

		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: 0026435

Facility Name: Alden Wentworth Rehabilitation & Health Care Center

Address: 201 West 69th Street Chicago 60621
Number City Zip Code

County: Cook

Telephone Number: (773) 487-1200 Fax # (773) 487-4782

HFS ID Number:

Date of Initial License for Current Owners: 09/09/81

Type of Ownership:

☐	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		

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 01/01/2012 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 Wentworth Rehabilitation & Health Care Center# 0026435 Report Period Beginning: 01/01/2012 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>300</u>	Skilled (SNF)	<u>300</u>	<u>109,800</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>300</u>	TOTALS	<u>300</u>	<u>109,800</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>12,333</u>	<u>527</u>	<u>9,966</u>	<u>22,826</u>	8
9	SNF/PED					9
10	ICF	<u>56,210</u>	<u>511</u>	<u>532</u>	<u>57,253</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>68,543</u>	<u>1,038</u>	<u>10,498</u>	<u>80,079</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 72.93%

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 9/9/1981

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

YES ☒Date 9/9/1981NO ☐

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

YES ☒NO ☐If YES, enter number
of beds certified 300 and days of care provided 6,309Medicare 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.

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	327,110	25,516	22,800	375,426	2,846	378,272	(1,406)	376,866		1
2	Food Purchase		472,202		472,202	(28,222)	443,980	(46,207)	397,773		2
3	Housekeeping	286,537	67,772		354,309	4,122	358,431	9,025	367,456		3
4	Laundry	83,754	48,364	14,363	146,481	401	146,882		146,882		4
5	Heat and Other Utilities			273,254	273,254		273,254	3,716	276,970		5
6	Maintenance	59,561		264,930	324,491	(1,526)	322,965	45,781	368,746		6
7	Other (specify):* related party	483			483		483	11,807	12,290		7
8	TOTAL General Services	757,445	613,854	575,347	1,946,646	(22,379)	1,924,267	22,716	1,946,983		8
	B. Health Care and Programs										
9	Medical Director			42,175	42,175		42,175		42,175		9
10	Nursing and Medical Records	3,309,220	254,950	23,629	3,587,799	(14,813)	3,572,986	68,545	3,641,531		10
10a	Therapy	191,314	228	6,465	198,007		198,007		198,007		10a
11	Activities	530,321	12,557	2,569	545,447	995	546,442		546,442		11
12	Social Services	84,483			84,483		84,483		84,483		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,393	9,393		15
16	TOTAL Health Care and Programs	4,115,338	267,735	74,838	4,457,911	(13,818)	4,444,093	77,938	4,522,031		16
	C. General Administration										
17	Administrative	118,382			118,382		118,382	175,385	293,767		17
18	Directors Fees										18
19	Professional Services			1,012,467	1,012,467	(56,750)	955,717	(906,030)	49,687		19
20	Dues, Fees, Subscriptions & Promotions			106,393	106,393		106,393	(85,813)	20,580		20
21	Clerical & General Office Expenses	217,885	29,032	132,492	379,409	5,550	384,959	391,591	776,550		21
22	Employee Benefits & Payroll Taxes			1,006,470	1,006,470	(196)	1,006,274	(10,138)	996,136		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,375	2,375	(450)	1,925	1,413	3,338		24
25	Other Admin. Staff Transportation			3,186	3,186		3,186	26,085	29,271		25
26	Insurance-Prop.Liab.Malpractice			315,971	315,971		315,971	10,304	326,275		26
27	Other (specify):* related party			125,775	125,775		125,775	(39,190)	86,585		27
28	TOTAL General Administration	336,267	29,032	2,705,129	3,070,428	(51,846)	3,018,582	(436,394)	2,582,188		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,209,050	910,621	3,355,314	9,474,985	(88,043)	9,386,942	(335,740)	9,051,202		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			114,026	114,026		114,026	332,020	446,046			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			285,116	285,116		285,116	868,202	1,153,318			32
33	Real Estate Taxes			267,184	267,184	(221,212)	45,972	277,147	323,119			33
34	Rent-Facility & Grounds			807,962	807,962	267,184	1,075,146	(1,075,146)				34
35	Rent-Equipment & Vehicles			41,250	41,250		41,250	78,848	120,098			35
36	Other (specify):* M.I.P.							57,688	57,688			36
37	TOTAL Ownership			1,515,538	1,515,538	45,972	1,561,510	538,759	2,100,269			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		464,408	831,909	1,296,317	42,071	1,338,388	(52,839)	1,285,549			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			605,424	605,424		605,424		605,424			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		464,408	1,437,333	1,901,741	42,071	1,943,812	(52,839)	1,890,973			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,209,050	1,375,029	6,308,185	12,892,264		12,892,264	150,180	13,042,444			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		(28,222.48)	Employee Meals
	22	28,222.48	Employee Meals
22		(28,418.00)	Uniforms
	10	17,515.00	Uniforms
	1	2,846.00	Uniforms
	3	4,122.00	Uniforms
	4	401.00	Uniforms
	6	0.00	Uniforms
	11	995.00	Uniforms
	21	2,539.00	Uniforms
10		(42,071.16)	Oxygen - to appropriate cost center
	39	42,071.16	Oxygen - to appropriate cost center
33		(267,183.56)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	267,183.56	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(10,778.30)	Clinical Coordinators (Pathway Billing)
	10	10,778.30	Clinical Coordinators (Pathway Billing)
19		(45,972.00)	Professional Fees-relating to appeal
	33	45,972.00	Professional Fees-relating to appeal
21		1,526.00	Vendor Settlements - LONELE
	6	(1,526.00)	Vendor Settlements - LONELE

21		1,035.35	Vendor Settlements - WELSUP
	10	(1,035.35)	Vendor Settlements - WELSUP
24		(450.00)	City Colleges of Chicago - Sanitation Certification
	21	450.00	City Colleges of Chicago - Sanitation Certification

