

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0026435</u></p> <p>Facility Name: <u>Wentworth Rehab HCC</u></p> <p>Address: <u>201 West 69th Street</u> <u>Chicago</u> <u>60621</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 487-1200</u> Fax # <u>(773) 487-4782</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>09/09/81</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Derek Smart</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>773-286-3883</u></td> <td>Fax # <u>773-286-8038</u></td> </tr> </table> <p>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Derek Smart</u>			(Title) <u>CFO, Alden Management Services, Inc., as agent</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) <u>773-286-3883</u>	Fax # <u>773-286-8038</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name & ID Number Wentworth Rehab HCC

0026435 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	109,800	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	109,800	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	4,715	40	2,724	7,479	8
9	SNF/PED					9
10	ICF	55,674	430	23	56,127	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	60,389	470	2,747	63,606	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 57.93%

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 _____ 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 2,637

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Wentworth Rehab HCC # 0026435 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	449,985	51,860	25,663	527,508	554	528,062	(7,833)	520,229		1
2	Food Purchase		537,401		537,401	(41,216)	496,185	(57,342)	438,843		2
3	Housekeeping	445,835	72,573		518,408	803	519,211	22,187	541,398		3
4	Laundry	140,417	26,748		167,164	78	167,242		167,242		4
5	Heat and Other Utilities			290,197	290,197		290,197	961	291,158		5
6	Maintenance	53,559	1,573	275,818	330,950		330,950	45,375	376,325		6
7	Other (specify):* related party							10,273	10,273		7
8	TOTAL General Services	1,089,796	690,155	591,677	2,371,628	(39,781)	2,331,847	13,622	2,345,468		8
	B. Health Care and Programs										
9	Medical Director			42,000	42,000		42,000		42,000		9
10	Nursing and Medical Records	4,277,694	181,187	61,501	4,520,382	329	4,520,711	67,867	4,588,577		10
10a	Therapy	220,694	1,380	53,651	275,725		275,725		275,725		10a
11	Activities	535,167	15,667	3,232	554,066	194	554,260		554,260		11
12	Social Services	91,957			91,957		91,957		91,957		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Res Att/related party	32,757			32,757		32,757	8,854	41,611		15
16	TOTAL Health Care and Programs	5,158,269	198,233	160,384	5,516,886	523	5,517,409	76,721	5,594,130		16
	C. General Administration										
17	Administrative	209,681			209,681		209,681	271,776	481,457		17
18	Directors Fees										18
19	Professional Services			972,961	972,961		972,961	(874,404)	98,557		19
20	Dues, Fees, Subscriptions & Promotions			155,044	155,044		155,044	(107,314)	47,731		20
21	Clerical & General Office Expenses	169,844	17,584	223,550	410,978	(4,125)	406,853	348,759	755,612		21
22	Employee Benefits & Payroll Taxes			1,255,610	1,255,610	35,680	1,291,290	(1,510)	1,289,780		22
23	Inservice Training & Education										23
24	Travel and Seminar			930	930		930	1,355	2,284		24
25	Other Admin. Staff Transportation			2,377	2,377		2,377	12,116	14,493		25
26	Insurance-Prop.Liab.Malpractice			827,862	827,862		827,862	12,259	840,121		26
27	Other (specify):* related party			118,924	118,924		118,924	(11,291)	107,633		27
28	TOTAL General Administration	379,525	17,584	3,557,258	3,954,368	31,555	3,985,923	(348,254)	3,637,669		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,627,590	905,972	4,309,319	11,842,881	(7,703)	11,835,178	(257,911)	11,577,267		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			90,259	90,259		90,259	229,211	319,470			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			67,044	67,044		67,044	224,732	291,776			32
33	Real Estate Taxes			430,934	430,934	(430,934)	(0)	500,624	500,624			33
34	Rent-Facility & Grounds			599,065	599,065	430,934	1,029,999	(1,029,999)	0			34
35	Rent-Equipment & Vehicles			22,843	22,843		22,843	48,596	71,439			35
36	Other (specify):* MIP							46,239	46,239			36
37	TOTAL Ownership			1,210,145	1,210,145		1,210,145	19,403	1,229,548			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		264,782	523,203	787,986	7,703	795,689	(62,687)	733,002			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			552,039	552,039		552,039		552,039			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		264,782	1,075,242	1,340,025	7,703	1,347,728	(62,687)	1,285,041			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,627,590	1,170,754	6,594,706	14,393,051		14,393,051	(301,195)	14,091,855			45

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

Wentworth Rehab HCC
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0026435

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(41,216.00)	Employee Meals
	22	41,216.00	Employee Meals
22		(5,536.00)	Uniform Reclass
	1	554.00	Uniform Reclass
	3	803.00	Uniform Reclass
	4	78.00	Uniform Reclass
	6	-	Uniform Reclass
	10	3,412.00	Uniform Reclass
	11	194.00	Uniform Reclass
	21	495.00	Uniform Reclass
10		(7,703.00)	Oxygen Cost Reclass
	39	7,703.00	Oxygen Cost Reclass
33		(430,934.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	430,934.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(4,620.00)	Team TSI Invoice Reclass
	10	4,620.00	Team TSI Invoice Reclass
		-	

Note for internal purposes: check your reclasses on last year's file, as there may be reclasses specific to your facility.

Facility Name & ID Number Wentworth Rehab HCC

0026435

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	(12,869)	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	(19,274)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(203)	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	(31,068)	21		17
18	Fines and Penalties	(48)	32		18
19	Entertainment	(2,838)	20		19
20	Contributions	(11,397)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(11,016)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(118,924)	27		24
25	Fund Raising, Advertising and Promotional	(94,762)	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)	\$ (302,399)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	21,755		34
35	Other- Attach Schedule	(20,550)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 1,205		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (301,195)		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

