

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	19,938	521	7,881	28,340	8
9	SNF/PED					9
10	ICF	46,703	426	239	47,368	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	66,641	947	8,120	75,708	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.14%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 9/9/1981

J. Was the facility purchased or leased after January 1, 1978?

YES Date 9/9/1981 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 300 and days of care provided 3,448

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: 12/31/15 Fiscal Year: 12/31/15

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	335,654	32,559	27,013	395,226	2,025	397,251	(2,724)	394,527		1
2	Food Purchase		585,144		585,144	(33,943)	551,201	(92,453)	458,748		2
3	Housekeeping	324,190	57,299		381,489	2,933	384,422	14,687	399,109		3
4	Laundry	64,587	26,150	27,155	117,892	286	118,178		118,178		4
5	Heat and Other Utilities			298,405	298,405		298,405	2,424	300,829		5
6	Maintenance	63,157		293,168	356,325		356,325	75,045	431,370		6
7	Other (specify):* related party							13,144	13,144		7
8	TOTAL General Services	787,588	701,152	645,741	2,134,481	(28,699)	2,105,782	10,123	2,115,905		8
	B. Health Care and Programs										
9	Medical Director			42,000	42,000		42,000		42,000		9
10	Nursing and Medical Records	3,745,362	229,357	79,014	4,053,733	(126)	4,053,607	88,225	4,141,832		10
10a	Therapy	185,672	2,769	165,347	353,788	708	354,496		354,496		10a
11	Activities	503,013	14,056	2,326	519,395		519,395		519,395		11
12	Social Services	82,455			82,455		82,455		82,455		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							13,199	13,199		15
16	TOTAL Health Care and Programs	4,516,502	246,182	288,687	5,051,371	582	5,051,953	101,424	5,153,377		16
	C. General Administration										
17	Administrative	174,464			174,464		174,464	235,293	409,757		17
18	Directors Fees										18
19	Professional Services			1,067,662	1,067,662		1,067,662	(956,044)	111,618		19
20	Dues, Fees, Subscriptions & Promotions			92,323	92,323		92,323	(50,135)	42,188		20
21	Clerical & General Office Expenses	201,493	21,021	167,798	390,312	1,807	392,119	423,681	815,800		21
22	Employee Benefits & Payroll Taxes			1,121,063	1,121,063	13,720	1,134,783	(155)	1,134,628		22
23	Inservice Training & Education										23
24	Travel and Seminar			560	560		560	1,949	2,509		24
25	Other Admin. Staff Transportation			2,950	2,950		2,950	22,707	25,657		25
26	Insurance-Prop.Liab.Malpractice			458,730	458,730		458,730	11,051	469,781		26
27	Other (specify):* related party			165,307	165,307		165,307	(64,036)	101,271		27
28	TOTAL General Administration	375,957	21,021	3,076,393	3,473,371	15,527	3,488,898	(375,689)	3,113,209		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,680,047	968,355	4,010,821	10,659,223	(12,590)	10,646,633	(264,142)	10,382,491		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: 01/01/2015 Ending:

12/31/2015

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			71,977	71,977		71,977	241,242	313,219			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			226,077	226,077		226,077	245,597	471,674			32
33	Real Estate Taxes			385,990	385,990	(385,990)		395,283	395,283			33
34	Rent-Facility & Grounds			544,685	544,685	385,990	930,675	(930,675)				34
35	Rent-Equipment & Vehicles			36,910	36,910		36,910	75,656	112,566			35
36	Other (specify):* MIP							50,634	50,634			36
37	TOTAL Ownership			1,265,639	1,265,639		1,265,639	77,737	1,343,376			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		388,316	608,293	996,609	12,590	1,009,199	48,496	1,057,695			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			603,360	603,360		603,360		603,360			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		388,316	1,211,653	1,599,969	12,590	1,612,559	48,496	1,661,055			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,680,047	1,356,671	6,488,113	13,524,831		13,524,831	(137,909)	13,386,922			45

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

Alden Wentworth Rehab & HCC
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0026435

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (33,943.00)	Employee Meals
	22	\$ 33,943.00	Employee Meals
22		(20,223.00)	Uniform Reclass
	1	2,025.00	Uniform Reclass
	3	2,933.00	Uniform Reclass
	4	286.00	Uniform Reclass
	6		Uniform Reclass
	10	12,464.00	Uniform Reclass
	11	708.00	Uniform Reclass
	21	1,807.00	Uniform Reclass
10		(12,590.00)	Oxygen Cost Reclass
	39	12,590.00	Oxygen Cost Reclass
33		(385,990.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	385,990.00	Rent - Real Estate Tax on associated landowner (Pg 6)

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	(4,599)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(2,557)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(436)	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	(36,470)	21		17
18	Fines and Penalties	(19,584)	32		18
19	Entertainment	(318)	20		19
20	Contributions	(6,380)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,117)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(165,307)	27		24
25	Fund Raising, Advertising and Promotional	(21,431)	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)	\$ (259,199)		\$	30

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

		1	2	
		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)	260,510		34
35	Other- Attach Schedule	(139,220)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 121,290		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (137,909)		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

