



Facility Name & ID Number The Wealshire

# 0040956 Report Period Beginning: 1/1/2012 Ending: 12/31/12

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 N/A

	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	144	Skilled (SNF)	144	52,704	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	144	TOTALS	144	52,704	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
		3 Medicaid Recipient	4 Private Pay	4 Other	5 Total	
8	SNF	2,375	9,671	21,749	33,795	8
9	SNF/PED					9
10	ICF	4,335	7,627		11,962	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,710	17,298	21,749	45,757	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.82%

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  Non-allowable costs have been eliminated in Schedule V, Column 7

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 08/14/1995

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 8/14/1995 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 100 and days of care provided 17,809

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: 12/31/12 Fiscal Year: 12/31/12

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 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	322,912	39,754	12,341	375,007		375,007	375,007			1
2	Food Purchase		415,945		415,945		415,945	415,945			2
3	Housekeeping	589,074	46,736		635,810		635,810	635,810			3
4	Laundry	37,966	36,011		73,977		73,977	73,977			4
5	Heat and Other Utilities			207,766	207,766		207,766	207,766			5
6	Maintenance	140,720	66,357	196,008	403,085		403,085	403,085			6
7	Other (specify):* Waste Removal			23,457	23,457		23,457	23,457			7
8	<b>TOTAL General Services</b>	1,090,672	604,803	439,572	2,135,047		2,135,047	2,135,047			8
	<b>B. Health Care and Programs</b>										
9	Medical Director			79,600	79,600		79,600	79,600			9
10	Nursing and Medical Records	5,050,064	267,410	26,414	5,343,888		5,343,888	(4,184)	5,339,704		10
10a	Therapy	61,527	3,338	2,094,873	2,159,738		2,159,738		2,159,738		10a
11	Activities	203,797	9,878	18,846	232,521		232,521	(2,538)	229,983		11
12	Social Services	110,739			110,739		110,739		110,739		12
13	CNA Training										13
14	Program Transportation	18,043		6,491	24,534		24,534	(2,711)	21,823		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	5,444,170	280,626	2,226,224	7,951,020		7,951,020	(9,433)	7,941,587		16
	<b>C. General Administration</b>										
17	Administrative			1,052,797	1,052,797		1,052,797	(958,884)	93,913		17
18	Directors Fees										18
19	Professional Services			134,035	134,035		134,035		134,035		19
20	Dues, Fees, Subscriptions & Promotions			17,551	17,551		17,551	(669)	16,882		20
21	Clerical & General Office Expenses	449,780	53,534	104,692	608,006		608,006	959,560	1,567,566		21
22	Employee Benefits & Payroll Taxes			1,171,264	1,171,264		1,171,264		1,171,264		22
23	Inservice Training & Education			388	388		388		388		23
24	Travel and Seminar			8,337	8,337		8,337		8,337		24
25	Other Admin. Staff Transportation			21,912	21,912		21,912		21,912		25
26	Insurance-Prop.Liab.Malpractice			105,530	105,530		105,530	49,254	154,784		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	449,780	53,534	2,616,506	3,119,820		3,119,820	49,261	3,169,081		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,984,622	938,963	5,282,302	13,205,887		13,205,887	39,828	13,245,715		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number The Wealshire

#0040956

Report Period Beginning:

1/1/2012

Ending:

12/31/12

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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>D. Ownership</b>											
30	Depreciation			117,425	117,425		117,425	600,983	718,408			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			214	214		214	584,925	585,139			32
33	Real Estate Taxes							154,567	154,567			33
34	Rent-Facility & Grounds			1,081,606	1,081,606		1,081,606	(1,081,606)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,199,245	1,199,245		1,199,245	258,869	1,458,114			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			28,138	28,138		28,138		28,138			38
39	Ancillary Service Centers		724,729		724,729		724,729		724,729			39
40	Barber and Beauty Shops			24,366	24,366		24,366		24,366			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			79,236	79,236		79,236		79,236			42
43	Other (specify):* <b>Non-allowable Costs</b>	49,190	17,045	320,268	386,503		386,503	(386,503)				43
44	<b>TOTAL Special Cost Centers</b>	49,190	741,774	452,008	1,242,972		1,242,972	(386,503)	856,469			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,033,812	1,680,737	6,933,555	15,648,104		15,648,104	(87,806)	15,560,298			45

