

		FOR BHF USE					

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**2011**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT (COST REPORT)**  
**FOR LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2011)**

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.

<p><b>I. IDPH License ID Number:</b> <u>002-6435</u></p> <p><b>Facility Name:</b> <u>Alden - Wentworth Rehabilitation and Health Care Center, Inc.</u></p> <p><b>Address:</b> <u>201 W. 69th Street</u> <u>Chicago</u> <u>60621</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(773) 487-1200</u> <b>Fax #</b> <u>(773) 487-4782</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>09/09/81</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code _____         </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input checked="" type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____         </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steven M. Kroll</u> <b>Telephone Number:</b> <u>(773) 724-6622</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2011</u> to <u>12/31/2011</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">           (Signed) _____            (Type or Print Name) <u>Joan Carl</u>            (Title) <u>Vice-President</u> </td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">           (Signed) _____            (Print Name and Title) _____            (Firm Name &amp; Address) _____            (Telephone) <u>( )</u> Fax # <u>( )</u> </td> </tr> </table> <p align="right"> <b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>  <b>201 S. Grand Avenue East</b>  <b>Springfield, IL 62763-0001</b> Phone # (217) 782-1630     </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Joan Carl</u> (Title) <u>Vice-President</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Joan Carl</u> (Title) <u>Vice-President</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # <u>( )</u>							

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

# 002-6435 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	109,500	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	11,815	111	8,501	20,427	8	
9	SNF/PED					9	
10	ICF	54,505	326	361	55,192	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	66,320	437	8,862	75,619	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.06%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
None

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 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 6,930

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health # 002-6435 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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
	<b>A. General Services</b>										
1	Dietary	339,046	23,875	22,800	385,721	2,206	387,927	(2,386)	385,541		1
2	Food Purchase		422,116		422,116	(27,673)	394,443	(42,168)	352,275		2
3	Housekeeping	291,569	59,413		350,982	3,195	354,177	12,481	366,658		3
4	Laundry	93,659	47,206	5,608	146,473	311	146,784		146,784		4
5	Heat and Other Utilities			289,672	289,672		289,672	3,629	293,301		5
6	Maintenance	57,787		288,462	346,249		346,249	38,534	384,783		6
7	Other (specify):* Related party	121,520			121,520		121,520	13,416	134,936		7
8	<b>TOTAL General Services</b>	<b>903,581</b>	<b>552,610</b>	<b>606,542</b>	<b>2,062,733</b>	<b>(21,961)</b>	<b>2,040,772</b>	<b>23,506</b>	<b>2,064,278</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			42,000	42,000		42,000		42,000		9
10	Nursing and Medical Records	3,304,694	208,642	18,852	3,532,188	13,804	3,545,992	67,800	3,613,792		10
10a	Therapy	153,837	1,098	5,400	160,335		160,335		160,335		10a
11	Activities	423,514	10,990	3,759	438,263	771	439,034		439,034		11
12	Social Services	49,873			49,873		49,873		49,873		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related party							9,828	9,828		15
16	<b>TOTAL Health Care and Programs</b>	<b>3,931,918</b>	<b>220,730</b>	<b>70,011</b>	<b>4,222,659</b>	<b>14,575</b>	<b>4,237,234</b>	<b>77,628</b>	<b>4,314,862</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	165,310			165,310		165,310	151,573	316,883		17
18	Directors Fees										18
19	Professional Services			1,032,959	1,032,959	(19,059)	1,013,900	(873,447)	140,453		19
20	Dues, Fees, Subscriptions & Promotions			150,108	150,108		150,108	(127,192)	22,916		20
21	Clerical & General Office Expenses	216,514	35,653	86,239	338,406	1,969	340,375	407,910	748,285		21
22	Employee Benefits & Payroll Taxes			940,124	940,124	5,643	945,767	(11,470)	934,297		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,975	4,975		4,975	4,749	9,724		24
25	Other Admin. Staff Transportation			3,592	3,592		3,592	26,258	29,850		25
26	Insurance-Prop.Liab.Malpractice			319,689	319,689		319,689	9,590	329,279		26
27	Other (specify):* Related party			42,912	42,912		42,912	41,402	84,314		27
28	<b>TOTAL General Administration</b>	<b>381,824</b>	<b>35,653</b>	<b>2,580,598</b>	<b>2,998,075</b>	<b>(11,447)</b>	<b>2,986,628</b>	<b>(370,627)</b>	<b>2,616,001</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>5,217,323</b>	<b>808,993</b>	<b>3,257,151</b>	<b>9,283,467</b>	<b>(18,833)</b>	<b>9,264,634</b>	<b>(269,493)</b>	<b>8,995,141</b>		<b>29</b>

\*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 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			115,165	115,165		115,165	315,343	430,508			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			170,655	170,655		170,655	663,185	833,840			32
33	Real Estate Taxes			329,369	329,369	(329,369)		337,958	337,958			33
34	Rent-Facility & Grounds			934,011	934,011	329,369	1,263,380	(1,263,380)				34
35	Rent-Equipment & Vehicles			30,023	30,023		30,023	60,506	90,529			35
36	Other (specify):* <b>M.I.P.</b>							59,759	59,759			36
37	<b>TOTAL Ownership</b>			1,579,223	1,579,223		1,579,223	173,370	1,752,593			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		499,697	776,767	1,276,464	18,833	1,295,297	16,872	1,312,169			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		499,697	941,017	1,440,714	18,833	1,459,547	16,872	1,476,419			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,217,323	1,308,690	5,777,391	12,303,404		12,303,404	(79,250)	12,224,154			45

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

**Reclassifications - Pages 3 & 4, Column 5**

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(27,673.43)	Employee Meals
	22	27,673.43	Employee Meals
22		(22,030.00)	Uniforms
	10	13,578.00	Uniforms
	1	2,206.00	Uniforms
	3	3,195.00	Uniforms
	4	311.00	Uniforms
	6	-	Uniforms
	11	771.00	Uniforms
	21	1,969.00	Uniforms
10		(18,833.04)	Oxygen - to appropriate cost center
	39	18,833.04	Oxygen - to appropriate cost center
33		(329,369.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	329,369.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19			Reclass from Professional Fees to Real Estate tax
	33		Reclass from Professional Fees to Real Estate tax
<u>Others, if any:</u>			
19		(19,058.67)	Clinical Coordinators (Pathway Billing)
	10	19,058.67	Clinical Coordinators (Pathway Billing)
19			MediFax/MedCom
	21		MediFax/MedCom
Net		-	

