

Facility Name & ID Number Wentworth Rehab & HCC

0026435 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	4,597	210	7,256	12,063	8
9	SNF/PED					9
10	ICF	64,004	204	661	64,869	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	68,601	414	7,917	76,932	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.26%

D. How many bed reserve days during this year were paid by the Department?
0 (Do not include bed reserve 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 3,822

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: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Wentworth Rehab & HCC # 0026435 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	382,049	36,010	34,168	452,227	1,931	454,158	349	454,507		1
2	Food Purchase		581,647		581,647	(36,464)	545,183	(73,942)	471,241		2
3	Housekeeping	356,985	65,199		422,184	2,797	424,981	12,715	437,696		3
4	Laundry	100,990	24,872		125,862	272	126,134		126,134		4
5	Heat and Other Utilities			312,067	312,067		312,067	1,657	313,724		5
6	Maintenance	62,215		341,283	403,498		403,498	66,884	470,382		6
7	Other (specify):* related party							14,250	14,250		7
8	TOTAL General Services	902,239	707,728	687,518	2,297,485	(31,464)	2,266,021	21,913	2,287,934		8
	B. Health Care and Programs										
9	Medical Director			52,500	52,500		52,500		52,500		9
10	Nursing and Medical Records	3,957,755	187,575	93,229	4,238,559	(24,926)	4,213,633	94,893	4,308,526		10
10a	Therapy	197,419	1,239	88,676	287,334		287,334		287,334		10a
11	Activities	502,595	11,040	5,862	519,497	675	520,172		520,172		11
12	Social Services	64,039			64,039		64,039		64,039		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							13,790	13,790		15
16	TOTAL Health Care and Programs	4,721,808	199,854	240,267	5,161,929	(24,251)	5,137,678	108,683	5,246,361		16
	C. General Administration										
17	Administrative	264,224			264,224		264,224	299,449	563,673		17
18	Directors Fees										18
19	Professional Services			1,153,443	1,153,443		1,153,443	(1,045,845)	107,598		19
20	Dues, Fees, Subscriptions & Promotions			157,194	157,194		157,194	(109,884)	47,310		20
21	Clerical & General Office Expenses	209,669	28,022	251,310	489,001	1,723	490,724	368,277	859,001		21
22	Employee Benefits & Payroll Taxes			1,070,236	1,070,236	17,179	1,087,415	(4,025)	1,083,390		22
23	Inservice Training & Education										23
24	Travel and Seminar			125	125		125	1,850	1,975		24
25	Other Admin. Staff Transportation			3,219	3,219		3,219	20,312	23,531		25
26	Insurance-Prop.Liab.Malpractice			434,764	434,764		434,764	8,791	443,555		26
27	Other (specify):* related party			203,107	203,107		203,107	(98,870)	104,237		27
28	TOTAL General Administration	473,893	28,022	3,273,398	3,775,313	18,902	3,794,215	(559,945)	3,234,270		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,097,940	935,604	4,201,183	11,234,727	(36,813)	11,197,914	(429,349)	10,768,565		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

Wentworth Rehab & HCC

#0026435

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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			79,302	79,302		79,302	234,801	314,103			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			337,944	337,944		337,944	110,628	448,572			32
33	Real Estate Taxes			416,335	416,335	(416,335)		472,253	472,253			33
34	Rent-Facility & Grounds			601,934	601,934	416,335	1,018,269	(1,018,269)				34
35	Rent-Equipment & Vehicles			24,871	24,871		24,871	55,454	80,325			35
36	Other (specify):* MIP							48,942	48,942			36
37	TOTAL Ownership			1,460,386	1,460,386		1,460,386	(96,191)	1,364,195			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		474,432	698,142	1,172,574	36,813	1,209,387	(49,429)	1,159,958			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			611,661	611,661		611,661		611,661			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		474,432	1,309,803	1,784,235	36,813	1,821,048	(49,429)	1,771,619			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,097,940	1,410,036	6,971,372	14,479,348		14,479,348	(574,969)	13,904,379			45

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

0026435
 Period Beginning: 01/01/2017
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(36,464)	Employee Meals
	22	36,464	Employee Meals
22		(19,285)	Uniform Reclass
	1	1931	Uniform Reclass
	3	2797	Uniform Reclass
	4	272	Uniform Reclass
	6	0	Uniform Reclass
	10	11887	Uniform Reclass
	11	675	Uniform Reclass
	21	1723	Uniform Reclass
10		(36,813)	Oxygen Cost Reclass
	39	36,813	Oxygen Cost Reclass
33		(416,335)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	416,335	Rent - Real Estate Tax on associated landowner (Pg 6)

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

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	(2,875)	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	(21,667)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,256)	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	(39,374)	21		17
18	Fines and Penalties	(130,299)	32		18
19	Entertainment	(9,980)	20		19
20	Contributions	(9,180)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(228)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(207,464)	27		24
25	Fund Raising, Advertising and Promotional	(7,353)	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)	\$ (429,676)		\$	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)	9,146	Pg 6s	34
35	Other- Attach Schedule	(154,439)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (145,293)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (574,969)		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