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

Facility Name & ID Number The Wealshire

# 0040956

Report Period Beginning: 1/1/2012

Ending: 12/31/12

**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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(86,255)	30		9
10	Interest and Other Investment Income	(4,881)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(47,776)	43		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(10,182)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(84,767)	43		24
25	Fund Raising, Advertising and Promotional	(177,169)	43		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 See Page 5A	(101,711)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (512,741)</b>		<b>\$</b>	<b>30</b>

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

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

		1	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)	424,935		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ 424,935</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (87,806)</b>		<b>37</b>

\*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						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						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

The Wealshire

ID# 0040956

Report Period Beginning: 1/1/2012

Ending: 12/31/12

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow Laboratory	\$ (28,708)	43	1
2	Disallow X-Rays	(37,901)	43	2
3	Disallow Unidentified Expense	(8,000)	21	3
4	Offset Vendor Rebates Against Expense	(4,184)	10	4
5	Offset Transportation Income Against Expense	(2,538)	11	5
6	Offset Transportation Income Against Expense	(2,711)	14	6
7	Disallow Management Fees on Real Estate Entity	(17,000)	17	7
8	Disallow Chamber of Commerce Dues	(669)	20	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
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>		(101,711)	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Wealshire# 0040956

Report Period Beginning:

1/1/2012

Ending:

12/31/12

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</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	(4,184)	0	0	0	0	0	0	0	0	0	0	(4,184)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(2,538)	0	0	0	0	0	0	0	0	0	0	(2,538)	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	(2,711)	0	0	0	0	0	0	0	0	0	0	(2,711)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(9,433)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(9,433)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(17,000)	17,000	(958,884)	0	0	0	0	0	0	0	0	(958,884)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(669)	0	0	0	0	0	0	0	0	0	0	(669)	20
21	Clerical & General Office Expenses	(8,000)	8,676	958,884	0	0	0	0	0	0	0	0	959,560	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	49,254	0	0	0	0	0	0	0	0	0	49,254	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(25,669)</b>	<b>74,930</b>	<b>0</b>	<b>49,261</b>	<b>28</b>								
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(35,102)</b>	<b>74,930</b>	<b>0</b>	<b>39,828</b>	<b>29</b>								

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Wealshire# 0040956

Report Period Beginning:

1/1/2012

Ending:

12/31/12

## 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	(86,255)	687,238	0	0	0	0	0	0	0	0	0	600,983	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,881)	589,806	0	0	0	0	0	0	0	0	0	584,925	32
33	Real Estate Taxes	0	154,567	0	0	0	0	0	0	0	0	0	154,567	33
34	Rent-Facility & Grounds	0	(1,081,606)	0	0	0	0	0	0	0	0	0	(1,081,606)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(91,136)</b>	<b>350,005</b>	<b>0</b>	<b>258,869</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	0	0	0	0	0	0	0	0	0	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):*	(386,503)	0	0	0	0	0	0	0	0	0	0	(386,503)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(386,503)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(386,503)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(512,741)	424,935	0	0	0	0	0	0	0	0	0	(87,806)	45

Facility Name & ID Number The Wealshire

# 0040956

Report Period Beginning:

1/1/2012

Ending:

12/31/12

**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
<u>Arnold Goldberg</u>	<u>99.0</u>	<u>The Ponds of Wealshire</u>	<u>Lincolnshire</u>	<u>Lincolnshire Properties</u>	<u>Lincolnshire</u>	<u>Bldg Prtnrshp</u>
<u>The Wealshire Inc.</u>	<u>1.0</u>			<u>Alexander Blake</u>	<u>Northbrook</u>	<u>Mgmt Co.</u>