**VI. ADJUSTMENT DETAIL**

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

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
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	(8,144)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	368	30		9
10	Interest and Other Investment Income	(410)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(134)	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	(2,560)	21		17
18	Fines and Penalties	(545)	32		18
19	Entertainment	(7,516)	20		19
20	Contributions	(29,405)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(16,793)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(42,912)	27		24
25	Fund Raising, Advertising and Promotional	(35,236)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (143,287)		\$	30

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
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)	326,384	Various	34
35	Other- Attach Schedule	(262,347)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 64,037		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (79,250)		37

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

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

		1	2	3	4
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>
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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

<b>BHF USE ONLY</b>							
48		49		50		51	52

Alden - Wentworth Rehabilitation and Health Care Center, Inc.ID# 002-6435Report Period Beginning: 1/1/2011Ending: 12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9	Late fees on utilites	(892)	5	9
10	Intercompany Interest not allowed	(165,941)	32	10
11				11
12	Misc Income ( Record copies)	(447)	10	12
13	Misc Income ( Jury Duty)	(172)	21	13
14	Misc Income ( Miscallaneous - Wage Service Fee)	(304)	21	14
15				15
16	Marketing Manager & Aides (GL#6701-100-009)	(63,500)	21	16
17	Back out % Employee Benefit for Mktg Manager	(11,470)	22	17
18	Back out 30% PAC Fees from IHCA bills	(3,643)	20	18
19	Adj Deming Leadership Training 20%	(400)	24	19
20				20
21	Eliminate deprec exp on Pg 12 items < \$2,500 - WW	(6,197)	30	21
22	Expense PG 5 capital items <\$2,500 on Pg 12 - WW	3,828	6	22
23	Eliminate deprec exp on Pg 13 items < \$2,500 - WW	(15,354)	30	23
24	Expense item <\$2,500 on Pg 13 items - WW	14,664	6	24
25	Correct YTD Depreciation	(853)	30	25
26	Adj for ABC related party profit for 2011 - Page 12	26	30	26
27				27
28	Eliminate Legal fees for Group Midcap Charge	(7,777)	19	28
29	Eliminate Acctng fees for Group Midcap Charge	(3,915)	19	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	<b>Total</b>	(262,347)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden - Wentworth Rehabilitation and Health Care Center,

# 002-6435

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	8,377	(10,763)	0	0	0	0	0	0	0	(2,386)	1
2	Food Purchase	(134)	0	0	(42,034)	0	0	0	0	0	0	0	(42,168)	2
3	Housekeeping	0	0	12,481	0	0	0	0	0	0	0	0	12,481	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(892)	0	4,521	0	0	0	0	0	0	0	0	3,629	5
6	Maintenance	10,348	575	27,210	0	0	0	401	0	0	0	0	38,534	6
7	Other (specify):*	0	0	11,952	1,464	0	0	0	0	0	0	0	13,416	7
8	<b>TOTAL General Services</b>	<b>9,322</b>	<b>575</b>	<b>64,541</b>	<b>(51,333)</b>	<b>0</b>	<b>0</b>	<b>401</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23,506</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(447)	0	64,860	32	3,355	0	0	0	0	0	0	67,800	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	9,828	0	0	0	0	0	0	0	0	9,828	15
16	<b>TOTAL Health Care and Programs</b>	<b>(447)</b>	<b>0</b>	<b>74,688</b>	<b>32</b>	<b>3,355</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>77,628</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	151,573	0	0	0	0	0	0	0	0	151,573	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(28,485)	5,930	(850,892)	0	0	0	0	0	0	0	0	(873,447)	19
20	Fees, Subscriptions & Promotions	(75,800)	250	(51,642)	0	0	0	0	0	0	0	0	(127,192)	20
21	Clerical & General Office Expenses	(66,536)	47	406,256	34,309	33,834	0	0	0	0	0	0	407,910	21
22	Employee Benefits & Payroll Taxes	(11,470)	0	0	0	0	0	0	0	0	0	0	(11,470)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(400)	0	5,149	0	0	0	0	0	0	0	0	4,749	24
25	Other Admin. Staff Transportation	0	0	26,258	0	0	0	0	0	0	0	0	26,258	25
26	Insurance-Prop.Liab.Malpractice	0	9,355	235	0	0	0	0	0	0	0	0	9,590	26
27	Other (specify):*	(42,912)	0	78,918	3,661	1,735	0	0	0	0	0	0	41,402	27
28	<b>TOTAL General Administration</b>	<b>(225,603)</b>	<b>15,582</b>	<b>(234,145)</b>	<b>37,970</b>	<b>35,569</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(370,627)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(216,728)</b>	<b>16,157</b>	<b>(94,916)</b>	<b>(13,331)</b>	<b>38,924</b>	<b>0</b>	<b>401</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(269,493)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden - Wentworth Rehabilitation and Health Care Center

# 002-6435

Report Period Beginning:

1/1/2011 Ending:

12/31/2011

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(22,010)	329,166	8,187	0	0	0	0	0	0	0	0	315,343	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(166,896)	702,627	126,342	0	1,112	0	0	0	0	0	0	663,185	32
33	Real Estate Taxes	0	329,369	8,109	0	480	0	0	0	0	0	0	337,958	33
34	Rent-Facility & Grounds	0	(1,263,380)	0	0	0	0	0	0	0	0	0	(1,263,380)	34
35	Rent-Equipment & Vehicles	0	0	60,506	0	0	0	0	0	0	0	0	60,506	35
36	Other (specify):*	0	59,759	0	0	0	0	0	0	0	0	0	59,759	36
37	<b>TOTAL Ownership</b>	<b>(188,907)</b>	<b>157,541</b>	<b>203,144</b>	<b>0</b>	<b>1,592</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>173,370</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(55,863)	(52,093)	124,828	0	0	0	0	0	16,872	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(55,863)</b>	<b>(52,093)</b>	<b>124,828</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16,872</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(405,634)	173,698	108,228	(69,194)	(11,577)	124,828	401	0	0	0	0	(79,250)	45