Wentworth Rehab & HCC

ID# 0026435

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on Utilities	\$ (3,607)	5	1
2	Intercompany Interest	(201,147)	32	2
3	Misc. Income - Rehab Settlement Check	(2,844)	10	3
4	Misc. Income - Jury Duty	(34)	10	4
5	Misc. Income - Record Copies	(200)	10	5
6	Vendor Discounts	(2)	10	6
7	Bank Fees	(144)	21	7
8				8
9				9
10				10
11				11
12				12
13	Expense Pg 12 items <\$2,500	1,845	6	13
14	Elim deprec exp on Pg 12 items < \$2,500 - WW	(2,910)	30	14
15	Elim deprec exp on Pg 13 items < \$2,500 - WW	(22,229)	30	15
16	Expense item <\$2,500 on Pg 13 items - WW	30,510	6	16
17	Correct YTD Depreciation	(3,455)	30	17
18	Back out R/E Tax Refund	49,808	33	18
19	R/E Tax Rounding Adj	(30)	33	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	(154,439)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Wentworth Rehab & HCC# 0026435

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	4,337	(3,988)	0	0	0	0	0	0	0	349	1
2	Food Purchase	(1,256)	0	0	(72,686)	0	0	0	0	0	0	0	(73,942)	2
3	Housekeeping	0	0	12,715	0	0	0	0	0	0	0	0	12,715	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,607)	0	5,264	0	0	0	0	0	0	0	0	1,657	5
6	Maintenance	29,480	0	36,877	0	0	0	(69)	596	0	0	0	66,884	6
7	Other (specify):*	0	0	14,250	0	0	0	0	0	0	0	0	14,250	7
8	TOTAL General Services	24,617	0	73,443	(76,674)	0	0	(69)	596	0	0	0	21,913	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	(3,080)	0	91,451	9,109	(2,587)	0	0	0	0	0	0	94,893	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	13,790	0	0	0	0	0	0	0	0	13,790	15
16	TOTAL Health Care and Programs	(3,080)	0	105,241	9,109	(2,587)	0	0	0	0	0	0	108,683	16
	C. General Administration													
17	Administrative	0	0	299,449	0	0	0	0	0	0	0	0	299,449	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(228)	30,528	(1,076,145)	0	0	0	0	0	0	0	0	(1,045,845)	19
20	Fees, Subscriptions & Promotions	(26,513)	307	(83,678)	0	0	0	0	0	0	0	0	(109,884)	20
21	Clerical & General Office Expenses	(39,518)	144	407,651	0	0	0	0	0	0	0	0	368,277	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(4,025)	0	0	0	0	0	0	(4,025)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,850	0	0	0	0	0	0	0	0	1,850	24
25	Other Admin. Staff Transportation	0	0	20,312	0	0	0	0	0	0	0	0	20,312	25
26	Insurance-Prop.Liab.Malpractice	0	8,361	430	0	0	0	0	0	0	0	0	8,791	26
27	Other (specify):*	(207,464)	0	108,594	0	0	0	0	0	0	0	0	(98,870)	27
28	TOTAL General Administration	(273,723)	39,340	(321,537)	0	(4,025)	0	0	0	0	0	0	(559,945)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(252,186)	39,340	(142,853)	(67,565)	(6,612)	0	(69)	596	0	0	0	(429,349)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Wentworth Rehab & HCC# 0026435

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	(28,594)	260,613	2,782	0	0	0	0	0	0	0	0	234,801	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(353,113)	247,000	216,741	0	0	0	0	0	0	0	0	110,628	32
33	Real Estate Taxes	49,778	416,335	6,140	0	0	0	0	0	0	0	0	472,253	33
34	Rent-Facility & Grounds	0	(1,018,269)	0	0	0	0	0	0	0	0	0	(1,018,269)	34
35	Rent-Equipment & Vehicles	0	0	55,454	0	0	0	0	0	0	0	0	55,454	35
36	Other (specify):*	0	48,942	0	0	0	0	0	0	0	0	0	48,942	36
37	TOTAL Ownership	(331,929)	(45,379)	281,117	0	0	0	0	0	0	0	0	(96,191)	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	(37,190)	(21,906)	9,667	0	0	0	0	0	(49,429)	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	(37,190)	(21,906)	9,667	0	0	0	0	0	(49,429)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(584,115)	(6,039)	138,264	(104,755)	(28,518)	9,667	(69)	596	0	0	0	(574,969)	45