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)	
<u>1</u>	<u>V</u>	<u>34 Rent</u>	<u>\$ 1,081,606</u>	<u>Lincolnshire Properties, LP</u>	<u>0.00%</u>	<u>\$</u>	<u>\$ (1,081,606)</u>	<u>1</u>
<u>2</u>	<u>V</u>	<u>17 Management Fees</u>		<u>Lincolnshire Properties, LP</u>	<u>0.00%</u>	<u>17,000</u>	<u>17,000</u>	<u>2</u>
<u>3</u>	<u>V</u>	<u>21 Bank Charges</u>		<u>Lincolnshire Properties, LP</u>	<u>0.00%</u>	<u>676</u>	<u>676</u>	<u>3</u>
<u>4</u>	<u>V</u>	<u>21 Miscellaneous</u>		<u>Lincolnshire Properties, LP</u>	<u>0.00%</u>	<u>8,000</u>	<u>8,000</u>	<u>4</u>
<u>5</u>	<u>V</u>	<u>26 Insurance</u>		<u>Lincolnshire Properties, LP</u>	<u>0.00%</u>	<u>49,254</u>	<u>49,254</u>	<u>5</u>
<u>6</u>	<u>V</u>	<u>33 Real Estate Taxes</u>		<u>Lincolnshire Properties, LP</u>	<u>0.00%</u>	<u>154,567</u>	<u>154,567</u>	<u>6</u>
<u>7</u>	<u>V</u>	<u>30 Book Depreciation</u>		<u>Lincolnshire Properties, LP</u>	<u>0.00%</u>	<u>687,238</u>	<u>687,238</u>	<u>7</u>
<u>8</u>	<u>V</u>	<u>32 Interest Expense</u>		<u>Lincolnshire Properties, LP</u>	<u>0.00%</u>	<u>589,806</u>	<u>589,806</u>	<u>8</u>
<u>9</u>	<u>V</u>							<u>9</u>
<u>10</u>	<u>V</u>							<u>10</u>
<u>11</u>	<u>V</u>							<u>11</u>
<u>12</u>	<u>V</u>							<u>12</u>
<u>13</u>	<u>V</u>							<u>13</u>
<u>14</u>	<b>Total</b>		<b>\$ 1,081,606</b>			<b>\$ 1,506,541</b>	<b>\$ * 424,935</b>	<b>14</b>

\* 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	17 Management Fees	\$ 1,052,797	Alexander Blake Company	0.00%	\$	\$ (1,052,797)
16	V	17 Administrator Salaries		Alexander Blake Company	0.00%	93,913	93,913
17	V	21 Administrative Salaries		Alexander Blake Company	0.00%	958,660	958,660
18	V	21 Other Administrative Expenses		Alexander Blake Company	0.00%	224	224
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
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		\$ 1,052,797			\$ 1,052,797	\$ *

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

Facility Name & ID Number The Wealshire # 0040956 Report Period Beginning: 1/1/2012 Ending: 12/31/12

## 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	Arnold Goldberg	Owner	Administrative	99.00	None	35	79.20	Salary	\$ 631,270	L17, C3	1
2	Josh Goldberg	Administrator	Administrative	0.00	None	40	100.00	Salary	93,913	L17, C3	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 725,183		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 The Wealshire

# 0040956 Report Period Beginning: 1/1/2012 Ending: 12/31/12

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 \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

The Wealshire

# 0040956

Report Period Beginning:

1/1/2012

Ending:

12/31/12

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	Name of Lender	2		3	4	5	6		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	HUD Cambridge Capital		X	Mortgage Loan	\$62,944.00	10/18/07	\$ 10,746,400	\$ 10,245,854	9/18/42	0.0250	\$ 589,806						
2																	
3																	
4																	
5																	
<b>Working Capital</b>																	
6	Omnicare		X	Working Capital	\$14,560.00	3/15/11	435,521	130,066	12/15/13	0.0510	214						
7																	
8																	
9	<b>TOTAL Facility Related</b>				\$77,504.00		\$ 11,181,921	\$ 10,375,920			\$ 590,020						
<b>B. Non-Facility Related*</b>																	
10																	
11											Interest income offset						
12											(4,881)						
13																	
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(4,881)						
15	<b>TOTALS (line 9+line14)</b>						\$ 11,181,921	\$ 10,375,920			\$ 585,139						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 49,404 Line # 26

\* 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.)



## 2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Wealshire COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0040956

CONTACT PERSON REGARDING THIS REPORT : Mike Brogan

TELEPHONE (224)543-7100 FAX #: (847) 883-9028

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

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>15-15-200-262</u>	<u>Skilled Nursing Facility</u>	\$ <u>154,566.92</u>	\$ <u>154,566.92</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>154,566.92</u></u>	\$ <u><u>154,566.92</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

**PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**

Facility Name & ID Number The Wealshire

# 0040956

Report Period Beginning:

1/1/2012 Ending:

12/31/12

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 62,477 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories 1

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).

