



Facility Name & ID Number The Wealshire

# 0040956 Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	144	Skilled (SNF)	144	52,560	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	52,560	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			11,971	11,971	8
9	SNF/PED					9
10	ICF	5,247	16,934		22,181	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	5,247	16,934	11,971	34,152	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.98%

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 8/14/1995

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 122 and days of care provided 9,787

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

The Wealshire

# 0040956

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

**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	308,367	26,643	15,857	350,867		350,867		350,867		1
2	Food Purchase		315,934		315,934		315,934	(904)	315,030		2
3	Housekeeping	546,590	41,062		587,652		587,652		587,652		3
4	Laundry	42,392	7,973		50,365		50,365		50,365		4
5	Heat and Other Utilities			208,184	208,184		208,184		208,184		5
6	Maintenance	217,723	18,397	133,635	369,755		369,755	72,095	441,850		6
7	Other (specify):* <b>Waste Removal</b>			19,619	19,619		19,619		19,619		7
8	<b>TOTAL General Services</b>	1,115,072	410,009	377,295	1,902,376		1,902,376	71,191	1,973,567		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			34,550	34,550		34,550		34,550		9
10	Nursing and Medical Records	3,683,934	247,227	20,577	3,951,738		3,951,738	(455)	3,951,283		10
10a	Therapy		5,018	1,010,158	1,015,176		1,015,176		1,015,176		10a
11	Activities	158,620	2,167	11,030	171,817		171,817	(229)	171,588		11
12	Social Services	90,821			90,821		90,821		90,821		12
13	CNA Training										13
14	Program Transportation	32,460		747	33,207		33,207		33,207		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,965,835	254,412	1,077,062	5,297,309		5,297,309	(684)	5,296,625		16
	<b>C. General Administration</b>										
17	Administrative	51,562		271,369	322,931		322,931	(194,732)	128,199		17
18	Directors Fees										18
19	Professional Services			140,012	140,012		140,012	19,894	159,906		19
20	Dues, Fees, Subscriptions & Promotions			8,873	8,873		8,873	436	9,309		20
21	Clerical & General Office Expenses	339,080	34,312	173,056	546,448		546,448	32,169	578,617		21
22	Employee Benefits & Payroll Taxes			939,905	939,905		939,905	76,294	1,016,199		22
23	Inservice Training & Education			2,453	2,453		2,453		2,453		23
24	Travel and Seminar			3,065	3,065		3,065		3,065		24
25	Other Admin. Staff Transportation			12,454	12,454		12,454		12,454		25
26	Insurance-Prop.Liab.Malpractice			173,285	173,285		173,285	25,428	198,713		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	390,642	34,312	1,724,472	2,149,426		2,149,426	(40,511)	2,108,915		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,471,549	698,733	3,178,829	9,349,111		9,349,111	29,996	9,379,107		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 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			453,000	453,000		453,000	409,101	862,101			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			8,572	8,572		8,572	265,485	274,057			32
33	Real Estate Taxes							172,399	172,399			33
34	Rent-Facility & Grounds			840,000	840,000		840,000	(840,000)				34
35	Rent-Equipment & Vehicles			3,514	3,514		3,514		3,514			35
36	Other (specify):* Mortgage Ins.							53,062	53,062			36
37	<b>TOTAL Ownership</b>			1,305,086	1,305,086		1,305,086	60,047	1,365,133			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			2,554	2,554		2,554		2,554			38
39	Ancillary Service Centers		452,850	39,970	492,820		492,820		492,820			39
40	Barber and Beauty Shops			35,478	35,478		35,478		35,478			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			232,178	232,178		232,178		232,178			42
43	Other (specify):* Non-allowable Costs	136,495	8,228	83,586	228,309		228,309	(228,309)				43
44	<b>TOTAL Special Cost Centers</b>	136,495	461,078	393,766	991,339		991,339	(228,309)	763,030			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,608,044	1,159,811	4,877,681	11,645,536		11,645,536	(138,266)	11,507,270			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Wealshire