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center # 0026435 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(9,221)	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	368	30		9
10	Interest and Other Investment Income	(599)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(152)	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	(35,694)	21		17
18	Fines and Penalties	(1,482)	32		18
19	Entertainment	(3,021)	20		19
20	Contributions	(18,886)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(14,770)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(125,775)	27		24
25	Fund Raising, Advertising and Promotional	(25,251)	20		25
	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (234,483)		\$	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)	733,905	Various	34
35	Other- Attach Schedule	(349,242)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 384,663		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 150,180		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

STATE OF ILLINOIS
Alden Wentworth Rehabilitation & Health Care Center

Page 5A

Report Period Beginning: ID# 0026435
Ending: 01/01/2012
12/31/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Late fees on utilites	\$ (1,413)	5	1
2	Intercompany Interest not allowed	(279,085)	32	2
3				3
4	Misc Income (Record copies)	(120)	10	4
5	Misc Income (Jury Duty)	(120)	21	5
6	Misc Income (Miscallaneous - Poll Site Service)	(275)	22	6
7				7
8	Marketing Manager & Aides (GL#6701-100-009)	(51,086)	21	8
9	Back out % Employee Benefit for Mktg Manager	(9,863)	22	9
10	Back out 30% PAC Fees from IHCA bills	(3,643)	20	10
11	Back Out Bank Charges - Wentworth LLC	(60)	21	11
12	Eliminate Legal fees for Group Midcap Charge	(2,496)	19	12
13	Eliminate Acctng fees for Group Midcap Charge	(3,906)	19	13
14				14
15	Eliminate deprec exp on Pg 12 items < \$2,500 - WW	(5,698)	30	15
16	Expense PG 5 capital items <\$2,500 on Pg 12 - WW	2,334	6	16
17	Eliminate deprec exp on Pg 13 items < \$2,500 - WW	(14,685)	30	17
18	Expense item <\$2,500 on Pg 13 items - WW	21,349	6	18
19	Correct YTD Depreciation	(586)	30	19
20	Adj for ABC related party profit for 2011 - Page 12	51	30	20
21	Adj for ABC related party profit for 2012 - Page 12	61	30	21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(349,242)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center # 0026435 Report Period Beginning: 01/01/2012 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	8,072	(9,478)	0	0	0	0	0	0	0	(1,406)	1
2	Food Purchase	(152)	0	0	(46,055)	0	0	0	0	0	0	0	(46,207)	2
3	Housekeeping	0	0	9,025	0	0	0	0	0	0	0	0	9,025	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,413)	0	5,129	0	0	0	0	0	0	0	0	3,716	5
6	Maintenance	14,462	0	28,538	0	0	0	2,781	0	0	0	0	45,781	6
7	Other (specify):*	0	0	10,023	1,784	0	0	0	0	0	0	0	11,807	7
8	TOTAL General Services	12,897	0	60,787	(53,749)	0	0	2,781	0	0	0	0	22,716	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	(120)	0	64,376	84	4,205	0	0	0	0	0	0	68,545	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	9,393	0	0	0	0	0	0	0	0	9,393	15
16	TOTAL Health Care and Programs	(120)	0	73,769	84	4,205	0	0	0	0	0	0	77,938	16
	C. General Administration													
17	Administrative	0	0	175,385	0	0	0	0	0	0	0	0	175,385	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,172)	44,315	(929,173)	0	0	0	0	0	0	0	0	(906,030)	19
20	Fees, Subscriptions & Promotions	(50,801)	250	(35,262)	0	0	0	0	0	0	0	0	(85,813)	20
21	Clerical & General Office Expenses	(86,960)	85	408,610	32,147	37,709	0	0	0	0	0	0	391,591	21
22	Employee Benefits & Payroll Taxes	(10,138)	0	0	0	0	0	0	0	0	0	0	(10,138)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,413	0	0	0	0	0	0	0	0	1,413	24
25	Other Admin. Staff Transportation	0	0	26,085	0	0	0	0	0	0	0	0	26,085	25
26	Insurance-Prop.Liab.Malpractice	0	9,910	394	0	0	0	0	0	0	0	0	10,304	26
27	Other (specify):*	(125,775)	0	80,422	3,663	2,500	0	0	0	0	0	0	(39,190)	27
28	TOTAL General Administration	(294,847)	54,560	(272,126)	35,810	40,209	0	0	0	0	0	0	(436,394)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(282,070)	54,560	(137,570)	(17,855)	44,414	0	2,781	0	0	0	0	(335,740)	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	(20,489)	342,899	9,610	0	0	0	0	0	0	0	0	332,020	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(281,166)	924,244	224,870	0	254	0	0	0	0	0	0	868,202	32
33	Real Estate Taxes	0	267,184	9,591	0	372	0	0	0	0	0	0	277,147	33
34	Rent-Facility & Grounds	0	(1,075,146)	0	0	0	0	0	0	0	0	0	(1,075,146)	34
35	Rent-Equipment & Vehicles	0	0	78,848	0	0	0	0	0	0	0	0	78,848	35
36	Other (specify):*	0	57,688	0	0	0	0	0	0	0	0	0	57,688	36
37	TOTAL Ownership	(301,655)	516,869	322,919	0	626	0	0	0	0	0	0	538,759	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	(53,217)	(63,088)	63,466	0	0	0	0	0	(52,839)	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	(53,217)	(63,088)	63,466	0	0	0	0	0	(52,839)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(583,725)	571,429	185,349	(71,072)	(18,048)	63,466	2,781	0	0	0	0	150,180	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	\$ 1,075,146	Alden - Wentworth, LLC		\$	\$ (1,075,146)	1
2	V	32	Investment Income - RR	262	Alden - Wentworth, LLC			(262)	2
3	V	19	Accounting/Professional Fees		Alden - Wentworth, LLC		8,650	8,650	3
4	V	21	Licenses & Insp./Bank Fees		Alden - Wentworth, LLC		85	85	4
5	V	20	Dues & Subscription/Rprt Fee		Alden - Wentworth, LLC		250	250	5
6	V	33	Real Estate Tax Expense		Alden - Wentworth, LLC		267,184	267,184	6
7	V	26	General Insurance Expense		Alden - Wentworth, LLC		9,910	9,910	7
8	V	36	Mortgage Insurance Premium		Alden - Wentworth, LLC		57,688	57,688	8
9	V	32	Interest on Loan- Mortgage & other		Alden - Wentworth, LLC		546,130	546,130	9
10	V	30	Depreciation Expense		Alden - Wentworth, LLC		342,899	342,899	10
11	V	32	Amortization Expense		Alden - Wentworth, LLC		378,376	378,376	11
12	V	19	Legal Fees Non-Collections		Alden - Wentworth, LLC		35,665	35,665	12
13	V								13
14	Total			\$ 1,075,408			\$ 1,646,837	\$ * 571,429	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 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	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 5,129	\$ 5,129	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,413	1,413	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		26,085	26,085	17
18	V	26 Insurance		Alden Management Services, Inc.		394	394	18
19	V	20 Dues & Subscriptions	39,348	Alden Management Services, Inc.		4,086	(35,262)	19
20	V	30 Depreciation		Alden Management Services, Inc.		9,610	9,610	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		9,591	9,591	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		78,848	78,848	22
23	V	32 Interest		Alden Management Services, Inc.		224,870	224,870	23
24	V	1 Dietary		Alden Management Services, Inc.		8,072	8,072	24
25	V	3 Housekeeping		Alden Management Services, Inc.		9,025	9,025	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		10,023	10,023	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		64,376	64,376	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		9,393	9,393	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		175,385	175,385	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		80,422	80,422	30
31	V	19 Professional Fees	990,047	Alden Management Services, Inc.		60,874	(929,173)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		408,610	408,610	32
33	V	6 Repair & Maint	58,632	Alden Management Services, Inc.		87,170	28,538	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,088,027			\$ 1,273,376	\$ * 185,349	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	\$ 22,800	Prism Health Care Sevices, Inc.	0.00%	\$ 97	\$ (22,703)	15
16	V	1	Dietary salary		Prism Health Care Sevices, Inc.		13,225	13,225	16
17	V	2	Tube Feeding	84,563	Prism Health Care Sevices, Inc.		38,508	(46,055)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39	Supplies	101,841	Prism Health Care Sevices, Inc.		48,624	(53,217)	19
20	V	39	Vent Rental		Prism Health Care Sevices, Inc.				20
21	V	21	Salary G & A		Prism Health Care Sevices, Inc.		22,349	22,349	21
22	V	27	Employee Benefit		Prism Health Care Sevices, Inc.		3,663	3,663	22
23	V	7	Employee Benefit		Prism Health Care Sevices, Inc.		1,784	1,784	23
24	V	21	G & A		Prism Health Care Sevices, Inc.		9,798	9,798	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			\$ 215,864			\$ 144,792	\$ * (71,072)	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	\$ 197,877	Forum Extended Care Services II, Inc.	0.00%	\$ 252,793	\$ 54,916	15
16	V	39	I.V. Drugs	130,488	Forum Extended Care Services II, Inc.		16,207	(114,281)	16
17	V	39	Wound Care	18,102	Forum Extended Care Services II, Inc.		14,379	(3,723)	17
18	V	10	House Stock	40,099	Forum Extended Care Services II, Inc.		37,091	(3,008)	18
19	V	10	Pharmacy Consultant	7,200	Forum Extended Care Services II, Inc.		14,413	7,213	19
20	V	27	Employee Vaccination	2,116	Forum Extended Care Services II, Inc.		1,679	(437)	20
21	V	27	Employee Benefit - G & A		Forum Extended Care Services II, Inc.		2,937	2,937	21
22	V	21	Salary - G & A		Forum Extended Care Services II, Inc.		21,452	21,452	22
23	V	21	General Administration		Forum Extended Care Services II, Inc.		16,257	16,257	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		254	254	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		372	372	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			\$ 395,882			\$ 377,834	\$ * (18,048)	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	\$ 692,297	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 755,763	\$ 63,466	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			\$ 692,297			\$ 755,763	\$ * 63,466	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	\$ 45,042	Alden Bennett Construction Company, Inc.	0.00%	\$ 47,823	\$ 2,781	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			\$ 45,042			\$ 47,823	\$ * 2,781	39

