

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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: <u>0050781</u>			II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Alden Estates of Shorewood</u>			I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																							
Address: <u>710 West Black Road</u> <u>Shorewood</u> <u>60404</u>																										
Number City Zip Code																										
County: <u>Will</u>																										
Telephone Number: <u>(815) 230-8700</u> Fax # <u>(815) 254-8697</u>																										
HFS ID Number: _____			<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>Derek Smart</u></td></tr><tr><td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) _____</td></tr><tr><td>(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u></td></tr></table>			Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Derek Smart</u>	(Title) <u>CFO, Alden Management Services, Inc., as agent</u>	(Signed) _____	Paid Preparer	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____	(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>											
Officer or Administrator of Provider	(Signed) _____																									
	(Type or Print Name) <u>Derek Smart</u>																									
	(Title) <u>CFO, Alden Management Services, Inc., as agent</u>																									
	(Signed) _____																									
Paid Preparer	(Date) _____																									
	(Print Name and Title) _____																									
	(Firm Name & Address) _____																									
	(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>																									
Date of Initial License for Current Owners: <u>3/9/12</u>																										
Type of Ownership:																										
<table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☒ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☐ "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td>_____</td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>			☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code _____	☒ Corporation	☐ Other _____		☐ "Sub-S" Corp.	_____		☐ Limited Liability Co.	_____		☐ Trust			☐ Other _____	
☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL																								
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	☐ Limited Liability Co.	_____																								
	☐ Trust																									
	☐ Other _____																									
In the event there are further questions about this report, please contact:																										
Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u>																										
Email Address: _____																										
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																										

#	0050781	Report Period Beginning:	01/01/2020	Ending:	12/31/2020
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D. How many bed reserve days during this year were paid by the Department?

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

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

None

Yes

YES ☐ NO ☒

YES ☐ **NO** ☒

Date started 3/26/2012

YES ☐ Date _____ NO ☒

YES ☒ NO ☐ If YES, enter number

of beds certified **100** **and days of care provided** **8,809**

IV. ACCOUNTING BASIS

MODIFIED

ACCRUAL	X
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CASH*

CASH* ☐

YES ☒ NO ☐

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

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

Facility Name & ID Number Alden Estates of Shorewood # 0050781 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	528,952	33,717	6,701	569,370	2,611	571,981	(536)	571,445			1
2	Food Purchase		186,564		186,564	(15,904)	170,660	(6,022)	164,638			2
3	Housekeeping	189,182	43,778		232,960	1,195	234,155	8,161	242,316			3
4	Laundry	74,981	16,500	31	91,512	518	92,030		92,030			4
5	Heat and Other Utilities			197,880	197,880		197,880	1,094	198,974			5
6	Maintenance	106,507		196,042	302,549	327	302,876	43,578	346,454			6
7	Other (specify):* related party							3,779	3,779			7
8	TOTAL General Services	899,622	280,559	400,654	1,580,835	(11,253)	1,569,582	50,054	1,619,636			8
	B. Health Care and Programs											
9	Medical Director			74,500	74,500		74,500		74,500			9
10	Nursing and Medical Records	2,765,965	187,454	15,073	2,968,492	12,466	2,980,958	27,948	3,008,906			10
10a	Therapy	75,410	3,544	10,026	88,980		88,980		88,980			10a
11	Activities	129,069	3,565	4,401	137,035	262	137,297		137,297			11
12	Social Services	73,988			73,988		73,988		73,988			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Res Att/rel party	144,907			144,907		144,907	3,257	148,164			15
16	TOTAL Health Care and Programs	3,189,339	194,563	104,000	3,487,902	12,728	3,500,630	31,205	3,531,835			16
	C. General Administration											
17	Administrative	107,859			107,859		107,859	99,971	207,830			17
18	Directors Fees											18
19	Professional Services			525,954	525,954		525,954	(435,355)	90,599			19
20	Dues, Fees, Subscriptions & Promotions			137,132	137,132		137,132	(116,675)	20,457			20
21	Clerical & General Office Expenses	181,921	20,211	196,140	398,272	(3,990)	394,282	105,535	499,817			21
22	Employee Benefits & Payroll Taxes			714,034	714,034	1,674	715,708	(6,036)	709,672			22
23	Inservice Training & Education											23
24	Travel and Seminar			538	538		538	498	1,036			24
25	Other Admin. Staff Transportation			1,207	1,207		1,207	4,457	5,664			25
26	Insurance-Prop.Liab.Malpractice			273,195	273,195		273,195	14,901	288,096			26
27	Other (specify):* related party			46,942	46,942		46,942	(7,350)	39,592			27
28	TOTAL General Administration	289,780	20,211	1,895,142	2,205,133	(2,316)	2,202,817	(340,054)	1,862,763			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,378,741	495,333	2,399,796	7,273,870	(841)	7,273,029	(258,795)	7,014,234			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			62,690	62,690		62,690	384,553	447,243			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			55,731	55,731		55,731	605,718	661,449			32
33	Real Estate Taxes			181,530	181,530	(181,530)		184,891	184,891			33
34	Rent-Facility & Grounds			1,075,102	1,075,102	181,530	1,256,632	(1,256,632)				34
35	Rent-Equipment & Vehicles			20,752	20,752		20,752	17,876	38,628			35
36	Other (specify):* MIP							73,743	73,743			36
37	TOTAL Ownership			1,395,805	1,395,805		1,395,805	10,149	1,405,954			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		903,338	1,780,163	2,683,501	841	2,684,342	(268,423)	2,415,919			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			138,793	138,793		138,793		138,793			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		903,338	1,918,956	2,822,294	841	2,823,135	(268,423)	2,554,712			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,378,741	1,398,671	5,714,557	11,491,969		11,491,969	(517,069)	10,974,900			45