The Ponds of Wealshire

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: N/A 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>Facility</u>	<u>273,375</u>	<u>1994</u>	<u>\$ 970,925</u>	1
2					2
3	<b>TOTALS</b>	<u>273,375</u>		<u>\$ 970,925</u>	3

**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	144	1995	1995	\$ 11,521,031	\$	20	\$ 576,052	\$ 576,052	\$ 10,008,903	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	<b>Lincolnshire Properties:</b>									9
10	Music System		1999	33,003		20	1,650	1,650	12,987	10
11	Sidewalk		1999	4,660		20	233	233	2,704	11
12	Patio		2001	5,200		20	260	260	2,299	12
13	Sidewalk		2001	2,325		20			2,325	13
14	Carpeting		2002	12,473		20			4,862	14
15	Sprinkler System		2002	6,805		20	340	340	4,747	15
16	Remodeling		2003	20,650		20	1,033	1,033	8,373	16
17	Signage		2004	6,000		7			6,000	17
18	Remodeling-Windows PB		2004	9,411		15			9,411	18
19	Remodeling Kitchen -CC		2004	34,889		7			34,889	19
20	Telephone Equipment		2006	9,460		7	1,351	1,351	9,458	20
21	Lighting		2006	24,655		7	3,522	3,522	24,654	21
22	Carpets		2006	23,788		5			23,788	22
23	Roof Repairs		2008	21,880		15	1,459	1,459	7,295	23
24	Boiler		2008	122,706		27.5	4,462	4,462	22,310	24
25	Paving		2008	43,663		15	2,911	2,911	14,555	25
26	Flooring		2009	58,489		15	3,899	3,899	15,596	26
27	Tuscany Kitchen Countertops & Cabinets/new nurses station		2009	71,584		15	4,772	4,772	19,088	27
28	Barcelona Kitchen Countertops & Cabinets/new nurses station		2009	87,759		15	5,851	5,851	23,404	28
29	Flooring		2009	23,709		15	1,581	1,581	6,324	29
30	Piping		2009	5,510		15	367	367	1,468	30
31	Nurses Station Remodel		2010	87,116		20	4,356	4,356	13,068	31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number The Wealshire

# 0040956

Report Period Beginning:

1/1/2012

Ending:

12/31/12

**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	Leasehold Improvements	1995	\$ 34,126	\$	20	\$ 1,706	\$ 1,706	\$ 28,455	37
38	Leasehold Improvements	1996	4,059		20	203	203	3,239	38
39	Leasehold Improvements	1998	3,993		20			3,993	39
40	Alarm System	1999	9,183		20	459	459	5,859	40
41	Security System	1999	4,427		20	221	221	2,802	41
42	Cabling/Windows/Cabinets/Lumber/Fire Safety/Etc/	2000	23,775		20	1,189	1,189	14,352	42
43	Sign	2000	1,611		20	81	81	242	43
44	Boiler Work	2000	871		20	44	44	528	44
45	Bearing & Assembling	2001	1,136		20	57	57	665	45
46	Pump w/ Motor	2001	704		20	35	35	394	46
47	Comperssor	2001	1,797		20	90	90	1,043	47
48	Boiler Work	2001	1,722		20	86	86	1,025	48
49	Boiler Work	2001	1,008		20	50	50	596	49
50	Roof Repair	2001	500		20	25	25	272	50
51	Phone System	2001	1,713		20	86	86	981	51
52	Blacktop & Patch	2001	4,799		20	240	240	2,880	52
53	Carpeting	2002	1,158		20	58	58	470	53
54	Exterior Doors	2002	9,700		20	485	485	4,416	54
55	Boiler Repairs	2002	8,124		20	406	406	4,466	55
56	Sprinkler System	2002	950		20	48	48	576	56
57	Blacktop Repair	2002	2,799		20	140	140	896	57
58	Boiler Repairs	2002	1,077		20			1,077	58
59	Pump & Boiler Repairs	2002	3,376		20	169	169	1,859	59
60	Fire Safety Upgrades	2003	9,901		20	495	495	6,055	60
61	Sewage Ejectors/Disposer/Pump	2003	12,848		20	642	642	5,441	61
62	Boris Barbaric - Painting	2003	5,950		5			5,950	62
63	Telephone Lines	2003	4,229		20	211	211	2,005	63
64	Irrigation System Booster Pump/Heads	2004	2,109		39	54	54	383	64
65	Upgrade Boiler Controls	2004	5,530		39	142	142	1,018	65
66	Signage	2005	2,788		20	139	139	578	66
67	Handicap Ramp	2005	1,700		20	85	85	301	67
68	Landscape Lighting	2005	7,022		20	351	351	1,168	68
69	Chiller Replacement Excess	2005	5,000		15	333	333	1,582	69
70	TOTAL (lines 4 thru 69)		\$ 12,416,451	\$		\$ 622,429	\$ 622,429	\$ 10,384,075	70