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center # 0026435 Report Period Beginning: 01/01/2012 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 Wentworth Rehabilitation & Health C # 0026435 Report Period Beginning: 01/01/2012 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	173,945	2.392	5.98	Salary	\$ 11,055	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,538	2.392	5.98	Salary	4,102	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,158	2.392	5.98	Salary	2,362	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	\$ 17,519		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 Wentworth Rehabilitation & Health Care Center # 0026435 Report Period Beginning: 01/01/2012 Ending: 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	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient days	1,340,098	35	\$ 85,836	\$	80,079	\$ 5,129	1
2	24	Travel/Seminar	Patient days	1,340,098	35	23,644		80,079	1,413	2
3	25	Other Admin Travel	Patient days	1,340,098	35	436,530		80,079	26,085	3
4	26	Insurance	Patient days	1,340,098	35	6,589		80,079	394	4
5	20	Dues/Subscriptions	Patient days	1,340,098	35	68,371		80,079	4,086	5
6	30	Depreciation	No. of Providers	35	35	340,112		1	9,610	6
7	33	Real Estate Tax	Patient days	1,340,098	35	184,769		80,079	9,591	7
8	35	Rent-Equip & Vehicles	Patient days	1,340,098	35	1,319,497		80,079	78,848	8
9	32	Interest	Patient days	1,340,098	35	2,398,912		80,079	224,870	9
10	1	Diet. Salary	Patient days	1,340,098	35	135,080	135,080	80,079	8,072	10
11	3	Housekeeping Salary	Patient days	1,340,098	35	151,028	151,028	80,079	9,025	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,340,098	35	167,731		80,079	10,023	12
13	10	Nurs & Med Record Salary	Patient days	1,340,098	35	1,186,643	1,186,643	80,079	64,376	13
14	15	Employee Benefits-Health Care	Patient days	1,340,098	35	157,190		80,079	9,393	14
15	17	Administrative Salary	Patient days	1,340,098	35	3,283,025	3,283,025	80,079	175,385	15
16	27	Employee Benefits-Administr.	Patient days	1,340,098	35	1,345,837		80,079	80,422	16
17	19	Professional Fees	Patient days	1,340,098	35	1,018,709	751,716	80,079	60,874	17
18	21	Gen'l & Administrative	Patient days	1,340,098	35	6,837,958	6,125,097	80,079	408,610	18
19	6	Repairs & Maniten.	Patient days	1,340,098	35	1,458,765	980,107	80,079	87,170	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 1,273,376	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 (GL 2505/7055)		X	Mortgage	\$34,865.47	09/12	\$ 10,572,400	\$ 10,533,801	09/2052	0.0250	\$ 87,943	1	
2	Cambridge (GL 2505/7055)		X	Mortgage-Refinanced	\$62,424.82	11/09	10,572,400		11/2049	0.0657	458,187	2	
3			X									3	
4			X									4	
5	Insurance Interest (GL 7053)		X	Medical Malpractice							4,549	5	
	Working Capital												
6	Related party-AMS		X								224,870	6	
7	Related party-FECII		X								254	7	
8												8	
9	TOTAL Facility Related				\$97,290.29		\$ 21,144,800	\$ 10,533,801			\$ 775,803	9	
	B. Non-Facility Related*												
10	Int Inc (Corp)		X								(366)	10	
11	Int Inc (Corp)		X	Public Aid Interest							(233)	11	
12	Interest Income Repl Reserve		X								(262)	12	
13	Amortization - Refinancing fees		X								378,376	13	
14	TOTAL Non-Facility Related						\$	\$			\$ 377,515	14	
15	TOTALS (line 9+line14)						\$ 21,144,800	\$ 10,533,801			\$ 1,153,318	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 57,688 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.		\$	325,200	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.)		\$	314,456	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(10,744)	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	323,900	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.		\$	313,156	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	9963
		Total Real Estate Tax Expense, Sch V, Line 33		\$	323,119
Real Estate Tax Bill for Calendar Year:		2007	409,153	8	
		2008	413,259	9	
		2009	302,539	10	
		2010	315,709	11	
		2011	314,396	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 - Wentworth Rehabilitation and Health Care Center, In COUNTY Cook

