

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	9,966	296	8,620	18,882	8
9	SNF/PED					9
10	ICF	58,077	974	178	59,229	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	68,043	1,270	8,798	78,111	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.33%

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)

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 5,226

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: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name & ID Number

Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	322,527	33,641	22,800	378,968	3,008	381,976	(5,653)	376,323		1
2	Food Purchase		490,110		490,110	(31,853)	458,257	(23,070)	435,187		2
3	Housekeeping	295,604	65,896		361,500	3,511	365,011	11,703	376,714		3
4	Laundry	75,158	32,000	16,531	123,689	341	124,030		124,030		4
5	Heat and Other Utilities			268,741	268,741		268,741	3,734	272,475		5
6	Maintenance	59,509		262,520	322,029		322,029	48,342	370,371		6
7	Other (specify):* Related Party							12,802	12,802		7
8	TOTAL General Services	752,798	621,647	570,592	1,945,037	(24,993)	1,920,044	47,858	1,967,902		8
	B. Health Care and Programs										
9	Medical Director			42,750	42,750		42,750		42,750		9
10	Nursing and Medical Records	3,405,192	250,546	23,692	3,679,430	(18,642)	3,660,788	61,833	3,722,621		10
10a	Therapy	196,150	619	11,787	208,556		208,556		208,556		10a
11	Activities	505,631	12,875	3,376	521,882	848	522,730		522,730		11
12	Social Services	100,759			100,759		100,759		100,759		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							10,835	10,835		15
16	TOTAL Health Care and Programs	4,207,732	264,040	81,605	4,553,377	(17,794)	4,535,583	72,668	4,608,251		16
	C. General Administration										
17	Administrative	147,177			147,177		147,177	182,709	329,886		17
18	Directors Fees										18
19	Professional Services			990,526	990,526	(584)	989,942	(872,280)	117,662		19
20	Dues, Fees, Subscriptions & Promotions			96,464	96,464		96,464	(75,957)	20,507		20
21	Clerical & General Office Expenses	219,434	26,326	134,172	379,932	2,163	382,095	401,282	783,377		21
22	Employee Benefits & Payroll Taxes			1,064,911	1,064,911	7,646	1,072,557	(11,581)	1,060,976		22
23	Inservice Training & Education										23
24	Travel and Seminar			172	172		172	1,844	2,016		24
25	Other Admin. Staff Transportation			3,921	3,921		3,921	24,863	28,784		25
26	Insurance-Prop.Liab.Malpractice			392,445	392,445		392,445	10,783	403,228		26
27	Other (specify):* Related Party			250,480	250,480		250,480	(159,187)	91,293		27
28	TOTAL General Administration	366,611	26,326	2,933,091	3,326,028	9,225	3,335,253	(497,524)	2,837,729		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,327,141	912,013	3,585,288	9,824,442	(33,562)	9,790,880	(376,998)	9,413,882		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 Alden Wentworth Rehab & HCC

#0026435

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

12/31/2013

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	
	D. Ownership											
30	Depreciation			102,187	102,187		102,187	347,920	450,107			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			232,649	232,649		232,649	273,196	505,845			32
33	Real Estate Taxes			378,272	378,272	(378,272)		428,016	428,016			33
34	Rent-Facility & Grounds			585,834	585,834	378,272	964,106	(964,106)				34
35	Rent-Equipment & Vehicles			51,106	51,106		51,106	82,180	133,286			35
36	Other (specify):*							56,918	56,918			36
37	TOTAL Ownership			1,350,048	1,350,048		1,350,048	224,124	1,574,172			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		429,742	876,603	1,306,345	33,562	1,339,907	(50,601)	1,289,306			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			603,512	603,512		603,512		603,512			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		429,742	1,480,115	1,909,857	33,562	1,943,419	(50,601)	1,892,818			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,327,141	1,341,755	6,415,451	13,084,347		13,084,347	(203,475)	12,880,872			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		(31,853.00)	Employee Meals
	22	31,853.00	Employee Meals
22		(24,207.00)	Uniforms
	1	2,424.00	Uniforms
	3	3,511.00	Uniforms
	4	341.00	Uniforms
	6	0.00	Uniforms
	10	14,920.00	Uniforms
	11	848.00	Uniforms
	21	2,163.00	Uniforms
10		(33,562.00)	Oxygen - to appropriate cost center
	39	33,562.00	Oxygen - to appropriate cost center
33		(378,272.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	378,272.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(584.00)	Linda Roberts
	1	584.00	Linda Roberts

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(9,512)	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	(2,672)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(429)	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	(34,640)	21		17
18	Fines and Penalties	(71)	32		18
19	Entertainment	(4,287)	20		19
20	Contributions	(8,542)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,938)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(250,480)	27		24
25	Fund Raising, Advertising and Promotional	(32,756)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (344,959)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	410,007	Various	34
35	Other- Attach Schedule	(268,523)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 141,484		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (203,475)		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
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		x	\$	38
39			x		39
40	Gift and Coffee Shops		x		40
41	Barber and Beauty Shops		x		41
42	Laboratory and Radiology		x		42
43	Prescription Drugs		x		43
44			x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