BHF USE ONLY						
48		49		50		51
						52

Alden Wentworth Rehab & HCCID# 0026435Report Period Beginning: 01/01/2015Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on Utilities	\$ (3,349)	5	1
2	Other Nursing Income (Flu shots)	(371)	21	2
3	Intercompany Interest	(201,376)	32	3
4	Misc Income (Record copies)	(185)	10	4
5	Misc Income (Jury Duty)	(77)	21	5
6	Misc Income (Polling Site Reimbursement)	(100)	10	6
7	Vendor Discounts	(17)	10	7
8	Back out R/E Tax refund	42,571	33	8
9	Elim deprec exp on Pg 12 items < \$2,500 - WW	(3,267)	30	9
10	Exp PG 5 capital items <\$2,500 on Pg 12 - WW	2,136	6	10
11	Elim deprec exp on Pg 13 items < \$2,500 - WW	(18,711)	30	11
12	Expense item <\$2,500 on Pg 13 items - WW	40,875	6	12
13	Correct YTD Depreciation	2,644	30	13
14	Adj for ABC related party profit for 2011 - Page 12	51	30	14
15	Adj for ABC related party profit for 2012 - Page 12	121	30	15
16	Adj for ABC related party profit for 2013 - Page 12	76	30	16
17	Adj for ABC related party profit for 2014 - Page 12	(0)	30	17
18	AMS Depreciation Adj.	(241)	30	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(139,220)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	4,416	(7,140)	0	0	0	0	0	0	0	(2,724)	1
2	Food Purchase	(436)	0	0	(92,017)	0	0	0	0	0	0	0	(92,453)	2
3	Housekeeping	0	0	14,687	0	0	0	0	0	0	0	0	14,687	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,349)	0	5,773	0	0	0	0	0	0	0	0	2,424	5
6	Maintenance	38,412	2,414	33,620	0	0	0	(74)	673	0	0	0	75,045	6
7	Other (specify):*	0	0	13,144	0	0	0	0	0	0	0	0	13,144	7
8	TOTAL General Services	34,627	2,414	71,640	(99,157)	0	0	(74)	673	0	0	0	10,123	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	(302)	0	83,201	7,063	(1,737)	0	0	0	0	0	0	88,225	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	13,199	0	0	0	0	0	0	0	0	13,199	15
16	TOTAL Health Care and Programs	(302)	0	96,400	7,063	(1,737)	0	0	0	0	0	0	101,424	16
	C. General Administration													
17	Administrative	0	0	235,293	0	0	0	0	0	0	0	0	235,293	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,117)	36,349	(990,276)	0	0	0	0	0	0	0	0	(956,044)	19
20	Fees, Subscriptions & Promotions	(28,129)	309	(22,315)	0	0	0	0	0	0	0	0	(50,135)	20
21	Clerical & General Office Expenses	(36,918)	144	460,455	0	0	0	0	0	0	0	0	423,681	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(155)	0	0	0	0	0	0	(155)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,949	0	0	0	0	0	0	0	0	1,949	24
25	Other Admin. Staff Transportation	0	0	22,707	0	0	0	0	0	0	0	0	22,707	25
26	Insurance-Prop.Liab.Malpractice	0	10,634	417	0	0	0	0	0	0	0	0	11,051	26
27	Other (specify):*	(165,307)	0	101,271	0	0	0	0	0	0	0	0	(64,036)	27
28	TOTAL General Administration	(232,471)	47,436	(190,499)	0	(155)	0	0	0	0	0	0	(375,689)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(198,146)	49,850	(22,459)	(92,094)	(1,892)	0	(74)	673	0	0	0	(264,142)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(19,327)	256,365	4,204	0	0	0	0	0	0	0	0	241,242	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(223,517)	255,508	213,606	0	0	0	0	0	0	0	0	245,597	32
33	Real Estate Taxes	42,571	343,419	9,293	0	0	0	0	0	0	0	0	395,283	33
34	Rent-Facility & Grounds	0	(930,675)	0	0	0	0	0	0	0	0	0	(930,675)	34
35	Rent-Equipment & Vehicles	0	0	75,656	0	0	0	0	0	0	0	0	75,656	35
36	Other (specify):*	0	50,634	0	0	0	0	0	0	0	0	0	50,634	36
37	TOTAL Ownership	(200,273)	(24,749)	302,759	0	0	0	0	0	0	0	0	77,737	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	(15,517)	(8,801)	72,814	0	0	0	0	0	48,496	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	(15,517)	(8,801)	72,814	0	0	0	0	0	48,496	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(398,419)	25,101	280,300	(107,611)	(10,693)	72,814	(74)	673	0	0	0	(137,909)	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 PG 6-Supp		See PG 6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 930,675	Alden - Wentworth, LLC		\$	\$ (930,675)	1
2	V	32 Investment/Interest Income	122	Alden - Wentworth, LLC			(122)	2
3	V	19 Accounting Fees		Alden - Wentworth, LLC		6,775	6,775	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		343,419	343,419	6
7	V	26 General Insurance Expense		Alden - Wentworth, LLC		10,634	10,634	7
8	V	36 Mortgage Insurance Premium		Alden - Wentworth, LLC		50,634	50,634	8
9	V	32 Interest on Loan- Mortgage & other		Alden - Wentworth, LLC		253,180	253,180	9
10	V	30 Depreciation Expense		Alden - Wentworth, LLC		256,365	256,365	10
11	V	32 Amortization Expense		Alden - Wentworth, LLC		2,450	2,450	11
12	V	19 Legal Fees Non-Collections		Alden - Wentworth, LLC		29,574	29,574	12
13	V	6 Repairs & Maintenance		Alden - Wentworth, LLC		2,414	2,414	13
14	Total		\$ 930,797			\$ 955,898	\$ * 25,101	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 5,773	\$ 5,773
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,949	1,949
17	V	25 Other Admin Travel		Alden Management Services, Inc.		22,707	22,707
18	V	26 Insurance		Alden Management Services, Inc.		417	417
19	V	20 Dues & Subscriptions	29,185	Alden Management Services, Inc.		6,870	(22,315)
20	V	30 Depreciation		Alden Management Services, Inc.		4,204	4,204
21	V	33 Real Estate Tax		Alden Management Services, Inc.		9,293	9,293
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		75,656	75,656
23	V	32 Interest		Alden Management Services, Inc.		213,606	213,606
24	V	1 Dietary		Alden Management Services, Inc.		4,416	4,416
25	V	3 Housekeeping		Alden Management Services, Inc.		14,687	14,687
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		13,144	13,144
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		83,201	83,201
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		13,199	13,199
29	V	17 Administrative Salary		Alden Management Services, Inc.		235,293	235,293
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		101,271	101,271
31	V	19 Professional Fees	1,042,212	Alden Management Services, Inc.		51,936	(990,276)
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		460,455	460,455
33	V	6 Repair & Maint	63,841	Alden Management Services, Inc.		97,461	33,620
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,135,238			\$ 1,415,538	\$ * 280,300