FACILITY IDPH LICENSE NUMBER 002-6435

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)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. See attached (Supplement)	Related party-Alden Management	\$ 303,210.00	\$ 9,591.00
2. See attached (Supplement)	Related party-FEC II	\$ 37,853.00	\$ 372.00
3. 20-21-413-034-0000	Nursing Home Facility	\$ 3,225.21	\$
4. 20-21-414-001-0000	Nursing Home Facility	\$ 19,384.62	\$
5. 20-21-414-020-0000	Nursing Home Facility	\$ 1,304.45	\$
6. 20-21-414-021-0000	Nursing Home Facility	\$ 1,277.89	\$
7. 20-21-414-032-0000	Nursing Home Facility	\$ 45,369.89	\$
8. 20-21-414-031-0000	Nursing Home Facility	\$ 54,417.55	\$
9. 20-21-414-018-0000	Nursing Home Facility	\$ 54,696.14	\$
10. 20-21-414-017-0000	Nursing Home Facility	\$ 90,664.55	\$
TOTALS		\$ 611,403.30	\$ 9,963.00

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.**

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME
Alden - Wentworth Rehabilitation and Health Care Center, In
COUNTY
Cook

FACILITY IDPH LICENSE NUMBER
002-6435

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)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. 20-21-414-019-0000	Nursing Home Facility	\$ 1,221.65	\$
2. 20-21-414-003-0000	Nursing Home Facility	\$ 16,420.48	\$
3. 20-21-414-004-0000	Nursing Home Facility	\$ 1,092.53	\$
4. 20-21-414-016-0000	Nursing Home Facility	\$ 25,321.35	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 44,056.01	\$