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,263,380	Alden - Wentworth, LLC		\$	\$ (1,263,380)	1
2	V	32 Investment Income - RR	340	Alden - Wentworth, LLC			(340)	2
3	V	6 R&M-Replacement Reserve		Alden - Wentworth, LLC		575	575	3
4	V	19 Accounting Fees		Alden - Wentworth, LLC		5,930	5,930	4
5	V	21 Licenses & Inspections		Alden - Wentworth, LLC		47	47	5
6	V	20 Dues & Subscription		Alden - Wentworth, LLC		250	250	6
7	V	33 Real Estate Tax Expense		Alden - Wentworth, LLC		329,369	329,369	7
8	V	26 General Insurance Expense		Alden - Wentworth, LLC		9,355	9,355	8
9	V	36 Mortgage Insurance Premium		Alden - Wentworth, LLC		59,759	59,759	9
10	V	32 Interest on Loan- Mortgage & other		Alden - Wentworth, LLC		688,474	688,474	10
11	V	30 Depreciation Expense		Alden - Wentworth, LLC		329,166	329,166	11
12	V	32 Amortization Expense		Alden - Wentworth, LLC		14,493	14,493	12
13	V							13
14	Total		\$ 1,263,720			\$ 1,437,418	\$ * 173,698	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%	\$ 4,521	\$	4,521	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		5,149		5,149	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		26,258		26,258	17
18	V	26 Insurance		Alden Management Services, Inc.		235		235	18
19	V	20 Dues & Subscriptions	54,882	Alden Management Services, Inc.		3,240		(51,642)	19
20	V	30 Depreciation		Alden Management Services, Inc.		8,187		8,187	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		8,109		8,109	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		60,506		60,506	22
23	V	32 Interest		Alden Management Services, Inc.		126,342		126,342	23
24	V	1 Dietary		Alden Management Services, Inc.		8,377		8,377	24
25	V	3 Housekeeping		Alden Management Services, Inc.		12,481		12,481	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		11,952		11,952	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		64,860		64,860	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		9,828		9,828	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		151,573		151,573	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		78,918		78,918	30
31	V	19 Professional Fees	916,800	Alden Management Services, Inc.		65,908		(850,892)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		406,256		406,256	32
33	V	6 Repair & Maint	50,016	Alden Management Services, Inc.		77,226		27,210	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,021,698			\$ 1,129,926	\$ *	108,228	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet Consultant	\$ 22,800	Prism Health Care Services, Inc.	0.00%	\$ 380	\$ (22,420)
16	V	1 Dietary salary		Prism Health Care Services, Inc.		11,657	11,657
17	V	2 Tube Feeding	71,605	Prism Health Care Services, Inc.		29,571	(42,034)
18	V	10 Equipment Rental	6,661	Prism Health Care Services, Inc.		6,693	32
19	V	39 Supplies	89,475	Prism Health Care Services, Inc.		33,612	(55,863)
20	V	39 Vent Rental		Prism Health Care Services, Inc.			
21	V	21 Salary G & A		Prism Health Care Services, Inc.		21,945	21,945
22	V	27 Employee Benefit		Prism Health Care Services, Inc.		3,661	3,661
23	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,464	1,464
24	V	21 G & A		Prism Health Care Services, Inc.		12,364	12,364
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 190,541			\$ 121,347	\$ * (69,194)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 213,796	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 296,284	\$ 82,488
16	V	39 <u>I.V. Drugs</u>	146,918	<u>Forum Extended Care Services II, Inc.</u>		17,271	(129,647)
17	V	39 <u>Wound Care</u>	23,612	<u>Forum Extended Care Services II, Inc.</u>		18,678	(4,934)
18	V	10 <u>House Stock</u>	27,263	<u>Forum Extended Care Services II, Inc.</u>		25,225	(2,038)
19	V	10 <u>Pharmacy Consultant</u>	7,200	<u>Forum Extended Care Services II, Inc.</u>		12,593	5,393
20	V	27 <u>Employee Vaccination</u>	4,394	<u>Forum Extended Care Services II, Inc.</u>		3,475	(919)
21	V	27 <u>Employee Benefit - G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,654	2,654
22	V	21 <u>Salary - G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		21,316	21,316
23	V	21 <u>General Administration</u>		<u>Forum Extended Care Services II, Inc.</u>		12,518	12,518
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,112	1,112
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		480	480
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 423,183			\$ 411,606	\$ * (11,577)

\* 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	\$ 642,612	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 767,440	\$ 124,828	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		\$ 642,612			\$ 767,440	\$ * 124,828	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	\$ 51,640	Alden Bennett Construction Company, Inc.	0.00%	\$ 52,041	\$ 401	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		\$ 51,640			\$ 52,041	\$ *	401	39

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

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center, Inc. # 002-6435 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

## 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								1
2			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	2
3			Alden-Long Grove Rehabilitation and Health Care	Long Grove				3
4			Alden-Lincoln Park Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	4
5			Alden-Northmoor Rehabilitation and Health Care	Chicago	Alden Management Serv	Chicago	Management	5
6			Alden-Lakeland Rehabilitation and Health Care	Chicago				6
7			Alden of Old Town East, Inc.	Bloomingtondale	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	7
8			Alden Terrace of McHenry Rehabilitation and Health	McHenry	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	8
9					Alden Courts of Waterfo	Aurora	Alzheimers Facility	9
10			Alden Estates of Naperville, Inc.	Naperville	Alden Gardens of Water	Aurora	Assisted Living	10
11			Alden - Valley Ridge Rehabilitation and Health Care	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	11
12			Alden Village Health Facility for Children and Youth	Bloomingtondale	Community Physical The	Addison	Therapy Provider	12
13			Alden - Orland Park Rehabilitation and Health Care	Orland Park	Alden Bennett Construct	Chicago	General Contractor	13
14			Alden - Princeton Rehabilitation and Health Care	Chicago	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	14
15			Alden of Old Town West, Inc.	Bloomingtondale	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	15
16			Alden - Town Manor Rehabilitation and Health Care	Cicero				16
17			Alden Trails, Inc.	Bloomingtondale				17
18			Alden - Poplar Creek Rehabilitation and Health Care	(Hoffman Estates)				18
19			Alden - North Shore Rehabilitation and Health Care	Skokie				19
20			Alden - Des Plaines Rehabilitation and Health Care	Des Plaines				20
21			Alden Estates of Evanston, Inc.	Evanston				21
22			Alden - Alma Nelson Manor, Inc.	Rockford				22
23			Alden - Park Strathmoor, Inc.	Rockford				23
24			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				24
25			Alden Estates of Barrington, Inc.	Barrington				25
26			Alden of Waterford, LLC	Aurora				26
27			Alden Springs, Inc.	Bloomingtondale				27
28			Alden Village North, Inc.	Chicago				28
29			Alden Estates of Skokie, Inc.	Skokie				29
30			Alden Estates of Countryside, Inc.	Jefferson, WI				30

