

		FOR BHF USE					

LL1

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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 Rehab & HCC

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
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

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

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 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) Randi Schlossberg-Schullo
(Title) President, Alden Management Services, Inc.

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 Rehab & HCC

0026435 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	300	Skilled (SNF)	300	109,800	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	300	TOTALS	300	109,800	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	4,436	431	7,551	12,418	8
9	SNF/PED					9
10	ICF	63,858	593	1,112	65,563	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	68,294	1,024	8,663	77,981	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.02%

D. How many bed-hold days during this year were paid by the Department? _____ (Do not include bed-hold days in Section B.)

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

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 9/9/1981

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 9/9/1981 NO ☐

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 3,384

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	355,520	36,740	26,827	419,087	2,454	421,541	(1,513)	420,028			1
2	Food Purchase		558,641		558,641	(31,997)	526,644	(65,710)	460,934			2
3	Housekeeping	316,368	61,950		378,318	3,555	381,873	10,926	392,799			3
4	Laundry	82,860	28,330	11,445	122,635	346	122,981		122,981			4
5	Heat and Other Utilities			293,067	293,067		293,067	1,516	294,583			5
6	Maintenance	65,083		365,719	430,802		430,802	97,451	528,253			6
7	Other (specify):* related party							11,019	11,019			7
8	TOTAL General Services	819,831	685,661	697,058	2,202,550	(25,642)	2,176,908	53,689	2,230,597			8
	B. Health Care and Programs											
9	Medical Director			59,250	59,250		59,250		59,250			9
10	Nursing and Medical Records	3,804,358	189,529	59,999	4,053,886	791	4,054,677	99,528	4,154,205			10
10a	Therapy	253,654	1,862	137,146	392,662		392,662		392,662			10a
11	Activities	482,723	13,659	3,420	499,802	858	500,660		500,660			11
12	Social Services	73,266		359	73,625		73,625		73,625			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							10,942	10,942			15
16	TOTAL Health Care and Programs	4,614,001	205,050	260,174	5,079,225	1,649	5,080,874	110,470	5,191,344			16
	C. General Administration											
17	Administrative	201,028			201,028		201,028	249,797	450,825			17
18	Directors Fees											18
19	Professional Services			1,120,175	1,120,175		1,120,175	(1,019,288)	100,887			19
20	Dues, Fees, Subscriptions & Promotions			106,884	106,884		106,884	(68,788)	38,096			20
21	Clerical & General Office Expenses	213,997	19,071	240,295	473,363	2,190	475,553	371,146	846,699			21
22	Employee Benefits & Payroll Taxes			1,126,112	1,126,112	7,488	1,133,600	(3,705)	1,129,895			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,458	1,458		1,458	2,152	3,610			24
25	Other Admin. Staff Transportation			2,641	2,641		2,641	21,037	23,678			25
26	Insurance-Prop.Liab.Malpractice			402,943	402,943		402,943	9,672	412,615			26
27	Other (specify):* related party			274,257	274,257		274,257	(185,596)	88,661			27
28	TOTAL General Administration	415,025	19,071	3,274,765	3,708,861	9,678	3,718,539	(623,573)	3,094,966			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,848,857	909,782	4,231,997	10,990,636	(14,315)	10,976,321	(459,414)	10,516,907			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			71,328	71,328		71,328	239,211	310,539			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			187,924	187,924		187,924	254,201	442,125			32
33	Real Estate Taxes			332,344	332,344	(332,344)		387,432	387,432			33
34	Rent-Facility & Grounds			650,390	650,390	332,344	982,734	(982,734)				34
35	Rent-Equipment & Vehicles			21,018	21,018		21,018	62,638	83,656			35
36	Other (specify):* MIP							49,799	49,799			36
37	TOTAL Ownership			1,263,004	1,263,004		1,263,004	10,547	1,273,551			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		441,121	735,390	1,176,511	14,315	1,190,826	(35,820)	1,155,006			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			607,689	607,689		607,689		607,689			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		441,121	1,343,079	1,784,200	14,315	1,798,515	(35,820)	1,762,695			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	5,848,857	1,350,903	6,838,080	14,037,840		14,037,840	(484,687)	13,553,153			45

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

From Line	To Line	Amount	Description
2		(31,997)	Employee Meals
	22	31,997	Employee Meals
22		(24,509)	Uniform Reclass
	1	2,454	Uniform Reclass
	3	3,555	Uniform Reclass
	4	346	Uniform Reclass
	6		Uniform Reclass
	10	15,106	Uniform Reclass
	11	858	Uniform Reclass
	21	2,190	Uniform Reclass
10		(14,315)	Oxygen Cost Reclass
	39	14,315	Oxygen Cost Reclass
33		(332,344)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	332,344	Rent - Real Estate Tax on associated landowner (Pg 6)