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.**

A. Square Feet: 89,814

B. General Construction Type: Exterior Brick Frame Steel

Number of Stories 4

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	71,388		\$ 132,461	1
2					2
3	TOTALS	71,388		\$ 132,461	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	300		2005	2005	\$ 3,456,698	\$ 86,417	40	\$ 86,417	\$ 0	\$ 648,130	4
5			2009	2009	3,396,151	87,081	39	87,081		275,756	5
6											6
7											7
8											8
	Improvement Type**										
9											9
10		Heating Repairs		1987	3,410		10			3,410	10
11		Glass/Pump repairs/electrical work		1988	13,872		5-10			13,872	11
12		condensor repair/HVAC-Misc Construction		1990	58,637		5-10			58,637	12
13		clean Boiler/TV Service/repairs tower belts/Glass		1991	61,199		5-10			61,199	13
14		Ejector pumps		1992	35,689	26	5-15	26		35,689	14
15		Wire Partitioning/Transfer box/piping/drain/motor		1993	33,591		5-15			33,591	15
16		Plumbing/elevator/Pump Motor/Sink tops/Boiler		1994	28,780	1,073	15-20	1,073		27,369	16
17		Tile work/door frames/filter & pump assembly/water		1995	27,562		10-12			27,562	17
18		Plumbing repairs		1996	4,560		10			4,560	18
19		Repair ramp lighting		1996	1,600		10			1,600	19
20		Install new flooring		1996	2,800	140	20	140		2,396	20
21		Install new flooring		1996	1,763	88	20	88		1,439	21
22		Install new flooring		1996	2,800	140	20	140		2,322	22
23		Install new flooring		1996	2,800	140	20	140		2,310	23
24		Repaired roof		1996	1,675		10			1,675	24
25		TV Antenna & Outlets		1997	2,298		5			2,298	25
26		Repaving		1997	3,305		5			3,305	26
27		Boiler parts		1997	4,938		5	88	88	4,938	27
28		Boiler repairs		1997	4,820		5	140	140	4,820	28
29		Install tubes for HVAC		1997	4,742		5	140	140	4,742	29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl (Repair Lighting And lamps)	1998	3,886		5			3,886	37
38	Long Elevator (Installed Door retractors)	1998	5,100	255	20	255		3,783	38
39	Midwest (Replace Booster Heater)	1998	3,359		10			3,359	39
40	Mr. Root (Repair Ejector Pumps)	1998	5,100		10			5,100	40
41	Mr rooter (repair Basement replacement pump	1998	2,600		10			2,600	41
42	Climate Service (Replace Hot Water Pump)	1998	6,237	416	15	416		5,857	42
43	Alden Bennett construction	1998	11,000	733	15	733		10,266	43
44	ABC Tank replacement	1999	12,409	827	15	827		10,753	44
45	alden Bennett	1999	11,000	733	15	733		10,266	45
46	North Town Food Service (Install booster heater)	1999	1,674		10			1,674	46
47	Fox Valley Fire & Safety	1999	2,690	179	15	179		2,405	47
48	alden Bennett(Carpentry LAbor0	1999	5,954		10			5,954	48
49	Alden Bennett (Specialty Prooducts)	1999	4,647		10			4,647	49
50	Capps Plumbing & Sewer	1999	3,390		10			3,390	50
51	Fox Valley Fire (Sprinkler System)	1999	2,981	199	15	199		2,634	51
52	Alden Bennett (Hardware)	1999	1,843		10			1,843	52
53	Climate Services (PVI Water heater)	1999	11,150	743	15	743		10,034	53
54	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000		15			11,000	54
55	Alden Bennett (leasehold improvements)	2000	5,384		10			5,384	55
56	Alden Bennett (leasehold improvements)	2000	1,518		10			1,518	56
57	Climate Service (A/C Repair)	2000	9,393		5			9,393	57
58	Capps Plumbing & Sewer (Kitchen repair)	2000	2,842		5			2,842	58
59	Capps Plumbing Service (faucets)	2000	2,890		10			2,890	59
60	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258		10			1,258	60
61	Kraft Paper Sales Co (Walkoff Mats)	2000	1,884		5			1,884	61
62	New Horizons (telephone repair)	2000	3,756		10			3,756	62
63	Fox valley Fire & Safety (smoke detector wiring)	2000	5,482	365	15	365		4,687	63
64	Patten Industries (heating repair)	2000	3,012		5			3,012	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,297,129	\$ 179,556		\$ 179,924	\$ 368	\$ 1,357,695	70

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,297,129	\$ 179,556		\$ 179,924	\$ 368	\$ 1,357,695	1
2	Equipment International (doorlock electronic timer)	2000	1,655		10			1,655	2
3	DePaul Plumbing (installation of 1 1/2" water line)	2000	5,483	219	25	219		2,814	3
4	System Electric (sprinkler pump motor & wiring)	2000	2,990	199	15	199		2,539	4
5	System Electric (various kitchen & laundry repairs)	2000	4,605		5			4,605	5
6	D.B.S Contracting (automatic lawn sprinkler system)	2000	44,985	1,799	25	1,799		22,792	6
7	GT Mechanical (HCVAC Repairs)	2000	439		5			439	7
8	Patten Industries (batteries for generator)	2000	1,857		5			1,857	8
9	GT Mechanical (replace cooling coils)	2000	2,500		10			2,500	9
10	GT Mechanical (replace cooling coils)	2000	14,200		10			14,200	10
11	Capps Plumbing (rebuilt toilet, two handle lavatory)	2000	2,395	160	15	160		2,063	11
12	Capps Plumbing (repair scullery drain install faucets)	2000	3,446		10			3,446	12
13	Install Coolant hoses, Lines, Heater	2001	2,443		5			2,443	13
14	Power supply and wiring re phone system	2001	7,258		10			7,258	14
15	Power supply and wiring re phone system	2001	1,663		10			1,663	15
16	Coker services-Boiler	2001	3,163	158	20	158		1,871	16
17	Capps Plumbing	2001	2,665		5			2,665	17
18	T&T	2001	1,756		5			1,756	18
19	Alden Bennett Construction Co.	2001	1,431		5			1,431	19
20	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	1,170		5			1,170	20
21	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	2,645		5			2,645	21
22	Healthcare Products - Repair Wheelchairs	2002	988		5			988	22
23	Washtown Equip - Repair Washer - motor bearings / valves / belts	2002	2,208		5			2,208	23
24	GT Mech - Repair boiler - gas valves	2002	1,143		5			1,143	24
25	GT Mech - Repair boiler - installed rebuild kit	2002	1,841		5			1,841	25
26	GT Mech - Repair boiler - replaced Chimney cap	2002	1,295		5			1,295	26
27	CSI Coker - Repair dishwasher	2002	4,279		5			4,279	27
28	Healthcare Products - Repair Wheelchairs	2002	1,721		5			1,721	28
29	Long Elev. And Machine Co. - repair elevator	2002	1,148		5			1,148	29
30	DBS Contracting	2002	2,699		5			2,699	30
31	CSI Coker - Repair cooking equip	2002	1,527		5			1,527	31
32	Capps Plumbing - Repair hot water system	2002	1,940	178	10	178		1,940	32
33	Capps Plumbing - Repair hot water system	2002	2,135	195	10	195		2,135	33
34	TOTAL (lines 1 thru 33)		\$ 7,428,803	\$ 182,464		\$ 182,832	\$ 368	\$ 1,462,431	34