Alden Wentworth Rehab & HCC

ID# 0026435

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilites	\$ (1,118)	5	1
2	Fku Shots	(228)	21	2
3	Intercompany Interest not allowed	(227,531)	32	3
4	Misc Income (Record copies)	(60)	10	4
5	Misc Income (Jury Duty)	(52)	21	5
6	Misc Income (Sheriff Refund)	(30)	19	6
7	Marketing Manager & Aides (GL#6701-100-009)	(57,931)	21	7
8	Back out % Employee Benefit for Mktg Manager	(11,581)	22	8
9	Back out 30% PAC Fees from IHCA bills	(2,346)	20	9
10	Back Out Bank Charges - Wentworth LLC	(144)	21	10
11	Eliminate Legal fees for Group Midcap Charge	(2,652)	19	11
12	Eliminate Acctng fees for Group Midcap Charge	(2,540)	19	12
13	Back out R/E Tax refund	40,496	33	13
14	Elim deprec exp on Pg 12 items < \$2,500 - WW	(4,476)	30	14
15	Exp PG 5 capital items <\$2,500 on Pg 12 - WW	0	6	15
16	Elim deprec exp on Pg 13 items < \$2,500 - WW	(17,735)	30	16
17	Expense item <\$2,500 on Pg 13 items - WW	18,691	6	17
18	Correct YTD Depreciation	(56)	30	18
19	Adj for ABC related party profit for 2011 - Page 12	51	30	19
20	Adj for ABC related party profit for 2012 - Page 12	121	30	20
21	Adj for ABC related party profit for 2013 - Page 12	38	30	21
22	Eliminate prior year credit	560	24	22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(268,523)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	4,175	(9,828)	0	0	0	0	0	0	0	(5,653)	1
2	Food Purchase	(429)	0	0	(22,641)	0	0	0	0	0	0	0	(23,070)	2
3	Housekeeping	0	0	11,703	0	0	0	0	0	0	0	0	11,703	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,118)	0	4,852	0	0	0	0	0	0	0	0	3,734	5
6	Maintenance	9,179	1,775	36,914	0	0	0	474	0	0	0	0	48,342	6
7	Other (specify):*	0	0	11,089	1,713	0	0	0	0	0	0	0	12,802	7
8	TOTAL General Services	7,632	1,775	68,733	(30,756)	0	0	474	0	0	0	0	47,858	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(60)	0	70,318	1,351	(9,776)	0	0	0	0	0	0	61,833	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	10,835	0	0	0	0	0	0	0	0	10,835	15
16	TOTAL Health Care and Programs	(60)	0	81,153	1,351	(9,776)	0	0	0	0	0	0	72,668	16
	C. General Administration													
17	Administrative	0	0	182,709	0	0	0	0	0	0	0	0	182,709	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,160)	26,316	(891,436)	0	0	0	0	0	0	0	0	(872,280)	19
20	Fees, Subscriptions & Promotions	(47,931)	309	(28,335)	0	0	0	0	0	0	0	0	(75,957)	20
21	Clerical & General Office Expenses	(92,995)	144	429,375	36,049	28,709	0	0	0	0	0	0	401,282	21
22	Employee Benefits & Payroll Taxes	(11,581)	0	0	0	0	0	0	0	0	0	0	(11,581)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	560	0	1,284	0	0	0	0	0	0	0	0	1,844	24
25	Other Admin. Staff Transportation	0	0	24,863	0	0	0	0	0	0	0	0	24,863	25
26	Insurance-Prop.Liab.Malpractice	0	10,431	352	0	0	0	0	0	0	0	0	10,783	26
27	Other (specify):*	(250,480)	0	85,406	3,684	2,203	0	0	0	0	0	0	(159,187)	27
28	TOTAL General Administration	(409,587)	37,200	(195,782)	39,733	30,912	0	0	0	0	0	0	(497,524)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(402,015)	38,975	(45,896)	10,328	21,136	0	474	0	0	0	0	(376,998)	29

STATE OF ILLINOIS

Facility Name & ID Number Alden Wentworth Rehab & HCC# 0026435

Report Period Beginning:

01/01/2013 Ending:

Summary B

12/31/2013

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(21,689)	360,533	9,076	0	0	0	0	0	0	0	0	347,920	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(230,274)	261,262	241,440	0	768	0	0	0	0	0	0	273,196	32
33	Real Estate Taxes	40,496	378,272	8,945	0	303	0	0	0	0	0	0	428,016	33
34	Rent-Facility & Grounds	0	(964,106)	0	0	0	0	0	0	0	0	0	(964,106)	34
35	Rent-Equipment & Vehicles	0	0	82,180	0	0	0	0	0	0	0	0	82,180	35
36	Other (specify):*	0	56,918	0	0	0	0	0	0	0	0	0	56,918	36
37	TOTAL Ownership	(211,467)	92,879	341,641	0	1,071	0	0	0	0	0	0	224,124	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(68,726)	(50,136)	68,261	0	0	0	0	0	(50,601)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(68,726)	(50,136)	68,261	0	0	0	0	0	(50,601)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(613,482)	131,854	295,745	(58,398)	(27,929)	68,261	474	0	0	0	0	(203,475)	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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 964,106	Alden - Wentworth, LLC	0.00%	\$	\$ (964,106)	1
2	V	32 Investment/Interest Income	2,495	Alden - Wentworth, LLC			(2,495)	2
3	V	19 Accounting Fees		Alden - Wentworth, LLC		6,250	6,250	3
4	V	21 Bank Fees		Alden - Wentworth, LLC		144	144	4
5	V	20 Annual Report Fee		Alden - Wentworth, LLC		309	309	5
6	V	33 Real Estate Tax Expense		Alden - Wentworth, LLC		378,272	378,272	6
7	V	26 General Insurance Expense		Alden - Wentworth, LLC		10,431	10,431	7
8	V	36 Mortgage Insurance Premium		Alden - Wentworth, LLC		56,918	56,918	8
9	V	32 Interest on Loan- Mortgage & other		Alden - Wentworth, LLC		261,229	261,229	9
10	V	30 Depreciation Expense		Alden - Wentworth, LLC		360,533	360,533	10
11	V	32 Amortization Expense		Alden - Wentworth, LLC		2,528	2,528	11
12	V	19 Legal Fees Non-Collections		Alden - Wentworth, LLC		20,066	20,066	12
13	V	6 Repl Reserve - R&M		Alden - Wentworth, LLC		1,775	1,775	13
14	Total		\$ 966,601			\$ 1,098,455	\$ * 131,854	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%	\$ 4,852	\$	4,852	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,284		1,284	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		24,863		24,863	17
18	V	26 Insurance		Alden Management Services, Inc.		352		352	18
19	V	20 Dues & Subscriptions	32,562	Alden Management Services, Inc.		4,227		(28,335)	19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076		9,076	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		8,945		8,945	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		82,180		82,180	22
23	V	32 Interest		Alden Management Services, Inc.		241,440		241,440	23
24	V	1 Dietary		Alden Management Services, Inc.		4,175		4,175	24
25	V	3 Housekeeping		Alden Management Services, Inc.		11,703		11,703	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		11,089		11,089	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		70,318		70,318	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		10,835		10,835	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		182,709		182,709	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		85,406		85,406	30
31	V	19 Professional Fees	966,335	Alden Management Services, Inc.		74,899		(891,436)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		429,375		429,375	32
33	V	6 Repair & Maint	43,732	Alden Management Services, Inc.		80,646		36,914	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,042,629			\$ 1,338,374	\$ *	295,745	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet Consultant	\$ 22,800	Prism Health Care Sevices, Inc.	0.00%	\$ 71	\$ (22,729)
16	V	1 Dietary salary		Prism Health Care Sevices, Inc.		12,901	12,901
17	V	2 Tube Feeding	60,755	Prism Health Care Sevices, Inc.		38,114	(22,641)
18	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		8,011	1,351
19	V	39 Supplies	130,003	Prism Health Care Sevices, Inc.		61,277	(68,726)
20	V	39 Vent Rental		Prism Health Care Sevices, Inc.			
21	V	21 Salary G & A		Prism Health Care Sevices, Inc.		21,239	21,239
22	V	27 Employee Benefit		Prism Health Care Sevices, Inc.		3,684	3,684
23	V	7 Employee Benefit		Prism Health Care Sevices, Inc.		1,713	1,713
24	V	21 G & A		Prism Health Care Sevices, Inc.		14,810	14,810
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		\$ 220,218			\$ 161,820	\$ * (58,398)

* 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>	\$ 172,888	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 142,683	\$ (30,205)
16	V	39 <u>I.V. Drugs</u>	98,041	<u>Forum Extended Care Services II, Inc.</u>		80,912	(17,129)
17	V	39 <u>Wound Care</u>	16,037	<u>Forum Extended Care Services II, Inc.</u>		13,235	(2,802)
18	V	10 <u>House Stock</u>	48,753	<u>Forum Extended Care Services II, Inc.</u>		40,235	(8,518)
19	V	10 <u>Pharmacy Consultant</u>	7,200	<u>Forum Extended Care Services II, Inc.</u>		5,942	(1,258)
20	V	27 <u>Employee Vaccination</u>	2,912	<u>Forum Extended Care Services II, Inc.</u>		2,404	(508)
21	V	27 <u>Employee Benefit - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,711	2,711
22	V	21 <u>Salary - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		18,108	18,108
23	V	21 <u>General Administration</u>		<u>Forum Extended Care Services II, Inc.</u>		10,601	10,601
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		768	768
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		303	303
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		\$ 345,831			\$ 317,902	\$ * (27,929)

* 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	\$ 734,459	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 802,720	\$ 68,261	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		\$ 734,459			\$ 802,720	\$ *	68,261	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	\$ 35,192	Alden Bennett Construction Company, Inc.	0.00%	\$ 35,666	\$	474	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		\$ 35,192			\$ 35,666	\$ *	474	39

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

Facility Name & ID Number

Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

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

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	174,045	2.368	5.92	Salary	\$ 10,955	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,554	2.368	5.92	Salary	4,126	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,158	2.368	5.92	Salary	2,402	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	98,988	2.368	5.92	Salary	6,230	17-7	4
5	Audra Elisco	Training Coordinator	Train employees	0.00	53,957	2.368	5.92	Salary	3,396	21-7	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	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our quality assurance.										11
12											12
13								TOTAL	\$ 27,109		13

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

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

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435 Report Period Beginning: 01/01/2013

Ending: 2/31/2013

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 (773-286-3883
 Fax Number (773-286-8038