* 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 <u>Diet. Cons.</u>	\$ 26,400	<u>Prism Health Care Services, Inc.</u>	0.00%	\$ 144	\$ (26,256)
16	V	1 <u>Diet: Salary</u>		<u>Prism Health Care Services, Inc.</u>		13,230	13,230
17	V	2 <u>Tube Feed.</u>	158,060	<u>Prism Health Care Services, Inc.</u>		47,370	(110,690)
18	V	10 <u>Equip Rent.</u>	6,660	<u>Prism Health Care Services, Inc.</u>		8,809	2,149
19	V	39 <u>Supplies</u>	98,534	<u>Prism Health Care Services, Inc.</u>		44,386	(54,148)
20	V	1 <u>Gen'l & Admin & Employee Benefit Costs</u>		<u>Prism Health Care Services, Inc.</u>		5,886	5,886
21	V	2 <u>Gen'l & Admin & Employee Benefit Costs</u>		<u>Prism Health Care Services, Inc.</u>		18,673	18,673
22	V	10 <u>Gen'l & Admin & Employee Benefit Costs</u>		<u>Prism Health Care Services, Inc.</u>		4,914	4,914
23	V	39 <u>Gen'l & Admin & Employee Benefit Costs</u>		<u>Prism Health Care Services, Inc.</u>		38,631	38,631
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		\$ 289,654			\$ 182,043	\$ * (107,611)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 154,247	Forum Extended Care Services II, Inc.	0.00%	\$ 148,871	\$ (5,376)
16	V	39 I.V.	62,970	Forum Extended Care Services II, Inc.		60,775	(2,195)
17	V	39 Wound Care	35,311	Forum Extended Care Services II, Inc.		34,081	(1,230)
18	V	10 House Stock	42,646	Forum Extended Care Services II, Inc.		41,160	(1,486)
19	V	10 Pharm Consult.	7,200	Forum Extended Care Services II, Inc.		6,949	(251)
20	V	22 Employ. Vaccin.	4,455	Forum Extended Care Services II, Inc.		4,300	(155)
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 306,829			\$ 296,136	\$ * (10,693)

* 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	\$ 649,813	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 722,627	\$ 72,814	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		\$ 649,813			\$ 722,627	\$ *	72,814	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	\$ 39,119	Alden Bennett Construction Company, Inc.	0.00%	\$ 39,045	\$ (74)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 39,119			\$ 39,045	\$ * (74)

* 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	\$ 3,204	Alden Design Group, Inc.	0.00%	\$ 3,877	\$ 673	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		\$ 3,204			\$ 3,877	\$ *	673	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:

01/01/2015

Ending:

12/31/2015

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 C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alz	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Wentworth Rehab & HCC # 002-6435 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	President	CEO	100.00	173,809	2.42	6.05	Salary	\$ 11,191	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	93,951	2.42	6.05	Salary	6,049	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	93,951	2.42	6.05	Salary	6,049	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	102,546	2.42	6.05	Salary	6,602	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	58,734	2.42	6.05	Salary	3,782	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 Program.										11
12											12
13								TOTAL	\$ 33,673		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:

01/01/2015

Ending: 2/31/2015

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	34	\$ 95,438	\$	75,708	\$ 5,773	1
2	24	Travel & Seminar	Patient days	34	32,213		75,708	1,949	2
3	25	Other Admin Travel	Patient days	34	375,370		75,708	22,707	3
4	26	Insurance	Patient days	34	6,897		75,708	417	4
5	20	Dues/Subscriptions	Patient days	34	113,573		75,708	6,870	5
6	30	Depreciation	No. of providers	34	156,306		1	4,204	6
7	33	Real Estate Tax	Patient days/usage	34	176,959		75,708	9,293	7
8	35	Rent-Equip/Vehicles	Patient days	34	1,250,701		75,708	75,656	8
9	32	Interest	Patient days/usage	34	2,158,573		75,708	213,606	9
10	1	Dietary Aide Coordinator Salary	Patient days	34	72,994	72,994	75,708	4,416	10
11	3	Housekeeping Coordinator Salary	Patient days	34	242,795	242,795	75,708	14,687	11
12	7	Employee Benef % -Gen'l Servs	Patient days	34	217,281		75,708	13,144	12
13	10	Nurs/Med Records Salary	Patient days/usage	34	1,562,220	1,562,220	75,708	83,201	13
14	15	Employee Benef % - Health Care	Patient days	34	218,198		75,708	13,199	14
15	17	Administrative Salary	Patient days/usage	34	4,332,153	4,332,153	75,708	235,293	15
16	27	Employee Benef %-Administrativ	Patient days	34	1,674,148		75,708	101,271	16
17	19	Professional Fees	Patient days	34	1,213,223	909,774	75,708	51,936	17
18	21	Gen'l & Admin	Patient days/usage	34	7,611,926	6,744,406	75,708	460,455	18
19	6	Repairs & Maintenance	Patient days	34	1,835,211	1,239,870	75,708	97,461	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 23,346,179	\$ 15,104,212		\$ 1,415,538	25