Facility Name & ID Number

Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES NO

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 1,018,269	Alden - Wentworth, LLC	0.00%	\$	\$	(1,018,269) 1
2	V	32 Investment/Interest Income	88	Alden - Wentworth, LLC				(88) 2
3	V	19 Accounting Fees		Alden - Wentworth, LLC		7,200		7,200 3
4	V	21 Bank Fees		Alden - Wentworth, LLC		144		144 4
5	V	20 Annual Report Fee		Alden - Wentworth, LLC		307		307 5
6	V	33 Real Estate Tax Expense		Alden - Wentworth, LLC		416,335		416,335 6
7	V	26 General Insurance Expense		Alden - Wentworth, LLC		8,361		8,361 7
8	V	36 Mortgage Insurance Premium		Alden - Wentworth, LLC		48,942		48,942 8
9	V	32 Interest on Loan- Mortgage & other		Alden - Wentworth, LLC		244,719		244,719 9
10	V	30 Depreciation Expense/Gain on Sale of A	(3,967)	Alden - Wentworth, LLC		256,646		260,613 10
11	V	32 Amortization Expense		Alden - Wentworth, LLC		2,369		2,369 11
12	V	19 Legal Fees Non-Collections		Alden - Wentworth, LLC		23,328		23,328 12
13	V							
14	Total		\$ 1,014,390			\$ 1,008,351	\$ *	(6,039) 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%	\$ 5,264	\$ 5,264
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,850	1,850
17	V	25 Other Admin Travel		Alden Management Services, Inc.		20,312	20,312
18	V	26 Insurance		Alden Management Services, Inc.		430	430
19	V	20 Dues & Subscriptions	85,635	Alden Management Services, Inc.		1,957	(83,678)
20	V	30 Depreciation		Alden Management Services, Inc.		2,782	2,782
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,140	6,140
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		55,454	55,454
23	V	32 Interest		Alden Management Services, Inc.		216,741	216,741
24	V	1 Dietary		Alden Management Services, Inc.		4,337	4,337
25	V	3 Housekeeping		Alden Management Services, Inc.		12,715	12,715
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		14,250	14,250
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		91,451	91,451
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		13,790	13,790
29	V	17 Administrative Salary		Alden Management Services, Inc.		299,449	299,449
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		108,594	108,594
31	V	19 Professional Fees	1,119,230	Alden Management Services, Inc.		43,085	(1,076,145)
32	V	21 Gen'l & Admin	69,540	Alden Management Services, Inc.		477,191	407,651
33	V	6 Repair & Maint	68,773	Alden Management Services, Inc.		105,650	36,877
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,343,178			\$ 1,481,442	\$ * 138,264

* 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 Sevices, Inc.</u>	0.00%	\$	\$ (26,400)
16	V	1 <u>Diet: Salary</u>		<u>Prism Health Care Sevices, Inc.</u>		14,981	14,981
17	V	2 <u>Tube Feed.</u>	144,079	<u>Prism Health Care Sevices, Inc.</u>		45,981	(98,098)
18	V	10 <u>Equip Rent.</u>	6,660	<u>Prism Health Care Sevices, Inc.</u>		9,694	3,034
19	V	39 <u>Supplies</u>	123,614	<u>Prism Health Care Sevices, Inc.</u>		40,691	(82,923)
20	V	1 <u>Gen'l & Admin & Employee Benefit Costs</u>		<u>Prism Health Care Sevices, Inc.</u>		7,431	7,431
21	V	2 <u>Gen'l & Admin & Employee Benefit Costs</u>		<u>Prism Health Care Sevices, Inc.</u>		25,412	25,412
22	V	10 <u>Gen'l & Admin & Employee Benefit Costs</u>		<u>Prism Health Care Sevices, Inc.</u>		6,075	6,075
23	V	39 <u>Gen'l & Admin & Employee Benefit Costs</u>		<u>Prism Health Care Sevices, Inc.</u>		45,733	45,733
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		\$ 300,753			\$ 195,998	\$ * (104,755)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 274,562	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 253,438	\$ (21,124)
16	V	39 <u>I.V.</u>	17,076	<u>Forum Extended Care Services II, Inc.</u>		15,762	(1,314)
17	V	39 <u>Wound Care</u>	41,374	<u>Forum Extended Care Services II, Inc.</u>		38,191	(3,183)
18	V	10 <u>House Stock</u>	26,424	<u>Forum Extended Care Services II, Inc.</u>		24,391	(2,033)
19	V	10 <u>Pharm Consult.</u>	7,200	<u>Forum Extended Care Services II, Inc.</u>		6,646	(554)
20	V	22 <u>Employ. Vaccin.</u>	4,025	<u>Forum Extended Care Services II, Inc.</u>			(4,025)
21	V	39 <u>Employ. Vaccin.</u>		<u>Forum Extended Care Services II, Inc.</u>		3,715	3,715
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		\$ 370,661			\$ 342,143	\$ * (28,518)

* 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 Revenue - therapy	\$ 710,691	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 720,358	\$ 9,667	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		\$ 710,691			\$ 720,358	\$ *	9,667	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair & Maintenance	\$ 51,516	Alden Bennett Construction Company, Inc.	0.00%	\$ 51,447	\$	(69)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 51,516			\$ 51,447	\$ *	(69)	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	\$ 2,717	Alden Design Group, Inc.	0.00%	\$ 3,313	\$ 596	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		\$ 2,717			\$ 3,313	\$ *	596	39

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

Facility Name & ID Number

Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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 Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		Home health & hosp	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	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number

Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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.	Chairman-Board of D	Chairman	100.00	174,220	2.332	5.83	Salary	\$ 10,780	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,173	2.332	5.83	Salary	5,827	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,173	2.332	5.83	Salary	5,827	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	108,202	2.332	5.83	Salary	6,695	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,289	2.332	5.83	Salary	3,669	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	174,220	1.749	5.83	Salary	10,780	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, 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	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 43,578		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 Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,320,269	35	\$ 90,340	\$ 76,932	\$ 5,264	1	
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	76,932	1,850	2	
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	76,932	20,312	3	
4	26	Insurance	Patient Days	1,320,269	35	7,373	76,932	430	4	
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	76,932	1,957	5	
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6	
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	76,932	6,140	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	76,932	55,454	8	
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	76,932	216,741	9	
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	76,932	4,337	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	76,932	12,715	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	76,932	14,250	12	
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	76,932	91,451	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	76,932	13,790	14	
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	76,932	299,449	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	76,932	108,594	16	
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	76,932	43,085	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	76,932	477,191	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	76,932	105,650	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 1,481,442	25	

Facility Name & ID Number

Wentworth Rehab & HCC

0026435

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Interest Expense	10
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	Cambridge (GL 2505/7055)		X	Mortgage		09/12	\$ 10,572,400	\$ 9,708,978	09/2052	2.5000	\$ 244,719	1
2												2
3	Insurance Interest (GL07053)		X	Medical Malpractice							5,216	3
4												4
5	Amort of Fin Fees (GL 1918)		X	Refinancing							2,369	5
Working Capital												
6	Related party-AMS		X	Working Capital							216,741	6
7	Interest on Capital Lease		X								1,282	7
8												8
9	TOTAL Facility Related						\$ 10,572,400	\$ 9,708,978			\$ 470,327	9
B. Non-Facility Related*												
10	Interest Income on R.R.		X								(88)	10
11	Int Income (GL#4975)		X								(21,667)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (21,755)	14
15	TOTALS (line 9+line14)						\$ 10,572,400	\$ 9,708,978			\$ 448,572	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 48,942 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 2016 report.			\$	391,600	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.)			\$	422,513	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	30,913	3
4.	Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	435,200	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.			\$	466,113	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	6,140	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	472,253	
Real Estate Tax Bill for Calendar Year:	2012	365,868	8	FOR BHF USE ONLY 13 FROM R. E. TAX STATEMENT FOR 2016 \$ 13 14 PLUS APPEAL COST FROM LINE 5 \$ 14 15 LESS REFUND FROM LINE 6 \$ 15 16 AMOUNT TO USE FOR RATE CALCULATION \$ 16		
	2013	370,820	9			
	2014	378,290	10			
	2015	391,600	11			
	2016	422,513	12			
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.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME 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 2016 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 2016.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>105,372.00</u>	\$ <u>6,140.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>20-21-413-034-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,986.00</u>	\$ <u>3,986.00</u>
4. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>25,995.00</u>	\$ <u>25,995.00</u>
5. <u>20-21-414-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>21,966.00</u>	\$ <u>21,966.00</u>
6. <u>20-21-414-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,354.00</u>	\$ <u>1,354.00</u>
7. <u>20-21-414-016-0000</u>	<u>Nursing Home Facility</u>	\$ <u>34,007.00</u>	\$ <u>34,007.00</u>
8. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>122,224.00</u>	\$ <u>122,224.00</u>
9. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>73,702.00</u>	\$ <u>73,702.00</u>
10. <u>20-21-414-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,517.00</u>	\$ <u>1,517.00</u>
	TOTALS	\$ <u><u>390,123.00</u></u>	\$ <u><u>290,891.00</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME 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 2016 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 2016.

(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>1,644.00</u>	\$ <u>1,644.00</u>
2. <u>20-21-414-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,598.00</u>	\$ <u>1,598.00</u>
3. <u>20-21-414-031-0000</u>	<u>Nursing Home Facility</u>	\$ <u>73,360.00</u>	\$ <u>73,360.00</u>
4. <u>20-21-414-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>61,160.00</u>	\$ <u>61,160.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>137,762.00</u>	\$ <u>137,762.00</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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

Facility Name & ID Number Wentworth Rehab & HCC

0026435 Report Period Beginning:

01/01/2017 Ending:

12/31/2017

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:

A. Land.

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4		2005	2005	\$ 3,456,698	\$ 86,417	40	86,417		1,080,215	4
5		2009	2009	3,396,151	87,081	39	87,081		711,161	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		20			2,800	19
20	Install new flooring		1996	1,763		20			1,763	20
21	Install new flooring		1996	2,800		20			2,800	21
22	Install new flooring		1996	2,800		20			2,800	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

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		5,058	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 & Safety (smoke detector wiring)	2000	5,482		15			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	\$ 173,753		\$ 173,753	\$	\$ 2,235,614	70

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

Facility Name & ID Number Wentworth Rehab & HCC# 0026435

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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	\$ 173,753		\$ 173,753	\$ 0	\$ 2,235,614	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		3,909	3
4	System Electric (sprinkler pump motor & wiring)	2000	2,990		15			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		31,787	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		15			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		2,661	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	\$ 175,929		\$ 175,929	\$ 0	\$ 2,352,013	34