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

Alden Estates of Shorewood
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0050781

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(15,904.00)	Employee Meals
	22	15,904.00	Employee Meals
22		(14,230.00)	Uniform Reclass
	1	2,611.00	Uniform Reclass
	3	1,195.00	Uniform Reclass
	4	518.00	Uniform Reclass
	6	327.00	Uniform Reclass
	10	8,687.00	Uniform Reclass
	11	262.00	Uniform Reclass
	21	630.00	Uniform Reclass
10		(840.94)	Oxygen Cost Reclass
	39	840.94	Oxygen Cost Reclass
21		(4,620.00)	Team TSI expense Reclass
	10	4,620.00	Team TSI expense Reclass
33		(181,530.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	181,530.00	Rent - Real Estate Tax on associated landowner (Pg 6)
		-	

Note for internal purposes: check your reclasses on last year's file, as there may be reclasses specific to your facility.

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(7,085)	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	(334)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,920)	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	(10,595)	21		17
18	Fines and Penalties	(5)	32		18
19	Entertainment				19
20	Contributions	(3,574)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(15,639)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(46,942)	27		24
25	Fund Raising, Advertising and Promotional	(105,282)	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)	\$ (199,640)		\$	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)	(233,095)		34
35	Other- Attach Schedule	(84,334)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (317,429)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (517,069)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilites	\$ (589)	5	1
2	Misc Income - Record copies	(708)	10	2
3	Vendor Discounts	(457)	10	3
4				4
5				5
6	Back Out Shaw Suburban /Broadcast Music Media	(4,867)	20	6
7	Back Out Memberships Flagstaff Financial/Collaborative	(839)	20	7
8	Back Out Chamber of Commerce Joliet/Plainfield/Grundy	(2,825)	20	8
9	Back Out Bank Charges - Shorewood LLC	(287)	21	9
10	Intercompany Interest	(54,905)	32	10
11				11
12				12
13	Eliminate deprec exp on Pg 12 items <\$2,500	(3,397)	30	13
14	Eliminate deprec exp on Pg 13 items <\$2,500	(18,715)	30	14
15	Expense capital items <\$2,500 on Pg 13 - SW	26,082	6	15
16	Expense Pg 5 Capital Items <\$2,500 on Pg 12 SW	0	6	16
17	Illiminate Depreciation ADG Related Party	(22,515)	30	17
18	ABC Related Party Depreciation Adj 2016	(5)	30	18
19	ABC Related Party Depreciation Adj 2017	(5)	30	19
20	ABC Related Party Depreciation Adj 2018	(2)	30	20
21	ABC Related Party Depreciation Adj 2019	(1)	30	21
22	Correct YTD Depreciation	(299)	30	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	(84,334)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	(536)	0	0	0	0	0	0	0	(536)	1
2	Food Purchase	(4,920)	0	0	(1,102)	0	0	0	0	0	0	0	(6,022)	2
3	Housekeeping	0	0	8,161	0	0	0	0	0	0	0	0	8,161	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(589)	0	1,683	0	0	0	0	0	0	0	0	1,094	5
6	Maintenance	18,997	10,071	12,114	0	0	0	45	2,351	0	0	0	43,578	6
7	Other (specify):*	0	0	3,779	0	0	0	0	0	0	0	0	3,779	7
8	TOTAL General Services	13,488	10,071	25,737	(1,638)	0	0	45	2,351	0	0	0	50,054	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	(1,165)	0	22,146	7,948	(981)	0	0	0	0	0	0	27,948	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	3,257	0	0	0	0	0	0	0	0	3,257	15
16	TOTAL Health Care and Programs	(1,165)	0	25,403	7,948	(981)	0	0	0	0	0	0	31,205	16
	C. General Administration													
17	Administrative	0	0	99,971	0	0	0	0	0	0	0	0	99,971	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(15,639)	29,613	(449,329)	0	0	0	0	0	0	0	0	(435,355)	19
20	Fees, Subscriptions & Promotions	(117,387)	121	591	0	0	0	0	0	0	0	0	(116,675)	20
21	Clerical & General Office Expenses	(10,882)	287	116,130	0	0	0	0	0	0	0	0	105,535	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(6,036)	0	0	0	0	0	0	(6,036)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	498	0	0	0	0	0	0	0	0	498	24
25	Other Admin. Staff Transportation	0	0	4,457	0	0	0	0	0	0	0	0	4,457	25
26	Insurance-Prop.Liab.Malpractice	0	14,738	163	0	0	0	0	0	0	0	0	14,901	26
27	Other (specify):*	(46,942)	0	39,592	0	0	0	0	0	0	0	0	(7,350)	27
28	TOTAL General Administration	(190,850)	44,759	(187,927)	0	(6,036)	0	0	0	0	0	0	(340,054)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(178,527)	54,830	(136,787)	6,310	(7,017)	0	45	2,351	0	0	0	(258,795)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Shorewood# 0050781