Facility Name & ID Number Alden - Wentworth Rehabilitation and Heal # 002-6435 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	174,365	2.3	5.75	Salary	\$ 10,635	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,694	2.3	5.75	Salary	3,946	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,248	2.3	5.75	Salary	2,272	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 16,853		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center # 002-6435 Report Period Beginning: 1/1/2011 Ending: 2/31/2011

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Alden Management Services, Inc.  
 Street Address 4200 W. Peterson  
 City / State / Zip Code Chicago, IL 60646  
 Phone Number ( 773-724-6622  
 Fax Number ( 773-724-6622

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient days	34	\$ 78,619	\$	75,619	\$ 4,521	1
2	24	Travel/Seminar	Patient days	34	89,570		75,619	5,149	2
3	25	Other Admin Travel	Patient days	34	456,762		75,619	26,258	3
4	26	Insurance	Patient days	34	4,082		75,619	235	4
5	20	Dues/Subscriptions	Patient days	34	56,361		75,619	3,240	5
6	30	Depreciation	No. of Providers	34	291,758		1	8,187	6
7	33	Real Estate Tax	Patient days	34	156,401		75,619	8,109	7
8	35	Rent-Equip & Vehicles	Patient days	34	1,052,493		75,619	60,506	8
9	32	Interest	Patient days	34	1,368,621		75,619	126,342	9
10	1	Diet. Salary	Patient days	34	145,718	145,718	75,619	8,377	10
11	3	Housekeeping Salary	Patient days	34	217,102	217,102	75,619	12,481	11
12	7	Employee Benefits-Gen'l Servs	Patient days	34	207,899		75,619	11,952	12
13	10	Nurs & Med Record Salary	Patient days	34	1,184,449	1,184,449	75,619	64,860	13
14	15	Employee Benefits-Health Care	Patient days	34	170,963		75,619	9,828	14
15	17	Administrative Salary	Patient days	34	2,886,253	2,886,253	75,619	151,573	15
16	27	Employee Benefits-Administr.	Patient days	34	1,372,783		75,619	78,918	16
17	19	Professional Fees	Patient days	34	1,146,467	654,108	75,619	65,908	17
18	21	Gen'l & Administrative	Patient days	34	7,066,809	5,970,419	75,619	406,256	18
19	6	Repairs & Maniten.	Patient days	34	1,343,350	1,077,524	75,619	77,226	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 19,296,460	\$ 12,135,573		\$ 1,129,926	25

Facility Name & ID Number

Alden - Wentworth Rehabilitation and Health

# 002-6435

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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										
										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			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Cambridge (GL 2505/7055)	X	Mortgage	\$62,424.82	11/09	\$ 10,572,400	\$ 10,451,095	11/2049	0.0657	\$ 688,474	1								
2											2								
3											3								
4											4								
5	Insurance Interest (GL 7053)	X	Medical Malpractice							4,169	5								
<b>Working Capital</b>																			
6	Related party-AMS	X	Working Capital							126,342	6								
7	Related party-FECH	X	Working Capital							1,112	7								
8											8								
9	TOTAL Facility Related			\$62,424.82		\$ 10,572,400	\$ 10,451,095			\$ 820,097	9								
<b>B. Non-Facility Related*</b>																			
10	Int Inc (Corp)	X								(340)	10								
11	Interest Income	X	Public Aid Interest							(410)	11								
12	Amortization - Refinancing fees	X								14,493	12								
13											13								
14	TOTAL Non-Facility Related					\$	\$			\$ 13,743	14								
15	TOTALS (line 9+line14)					\$ 10,572,400	\$ 10,451,095			\$ 833,840	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 59,759 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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2010 report.		\$	<b>311,600</b>		<b>1</b>
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.)		\$	<b>315,769</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>4,169</b>		<b>3</b>
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>325,200</b>		<b>4</b>
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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			<b>5</b>
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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>329,369</b>		<b>7</b>
Real Estate Tax History:			<b>Plus: Related Party Taxes (2) - See Pg RE_Tax</b>		<b>8,589</b>
		\$			<b>337,958</b>
Real Estate Tax Bill for Calendar Year:	2006	<b>413,569</b>			<b>8</b>
	2007	<b>409,153</b>			<b>9</b>
	2008	<b>413,259</b>			<b>10</b>
	2009	<b>302,539</b>			<b>11</b>
	2010	<b>315,709</b>			<b>12</b>
<b>The current year accrual is based on an estimated 3% increase of the prior year tax.</b>					
				<b>FOR BHF USE ONLY</b>	
				<b>13 FROM R. E. TAX STATEMENT FOR 2010 \$</b>	<b>13</b>
				<b>14 PLUS APPEAL COST FROM LINE 5 \$</b>	<b>14</b>
				<b>15 LESS REFUND FROM LINE 6 \$</b>	<b>15</b>
				<b>16 AMOUNT TO USE FOR RATE CALCULATION \$</b>	<b>16</b>

**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.**

## 2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

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

FACILITY IDPH LICENSE NUMBER 002-6435

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 724-6622 FAX #: (773)-283-3997

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2010 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 2010.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>300,377.00</u>	\$ <u>8,109.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>42,023.00</u>	\$ <u>480.00</u>
3. <u>20-21-413-034-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,238.68</u>	\$ _____
4. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>19,465.57</u>	\$ _____
5. <u>20-21-414-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,309.92</u>	\$ _____
6. <u>20-21-414-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,283.24</u>	\$ _____
7. <u>20-21-414-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>45,559.33</u>	\$ _____
8. <u>20-21-414-031-0000</u>	<u>Nursing Home Facility</u>	\$ <u>54,644.85</u>	\$ _____
9. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>54,924.54</u>	\$ _____
10. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>91,043.17</u>	\$ _____
<b>TOTALS</b>		\$ <u><u>613,869.30</u></u>	\$ <u><u>8,589.00</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

**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:** 2000 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 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. 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 Office of Health Finance at (217) 782-1630.