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

Net (Should be zero) \$ -

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	(5,860)	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				9
10	Interest and Other Investment Income	(9,418)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(272)	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	(38,130)	21		17
18	Fines and Penalties	(212)	32		18
19	Entertainment	(6,590)	20		19
20	Contributions	(8,680)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,827)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(274,255)	27		24
25	Fund Raising, Advertising and Promotional	(12,984)	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)	\$ (360,228)		\$	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)	(7,694)		34
35	Other- Attach Schedule	(116,766)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (124,459)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (484,687)		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 Utilities	\$ (3,916)	5	1
2	Intercompany Interest	(182,873)	32	2
3	Misc Income (Record copies)	(100)	10	3
4	Misc Income (Jury Duty)	(26)	21	4
5	Misc Income (Polling Site Reimbursement)	(300)	10	5
6	Vendor Discounts	(1)	10	6
7	Adj for ABC related party profit for 2011 - Page 12	51	30	7
8	Adj for ABC related party profit for 2012 - Page 12	121	30	8
9	Adj for ABC related party profit for 2013 - Page 12	76	30	9
10	Adj for ABC related party profit for 2014 - Page 12	(0)	30	10
11	Adj for ABC related party profit for 2016 - Page 12	(21)	30	11
12	Elim deprec exp on Pg 12 items < \$2,500 - WW	(2,913)	30	12
13	Exp PG 5 capital items <\$2,500 on Pg 12 - WW	2,704	6	13
14	Elim deprec exp on Pg 13 items < \$2,500 - WW	(22,094)	30	14
15	Expense item <\$2,500 on Pg 13 items - WW	43,837	6	15
16	Correct YTD Depreciation	2,477	30	16
17	Add back re tax ref for 2012	46,213	33	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(116,766)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	4,435	(5,948)	0	0	0	0	0	0	0	(1,513)	1
2	Food Purchase	(272)	0	0	(65,438)	0	0	0	0	0	0	0	(65,710)	2
3	Housekeeping	0	0	10,926	0	0	0	0	0	0	0	0	10,926	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,916)	0	5,432	0	0	0	0	0	0	0	0	1,516	5
6	Maintenance	40,681	0	55,199	0	0	0	(230)	1,801	0	0	0	97,451	6
7	Other (specify):*	0	0	11,019	0	0	0	0	0	0	0	0	11,019	7
8	TOTAL General Services	36,493	0	87,011	(71,386)	0	0	(230)	1,801	0	0	0	53,689	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	(401)	0	90,924	11,544	(2,539)	0	0	0	0	0	0	99,528	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	10,942	0	0	0	0	0	0	0	0	10,942	15
16	TOTAL Health Care and Programs	(401)	0	101,866	11,544	(2,539)	0	0	0	0	0	0	110,470	16
	C. General Administration													
17	Administrative	0	0	249,797	0	0	0	0	0	0	0	0	249,797	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,827)	30,473	(1,045,934)	0	0	0	0	0	0	0	0	(1,019,288)	19
20	Fees, Subscriptions & Promotions	(28,254)	0	(40,534)	0	0	0	0	0	0	0	0	(68,788)	20
21	Clerical & General Office Expenses	(38,156)	144	409,158	0	0	0	0	0	0	0	0	371,146	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,705)	0	0	0	0	0	0	(3,705)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,152	0	0	0	0	0	0	0	0	2,152	24
25	Other Admin. Staff Transportation	0	0	21,037	0	0	0	0	0	0	0	0	21,037	25
26	Insurance-Prop.Liab.Malpractice	0	9,259	413	0	0	0	0	0	0	0	0	9,672	26
27	Other (specify):*	(274,255)	0	88,659	0	0	0	0	0	0	0	0	(185,596)	27
28	TOTAL General Administration	(344,492)	39,876	(315,252)	0	(3,705)	0	0	0	0	0	0	(623,573)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(308,400)	39,876	(126,375)	(59,842)	(6,244)	0	(230)	1,801	0	0	0	(459,414)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	(22,303)	257,977	3,537	0	0	0	0	0	0	0	0	239,211	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(192,503)	251,321	195,383	0	0	0	0	0	0	0	0	254,201	32
33	Real Estate Taxes	46,213	332,344	8,875	0	0	0	0	0	0	0	0	387,432	33
34	Rent-Facility & Grounds	0	(982,734)	0	0	0	0	0	0	0	0	0	(982,734)	34
35	Rent-Equipment & Vehicles	0	0	62,638	0	0	0	0	0	0	0	0	62,638	35
36	Other (specify):*	0	49,799	0	0	0	0	0	0	0	0	0	49,799	36
37	TOTAL Ownership	(168,593)	(91,293)	270,433	0	0	0	0	0	0	0	0	10,547	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	(30,466)	(17,059)	11,705	0	0	0	0	0	(35,820)	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	(30,466)	(17,059)	11,705	0	0	0	0	0	(35,820)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(476,994)	(51,417)	144,058	(90,308)	(23,303)	11,705	(230)	1,801	0	0	0	(484,687)	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	\$ 982,734	Alden - Wentworth, LLC	0.00%	\$	\$(982,734)	1
2	V	32	Investment/Interest Income	92	Alden - Wentworth, LLC			(92)	2
3	V	19	Accounting Fees		Alden - Wentworth, LLC		6,975	6,975	3
4	V	21	Bank Fees		Alden - Wentworth, LLC		144	144	4
5	V	20	Annual Report Fee		Alden - Wentworth, LLC				5
6	V	33	Real Estate Tax Expense		Alden - Wentworth, LLC		332,344	332,344	6
7	V	26	General Insurance Expense		Alden - Wentworth, LLC		9,259	9,259	7
8	V	36	Mortgage Insurance Premium		Alden - Wentworth, LLC		49,799	49,799	8
9	V	32	Interest on Loan- Mortgage & other		Alden - Wentworth, LLC		249,003	249,003	9
10	V	30	Depreciation Expense		Alden - Wentworth, LLC		257,977	257,977	10
11	V	32	Amortization Expense		Alden - Wentworth, LLC		2,410	2,410	11
12	V	19	Legal Fees Non-Collections		Alden - Wentworth, LLC		23,498	23,498	12
13	V	6	Repairs & Maintenance		Alden - Wentworth, LLC				13
14	Total			\$ 982,826			\$ 931,409	\$ *(51,417)	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%	\$ 5,432	\$ 5,432	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		2,152	2,152	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		21,037	21,037	17
18	V	26	Insurance		Alden Management Services, Inc.		413	413	18
19	V	20	Dues & Subscriptions	44,874	Alden Management Services, Inc.		4,340	(40,534)	19
20	V	30	Depreciation		Alden Management Services, Inc.		3,537	3,537	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		8,875	8,875	21
22	V	35	Rent-Equip & Vehicles		Alden Management Services, Inc.		62,638	62,638	22
23	V	32	Interest		Alden Management Services, Inc.		195,383	195,383	23
24	V	1	Dietary		Alden Management Services, Inc.		4,435	4,435	24
25	V	3	Housekeeping		Alden Management Services, Inc.		10,926	10,926	25
26	V	7	Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		11,019	11,019	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		90,924	90,924	27
28	V	15	Employee Benefits-Health Care		Alden Management Services, Inc.		10,942	10,942	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		249,797	249,797	29
30	V	27	Employee Benefits-Admin		Alden Management Services, Inc.		88,659	88,659	30
31	V	19	Professional Fees	1,088,977	Alden Management Services, Inc.		43,043	(1,045,934)	31
32	V	21	Gen'l & Admin	69,540	Alden Management Services, Inc.		478,698	409,158	32
33	V	6	Repair & Maint	103,164	Alden Management Services, Inc.		158,363	55,199	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,306,555			\$ 1,450,613	\$ * 144,058	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. Cons.	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 13	\$ (26,387)	15
16	V	1	Diet: Salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2	Tube Feed.	129,789	Prism Health Care Services, Inc.		40,701	(89,088)	17
18	V	10	Equip Rent.	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39	Supplies	132,720	Prism Health Care Services, Inc.		56,075	(76,645)	19
20	V	1	Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		6,743	6,743	20
21	V	2	Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		23,650	23,650	21
22	V	10	Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		6,824	6,824	22
23	V	39	Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		46,179	46,179	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			\$ 295,569			\$ 205,261	\$ * (90,308)	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	\$ 251,043	Forum Extended Care Services II, Inc.	0.00%	\$ 233,533	\$ (17,510)	15
16	V	39	I.V.	8,517	Forum Extended Care Services II, Inc.		7,923	(594)	16
17	V	39	Wound Care Products	34,428	Forum Extended Care Services II, Inc.		32,027	(2,401)	17
18	V	10	House Stock	29,199	Forum Extended Care Services II, Inc.		27,162	(2,037)	18
19	V	10	Pharm Consult.	7,200	Forum Extended Care Services II, Inc.		6,698	(502)	19
20	V	22	Employ. Vaccin.	3,705	Forum Extended Care Services II, Inc.			(3,705)	20
21	V	39	Employ. Vaccin.		Forum Extended Care Services II, Inc.		3,447	3,447	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			\$ 334,092			\$ 310,790	\$ * (23,303)	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	\$ 753,742	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 765,447	\$ 11,705	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			\$ 753,742			\$ 765,447	\$ * 11,705	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	\$ 36,355	Alden Bennett Construction Company, Inc.	0.00%	\$ 36,125	\$ (230)	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			\$ 36,355			\$ 36,125	\$ * (230)	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	\$ 6,314	Alden Design Group, Inc.	0.00%	\$ 8,115	\$ 1,801	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			\$ 6,314			\$ 8,115	\$ * 1,801	39