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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	(50,203)	423,638	11,118	0	0	0	0	0	0	0	0	384,553	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(55,244)	602,107	58,855	0	0	0	0	0	0	0	0	605,718	32
33	Real Estate Taxes	0	181,530	3,361	0	0	0	0	0	0	0	0	184,891	33
34	Rent-Facility & Grounds	0	(1,256,632)	0	0	0	0	0	0	0	0	0	(1,256,632)	34
35	Rent-Equipment & Vehicles	0	0	17,876	0	0	0	0	0	0	0	0	17,876	35
36	Other (specify):*	0	73,743	0	0	0	0	0	0	0	0	0	73,743	36
37	TOTAL Ownership	(105,447)	24,386	91,210	0	0	0	0	0	0	0	0	10,149	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	(74,708)	(31,142)	(162,573)	0	0	0	0	0	(268,423)	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	(74,708)	(31,142)	(162,573)	0	0	0	0	0	(268,423)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(283,974)	79,216	(45,577)	(68,398)	(38,159)	(162,573)	45	2,351	0	0	0	(517,069)	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 PG-Supp		See PG-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	\$ 1,256,632	Alden Estates of Shorewood, LLC	0.00%	\$	\$ (1,256,632)	1
2	V	32	Interest Income - RR	220	Alden Estates of Shorewood, LLC			(220)	2
3	V	32	Interest Other	90	Alden Estates of Shorewood, LLC			(90)	3
4	V	19	Accounting/Professional Fees/Surety Bond/Legal Fees		Alden Estates of Shorewood, LLC		29,613	29,613	4
5	V	21	Licenses & Insp./Bank Fees		Alden Estates of Shorewood, LLC		287	287	5
6	V	20	Dues & Subscription/Rprt Fee		Alden Estates of Shorewood, LLC		121	121	6
7	V	33	Real Estate Tax Expense		Alden Estates of Shorewood, LLC		181,530	181,530	7
8	V	26	General Insurance Expense		Alden Estates of Shorewood, LLC		14,738	14,738	8
9	V	36	Mortgage Insurance Premium		Alden Estates of Shorewood, LLC		73,743	73,743	9
10	V	32	Interest on Loan- Mortgage & other		Alden Estates of Shorewood, LLC		600,042	600,042	10
11	V	30	Depreciation Expense		Alden Estates of Shorewood, LLC		423,638	423,638	11
12	V	32	Amortization Exp		Alden Estates of Shorewood, LLC		2,375	2,375	12
13	V	6	Repairs & Maintenance		Alden Estates of Shorewood, LLC		10,071	10,071	13
14	Total			\$ 1,256,942			\$ 1,336,158	\$ * 79,216	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%	\$ 1,683	\$ 1,683 15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		498	498 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		4,457	4,457 17
18	V	26 Insurance		Alden Management Services, Inc.		163	163 18
19	V	20 Dues/Subscriptions		Alden Management Services, Inc.		591	591 19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,361	3,361 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		17,876	17,876 22
23	V	32 Interest		Alden Management Services, Inc.		58,855	58,855 23
24	V	3 Housekeeping Salary		Alden Management Services, Inc.		8,161	8,161 24
25	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		3,779	3,779 25
26	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		22,146	22,146 26
27	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		3,257	3,257 27
28	V	17 Administrative Salary		Alden Management Services, Inc.		99,971	99,971 28
29	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		39,592	39,592 29
30	V	19 Professional Fees	478,834	Alden Management Services, Inc.		29,505	(449,329) 30
31	V	21 Gen'l & Administrative	48,840	Alden Management Services, Inc.		164,970	116,130 31
32	V	6 Repairs & Maniten.	19,290	Alden Management Services, Inc.		31,404	12,114 32
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 546,964			\$ 501,387	\$ * (45,577) 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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		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 Dietary Consult.	\$ 6,701	Prism Health Care Services, Inc.	0.00%	\$	\$ (6,701)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		3,768	3,768	16