Facility Name & ID Number

Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Cambridge (GL 2505/7055)		X	Mortgage		09/12	\$ 10,572,400	\$ 10,051,314	09/2052	2.5000	\$ 253,179						
2																	
3	Insurance Interest (GL07053)		X	Medical Malpractice							5,118						
4																	
5	Amort of Fin Fees (GL 1918)		X	Refinancing							2,450						
Working Capital																	
6	Related party-AMS		X	Working Capital							213,606						
7																	
8																	
9	TOTAL Facility Related						\$ 10,572,400	\$ 10,051,314			\$ 474,353						
B. Non-Facility Related*																	
10	Interest Income on R.R.		X								(122)						
11	Int Income (GL#4975)		X								(2,557)						
12																	
13																	
14	TOTAL Non-Facility Related						\$	\$			\$ (2,679)						
15	TOTALS (line 9+line14)						\$ 10,572,400	\$ 10,051,314			\$ 471,674						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 50,634 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 2014 report.	\$	<u>381,900</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>378,290</u>	2	
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>(3,610)</u>	3	
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>389,600</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>385,990</u>	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>9,293</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>395,283</u>
Real Estate Tax Bill for Calendar Year:	2010	<u>315,709</u>	8	FOR BHF USE ONLY	
	2011	<u>314,396</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>365,868</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>370,820</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>378,290</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
The current year accrual is based on an estimated 3% increase of the prior year tax					

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.

2014 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 2014 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 2014.

(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>153,627.00</u>	\$ <u>9,293.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>20-21-413-034-0000</u>	<u>Nursing facility</u>	\$ <u>3,692.80</u>	\$ <u>3,692.80</u>
4. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>23,183.42</u>	\$ <u>23,183.42</u>
5. <u>20-21-414-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>19,625.15</u>	\$ <u>19,625.15</u>
6. <u>20-21-414-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,251.24</u>	\$ <u>1,251.24</u>
7. <u>20-21-414-016-0000</u>	<u>Nursing Home Facility</u>	\$ <u>30,309.76</u>	\$ <u>30,309.76</u>
8. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>108,749.83</u>	\$ <u>108,749.83</u>
9. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>65,590.25</u>	\$ <u>65,590.25</u>
10. <u>20-21-414-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,001.01</u>	\$ <u>2,001.01</u>
TOTALS		\$ <u><u>408,030.46</u></u>	\$ <u><u>263,696.46</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

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

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth 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 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>20-21-414-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,114.02</u>	\$ <u>2,114.02</u>
2.	<u>20-21-414-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,082.29</u>	\$ <u>2,082.29</u>
3.	<u>20-21-414-031-0000</u>	<u>Nursing Home Facility</u>	\$ <u>65,271.70</u>	\$ <u>65,271.70</u>

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).
none

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

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

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

XI. OWNERSHIP COSTS:

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

STATE OF ILLINOIS

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center, Inc. # Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreci	Life in Years	Straight Line Depreciation	Adjustments Depreciati	Accumulated Accum Depr	
4	300	2005	2005	\$ 3,456,698	\$ 86,417	40	\$ 86,417	\$ 0	\$ 907,381	4
5		2009	2009	3,396,151	87,081	39	87,081		536,999	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/repair tower belts/Glass		1991	61,199		5-10			61,199	12
13	Ejector pumps		1992	35,689		5-15			35,689	13
14	Wire Partitioning/Transfer box/piping/drain/motor		1993	33,591		5-15			33,591	14
15	Plumbing/elevator/Pump Motor/Sink tops/Boiler		1994	28,780		15-20			28,780	15
16	Tile work/door frames/filter & 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	124	20	124		2,800	19
20	Install new flooring		1996	1,763	88	20	88		1,703	20
21	Install new flooring		1996	2,800	140	20	140		2,742	21
22	Install new flooring		1996	2,800	140	20	140		2,730	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

STATE OF ILLINOIS

Facility Name & ID Number Alden - Wentworth Rehabilitation and Health Care Center, Inc. # Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
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		4,548	38
39	Midwest (Replace Booster Heater)	1998	3,359		10			3,359	39
40	Mr. Root (Repair Ejector Pumps)	1998	5,100		10			5,100	40
41	Mr rooter (repair Basement replacement pump	1998	2,600		10			2,600	41
42	Climate Service (Replace Hot Water Pump)	1998	6,237		15			6,237	42
43	Alden Bennett construction	1998	11,000		15			11,000	43
44	ABC Tank replacement	1999	12,409		15			12,409	44
45	alden Bennett	1999	11,000		15			11,000	45
46	North Town Food Service (Install booster heater)	1999	1,674		10			1,674	46
47	Fox Valley Fire & Safety	1999	2,690		15			2,690	47
48	alden Bennett(Carpentry LAbor0	1999	5,954		10			5,954	48
49	Alden Bennett (Specialty Prooducts)	1999	4,647		10			4,647	49
50	Capps Plumbing & Sewer	1999	3,390		10			3,390	50
51	Fox Valley Fire (Sprinkler System)	1999	2,981		15			2,981	51
52	Alden Bennett (Hardware)	1999	1,843		10			1,843	52
53	Climate Services (PVI Water heater)	1999	11,150		15			11,150	53
54	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000		15			11,000	54
55	Alden Bennett (leasehold improvements)	2000	5,384		10			5,384	55
56	Alden Bennett (leasehold improvements)	2000	1,518		10			1,518	56
57	Climate Service (A/C Repair)	2000	9,393		5			9,393	57
58	Capps Plumbing & Sewer (Kitchen repair)	2000	2,842		5			2,842	58
59	Capps Plumbing Service (faucets)	2000	2,890		10			2,890	59
60	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258		10			1,258	60
61	Kraft Paper Sales Co (Walkoff Mats)	2000	1,884		5			1,884	61
62	New Horizons (telephone repair)	2000	3,756		10			3,756	62
63	Fox valley Fire & Safetv (smoke detector wiring)	2000	5,482	65	15	65		5,482	63
64	Patten Industries (heating repair)	2000	3,012		5			3,012	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,297,129	\$ 174,310		\$ 174,310	\$ 0	\$ 1,887,920	70