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	1,319,137	35	\$ 81,942	\$ 78,111	\$ 4,852	1
2	24	Travel/Seminar	Patient days	1,319,137	35	21,681	78,111	1,284	2
3	25	Other Admin Travel	Patient days	1,319,137	35	419,878	78,111	24,863	3
4	26	Insurance	Patient days	1,319,137	35	5,945	78,111	352	4
5	20	Dues/Subscriptions	Patient days	1,319,137	35	71,386	78,111	4,227	5
6	30	Depreciation	No. of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real Estate Tax	Patient days/usage	1,319,137	35	171,267	78,111	8,945	7
8	35	Rent-Equip & Vehicles	Patient days	1,319,137	35	1,387,861	78,111	82,180	8
9	32	Interest	Patient days/usage	1,319,137	35	2,365,205	78,111	241,440	9
10	1	Diet. Salary	Patient days	1,319,137	35	70,514	78,111	4,175	10
11	3	Housekeeping Salary	Patient days	1,319,137	35	197,635	78,111	11,703	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,319,137	35	187,265	78,111	11,089	12
13	10	Nurs & Med Record Salary	Patient days/usage	1,319,137	35	1,315,353	1,315,353	70,318	13
14	15	Employee Benefits-Health Care	Patient days	1,319,137	35	182,984	78,111	10,835	14
15	17	Administrative Salary	Patient days/usage	1,319,137	35	3,345,614	3,345,614	182,709	15
16	27	Employee Benefits-Administr.	Patient days	1,319,137	35	1,442,333	78,111	85,406	16
17	19	Professional Fees	Patient days	1,319,137	35	1,264,885	822,981	74,899	17
18	21	Gen'l & Administrative	Patient days	1,319,137	35	7,251,269	6,199,389	429,375	18
19	6	Repairs & Maniten.	Patient days	1,319,137	35	1,361,952	1,077,972	80,646	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 1,338,374	25

Facility Name & ID Number

Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	11						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge (GL 2505/7055)		X	Mortgage	\$34,865.47	09/12	\$ 10,572,400	\$ 10,376,971	09/2052	2.5000	\$ 261,229	1						
2												2						
3	Insurance Interest (GL 7053)		X	Medical Malpractice							5,047	3						
4												4						
5												5						
Working Capital																		
6	Related party-AMS		x								241,440	6						
7	Related party-FECH		x								768	7						
8												8						
9	TOTAL Facility Related				\$34,865.47		\$ 10,572,400	\$ 10,376,971			\$ 508,484	9						
B. Non-Facility Related*																		
10	Interest Income on R.R.		x								(224)	10						
11	Int Income (GL#4975)		x								(4,943)	11						
12												12						
13	Amortization-Fin/Refin Fee		x								2,528	13						
14	TOTAL Non-Facility Related						\$	\$			(2,639)	14						
15	TOTALS (line 9+line14)						\$ 10,572,400	\$ 10,376,971			\$ 505,845	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 56,918 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2012 report.		\$	<u>323,900</u>		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>365,868</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>41,968</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>376,800</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>418,768</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>9,248.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>428,016</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>413,259</u>			8
	2009	<u>302,539</u>			9
	2010	<u>315,709</u>			10
	2011	<u>314,396</u>			11
	2012	<u>365,868</u>			12
the current year accrual is based on an estimated 3% increase of the prior year tax					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2012	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth Rehab & HCC COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0026435
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll
 TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(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>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>285,389.00</u>	\$ <u>8,945.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>303.00</u>
3. <u>20-21-413-034-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,571.53</u>	\$ <u>3,571.53</u>
4. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>22,422.14</u>	\$ <u>22,422.14</u>
5. <u>20-21-414-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,044.61</u>	\$ <u>2,044.61</u>
6. <u>20-21-414-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,013.91</u>	\$ <u>2,013.91</u>
7. <u>20-21-414-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>52,631.21</u>	\$ <u>52,631.21</u>
8. <u>20-21-414-031-0000</u>	<u>Nursing Home Facility</u>	\$ <u>63,128.46</u>	\$ <u>63,128.46</u>
9. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>63,436.55</u>	\$ <u>63,436.55</u>
10. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>105,178.96</u>	\$ <u>105,178.96</u>
TOTALS		\$ <u><u>635,497.37</u></u>	\$ <u><u>323,675.37</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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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.**

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(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>20-21-414-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,935.30</u>	\$ <u>1,935.30</u>
2. <u>20-21-414-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>18,980.77</u>	\$ <u>18,980.77</u>
3. <u>20-21-414-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,210.19</u>	\$ <u>1,210.19</u>
4. <u>20-21-414-016-0000</u>	<u>Nursing Home Facility</u>	\$ <u>29,314.53</u>	\$ <u>29,314.53</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>51,440.79</u></u>	\$ <u><u>51,440.79</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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	nursing facility	71,388		\$ 132,461	1
2					2
3	TOTALS	71,388		\$ 132,461	3