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

Facility Name & ID Number

Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				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			Alden Long Grove Rehabilitation and Health Ca	Long Grove				30

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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 D	Chairman	100.00	173,802	2.42	6.05	Salary	\$ 11,198	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	93,947	2.42	6.05	Salary	6,053	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	93,947	2.42	6.05	Salary	6,053	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	109,438	2.42	6.05	Salary	7,051	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	58,498	2.42	6.05	Salary	3,769	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	139,614	1.7545	6.50	Salary	8,995	6-7	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. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 43,119		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 Rehab & HCC

0026435

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

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		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient days	1,251,552	34	\$ 87,175	\$ 77,981	\$ 5,432	1
2	24	Travel & Seminar	Patient days	1,251,552	34	34,540	77,981	2,152	2
3	25	Other Admin Travel	Patient days	1,251,552	34	337,625	77,981	21,037	3
4	26	Insurance	Patient days	1,251,552	34	6,630	77,981	413	4
5	20	Dues/Subscriptions	Patient days	1,251,552	34	(650,550)	77,981	(40,534)	5
6	30	Depreciation	No. of providers	34	34	156,306	1	3,537	6
7	33	Real Estate Tax	Patient days/usage	1,251,552	34	176,959	77,981	8,875	7
8	35	Rent-Equip/Vehicles	Patient days	1,251,552	34	1,250,701	77,981	62,638	8
9	32	Interest	Patient days/usage	1,251,552	34	2,158,573	77,981	195,383	9
10	1	Dietary Aide Coordinator Salary	Patient days	1,251,552	34	72,994	72,994	4,435	10
11	3	Housekeeping Coordinator Salary	Patient days	1,251,552	34	242,795	242,795	10,926	11
12	7	Employee Benef % -Gen'l Servs	Patient days	1,251,552	34	217,281	77,981	11,019	12
13	10	Nurs/Med Records Salary	Patient days/usage	1,251,552	34	1,562,220	1,562,220	90,924	13
14	15	Employee Benef % - Health Care	Patient days	1,251,552	34	218,198	77,981	10,942	14
15	17	Administrative Salary	Patient days/usage	1,251,552	34	4,332,153	4,332,153	249,797	15
16	27	Employee Benef %-Administrativ	Patient days	1,251,552	34	1,674,148	77,981	88,659	16
17	19	Professional Fees	Patient days	1,251,552	34	1,213,223	909,774	260,621	17
18	21	Gen'l & Admin	Patient days/usage	1,251,552	34	7,611,926	6,744,406	409,158	18
19	6	Repairs & Maintenance	Patient days	1,251,552	34	1,835,211	1,239,870	55,199	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 22,538,108	\$ 15,104,212	\$ 1,450,613	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		09/12	\$ 10,572,400	\$ 9,882,283	09/2051	2.5000	\$ 249,003	1	
2												2	
3	Insurance Interest (GL07053)		X	Medical Malpractice							4,838	3	
4												4	
5	Amort of Fin Fees (GL 1918)		X	Refinancing							2,410	5	
	Working Capital												
6	Related party-AMS		X	Working Capital							195,384	6	
7												7	
8												8	
9	TOTAL Facility Related						\$ 10,572,400	\$ 9,882,283			\$ 451,635	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		X								(92)	10	
11	Int Income (GL#4975)		X								(9,418)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (9,510)	14	
15	TOTALS (line 9+line14)						\$ 10,572,400	\$ 9,882,283			\$ 442,125	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 49,799 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

1. Real Estate Tax accrual used on 2015 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	389,600	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.)				\$	376,557	2
3. Under or (over) accrual (line 2 minus line 1).				\$	(13,043)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	391,600	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.				\$	378,557	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	8,875	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	387,432	
Real Estate Tax Bill for Calendar Year:		2011	314,396	8	FOR BHF USE ONLY	
		2012	365,868	9		
		2013	370,820	10		
		2014	378,290	11		
		2015	391,600	12		
The current year accrual is based on an estimated 3% increase of the prior year tax.				13	FROM R. E. TAX STATEMENT FOR 2015	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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

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 2015 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 2015.