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

STATE OF ILLINOIS

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

#

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,297,129	\$ 174,310		\$ 174,310	\$ 0	\$ 1,887,920	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		3,471	3
4	System Electric (sprinkler pump motor & wiring)	2000	2,990	53	15	53		2,990	4
5	System Electric (various kitchen & laundry repairs)	2000	4,605		5			4,605	5
6	D.B.S Contracting (automatic lawn sprinkler system)	2000	44,985	1,799	25	1,799		28,189	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	12	15	12		2,395	11
12	Capps Plumbing (repair scullery drain install faucets)	2000	3,446		10			3,446	12
13	Install Coolant hoses, Lines, Heater	2001	2,443		5			2,443	13
14	Power supply and wiring re phone system	2001	7,258		10			7,258	14
15	Power supply and wiring re phone system	2001	1,663		10			1,663	15
16	Coker services-Boiler	2001	3,163	158	20	158		2,345	16
17	Capps Plumbing	2001	2,665		5			2,665	17
18	T&T	2001	1,756		5			1,756	18
19	Alden Bennett Construction Co.	2001	1,431		5			1,431	19
20	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	1,170		5			1,170	20
21	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	2,645		5			2,645	21
22	Healthcare Products - Repair Wheelchairs	2002	988		5			988	22
23	Washtown Equip - Repair Washer - motor bearings / valves / belts	2002	2,208		5			2,208	23
24	GT Mech - Repair boiler - gas valves	2002	1,143		5			1,143	24
25	GT Mech - Repair boiler - installed rebuild kit	2002	1,841		5			1,841	25
26	GT Mech - Repair boiler - replaced Chimney cap	2002	1,295		5			1,295	26
27	CSI Coker - Repair dishwasher	2002	4,279		5			4,279	27
28	Healthcare Products - Repair Wheelchairs	2002	1,721		5			1,721	28
29	Long Elev. And Machine Co. - repair elevator	2002	1,148		5			1,148	29
30	DBS Contracting	2002	2,699		5			2,699	30
31	CSI Coker - Repair cooking equip	2002	1,527		5			1,527	31
32	Capps Plumbing - Repair hot water system	2002	1,940		10			1,940	32
33	Capps Plumbing - Repair hot water system	2002	2,135		10			2,135	33
34	TOTAL (lines 1 thru 33)		\$ 7,428,803	\$ 176,551		\$ 176,551	\$ 0	\$ 1,999,967	34

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

Facil 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	\$ 176,551		\$ 176,551	\$ 0	\$ 1,999,967	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		2,564	5
6	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	967	15	967		13,132	6
7	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		3,327	7
8	ABC - Leasehold Improvements	2002	11,627	581	20	581		7,653	8
9	Tyco - Smoke Detectors	2002	1,023		7			1,023	9
10	ABC - Smoke Dampers	2002	9,701		7			9,701	10
11	CSI - Repair Dishwasher	2003	1,886		5			1,886	11
12	GT Mech - Repair AC	2003	1,538		5			1,538	12
13	Simplex - Repair Drain System	2003	1,503	(1)	10	(1)		1,503	13
14	CAPPS - Repair water 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		10			2,695	16
17	Directional Boring Services - Sprinkler System	2003	10,000	1	12	1		10,000	17
18	AMS-New generator	2004	2,148	143	15	143		1,669	18
19	GT Mech Circu pump for heat	2004	1,747	103	17	103		1,158	19
20	CSI repair to oven	2004	2,627		10			2,627	20
21	CSI new wiring	2004	1,718		10			1,718	21
22	GT Mech Chiller Repair	2004	4,196		10			4,196	22
23	ABC Sewage ejector pump	2004	10,724		10			10,724	23
24	ABC Hvac	2004	2,971		10			2,971	24
25	ABC-Remodeling 4th floor	2004	25,103	1,004	25	1,004		11,044	25
26	ABC-Remodeling 4th floor	2005	7,734	387	20	387		4,255	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	57	10	57		2,234	28
29	ABC-Remodeling 4th floor	2005	5,568	371	15	371		3,927	29
30	Top Notch- 2 hp motor	2005	2,155	88	10	88		2,155	30
31	Oakfirst Fire-install nurse call system	2005	2,423	103	10	103		2,423	31
32	ABC-Remodeling 4th floor	2005	9,433	629	15	629		6,657	32
33	ABC-Remodeling 4th floor	2005	17,007	1,134	15	1,134		12,001	33
34	TOTAL (lines 1 thru 33)		\$ 7,601,777	\$ 182,558		\$ 182,558	\$ 0	\$ 2,136,664	34

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

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,601,777	\$ 182,558		\$ 182,558	\$ 0	\$ 2,136,664	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,692,687	\$ 183,830		\$ 183,831	\$ 0	\$ 2,222,135	34

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

STATE OF ILLINOIS

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

#

Report Period Beginning:

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,692,687	\$ 183,830		\$ 183,831	\$ 0	\$ 2,222,135	1
2	Patten-intake motor	2005	1,586		7			1,586	2
3	ABC-vinyl flooring	2005	3,064	233	10	233		3,064	3
4	Epic Service and Supply-floor cleaner	2005	1,114		7			1,114	4
5	ABC-2nd floor rennovation	2005	74,572	4,971	15	4,971		50,543	5
6	Oakfirst Fire-install fire alarm system	2005	12,500	833	15	833		8,399	6
7	ABC-2nd floor rennovation	2005	6,610	441	15	441		4,410	7
8	ABC- replace glass black window for boiler room	2006	9,184	918	10	918		9,104	8
9	ABC - time and material billings for renovations	2006	3,722	372	10	372		3,658	9
10	ABC - re-wire 36 lines of tv cables	2006	5,070	507	10	507		5,028	10
11	smoke detectors	2006	3,961	264	15	264		2,409	11
12	finish hardware acoustical resilient flooring , plumbing, heating	2006	25,451	707	15	707		7,353	12
13	motor and impeller assy/ booster heater	2006	7,000	467	15	467		4,281	13
14	boiler assy	2006	3,550	178	20	178		1,720	14
15	install new elevator recall system	2006	7,229	361	20	361		3,463	15
16									16
17	replace hose & pump	2007	6,594		5			6,594	17
18	cooling system	2007	6,742	674	10	674		5,729	18
19	replace worn & broken locks	2007	3,703		5			3,703	19
20	elevator passenger	2007	7,322	488	15	488		4,107	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		32,274	22
23	ABC - replace concrete	2007	6,896	690	10	690		5,692	23
24									24
25	Pattern - Repair Generator	2008	2,543		5			2,543	25
26	Pattern - Remove & install battery	2008	2,566		5			2,566	26
27	ABC - replaced damage doors with new doors and tiles	2008	3,045	305	10	305		2,185	27
28									28
29	AMS Maintenance Allocation - install hookups & framing	2009	7,596	380	20	380		2,343	29
30	GT Mech - Repair condenser	2009	2,962		5			2,962	30
31	Pattern - Repair generator	2009	2,547		5			2,547	31
32	Pattern - Repair generator	2009	3,537		5			3,537	32
33	Top Notch - 1 evaporator coil	2009	5,341		5			5,341	33
34	TOTAL (lines 1 thru 33)		\$ 7,961,989	\$ 200,531		\$ 200,532	\$ 0	\$ 2,414,565	34

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

STATE OF ILLINOIS

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

#

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,961,989	\$ 200,531		\$ 200,532	\$ 0	\$ 2,414,565	1
2	AMS Maintenance Allocation - repaired drywall	2009	7,450	745	10	745		4,594	2
3	SkiMont -repaired boiler & hot water heater	2009	2,892		5			2,892	3
4									4
5	ABC - Caulk Work; Uncalked & recalked main entry & patio	2010	2,754	91	5	91		2,754	5
6	ABC - Concrete Patio & remove tripping hazards for resident safe	2010	3,593	240	15	240		1,339	6
7	ABC - Drywall & Vinyl Flooring Replaced	2010	66,560	4,437	15	4,437		23,295	7
8	ABC - Deck Railing repaired	2010	5,616	656	5	656		5,616	8
9	BELEC - Door Heater Cooler & Freezer Repaired	2010	6,666	778	5	778		6,666	9
10	SKIMOR - Dialysis waste piping repaired	2010	3,100	465	5	465		3,100	10
11									11
12	GT Mech - Air/exhaust installed/modified in Oxygen room	2011	3,350	670	5	670		3,294	12
13	OAKFIR - Damper links replaced	2011	13,237	1,324	10	1,324		6,068	13
14	FOCFIR - Elevator Sprinkler repairs	2011	8,880	1,776	5	1,776		8,140	14
15	ABC - motor contractor replacement (2)	2011	9,199	1,840	5	1,840		8,126	15
16	ABC - Dampers-radiation installed	2011	8,978	898	10	898		3,816	16
17	ROSPAV - Asphalt/Paint/Coating/Sealing for Parking Lot	2011	3,250	406	8	406		1,726	17
18	Top Notch - Boiler/Filter/Valaves for steamer	2011	3,867	773	5	773		3,222	18
19	ABC - Elevator Power Unit Emergency replacement	2011	15,455	3,091	5	3,091		14,682	19
20	Adj for ABC related party profit	2011	262	51		51		231	20
21									21
22	Fire Sprinkler System - ABC	2012	7,477	299	25	299		972	22
23	Roof Insulation - ABC	2012	4,642	928	5	928		3,016	23
24	Damper,Fire - Repairs ABC	2012	2,593	259	10	259		971	24
25	Drywall repair for generator - ABC	2012	5,686	1,137	5	1,137		3,601	25
26	Replace wash motor - TOPNOT	2012	2,512	502	5	502		1,590	26
27	Replace washer Basket/Hose - EQUINT	2012	5,364	1,073	5	1,073		3,398	27
28	Window replacement - ABC	2012	8,233	823	10	823		2,538	28
29	Door Motor V/Enclosed Fire Dampers - ABC	2012	3,340	334	10	334		1,225	29
30	Contractor for compressor - GTMECH	2012	6,018	401	15	401		1,236	30
31	Adj for ABC related party profit	2012	1,768	121		121		424	31
32									32
33	Rebuild Boiler - ABC	2013	17,448	1,745	10	1,745		4,435	33
34	TOTAL (lines 1 thru 33)		\$ 8,192,175	\$ 226,394		\$ 226,395	\$ 0	\$ 2,537,532	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 12F, Carried Forward		\$ 8,192,175	\$ 226,394		\$ 226,395	\$ 0	\$ 2,537,532	1
2	Boiler Valves/starters replaced - ABC	2013	11,959	1,196	10	1,196		3,987	2
3	Generator, major repair-Patten CAT	2013	4,881	976	5	976		2,521	3
4	Elevator doors repaired - KONICA	2013	5,827	1,165	5	1,165		2,718	4
5	Pump,sewage,starters/repairs - ABC	2013	4,658	932	5	932		2,175	5
6	Contractors/Coils/Cables for condensor-BELEC	2013	5,450	1,090	5	1,090		2,453	6
7	Adj for ABC related party profit	2013	458	76		76		190	7
8	Elevator Repair - ALIELE	2014	7,843	1,569	5	1,569		3,007	8
9	Dishwasher Motor -TOPNOT	2014	8,046	1,609	5	1,609		2,280	9
10	Repaired Storm Pipe - TRITON	2014	7,717	1,543	5	1,543		1,865	10
11	Repaired Sewer Pipe - TRITON	2014	7,925	1,585	5	1,585		1,717	11
12	Blower Motor - GT MECH	2014	5,636	1,127	5	1,127		1,127	12
13	Fire Alarm Control Panel - ABC	2014	14,884	744	20	744		806	13
14	Adj for ABC related party profit	2014	(28)	(0)		(0)		(0)	14
15									15
16	Repaired Dishwasher - TOPNOT	2015	3,855	707	5	707		707	16
17	Elevator power unit - ALIELE	2015	9,950	1,824	5	1,824		1,824	17
18	Fire sprinkler additions-piped/wired - OAKFIR	2015	5,393	67	20	67		67	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)		\$ 8,296,628	\$ 242,604		\$ 242,605	\$ 0	\$ 2,564,976	34