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,428,803	\$ 182,464		\$ 182,832	\$ 368	\$ 1,462,431	1
2	System Elec. - Installed conduit & wiring for fire alarm	2002	1,435	107	10	107		1,435	2
3	Capps Plumbing - Repair dish washer	2002	1,284		5			1,284	3
4	System Elec. - Repair elevator	2002	1,363	57	10	57		1,363	4
5	ABC - Remodel Bathroom 1	2002	3,772	189	20	189		1,997	5
6	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	967	15	967		10,231	6
7	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		2,574	7
8	ABC - Leasehold Improvements	2002	11,627	581	20	581		5,910	8
9	Tyco - Smoke Detectors	2002	1,023		7			1,023	9
10	ABC - Smoke Dampers	2002	9,701		7			9,701	10
11	CSI - Repair Dishwasher	2003	1,886		5			1,886	11
12	GT Mech - Repair AC	2003	1,538		5			1,538	12
13	Simplex - Repair Drain System	2003	1,503	150	10	150		1,401	13
14	CAPPS - Repair water booster pump	2003	1,895		5			1,895	14
15	Simplex - Doors	2003	3,435	343	10	343		3,435	15
16	Simplex - Wet Chem System	2003	2,695	270	10	270		2,629	16
17	Directional Boring Services - Sprinkler System	2003	10,000	833	12	833		8,333	17
18	AMS-New generator	2004	2,148	143	15	143		1,240	18
19	GT Mech Circu pump for heat	2004	1,747	103	17	103		849	19
20	CSI repair to oven	2004	2,627	263	10	263		2,299	20
21	CSI new wiring	2004	1,718	172	10	172		1,518	21
22	GT Mech Chiller Repair	2004	4,196	420	10	420		3,638	22
23	ABC Sewage ejector pump	2004	10,724	1,072	10	1,072		9,472	23
24	ABC Hvac	2004	2,971	297	10	297		2,648	24
25	ABC-Remodeling 4th floor	2004	25,103	1,004	25	1,004		8,032	25
26	ABC-Remodeling 4th floor	2005	7,734	387	20	387		3,094	26
27	GT Mech-install fan coil unit	2005	2,504		5			2,504	27
28	GT Mech-exhaust fan replacement motor	2005	2,234	223	10	223		1,731	28
29	ABC-Remodeling 4th floor	2005	5,568	371	15	371		2,814	29
30	Top Notch- 2 hp motor	2005	2,155	216	10	216		1,635	30
31	Oakfirst Fire-install nurse call system	2005	2,423	242	10	242		1,836	31
32	ABC-Remodeling 4th floor	2005	9,433	629	15	629		4,770	32
33	ABC-Remodeling 4th floor	2005	17,007	1,134	15	1,134		8,599	33
34	TOTAL (lines 1 thru 33)		\$ 7,601,777	\$ 192,888		\$ 193,256	\$ 368	\$ 1,575,744	34

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

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		\$ 7,601,777	\$ 192,888		\$ 193,256	\$ 368	\$ 1,575,744	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	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)		\$ 7,688,068	\$ 194,389		\$ 194,757	\$ 368	\$ 1,654,407	34

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,688,068	\$ 194,389		\$ 194,757	\$ 368	\$ 1,654,407	1
2	Patten-intake motor	2005	1,586	130	7	130		1,586	2
3	ABC-vinyl flooring	2005	3,064	306	10	306		2,219	3
4	Epic Service and Supply-floor cleaner	2005	1,114	120	7	120		1,114	4
5	ABC-2nd floor rennovation	2005	74,572	4,971	15	4,971		35,630	5
6	Oakfirst Fire-install fire alarm system	2005	12,500	833	15	833		5,900	6
7	ABC-2nd floor rennovation	2005	6,610	441	15	441		3,087	7
8	ABC- replace glass black window for boiler room	2006	9,184	918	10	918		6,350	8
9	ABC - time and material billings for renovations	2006	3,722	372	10	372		2,542	9
10	ABC - re-wire 36 lines of tv cables	2006	5,070	507	10	507		3,507	10
11	smoke detectors	2006	3,961	264	15	264		1,617	11
12	finish hardware acoustical resilient flooring , plumbing, heating	2006	25,451	707	15	707		5,232	12
13	motor and impeller assy/ booster heater	2006	7,000	467	15	467		2,880	13
14	boiler assy	2006	3,550	178	20	178		1,186	14
15	install new elevator recall system	2006	7,229	361	20	361		2,379	15
16									16
17	replace hose & pump	2007	6,594	549	5	549		6,594	17
18	cooling system	2007	6,742	674	10	674		3,707	18
19	replace worn & broken locks	2007	3,703	430	5	430		3,703	19
20	elevator passenger	2007	7,322	488	15	488		2,643	20
21	repaire trane chiller	2007	4,175	626	5	626		4,175	21
22	ABC - repair air cond compressor	2007	39,119	3,912	10	3,912		20,538	22
23	ABC - replace concrete	2007	6,896	690	10	690		3,622	23
24									24
25	Pattern - Repair Generator	2008	2,543	509	5	509		2,332	25
26	Pattern - Remove & install battery	2008	2,566	513	5	513		2,309	26
27	ABC - replaced damage doors with new doors and tiles	2008	3,045	305	10	305		1,270	27
28									28
29	AMS Maintenance Allocation - install hookups & framing	2009	7,596	380	20	380		1,203	29
30	GT Mech - Repair condenser	2009	2,962	592	5	592		2,172	30
31	Pattern - Repair generator	2009	2,547	509	5	509		1,867	31
32	Pattern - Repair generator	2009	3,537	707	5	707		2,475	32
33	Top Notch - 1 evaporator coil	2009	5,341	1,068	5	1,068		3,649	33
34	TOTAL (lines 1 thru 33)		\$ 7,957,369	\$ 216,917		\$ 217,286	\$ 368	\$ 1,791,897	34