17	V	2 Tube feeding	14,360	Prism Health Care Services, Inc.		5,953	(8,407)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	121,134	Prism Health Care Services, Inc.		33,163	(87,971)	19
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		2,397	2,397	20
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		7,305	7,305	21
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		2,156	2,156	22
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		13,263	13,263	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		\$ 148,855			\$ 80,457	\$ * (68,398)	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	39 Drugs	\$ 687,673	Forum Extended Care II, Inc.	0.00%	\$ 654,995	\$ (32,678)	15
16	V	39 I.V.	80,131	Forum Extended Care II, Inc.		76,323	(3,808)	16
17	V	39 Wound Care-Products only	8,524	Forum Extended Care II, Inc.		8,119	(405)	17
18	V	10 House Stock	18,245	Forum Extended Care II, Inc.		17,378	(867)	18
19	V	10 Pharm Consult	2,400	Forum Extended Care II, Inc.		2,286	(114)	19
20	V	22 Employee Vaccinations	6,036	Forum Extended Care II, Inc.			(6,036)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		5,749	5,749	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		\$ 803,009			\$ 764,850	\$ * (38,159)	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	\$ 1,769,741	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,607,168	\$ (162,573)	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			\$ 1,769,741			\$ 1,607,168	\$ * (162,573)	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	\$19,110	Alden Bennett Construction Company, Inc.	0.00%	\$19,155	\$45	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$19,110			\$19,155	\$*45	39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 2,550	Alden Design Group, Ltd.	0.00%	\$ 4,901	\$ 2,351	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			\$ 2,550			\$ 4,901	\$ * 2,351	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:

01/01/2020

Ending:

12/31/2020

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	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care Center	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care Center	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care Center	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care Center	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimer's	8
9			Alden - Valley Ridge Rehabilitation and Health Care Center	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services	Schaumburg	Nursing and Durability	10
11			Alden - Orland Park Rehabilitation and Health Care Center	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipment	Fort Atkinson	Nursing and Durability	13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Services	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	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.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health Care Center	Long Grove				30

Facility Name & ID Number Alden Estates of Shorewood # 0050781 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of I	Chairman	100.00	181,420	0.776	1.94	Salary	\$ 3,580	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,065	0.776	1.94	Salary	1,935	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,065	0.776	1.94	Salary	1,935	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	111,609	0.776	1.94	Salary	2,202	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical records	0.00	62,215	0.776	1.94	Salary	1,228	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	181,420	0.776	1.94	Salary	3,580	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										12
13								TOTAL	\$ 14,460		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: 01/01/2020 Ending: 2/31/2020