# 0040956

Report Period Beginning: 1/1/2014

Ending: 12/31/2014

**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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,101	30		9
10	Interest and Other Investment Income	(1,327)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(23)	43		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	(150)	20		17
18	Fines and Penalties	(45,186)	43		18
19	Entertainment	(1,613)	43		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(35,404)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(14,052)	43		24
25	Fund Raising, Advertising and Promotional	(197,329)	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	(7,708)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (288,691)</b>		<b>\$</b>	<b>30</b>

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)	150,425		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ 150,425</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (138,266)</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
		Yes	No	Amount	Reference
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>

SEE ACCOUNTANTS' COMPILATION REPORT

The Wealshire

Report Period Beginning: 1/1/2014  
 Ending: 12/31/2014

ID# 0040956

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow Prior Year Accounting fees	\$ (1,210)	19	1
2	Offset Vending Income Against Expense	(904)	2	2
3	Offset Other Income Against Office Supplies	(488)	21	3
4	Offset Other Income Against Employee Benefits	(944)	22	4
5	Offset Other Income Against Insurance Exp	(1,553)	26	5
6	Offset Other Income Against Nursing Supplies	(455)	10	6
7	Disallow Non-Care Related Fees	(1,925)	43	7
8	Offset Resident Outing Income Against Expense	(229)	11	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>		(7,708)	49

**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</u>	<u>Lincolnshire</u>	<u>Lessor</u>
<u>The Wealshire Inc.</u>	<u>1.0</u>			<u>Properties, LP</u>		
				<u>Alexander Blake &amp; Company</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)	
1	V	<u>6 Repairs</u>	\$	<u>Alexander Blake &amp; Company</u>	<u>0.00%</u>	<u>\$ 72,095</u>	<u>\$ 72,095</u>	<u>1</u>
2	V	<u>17 Administrative</u>	<u>271,369</u>	<u>Alexander Blake &amp; Company</u>	<u>0.00%</u>	<u>76,637</u>	<u>(194,732)</u>	<u>2</u>
3	V	<u>19 Professional Fees</u>		<u>Alexander Blake &amp; Company</u>	<u>0.00%</u>	<u>56,508</u>	<u>56,508</u>	<u>3</u>
4	V	<u>20 Licenses, Dues &amp; Subscriptions</u>		<u>Alexander Blake &amp; Company</u>	<u>0.00%</u>	<u>586</u>	<u>586</u>	<u>4</u>
5	V	<u>21 General Administrative</u>		<u>Alexander Blake &amp; Company</u>	<u>0.00%</u>	<u>32,617</u>	<u>32,617</u>	<u>5</u>
6	V	<u>22 Employee Benefits</u>		<u>Alexander Blake &amp; Company</u>	<u>0.00%</u>	<u>77,238</u>	<u>77,238</u>	<u>6</u>
7	V	<u>26 Ins.-Prop.Liab.Malpractice</u>		<u>Alexander Blake &amp; Company</u>	<u>0.00%</u>	<u>597</u>	<u>597</u>	<u>7</u>
8	V	<u>43 Non-Allowable Expenses</u>		<u>Alexander Blake &amp; Company</u>	<u>0.00%</u>	<u>30,968</u>	<u>30,968</u>	<u>8</u>
9	V							<u>9</u>
10	V							<u>10</u>
11	V							<u>11</u>
12	V							<u>12</u>
13	V							<u>13</u>
14	<b>Total</b>		<b>\$ 271,369</b>			<b>\$ 347,246</b>	<b>\$ * 75,877</b>	<b>14</b>

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	34 Rent	\$ 840,000	Lincolnshire Properties, LP	0.00%	\$	\$ (840,000)
16	V	21 Clerical & Gen Admin		Lincolnshire Properties, LP	0.00%	40	40
17	V	26 Insurance		Lincolnshire Properties, LP	0.00%	26,384	26,384
18	V	30 Book Depreciation		Lincolnshire Properties, LP	0.00%	395,000	395,000
19	V	32 Interest Expense	153	Lincolnshire Properties, LP	0.00%	266,965	266,812
20	V	33 Real Estate Taxes		Lincolnshire Properties, LP	0.00%	172,399	172,399
21	V	36 Mortgage Insurance		Lincolnshire Properties, LP	0.00%	53,062	53,062
22	V	43 Penalties / late fees		Lincolnshire Properties, LP	0.00%	851	851
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		\$ 840,153			\$ 914,701	\$ * 74,548