XI. OWNERSHIP COSTS (continued)

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

1	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	\$ 734,547	4
5		2009	2009	3,396,151	87,081	39	87,081		362,837	5
6										6
7										7
8										8
Improvement Type**										
9	Heating Repairs		1987	3,410		10			3,410	9
10	Glass/Pump repairs/electrical work		1988	13,872		5-10			13,872	10
11	condensor repair/HVAC-Misc Construction		1990	58,637		5-10			58,637	11
12	clean Boiler/TV Service/repai re tower belts/Glass		1991	61,199		5-10			61,199	12
13	Ejector pumps		1992	35,689		5-15			35,689	13
14	Wire Partitioning/Transfer box/piping/drain/motor		1993	33,591		5-15			33,591	14
15	Plumbing/elevator/Pump Motor/Sink tops/Boiler		1994	28,780	1,073	15-20	1,073		28,442	15
16	Tile work/door frames/filter & pumpassembly/water		1995	27,562		10-12			27,562	16
17	Plumbing repairs		1996	4,560		10			4,560	17
18	Repair ramp lighting		1996	1,600		10			1,600	18
19	Install new flooring		1996	2,800	140	20	140		2,536	19
20	Install new flooring		1996	1,763	88	20	88		1,527	20
21	Install new flooring		1996	2,800	140	20	140		2,462	21
22	Install new flooring		1996	2,800	140	20	140		2,450	22
23	Repaired roof		1996	1,675		10			1,675	23
24	TV Antenna & Outlets		1997	2,298		5			2,298	24
25	Repaving		1997	3,305		5			3,305	25
26	Boiler parts		1997	4,938		5			4,938	26
27	Boiler repairs		1997	4,820		5			4,820	27
28	Install tubes for HVAC		1997	4,742		5			4,742	28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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		4,038	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	380	15	380		6,237	42
43	Alden Bennett construction	1998	11,000	734	15	734		11,000	43
44	ABC Tank replacement	1999	12,409	827	15	827		11,580	44
45	alden Bennett	1999	11,000	734	15	734		11,000	45
46	North Town Food Service (Install booster heater)	1999	1,674		10			1,674	46
47	Fox Valley Fire & Safety	1999	2,690	179	15	179		2,584	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		2,833	51
52	Alden Bennett (Hardware)	1999	1,843		10			1,843	52
53	Climate Services (PVI Water heater)	1999	11,150	743	15	743		10,777	53
54	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000		15			11,000	54
55	Alden Bennett (leasehold improvements)	2000	5,384		10			5,384	55
56	Alden Bennett (leasehold improvements)	2000	1,518		10			1,518	56
57	Climate Service (A/C Repair)	2000	9,393		5			9,393	57
58	Capps Plumbing & Sewer (Kitchen repair)	2000	2,842		5			2,842	58
59	Capps Plumbing Service (faucets)	2000	2,890		10			2,890	59
60	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258		10			1,258	60
61	Kraft Paper Sales Co (Walkoff Mats)	2000	1,884		5			1,884	61
62	New Horizons (telephone repair)	2000	3,756		10			3,756	62
63	Fox valley Fire & Safetv (smoke detector wiring)	2000	5,482	365	15	365		5,052	63
64	Patten Industries (heating repair)	2000	3,012		5			3,012	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,297,129	\$ 179,495		\$ 179,496	\$ 0	\$ 1,537,190	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	Totals from Page 12A, Carried Forward		\$ 7,297,129	\$ 179,495		\$ 179,496	\$ 0	\$ 1,537,190	1
2	Equipment International (doorlock electronic timer)	2000	1,655		10			1,655	2
3	DePaul Plumbing (installation of 1 1/2" water line)	2000	5,483	219	25	219		3,033	3
4	System Electric (sprinkler pump motor & wiring)	2000	2,990	199	15	199		2,738	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		24,591	6
7	GT Mechanical (HCVAC Repairs)	2000	439		5			439	7
8	Patten Industries (batteries for generator)	2000	1,857		5			1,857	8
9	GT Mechanical (replace cooling coils)	2000	2,500		10			2,500	9
10	GT Mechanical (replace cooling coils)	2000	14,200		10			14,200	10
11	Capps Plumbing (rebuilt toilet, two handle lavatory)	2000	2,395	160	15	160		2,223	11
12	Capps Plumbing (repair scullery drain install faucets)	2000	3,446		10			3,446	12
13	Install Coolant hoses, Lines, Heater	2001	2,443		5			2,443	13
14	Power supply and wiring re phone system	2001	7,258		10			7,258	14
15	Power supply and wiring re phone system	2001	1,663		10			1,663	15
16	Coker services-Boiler	2001	3,163	158	20	158		2,029	16
17	Capps Plumbing	2001	2,665		5			2,665	17
18	T&T	2001	1,756		5			1,756	18
19	Alden Bennett Construction Co.	2001	1,431		5			1,431	19
20	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	1,170		5			1,170	20
21	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	2,645		5			2,645	21
22	Healthcare Products - Repair Wheelchairs	2002	988		5			988	22
23	Washtown Equip - Repair Washer - motor bearings / valves / belts	2002	2,208		5			2,208	23
24	GT Mech - Repair boiler - gas valves	2002	1,143		5			1,143	24
25	GT Mech - Repair boiler - installed rebuild kit	2002	1,841		5			1,841	25
26	GT Mech - Repair boiler - replaced Chimney cap	2002	1,295		5			1,295	26
27	CSI Coker - Repair dishwasher	2002	4,279		5			4,279	27
28	Healthcare Products - Repair Wheelchairs	2002	1,721		5			1,721	28
29	Long Elev. And Machine Co. - repair elevator	2002	1,148		5			1,148	29
30	DBS Contracting	2002	2,699		5			2,699	30
31	CSI Coker - Repair cooking equip	2002	1,527		5			1,527	31
32	Capps Plumbing - Repair hot water system	2002	1,940		10			1,940	32
33	Capps Plumbing - Repair hot water system	2002	2,135		10			2,135	33
34	TOTAL (lines 1 thru 33)		\$ 7,428,803	\$ 182,030		\$ 182,031	\$ 0	\$ 1,644,461	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	Totals from Page 12B, Carried Forward		\$ 7,428,803	\$ 182,030		\$ 182,031	\$ 0	\$ 1,644,461	1
2	System Elec. - Installed conduit & wiring for fire alarm	2002	1,435		10			1,435	2
3	Capps Plumbing - Repair dish washer	2002	1,284		5			1,284	3
4	System Elec. - Repair elevator	2002	1,363		10			1,363	4
5	ABC - Remodel Bathroom 1	2002	3,772	189	20	189		2,186	5
6	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	967	15	967		11,198	6
7	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		2,825	7
8	ABC - Leasehold Improvements	2002	11,627	581	20	581		6,491	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	102	10	102		1,503	13
14	CAPPS - Repair water booster pump	2003	1,895		5			1,895	14
15	Simplex - Doors	2003	3,435		10			3,435	15
16	Simplex - Wet Chem System	2003	2,695	66	10	66		2,695	16
17	Directional Boring Services - Sprinkler System	2003	10,000	833	12	833		9,166	17
18	AMS-New generator	2004	2,148	143	15	143		1,383	18
19	GT Mech Circu pump for heat	2004	1,747	103	17	103		952	19
20	CSI repair to oven	2004	2,627	263	10	263		2,562	20
21	CSI new wiring	2004	1,718	172	10	172		1,690	21
22	GT Mech Chiller Repair	2004	4,196	420	10	420		4,058	22
23	ABC Sewage ejector pump	2004	10,724	1,072	10	1,072		10,544	23
24	ABC Hvac	2004	2,971	297	10	297		2,945	24
25	ABC-Remodeling 4th floor	2004	25,103	1,004	25	1,004		9,036	25