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	1,209,117	36	\$ 86,976	\$	23,397	\$ 1,683	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753		23,397	498	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320		23,397	4,457	3
4	26	Insurance	Patient Days	1,209,117	36	8,433		23,397	163	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557		23,397	591	5
6	30	Depreciation	No of Providers/usage	36	36	408,834		1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354		23,397	3,361	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790		23,397	17,876	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343		23,397	58,855	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	23,397	8,161	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292		23,397	3,779	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	23,397	22,146	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303		23,397	3,257	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	23,397	99,971	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057		23,397	39,592	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	23,397	29,505	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	23,397	164,970	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	23,397	31,404	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 24,005,407	\$ 16,460,603		\$ 501,387	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	\$55,330.77	10/2013	\$ 14,366,500	\$ 13,323,675	01/2052	3.0500	\$ 600,042	1
2												2
3	Interest Capital Lease (7030)		x	Phone Lease							737	3
4	Insurance Interest (GL07053)		x	Malpractice Insurance							84	4
5	Amort of Fin Fees (GL 7105)		x								2,375	5
	Working Capital											
6	Related party - AMS		x	Working capital							58,855	6
7												7
8												8
9	TOTAL Facility Related				\$55,330.77		\$ 14,366,500	\$ 13,323,675			\$ 662,093	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		x								(310)	10
11	Interest Income (GL 4975)		x								(334)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (644)	14
15	TOTALS (line 9+line14)						\$ 14,366,500	\$ 13,323,675			\$ 661,449	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 73,743 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 2019 report.			\$	277,100	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.)			\$	225,930	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(51,170)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	232,700	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.			\$	181,530	7
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page		\$	3,361
		Total Real Estate Tax Expense, Sch V, Line 33		\$	184,891
Real Estate Tax Bill for Calendar Year:		2015	357,045	8	
		2016	351,531	9	
		2017	250,504	10	
		2018	269,063	11	
		2019	225,930	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 2019	\$		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.

2019 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 Mark Novotny

TELEPHONE 773-724-6362 FAX #: 872-469-1725

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party - Alden Management</u>	\$ <u>173,696.00</u>	\$ <u>3,361.00</u>
2. <u>05-06-04-405-013-0000</u>	<u>Nursing facility</u>	\$ <u>376,549.00</u>	\$ <u>225,930.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>550,245.00</u></u>	\$ <u><u>229,291.00</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 FrameNumber 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).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home facility	222,931	2006	\$ 1,733,015	1
2					2
3	TOTALS	222,931		\$ 1,733,015	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		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	\$ (5,264)	\$ 3,155,774	4
5	Builder's Profit			2012	(205,307)		39	(5,264)		(46,940)	5
6											6
7											7
8											8
	Improvement Type**										
9	ABC - Dyke, for generator			2016	15,777	1,052	15	1,052		4,734	9
10	GTMECH - Chiller, leak repair			2016	5,631	1,126	5	1,126		5,536	10
11	Stain Furniture - AMS			2016	10,124	1,012	10	1,012		4,385	11
12	Stain Furniture - AMS			2016	9,184	918	10	918		3,902	12
13	Stain Furniture - AMS			2016	4,544	454	10	454		1,892	13
14	Stain Furniture - AMS			2016	7,480	748	10	748		3,054	14
15	Stain Furniture - AMS			2016	10,120	1,012	10	1,012		4,048	15
16											16
17	ABC - Masonry, Corridor			2017	21,433	857	25	857		3,214	17
18	ABC - Fire Protection, Corridor			2017	2,942	196	15	196		686	18
19	SEBLAN - Turf Repair			2017	15,240	1,524	10	1,524		5,207	19
20	Stain Furniture - AMS			2017	5,280	528	10	528		1,760	20
21	ABC - Paving, Asphalt			2017	11,000	1,375	8	1,375		4,698	21
22	ABC - Landscaping, Pond			2017	6,394	639	10	639		2,024	22
23											23
24	ABC - Repair Oxygen Gate and Flag Pole (Back of Building)			2018	4,800	960	5	960		2,000	24
25	Stain Furniture - AMS - (Residents Rooms)			2018	6,160	616	10	616		1,283	25
26											26
27	Stain Furniture - AMS - (Residents Rooms)			2019	3,795	759	5	759		1,455	27
28	ABC - Motor Pump (Basement)			2019	8,778	1,756	5	1,756		2,488	28
29											29
30	Stain Furniture - AMS - (Common Area)			2020	7,150	1,311	5	1,311		1,311	30
31	Chiller, replace pump motor- GTMECH - (Roof)			2020	6,506	163	10	163		163	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Adj for ABC related party profit	2016	(30)	(5)		(5)	\$	(21)	37
38 Adj for ABC related party profit	2017	(79)	(5)		(5)		(19)	38
39 Adj for ABC related party profit	2018	(9)	(2)		(2)		(4)	39
40 Adj for ABC related party profit	2019	(17)	(1)		(1)		(3)	40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 13,890,935	\$ 374,275		\$ 369,011	\$ (5,264)	\$ 3,162,627	70