**2000 LONG TERM CARE REAL ESTATE TAX STATEMENT**

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

FACILITY IDPH LICENSE NUMBER    002-6435

CONTACT PERSON REGARDING THIS REPORT    Steven M. Kroll

TELEPHONE    (773) 724-6622    FAX #:    (773)-283-3997

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 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 2000.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>20-21-414-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,226.78</u>	\$ _____
2. <u>20-21-414-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>16,489.07</u>	\$ _____
3. <u>20-21-414-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,097.10</u>	\$ _____
4. <u>20-21-414-016-0000</u>	<u>Nursing Home Facility</u>	\$ <u>25,427.10</u>	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>44,240.05</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 & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 89,814 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

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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:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>71,388</u>		<u>\$ 132,461</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>71,388</b>		<b>\$ 132,461</b>	<b>3</b>

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	300	2005	2005	\$ 3,456,698	\$ 86,417	40	\$ 86,417	\$ 0	\$ 561,713
5		2009	2009	3,396,151	87,081	39	87,081		188,675
6									
7									
8	Related Party-Forum		1978	13,669		25			13,669
	Improvement Type**								
9									
10	Heating Repairs		1987	3,410		10			3,410
11	Glass/Pump repairs/electrical work		1988	13,872		5-10			13,872
12	condensor repair/HVAC-Misc Construction		1990	58,637		5-10			58,637
13	clean Boiler/TV Service/repairs tower belts/Glass		1991	61,199		5-10			61,199
14	Ejector pumps		1992	35,689	160	5-15	160		35,663
15	Wire Partitioning/Transfer box/piping/drain/motor		1993	33,591		5-15			33,591
16	Plumbing/elevator/Pump Motor/Sink tops/Boiler		1994	28,780	1,073	15-20	1,073		26,296
17	Tile work/door frames/filter & pumpassembly/water		1995	27,562		10-12			27,562
18	Plumbing repairs		1996	4,560		10			4,560
19	Repair ramp lighting		1996	1,600		10			1,600
20	Install new flooring		1996	2,800	140	20	140		2,256
21	Install new flooring		1996	1,763	88	20	88		1,351
22	Install new flooring		1996	2,800	140	20	140		2,182
23	Install new flooring		1996	2,800	140	20	140		2,170
24	Repaired roof		1996	1,675		10			1,675
25	TV Antenna & Outlets		1997	2,298		5			2,298
26	Repaving		1997	3,305		5	88		3,305
27	Boiler parts		1997	4,938		5	140		4,938
28	Boiler repairs		1997	4,820		5	140		4,820
29	Install tubes for HVAC		1997	4,742		5			4,742
30									
31									
32									
33									
34									
35									
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 &amp; ID Number Alden - Wentworth Rehabilitation and Health Care Center, Inc.

# 002-6435

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

## 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	
37	Wigdahl (Repair Lighting And lamps)	1998	3,886		5			3,886	37
38	Long Elevator (Installed Door retractors)	1998	5,100	255	20	255		3,528	38
39	Midwest (Replace Booster Heater)	1998	3,359		10			3,359	39
40	Mr. Root (Repair Ejector Pumps)	1998	5,100		10			5,100	40
41	Mr rooter (repair Basement replacement pump)	1998	2,600		10			2,600	41
42	Climate Service ( Replace Hot Water Pump)	1998	6,237	416	15	416		5,441	42
43	Alden Bennett construction	1998	11,000	733	15	733		9,533	43
44	ABC Tank replacement	1999	12,409	827	15	827		9,926	44
45	alden Bennett	1999	11,000	733	15	733		9,533	45
46	North Town Food Service (Install booster heater)	1999	1,674		10			1,674	46
47	Fox Valley Fire & Safety	1999	2,690	179	15	179		2,226	47
48	alden Bennett(Carpentry LAbor0	1999	5,954		10			5,954	48
49	Alden Bennett (Specialty Prooducts)	1999	4,647		10			4,647	49
50	Capps Plumbing & Sewer	1999	3,390		10			3,390	50
51	Fox Valley Fire (Sprinkler System)	1999	2,981	199	15	199		2,435	51
52	Alden Bennett (Hardware)	1999	1,843		10			1,843	52
53	Climate Services (PVI Water heater)	1999	11,150	743	15	743		9,291	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	269	10	269		5,384	55
56	Alden Bennett (leasehold improvements)	2000	1,518	89	10	89		1,518	56
57	Climate Service ( A/C Repair)	2000	9,393		5			9,393	57
58	Capps Plumbing & Sewer (Kitchen repair)	2000	2,842		5			2,842	58
59	Capps Plumbing Service (faucets)	2000	2,890		10			2,890	59
60	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258		10			1,258	60
61	Kraft Paper Sales Co (Walkoff Mats)	2000	1,884		5			1,884	61
62	New Horizons (telephone repair)	2000	3,756		10			3,756	62
63	Fox valley Fire & Safety (smoke detector wiring)	2000	5,482	365	15	365		4,322	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)		\$ 7,310,798	\$ 180,048		\$ 180,416	\$ 0	\$ 1,191,809	70