Wentworth Rehab HCC

ID# 0026435

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (3,614)	5	1
2	Intercompany interest	(65,431)	32	2
3	Miscellaneous Income - Medical Records	(252)	21	3
4	Miscellaneous Income - Jury Duty	(17)	22	4
5	Miscellaneous Income - UHC Incentive	(540)	10	5
6	Vendor Discounts	(1)	10	6
7	Bank Fees	(168)	21	7
8	Miscellaneous Income	1,684	10	8
9				9
10				10
11	Expense Pg 12 items <\$2,500	1,364	6	11
12	Elim deprec exp on Pg 12 items < \$2,500 - WW	(2,816)	30	12
13	Elim deprec exp on Pg 13 items < \$2,500 - WW	(24,465)	30	13
14	Expense item <\$2,500 on Pg 13 items - WW	18,579	6	14
15	Correct YTD Depreciation	(5,700)	30	15
16				16
17	Adj for ABC related party profit	242	30	17
18	Adj for ABC related party profit	4	30	18
19	Adj for ABC related party profit	28	30	19
20				20
21	Add back refund for non-rate calc year	60,553	33	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	(20,550)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Wentworth Rehab HCC# 0026435

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
1	A. General Services													
1	Dietary	0	0	0	(7,833)	0	0	0	0	0	0	0	(7,833)	1
2	Food Purchase	(203)	0	0	(57,139)	0	0	0	0	0	0	0	(57,342)	2
3	Housekeeping	0	0	22,187	0	0	0	0	0	0	0	0	22,187	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,614)	0	4,575	0	0	0	0	0	0	0	0	961	5
6	Maintenance	7,073	2,099	33,273	0	0	0	70	2,859	0	0	0	45,375	6
7	Other (specify):*	0	0	10,273	0	0	0	0	0	0	0	0	10,273	7
8	TOTAL General Services	3,256	2,099	70,308	(64,971)	0	0	70	2,859	0	0	0	13,622	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	1,143	0	60,205	8,721	(2,202)	0	0	0	0	0	0	67,867	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	8,854	0	0	0	0	0	0	0	0	8,854	15
16	TOTAL Health Care and Programs	1,143	0	69,059	8,721	(2,202)	0	0	0	0	0	0	76,721	16
	C. General Administration													
17	Administrative	0	0	271,776	0	0	0	0	0	0	0	0	271,776	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(11,016)	34,588	(897,976)	0	0	0	0	0	0	0	0	(874,404)	19
20	Fees, Subscriptions & Promotions	(108,997)	77	1,607	0	0	0	0	0	0	0	0	(107,314)	20
21	Clerical & General Office Expenses	(31,488)	168	380,079	0	0	0	0	0	0	0	0	348,759	21
22	Employee Benefits & Payroll Taxes	(17)	0	0	0	(1,493)	0	0	0	0	0	0	(1,510)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,355	0	0	0	0	0	0	0	0	1,355	24
25	Other Admin. Staff Transportation	0	0	12,116	0	0	0	0	0	0	0	0	12,116	25
26	Insurance-Prop.Liab.Malpractice	0	11,815	444	0	0	0	0	0	0	0	0	12,259	26
27	Other (specify):*	(118,924)	0	107,633	0	0	0	0	0	0	0	0	(11,291)	27
28	TOTAL General Administration	(270,443)	46,648	(122,966)	0	(1,493)	0	0	0	0	0	0	(348,254)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(266,044)	48,747	16,401	(56,250)	(3,695)	0	70	2,859	0	0	0	(257,911)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Wentworth Rehab HCC

0026435

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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	(32,707)	250,800	11,118	0	0	0	0	0	0	0	0	229,211	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(84,753)	233,407	76,077	0	0	0	0	0	0	0	0	224,732	32
33	Real Estate Taxes	60,553	430,934	9,137	0	0	0	0	0	0	0	0	500,624	33
34	Rent-Facility & Grounds	0	(1,029,999)	0	0	0	0	0	0	0	0	0	(1,029,999)	34
35	Rent-Equipment & Vehicles	0	0	48,596	0	0	0	0	0	0	0	0	48,596	35
36	Other (specify):*	0	46,239	0	0	0	0	0	0	0	0	0	46,239	36
37	TOTAL Ownership	(56,906)	(68,618)	144,928	0	0	0	0	0	0	0	0	19,403	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	(46,049)	(6,833)	(9,805)	0	0	0	0	0	(62,687)	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	(46,049)	(6,833)	(9,805)	0	0	0	0	0	(62,687)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(322,950)	(19,872)	161,329	(102,298)	(10,528)	(9,805)	70	2,859	0	0	0	(301,195)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG-Supp		See PG-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	\$ 1,029,999	Alden - Wentworth, LLC	0.00%	\$	\$ (1,029,999)	1
2	V	32 Investments/Interest Income	39	Alden - Wentworth, LLC			(39)	2
3	V	19 Accounting Fees		Alden - Wentworth, LLC		10,450	10,450	3
4	V	19 Legal Fees Non-Collections		Alden - Wentworth, LLC		24,138	24,138	4
5	V	21 Bank Fees		Alden - Wentworth, LLC		168	168	5
6	V	20 Corporate Annual Report Fee		Alden - Wentworth, LLC		77	77	6
7	V	33 Real Estate Tax Expense		Alden - Wentworth, LLC		430,934	430,934	7
8	V	26 General Insurance Expense		Alden - Wentworth, LLC		11,815	11,815	8
9	V	36 Mortgage Insurance Premium		Alden - Wentworth, LLC		46,239	46,239	9
10	V	32 Interest on Loan - Mortgage & other		Alden - Wentworth, LLC		231,208	231,208	10
11	V	30 Depreciation Expense		Alden - Wentworth, LLC		250,800	250,800	11
12	V	32 Amortization Expenses		Alden - Wentworth, LLC		2,238	2,238	12
13	V	6 Maintenance		Alden - Wentworth, LLC		2,099	2,099	13
14	Total		\$ 1,030,038			\$ 1,010,166	\$ * (19,872)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,575	\$	4,575	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		1,355		1,355	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		12,116		12,116	17
18	V	26 Insurance		Alden Management Services, Inc.		444		444	18
19	V	20 Dues/Subscriptions		Alden Management Services, Inc.		1,607		1,607	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118		11,118	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		9,137		9,137	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		48,596		48,596	22
23	V	32 Interest		Alden Management Services, Inc.		76,077		76,077	23
24	V	3 Housekeeping Salary		Alden Management Services, Inc.		22,187		22,187	24
25	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		10,273		10,273	25
26	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		60,205		60,205	26
27	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		8,854		8,854	27
28	V	17 Administrative Salary		Alden Management Services, Inc.		271,776		271,776	28
29	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		107,633		107,633	29
30	V	19 Professional Fees	948,792	Alden Management Services, Inc.		50,816		(897,976)	30
31	V	21 Gen'l & Administrative	68,400	Alden Management Services, Inc.		448,479		380,079	31
32	V	6 Repairs & Mainten.	54,580	Alden Management Services, Inc.		87,853		33,273	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,071,772			\$ 1,233,101	\$ *	161,329	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary Consult.	\$ 25,333	Prism Health Care Services, Inc.	0.00%	\$	\$(25,333)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,243	14,243
17	V	2 Tube feeding	82,400	Prism Health Care Services, Inc.		15,337	(67,063)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792
19	V	39 Ancillary supplies	87,841	Prism Health Care Services, Inc.		23,773	(64,068)
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,257	3,257
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		9,924	9,924
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		2,929	2,929
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		18,019	18,019
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		\$ 202,234			\$ 99,936	\$ * (102,298)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Drugs	\$ 136,029	Forum Extended Care II, Inc.	0.00%	\$ 129,565	\$ (6,464)	15
16	V	39 I.V.	6,318	Forum Extended Care II, Inc.		6,018	(300)	16
17	V	39 Wound Care-Product only	31,371	Forum Extended Care II, Inc.		29,880	(1,491)	17
18	V	10 House Stock	39,149	Forum Extended Care II, Inc.		37,289	(1,860)	18
19	V	10 Pharm Consult	7,200	Forum Extended Care II, Inc.		6,858	(342)	19
20	V	22 Employee Vaccinations	1,493	Forum Extended Care II, Inc.			(1,493)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		1,422	1,422	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		\$ 221,561			\$ 211,032	\$ * (10,528)	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	39 Therapy	\$ 484,530	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 474,725	\$ (9,805)	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		\$ 484,530			\$ 474,725	\$ * (9,805)	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 Repairs & Maintenance	\$ 29,782	Alden Bennett Construction Company, Inc.	0.00%	\$ 29,852	\$	70	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		\$ 29,782			\$ 29,852	\$ *	70	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 Repairs & Maintenance	\$ 3,101	Alden Design Group, Ltd.	0.00%	\$ 5,960	\$ 2,859	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 3,101			\$ 5,960	\$ *	2,859	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:

01/01/2020

Ending:

12/31/2020

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	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care Center	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care Center	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care Center	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care Center	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care Center	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services	Schaumburg	Nursing and Durables	10
11			Alden - Orland Park Rehabilitation and Health Care Center	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipment	Fort Atkinson	Nursing and Durables	13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Services	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	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.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health Care Center	Long Grove				30

Facility Name & ID Number Wentworth Rehab HCC # 0026435 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 I	Chairman	100.00	175,268	2.104	5.26	Salary	\$ 9,732	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,739	2.104	5.26	Salary	5,261	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,739	2.104	5.26	Salary	5,261	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	108,055	2.104	5.26	Salary	5,987	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical records	0.00	57,263	2.104	5.26	Salary	3,337	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	175,268	1.841	5.26	Salary	9,732	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										
13								TOTAL	\$ 39,310		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: 01/01/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773-286-3883
 Fax Number (773-286-8038

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,209,117	36	\$ 86,976	\$ 63,606	\$ 4,575	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	63,606	1,355	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	63,606	12,116	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	63,606	444	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	63,606	1,607	5
6	30	Depreciation	No of Providers/usage	36	36	408,834	63,606	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354	63,606	9,137	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	63,606	48,596	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	63,606	76,077	9
10	1	Dietary Salary	Patient Days	1,209,117	36		63,606	0	10
11	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	22,187	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	63,606	10,273	12
13	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	60,205	13
14	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	63,606	8,854	14
15	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	271,776	15
16	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	63,606	107,633	16
17	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	50,816	17
18	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	448,479	18
19	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	87,853	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 1,233,101	25

Facility Name & ID Number

Wentworth Rehab HCC

0026435

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge (GL 2505/7055)		x			09/12	\$ 10,572,400	\$ 9,162,320	09/2052	2.5000	\$ 231,208	1								
2												2								
3	Insurance Interest (GL 7053)		x	Medical Malpractice							278	3								
4												4								
5	Amort of Fin Fees (GL 1918)		x	Refinancing							2,238	5								
Working Capital																				
6	Related party - AMS		x	Working capital							76,077	6								
7	Interest on Capital Lease		x	Capital Lease							891	7								
8	IDPA Related Interest		x	IDPA							397	8								
9	TOTAL Facility Related						\$ 10,572,400	\$ 9,162,320			\$ 311,089	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x								(39)	10								
11	Interest Income (GL 4975)		x								(19,274)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (19,313)	14								
15	TOTALS (line 9+line14)						\$ 10,572,400	\$ 9,162,320			\$ 291,776	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 46,239 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 2019 report.	\$	<u>470,900</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	<u>474,087</u>	2
3. Under or (over) accrual (line 2 minus line 1).	\$	3,187	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>488,300</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>491,487</u>	7
Real Estate Tax History:			
		Plus: Related party taxes - See Pg RE_Tax page	
		<u>Total Real Estate Tax Expense, Sch V, Line 33</u>	\$ 9,137
Real Estate Tax Bill for Calendar Year:			
2015	<u>422,513</u>		8
2016	<u>454,220</u>		9
2017	<u>454,148</u>		10
2018	<u>457,222</u>		11
2019	<u>474,087</u>		12
<u>The current year accrual is based on an estimated 3% increase of the prior year tax.</u>			
		FOR BHF USE ONLY	
		13 FROM R. E. TAX STATEMENT FOR 2019	\$ 13
		14 PLUS APPEAL COST FROM LINE 5	\$ 14
		15 LESS REFUND FROM LINE 6	\$ 15
		16 AMOUNT TO USE FOR RATE CALCULATION	\$ 16

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Wentworth Rehab HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

TELEPHONE 773-724-6362 FAX #: 872-469-1725

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

(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>200,354.00</u>	\$ <u>9,137.00</u>
2. <u>20-21-414-031-0000</u>	<u>Nursing Home Facility</u>	\$ <u>82,395.37</u>	\$ <u>82,395.37</u>
3. <u>20-21-414-016-0000</u>	<u>Nursing Home Facility</u>	\$ <u>38,149.45</u>	\$ <u>38,149.45</u>
4. <u>20-21-414-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>24,654.56</u>	\$ <u>24,654.56</u>
5. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>29,147.80</u>	\$ <u>29,147.80</u>
6. <u>20-21-413-034-0000</u>	<u>Nursing Home Facility</u>	\$ <u>4,308.80</u>	\$ <u>4,308.80</u>
7. <u>20-21-414-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,805.80</u>	\$ <u>1,805.80</u>
8. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>137,279.05</u>	\$ <u>137,279.05</u>
9. <u>20-21-414-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,750.75</u>	\$ <u>1,750.75</u>
10. <u>20-21-414-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,478.53</u>	\$ <u>1,478.53</u>
	TOTALS	\$ <u><u>521,324.11</u></u>	\$ <u><u>330,107.11</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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2015 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2015 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2015.