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
			<u>Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>172,398.00</u>	\$ <u>8,875.00</u>
2. <u></u>	<u></u>	\$ <u>23,399.78</u>	\$ <u>23,399.78</u>
3. <u>20-21-413-034-0000</u>	<u>Nursing facility</u>	\$ <u>19,805.60</u>	\$ <u>19,805.60</u>
4. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,239.63</u>	\$ <u>1,239.63</u>
5. <u>20-21-414-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>30,601.89</u>	\$ <u>30,601.89</u>
6. <u>20-21-414-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>109,905.24</u>	\$ <u>109,905.24</u>
7. <u>20-21-414-016-0000</u>	<u>Nursing Home Facility</u>	\$ <u>66,279.46</u>	\$ <u>66,279.46</u>
8. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,388.44</u>	\$ <u>1,388.44</u>
9. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u></u>	\$ <u></u>
10. <u>20-21-414-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u>425,018.04</u>	\$ <u>261,495.04</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2015 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2015 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2015.

Please complete the Real Estate Tax Statement below and include it in the 2016 cost report along with a copy of your 2015 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth Rehab & HCC COUNTY Cook
FACILITY IDPH LICENSE NUMBER 0026435
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 2015 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 2015.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 20-21-414-020-0000	Nursing Home Facility	\$ 1,508.68	\$ 1,508.68
2. 20-21-414-021-0000	Nursing Home Facility	\$ 1,465.07	\$ 1,465.07
3. 20-21-414-031-0000	Nursing Home Facility	\$ 65,966.32	\$ 65,966.32
4. 20-21-414-032-0000	Nursing Home Facility	\$ 54,996.70	\$ 54,996.70
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 123,936.77	\$ 123,936.77

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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: 89,814

B. General Construction Type: Exterior BrickFrame SteelNumber of Stories 4

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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 facility	71,388		\$ 132,461	1
2					2
3	TOTALS	71,388		\$ 132,461	3

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center, Inc.

#

Report Period Beginning:

01/01/2015 Ending:

12/31/2016

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Value Current Depr	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation Accum Depr	
4	300		2005	2005	\$ 3,456,698	\$ 86,417	40	\$ 86,417	\$	\$ 993,798	4
5			2009	2009	3,396,151	87,081	39	87,081		624,080	5
6											6
7											7
8											8
	Improvement Type**										
9	Heating Repairs			1987	3,410		10			3,410	9
10	Glass/Pump repairs/electrical work			1988	13,872		5-10			13,872	10
11	condensor repair/HVAC-Misc Construction			1990	58,637		5-10			58,637	11
12	clean Boiler/TV Service/repairs tower belts/Glass			1991	61,199		5-10			61,199	12
13	Ejector pumps			1992	35,689		5-15			35,689	13
14	Wire Partitioning/Transfer box/piping/drain/motor			1993	33,591		5-15			33,591	14
15	Plumbing/elevator/Pump Motor/Sink tops/Boiler			1994	28,780		15-20			28,780	15
16	Tile work/door frames/filter & pump assembly/water			1995	27,562		10-12			27,562	16
17	Plumbing repairs			1996	4,560		10			4,560	17
18	Repair ramp lighting			1996	1,600		10			1,600	18
19	Install new flooring			1996	2,800		20			2,800	19
20	Install new flooring			1996	1,763	60	20	60		1,763	20
21	Install new flooring			1996	2,800	58	20	58		2,800	21
22	Install new flooring			1996	2,800	70	20	70		2,800	22
23	Repaired roof			1996	1,675		10			1,675	23
24	TV Antenna & Outlets			1997	2,298		5			2,298	24
25	Repaving			1997	3,305		5			3,305	25
26	Boiler parts			1997	4,938		5			4,938	26
27	Boiler repairs			1997	4,820		5			4,820	27
28	Install tubes for HVAC			1997	4,742		5			4,742	28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center, Inc.

#

Report Period Beginning:

01/01/2015

Ending:

12/31/2016

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 Wigdahl (Repair Lighting And lamps)	1998	3,886		5			3,886	37
38 Long Elevator (Installed Door retractors)	1998	5,100	255	20	255		4,803	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		15			6,237	42
43 Alden Bennett construction	1998	11,000		15			11,000	43
44 ABC Tank replacement	1999	12,409		15			12,409	44
45 alden Bennett	1999	11,000		15			11,000	45
46 North Town Food Service (Install booster heater)	1999	1,674		10			1,674	46
47 Fox Valley Fire & Safety	1999	2,690		15			2,690	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		15			2,981	51
52 Alden Bennett (Hardware)	1999	1,843		10			1,843	52
53 Climate Services (PVI Water heater)	1999	11,150		15			11,150	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		15			5,482	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	\$ 174,310		\$ 174,310	\$	\$ 2,061,861	70

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

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center, Inc.

#

Report Period Beginning:

01/01/2015 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,297,129	\$ 174,310		\$ 174,310	\$	\$ 2,061,861	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		3,690	3
4	System Electric (sprinkler pump motor & wiring)	2000	2,990		15			2,990	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		29,988	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		15			2,395	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		2,503	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		10			1,940	32
33	Capps Plumbing - Repair hot water system	2002	2,135		10			2,135	33
34	TOTAL (lines 1 thru 33)		\$ 7,428,803	\$ 176,486		\$ 176,486	\$	\$ 2,176,084	34