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,957,369	\$ 216,917		\$ 217,286	\$ 368	\$ 1,791,897	1
2	AMS Maintenance Allocation - repaired drywall	2009	7,450	745	10	745		2,359	2
3	SkiMont -repaired boiler & hot water heater	2009	2,892	578	5	578		1,735	3
4									4
5	ABC - Caulk Work; Uncalked & recalked main entry & patio	2010	2,754	551	5	551		1,561	5
6	ABC - Concrete Patio & remove tripping hazards for resident safe	2010	3,593	240	15	240		619	6
7	ABC - Drywall & Vinyl Flooring Replaced	2010	66,560	4,437	15	4,437		9,984	7
8	ABC - Deck Railing repaired	2010	5,616	1,123	5	1,123		2,714	8
9	BELEC - Door Heater Cooler & Freezer Repaired	2010	6,666	1,333	5	1,333		3,222	9
10	SKIMOR - Dialysis waste piping repaired	2010	3,100	620	5	620		1,395	10
11									11
12	GT Mech - Air/exhaust installed/modified in Oxygen room	2011	3,350	670	5	670		1,284	12
13	OAKFIR - Damper links replaced	2011	13,237	1,324	10	1,324		2,096	13
14	FOCFIR - Elevator Sprinkler repairs	2011	8,880	1,776	5	1,776		2,812	14
15	ABC - motor contractor replacement (2)	2011	9,199	1,840	5	1,840		2,606	15
16	ABC - Dampers-radiation installed	2011	8,978	898	10	898		1,122	16
17	ROSPAV - Asphalt/Paint/Coating/Sealing for Parking Lot	2011	3,250	406	8	406		508	17
18	Top Notch - Boiler/Filter/Valaves for steamer	2011	3,867	773	5	773		902	18
19	ABC - Elevator Power Unit Emergency replacement	2011	15,455	3,091	5	3,091		5,409	19
20	Adj for ABC related party profit	2011	262	51		51		77	20
21									21
22	Fire Sprinkler System - ABC	2012	7,477	75	25	75		75	22
23	Roof Insulation - ABC	2012	4,642	232	5	232		232	23
24	Damper,Fire - Repairs ABC	2012	2,593	194	10	194		194	24
25	Drywall repair for generator - ABC	2012	5,686	190	5	190		190	25
26	Replace wash motor - TOPNOT	2012	2,512	84	5	84		84	26
27	Replace washer Basket/Hose - EQUINT	2012	5,364	179	5	179		179	27
28	Window replacement - ABC	2012	8,233	69	10	69		69	28
29	Door Motor V/Enclosed Fire Dampers - ABC	2012	3,340	223	10	223		223	29
30	Contractor for compressor - GTMECH	2012	6,018	33	15	33		33	30
31	Adj for ABC related party profit	2012	1,768	61		61		61	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,170,107	\$ 238,713		\$ 239,081	\$ 368	\$ 1,833,641	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,250,804	\$196,952	\$196,952	\$	various	\$680,031	71
72	Current Year Purchases	69,598	9,443	9,443		various	9,443	72
73	Fully Depreciated Assets	598,019	570	570		various	598,019	73
74								74
75	TOTALS	\$1,918,421	\$206,965	\$206,965	\$		\$1,287,493	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)	\$10,224,900	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$445,678	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$446,046	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$368	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$3,125,045	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 Cost is Backed Out

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		300	10/29/86		ended 6/30/05		4
5								5
6								6
7	TOTAL		300		\$			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: \$ 37,124 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>39,545</u>	17
18					18
19	<u>Auto Lease GL 6890</u>	<u>various</u>	<u>818.58</u>	<u>9,823</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>49,368</u>	21

10. Effective dates of current rental agreement:

Beginning 7/01/05

Ending 7/01/15

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. 12/31/13 \$ Varies

13. 12/31/14 \$ Varies

14. 12/31/15 \$ Varies

* 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	\$		\$ 353,023	\$		\$ 353,023	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			61,256			61,256	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			278,019			278,019	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				252,792		252,792	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>					63,466	276,993		340,459	13
14	TOTAL			\$		\$ 755,763	\$ 529,786		\$ 1,285,549	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)

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		
1.	OT		39-3	To Col 5		\$0.00	353,022.67
2.	ST		39-3	To Col 5		0.00	61,255.68
3.							
4.	PT		39-3	To Col 5		0.00	278,018.80
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					0.00	197,877.04
	Manual Input from Related Party- Forum Drugs						54,915.00
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		0.00	252,792.04
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		63,466.00
Other		0.00	406,142.32
Manual Input: Related Party - Prism			(53,217.00)
Manual Input: Related Party FECII - I.V.			(114,281.00)
Manual Input: Related Party FECII - Wound Care			(3,722.00)
Oxygen, from reclass worksheet (Pg 4A)			42,071.16

13. Col 6: Supplies Total	To Col 6	0.00	276,993.48

13. Total Line 13, Column 8		0.00	276,993.48

14. Total		0.00	1,285,548.67
			=====

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>105,000</u>)	2,552,726	2,552,726	3
4	Supply Inventory (priced at)	291	291	4
5	Short-Term Investments			5
6	Prepaid Insurance		49,142	6
7	Other Prepaid Expenses	14,721	14,721	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	178,123	178,123	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,745,861	\$ 2,795,003	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		600,000	13
14	Buildings, at Historical Cost		6,852,849	14
15	Leasehold Improvements, at Historical Cost	1,411,080	1,488,710	15
16	Equipment, at Historical Cost	1,048,998	2,037,303	16
17	Accumulated Depreciation (book methods)	(1,928,993)	(3,337,312)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		292,429	21
22	Other Long-Term Assets (specify: <u>Refinance Fees</u>		152,872	22
23	Other(specify): <u>Due from affiliates</u>		58,943	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 531,085	\$ 8,145,794	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,276,946	\$ 10,940,797	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 734,744	\$ 640,117	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	150,485	150,485	28
29	Short-Term Notes Payable		156,830	29
30	Accrued Salaries Payable	543,574	543,574	30
31	Accrued Taxes Payable (excluding real estate taxes)	76,626	76,626	31
32	Accrued Real Estate Taxes(Sch.IX-B)		323,900	32
33	Accrued Interest Payable		21,945	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	318,118	332,718	36
37	<u>Due to affiliates</u>	1,232,373	1,232,373	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,055,920	\$ 3,478,568	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,376,971	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>	11,450,171	9,897,121	43
44	<u>S/holder loans, others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 11,450,171	\$ 20,274,092	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,506,091	\$ 23,752,660	46
47	TOTAL EQUITY (page 18, line 24)	\$ (11,229,144)	\$ (12,811,863)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,276,946	\$ 10,940,797	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (12,666,576)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	627,218	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (12,039,358)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	810,214	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)	\$ 810,214	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)	\$ (11,229,144)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center # 0026435 Report Period Beginning: 01/01/2012Ending: 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		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 13,551,041	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,551,041	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	98,313	6
7	Oxygen	35,646	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 133,959	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		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	313	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	5,435	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 5,748	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	599	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 599	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>	11,130	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 11,130	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,702,478	30