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

Facility Name & ID Number Wentworth Rehab & HCC# 0026435

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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	\$ 175,929		\$ 175,929	\$ 0	\$ 2,352,013	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		2,942	5
6	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	401	15	401		14,500	6
7	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		3,829	7
8	ABC - Leasehold Improvements	2002	11,627	581	20	581		8,815	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		10			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		12			10,000	17
18	AMS-New generator	2004	2,148	143	15	143		1,955	18
19	GT Mech Circu pump for heat	2004	1,747	103	17	103		1,364	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		13,052	25
26	ABC-Remodeling 4th floor	2005	7,734	387	20	387		5,029	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		10			2,234	28
29	ABC-Remodeling 4th floor	2005	5,568	371	15	371		4,669	29
30	Top Notch- 2 hp motor	2005	2,155		10			2,155	30
31	Oakfirst Fire-install nurse call system	2005	2,423		10			2,423	31
32	ABC-Remodeling 4th floor	2005	9,433	629	15	629		7,915	32
33	ABC-Remodeling 4th floor	2005	17,007	1,134	15	1,134		14,269	33
34	TOTAL (lines 1 thru 33)		\$ 7,601,777	\$ 181,122		\$ 181,122	\$ 0	\$ 2,499,662	34

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

Facility Name & ID Number Wentworth Rehab & HCC# 0026435

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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	\$ 181,122		\$ 181,122	\$ 0	\$ 2,499,662	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		195	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		172	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		6,963	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		290	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,295	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			44	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8				28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17	10	17			29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,680,731	\$ 182,162		\$ 182,162	\$ 0	\$ 2,586,000	34

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

Facility Name & ID Number Wentworth Rehab & HCC# 0026435

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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		\$ 7,680,731	\$ 182,162		\$ 182,162	\$ 0	\$ 2,586,000	1
2	Patten-intake motor	2005	1,586		7			1,586	2
3	ABC-vinyl flooring	2005	3,064		10			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		60,485	5
6	Oakfirst Fire-install fire alarm system	2005	12,500	833	15	833		10,065	6
7	ABC-2nd floor rennovation	2005	6,610	441	15	441		5,292	7
8	ABC- replace glass black window for boiler room	2006	9,184		10			9,184	8
9	ABC - time and material billings for renovations	2006	3,722		10			3,722	9
10	ABC - re-wire 36 lines of tv cables	2006	5,070		10			5,070	10
11	smoke detectors	2006	3,961	264	15	264		2,937	11
12	finish hardware acoustical resilient flooring , plumbing, heating	2006	25,451	707	15	707		8,767	12
13	motor and impeller assy/ booster heater	2006	7,000	467	15	467		5,215	13
14	boiler assy	2006	3,550	178	20	178		2,076	14
15	install new elevator recall system	2006	7,229	361	20	361		4,185	15
16									16
17	replace hose & pump	2007	6,594		5			6,594	17
18	cooling system	2007	6,742	339	10	339		6,742	18
19	replace worn & broken locks	2007	3,703		5			3,703	19
20	elevator passenger	2007	7,322	488	15	488		5,083	20
21	repaire trane chiller	2007	4,175		5			4,175	21
22	ABC - repair air cond compressor	2007	39,119	2,933	10	2,933		39,119	22
23	ABC - replace concrete	2007	6,896	514	10	514		6,896	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		2,795	27
28									28
29	AMS Maintenance Allocation - install hookups & framing	2009	7,596	380	20	380		3,103	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)		\$ 7,950,032	\$ 195,343		\$ 195,343	\$ 0	\$ 2,806,468	34

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

Facility Name & ID Number Wentworth Rehab & HCC# 0026435

Report Period Beginning:

01/01/2017 Ending: 12/31/2017**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		\$ 7,950,032	\$ 195,343		\$ 195,343	\$ 0	\$ 2,806,468	1
2	AMS Maintenance Allocation - repaired drywall	2009	7,450	745	10	745		6,084	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		5			2,754	5
6	ABC - Concrete Patio & remove tripping hazards for resident safe	2010	3,593	240	15	240		1,819	6
7	ABC - Drywall & Vinyl Flooring Replaced	2010	66,560	4,437	15	4,437		32,169	7
8	ABC - Deck Railing repaired	2010	5,616		5			5,616	8
9	BELEC - Door Heater Cooler & Freezer Repaired	2010	6,666		5			6,666	9
10	SKIMOR - Dialysis waste piping repaired	2010	3,100		5			3,100	10
11									11
12	GT Mech - Air/exhaust installed/modified in Oxygen room	2011	3,350		5			3,350	12
13	OAKFIR - Damper links replaced	2011	13,237	1,324	10	1,324		8,716	13
14	FOCFIR - Elevator Sprinkler repairs	2011	8,880		5			8,880	14
15	ABC - motor contractor replacement (2)	2011	9,199		5			9,199	15
16	ABC - Dampers-radiation installed	2011	8,978	898	10	898		5,612	16
17	ROSPAV - Asphalt/Paint/Coating/Sealing for Parking Lot	2011	3,250	406	8	406		2,538	17
18	Top Notch - Boiler/Filter/Valaves for steamer	2011	3,867		5			3,867	18
19	ABC - Elevator Power Unit Emergency replacement	2011	15,455		5			15,455	19
20	Adj for ABC related party profit	2011	262					262	20
21									21
22	Fire Sprinkler System - ABC	2012	7,477	299	25	299		1,570	22
23	Roof Insulation - ABC	2012	4,642	698	5	698		4,642	23
24	Damper,Fire - Repairs ABC	2012	2,593	259	10	259		1,489	24
25	Drywall repair for generator - ABC	2012	5,686	948	5	948		5,686	25
26	Replace wash motor - TOPNOT	2012	2,512	420	5	420		2,512	26
27	Replace washer Basket/Hose - EQUINT	2012	5,364	893	5	893		5,364	27
28	Window replacement - ABC	2012	8,233	823	10	823		4,184	28
29	Door Motor \Enclosed Fire Dampers - ABC	2012	3,340	334	10	334		1,893	29
30	Contractor for compressor - GTMECH	2012	6,018	401	15	401		2,038	30
31	Adj for ABC related party profit	2012	1,768	121		121		666	31
32									32
33	Rebuild Boiler - ABC	2013	17,448	1,745	10	1,745		7,925	33
34	TOTAL (lines 1 thru 33)		\$ 8,180,218	\$ 210,334		\$ 210,334	\$ 0	\$ 2,963,416	34