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

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		
1 Totals from Page 12B, Carried Forward		\$ 7,428,803	\$ 176,486		\$ 176,486	\$	\$ 2,176,084	1	
2 System Elec. - Installed conduit & wiring for fire alarm	2002	1,435		10			1,435	2	
3 Capps Plumbing - Repair dish washer	2002	1,284		5			1,284	3	
4 System Elec. - Repair elevator	2002	1,363		10			1,363	4	
5 ABC - Remodel Bathroom 1	2002	3,772	189	20	189		2,753	5	
6 GT Mech - Scopper Boiler and Storage Tank	2002	14,500	967	15	967		14,099	6	
7 ABC - Remodel Bathroom 2	2002	5,025	251	20	251		3,578	7	
8 ABC - Leasehold Improvements	2002	11,627	581	20	581		8,234	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	(1)	10	(1)		1,503	13	
14 CAPPs - Repair water buoster pump	2003	1,895		5			1,895	14	
15 Simplex - Doors	2003	3,435		10			3,435	15	
16 Simplex - Wet Chem System	2003	2,695		10			2,695	16	
17 Directional Boring Services - Sprinkler System	2003	10,000		12			10,000	17	
18 AMS-New generator	2004	2,148	143	15	143		1,812	18	
19 GT Mech Circu pump for heat	2004	1,747	103	17	103		1,261	19	
20 CSI repair to oven	2004	2,627		10			2,627	20	
21 CSI new wiring	2004	1,718		10			1,718	21	
22 GT Mech Chiller Repair	2004	4,196		10			4,196	22	
23 ABC Sewage ejector pump	2004	10,724		10			10,724	23	
24 ABC Hvac	2004	2,971		10			2,971	24	
25 ABC-Remodeling 4th floor	2004	25,103	1,004	25	1,004		12,048	25	
26 ABC-Remodeling 4th floor	2005	7,734	387	20	387		4,642	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		10			2,234	28	
29 ABC-Remodeling 4th floor	2005	5,568	371	15	371		4,298	29	
30 Top Notch- 2 hp motor	2005	2,155		10			2,155	30	
31 Oakfirst Fire-install nurse call system	2005	2,423		10			2,423	31	
32 ABC-Remodeling 4th floor	2005	9,433	629	15	629		7,286	32	
33 ABC-Remodeling 4th floor	2005	17,007	1,134	15	1,134		13,135	33	
34 TOTAL (lines 1 thru 33)		\$ 7,601,777	\$ 182,244		\$ 182,244	\$	\$ 2,318,540	34	

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

Facility Name & ID Number Heather Health Care Center Inc.

002-3945

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,601,777	\$ 182,244		\$ 182,244	\$	\$ 2,318,540	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17		17		44	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,692,689	\$ 183,109		\$ 183,109	\$	\$ 2,404,878	34

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

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center, Inc.

#

Report Period Beginning:

01/01/2015

Ending:

12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,692,689	\$ 183,109		\$ 183,109	\$	\$ 2,404,878	1
2	Patten-intake motor	2005	1,586		7			1,586	2
3	ABC-vinyl flooring	2005	3,064		10			3,064	3
4	Epic Service and Supply-floor cleaner	2005	1,114		7			1,114	4
5	ABC-2nd floor rennovation	2005	74,572	4,971	15	4,971		55,514	5
6	Oakfirst Fire-install fire alarm system	2005	12,500	833	15	833		9,232	6
7	ABC-2nd floor rennovation	2005	6,610	441	15	441		4,851	7
8	ABC- replace glass black window for boiler room	2006	9,184	80	10	80		9,184	8
9	ABC - time and material billings for renovations	2006	3,722	64	10	64		3,722	9
10	ABC - re-wire 36 lines of tv cables	2006	5,070	42	10	42		5,070	10
11	smoke detectors	2006	3,961	264	15	264		2,673	11
12	finish hardware acoustical resilient flooring , plumbing, heating	2006	25,451	707	15	707		8,060	12
13	motor and impeller assy/ booster heater	2006	7,000	467	15	467		4,748	13
14	boiler assy	2006	3,550	178	20	178		1,898	14
15	install new elevator recall system	2006	7,229	361	20	361		3,824	15
16									16
17	replace hose & pump	2007	6,594		5			6,594	17
18	cooling system	2007	6,742	674	10	674		6,403	18
19	replace worn & broken locks	2007	3,703		5			3,703	19
20	elevator passenger	2007	7,322	488	15	488		4,595	20
21	repaire trane chiller	2007	4,175		5			4,175	21
22	ABC - repair air cond compressor	2007	39,119	3,912	10	3,912		36,186	22
23	ABC - replace concrete	2007	6,896	690	10	690		6,382	23
24									24
25	Pattern - Repair Generator	2008	2,543		5			2,543	25
26	Pattern - Remove & install battery	2008	2,566		5			2,566	26
27	ABC - replaced damage doors with new doors and tiles	2008	3,045	305	10	305		2,490	27
28									28
29	AMS Maintenance Allocation - install hookups & framing	2009	7,596	380	20	380		2,723	29
30	GT Mech - Repair condenser	2009	2,962		5			2,962	30
31	Pattern - Repair generator	2009	2,547		5			2,547	31
32	Pattern - Repair generator	2009	3,537		5			3,537	32
33	Top Notch - 1 evaporator coil	2009	5,341		5			5,341	33
34	TOTAL (lines 1 thru 33)		\$ 7,961,990	\$ 197,966		\$ 197,966	\$	\$ 2,606,824	34

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

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center, Inc.

#

Report Period Beginning:

01/01/2015 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,961,990	\$ 197,966		\$ 197,966	\$	\$ 2,606,824	1
2	AMS Maintenance Allocation - repaired drywall	2009	7,450	745	10	745		5,339	2
3	SkiMont -repaired boiler & hot water heater	2009	2,892		5			2,892	3
4									4
5	ABC - Caulk Work; Uncalked & recalked main entry & patio	2010	2,754		5			2,754	5
6	ABC - Concrete Patio & remove tripping hazards for resident safe	2010	3,593	240	15	240		1,579	6
7	ABC - Drywall & Vinyl Flooring Replaced	2010	66,560	4,437	15	4,437		27,732	7
8	ABC - Deck Railing repaired	2010	5,616		5			5,616	8
9	BELEC - Door Heater Cooler & Freezer Repaired	2010	6,666		5			6,666	9
10	SKIMOR - Dialysis waste piping repaired	2010	3,100		5			3,100	10
11									11
12	GT Mech - Air/exhaust installed/modified in Oxygen room	2011	3,350	56	5	56		3,350	12
13	OAKFIR - Damper links replaced	2011	13,237	1,324	10	1,324		7,392	13
14	FOCFIR - Elevator Sprinkler repairs	2011	8,880	740	5	740		8,880	14
15	ABC - motor contractor replacement (2)	2011	9,199	1,073	5	1,073		9,199	15
16	ABC - Dampers-radiation installed	2011	8,978	898	10	898		4,714	16
17	ROSPAV - Asphalt/Paint/Coating/Sealing for Parking Lot	2011	3,250	406	8	406		2,132	17
18	Top Notch - Boiler/Filter/Valaves for steamer	2011	3,867	645	5	645		3,867	18
19	ABC - Elevator Power Unit Emergency replacement	2011	15,455	773	5	773		15,455	19
20	Adj for ABC related party profit	2011	262	31		31		262	20
21									21
22	Fire Sprinkler System - ABC	2012	7,477	299	25	299		1,271	22
23	Roof Insulation - ABC	2012	4,642	928	5	928		3,944	23
24	Damper,Fire - Repairs ABC	2012	2,593	259	10	259		1,230	24
25	Drywall repair for generator - ABC	2012	5,686	1,137	5	1,137		4,738	25
26	Replace wash motor - TOPNOT	2012	2,512	502	5	502		2,092	26
27	Replace washer Basket/Hose - EQUIT	2012	5,364	1,073	5	1,073		4,471	27
28	Window replacement - ABC	2012	8,233	823	10	823		3,361	28
29	Door Motor VEnclosed Fire Dampers - ABC	2012	3,340	334	10	334		1,559	29
30	Contractor for compressor - GTMECH	2012	6,018	401	15	401		1,637	30
31	Adj for ABC related party profit	2012	1,768	121		121		545	31
32									32
33	Rebuild Boiler - ABC	2013	17,448	1,745	10	1,745		6,180	33
34	TOTAL (lines 1 thru 33)		\$ 8,192,177	\$ 216,956		\$ 216,956	\$	\$ 2,748,781	34

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

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center, Inc.

002-6435

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 8,192,177	\$ 216,956		\$ 216,956	\$	\$ 2,748,781	1
2	Boiler Valves/starters replaced - ABC	2013	11,959	1,196	10	1,196		5,183	2
3	Generator, major repair-Patten CAT	2013	4,881	976	5	976		3,497	3
4	Elevator doors repaired - KONICA	2013	5,827	1,165	5	1,165		3,883	4
5	Pump,sewage,starters/repairs - ABC	2013	4,658	932	5	932		3,107	5
6	Contractors/Coils/Cables for condensor-BELEC	2013	5,450	1,090	5	1,090		3,543	6
7	Adj for ABC related party profit	2013	458	76		76		266	7
8	Elevator Repair - ALIELE	2014	7,843	1,569	5	1,569		4,576	8
9	Dishwasher Motor -TOPNOT	2014	8,046	1,609	5	1,609		3,889	9
10	Repaired Storm Pipe - TRITON	2014	7,717	1,543	5	1,543		3,408	10
11	Repaired Sewer Pipe - TRITON	2014	7,925	1,585	5	1,585		3,302	11
12	Blower Motor - GT MECH	2014	5,636	1,127	5	1,127		2,254	12
13	Fire Alarm Control Panel - ABC	2014	14,884	744	20	744		1,550	13
14	Adj for ABC related party profit	2014	(28)	(28)		(28)		(28)	14
15									15
16	Repaired Dishwasher - TOPNOT	2015	3,855	771	5	771		1,478	16
17	Elevator power unit - ALIELE	2015	9,950	1,990	5	1,990		3,814	17
18	Fire sprinkler additions-piped/wired - OAKFIR	2015	5,393	270	20	270		337	18
19									19
20	Elevator Repair/Fireman Recall - KONINC	2016	3,832	703	5	703		1,405	20
21	Fire Dampers Repairs - GTMECH	2016	12,030	902	10	902		1,805	21
22	Railing Front Ramp Replaced - ALDBEN	2016	3,280		15				22
23	Adj for ABC related party profit	2016	(21)	(21)		(21)		(21)	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)		\$ 8,315,751	\$ 235,155		\$ 235,155	\$	\$ 2,796,029	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	\$643,251	\$64,859	\$64,859	\$	varies	\$304,956	71
72	Current Year Purchases	301,670	7,686	7,686		varies	7,193	72
73	Fully Depreciated Assets	1,489,630	2,839	2,839		varies	1,489,630	73
74								74
75	TOTALS	\$2,434,552	\$75,384	\$75,384	\$		\$1,801,779	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$10,886,790	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$310,539	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$310,539	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$4,601,834	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							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease _____.

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

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

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 37,555 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>24,603</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>100.00</u>	<u>1,200</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>25,803</u>	21

10. Effective dates of current rental agreement:

Beginning 7/01/05

Ending 12/31/21

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

Fiscal Year Ending Annual Rent

12. 12/31/2017 \$ varies

13. 12/31/2018 \$ varies

14. 12/31/2019 \$ 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

D. NUMBER OF CNAs TRAINED

		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility		Contract	Total
		Drop-outs	Completed		
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	\$		\$ 282,551	\$		\$ 282,551	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			88,125			88,125	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			259,885			259,885	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				236,980		236,980	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A					11,705	275,760		287,465	13
14	TOTAL			\$		\$ 642,266	\$ 512,740		\$ 1,155,006	14

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

XIV. Special Services (Direct Cost)				Page 16	
				Col 5: PT,OT, & ST	
				Col 6: Supplies	
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	-	\$282,551.00
2.	ST	39-3	To Col 5	-	88,125.00
3.					
4.	PT	39-3	To Col 5	-	259,885.00
5.					
6.					
7.					
8.	Phamacy Supplies per GL			-	251,043.00
	Manual Input from Related Party- Forum Drugs				(14,063.00)
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	236,980.00
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		11,705.00
	Other			-	294,905.32
	Manual Input: Related Party - Prism				(30,466.00)
	Manual Input: Related Party FECII - I.V.				(594.00)
	Manual Input: Related Party FECII - Wound Care				(2,401.00)
	Oxygen, from reclass worksheet (Pg 4A)				14,315.00
13.	Col 6: Supplies Total		To Col 6	-	275,759.32
13.	Total Line 13, Column 8			-	287,464.32
14.	Total			-	1,155,006.32
					=====