26	ABC-Remodeling 4th floor	2005	7,734	387	20	387		3,481	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		1,954	28
29	ABC-Remodeling 4th floor	2005	5,568	371	15	371		3,185	29
30	Top Notch- 2 hp motor	2005	2,155	216	10	216		1,851	30
31	Oakfirst Fire-install nurse call system	2005	2,423	242	10	242		2,078	31
32	ABC-Remodeling 4th floor	2005	9,433	629	15	629		5,399	32
33	ABC-Remodeling 4th floor	2005	17,007	1,134	15	1,134		9,733	33
34	TOTAL (lines 1 thru 33)		\$ 7,601,777	\$ 191,695		\$ 191,696	\$ 0	\$ 1,767,439	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	Totals from Page 12C, Carried Forward		\$ 7,601,777	\$ 191,695		\$ 191,696	\$ 0	\$ 1,767,439	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,688,544	\$ 193,006		\$ 193,007	\$ 0	\$ 1,847,388	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,688,544	\$ 193,006		\$ 193,007	\$ 0	\$ 1,847,388	1
2	Patten-intake motor	2005	1,586		7			1,586	2
3	ABC-vinyl flooring	2005	3,064	306	10	306		2,525	3
4	Epic Service and Supply-floor cleaner	2005	1,114		7			1,114	4
5	ABC-2nd floor rennovation	2005	74,572	4,971	15	4,971		40,601	5
6	Oakfirst Fire-install fire alarm system	2005	12,500	833	15	833		6,733	6
7	ABC-2nd floor rennovation	2005	6,610	441	15	441		3,528	7
8	ABC- replace glass black window for boiler room	2006	9,184	918	10	918		7,268	8
9	ABC - time and material billings for renovations	2006	3,722	372	10	372		2,914	9
10	ABC - re-wire 36 lines of tv cables	2006	5,070	507	10	507		4,014	10
11	smoke detectors	2006	3,961	264	15	264		1,881	11
12	finish hardware acoustical resilient flooring , plumbing, heating	2006	25,451	707	15	707		5,939	12
13	motor and impeller assy/ booster heater	2006	7,000	467	15	467		3,347	13
14	boiler assy	2006	3,550	178	20	178		1,364	14
15	install new elevator recall system	2006	7,229	361	20	361		2,740	15
16									16
17	replace hose & pump	2007	6,594		5			6,594	17
18	cooling system	2007	6,742	674	10	674		4,381	18
19	replace worn & broken locks	2007	3,703		5			3,703	19
20	elevator passenger	2007	7,322	488	15	488		3,131	20
21	repaire trane chiller	2007	4,175		5			4,175	21
22	ABC - repair air cond compressor	2007	39,119	3,912	10	3,912		24,450	22
23	ABC - replace concrete	2007	6,896	690	10	690		4,312	23
24									24
25	Pattern - Repair Generator	2008	2,543	211	5	211		2,543	25
26	Pattern - Remove & install battery	2008	2,566	257	5	257		2,566	26
27	ABC - replaced damage doors with new doors and tiles	2008	3,045	305	10	305		1,575	27
28									28
29	AMS Maintenance Allocation - install hookups & framing	2009	7,596	380	20	380		1,583	29
30	GT Mech - Repair condenser	2009	2,962	592	5	592		2,764	30
31	Pattern - Repair generator	2009	2,547	509	5	509		2,376	31
32	Pattern - Repair generator	2009	3,537	707	5	707		3,182	32
33	Top Notch - 1 evaporator coil	2009	5,341	1,068	5	1,068		4,717	33
34	TOTAL (lines 1 thru 33)		\$ 7,957,845	\$ 213,126		\$ 213,126	\$ 0	\$ 2,004,996	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,957,845	\$ 213,126		\$ 213,126	\$ 0	\$ 2,004,996	1
2	AMS Maintenance Allocation - repaired drywall	2009	7,450	745	10	745		3,104	2
3	SkiMont -repaired boiler & hot water heater	2009	2,892	578	5	578		2,313	3
4									4
5	ABC - Caulk Work; Uncalked & recalked main entry & patio	2010	2,754	551	5	551		2,112	5
6	ABC - Concrete Patio & remove tripping hazards for resident safe	2010	3,593	240	15	240		859	6
7	ABC - Drywall & Vinyl Flooring Replaced	2010	66,560	4,437	15	4,437		14,421	7
8	ABC - Deck Railing repaired	2010	5,616	1,123	5	1,123		3,837	8
9	BELEC - Door Heater Cooler & Freezer Repaired	2010	6,666	1,333	5	1,333		4,555	9
10	SKIMOR - Dialysis waste piping repaired	2010	3,100	620	5	620		2,015	10
11									11
12	GT Mech - Air/exhaust installed/modified in Oxygen room	2011	3,350	670	5	670		1,954	12
13	OAKFIR - Damper links replaced	2011	13,237	1,324	10	1,324		3,420	13
14	FOCFIR - Elevator Sprinkler repairs	2011	8,880	1,776	5	1,776		4,588	14
15	ABC - motor contractor replacement (2)	2011	9,199	1,840	5	1,840		4,446	15
16	ABC - Dampers-radiation installed	2011	8,978	898	10	898		2,020	16
17	ROSPAV - Asphalt/Paint/Coating/Sealing for Parking Lot	2011	3,250	406	8	406		914	17
18	Top Notch - Boiler/Filter/Valves for steamer	2011	3,867	773	5	773		1,675	18
19	ABC - Elevator Power Unit Emergency replacement	2011	15,455	3,091	5	3,091		8,500	19
20	Adj for ABC related party profit	2011	262	51		51		128	20
21									21
22	Fire Sprinkler System - ABC	2012	7,477	299	25	299		374	22
23	Roof Insulation - ABC	2012	4,642	928	5	928		1,160	23
24	Damper,Fire - Repairs ABC	2012	2,593	259	10	259		453	24
25	Drywall repair for generator - ABC	2012	5,686	1,137	5	1,137		1,327	25
26	Replace wash motor - TOPNOT	2012	2,512	502	5	502		586	26
27	Replace washer Basket/Hose - EQUINT	2012	5,364	1,073	5	1,073		1,252	27
28	Window replacement - ABC	2012	8,233	823	10	823		892	28
29	Door Motor /Enclosed Fire Dampers - ABC	2012	3,340	334	10	334		557	29
30	Contractor for compressor - GTMECH	2012	6,018	401	15	401		434	30
31	Adj for ABC related party profit	2012	1,768	121		121		182	31
32									32
33	Rebuild Boiler - ABC	2013	17,448	945	10	945		945	33
34	TOTAL (lines 1 thru 33)		\$ 8,188,031	\$ 240,405		\$ 240,405	\$ 0	\$ 2,074,018	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	Totals from Page 12F, Carried Forward		\$ 8,188,031	\$ 240,405		\$ 240,405	\$ 0	\$ 2,074,018	1
2	Boiler Valves/starters replaced - ABC	2013	11,959	1,595	10	1,595		1,595	2
3	Generator, major repair-Patten CAT	2013	4,881	569	5	569		569	3
4	Elevator doors repaired - KONICA	2013	5,827	388	5	388		388	4
5	Pump,sewage,starters/repairs - ABC	2013	4,658	311	5	311		311	5
6	Contractors/Coils/Cables for condensor-BELEC	2013	5,450	273	5	273		273	6
7	Adj for ABC related party profit	2013	458	38		38		38	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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,221,264	\$ 243,579		\$ 243,579	\$ 0	\$ 2,077,192	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	\$ 1,229,637	\$ 196,635	\$ 196,635	\$	Various	\$ 812,804	71
72	Current Year Purchases	41,419	3,133	3,133		Various	3,133	72
73	Fully Depreciated Assets	667,447	6,760	6,760		Various	667,447	73
74								74
75	TOTALS	\$ 1,938,503	\$ 206,528	\$ 206,528	\$		\$ 1,483,384	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related Party - AMS	Various	'98 - '02	\$ 3,911	\$	\$	\$	3	\$ 3,911	76
77										77
78										78
79										79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,296,139	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 450,107	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 450,107	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 0	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,564,487	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.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related Party Cost is Backed Out

