\$ 1,345	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			\$ 21,785			\$ 23,130	\$ * 1,345	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:

03/09/2012

Ending:

12/31/2012

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 Ca	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care (	Chicago	Alden Management Serv	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and He	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Ca	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health C	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Yo	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health C	Orland Park	Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Car	Chicago	Alden Bennett Construct	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health C	Cicero	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health (	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health C	Skokie				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: 03/09/2012 Ending: 12/31/2012

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	184,018	0.212	0.53	Salary	\$ 982	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	68,276	0.212	0.53	Salary	364	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	39,310	0.212	0.53	Salary	210	6-7	3
4											4
5											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											10
11											11
12											12
13								TOTAL	\$ 1,556		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:

03/09/2012Ending: 2/31/2012

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient days	1,340,098	35	\$ 85,836	\$	7,113	\$ 456	1
2	24	Travel/Seminar	Patient days	1,340,098	35	23,644		7,113	125	2
3	25	Other Admin Travel	Patient days	1,340,098	35	436,530		7,113	2,317	3
4	26	Insurance	Patient days	1,340,098	35	6,589		7,113	35	4
5	20	Dues/Subscriptions	Patient days	1,340,098	35	68,371		7,113	363	5
6	30	Depreciation	No. of Providers	35	35	340,112		1	4,805	6
7	33	Real Estate Tax	Patient days	1,340,098	35	184,769		7,113	852	7
8	35	Rent-Equip & Vehicles	Patient days	1,340,098	35	1,319,497		7,113	7,004	8
9	32	Interest	Patient days	1,340,098	35	2,398,912		7,113	1,316	9
10	1	Diet. Salary	Patient days	1,340,098	35	135,080	135,080	7,113	717	10
11	3	Housekeeping Salary	Patient days	1,340,098	35	151,028	151,028	7,113	802	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,340,098	35	167,731		7,113	890	12
13	10	Nurs & Med Record Salary	Patient days	1,340,098	35	1,186,643	1,186,643	7,113	5,718	13
14	15	Employee Benefits-Health Care	Patient days	1,340,098	35	157,190		7,113	834	14
15	17	Administrative Salary	Patient days	1,340,098	35	3,283,025	3,283,025	7,113	15,578	15
16	27	Employee Benefits-Administr.	Patient days	1,340,098	35	1,345,837		7,113	7,143	16
17	19	Professional Fees	Patient days	1,340,098	35	1,018,709	751,716	7,113	5,407	17
18	21	Gen'l & Administrative	Patient days	1,340,098	35	6,837,958	6,125,097	7,113	36,295	18
19	6	Repairs & Maniten.	Patient days	1,340,098	35	1,458,765	980,107	7,113	7,743	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 98,400	25

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					
	A. Directly Facility Related Long-Term												
1	Cambridge Realty Capital, Ltd.		x	Mortgage	Varies	01/12	\$ 14,366,500	\$ 14,282,488	01/2052	5.8800	\$ 662,393	1	
2												2	
3	Amortization-Fin/Refin Fee		x	Working Capital							18,692	3	
4	Insurance interest		x	Medical Malpractice							884	4	
5												5	
	Working Capital												
6	Related party-AMS		x	Working Capital							1,316	6	
7	Related party-FECII		x	Working Capital							237	7	
8												8	
9	TOTAL Facility Related						\$ 14,366,500	\$ 14,282,488			\$ 683,522	9	
	B. Non-Facility Related*												
10	Interest income corp.		x								(34)	10	
11	Interest & Other Invest		x								(71)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (105)	14	
15	TOTALS (line 9+line14)						\$ 14,366,500	\$ 14,282,488			\$ 683,417	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 65,875 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.		\$	41,198	1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	35,247	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(5,951)	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	250,000	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	244,049	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	1199
		Total Real Estate Tax Expense, Sch V, Line 33		\$	245,248
Real Estate Tax Bill for Calendar Year:					
2007		8			
2008		9			
2009		10			
2010	42,996	11			
2011	35,247	12			
the current year accrual is based on an estimated 3% increase of the prior year tax					

		FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	\$		13
14	PLUS APPEAL COST FROM LINE 5	\$		14
15	LESS REFUND FROM LINE 6	\$		15
16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Shorewood, Inc. COUNTY Will

FACILITY IDPH LICENSE NUMBER 005-0781

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 2011 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 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>303,210.00</u>	\$ <u>852.00</u>
2. <u>See attached (Supplement)</u>	<u>Related party-FECS II</u>	\$ <u>37,853.00</u>	\$ <u>347.00</u>
3. <u>05-06-04-405-013-0000</u>	<u>Nursing Home Facility</u>	\$ <u>35,246.82</u>	\$ <u>35,246.82</u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u><u>376,309.82</u></u>	\$ <u><u>36,445.82</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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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 BrickFrame Steel Skeleton/Metal FNumber 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	Nursing facility	222,931	2006	\$ 1,733,015	1
2					2
3	TOTALS	222,931		\$ 1,733,015	3

HFS 3745 (N-4-99)

IL478-2471

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				2012	\$ 13,934,038	\$ 327,509	39	\$ 327,509	\$ (4,826)	\$ 327,509
5	Builder's Profit			2012	(205,307)		39	(4,826)		(4,826)
6										
7										
8										
	Improvement Type**									
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,728,731	\$ 327,509		\$ 322,683	\$ (4,826)	\$ 322,683	1
2	Forum Prof Ctr: Remodeling	1979	7,529		20			7,529	2
3	Forum Prof Ctr: Build Improv - multiple	1980	14,662		15			14,662	3
4	Forum Prof Ctr: Tennant Improv	1986	463		13			463	4
5	Forum Prof Ctr: AMS remodel	1990	3,145		10			3,145	5
6	Forum Prof Ctr: Roof	1994	1,659		16			1,659	6
7	Forum Prof Ctr: Build Improv-multiple	1995	585	37	16	37		585	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	924	7	10	7		908	8
9	Forum Prof Ctr: Remodel/electrical	2001	360	13	7	13		347	9
10	Forum Prof Ctr: bathroom remodel	2002	319	23	5	23		319	10
11	Forum Prof Ctr: remodel suites/etc.	2003	409	41	9	41		409	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	1,260	51	7	51		1,146	12
13	Forum Prof Ctr: Suite renovation	2005	255	(6)	10	(6)		295	13
14	Forum Prof Ctr: Superior installations, etc.	2006	61		4			61	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	245	30	7	30		195	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	210	26	7	26		142	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	427	41	7	41		132	17
18	Forum Prof Ctr: Building Renovations	2010	728	148	7	148		338	18
19	Forum Prof Ctr: Building Renovations	2011	3,190	324	7	324		401	19
20	Forum Prof Ctr: Building Renovations	2012	139	19	7	19		19	20
21	Alden Mgt Servs: Remodel suites	1993	3,382		7			1,691	21
22	Alden Mgt Servs: Remodel suites	2002	141		7			70	22
23	Alden Mgt Servs: Remodel suites	2003	3,058		7			1,529	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,771,876	\$ 328,260		\$ 323,434	\$ (4,826)	\$ 358,725	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	\$396,680	\$30,795	\$30,795	\$	various	\$34,631	71
72	Current Year Purchases	1,006,808	151,789	151,789		various	151,789	72
73	Fully Depreciated Assets	29,063	3	3		various	29,063	73
74								74
75	TOTALS	\$1,432,551	\$182,587	\$182,587	\$		\$215,483	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	Related Party - AMS _	Various	98-02	\$3,911	\$	\$	\$	3	\$3,911	76
77										77
78										78
79										79
80	TOTALS			\$3,911	\$	\$	\$		\$3,911	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$16,941,353	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$510,847	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$506,021	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(4,826)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$578,119	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party costs are 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

**

8. List separately any amortization of lease expense included on page 4, line 34.
- This amount was calculated by dividing the total amount to be amortized
- by the length of the lease

9. Option to Buy: ☐ YES ☒ NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO
16. Rental Amount for movable equipment: \$ 14,684 Description: Copy machine lease & other various office equipment
- (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>292.75</u>	\$ <u>3,513</u>	17
18					18
19					19
20					20
21	TOTAL		\$ 292.75	\$ 3,513	21