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	\$	18,136	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 153,000)	2,891,509	2,891,509	3
4	Supply Inventory (priced at)	5,669	5,669	4
5	Short-Term Investments			5
6	Prepaid Insurance		44,580	6
7	Other Prepaid Expenses	13,166	13,166	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	18,306	18,306	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,928,650	\$ 2,991,366	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	16,763	16,763	12
13	Land		600,000	13
14	Buildings, at Historical Cost		6,852,849	14
15	Leasehold Improvements, at Historical Cost	1,416,014	1,695,145	15
16	Equipment, at Historical Cost	1,286,691	2,558,199	16
17	Accumulated Depreciation (book methods)	(2,242,159)	(4,877,184)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds		107,891	21
22	Other Long-Term Assets (spec Replace.Reserv		183,025	22
23	Other(specify): Refi Fee, Net		49,051	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 477,309	\$ 7,185,739	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,405,959	\$ 10,177,105	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 664,535	\$ 664,535	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	440,935	440,935	28
29	Short-Term Notes Payable	5,973	179,278	29
30	Accrued Salaries Payable	692,369	692,369	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	30,814	30,814	31
32	Accrued Real Estate Taxes(Sch.IX-B)		391,600	32
33	Accrued Interest Payable		20,588	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,d/t PA, Sales Tx, etc.	304,360	304,360	36
37	Due to Affiliates	1,509,703	1,509,703	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,648,689	\$ 4,234,182	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	9,694	9,694	39
40	Mortgage Payable		9,708,978	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	11,349,572	11,349,572	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 11,359,266	\$ 21,068,244	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 15,007,955	\$ 25,302,426	46
47	TOTAL EQUITY(page 18, line 24)	\$ (11,601,996)	\$ (15,125,321)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,405,959	\$ 10,177,105	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,477,533)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,477,533)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(124,463)	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)	\$ (124,463)	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)	\$ (11,601,996)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 13,645,111	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,645,111	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	209,004	6
7	Oxygen	27,476	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 236,480	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		17
18	Sale of Supplies to Non-Patients	13,158	18
19	Laboratory	7,207	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 20,365	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	9,418	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,418	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	2,003	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,003	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,913,377	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,202,550	31
32	Health Care	5,079,225	32
33	General Administration	3,708,861	33
	B. Capital Expense		
34	Ownership	1,263,004	34
	C. Ancillary Expense		
35	Special Cost Centers	1,176,511	35
36	Provider Participation Fee	607,689	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,037,840	40
41	Income before Income Taxes (line 30 minus line 40)**	(124,463)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (124,463)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 10,461,503	44
45	Private Pay - Net Inpatient Revenue	99,112	45
46	Medicare - Net Inpatient Revenue	2,030,409	46
47	Other-(specify) Hospice	264,297	47
48	Other-(specify) Insurance/VeteransCharity/Sales Allowance	789,790	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,645,111	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 Wentworth Rehab & HCC # 0026435 Report Period Beginning 01/01/2016 Ending: 12/31/2016

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Misc Income (Record copies)	\$ 100
Misc Income (Jury Duty)	\$ 26
Misc Income (Polling Site Reimbursement)	\$ 300
Vendor Discounts (is offset on Sch V, Ref Ln 2)	\$ 1
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	\$ 1,576

Line 28 Total:	<u><u>2,003</u></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	\$ 105,638	\$ 50.79	1
2	Assistant Director of Nursing	4,160	4,160	161,610	38.85	2
3	Registered Nurses	18,746	19,576	589,699	30.12	3
4	Licensed Practical Nurses	43,034	47,148	1,310,239	27.79	4
5	CNAs & Orderlies	118,579	127,313	1,423,502	11.18	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,959	8,575	102,826	11.99	8
9	Activity Director	2,080	2,080	49,193	23.65	9
10	Activity Assistants	8,330	9,138	111,527	12.20	10
11	Social Service Workers	3,982	4,231	94,635	22.37	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	36,258	17.43	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,369	27,185	319,263	11.74	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	65,083	31.29	17
18	Housekeepers	25,230	27,270	316,368	11.60	18
19	Laundry	7,320	7,915	82,860	10.47	19
20	Administrator	2,080	2,080	115,632	55.59	20
21	Assistant Administrator	2,960	2,960	85,396	28.85	21
22	Other Administrative	5,790	5,791	171,787	29.66	22
23	Office Manager	2,080	2,080	49,138	23.62	23
24	Clerical	6,353	6,499	122,531	18.85	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	6,384	6,384	217,111	34.01	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Health	15,435	16,949	259,874	15.33	32
33	Other(specify) Memory Care	3,777	3,992	58,687	14.70	33
34	TOTAL (lines 1 - 33)	314,888	337,566	\$ 5,848,857 *	\$ 17.33	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	2,236/month	\$ 26,827	1-3	35
36	Medical Director	4,938/monthly	59,250	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant		0	10-3	38
39	Pharmacist Consultant	600/monthly	7,200	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	16	880	11-3	44
45	Social Service Consultant	15	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	31	\$ 94,997		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	76	\$ 17,615	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	6	527	10-3	52
53	TOTAL (lines 50 - 52)	82	\$ 18,142		53

STATE OF ILLINOIS

Page 21

Facility Name & ID Number

Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
HILL-JEON, CHARLENE A	Administrator	0	\$ 114,938
Perrtman-Johnson, Carolyn	Assistant Administrator	0	7,132
Hurdle, Cassandra	Assistant Administrator	0	59,091
Johnson, Suavette	Assistant Administrator	0	19,867
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 201,028

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, Inc.	Consulting Fee	\$ 1,043,785
BDO Seidman/Baker Tilly	Accounting Fees	9,972
AMS (Eliminated)	Allocated Legal Fees	45,192
First Advantage	Tax Consulting	8,559
MidCap/KPMG	Accounting Fees	1,843
AT&T Mobility	Professional Services	900
Markley Inves.	Legal Fees: Collections	250
Circuit Court/Sheriff of Cook County	Legal Fees: Collections	2,978
Gozdecki/Kent	Legal Fees: Non-Collections	1,168
City of Chicago/Secretary of state	Legal Fees: Non-Collections	833
Stone Pogrund & Korey	Professional Services	2,150
AMS (Eliminated)	Legal Fees: Non-Collections	2,545
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 1,120,175