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

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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		\$ 13,890,935	\$ 374,275		\$ 369,011	\$ (5,264)	\$ 3,162,627	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,037,928	\$ 378,971		\$ 373,707	\$ (5,264)	\$ 3,258,398	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	\$876,479	\$69,884	\$69,884	\$	various	\$494,196	71
72	Current Year Purchases	90,460	3,244	3,244		various	2,577	72
73	Fully Depreciated Assets	877,677	408	408		various	877,678	73
74								74
75	TOTALS	\$1,844,616	\$73,536	\$73,536	\$		\$1,374,451	75

D. Vehicle Costs. (See instructions.)*										
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	80

E. Summary of Care-Related Assets				1	2	
		Reference			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)			\$17,619,361	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$452,507	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$447,243	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)			\$4,636,651	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	Leasehold Improvements-ADG 12/31/18	\$878,102	\$22,515	\$45,030	86
87					87
88					88
89					89
90					90
91	TOTALS	\$878,102	\$22,515	\$45,030	91

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
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 - cost is eliminated
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

YES

x

NO

If NO, see instructions.

		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

x

NO

Terms:

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

15. Is Movable equipment rental included in building rental?

YES

x

NO
16. Rental Amount for movable equipment:\$9,317Description:copy machine \$6,316 and equipment lease \$3,001
(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	Related party-PG 6A		\$693.08	\$8,317	17
18					18
19	Auto lease-GL 6890	various	#####	14,436	19
20					20
21	TOTAL		\$#####	\$22,753	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.

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

ALLOCATION OF COSTS (d)

		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)	\$			

- (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.

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	

- (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.)

12345678											
	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	\$		\$	680,044	\$		\$ 680,044	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				156,136			156,136	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39-3	hrs				888,009			888,009	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	See PG16A	# of prescripts				660,744			660,744	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)										
10			hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify): See PG16A	39-1, 39-3, if any					(162,573)	193,559		30,986	13
14	TOTAL			\$		\$	1,561,616	\$ 854,303	\$	2,415,919	14

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

				Page 16	
XIV. Special Services (Direct Cost)				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	680,044.01	
2.	ST	39-3	To Col 5	156,136.48	
3.					
4.	PT	39-3	To Col 5	888,008.86	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			687,672.50	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(26,929.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	660,743.50	
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: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(162,573.00)	From Page 6D, Col 8 (Except DD homes)
	Other			271,639.42	
	Manual Input: Related Party - Prism			(74,708.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(3,808.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(405.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			840.94	
13.	Col 6: Supplies Total		To Col 6	193,559.36	
13.	Total Line 13, Column 8			30,986.36	
14.	Total			2,415,919.21	