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

Facility Name & ID Number Wentworth Rehab & HCC# 0026435

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 8,180,218	\$ 210,334		\$ 210,334	\$ 0	\$ 2,963,416	1
2	Boiler Valves/starters replaced - ABC	2013	11,959	1,196	10	1,196		6,379	2
3	Generator, major repair-Patten CAT	2013	4,881	976	5	976		4,473	3
4	Elevator doors repaired - KONICA	2013	5,827	1,165	5	1,165		5,048	4
5	Pump,sewage,starters/repairs - ABC	2013	4,658	932	5	932		4,039	5
6	Contractors/Coils/Cables for condensor-BELEC	2013	5,450	1,090	5	1,090		4,633	6
7	Adj for ABC related party profit	2013	458	76		76		342	7
8	Elevator Repair - ALIELE	2014	7,843	1,569	5	1,569		6,145	8
9	Dishwasher Motor -TOPNOT	2014	8,046	1,609	5	1,609		5,498	9
10	Repaired Storm Pipe - TRITON	2014	7,717	1,543	5	1,543		4,951	10
11	Repaired Sewer Pipe - TRITON	2014	7,925	1,585	5	1,585		4,887	11
12	Blower Motor - GT MECH	2014	5,636	1,127	5	1,127		3,381	12
13	Fire Alarm Control Panel - ABC	2014	14,884	744	20	744		2,294	13
14	Adj for ABC related party profit	2014	(28)					(28)	14
15									15
16	Repaired Dishwasher - TOPNOT	2015	3,855	771	5	771		2,249	16
17	Elevator power unit - ALIELE	2015	9,950	1,990	5	1,990		5,804	17
18	Fire sprinkler additions-piped/wired - OAKFIR	2015	5,393	270	20	270		607	18
19									19
20	Elevator Repair/Fireman Recall - KONINC	2016	3,832	766	5	766		2,171	20
21	Fire Dampers Repairs - GTMECH	2016	12,030	1,203	10	1,203		3,008	21
22	Railing Front Ramp Replaced - ALDBEN	2016	3,280	219	15	219		219	22
23	Adj for ABC related party profit	2016	(21)	(21)		(21)		(21)	23
24									24
25	Call Lights system, Nurse Station, Repaired - EAGLE	2017	69,296	105	5	105		105	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,373,089	\$ 229,249		\$ 229,249	\$ 0	\$ 3,029,600	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 840,067	\$ 72,461	\$ 72,461	\$		\$ 346,533	71
72	Current Year Purchases	196,912	7,583	7,583			7,266	72
73	Fully Depreciated Assets	1,528,779	4,810	4,810			1,528,779	73
74								74
75	TOTALS	\$ 2,565,758	\$ 84,854	\$ 84,854	\$		\$ 1,882,578	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	related party-AMS	various	1998-2004	3,911					3,911	77
78										78
79										79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,075,219	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 314,103	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 314,103	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)	\$ 4,916,089	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 Wentworth Rehab & HCC

0026435

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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 12/31/21

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2018</u>	\$ <u>varies</u>
13.	<u>12/31/2019</u>	\$ <u>varies</u>
14.	<u>12/31/2020</u>	\$ <u>varies</u>

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

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

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 33,654 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party-PG 6A</u>	<u>various</u>	\$ <u>0.00</u>	\$ <u>24,760</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>251.11</u>	<u>3,013</u>	19
20					20
21	TOTAL		\$ <u>251.11</u>	\$ <u>27,773</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.

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		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		3		4		5		6		7		8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service			Units	Cost									
1	Licensed Occupational Therapist	39-3	hrs					\$ 268,100							\$ 268,100	1
2	Licensed Speech and Language Development Therapist	39-3	hrs					89,762							89,762	2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39-3	hrs					265,503							265,503	4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	See Pg 16A	# of prescrpts							257,155					257,155	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						9,667		269,771					279,438	13
14	TOTAL				\$			\$ 633,032		\$ 526,926				\$	1,159,958	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.