Please complete the Real Estate Tax Statement below and include it in the 2016 cost report along with a copy of your 2015 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Wentworth Rehab HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

TELEPHONE 773-724-6362 FAX #: Email: mark.novotny@thealdennetwork.com

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>20-21-414-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,656.36</u>	\$ <u>1,656.36</u>
2. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>82,768.05</u>	\$ <u>82,768.05</u>
3. <u>20-21-414-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>68,692.34</u>	\$ <u>68,692.34</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>153,116.75</u>	\$ <u>153,116.75</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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:

01/01/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing home facility</u>	<u>71,388</u>	<u>1981</u>	<u>\$ 132,461</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	71,388		\$ 132,461	3

Facility Name & ID Number Wentworth Rehab HCC# 0026435

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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	\$	\$ 1,339,466	4
5			2009	2009	3,396,151	87,081	39	87,081		972,404	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		Wigdahl (Repair Lighting And lamps)		1998	3,886		5			3,886	29
30		Long Elevator (Installed Door retractors)		1998	5,100		20			5,100	30
31		Midwest (Replace Booster Heater)		1998	3,359		10			3,359	31
32		Mr. Root (Repair Ejector Pumps)		1998	5,100		10			5,100	32
33		Mr rooter (repair Basement replacement pump)		1998	2,600		10			2,600	33
34		Climate Service (Replace Hot Water Pump)		1998	6,237		15			6,237	34
35		Alden Bennett construction		1998	11,000		15			11,000	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Wentworth Rehab HCC# 0026435

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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	ABC Tank replacement	1999	\$ 12,409	\$	15	\$	\$	\$ 12,409	37
38	alden Bennett	1999	11,000		15			11,000	38
39	North Town Food Service (Install booster heater)	1999	1,674		10			1,674	39
40	Fox Valley Fire & Safety	1999	2,690		15			2,690	40
41	alden Bennett(Carpentry Labor)	1999	5,954		10			5,954	41
42	Alden Bennett (Specialty Products)	1999	4,647		10			4,647	42
43	Capps Plumbing & Sewer	1999	3,390		10			3,390	43
44	Fox Valley Fire (Sprinkler System)	1999	2,981		15			2,981	44
45	Alden Bennett (Hardware)	1999	1,843		10			1,843	45
46	Climate Services (PVI Water heater)	1999	11,150		15			11,150	46
47	Alden Bennet Construction 99 A JE (Sheet Metal Work)	1999	11,000		15			11,000	47
48	Alden Bennett (leasehold improvements)	2000	5,384		10			5,384	48
49	Alden Bennett (leasehold improvements)	2000	1,518		10			1,518	49
50	Climate Service (A/C Repair)	2000	9,393		5			9,393	50
51	Capps Plumbing & Sewer (Kitchen repair)	2000	2,842		5			2,842	51
52	Capps Plumbing Service (faucets)	2000	2,890		10			2,890	52
53	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258		10			1,258	53
54	Kraft Paper Sales Co (Walkoff Mats)	2000	1,884		5			1,884	54
55	New Horizons (telephone repair)	2000	3,756		10			3,756	55
56	Fox valley Fire & Safety (smoke detector wiring)	2000	5,482		15			5,482	56
57	Patten Industries (heating repair)	2000	3,012		5			3,012	57
58	Equipment International (doorlock electronic timer)	2000	1,655		10			1,655	58
59	DePaul Plumbing (installation of 1 1/2" water line)	2000	5,483	219	25	219		4,566	59
60	System Electric (sprinkler pump motor & wiring)	2000	2,990		15			2,990	60
61	System Electric (various kitchen & laundry repairs)	2000	4,605		5			4,605	61
62	D.B.S Contracting (automatic lawn sprinkler system)	2000	44,985	1,799	25	1,799		37,184	62
63	GT Mechanical (HCVAC Repairs)	2000	439		5			439	63
64	Patten Industries (batteries for generator)	2000	1,857		5			1,857	64
65	GT Mechanical (replace cooling coils)	2000	2,500		10			2,500	65
66	GT Mechanical (replace cooling coils)	2000	14,200		10			14,200	66
67	Capps Plumbing (rebuilt toilet, two handle lavatory)	2000	2,395		15			2,395	67
68	Capps Plumbing (repair scullery drain install faucets)	2000	3,446		10			3,446	68
69	Install Coolant hoses, Lines, Heater	2001	2,443		5			2,443	69
70	TOTAL (lines 4 thru 69)		\$ 7,384,127	\$ 175,516		\$ 175,516	\$	\$ 2,834,430	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:

01/01/2020 Ending:12/31/2020**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		\$ 7,384,127	\$ 175,516		\$ 175,516	\$	\$ 2,834,430	1
2	Power supply and wiring re phone system	2001	7,258		10			7,258	2
3	Power supply and wiring re phone system	2001	1,663		10			1,663	3
4	Coker services-Boiler	2001	3,163	158	20	158		3,135	4
5	Capps Plumbing	2001	2,665		5			2,665	5
6	T&T	2001	1,756		5			1,756	6
7	Alden Bennett Construction Co.	2001	1,431		5			1,431	7
8	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	1,170		5			1,170	8
9	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	2,645		5			2,645	9
10	Healthcare Products - Repair Wheelchairs	2002	988		5			988	10
11	Washtown Equip - Repair Washer - motor bearings / valves / belts	2002	2,208		5			2,208	11
12	GT Mech - Repair boiler - gas valves	2002	1,143		5			1,143	12
13	GT Mech - Repair boiler - installed rebuild kit	2002	1,841		5			1,841	13
14	GT Mech - Repair boiler - replaced Chimney cap	2002	1,295		5			1,295	14
15	CSI Coker - Repair dishwasher	2002	4,279		5			4,279	15
16	Healthcare Products - Repair Wheelchairs	2002	1,721		5			1,721	16
17	Long Elev. And Machine Co. - repair elevator	2002	1,148		5			1,148	17
18	DBS Contracting	2002	2,699		5			2,699	18
19	CSI Coker - Repair cooking equip	2002	1,527		5			1,527	19
20	Capps Plumbing - Repair hot water system	2002	1,940		10			1,940	20
21	Capps Plumbing - Repair hot water system	2002	2,135		10			2,135	21
22	System Elec. - Installed conduit & wiring for fire alarm	2002	1,435		10			1,435	22
23	Capps Plumbing - Repair dish washer	2002	1,284		5			1,284	23
24	System Elec. - Repair elevator	2002	1,363		10			1,363	24
25	ABC - Remodel Bathroom 1	2002	3,772	189	20	189		3,509	25
26	GT Mech - Scopper Boiler and Storage Tank	2002	14,500		15			14,500	26
27	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		4,582	27
28	ABC - Leasehold Improvements	2002	11,627	581	20	581		10,558	28
29	Tyco - Smoke Detectors	2002	1,023		7			1,023	29
30	ABC - Smoke Dampers	2002	9,701		7			9,701	30
31	CSI - Repair Dishwasher	2003	1,886		5			1,886	31
32	GT Mech - Repair AC	2003	1,538		5			1,538	32
33	Simplex - Repair Drain System	2003	1,503		10			1,503	33
34	TOTAL (lines 1 thru 33)		\$ 7,483,460	\$ 176,695		\$ 176,695	\$	\$ 2,931,959	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:

01/01/2020 Ending:

12/31/2020

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		\$ 7,483,460	\$ 176,695		\$ 176,695	\$	\$ 2,931,959	1
2	CAPPS - Repair water booster pump	2003	1,895		5			1,895	2
3	Simplex - Doors	2003	3,435		10			3,435	3
4	Simplex - Wet Chem System	2003	2,695		10			2,695	4
5	Directional Boring Services - Sprinkler System	2003	10,000		12			10,000	5
6	AMS-New generator	2004	2,148		15			2,148	6
7	GT Mech Circu pump for heat	2004	1,747	103	17	103		1,673	7
8	CSI repair to oven	2004	2,627		10			2,627	8
9	CSI new wiring	2004	1,718		10			1,718	9
10	GT Mech Chiller Repair	2004	4,196		10			4,196	10
11	ABC Sewage ejector pump	2004	10,724		10			10,724	11
12	ABC Hvac	2004	2,971		10			2,971	12
13	ABC-Remodeling 4th floor	2004	25,103	1,004	25	1,004		16,064	13
14	ABC-Remodeling 4th floor	2005	7,734	387	20	387		6,190	14
15	GT Mech-install fan coil unit	2005	2,504		5			2,504	15
16	GT Mech-exhaust fan replacement motor	2005	2,234		10			2,234	16
17	ABC-Remodeling 4th floor	2005	5,568	157	15	157		5,568	17
18	Top Notch- 2 hp motor	2005	2,155		10			2,155	18
19	Oakfirst Fire-install nurse call system	2005	2,423		10			2,423	19
20	ABC-Remodeling 4th floor	2005	9,433	260	15	260		9,433	20
21	ABC-Remodeling 4th floor	2005	17,007	470	15	470		17,007	21
22	Patten-intake motor	2005	1,586		7			1,586	22
23	ABC-vinyl flooring	2005	3,064		10			3,064	23
24	Epic Service and Supply-floor cleaner	2005	1,114		7			1,114	24
25	ABC-2nd floor rennovation	2005	74,572	4,145	15	4,145		74,572	25
26	Oakfirst Fire-install fire alarm system	2005	12,500	769	15	769		12,500	26
27	ABC-2nd floor rennovation	2005	6,610	436	15	436		6,610	27
28	ABC- replace glass black window for boiler room	2006	9,184		10			9,184	28
29	ABC - time and material billings for renovations	2006	3,722		10			3,722	29
30	ABC - re-wire 36 lines of tv cables	2006	5,070		10			5,070	30
31	smoke detectors	2006	3,961	264	15	264		3,729	31
32	finish hardware acoustical resilient flooring , plumbing, heating	2006	25,451	707	15	707		22,482	32
33	motor and impeller assy/ booster heater	2006	7,000	467	15	467		6,616	33
34	TOTAL (lines 1 thru 33)		\$ 7,755,611	\$ 185,864		\$ 185,864	\$	\$ 3,189,868	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:

01/01/2020 Ending:

12/31/2020

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		\$ 7,755,611	\$ 185,864		\$ 185,864	\$	\$ 3,189,868	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,902,604	\$ 190,560		\$ 190,560	\$	\$ 3,285,639	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:

01/01/2020 Ending:12/31/2020**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		\$ 7,902,604	\$ 190,560		\$ 190,560	\$	\$ 3,285,639	1
2	<u>boiler assy</u>	2006	3,550	178	20	178		2,610	2
3	<u>install new elevator recall system</u>	2006	7,229	361	20	361		5,268	3
4	<u>replace hose & pump</u>	2007	6,594		5			6,594	4
5	<u>cooling system</u>	2007	6,742		10			6,742	5
6	<u>replace worn & broken locks</u>	2007	3,703		5			3,703	6
7	<u>elevator passenger</u>	2007	7,322	488	15	488		6,547	7
8	<u>repaire trane chiller</u>	2007	4,175		5			4,175	8
9	<u>ABC - repair air cond compressor</u>	2007	39,119		10			39,119	9
10	<u>ABC - replace concrete</u>	2007	6,896		10			6,896	10
11	<u>Pattern - Repair Generator</u>	2008	2,543		5			2,543	11
12	<u>Pattern - Remove & install battery</u>	2008	2,566		5			2,566	12
13	<u>ABC - replaced damage doors with new doors and tiles</u>	2008	3,045		10			3,045	13
14	<u>AMS Maintenance Allocation - install hookups & framing</u>	2009	7,596	380	20	380		4,243	14
15	<u>GT Mech - Repair condenser</u>	2009	2,962		5			2,962	15
16	<u>Pattern - Repair generator</u>	2009	2,547		5			2,547	16
17	<u>Pattern - Repair generator</u>	2009	3,537		5			3,537	17
18	<u>Top Notch - 1 evaporator coil</u>	2009	5,341		5			5,341	18
19	<u>AMS Maintenance Allocation - repaired drywall</u>	2009	7,450		10			7,450	19
20	<u>SkiMont -repaired boiler & hot water heater</u>	2009	2,892		5			2,892	20
21	<u>ABC - Caulk Work; Uncalked & recalked main entry & patio</u>	2010	2,754		5			2,754	21
22	<u>ABC - Concrete Patio & remove tripping hazards for resident safet</u>	2010	3,593	240	15	240		2,539	22
23	<u>ABC - Drywall & Vinyl Flooring Replaced</u>	2010	66,560	4,437	15	4,437		45,480	23
24	<u>ABC - Deck Railing repaired</u>	2010	5,616		5			5,616	24
25	<u>BELEC - Door Heater Cooler & Freezer Repaired</u>	2010	6,666		5			6,666	25
26	<u>SKIMOR - Dialysis waste piping repaired</u>	2010	3,100		5			3,100	26
27	<u>GT Mech - Air/exhaust installed/modified in Oxygen room</u>	2011	3,350		5			3,350	27
28	<u>OAKFIR - Damper links replaced</u>	2011	13,237	1,324	10	1,324		12,688	28
29	<u>FOCFIR - Elevator Sprinkler repairs</u>	2011	8,880		5			8,880	29
30	<u>ABC - motor contractor replacement (2)</u>	2011	9,199		5			9,199	30
31	<u>ABC - Dampers-radiation installed</u>	2011	8,978	898	10	898		8,306	31
32	<u>ROSPAV - Asphalt/Paint/Coating/Sealing for Parking Lot</u>	2011	3,250		8			3,250	32
33	<u>Top Notch - Boiler/Filter/Valaves for steamer</u>	2011	3,867		5			3,867	33
34	TOTAL (lines 1 thru 33)		\$ 8,167,462	\$ 198,866		\$ 198,866	\$	\$ 3,520,114	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:

01/01/2020 Ending:12/31/2020**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		\$ 8,167,462	\$ 198,866		\$ 198,866	\$	\$ 3,520,114	1
2	ABC - Elevator Power Unit Emergency replacement	2011	15,455		5			15,455	2
3	Fire Sprinkler System - ABC	2012	7,477	299	25	299		2,467	3
4	Roof Insulation - ABC	2012	4,642		5			4,642	4
5	Damper,Fire - Repairs ABC	2012	2,593	259	10	259		2,266	5
6	Drywall repair for generator - ABC	2012	5,686		5			5,686	6
7	Replace wash motor - TOPNOT	2012	2,512		5			2,512	7
8	Replace washer Basket/Hose - EQUINT	2012	5,364		5			5,364	8
9	Window replacement - ABC	2012	8,233	823	10	823		6,653	9
10	Door Motor VEnclosed Fire Dampers - ABC	2012	3,340	334	10	334		2,895	10
11	Contractor for compressor - GTMECH	2012	6,018	401	15	401		3,241	11
12	Rebuild Boiler - ABC	2013	17,448	1,745	10	1,745		13,160	12
13	Boiler Valves/starters replaced - ABC	2013	11,959	1,196	10	1,196		9,967	13
14	Generator, major repair-Patten CAT	2013	4,881		5			4,881	14
15	Elevator doors repaired - KONICA	2013	5,827		5			5,827	15
16	Pump,sewage,starters/repairs - ABC	2013	4,658		5			4,658	16
17	Contractors/Coils/Cables for condensor-BELEC	2013	5,450		5			5,450	17
18	Elevator Repair - ALIELE	2014	7,843		5			7,843	18
19	Dishwasher Motor -TOPNOT	2014	8,046		5			8,046	19
20	Repaired Storm Pipe - TRITON	2014	7,717	(1)	5	(1)		7,717	20
21	Repaired Sewer Pipe - TRITON	2014	7,925		5			7,925	21
22	Blower Motor - GT MECH	2014	5,636		5			5,636	22
23	Fire Alarm Control Panel - ABC	2014	14,884	744	20	744		4,526	23
24	Repaired Dishwasher - TOPNOT	2015	3,855	64	5	64		3,855	24
25	Elevator power unit - ALIELE	2015	9,950	166	5	166		9,950	25
26	Fire sprinkler additions-piped/wired - OAKFIR	2015	5,393	270	20	270		1,417	26
27	Elevator Repair/Fireman Recall - KONINC	2016	3,832	129	5	129		3,832	27
28	Fire Dampers Repairs - GTMECH	2016	12,030	1,203	10	1,203		6,617	28
29	Railing Front Ramp Replaced - ALDBEN	2016	3,280	219	15	219		876	29
30	Call Lights system, Nurse Station, Repaired - EAGLE	2017	6,296	1,259	5	1,259		3,882	30
31	Rebuild Generator - ALDBEN	2018	51,155	5,116	10	5,116		14,495	31
32	Generator Transfer Switch Repair, Elevator - CAT	2018	2,861	572	5	572		1,335	32
33	Generator Transfer Switch Repair, Elevator - CAT	2018	5,439	1,088	5	1,088		2,539	33
34	TOTAL (lines 1 thru 33)		\$ 8,435,145	\$ 214,752		\$ 214,752	\$	\$ 3,705,729	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 8,435,145	\$ 214,752		\$ 214,752	\$	\$ 3,705,729	1
2	Replace Sinks, Kitchen - TRIPLU	2018	17,500	1,167	15	1,167		2,723	2
3	Adjust Pullstation Heights, Hallways - OAKFIR	2018	5,440	1,088	5	1,088		2,267	3
4									4
5	Basin & Piping, Facility Grounds - TRIPLU	2019	7,577	505	15	505		589	5
6	Chexit Device on Door, 4th Floor - ALDBEN	2019	2,819	564	5	564		1,034	6
7	Replace Compressor, Kitchen - TOPNOT	2019	3,978	796	5	796		1,326	7
8	Replace Compressor on Chiller, Utility Area - GTMECH	2019	5,801	580	10	580		773	8
9									9
10	Jeron System Repairs, Nursing Wings - TECELE	2020	4,130	826	5	826		826	10
11	Boiler Repairs, 3-Way Valve, Boiler Room - GTMECH	2020	9,602	1,760	5	1,760		1,760	11
12	Generator Repairs, Louver Motors, Engine Room - ALTOFER	2020	3,199	533	5	533		533	12
13	Cooling Tower Repairs, Fan Belt & Cleaning, Grounds - GTMECH	2020	3,830	574	5	574		574	13
14	Paving & Asphalt Patching, Outdoors - CENICO	2020	5,900	123	5	123		123	14
15	Condensing Unit, Kitchen - TOPNOT	2020	6,195		5				15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,511,116	\$ 223,269		\$ 223,269	\$	\$ 3,718,258	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 8,511,116	\$ 223,269		\$ 223,269	\$	\$ 3,718,258	1
2	Adj for ABC related party profit	2011	262					262	2
3	Adj for ABC related party profit	2012	1,768	242		242		1,392	3
4	Adj for ABC related party profit	2013	458					458	4
5	Adj for ABC related party profit	2014	(28)					(28)	5
6	Adj for ABC related party profit	2016	(21)					(21)	6
7	Adj for ABC related party profit	2018	80	4		4		9	7
8	Adj for ABC related party profit	2019	198	28		28		42	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,513,832	\$ 223,543		\$ 223,543	\$	\$ 3,720,372	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	\$ 938,280	\$ 78,277	\$ 78,277	\$	various	\$ 418,483	71
72	Current Year Purchases	133,359	8,173	8,173		various	7,450	72
73	Fully Depreciated Assets	1,724,274	9,478	9,478		various	1,724,274	73
74								74
75	TOTALS	\$ 2,795,913	\$ 95,928	\$ 95,928	\$		\$ 2,150,207	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	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	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)	\$ 11,446,008	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 319,470	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 319,470	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,874,381	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is eliminated