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

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	\$ 545,517	\$ 54,263	\$ 54,263	\$	varies	\$ 270,698	71
72	Current Year Purchases	144,985	12,614	12,614		varies	9,548	72
73	Fully Depreciated Assets	1,446,909	3,737	3,737		varies	1,446,309	73
74								74
75	TOTALS	\$ 2,137,411	\$ 70,614	\$ 70,614	\$		\$ 1,726,556	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related Party-AMS	Various	'98 - '04	4,026				3	4,026	79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,570,526	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 313,219	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 313,219	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)	\$ 4,295,557	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: 01/01/2015

Ending: 12/31/2015

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning 7/01/05

Ending 7/01/16

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

Fiscal Year Ending Annual Rent

12. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ 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: \$ 61,230

Description: <---copy machine gl 6861 & equip lease gl 6959

(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>23,352</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>100.00</u>	<u>1,200</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>24,552</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.

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2015 Ending: 12/31/2015
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</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	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 242,964	\$		\$ 242,964	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			40,450			40,450	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			218,097			218,097	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				148,871		148,871	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify):	See Pg 16A				72,814	334,499		407,313	13
14	TOTAL			\$		\$ 574,325	\$ 483,370		\$ 1,057,695	14

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

XIV. Special Services (Direct Cost)

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

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	242,964.00	
2.	ST	39-3	To Col 5	40,450.00	
3.					
4.	PT	39-3	To Col 5	218,097.00	
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL			154,247.00	
	Manual Input from Related Party- Forum Drugs			(5,376.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	- 148,871.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	- 0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	- 0.00	
	Total Exceptional Care (Line 12, Col 8)			- 0.00	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	72,814.00	From Page 6D

Other			340,851.00	
Manual Input: Related Party - Prism			(15,517.00)	From Page 6B
Manual Input: Related Party FECII - I.V.			(2,195.00)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)			(1,230.00)	From Page 6C
			12,590.00	

13. Col 6: Supplies Total	To Col 6	-	334,499.00	

13. Total Line 13, Column 8		-	407,313.00	

14. Total		-	1,057,695.00	
			=====	

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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>170,000</u>)	2,415,236	2,415,236	3
4	Supply Inventory (priced at)	5,669	5,669	4
5	Short-Term Investments			5
6	Prepaid Insurance		45,977	6
7	Other Prepaid Expenses	6,616	6,616	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	1,672	1,672	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,429,193	\$ 2,475,170	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	1,492,075	15
16	Equipment, at Historical Cost	1,089,643	2,436,131	16
17	Accumulated Depreciation (book methods)	(2,172,706)	(4,549,954)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		122,743	21
22	Other Long-Term Assets (spec <u>Replace.Reserv</u>)		165,824	22
23	Other(specify): <u>Refi Fee, Net</u>		51,461	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 311,105	\$ 7,171,129	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,740,298	\$ 9,646,299	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,199,292	\$ 675,179	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	492,104	492,104	28
29	Short-Term Notes Payable		169,031	29
30	Accrued Salaries Payable	674,502	674,502	30
31	Accrued Taxes Payable (excluding real estate taxes)	33,211	33,211	31
32	Accrued Real Estate Taxes(Sch.IX-B)		389,600	32
33	Accrued Interest Payable		20,940	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,d/t PA,Sales Tx, etc.</u>	630,747	630,747	36
37	<u>Due to Affiliates</u>	1,196,991	1,196,991	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,226,847	\$ 4,282,305	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,882,283	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	9,990,984	8,971,642	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 9,990,984	\$ 18,853,925	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,217,831	\$ 23,136,230	46
47	TOTAL EQUITY(page 18, line 24)	\$ (11,477,533)	\$ (13,489,931)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,740,298	\$ 9,646,299	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,352,033)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	2	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,352,031)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(125,502)	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)	\$ (125,502)	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)	\$ (11,477,533)	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	\$ 13,241,227	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,241,227	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	120,632	6
7	Oxygen	32,499	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 153,131	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(4,080)	19
20	Radiology and X-Ray		20
21	Other Medical Services	787	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ (3,293)	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,557	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,557	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	5,707	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,707	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,399,329	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,134,481	31
32	Health Care	5,051,371	32
33	General Administration	3,473,371	33
B. Capital Expense			
34	Ownership	1,265,639	34
C. Ancillary Expense			
35	Special Cost Centers	996,609	35
36	Provider Participation Fee	603,360	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,524,831	40
41	Income before Income Taxes (line 30 minus line 40)**	(125,502)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (125,502)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,119,668	44
45	Private Pay - Net Inpatient Revenue	108,957	45
46	Medicare - Net Inpatient Revenue	2,193,722	46
47	Other-(specify)	150,945	47
48	Other-(specify)	667,935	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,241,227	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 (discribe) (is offset against Sch.# V)	
Misc Income (Record copies)	\$ 185
Misc Income (Jury Duty)	\$ 77
Misc Income (Polling Site Reimbursement)	\$ 100
Meals (private only, not ofset on Schdl V)	\$ (241)
Vendor Discounts (is offset on Sch V, Ref Ln 2)	\$ 17
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	\$ 5,569
Line 28 Total:	<u>5,707</u>