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

Facility Name &amp; ID Number The Wealshire

# 0040956

Report Period Beginning:

1/1/2012

Ending:

12/31/12

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 12,416,451	\$		\$ 622,429	\$ 622,429	\$ 10,384,075	1
2	New HVAC Coil	2006	7,128		10	713	713	4,634	2
3	New HVAC Coil	2006	6,414		10	641	641	4,702	3
4	Signage	2006	2,274		10	227	227	1,306	4
5	Capitalized Telephone System	2008	173,195		20	8,660	8,660	36,083	5
6	Doors	2009	10,284		15	343	343	1,372	6
7	Fountain	2009	38,500		15	428	428	1,712	7
8	Concrete Pad	2009	17,394		39	74	74	296	8
9	Backsplash	2009	15,305		15	85	85	340	9
10	Roof Repairs	2011	11,360		20	568	568	1,136	10
11	Tile for 4 bathroom remodels	2011	18,300		15	1,220	1,220	2,440	11
12	Kitchen Backsplash	2011	5,000		15	333	333	666	12
13	Privacy Screens	2011	8,161		15	544	544	1,088	13
14	Closets for patients	2011	3,840		15	256	256	512	14
15	Sidewalk and retaining wall repairs	2012	16,800		15	560	560	560	15
16	Shower Remodel (Tiling, drain repair, etc.)	2012	52,969		15	1,766	1,766	1,766	16
17	Unit Remodel-Melbourne Household	2012	33,469		15	1,116	1,116	1,116	17
18	Boiler repair	2012	10,840		15	361	361	361	18
19	Tiling (Entrances and Elevators)	2012	5,700		15	190	190	190	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29	Book Depreciation			81,524			(81,524)		29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,853,384	\$ 81,524		\$ 640,514	\$ 558,990	\$ 10,444,355	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	\$ 1,911,794	\$ 24,023	\$ 58,573	\$ 34,550	3-20 yrs	\$ 1,653,403	71
72	Current Year Purchases	118,912	5,946	5,946		10 yrs	5,946	72
73	Fully Depreciated Assets	303,261					303,261	73
74	<u>Lincolnshire Properties</u>							74
75	TOTALS	\$ 2,333,967	\$ 29,969	\$ 64,519	\$ 34,550		\$ 1,962,610	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	<u>Maintenance</u>	<u>2011 Chevy Silverdo</u>	<u>2011</u>	\$ 35,594	\$ 5,932	\$ 5,932		5	\$ 35,594	76
77	<u>Resident Transportation</u>	<u>2012 Ford E-250</u>	<u>2012</u>	46,950	7,443	7,443		5	7,443	77
78										78
79										79
80	TOTALS			\$ 82,544	\$ 13,375	\$ 13,375			\$ 43,037	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 16,240,820	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 124,868	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 718,408	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 593,540	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,450,002	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	<u>LINCONSHIRE PROPERTIES</u>	\$	\$	\$	86
87	<u>COMPLETION OF BLDG 1996</u>	58,161	1,491	24,664	87
88	<u>LANDSCAPING</u>	68,503	4,242	52,041	88
89	<u>BUILDING 1997 SECT 754</u>	4,185,474	55,734	1,271,078	89
90					90
91	TOTALS	\$ 4,312,138	\$ 61,467	\$ 1,347,783	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93	<u>N/A</u>		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.

Facility Name & ID Number The Wealshire

# 0040956

Report Period Beginning: 1/1/2012

Ending: 12/31/12

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

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: \$ \_\_\_\_\_ Description: N/A

(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			\$	\$	17
18	<u>N/A</u>				18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number The Wealshire # 0040956 Report Period Beginning: 1/1/2012 Ending: 12/31/12  
**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides.                  If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

- (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	10A(3)	hrs	\$	15,628	\$ 882,354	\$	15,628	\$ 882,354	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		4,245	230,616		4,245	230,616	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2), 10A(3)	hrs		18,208	981,398	3,338	18,208	984,736	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescripts				724,729		724,729	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Rehabilitation Nurse</u>		1995 hrs	61,527				1,995	61,527	12
13	Other (specify): <u>Massage Therapy</u>				10	505		10	505	13
14	TOTAL			\$ 61,527	38,090	\$ 2,094,873	\$ 728,067	40,085	\$ 2,884,467	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.