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Wealshire # 0040956 Report Period Beginning: 1/1/2014 Ending: 12/31/2014

## 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	\$ 30,590	L17, C7	1
2	Linda Goldberg	Secretary	Administrative	0.00	None	6	15.00	Salary/Fees	11,930	L21, C7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 42,520		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Wealshire

# 0040956

Report Period Beginning:

1/1/2014

Ending: 2/31/2014

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 Alexander Blake & Company  
 Street Address 2561 Windrush Lane  
 City / State / Zip Code Northbrook, IL 60062  
 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	6	Repairs	Gross Revenues	15,874,992	2	98,235	11,650,747	\$ 72,095	1	
2	17	Administrative	Gross Revenues	15,874,992	2	104,423	104,423	11,650,747	76,637	2
3	19	Professional Fees	Gross Revenues	15,874,992	2	76,996	11,650,747	56,508	3	
4	20	Licenses, Dues & Subscriptions	Gross Revenues	15,874,992	2	799	11,650,747	586	4	
5	21	General Administrative	Gross Revenues	15,874,992	2	44,443	26,345	11,650,747	32,617	5
6	22	Employee Benefits	Gross Revenues	15,874,992	2	105,243	11,650,747	77,238	6	
7	26	Ins.-Prop.Liab.Malpractice	Gross Revenues	15,874,992	2	813	11,650,747	597	7	
8	43	Non-Allowable Expenses	Gross Revenues	15,874,992	2	42,196	11,650,747	30,968	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					\$ 473,148	\$ 130,768	\$ 347,246	25	

SEE ACCOUNTANTS' COMPILATION REPORT

**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**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
<b>A. Directly Facility Related</b>																
<b>Long-Term</b>																
1	Cambridge Realty Capital		X	Mortgage Loan	\$62,944.00	10/18/07	\$ 10,746,400	\$ 10,293,213	9/18/42	0.0250	\$ 259,161					
2																
3																
4																
5																
<b>Working Capital</b>																
6	JHC Acquisition, LLC		X	Working Capital	\$14,061.18	12/12/14	435,521	110,000	8/1/15	0.0600						
7	Forum Extended Care Services		X	Working Capital	\$5,679.24	6/1/14	128,444	97,534	6/1/16	0.0600	8,572					
8																
9	<b>TOTAL Facility Related</b>				\$82,684.42		\$ 11,310,365	\$ 10,500,747			\$ 267,733					
<b>B. Non-Facility Related*</b>																
10							Amortization of Loan Costs				7,804					
11								Interest income offset			(1,480)					
12																
13																
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 6,324					
15	<b>TOTALS (line 9+line14)</b>						\$ 11,310,365	\$ 10,500,747			\$ 274,057					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 53,062 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.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)





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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

**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:

1/1/2014 Ending:

12/31/2014

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 62,477 B. General Construction Type: Exterior Brick Frame Wood 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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	\$ 11,737,059	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	28,052	10
11	Sidewalk		1999	4,660		20	233	233	3,961	11
12	Patio		2001	5,200		20	260	260	3,900	12
13	Sidewalk		2001	2,325		20	116	116	1,744	13
14	Carpeting		2002	12,473		20	624	624	8,731	14
15	Sprinkler System		2002	6,805		20	340	340	4,763	15
16	Remodeling		2003	20,650		20	1,033	1,033	13,423	16
17	Signage		2004	6,000		20	300	300	3,600	17
18	Remodeling-Windows PB		2004	9,411		20	470	470	5,646	18
19	Remodeling Kitchen -CC		2004	34,889		20	1,744	1,744	20,933	19
20	Telephone Equipment		2006	9,460		20	473	473	4,730	20
21	Lighting		2006	24,655		20	1,233	1,233	12,328	21
22	Carpets		2006	23,788		20	1,189	1,189	11,897	22
23	Roof Repairs		2008	21,880		20	1,094	1,094	8,752	23
24	Boiler		2008	122,706		20	6,135	6,135	49,082	24
25	Paving		2008	43,663		20	2,183	2,183	17,465	25
26	Flooring		2009	58,489		20	2,924	2,924	20,471	26
27	Tuscany Kitchen Countertops & Cabinets/new nurses station		2009	71,584		20	3,579	3,579	25,054	27
28	Barcelona Kitchen Countertops & Cabinets/new nurses station		2009	87,759		20	4,388	4,388	30,716	28
29	Flooring		2009	23,709		20	1,185	1,185	8,298	29
30	Piping		2009	5,510		20	276	276	1,929	30
31	Nurses Station Remodel		2010	87,116		20	4,356	4,356	26,135	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number The Wealshire