Ending: 12/31/2015

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 104,559	\$ 50.27	1
2	Assistant Director of Nursing	3,728	3,728	141,224	37.88	2
3	Registered Nurses	19,884	22,943	650,116	28.34	3
4	Licensed Practical Nurses	40,044	43,570	1,183,888	27.17	4
5	CNAs & Orderlies	121,778	130,098	1,367,513	10.51	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,080	10,550	99,184	9.40	8
9	Activity Director	2,080	2,080	48,701	23.41	9
10	Activity Assistants	9,476	10,615	121,318	11.43	10
11	Social Service Workers	3,976	3,976	82,920	20.86	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	35,637	17.13	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,903	26,443	300,017	11.35	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	63,157	30.36	17
18	Housekeepers	27,629	30,105	324,190	10.77	18
19	Laundry	5,521	6,479	64,587	9.97	19
20	Administrator	2,080	2,080	112,350	54.01	20
21	Assistant Administrator	1,912	1,920	62,115	32.35	21
22	Other Administrative	8,088	8,088	237,105	29.32	22
23	Office Manager	2,080	2,080	47,867	23.01	23
24	Clerical	4,248	4,549	71,684	15.76	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,464	4,480	175,985	39.28	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Behavioral Health	18,806	20,334	332,993	16.38	32
33	Other(specify) Memory Care coo	2,072	2,072	52,937	25.55	33
34	TOTAL (lines 1 - 33)	317,089	342,430	\$ 5,680,047 *	\$ 16.59	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	\$ 27,013	1-3	35
36	Medical Director	Mohtly	42,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	Monthly	7,200		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	880	11-3	44
45	Social Service Consultant	Varies	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 77,933		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	71	\$ 16,371	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	71	\$ 16,371		53

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	
HILL-JEON, CHARLENE A	Administrator	0	\$ 112,350	Workers' Compensation Insurance	\$ 207,484	IDPH License Fee	\$	
BUNIAO, VALERIE J	Assistant Administrator	0	62,115	Unemployment Compensation Insurance	88,668	Advertising: Employee Recruitment	235	
				FICA Taxes	426,699	Health Care Worker Background Check		
				Employee Health Insurance	107,008	(Indicate # of checks performed 39)	1,273	
				Employee Meals	33,943	Patient Background Checks	2,644	
				Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of Illinois	28,800	
				Union, Health, & Welfare/Pension	249,643	Corporate Annual Report	464	
				Dental Insurance/Life Insurance	2,554	Chicago Trib/Creative Forecasting	839	
				Misc Payroll Costs/401K Match	4,458	Related party- AMS	6,870	
				Vaccinations & drug testing	6,983	Surety Bond Fees	1,063	
				Related Party - Forum	(155)	Less: Public Relations Expense	()	
				employee relations	7,342	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 174,464				\$ 1,134,628			\$ 42,188	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
	\$					\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$ 2,509	
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Services, Inc.	Consulting fees	\$ 995,304						
BDO Seidman/Baker Tilly	Accounting Fees	7,405						
AMS (Eliminated)	Allocated Legal Fees	46,908						
Valent/ Recoo	Legal Fees: Collections	180						
MidCap/KPMG	Accounting Fees	3,961						
First Advantage	Tax Consulting	6,659						
AT&T Mobility	Professional Services	1,638					Related Party- AMS	
Markley Inves.	Legal Fees: Collections	100					Seminar Expense	
AMS	Resident Background Check	332					National Business Inst./IL Council	
Circuit Court/Sheriff of Cook Count	Legal Fees: Collections	1,665					PESI Inc	
Recorder of Deed/ABC Accounts Co	Legal Fees: Collections	172						
AMS	Legal Fees: Non - ollections	3,338					Entertainment Expense	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)							(agree to Sch. V, line 24, col. 8)	
\$ 1,067,662							\$	

* Attach copy of IMRF notifications

**See instructions.

Alden Wentworth Rehab & HCC
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$	52,363.06
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(2,117.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u>3,338.06</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Midcap Legal	1/1/15-12/31/15	3,038.06
Nixon Peabody	12/10/15	300.00
TOTAL ALLOWABLE LEGAL FEES		<u>3,338.06</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
ABC Accounts Corporation	1/13/2015	86.00
ABC Accounts Corporation	4/4/2015	43.00
ABC Accounts Corporation	10/10/2015	43.00
Clerk Of The Circuit Court	2/2/2015	6.00
Clerk Of The Circuit Court	4/2/2015	247.00
Clerk Of The Circuit Court	5/15/2015	564.00
Clerk Of The Circuit Court	6/10/2015	337.00
Clerk Of The Circuit Court	6/23/2015	6.00
Clerk Of The Circuit Court	8/31/215	247.00
Clerk Of The Circuit Court	12/17/2015	6.00
Clerk Of The Circuit Court	12/17/2015	6.00
Clerk Of The Circuit Court	12/17/2015	6.00
Markley Investigations	7/28/2015	50.00

Markley Investigations	12/17/2015	50.00
Recorder of Deeds Cook County	2/13/2015	40.00
Recorder of Deeds Cook County	6/10/2015	80.00
Sheriff of Cook County	4/2/2015	60.00
Sheriff of Cook County	5/5/2015	120.00
Sheriff of Cook County	8/31/2015	60.00
Valer Enterprises Inc.	12/31/2014	30.00
Valer Enterprises Inc.	6/26/2015	30.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 2,117.00

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Allocated Legal	1/1/15-12/31/15	46,908.00
TOTAL Allocated Legal Fees		<u>46,908.00</u>
Total Legal Cost		<u>52,363.06</u>

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes RN/LPN: No (13)
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. HCC of Illinois \$28,800
- (3) Did the nursing home make political contributions or payments to a political action organization? 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. \$ 52,996 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? _____
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 603,360
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. \$ 33,943 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? 0
 - d. Have vehicle usage logs been maintained? No
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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.