Facility Name & ID Number The Wealshire# 0040956Report Period Beginning: 1/1/2012

Ending:

12/31/12

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,559,658	\$ 2,664,372	1
2	Cash-Patient Deposits	57,020	57,020	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>None</u> )	2,225,130	2,225,130	3
4	Supply Inventory (priced at <u>Cost</u> )	17,660	17,660	4
5	Short-Term Investments			5
6	Prepaid Insurance	128,386	197,421	6
7	Other Prepaid Expenses	45,010	53,010	7
8	Accounts Receivable (owners or related parties)	372,513	1,765,821	8
9	Other(specify): <u>Employee Loans</u>	700	791,299	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 5,406,077	\$ 7,771,733	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		970,925	13
14	Buildings, at Historical Cost	24,380	11,461,964	14
15	Leasehold Improvements, at Historical Cost	341,642	954,487	15
16	Equipment, at Historical Cost	1,064,369	2,416,511	16
17	Accumulated Depreciation (book methods)	(880,038)	(12,450,002)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):		495,560	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 550,353	\$ 3,849,445	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 5,956,430	\$ 11,621,178	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,828,813	\$ 1,896,944	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	108,020	108,020	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	104,914	104,914	30
31	Accrued Taxes Payable (excluding real estate taxes)	79,096	79,096	31
32	Accrued Real Estate Taxes(Sch.IX-B)		145,000	32
33	Accrued Interest Payable		22,574	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accrued Management Fees</u>	546,437	546,437	36
37	<u>Due to Affiliates</u>	1,376,009	1,376,009	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 4,043,289	\$ 4,278,994	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	130,066	130,066	39
40	Mortgage Payable		10,245,854	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Deferred Revenue</u>	13,900	13,900	43
44	<u>Long Term Capital Lease</u>	32,694	32,694	44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 176,660	\$ 10,422,514	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 4,219,949	\$ 14,701,508	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 1,736,481	\$ (3,080,330)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 5,956,430	\$ 11,621,178	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,369,752	1
2	Restatements (describe):		2
3	Prior Period Adjustments	(21,889)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,347,863	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	1,054,094	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	(1,665,476)	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)	\$ (611,382)	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)	\$ 1,736,481	24 *

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

Facility Name & ID Number The Wealshire# 0040956Report Period Beginning: 1/1/2012Ending: 12/31/12

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 13,990,717	1
2	Discounts and Allowances for all Levels	(3,101,500)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 10,889,217</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,352,366	6
7	Oxygen	840	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 4,353,206</b>	<b>8</b>
<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	20,070	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	873,959	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	179,351	19
20	Radiology and X-Ray	29,372	20
21	Other Medical Services	340,909	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,443,661</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	4,881	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 4,881</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28		9,433	28
28a		1,800	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 11,233</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 16,702,198</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,135,047	31
32	Health Care	7,951,020	32
33	General Administration	3,119,820	33
<b>B. Capital Expense</b>			
34	Ownership	1,199,245	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,163,736	35
36	Provider Participation Fee	79,236	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 15,648,104</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>1,054,094</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 1,054,094</b>	<b>43</b>

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,063,239	44
45	Private Pay - Net Inpatient Revenue	3,935,520	45
46	Medicare - Net Inpatient Revenue	5,205,101	46
47	Other-(specify) <u>Insurance</u>	685,357	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 10,889,217</b>	<b>49</b>

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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 The Wealshire

# 0040956

Report Period Beginning:

1/1/2012

Ending:

12/31/12

**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	2,000	2,080	\$ 113,000	\$ 54.33	1
2	Assistant Director of Nursing					2
3	Registered Nurses	74,936	89,373	2,350,363	26.30	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	163,612	196,248	2,260,899	11.52	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,648	1,995	61,527	30.84	8
9	Activity Director					9
10	Activity Assistants	12,893	14,006	203,797	14.55	10
11	Social Service Workers	5,467	5,681	110,739	19.49	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	22,120	23,418	322,912	13.79	15
16	Dishwashers					16
17	Maintenance Workers	6,045	6,455	140,720	21.80	17
18	Housekeepers	48,967	53,355	589,074	11.04	18
19	Laundry	3,191	3,593	37,966	10.57	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,492	16,623	334,911	20.15	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,621	2,779	63,805	22.96	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Sch 20A</u>	13,844	14,511	444,099	30.60	33
34	TOTAL (lines 1 - 33)	372,836	430,117	\$ 7,033,812 *	\$ 16.35	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 12,341	L1, C3	35
36	Medical Director	Monthly	79,600	L9, C3	36
37	Medical Records Consultant	Monthly	627	L10, C3	37
38	Nurse Consultant	Monthly	9,561	L10, C3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 102,129		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	N/A			51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