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 67,000)	1,170,310	1,170,310	3
4	Supply Inventory (priced at)	60,730	60,730	4
5	Short-Term Investments			5
6	Prepaid Insurance		15,548	6
7	Other Prepaid Expenses	19,618	74,395	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	9,294	155,005	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,259,952	\$ 1,475,988	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	10,576	10,576	12
13	Land		1,733,015	13
14	Buildings, at Historical Cost		13,934,039	14
15	Leasehold Improvements, at Historical Cost	1,009,658	1,066,620	15
16	Equipment, at Historical Cost	416,281	1,873,892	16
17	Accumulated Depreciation (book methods)	(321,556)	(4,674,239)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		741,041	21
22	Other Long-Term Assets (spe Refi fee, net		46,176	22
23	Other(specify): Due from Affiliate	2,925,664	2,670,246	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,040,623	\$ 17,401,366	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,300,575	\$ 18,877,354	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 656,725	\$ 595,703	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	347,685	347,685	28
29	Short-Term Notes Payable	3,479	264,708	29
30	Accrued Salaries Payable	359,525	359,525	30
31	Accrued Taxes Payable (excluding real estate taxes)	159,101	159,101	31
32	Accrued Real Estate Taxes(Sch.IX-B)		232,700	32
33	Accrued Interest Payable		33,864	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Prov Rel,Accr Exp/Ins,due to IDPA,Sales1	2,689,698	2,689,698	36
37	Due to Affiliates	1,030,824	1,031,071	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,247,037	\$ 5,714,055	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	684,237	684,237	39
40	Mortgage Payable		13,062,446	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	Mcr Adv Fund & Fica-Deferred	795,622	795,622	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,479,859	\$ 14,542,305	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,726,896	\$ 20,256,360	46
47	TOTAL EQUITY (page 18, line 24)	\$ (1,426,321)	\$ (1,379,006)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,300,575	\$ 18,877,354	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (163,731)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (163,731)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,262,590)	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)	\$ (1,262,590)	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)	\$ (1,426,321)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Shorewood

0050781

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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	\$ 9,854,333	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,854,333	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	368,811	6
7	Oxygen	831	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 369,642	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	60	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,295	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,355	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	334	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 334	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	3,715	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,715	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,229,379	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,580,835	31
32	Health Care	3,487,902	32
33	General Administration	2,205,133	33
	B. Capital Expense		
34	Ownership	1,395,805	34
	C. Ancillary Expense		
35	Special Cost Centers	2,683,501	35
36	Provider Participation Fee	138,793	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,491,969	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,262,590)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,262,590)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,815,549	44
45	Private Pay - Net Inpatient Revenue	539,590	45
46	Medicare - Net Inpatient Revenue	5,630,117	46
47	Other-(specify) Hospice	1,869,077	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,854,333	49

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

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

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

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

Facility Name & ID Number Alden Estates of Shorewood # 0050781 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income - Record copies	\$ 714
Misc Income - Claimed Properties	\$ (6)
Vendor Discounts	\$ 457
Gain on Sale of Prior Year Assets	2,550

Line 28 Total: 3,715

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	2,074	2,106	\$ 97,837	\$ 46.46	1
2	Assistant Director of Nursing	2,090	2,098	88,521	42.19	2
3	Registered Nurses	35,610	38,270	1,305,692	34.12	3
4	Licensed Practical Nurses	2,317	2,494	76,930	30.85	4
5	CNAs & Orderlies	46,490	49,472	903,828	18.27	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,064	2,080	46,600	22.40	9
10	Activity Assistants	5,577	5,931	82,469	13.90	10
11	Social Service Workers	3,489	3,644	73,988	20.30	11
12	Dietician					12
13	Food Service Supervisor	2,064	2,080	86,374	41.53	13
14	Head Cook	6,184	6,240	135,588	21.73	14
15	Cook Helpers/Assistants	18,946	19,655	306,990	15.62	15
16	Dishwashers					16
17	Maintenance Workers	3,830	4,069	106,507	26.18	17
18	Housekeepers	12,157	13,151	189,182	14.39	18
19	Laundry	4,502	5,050	74,981	14.85	19
20	Administrator	2,056	2,080	107,859	51.86	20
21	Assistant Administrator					21
22	Other Administrative	6,209	6,273	179,344	28.59	22
23	Office Manager					23
24	Clerical	4,929	5,193	77,987	15.02	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,880	3,912	148,286	37.91	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Res Att.	9,044	9,226	144,907	15.71	32
33	Other(specify) <u>Nursing Secretary/</u>	4,247	4,487	144,871	32.29	33
34	TOTAL (lines 1 - 33)	177,759	187,511	\$ 4,378,741 *	\$ 23.35	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 6,701	1-3	35
36	Medical Director	Monthly	74,500	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	22	1,193	11-3	44
45	Social Service Consultant	24	1,680	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	46	\$ 86,474		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	27	\$ 10,589	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	27	\$ 10,589		53

STATE OF ILLINOIS

0050781

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

Facility Name & ID Number

Alden Estates of Shorewood

Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name

Function

Ownership %

Amount

POPP, STEPHANIE M

Administrator

0

\$ 107,859

0

0

0

0

0

0

0

TOTAL (agree to Schedule V, line 17, col. 1)

(List each licensed administrator separately.)