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

If NO, see instructions. YES NO

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

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. /2014 \$ Varies

13. /2015 \$ Varies

14. /2016 \$ Varies

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: \$ 58,900 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>31,892</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>12,177</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>44,069</u>	21

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	3 Cost	Units	5 Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 318,664	\$		\$ 318,664	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			71,404			71,404	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			346,520			346,520	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 prescripts				142,683		142,683	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>					68,261	341,774		410,035	13
14	TOTAL			\$		\$ 804,849	\$ 484,457		\$ 1,289,306	14

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$0.00	318,664.21
2.	ST	39-3	To Col 5	0.00	71,403.87
3.					
4.	PT	39-3	To Col 5	0.00	346,519.52
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			0.00	172,887.89
	Manual Input from Related Party- Forum Drugs				(30,205.00)
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	0.00	142,682.89
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	-
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	-
	Total Exceptional Care (Line 12, Col 8)			0.00	-
13.	Other:	See Pg 16A			

13. Col 5: Manual Input: Related Party - CPT	To Col 5		68,261.00
Other		0.00	396,869.20
Manual Input: Related Party - Prism			(68,726.00)
Manual Input: Related Party FECII - I.V.			(17,129.00)
Manual Input: Related Party FECII - Wound Care			(2,802.00)
Oxygen, from reclass worksheet (Pg 4A)			33,562.00