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$268,100.00	
2.	ST	39-3	To Col 5	89,762.00	
3.					
4.	PT	39-3	To Col 5	265,503.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			274,564.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(17,409.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	257,155.00	
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	9,667.00	From Page 6D
	Other			274,646.00	
	Manual Input: Related Party - Prism			(37,191.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(1,314.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(3,183.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			36,813.00	
13.	Col 6: Supplies Total		To Col 6	269,771.00	
13.	Total Line 13, Column 8			279,438.00	
14.	Total			1,159,958.00	

Facility Name & ID Number **Wentworth Rehab & HCC**

0026435

Report Period Beginning: **01/01/2017**

Ending:

12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2017**

(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	\$	\$ 16,284	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>155,000</u>)	2,358,396	2,358,397	3
4	Supply Inventory (priced at)	5,669	5,669	4
5	Short-Term Investments			5
6	Prepaid Insurance		43,374	6
7	Other Prepaid Expenses	11,789	11,789	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	9,626	9,626	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,385,480	\$ 2,445,139	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	39,508	39,508	12
13	Land		600,000	13
14	Buildings, at Historical Cost		6,852,849	14
15	Leasehold Improvements, at Historical Cost	1,419,387	1,520,574	15
16	Equipment, at Historical Cost	1,298,962	2,797,187	16
17	Accumulated Depreciation (book methods)	(2,314,773)	(5,198,111)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		126,507	21
22	Other Long-Term Assets (spe <u>Refinancing Fees</u>		46,682	22
23	Other(specify): <u>Due from Affiliate,</u>		245,149	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 443,084	\$ 7,030,345	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,828,564	\$ 9,475,484	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 731,831	\$ 731,831	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	334,158	334,158	28
29	Short-Term Notes Payable	5,721	183,409	29
30	Accrued Salaries Payable	721,187	721,187	30
31	Accrued Taxes Payable (excluding real estate taxes)	33,608	33,608	31
32	Accrued Real Estate Taxes(Sch.IX-B)		435,200	32
33	Accrued Interest Payable		20,227	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	190,402	190,402	36
37	<u>Due to Affiliates</u>	1,215,054	1,215,054	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,231,961	\$ 3,865,076	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	24,253	24,253	39
40	Mortgage Payable		9,531,290	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	11,683,152	11,683,152	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 11,707,405	\$ 21,238,695	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,939,366	\$ 25,103,771	46
47	TOTAL EQUITY(page 18, line 24)	\$ (12,110,802)	\$ #####	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,828,564	\$ 9,475,484	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,601,996)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,601,996)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(508,806)	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)	\$ (508,806)	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)	\$ (12,110,802)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number **Wentworth Rehab & HCC**# **0026435**Report Period Beginning: **01/01/2017**Ending: **12/31/2017****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**

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,712,525	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,712,525	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	197,008	6
7	Oxygen	30,783	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 227,791	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	2,346	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,346	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	21,667	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 21,667	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>	6,213	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,213	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,970,542	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,297,485	31
32	Health Care	5,161,929	32
33	General Administration	3,775,313	33
B. Capital Expense			
34	Ownership	1,460,386	34
C. Ancillary Expense			
35	Special Cost Centers	1,172,574	35
36	Provider Participation Fee	611,661	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,479,348	40
41	Income before Income Taxes (line 30 minus line 40)**	(508,806)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (508,806)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,728,340	44
45	Private Pay - Net Inpatient Revenue	67,402	45
46	Medicare - Net Inpatient Revenue	2,146,597	46
47	Other-(specify) <u>Hospice</u>	422,483	47
48	Other-(specify) <u>Insurance/Veterans</u>	347,703	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,712,525	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.

Facility Name & ID Number Wentworth Rehab & HCC# 0026435

Report Period Beginning 01/01/2017 Ending:

12/31/2017**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	\$ 3,078
Record Copies-Backed out with Ln ref 21-Pg 5A Jury Duty-Backed out with Ln ref 22-Pg 5A	
Write Off Old Accounts Payables Vendor Discount	\$ 2
United Healthcare-(Rebate/Incentive) U'SAgain LLc Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 3,133
Line 28 Total:	<u><u>6,213</u></u>

Facility Name & ID Number Wentworth Rehab & HCC
 XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
 (This schedule must cover the entire reporting period.)