# 0040956

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

**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	\$ 33,573	37
38	Leasehold Improvements	1996	4,059		20	203	203	3,848	38
39	Leasehold Improvements	1998	3,993		20			3,993	39
40	Alarm System	1999	9,183		20	459	459	7,236	40
41	Security System	1999	4,427		20	221	221	3,465	41
42	Cabling/Windows/Cabinets/Lumber/Fire Safety/Etc/	2000	23,775		20	1,189	1,189	17,919	42
43	Sign	2000	1,611		20	81	81	485	43
44	Boiler Work	2000	871		20	44	44	660	44
45	Bearing & Assembling	2001	1,136		20	57	57	836	45
46	Pump w/ Motor	2001	704		20	35	35	499	46
47	Comperssor	2001	1,797		20	90	90	1,313	47
48	Boiler Work	2001	1,722		20	86	86	1,283	48
49	Boiler Work	2001	1,008		20	50	50	746	49
50	Roof Repair	2001	500		20	25	25	347	50
51	Phone System	2001	1,713		20	86	86	1,239	51
52	Blacktop & Patch	2001	4,799		20	240	240	3,600	52
53	Carpeting	2002	1,158		20	58	58	644	53
54	Exterior Doors	2002	9,700		20	485	485	5,871	54
55	Boiler Repairs	2002	8,124		20	406	406	5,684	55
56	Sprinkler System	2002	950		20	48	48	720	56
57	Blacktop Repair	2002	2,799		20	140	140	1,316	57
58	Boiler Repairs	2002	1,077		20			1,077	58
59	Pump & Boiler Repairs	2002	3,376		20	169	169	2,366	59
60	Fire Safety Upgrades	2003	9,901		20	495	495	7,540	60
61	Sewage Ejectors/Disposer/Pump	2003	12,848		20	642	642	7,367	61
62	Boris Barbaric - Painting	2003	5,950		5			5,950	62
63	Telephone Lines	2003	4,229		20	211	211	2,638	63
64	Irrigation System Booster Pump/Heads	2004	2,109		39	54	54	545	64
65	Upgrade Boiler Controls	2004	5,530		39	142	142	1,444	65
66	Signage	2005	2,788		20	139	139	995	66
67	Handicap Ramp	2005	1,700		20	85	85	556	67
68	Landscape Lighting	2005	7,022		20	351	351	2,221	68
69	Chiller Replacement Excess	2005	5,000		15	333	333	2,581	69
70	TOTAL (lines 4 thru 69)		\$ 12,416,451	\$		\$ 620,167	\$ 620,167	\$ 12,179,226	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Wealshire