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 213,204
Unemployment Compensation Insurance	101,909
FICA Taxes	414,980
Employee Health Insurance	83,596
Employee Meals	31,997
Illinois Municipal Retirement Fund (IMRF)*	
Related Party - Forum	(3,705)
Union, Health, & Welfare/Pension	261,522
Dental Insurance/Life Insurance	2,499
Misc Payroll Costs/401K Match	6,842
Vaccinations & drug testing	6,425
Employee Relations	10,626
TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,129,895

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	377
Health Care Worker Background Check (Indicate # of checks performed 57)	1,852
Patient Background Checks	1,280
Health Care Council of Illinois	28,800
Surety Bond Fees	1,063
Chicago Trib/Creative Forecasting	384
Related Party- AMS	4,340
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 38,096

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related Party - AMS	2,152
Seminar Expense	
National Business Inst./IL Council	1,060
PESI Inc	398
Entertainment Expense	()
TOTAL (agree to Sch. V, line 24, col. 8)	\$ 3,610

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

Wentworth Rehabilitation and Health Care Center, Inc		PG 21A
Legal Fee Support		
2016		
Legal Fees Reported on Pg 21, Section C:	\$	52,966.95
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(3,827.00)
Non-allowable legal fees, if any, deducted on		
- Pg 6A (AMS Allocated Legal Fees)		(45,192.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	3,947.95

In Detail:		
Vendor Name	Invoice Date	Amount
AMS Midcap Legal	1/1/16-12/31/16	2,545.23
Gozdecki Del Giudi	1/1/16-12/31/16	676.78
Law Office of Chicago Kent	1/1/16-12/31/16	491.41
Secretary of State	1/1/16-12/31/16	154.53
City of Chicago Business	1/1/16-12/31/16	80.00
	12/10/15	
TOTAL ALLOWABLE LEGAL FEES		3,947.95

Vendor Name	Invoice Date	Amount
ABCACC COLLECTION SUITS	4/26/2016	90.00
ABCACC FINCH,BRUMFIELD,JOHNSC	8/30/2016	129.00
ABCACC NELMS,-COLLECTION SUIT	11/18/2016	177.00
ABCACC TOLEFREE-COLL. SUIT	3/2/2016	43.00
CLEOCU BROWN-COLLECTION SUIT	6/28/2016	80.00
CLEOCU BRUMFIELD-COLLECTION S	5/27/2016	6.00
CLEOCU CARTHEN-COLLECTION SUI	6/28/2016	249.00
CLEOCU CAULEY-COLLECTION SUIT	8/30/2016	359.00
CLEOCU COLLECTION SUIT-DIXON	3/1/2016	269.00
CLEOCU DIXON,COLLECTION SUIT	7/20/2016	8.00
CLEOCU FINCH,COLLECTION SUIT	5/27/2016	80.00
CLEOCU JOHNSON,COLLECTION SUI	5/27/2016	6.00
CLEOCU LAWSUIT COLL.-BROWN	1/26/2016	359.00
CLEOCU LAWSUIT COLL.-JOHNSON	1/26/2016	269.00
CLEOCU LAWSUIT COLL.-NELMS	1/26/2016	269.00
CLEOCU LAWSUIT COLL.-TOLIVER	1/26/2016	269.00
CLEOCU LAWSUIT COLL.-WILLIAMS	1/26/2016	269.00
CLEOCU NELMS,COLLECTION SUIT	5/27/2016	6.00
MARINV CAULEY,A. SKIP TRACE	12/29/2016	50.00
MARINV DIXON,D. 7/16/16-SKIP T	7/27/2016	50.00
MARINV FINCH,COLLECTION SUITE	10/20/2016	50.00
MARINV JOHNSON,M.-SKIP TRACE	12/29/2016	50.00
MARINV JOHNSON-SKIP TRACE	11/18/2016	50.00
RECCOO BROWN-COLLECTION SUIT	6/28/2016	40.00
RECCOO FINCH-COLLECTION SUIT	4/26/2016	40.00
RECCOO GLENN,COLLECTION SUIT	7/27/2016	40.00
RECCOO NELMS-COLLECTION SUIT	10/20/2016	40.00
SHEOCO CARTHEN-COLLECTION SU	6/28/2016	60.00
SHEOCO CAULEY-COLLECTION SUIT	8/30/2016	60.00
SHEOCO COLLECTION SUIT,DIXON	3/1/2016	60.00
SHEOCO LAWSUIT COLL.-BROWN	1/26/2016	60.00
SHEOCO LAWSUIT COLL.-JOHNSON	1/26/2016	60.00
SHEOCO LAWSUIT COLL.-NELMS	1/26/2016	60.00
SHEOCO LAWSUIT COLL.-TOLIVER	1/26/2016	60.00
SHEOCO LAWSUIT COLL.-WILLIAMS	1/26/2016	60.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES		3,827.00
Vendor Name	Invoice Date	Amount
AMS Allocated Legal	1/1/16-12/31/16	45,192.00
TOTAL Allocated Legal Fees		45,192.00
Total Legal Cost		52,966.95

XX. GENERAL INFORMATION:

- (1)

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

CNA: Yes RN/LPN: No

(2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

HCC of Illinois \$28,800

(3)

Did the nursing home make political contributions or payments to a political action organization?
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?
If YES, what is the capacity?

No

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
7.5

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 49,054 Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No

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

\$ 607,689

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No
- (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?
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.

No

(15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.
Has any meal income been offset against related costs?

\$ 31,997
No

(16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No

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?
Indicate the amount of income earned from providing such transportation during this reporting period.

No

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

No

(18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes

(19)

Has a schedule for the legal fees reported on the cost report been provided by the facility?
See page 39 of the instructions for details.
Attach invoices and a summary of services for all architect and appraisal fees

Yes