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. 12/31/2021 \$ varies

13. _____ \$ _____

14. _____ \$ _____

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: \$ 21,305 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>#####</u>	\$ <u>22,610</u>	17
18					18
19	<u>Auto lease-GL 6890</u>	<u>various</u>	<u>655.83</u>	<u>7,870</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>30,480</u>	21

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

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

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

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

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$ _____

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	1 Schedule V Line & Column Reference	2		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		\$			\$	211,072	\$			\$		211,072	1
2	Licensed Speech and Language Development Therapist	39-3	hrs					\$	42,836						42,836	2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39-3	hrs						197,950						197,950	4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	See PG16A	# of prescripts								130,987				130,987	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify):															12
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any							(9,805)		159,962				150,156	13
14	TOTAL				\$			\$	442,053	\$	290,949		\$		733,002	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	211,072.00	
2.	ST	39-3	To Col 5	42,836.16	
3.					
4.	PT	39-3	To Col 5	197,950.35	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			136,029.20	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(5,042.23)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	130,986.97	
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: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(9,805.29)	From Page 6D, Col 8 (Except DD homes)
	Other			200,098.04	
	Manual Input: Related Party - Prism			(46,048.51)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(300.24)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(1,490.73)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			7,703.00	
13.	Col 6: Supplies Total		To Col 6	159,961.56	
13.	Total Line 13, Column 8			150,156.27	
14.	Total			733,001.75	

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

0026435

Report Period Beginning: **01/01/2020**

Ending:

12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2020**

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>187,750</u>)	1,583,679	1,583,679	3
4	Supply Inventory (priced at)	49,027	49,027	4
5	Short-Term Investments			5
6	Prepaid Insurance		47,127	6
7	Other Prepaid Expenses	14,003	14,003	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>	23,283	303,048	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,669,992	\$ 1,996,884	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	19,314	19,314	12
13	Land		600,000	13
14	Buildings, at Historical Cost		6,852,849	14
15	Leasehold Improvements, at Historical Cost	1,544,998	1,646,186	15
16	Equipment, at Historical Cost	1,404,973	3,118,588	16
17	Accumulated Depreciation (book methods)	(2,549,931)	(6,186,775)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		121,659	21
22	Other Long-Term Assets (spe <u>Refinancing Fee</u>)		39,834	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 419,354	\$ 6,211,655	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,089,346	\$ 8,208,539	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 808,238	\$ 789,731	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	340,446	340,446	28
29	Short-Term Notes Payable	6,078	197,590	29
30	Accrued Salaries Payable	623,855	623,855	30
31	Accrued Taxes Payable (excluding real estate taxes)	230,084	230,084	31
32	Accrued Real Estate Taxes(Sch.IX-B)		488,300	32
33	Accrued Interest Payable		19,088	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,due to IDPA,SalesTax,Prov l</u>	7,149,398	7,149,398	36
37	<u>Due to Affiliates - Current</u>	489,063	489,063	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,647,162	\$ 10,327,556	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,053,953	1,053,953	39
40	Mortgage Payable		8,970,808	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	7,262,366	7,221,228	43
44	<u>Mcr Adv Fund,FICA-Deferred</u>	186,282	186,282	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 8,502,601	\$ 17,432,270	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 18,149,763	\$ 27,759,826	46
47	TOTAL EQUITY (page 18, line 24)	\$ (16,060,417)	\$ (19,551,287)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,089,346	\$ 8,208,539	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (14,778,093)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (14,778,093)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,282,325)	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)	\$ (1,282,325)	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)	\$ (16,060,417)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,665,178	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,665,178	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	264,470	5
6	Therapy	139,928	6
7	Oxygen	11,254	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 415,652	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		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,720	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 3,720	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	19,274	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,274	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Gain on Sale of Fixed assets, Vendor Disc</u>	7,775	28
28a	<u>Miscellaneous inc - Med Rec, Jury, Incentive Inc, etc.</u>	(874)	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,901	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,110,726	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,371,628	31
32	Health Care	5,516,886	32
33	General Administration	3,954,368	33
B. Capital Expense			
34	Ownership	1,210,145	34
C. Ancillary Expense			
35	Special Cost Centers	787,986	35
36	Provider Participation Fee	552,039	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,393,051	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,282,325)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,282,325)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,588,301	44
45	Private Pay - Net Inpatient Revenue	93,839	45
46	Medicare - Net Inpatient Revenue	1,607,909	46
47	Other-(specify) <u>Hospice, Insur</u>	375,130	47
48	Other-(specify) <u>Vets,Charity/Sales Allows</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,665,178	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: 01/01/2020