**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	\$		\$ 620,167	\$ 620,167	\$ 12,179,226	1
2	New HVAC Coil	2006	7,128		10	713	713	6,773	2
3	New HVAC Coil	2006	6,414		10	430	430	6,414	3
4	Signage	2006	2,274		10	227	227	1,987	4
5	Capitalized Telephone System	2008	173,195		20	8,660	8,660	62,063	5
6	Doors	2009	10,284		15	343	343	2,401	6
7	Fountain	2009	38,500		15	428	428	2,996	7
8	Concrete Pad	2009	17,394		39	74	74	518	8
9	Backsplash	2009	15,305		15	85	85	595	9
10	Roof Repairs	2011	11,360		20	568	568	2,840	10
11	Tile for 4 bathroom remodels	2011	18,300		15	1,220	1,220	6,100	11
12	Kitchen Backsplash	2011	5,000		15	333	333	1,666	12
13	Privacy Screens	2011	8,161		15	544	544	2,720	13
14	Closets for patients	2011	3,840		15	256	256	1,280	14
15	Sidewalk and retaining wall repairs	2012	16,800		15	1,120	1,120	3,360	15
16	Shower Remodel (Tiling, drain repair, etc.)	2012	52,969		15	3,531	3,531	10,594	16
17	Unit Remodel-Melbourne Household	2012	33,469		15	2,231	2,231	6,694	17
18	Boiler repair	2012	10,840		15	723	723	2,168	18
19	Tiling (Entrances and Elevators)	2012	5,700		15	380	380	1,140	19
20	Resident Rooms - Carpet	2013	4,908		20	245	245	490	20
21	Remodeled Nurse Stations	2013	11,245		20	562	562	1,124	21
22	Remodeled Nurse Stations	2013	7,042		20	352	352	704	22
23	Resident Rooms - Carpet	2013	13,015		20	651	651	1,302	23
24	Electrical Wiring	2013	4,605		20	230	230	460	24
25	Wall Partitions	2013	6,860		20	343	343	686	25
26	Nurse Station Cabinets	2013	11,364		20	568	568	1,136	26
27	Elevator Repairs	2013	3,621		20	181	181	362	27
28	Elevator Repairs	2013	4,361		20	218	218	436	28
29	Electrical Wiring	2013	4,290		20	215	215	430	29
30	Electrical Wiring	2013	3,550		20	178	178	356	30
31	Resident Rooms - Carpet	2013	2,938		20	147	147	294	31
32	Sidewalk and Curb Replacement	2013	6,000		20	300	300	600	32
33	Sidewalk and Curb Replacement	2013	7,800		20	390	390	780	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,944,983	\$		\$ 646,613	\$ 646,613	\$ 12,310,695	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Wealshire

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward	\$ 12,944,983	\$		\$ 646,613	\$ 646,613	\$ 12,310,695	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	Financial Statement Depreciation		453,000			(453,000)		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)	\$ 12,944,983	\$ 453,000		\$ 646,613	\$ 193,613	\$ 12,310,695	34	

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*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	\$ 2,060,983	\$	\$ 206,098	\$ 206,098	10 yrs	\$ 2,071,546	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	303,261				10 yrs	303,261	73
74								74
75	TOTALS	\$ 2,364,244	\$	\$ 206,098	\$ 206,098		\$ 2,374,807	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	Maintenance	2011 Chevy Silverdo	2011	\$ 35,594	\$	\$	\$	5	\$ 35,594	76
77	Resident Transportation	2012 Ford E-250	2012	46,950		9,390	9,390	5	26,223	77
78										78
79										79
80	TOTALS			\$ 82,544	\$	\$ 9,390	\$ 9,390		\$ 61,817	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)	\$ 16,362,696	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 453,000	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 862,101	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 409,101	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 14,747,319	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.

SEE ACCOUNTANTS' COMPILATION REPORT

**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	TOTAL				\$			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.	<u>/2015</u>	\$ _____
13.	<u>/2016</u>	\$ _____
14.	<u>/2017</u>	\$ _____

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: \$ 3,514 Description: Storage Rental

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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>  <input type="checkbox"/> YES  <input checked="" type="checkbox"/> NO                  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>                  IN-HOUSE PROGRAM <input type="checkbox"/>                  IN OTHER FACILITY <input type="checkbox"/>                  COMMUNITY COLLEGE <input type="checkbox"/>                  HOURS PER CNA _____</p>	<p><b>3. CLINICAL PORTION:</b>                  IN-HOUSE PROGRAM <input type="checkbox"/>                  IN OTHER FACILITY <input type="checkbox"/>                  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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8		
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
			Units of Service			Units	Cost						
1	Licensed Occupational Therapist	10A(3)	hrs	\$	7,212	\$	425,985	\$	7,212	\$	425,985	1	
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		1,493		114,299		1,493		114,299	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	10A(2), 10A(3)	hrs		8,245		469,874		8,245		474,892	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 prescrpts						452,850		452,850	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10	
11	Academic Education		hrs									11	
12	Other (specify):											12	
13	Other (specify):											13	
14	TOTAL			\$	16,950	\$	1,010,158	\$	457,868	16,950	\$	1,468,026	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Wealshire# 0040956Report Period Beginning: 1/1/2014Ending: 12/31/2014