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.	<u>12/31/13</u>	\$ <u>Varies</u>
13.	<u>12/31/14</u>	\$ <u>Varies</u>
14.	<u>12/31/15</u>	\$ <u>Varies</u>

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES
☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☐
IN OTHER FACILITY☐
COMMUNITY COLLEGE☐
HOURS PER CNA_____

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐
IN OTHER FACILITY☐
HOURS PER CNA_____

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		1	2	3	4
		Facility			
		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)	\$			

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.)

	1	2	3	4	5	6	7	8		
	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	\$		\$ 248,286	\$		\$ 248,286	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			7,927			7,927	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			326,184			326,184	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				229,351		229,351	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3								12
13	Other (specify): <u>See Pg 16A</u>					1,008	38,256		39,264	13
14	TOTAL			\$		\$ 583,405	\$ 267,607		\$ 851,012	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	\$248,286.11
2.	ST		39-3	To Col 5	7,927.41
3.					
4.	PT		39-3	To Col 5	326,183.93
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL				179,527.79
	Manual Input from Related Party- Forum Drugs				49,823.00
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6	229,350.79
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)				0.00
13.	Other:	See Pg 16A			

13. Col 5: Manual Input: Related Party - CPT	To Col 5	1,008.00
Other		204,172.73
Manual Input: Related Party - Prism		(10,800.00)
Manual Input: Related Party FECII - I.V.		(154,910.00)
Manual Input: Related Party FECII - Wound Care		(207.00)
Oxygen, from reclass worksheet (Pg 4A)		

13. Col 6: Supplies Total	To Col 6	38,255.73

13. Total Line 13, Column 8		38,255.73

14. Total		851,011.97
		=====

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 426,463	\$ 1,047,204	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,000)	895,794	895,794	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		11,023	6
7	Other Prepaid Expenses	15,265	21,254	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	5,079	310,894	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,342,601	\$ 2,286,168	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			15
16	Equipment, at Historical Cost	230,731	1,466,628	16
17	Accumulated Depreciation (book methods)	(21,159)	(511,448)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		122,194	21
22	Other Long-Term Assets (spec Finance Fee/CIP		613,401	22
23	Other(specify): Due from affiliates			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 209,572	\$ 17,357,828	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,552,173	\$ 19,643,996	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 206,871	\$ 209,329	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	12,262	12,262	28
29	Short-Term Notes Payable		96,951	29
30	Accrued Salaries Payable	159,279	159,279	30
31	Accrued Taxes Payable (excluding real estate taxes)	50,952	50,952	31
32	Accrued Real Estate Taxes(Sch.IX-B)		250,000	32
33	Accrued Interest Payable		69,327	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp,Due HFS,SalesTax,Etc.	21,853	568,891	36
37	Due to affiliates	913,824	913,824	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,365,041	\$ 2,330,815	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,185,538	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates	2,155,206	2,155,206	43
44	S/holder loans, others		169,805	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,155,206	\$ 16,510,549	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,520,247	\$ 18,841,363	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,968,074)	\$ 802,633	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,552,173	\$ 19,643,996	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (19,699)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (19,699)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,948,375)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,948,375)	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)	\$ (1,968,074)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Shorewood# 0050781Report Period Beginning: 03/09/2012Ending: 12/31/2012**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	\$ 3,205,332	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,205,332	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,955	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 6,955	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	529	12
13	Barber and Beauty Care	81	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	6	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	45	19
20	Radiology and X-Ray		20
21	Other Medical Services	192	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 852	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	71	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 71	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>		28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,213,210	30

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	971,839	31
32	Health Care	1,078,182	32
33	General Administration	913,596	33
	B. Capital Expense		
34	Ownership	1,180,997	34
	C. Ancillary Expense		
35	Special Cost Centers	966,098	35
36	Provider Participation Fee	50,873	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,161,585	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,948,375)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,948,375)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 113,963	44
45	Private Pay - Net Inpatient Revenue	31,987	45
46	Medicare - Net Inpatient Revenue	2,773,698	46
47	Other-(specify) <u>Hospice</u>	3,119	47
48	Other-(specify) <u>Insurance</u>	282,565	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 3,205,332	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 done 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.