13. Col 6: Supplies Total	To Col 6	0.00	341,774.20

13. Total Line 13, Column 8		0.00	341,774.20

14. Total		0.00	1,289,305.69
			=====

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>133,500</u>)	2,556,371	2,556,371	3
4	Supply Inventory (priced at)	5,669	5,669	4
5	Short-Term Investments			5
6	Prepaid Insurance		49,038	6
7	Other Prepaid Expenses	13,851	13,851	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	12,762	12,762	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,588,653	\$ 2,637,691	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		600,000	13
14	Buildings, at Historical Cost		6,852,849	14
15	Leasehold Improvements, at Historical Cost	1,394,168	1,471,798	15
16	Equipment, at Historical Cost	1,041,857	2,155,506	16
17	Accumulated Depreciation (book methods)	(2,025,037)	(3,793,890)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		236,334	21
22	Other Long-Term Assets (specify: <u>RR, CIP, S/H loan</u>)		174,990	22
23	Other(specify): <u>Due from Affiliate,</u>		56,401	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 410,988	\$ 7,753,988	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,999,641	\$ 10,391,679	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 784,042	\$ 697,888	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	239,648	239,648	28
29	Short-Term Notes Payable		160,796	29
30	Accrued Salaries Payable	577,179	577,179	30
31	Accrued Taxes Payable (excluding real estate taxes)	37,215	37,215	31
32	Accrued Real Estate Taxes(Sch.IX-B)		376,800	32
33	Accrued Interest Payable		21,619	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	373,934	385,169	36
37	<u>Due to Affiliates</u>	1,179,345	1,179,345	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,191,363	\$ 3,675,659	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,216,176	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	11,273,506	9,749,719	43
44	<u>Sharehold.loan, other</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 11,273,506	\$ 19,965,895	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,464,869	\$ 23,641,554	46
47	TOTAL EQUITY(page 18, line 24)	\$ (11,465,228)	\$ (13,249,875)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,999,641	\$ 10,391,679	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,229,144)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	(72,242)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,301,386)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(163,842)	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)	\$ (163,842)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (11,465,228)	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,681,408	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,681,408	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	196,440	6
7	Oxygen	33,266	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 229,706	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	769	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(5,129)	19
20	Radiology and X-Ray		20
21	Other Medical Services	765	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ (3,595)	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,672	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,672	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	10,314	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,314	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,920,505	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,945,037	31
32	Health Care	4,553,377	32
33	General Administration	3,326,028	33
B. Capital Expense			
34	Ownership	1,350,048	34
C. Ancillary Expense			
35	Special Cost Centers	1,306,345	35
36	Provider Participation Fee	603,512	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,084,347	40
41	Income before Income Taxes (line 30 minus line 40)**	(163,842)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (163,842)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,194,545	44
45	Private Pay - Net Inpatient Revenue	219,861	45
46	Medicare - Net Inpatient Revenue	2,633,349	46
47	Other-(specify) <u>Hospice/Insurance</u>	341,756	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	291,897	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,681,408	49

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

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

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

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

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	
Misc Income (Record copies)	\$ 60
Misc Income (Jury Duty)	\$ 52
Misc Income (Sheroff Refund)	\$ 30
Gain on Sale of Prior Year Assets	\$ 6,254
Refund from the State of Illinois for late license fee payments	\$ 3,918

Line 28 Total: 10,314

Ending: 12/31/2013

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

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	2,064	2,306	\$ 109,919	\$ 47.67	1
2	Assistant Director of Nursing	3,912	4,079	156,276	38.31	2
3	Registered Nurses	20,192	21,870	675,551	30.89	3
4	Licensed Practical Nurses	35,456	38,395	1,027,849	26.77	4
5	CNAs & Orderlies	106,293	114,964	1,196,066	10.40	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,165	8,022	94,167	11.74	8
9	Activity Director	1,792	2,080	45,909	22.07	9
10	Activity Assistants	8,945	9,869	116,968	11.85	10
11	Social Service Workers	3,976	4,117	82,940	20.15	11
12	Dietician					12
13	Food Service Supervisor	1,912	2,080	33,593	16.15	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,640	26,159	288,934	11.05	15
16	Dishwashers					16
17	Maintenance Workers	1,880	2,080	59,509	28.61	17
18	Housekeepers	26,711	28,938	295,604	10.22	18
19	Laundry	7,051	7,753	75,158	9.69	19
20	Administrator	1,904	2,080	100,185	48.17	20
21	Assistant Administrator	1,576	1,760	46,992	26.70	21
22	Other Administrative	9,256	10,161	278,863	27.44	22
23	Office Manager	1,640	2,056	42,318	20.58	23
24	Clerical	2,377	2,532	25,431	10.04	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,832	4,160	154,568	37.16	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,664	1,869	28,318	15.15	31
32	Other Health C: Unit Dir/Beh Coun	11,479	12,168	239,636	19.69	32
33	Other(specify) <u>Alzheimers Sup</u>	10,388	11,402	152,387	13.36	33
34	TOTAL (lines 1 - 33)	295,105	320,900	\$ 5,327,141 *	\$ 16.60	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	42,750	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	1,066	11-3	44
45	Social Service Consultant	Varies	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 74,936		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	224	\$ 13,888	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	224	\$ 13,888		53

Alden Wentworth Rehab & HCC		
Legal Fee Support		
2013		
Legal Fees Reported on Pg 21, Section C:	\$	49,598.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(1,938.00)
Less: Non-allowable legal fees, if any, deducted or Pg 5A (AMS Allocated Legal Fees)		(46,644.00)
Allowable Legal Fees	\$	1,016.00

Total Allow. Legal Fees should be the sum of the invoices you are providing.

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 & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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 \$4,462 & HCC of Illinois \$6,900
- (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. \$ 53,148 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. \$ 603,512
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. \$ 31,853 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?
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? No
Attach invoices and a summary of services for all architect and appraisal fees.