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

## XI. OWNERSHIP COSTS (continued)

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

1	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	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,310,798	\$ 180,048		\$ 180,416	\$ 368	\$ 1,191,809	1
2	Equipment International (doorlock electronic timer)	2000	1,655		10			1,655	2
3	DePaul Plumbing (installation of 1 1/2" water line )	2000	5,483	219	25	219		2,595	3
4	System Electric (sprinkler pump motor & wiring)	2000	2,990	199	15	199		2,340	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		20,993	6
7	GT Mechanical (HCVAC Repairs)	2000	439		5			439	7
8	Patten Industries (batteries for generator)	2000	1,857		5			1,857	8
9	GT Mechanical (replace cooling coils)	2000	2,500		10			2,500	9
10	GT Mechanical (replace cooling coils)	2000	14,200		10			14,200	10
11	Capps Plumbing (rebuilt toilet, two handle lavatory)	2000	2,395	160	15	160		1,903	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	14	10	14		1,663	15
16	Coker services-Boiler	2001	3,163	158	20	158		1,713	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	194	10	194		1,762	32
33	Capps Plumbing - Repair hot water system	2002	2,135	214	10	214		1,940	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,442,472	\$ 183,005		\$ 183,373	\$ 368	\$ 1,293,637	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	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	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,442,472	\$ 183,005		\$ 183,373	\$ 368	\$ 1,293,637	1
2	System Elec. - Installed conduit & wiring for fire alarm	2002	1,435	144	10	144		1,328	2
3	Capps Plumbing - Repair dish washer	2002	1,284		5			1,284	3
4	System Elec. - Repair elevator	2002	1,363	136	10	136		1,306	4
5	ABC - Remodel Bathroom 1	2002	3,772	189	20	189		1,808	5
6	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	967	15	967		9,264	6
7	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		2,323	7
8	ABC - Leasehold Improvements	2002	11,627	581	20	581		5,329	8
9	Tyco - Smoke Detectors	2002	1,023		7			1,023	9
10	ABC - Smoke Dampers	2002	9,701		7			9,701	10
11	CSI - Repair Dishwasher	2003	1,886		5			1,886	11
12	GT Mech - Repair AC	2003	1,538		5			1,538	12
13	Simplex - Repair Drain System	2003	1,503	150	10	150		1,251	13
14	CAPPS - Repair water booster pump	2003	1,895		5			1,895	14
15	Simplex - Doors	2003	3,435	344	10	344		3,092	15
16	Simplex - Wet Chem System	2003	2,695	270	10	270		2,359	16
17	Directional Boring Services - Sprinkler System	2003	10,000	833	12	833		7,500	17
18	AMS-New generator	2004	2,148	143	15	143		1,097	18
19	GT Mech Circu pump for heat	2004	1,747	103	17	103		746	19
20	CSI repair to oven	2004	2,627	263	10	263		2,036	20
21	CSI new wiring	2004	1,718	172	10	172		1,346	21
22	GT Mech Chiller Repair	2004	4,196	420	10	420		3,218	22
23	ABC Sewage ejector pump	2004	10,724	1,072	10	1,072		8,400	23
24	ABC Hvac	2004	2,971	297	10	297		2,351	24
25	ABC-Remodeling 4th floor	2004	25,103	1,004	25	1,004		7,028	25
26	ABC-Remodeling 4th floor	2005	7,734	387	20	387		2,707	26
27	GT Mech-install fan coil unit	2005	2,504		5			2,504	27
28	GT Mech-exhaust fan replacement motor	2005	2,234	223	10	223		1,508	28
29	ABC-Remodeling 4th floor	2005	5,568	371	15	371		2,443	29
30	Top Notch- 2 hp motor	2005	2,155	216	10	216		1,419	30
31	Oakfirst Fire-install nurse call system	2005	2,423	242	10	242		1,594	31
32	ABC-Remodeling 4th floor	2005	9,433	629	15	629		4,141	32
33	ABC-Remodeling 4th floor	2005	17,007	1,134	15	1,134		7,465	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,615,446	\$ 193,546		\$ 193,914	\$ 368	\$ 1,396,525	34