0026435

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

12/31/2017

	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	\$ 106,050	\$ 50.99	1
2	Assistant Director of Nursing	4,821	4,996	199,504	39.93	2
3	Registered Nurses	15,636	16,543	502,227	30.36	3
4	Licensed Practical Nurses	46,086	50,127	1,426,087	28.45	4
5	CNAs & Orderlies	107,685	115,446	1,444,755	12.51	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,007	5,636	77,551	13.76	8
9	Activity Director	2,080	2,080	49,794	23.94	9
10	Activity Assistants	20,543	22,540	281,228	12.48	10
11	Social Service Workers	2,998	3,095	72,970	23.58	11
12	Dietician					12
13	Food Service Supervisor	1,856	2,005	40,171	20.04	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,701	27,601	341,878	12.39	15
16	Dishwashers					16
17	Maintenance Workers	1,896	2,101	62,215	29.61	17
18	Housekeepers	26,019	28,760	356,985	12.41	18
19	Laundry	8,141	8,997	100,990	11.22	19
20	Administrator	1,720	1,846	137,692	74.59	20
21	Assistant Administrator	3,560	3,560	126,532	35.54	21
22	Other Administrative	6,240	6,240	173,120	27.74	22
23	Office Manager	2,080	2,080	49,390	23.75	23
24	Clerical	4,381	4,840	75,272	15.55	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,160	4,160	153,923	37.00	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,387	1,477	31,565	21.37	31
32	Other Health C: Behioral Health	7,733	8,648	194,398	22.48	32
33	Other(specify) <u>Memory Care</u>	4,722	5,075	93,643	18.45	33
34	TOTAL (lines 1 - 33)	305,532	329,933	\$ 6,097,940 *	\$ 18.48	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	2,847/month	\$ 34,168	1-3	35
36	Medical Director	4,375/month	52,500	10-3	36
37	Medical Records Consultant		0	10-3	37
38	Nurse Consultant	600/month	7,200	10-3	38
39	Pharmacist Consultant		0	10-3	39
40	Physical Therapy Consultant		0	11-3	40
41	Occupational Therapy Consultant		0	11-3	41
42	Respiratory Therapy Consultant		0	11-3	42
43	Speech Therapy Consultant		0	11-3	43
44	Activity Consultant	16	880	11-3	44
45	Social Service Consultant		0	11-3	45
46	Other(specify)		0	11-3	46
47			0	11-3	47
48					48
49	TOTAL (lines 35 - 48)	16	\$ 94,748		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	82	\$ 19,005	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	12	1,082	10-3	52
53	TOTAL (lines 50 - 52)	94	\$ 20,087		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	
Taylor Herron	Administrator	0	\$ 100,946	Workers' Compensation Insurance	\$ 166,096	IDPH License Fee	\$	
Charlene Hill-Jeon	Administrator	0	37,618	Unemployment Compensation Insurance	57,494	Advertising: Employee Recruitment	10,967	
Cassandra Hurdle	Asst. Administrator	0	65,512	FICA Taxes	456,201	Health Care Worker Background Check		
Jami Travis	Asst. Administrator	0	60,148	Employee Health Insurance	127,639	(Indicate # of checks performed <u>40</u>)	1,302	
				Employee Meals	36,464	Patient Background Checks	221	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bonds	1,063	
				Union Health and Welfare	170,492	Corporate Annual Fee	461	
				Pension	46,031	Health Care Council of Illinois	28,800	
				Dental & Life Insurance	2,362	IL Council on Long Term Care/Collaborative	550	
				Employee Relations/Misc Payroll/Drug Tests	20,868	Related Party - AMS	1,957	
				Vaccination/401K Match/Tuition Reimbursement	3,768	Less: Public Relations Expense	()	
				Related Party - Forum	(4,025)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)			\$ 264,224	\$ 1,083,390		\$ 47,310		
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)			\$	TOTAL		\$	Related Party - AMS	1,850
(Attach a copy of any management service agreement)							Seminar Expense	
C. Professional Services							IL Council on Long Term Care	
Vendor/Payee	Type		Amount					Amount
Alden Management Services, Inc.	consulting fee		\$ 1,074,037				Entertainment Expense	()
Kent College of Law / Stone Pogrund	Legal Fees - Non Collections		8,740				(agree to Sch. V, line 24, col. 8)	
Alden Group (Midcap Charges)	Legal Fees - Non Collections		4,124				TOTAL	\$ 1,975
AMS Eliminated Legal Fees	Allocated Legal Fees		45,192					
First Advantage/Background Check/	Professional Fees		1,252					
Voice Friend/Marlin Leasing/ Pathwa	Professional Fees		7,880					
BDO Seidman/Christine Novotny/KP	Accounting Fees		2,964					
Alden Group (Midcap Charges)	Accounting Fees		3,606					
Baker Tilly	Accounting Fees		5,420					
ABC Accounts Corp/Ariana Fisch	Legal Fees - Collections		72					
Clerk of the Circuit Court/Markley	Legal Fees - Collections		56					
Recorder of Deeds / Sheriff of Cook	Legal Fees - Collections		100					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,153,443					
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Wentworth Rehab & HCC
 Legal Fee Support
 2017

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$	58,284.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(228.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(45,192.00)
Allowable Legal Fees	\$	<u>12,864.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Kent College of Law	3/17,6/17,10/17,11/17	2,789.00
Alden Group (Midcap Charges)	1/17,2/17,5/17,8/17	4,124.00
Stone Pogrund & Korey	3/17-10/17,12/17	5,102.00
Von Briesen & Roper	6/17,8/17,9/17,11/17	849.00
TOTAL ALLOWABLE LEGAL FEES		<u>12,864.00</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
ABC Accounts Corp	4/17	45.00
Ariana Fisch	1/17,5/17	27.00
Clerk of the Circuit Court of Cook County	4/17,11/17	6.00
Markley Investigations	2/17,5/17,6/17	50.00
Recorder of Deeds Cook County	6/17	40.00
Sheriff of Cook County	4/17	60.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>228.00</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Eliminated Legal Fees	1/1/17-12/31/17	45,192.00

TOTAL Allocated Legal Fees **45,192.00**

Total Legal Cost **58,284.00**

Facility Name & ID Number Wentworth Rehab & HCC# 0026435Report Period Beginning: 01/01/2017Ending: 12/31/2017**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes RN/LPN:No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council 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? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 44,282 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 611,661
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. \$ 36,464 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