The Wealshire

Period Beginning 1/1/2012  
Period End 12/31/12

Schedule 20A

XVIII. Staffing and Salary Costs

	<b># of Hrs. Actually Worked</b>	<b># of Hrs. Paid and Accrued</b>	<b>Reporting Period Total Salaries, Wages</b>	<b>Average Hourly Wage</b>
Care Plan Coordinator	3,504	3,754	146,029	38.90
Nursing Supervisor	3,978	4,196	115,968	27.64
Transportation	1,475	1,569	18,043	11.50
Admissions	3,653	3,744	114,869	30.68
Marketing	1,234	1,248	49,190	39.42
<b>TOTAL</b>	<b>13,844</b>	<b>14,511</b>	<b>444,099</b>	

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Josh Goldberg	Administrator	0	\$ 93,913	Workers' Compensation Insurance	\$ 225,846	IDPH License Fee	\$	
(Included in Allocation from Mgmt Co.)				Unemployment Compensation Insurance	75,193	Advertising: Employee Recruitment	5,105	
				FICA Taxes	580,869	Health Care Worker Background Check		
				Employee Health Insurance	149,899	(Indicate # of checks performed <u>27</u> )	270	
				Employee Meals		Patient Background Checks	640 3,053	
				Illinois Municipal Retirement Fund (IMRF)*		Licenses	4,718	
				401(k) Employer Contributions		Dues and Subscriptions	4,405	
				Life Insurance	101,704			
				Employee Relations ( Awards, Holiday and	36,972			
				Awards celebrations Holiday gifts)				
				Employee Physicals	781			
						Less: Public Relations Expense	(669)	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 93,913					
(List each licensed administrator separately.)				TOTAL (agree to Schedule V,	\$ 1,171,264	TOTAL (agree to Sch. V,	\$ 16,882	
				line 22, col.8)		line 20, col. 8)		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fee (Eliminated in Column 7)			\$ 1,052,797				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,052,797				Seminar Expense	8,337
(Attach a copy of any management service agreement)								
C. Professional Services				TOTAL			Entertainment Expense ( )	
Vendor/Payee	Type		Amount				(agree to Sch. V,	
Polsinelli Shugart	Legal Fees		\$ 360				line 24, col. 8)	\$ 8,337
Ash, Anos, Freedman & Logan	Legal Fees		6,332					
Duane Morris, LLP	Legal Fees		14,379					
Law Offices Segal & Segal	Legal Fees		14,114					
Law Offices of Eugene Hollander	Legal Fees		756					
Kristine Geggie	Interior Design		5,363					
ADP	Payroll Processing		15,755					
Frost, Ruttenberg & Rothblatt	Accountants		3,510					
Behles & Behles	Architect Fees		490					
Rehab Management Systems	Reimbursement Consultant		31,200					
Callero & Callero LLP	401k Audit		6,800					
See Attached P 21 A			34,976					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 134,035					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

\* Attach copy of IMRF notifications

\*\*See instructions.

The Wealshire

0040956

Period Beginning 1/1/2012

Period End 12/31/12

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Vendor/Payee	Type	Amount
Personnel Planners	Unemployment Consultant	1,405
Howard, Wershale & Co	Computer Consulting	6,464
NF and Associates, Inc	Health Benefit Consulting	2,180
Michigan Peer Review Organization	Survey Consulting	6,460
Benetech, Inc	Benefit Plan Administrator	3,775
KPMG LLP	Computer Services	505
Leonard Manewith	Accountant	6,625
Computrition Inc	Computer Consulting	112
Osman Consulting	Survey Consulting	5,000
Jennifer Spino	REAC Inspection	2,450
Total		<u>34,976</u>

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		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	N/A											
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number The Wealshire

# 0040956

Report Period Beginning:

1/1/2012

Ending:

12/31/12

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No  
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 52,165 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 79,236  
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. \$ 0 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. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 53%  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out 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.