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

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

# 002-6435

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

## 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	<b>Totals from Page 12C, Carried Forward</b>		\$ 7,615,446	\$ 193,546		\$ 193,914	\$ 368	\$ 1,396,525	1
2	Forum Prof Ctr: Remodeling	1979	13,418		20			13,418	2
3	Forum Prof Ctr: Build Improv - multiple	1980	26,131		15			26,131	3
4	Forum Prof Ctr: Tennant Improv	1986	824		13			824	4
5	Forum Prof Ctr: AMS remodel	1990	5,604		10			5,604	5
6	Forum Prof Ctr: Roof	1994	2,956		16			2,956	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,042	65	16	65		1,039	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,646	13	10	13		1,605	8
9	Forum Prof Ctr: Remodel/electrical	2001	641	24	7	24		595	9
10	Forum Prof Ctr: bathroom remodel	2002	567	53	5	53		527	10
11	Forum Prof Ctr: remodel suites/etc.	2003	729	74	9	74		657	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,245	104	7	104		1,954	12
13	Forum Prof Ctr: Suite renovation	2005	453	27	10	27		537	13
14	Forum Prof Ctr: Superior installations, etc.	2006	108	3	4	3		108	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	435	68	7	68		294	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	374	54	7	54		208	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	761	73	7	73		162	17
18	Forum Prof Ctr: Building Renovations	2010	1,296	263	7	263		340	18
19	Forum Prof Ctr: Building Renovations	2011	5,684	137	7	137		137	19
20	Alden Mgt Servs: Remodel suites	1993	6,963		7			6,963	20
21	Alden Mgt Servs: Remodel suites	2002	290		7			290	21
22	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,693,909	\$ 194,504		\$ 194,872	\$ 368	\$ 1,467,169	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	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	<b>Totals from Page 12D, Carried Forward</b>		\$ 7,693,909	\$ 194,504		\$ 194,872	\$ 368	\$ 1,467,169	1
2	Patten-intake motor	2005	1,586	227	7	227		1,456	2
3	ABC-vinyl flooring	2005	3,064	306	10	306		1,913	3
4	Epic Service and Supply-floor cleaner	2005	1,114	159	7	159		994	4
5	ABC-2nd floor rennovation	2005	74,572	4,971	15	4,971		30,659	5
6	Oakfirst Fire-install fire alarm system	2005	12,500	833	15	833		5,067	6
7	ABC-2nd floor rennovation	2005	6,610	441	15	441		2,646	7
8	ABC- replace glass black window for boiler room	2006	9,184	918	10	918	0	5,432	8
9	ABC - time and material billings for renovations	2006	3,722	372	10	372		2,170	9
10	ABC - re-wire 36 lines of tv cables	2006	5,070	507	10	507	0	3,000	10
11	smoke detectors	2006	3,961	264	15	264		1,353	11
12	finish hardware acoustical resilient flooring , plumbing, heating	2006	25,451	707	15	707		4,525	12
13	motor and impeller assy/ booster heater	2006	7,000	467	15	467		2,413	13
14	boiler assy	2006	3,550	178	20	178		1,008	14
15	install new elevator recall system	2006	7,229	361	20	361		2,018	15
16									16
17	replace hose & pump	2007	6,594	1,319	5	1,319		6,045	17
18	cooling system	2007	6,742	674	10	674		3,033	18
19	replace worn & broken locks	2007	3,703	741	5	741		3,273	19
20	elevator passenger	2007	7,322	488	15	488		2,155	20
21	repaire trane chiller	2007	4,175	835	5	835		3,549	21
22	ABC - repair air cond compressor	2007	39,119	3,912	10	3,912		16,626	22
23	ABC - replace concrete	2007	6,896	690	10	690		2,932	23
24									24
25	Pattern - Repair Generator	2008	2,543	509	5	509		1,823	25
26	Pattern - Remove & install battery	2008	2,566	513	5	513		1,796	26
27	ABC - replaced damage doors with new doors and tiles	2008	3,045	305	10	305		965	27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,941,227	\$ 215,200		\$ 215,569	\$ 369	\$ 1,574,021	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	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	<b>Totals from Page 12E, Carried Forward</b>		\$ 7,941,227	\$ 215,200		\$ 215,569	\$ 368	\$ 1,574,021	1
2	AMS Maintenance Allocation - install hookups & framing	2009	7,596	380	20	380		823	2
3	GT Mech - Repair condenser	2009	2,962	592	5	592		1,580	3
4	Pattern - Repair generator	2009	2,547	509	5	509		1,358	4
5	Pattern - Repair generator	2009	3,537	707	5	707		1,768	5
6	Top Notch - 1 evaporator coil	2009	5,341	1,068	5	1,068		2,581	6
7	AMS Maintenance Allocation - repaired drywall	2009	7,450	745	10	745		1,614	7
8	SkiMont -repaired boiler & hot water heater	2009	2,892	578	5	578		1,157	8
9									9
10	ABC - Caulk Work; Uncalked & recalked main entry & patio	2010	2,754	551	5	551		1,010	10
11	ABC - Concrete Patio & remove tripping hazards for resident safe	2010	3,593	240	15	240		379	11
12	ABC - Drywall & Vinyl Flooring Replaced	2010	66,560	4,437	15	4,437		5,547	12
13	ABC - Deck Railing repaired	2010	5,616	1,123	5	1,123		1,591	13
14	BELEC - Door Heater Cooler & Freezer Repaired	2010	6,666	1,333	5	1,333		1,889	14
15	SKIMOR - Dialysis waste piping repaired	2010	3,100	620	5	620		775	15
16									16
17	GT Mech - Air/exhaust installed/modified in Oxygen room	2011	3,350	614	5	614		614	17
18	OAKFIR - Damper links replaced	2011	13,237	772	10	772		772	18
19	FOCFIR - Elevator Sprinkler repairs	2011	8,880	1,036	5	1,036		1,036	19
20	ABC - motor contractor replacement (2)	2011	9,199	767	5	767		767	20
21	ABC - Dampers-radiation installed	2011	8,978	224	10	224		224	21
22	ROSPAV - Asphalt/Paint/Coating/Sealing for Parking Lot	2011	3,250	102	8	102		102	22
23	Top Notch - Boiler/Filter/Valaves for steamer	2011	3,867	129	5	129		129	23
24	ABC - Elevator Power Unit Emergency replacement	2011	15,455	2,318	5	2,318		2,318	24
25									25
26	Adj for ABC related party profit	2011	262	26		26		26	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,128,317	\$ 234,072		\$ 234,441	\$ 368	\$ 1,602,081	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,160,165	\$ 186,796	\$ 186,796	\$		\$ 496,850	71
72	Current Year Purchases	113,737	8,630	8,630			8,630	72
73	Fully Depreciated Assets	577,925	641	641			577,925	73
74								74
75	TOTALS	\$ 1,851,827	\$ 196,067	\$ 196,067	\$		\$ 1,083,405	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related Party - AMS	Various	'98 - '02	\$ 4,026	\$	\$	\$	3	\$ 4,026	76
77										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)	\$ 10,116,631	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 430,139	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 430,508	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 368	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,689,512	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?  YES  NO

If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions		300	10/29/86		ended 6/30/05		4
5								5
6								6
7	TOTAL		300		\$			7

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?  YES  NO

16. Rental Amount for movable equipment: \$ 22,413 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>41,099</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>719.42</u>	<u>8,633</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>49,732</u>	21

10. Effective dates of current rental agreement:

Beginning 7/01/05

Ending 7/01/15

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

Fiscal Year Ending Annual Rent

12. 12/31/2012 \$ Varies

13. 12/31/2013 \$ Varies

14. 12/31/2014 \$ 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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	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	\$		\$ 359,780	\$		\$ 359,780	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			56,226			56,226	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			226,605			226,605	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				296,284		296,284	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					124,828	248,446		373,274	13
14	TOTAL			\$		\$ 767,440	\$ 544,730		\$ 1,312,169	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.