	1		2
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,946,646	31
32	Health Care	4,457,911	32
33	General Administration	3,070,428	33
	B. Capital Expense		
34	Ownership	1,515,538	34
	C. Ancillary Expense		
35	Special Cost Centers	1,296,317	35
36	Provider Participation Fee	605,424	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,892,264	40
41	Income before Income Taxes (line 30 minus line 40)**	810,214	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 810,214	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 9,421,823	44
45	Private Pay - Net Inpatient Revenue	90,174	45
46	Medicare - Net Inpatient Revenue	3,247,255	46
47	Other-(specify) <u>Hospice/Insurance</u>	416,028	47
48	Other-(specify) <u>Veterans</u>	375,761	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,551,041	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center # 0026435 Report Period Beginning 01/01/2012 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income (Record copies)	120
Misc Income (Jury Duty)	120
Misc Income (Misc - Poll Site Usage)	275
Gain on Sale of Prior Year Assets	10,560
Adjustment of prior year expenses	(400)
Recovery of Bad Debts	455
Line 28 Total:	<u>11,130</u>

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,080	\$ 97,312	\$ 46.78	1
2	Assistant Director of Nursing	3,760	3,845	137,382	35.73	2
3	Registered Nurses	16,377	17,258	541,762	31.39	3
4	Licensed Practical Nurses	38,382	41,417	1,078,160	26.03	4
5	CNAs & Orderlies	107,967	116,626	1,200,831	10.30	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,956	7,822	88,910	11.37	8
9	Activity Director	2,080	2,080	45,018	21.64	9
10	Activity Assistants	8,923	9,980	114,761	11.50	10
11	Social Service Workers	4,088	4,102	84,483	20.60	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	38,828	18.67	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,456	26,104	288,282	11.04	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	59,561	28.64	17
18	Housekeepers	26,384	28,408	286,537	10.09	18
19	Laundry	8,222	9,010	83,754	9.30	19
20	Administrator	2,080	2,080	100,459	48.30	20
21	Assistant Administrator	648	679	17,923	26.40	21
22	Other Administrative	10,450	10,938	274,567	25.10	22
23	Office Manager	2,064	2,072	41,676	20.11	23
24	Clerical	2,183	2,394	24,369	10.18	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,112	4,249	156,743	36.89	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,080	2,080	31,539	15.16	31
32	Other Health Care Unit Dir/Beh Coun	12,265	13,199	258,055	19.55	32
33	Other(specify) Security/Alz Sup	11,450	12,441	158,138	12.71	33
34	TOTAL (lines 1 - 33)	300,167	323,024	\$ 5,209,050 *	\$ 16.13	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	\$ 22,800	1-3	35
36	Medical Director	Monthly	42,175	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	Monthly	7,200		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	984	11-3	44
45	Social Service Consultant	Varies	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 73,719		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.

STATE OF ILLINOIS

Facility Name & ID Number

Report Period Beginning:

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Alden Wentworth Rehabilitation & Health Care Cer

0026435

01/01/2012

Ending: 12/31/2012

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Charlene, Hill-Jeon	Administrator	0	\$ 100,459
Berry, Niquitta	Assistant Administrator	0	9,678
Sekalias, William	Assistant Administrator	0	8,245
		0	
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 118,382

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 Services	Consulting Fees	\$ 952,235
BDO Seidman/Ava P Daley/Baker Ti	Accounting Fees	4,915
Pathway-Reclass to Nursing	Clinical Consulting	10,778
Barry Greenburg/Ungaretti&Harris	Legal Fees: Non-Collections	13,035
AMS (Eliminated)	Allocated Legal Fees	37,812
Schmidt Salzman	Legal Fees: Non-Collections	(10,000)
Comprehensive Ther./Linda Roberts	Clinical Consulting	1,730
MidCap/KPMG	Accounting Fees	4,014
First Advantage/Schmidt Salzman	Tax Consulting	(19,712)
MidCap	Legal Fees: Non-Collections	2,496
Kenneth J Fisch	Legal Fees: Collections	14,770
Markley Inves./Jackson Lewis LLP	Legal Fees: Non-Collections	394
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)		\$ 1,012,467

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 161,786
Unemployment Compensation Insurance	131,484
FICA Taxes	396,349
Employee Health Insurance	69,164
Employee Meals	28,222
Illinois Municipal Retirement Fund (IMRF)*	
Union, Health, & Welfare/Pension	201,015
Dental Insurance/Life Insurance	1,897
Misc Payroll Costs/401K Match	4,384
Employee Drug Tests/Vaccinations	4,036
Employee Relations	6,240
Back out % Employee Benefit for Mktg Manager	(9,863)
Tuition Reimbursement	1,421
TOTAL (agree to Schedule V, line 22, col.8)	

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	623
Health Care Worker Background Check (Indicate # of checks performed 49)	1,450
Patient Background Checks 182	2,643
Surety Bond Fees	2,366
IL Healthcare Association	8,501
Secretary of State/Chicago Sun-Times	506
Collaborative Healthcare	406
Related party- AMS	4,086
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related party-AMS	1,413
Seminar Expense	
IHCA/IL Council Seminar	1,231
National Business Inst./Focus on Aging	434
National Investment Center	260
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 3,338

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

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	Motor laundry	3/96	\$ 2,750	15	\$	\$	\$ 183	\$ 183	\$ 31	\$	\$	\$	\$
2	Replace valve	4/96	1,959	20			98	98	98	98	98	98	
3	Boiler Stack	6/96	1,207	15			80	80	34				
4	Cubicle curtain	8/95	252	20			13	13	13	13	13	13	
5	Motor repair	8/95	5,827	15			388	388					
6													
7													
8	Painting > \$1,500	01/04	2,230	5			74						
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 14,225		\$	\$	\$ 836	\$ 762	\$ 175	\$ 111	\$ 111	\$ 111	\$

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$8,501

(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. \$ 46,343 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. \$ 605,424
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. \$ 28,222 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A

(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.