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	1,520	1,520	\$ 82,120	\$ 54.03	1
2	Assistant Director of Nursing					2
3	Registered Nurses	15,037	15,177	490,069	32.29	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	15,560	15,727	215,038	13.67	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,496	1,496	29,416	19.66	9
10	Activity Assistants	2,474	2,519	29,230	11.60	10
11	Social Service Workers	1,520	1,520	34,088	22.43	11
12	Dietician					12
13	Food Service Supervisor	1,520	1,520	39,533	26.01	13
14	Head Cook	4,000	4,000	97,007	24.25	14
15	Cook Helpers/Assistants	13,739	13,893	158,660	11.42	15
16	Dishwashers					16
17	Maintenance Workers	1,232	1,264	43,725	34.59	17
18	Housekeepers	5,746	5,799	64,478	11.12	18
19	Laundry	2,488	2,525	26,058	10.32	19
20	Administrator	1,520	1,520	89,094	58.61	20
21	Assistant Administrator					21
22	Other Administrative	2,320	2,320	92,965	40.07	22
23	Office Manager	360	360	19,578	54.38	23
24	Clerical	2,165	2,187	21,595	9.87	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,336	1,356	60,464	44.59	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager	1,592	1,617	29,322	18.13	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	75,625	76,320	\$ 1,622,440 *	\$ 21.26	34

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	\$ 19,500	1-3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,000	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	Varies	1,320	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 22,820		49

C. CONTRACT NURSES

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

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description		Amount	Description	Amount	
Annette G. Borcky	Administrator	0	\$ 89,094	Workers' Compensation Insurance		\$ 33,642	IDPH License Fee	\$	
		0		Unemployment Compensation Insurance		40,354	Advertising: Employee Recruitment	(1,448)	
		0		FICA Taxes		118,695	Health Care Worker Background Check	420	
		0		Employee Health Insurance		19,778	(Indicate # of checks performed 14)		
		0		Employee Meals		3,533	Patient Background Checks	94	
		0		Illinois Municipal Retirement Fund (IMRF)*			Surety Bond Fees	200	
		0		Dental Insurance/Life Insurance		432	IL Healthcare Association	1,610	
		0		Misc Payroll Costs/401K Match		248	Annual Report/Secretary of State	584	
TOTAL (agree to Schedule V, line 17, col. 1)				Employee Drug Tests/Vaccinations		5,183	Time/Hearst/Woman Mag. Subscription	60	
(List each licensed administrator separately.)			\$ 89,094	Employee Relations		4,788	Related party- AMS	363	
B. Administrative - Other				Back out % Employee Benefit for Mktg Manager		(3,087)	Less: Public Relations Expense	()	
Description			Amount				Non-allowable advertising	()	
			\$				Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V,		\$ 223,566	TOTAL (agree to Sch. V,	\$ 2,729	
(Attach a copy of any management service agreement)				line 22, col.8)			line 20, col. 8)		
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 Servs.	Consulting Fees		\$ 160,399			\$	Out-of-State Travel	\$	
Mary Kay Kenyon	Clinical Consulting		250						
Ives/Ryan Group Inc.	Consulting Fees		184						
AMS (Eliminated)	Allocated Legal Fees		28,359				In-State Travel		
							Related party- AMS	125	
							Seminar Expense		
							ILLHCA	795	
							IL Council & Others	885	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V,		
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 189,192				line 24, col. 8)	\$ 1,805	

*** Attach copy of IMRF notifications**

****See instructions.**

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	Amount of Expense Amortized Per Year								
					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. IHCA = \$1,610

(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.

\$ 4,504

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.

(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.

\$ 50,873

This amount is to be recorded on line 42 of Schedule V.

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.
- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ 3,533

Has any meal income been offset against related costs?

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 out of Schedule V?

Yes

(19)

If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

No

Attach invoices and a summary of services for all architect and appraisal fees.