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(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	\$ 692,689	\$ 779,790	1
2	Cash-Patient Deposits	45,020	45,020	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>65,351</u> )	2,108,194	2,108,194	3
4	Supply Inventory (priced at <u>Cost</u> )	19,768	19,768	4
5	Short-Term Investments			5
6	Prepaid Insurance	77,785	107,239	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	785,597	1,716,590	8
9	Other(specify):	(109)	272,360	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,728,944	\$ 5,048,961	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	28,425	12,418,439	14
15	Leasehold Improvements, at Historical Cost	373,475	526,544	15
16	Equipment, at Historical Cost	1,144,402	2,446,788	16
17	Accumulated Depreciation (book methods)	(1,547,203)	(14,747,319)	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 (spec <u>Loan Costs</u> )		217,993	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ (901)	\$ 1,833,370	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,728,043	\$ 6,882,331	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,313,060	\$ 2,313,060	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	281,655	281,655	28
29	Short-Term Notes Payable	110,000	110,000	29
30	Accrued Salaries Payable	119,196	119,196	30
31	Accrued Taxes Payable (excluding real estate taxes)	64,577	64,577	31
32	Accrued Real Estate Taxes(Sch.IX-B)		172,000	32
33	Accrued Interest Payable		64,201	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17A</u>	787,984	507,984	36
37	<u>Due to Related Party</u>	1,583,212	1,583,212	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,259,684	\$ 5,215,885	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	97,534	97,534	39
40	Mortgage Payable		10,293,213	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 97,534	\$ 10,390,747	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,357,218	\$ 15,606,632	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (1,629,175)	\$ (8,724,301)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,728,043	\$ 6,882,331	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,212,342	1
2	Restatements (describe):		2
3	Prior Period Adjustments	(1,984,688)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (772,346)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	60,083	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	(916,912)	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)	\$ (856,829)	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)	\$ (1,629,175)	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Wealshire# 0040956Report Period Beginning: 1/1/2014Ending: 12/31/2014

**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	\$ 10,096,882	1
2	Discounts and Allowances for all Levels	(3,072,147)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 7,024,735	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,919,263	6
7	Oxygen	183	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 3,919,446	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	21,735	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	554,337	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	89,884	19
20	Radiology and X-Ray	14,445	20
21	Other Medical Services	75,137	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 755,538	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	1,327	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,327	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Other Income (offset against expense)</b>	4,573	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 4,573	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,705,619	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,902,376	31
32	Health Care	5,297,309	32
33	General Administration	2,149,426	33
<b>B. Capital Expense</b>			
34	Ownership	1,305,086	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	759,161	35
36	Provider Participation Fee	232,178	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,645,536	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	60,083	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 60,083	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 770,102	44
45	Private Pay - Net Inpatient Revenue	5,631,705	45
46	Medicare - Net Inpatient Revenue	545,892	46
47	Other-(specify)	77,036	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 7,024,735	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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.

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number The Wealshire

# 0040956

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

**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	1,104	1,339	\$ 54,446	\$ 40.66	1
2	Assistant Director of Nursing	413	432	14,552	33.69	2
3	Registered Nurses	33,130	49,661	1,121,980	22.59	3
4	Licensed Practical Nurses	27,682	40,254	765,910	19.03	4
5	CNAs & Orderlies	101,699	146,832	1,416,111	9.64	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,728	12,359	158,620	12.83	10
11	Social Service Workers	4,692	5,396	90,821	16.83	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,926	23,744	308,367	12.99	15
16	Dishwashers					16
17	Maintenance Workers	8,756	9,687	217,723	22.48	17
18	Housekeepers	43,812	48,516	546,590	11.27	18
19	Laundry	3,510	3,918	42,392	10.82	19
20	Administrator	955	1,210	51,562	42.61	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,863	14,175	301,346	21.26	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	3,202	3,619	60,449	16.70	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Sch 20A</u>	12,780	14,858	457,175	30.77	33
34	TOTAL (lines 1 - 33)	287,252	376,000	\$ 5,608,044 *	\$ 14.92	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	\$ 15,857	L1, C3	35
36	Medical Director	Monthly	34,550	L9, C3	36
37	Medical Records Consultant	Monthly	960	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,152	L10, C3	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)		\$ 52,519		49