\$ 107,859

B. Administrative - Other

Description

Amount

\$

TOTAL (agree to Schedule V, line 17, col. 3)

(Attach a copy of any management service agreement)

\$

C. Professional Services

Vendor/Payee

Type

Amount

Alden Management Servs.

Consulting Fees

\$ 449,922

Baker Tilly/Internt'l Micro Design

Accounting Fees

7,558

Midcap/C. Novotny

Accounting Fees

3,491

Achieve Accreditation

Professional Consulting Fee

4,204

Joint Commission

Professional Consulting Fee

8,470

AMS Eliminated Legal Fees

Allocated Legal Fees

31,680

Midwest Care Management

Legal:Collections

4,948

SB2 Inc.

Legal:Collections

2,455

Stone Poggrund & Korey

Legal:Collections

8,236

MidCap / George Rydman

Legal: Non-Collections

1,425

Veritext Corporate / RECSER

Legal: Non-Collections

3,565

TOTAL (agree to Schedule V, line 19, column 3)

(For legal fee disclosure, see page 39 of instructions)

\$ 525,954

D. Employee Benefits and Payroll Taxes

Description

Amount

Workers' Compensation Insurance

\$ 139,804

Unemployment Compensation Insurance

29,328

FICA Taxes

322,447

Employee Health Insurance

162,849

Employee Meals

15,904

Illinois Municipal Retirement Fund (IMRF)*

Dental/Life /Vision Insurance

1,351

Misc Payroll Costs/401K Match

6,982

Employee Drug Tests/Employee Dishonesty

19,910

Employee Relations/Tuition Reimbursement

11,097

Back out % Employee Benefit for Mktg Manager

0

Employee Vaccinations

6,036

Related Party -Forum Pharmacy

(6,036)

TOTAL (agree to Schedule V, line 22, col.8)

\$ 709,672

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description

Line #

Amount

\$

TOTAL

\$

F. Dues, Fees, Subscriptions and Promotions

Description

Amount

IDPH License Fee

\$

Advertising: Employee Recruitment

4,504

Health Care Worker Background Check

(Indicate # of checks performed 31)

1,007

Patient Background Checks 447

4,470

Surety Bond Fees/Annual Report Fee

164

Health Care Council of Illinois

9,600

Related party-Shorewood LLC (Annual Corp

121

Related Party- AMS

591

Less: Public Relations Expense

()

Non-allowable advertising

()

Yellow page advertising

()

TOTAL (agree to Sch. V, line 20, col. 8)

\$ 20,457

G. Schedule of Travel and Seminar**

Description

Amount

Out-of-State Travel

\$

In-State Travel

Related party

498

Seminar Expense

NIC Fall Conference

268

WHCA/WICAL Fall Convention

270

Entertainment Expense

()

(agree to Sch. V, line 24, col. 8)

TOTAL

\$ 1,036

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

Alden Estates of Shorewood
Legal Fee Support
2020

Legal Fees Reported on Pg 21, Section C:	\$ 52,309.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(15,639.00)
Non-allowable legal fees, if any, deducted on	
- AMS Allocated Legal Fees: GL 680600-100-003	(31,680.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 4,990.00</u>

In Detail:

Vendor Name	Invoice Date	Amount
Mid-Cap Legal Fees	6/2020, 7/2020, 10/2020	504.00
George E Rydman	12/2020	921.00
Veritext Corporate	12/2020	3,365.00
Record Copy Services	12/2020	200.00

TOTAL ALLOWABLE LEGAL FEES 4,990.00

Vendor Name	Invoice Date	Amount
Midwest Care Management	1/1/20-12/31/20	4,948.00
Stone Pogrund & Korey	1/1/20-12/31/20	8,236.00
SB2Inc	1/1/20-12/31/20	2,455.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 15,639.00

Vendor Name	Invoice Date	Amount
AMS Allocated Legal Fees	1/1/20-12/31/20	31,680.00

TOTAL Allocated Legal Fees 31,680.00

Total Legal Cost 52,309.00

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 IL \$9,600

(3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 7.5 yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 18,693 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. \$ 138,793
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. \$ 15,904 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: n/a

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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.