**Alden-Wentworth Rehab. & Health Care Center, Inc.**  
**PA pg 16**  
**For the Thirteen Months Ending December 31, 2011**

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	359,780.14
2.	ST	39-3	To Col 5	56,226.18
3.				
4.	PT	39-3	To Col 5	226,605.21
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			213,795.93
	Manual Input from Related Party- Forum Drugs			82,488.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	----- 296,283.93 -----
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-
	Total Exceptional Care (Line 12, Col 8)			----- - -----
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	124,828.00
	Other			420,056.66
	Manual Input: Related Party - Prism			(55,863.00)
	Manual Input: Related Party FECII - I.V.			(129,647.00)
	Manual Input: Related Party FECII - Wound Care			(4,934.00)
	Oxygen, from reclass worksheet (Pg 4A)			18,833.04
13.	Col 6: Supplies Total		To Col 6	----- 248,445.70 -----
13.	Total Line 13, Column 8			----- 248,445.70 -----
14.	Total			----- 1,312,169.16 =====

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center, # 002-6435Report Period Beginning: 1/1/2011Ending: 12/31/2011

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>80,000</u> )	2,606,416	2,606,416	3
4	Supply Inventory (priced at )	291	291	4
5	Short-Term Investments			5
6	Prepaid Insurance		68,452	6
7	Other Prepaid Expenses	10,144	10,144	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	315,837	315,837	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,932,688	\$ 3,001,140	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		600,000	13
14	Buildings, at Historical Cost		6,852,849	14
15	Leasehold Improvements, at Historical Cost	1,414,002	1,484,155	15
16	Equipment, at Historical Cost	1,051,766	1,924,361	16
17	Accumulated Depreciation (book methods)	(1,825,417)	(2,890,837)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		325,454	21
22	Other Long-Term Assets (spe <u>Refinance Fees</u> )		170,321	22
23	Other(specify): <u>Due from affiliates</u>		377,739	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 640,351	\$ 8,844,042	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,573,039	\$ 11,845,181	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 823,115	\$ 865,794	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	85,440	85,440	28
29	Short-Term Notes Payable		64,376	29
30	Accrued Salaries Payable	512,985	512,985	30
31	Accrued Taxes Payable (excluding real estate taxes)	81,021	81,021	31
32	Accrued Real Estate Taxes(Sch.IX-B)		325,200	32
33	Accrued Interest Payable		57,220	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp, Due HFS, Sales Tax, Etc.</u>	85,653	100,253	36
37	<u>Due to Affiliates (Short Term)</u>	1,239,853	1,239,853	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,828,067	\$ 3,332,143	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,386,719	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to affiliates</u>	13,411,548	11,804,186	43
44	<u>S/holder loans, others</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 13,411,548	\$ 22,190,904	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 16,239,615	\$ 25,523,047	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (12,666,576)	\$ (13,677,865)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,573,039	\$ 11,845,181	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (12,565,089)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (12,565,089)	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	(101,486)	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)	\$ (101,486)	17
	<b>B. Transfers (Itemize):</b>		
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)	\$ (12,666,576)	24 *

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Alden - Wentworth Rehabilitation and Health Care # 002-6435 Report Period Beginning: 1/1/2011

Ending: 12/31/2011

**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	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,119,717	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,119,717	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	51,260	6
7	Oxygen	25,548	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 76,808	8
<b>C. Other Operating Revenue</b>			
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		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	410	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 410	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<a href="#">See Page 19A</a>	4,983	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 4,983	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,201,918	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,062,733	31
32	Health Care	4,222,659	32
33	General Administration	2,998,075	33
<b>B. Capital Expense</b>			
34	Ownership	1,579,223	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,276,464	35
36	Provider Participation Fee	164,250	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 12,303,404	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(101,486)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (101,486)	43

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

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

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

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

Facility Name & ID Number Alden - Wentworth Rehabilitation and He # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc Income ( Record copies)	447
Misc Income ( Jury Duty)	172
Misc Income ( Misc - Wage Service Fee)	304
Gain on Sale of Prior Year Assets	4,060

Line 28 Total: 4,983

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

# 002-6435

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	2,048	2,048	\$ 93,998	\$ 45.90	1
2	Assistant Director of Nursing	3,720	3,720	130,530	35.09	2
3	Registered Nurses	14,780	16,112	503,804	31.27	3
4	Licensed Practical Nurses	39,497	42,738	1,109,199	25.95	4
5	CNAs & Orderlies	108,973	117,696	1,207,652	10.26	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,551	4,374	49,566	11.33	8
9	Activity Director	2,080	2,080	44,566	21.43	9
10	Activity Assistants	8,983	10,151	114,806	11.31	10
11	Social Service Workers	2,328	2,372	49,873	21.03	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	43,633	20.98	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,335	26,342	295,413	11.21	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	57,787	27.78	17
18	Housekeepers	27,475	29,105	291,569	10.02	18
19	Laundry	8,019	8,770	93,659	10.68	19
20	Administrator	2,080	2,080	97,379	46.82	20
21	Assistant Administrator	2,080	2,080	67,931	32.66	21
22	Other Administrative	9,629	10,078	251,152	24.92	22
23	Office Manager	2,080	2,080	41,565	19.98	23
24	Clerical	2,610	2,820	28,068	9.95	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,183	4,183	146,170	34.94	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,056	2,056	30,377	14.77	31
32	Other Health Care Unit Dir/Beh Coun	14,782	15,651	297,100	18.98	32
33	Other(specify Security/Alz Sup	13,101	13,950	171,526	12.30	33
34	TOTAL (lines 1 - 33)	301,550	324,646	\$ 5,217,323 *	\$ 16.07	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 22,800	1-3	35
36	Medical Director	Monthly	42,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	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	Monthly	1,388	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 73,388		49

C. CONTRACT NURSES

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



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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Motor laundry	\$ 2,750	15	\$	\$	\$ 183	\$ 183	\$ 31	\$	\$	\$	\$
2	Replace valve	1,959	20			98	98	98	98	98	98	
3	Boiler Stack	1,207	15			80	80	34				
4	Cubicle curtain	252	20			13	13	13	13	13	13	
5	Motor repair	5,827	15			388	388					
6												
7												
8	Painting > \$1,500	2,230	5			74						
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$ 14,225		\$	\$	\$ 836	\$ 762	\$ 175	\$ 111	\$ 111	\$ 111	\$

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

# 002-6435

Report Period Beginning:

1/1/2011

Ending: 12/31/2011

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IHCA=\$ 8,501 Il. Assoc of HC = \$3,600
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 40,599 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 164,250  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 27,673 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training?  
Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.