**C. CONTRACT NURSES**

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

SEE ACCOUNTANTS' COMPILATION REPORT

**The Wealshire**

**Period Beginning** 1/1/2014  
**Period End** 12/31/2014

**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>
<b>Care Plan / MDS Coordinator</b>	3,283	3,653	131,770	36.07
<b>Nursing Supervisors</b>	2,223	2,985	77,097	25.83
<b>Transportation</b>	2,011	2,202	32,460	14.74
<b>Rehabilitation Director</b>	952	1,160	41,619	35.88
<b>Admissions</b>	1,186	1,306	37,734	28.89
<b>Marketing</b>	3,125	3,552	136,495	38.43
<b>TOTAL</b>	<u>12,780</u>	<u>14,858</u>	<u>457,175</u>	

**SEE ACCOUNTANTS' COMPILATION REPORT**

**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	
Christopher Kropp	Administrator	0	\$ 12,115	Workers' Compensation Insurance	\$ 201,139	IDPH License Fee	\$	
Sharyce Floss	Director of Operations	0	39,447	Unemployment Compensation Insurance	63,971	Advertising: Employee Recruitment		
Arnold Goldberg	Administrator	99	0	FICA Taxes	416,962	Health Care Worker Background Check		
				Employee Health Insurance	212,265	(Indicate # of checks performed <u>201</u> )	2,010	
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Licenses	4,743	
				401K Contributions	18,801	Dues and Subscriptions	1,970	
				Employee Relations	16,565			
				Employee Lab Testing	1,833	Allocated from Mgmt Co.	586	
				Uniforms	7,425			
				Allocated from Mgmt Co.	77,238	Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 51,562	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,016,199	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 9,309	
<b>B. Administrative - Other</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees-See Page 6, Eliminated on P 3, C 7			\$ 271,369	N/A			Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 271,369				Seminar Expense	3,065
<b>C. Professional Services</b>								
Vendor/Payee	Type		Amount					
Personnel Planners, Inc.	UC Consultant		\$ 953					
ADP, Inc	Payroll Service		7,404					
Vidal And Associates, LTD	Accounting Services		6,118					
Karel-Gordon & Associates	Accounting Services		3,442					
Frost, Ruttenberg & Rothblatt	Accounting Services		44,297					
Internal Revenue Service	Tax fees		781					
Nebosystems	Computer software service		27					
Creative Financial Staffing LLC	Employment Service		2,935					
Rehab Management Systems Inc	Billing Consultant		22,880					
Executive Synergies, Inc	Strategy Development		1,950					
Pharmacy Price Management LLC	Billing Compliance		3,420					
See Schedule 21A			45,805					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 140,012	TOTAL		\$	Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 3,065

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

**The Wealshire**

**Period Beginning**            **1/1/2014**  
**Period End**                    **12/31/2014**

**Schedule 21A**  
**Schedule XIX C. Professional Fees**

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Templin Healthcare Accounting Services	Accounting Services	1,210
Howard & Associates	Survey	3,448
Care A Van	Transportation service	759
Ash, Anos, Freedman & Logan, LLC	Legal Services	4,057
Duane Morris LLP	Legal Services	13,742
Federal Insurance Company	Legal Services	466
Hughes Socol Piers Resnick Dym, LTD.	Legal Services	3,000
Law Office of Eugene K. Hollander	Legal Services	4,905
Law Offices of Segal & Segal	Legal Services	13,187
Rolf Goffman Martin Lang Co LPA	Legal Services	1,031
	<b>Total</b>	<b><u>45,805</u></b>

**SEE ACCOUNTANTS' COMPILATION REPORT**

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>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Wealshire

# 0040956

Report Period Beginning: 1/1/2014

Ending: 12/31/2014

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? 5-10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 49,533 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. \$ 232,178  
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (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? 100% ln 14
  - d. Have vehicle usage logs been maintained? \_\_\_\_\_
  - 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: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.