Ending: 12/31/2020

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,072	2,080	\$ 111,464	\$ 53.59	1
2	Assistant Director of Nursing	3,328	3,360	128,499	38.24	2
3	Registered Nurses	8,418	9,466	331,118	34.98	3
4	Licensed Practical Nurses	45,767	50,952	1,655,116	32.48	4
5	CNAs & Orderlies	89,458	98,447	1,791,213	18.19	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,657	7,617	149,955	19.69	8
9	Activity Director	2,056	2,080	52,609	25.29	9
10	Activity Assistants	16,165	18,223	314,422	17.25	10
11	Social Service Workers	2,064	2,080	57,264	27.53	11
12	Dietician					12
13	Food Service Supervisor	2,032	2,145	50,519	23.55	13
14	Head Cook					14
15	Cook Helpers/Assistants	22,062	24,153	399,466	16.54	15
16	Dishwashers					16
17	Maintenance Workers	1,800	1,800	53,559	29.76	17
18	Housekeepers	23,534	26,354	445,835	16.92	18
19	Laundry	8,008	8,942	140,417	15.70	19
20	Administrator	2,064	2,080	94,618	45.49	20
21	Assistant Administrator	2,952	3,220	115,064	35.73	21
22	Other Administrative	6,176	6,240	179,354	28.74	22
23	Office Manager					23
24	Clerical	3,673	4,227	61,228	14.49	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,112	4,160	166,558	40.04	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Health/	10,044	10,548	235,586	22.34	32
33	Other(specify) <u>Memory Care</u>	4,106	4,410	93,725	21.25	33
34	TOTAL (lines 1 - 33)	266,547	292,583	\$ 6,627,590 *	\$ 22.65	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 25,663	1-3	35
36	Medical Director	Monthly	42,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	Monthly	7,200	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	7	389	11-3	44
45	Social Service Consultant	32	2,240	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	39	\$ 77,491		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	58	\$ 23,745		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	6	331		52
53	TOTAL (lines 50 - 52)	64	\$ 24,076		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	
PIENTOK, JACOB	Administrator	0	\$ 94,618	Workers' Compensation Insurance	\$ 205,558	IDPH License Fee	\$	
HURDLE, CASSANDRA	Asst. Administrator	0	33,409	Unemployment Compensation Insurance	37,916	Advertising: Employee Recruitment	11,668	
TRAVIS, JAMI	Asst. Administrator	0	81,655	FICA Taxes	496,919	Health Care Worker Background Check	715	
		0		Employee Health Insurance	178,836	(Indicate # of checks performed <u>22</u>)		
		0		Employee Meals	41,216	Patient Background Checks	157 1,570	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bonds/Corporate Annual Fee	853	
		0		Union Health and Welfare	184,823	Broadcast Music	1,486	
		0		Pension	57,503	Health Care Council of Illinois	28,800	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 209,681	Dental & Life Insurance	1,378	Collaborative Healthcare/American Healthcare	1,031	
(List each licensed administrator separately.)				Employee Relations/Misc Payroll/Drug Tests/Empl	64,335	Related party	1,607	
				Vaccination/401K Match/Tuition Reimbursement/	22,790	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
				Related party-FECS	(1,493)	Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,289,780	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 47,731	
B. Administrative - Other								
Description			Amount	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
			\$	Description	Line #	Amount	G. Schedule of Travel and Seminar**	
						\$	Description	Amount
							Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$				Related party	1,355
(Attach a copy of any management service agreement)							Seminar Expense	
							NIC Sponsorship	267
C. Professional Services							Wisconsin Healthcare Assoc	639
Vendor/Payee	Type		Amount				Senior Lifestyle Expo	23
Alden Management Services	consulting fee		\$ 899,331				Entertainment Expense	()
Midcap	Legal Fees - Non Collections		583				(agree to Sch. V, line 24, col. 8)	
Von Briesen & Roper/ADR Systems	Legal Fees - Non Collections		532				TOTAL	\$ 2,284
AMS Legal Fees (Eliminated)	Allocated Legal Fees		47,520					
Linked Seniors, Inc.	Professional Fees		1,840					
Midcap/Baker Tilly (Virchow Krause)	Accounting Fees		11,949					
C. Novotny/International Micro Design	Accounting Fees		190					
Stone, Pogrund & Korey LLC	Legal Fees - Collections		8,562					
SB2 Inc.	Legal Fees - Collections		2,455					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 972,961	TOTAL		\$		
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Wentworth Rehabilitation and Healthcare Center, Inc.
 Legal Fee Support
 2020

PG 21A

Legal Fees Reported on Pg 21, Section C: 59,651.75

Less: Collection, estates, & other non-allowable legal fees
 listed on Pg 5, Line 22 (11,016.16)

Non-allowable legal fees, if any, deducted on
 - AMS Allocated Legal Fees: GL 680600-100-003 (47,520.00)

+ Add Back voided invoice of prior year, if any
 Allowable Legal Fees 1,115.59

In Detail:

Vendor Name	Invoice Date	Amount
Midcap	06/20, 07/20, 10/20	583.30
Von Briesen & Roper	09/20	232.29
ADR Systems of America LLC	04/20	300.00
TOTAL ALLOWABLE LEGAL FEES		<u>1,115.59</u>

Vendor Name	Invoice Date	Amount
SB2 Inc.	01/20-12/20	2,454.60
Stone, Pogrund & Korey LLC	01/20-12/20	8,561.56
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>11,016.16</u>

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'20	01/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	02/28/20	3,960.00
AMS Corp Legal Cost Alloc-'20	03/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	04/30/20	3,960.00
AMS Corp Legal Cost Alloc-'20	05/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	06/30/20	3,960.00
AMS Corp Legal Cost Alloc-'20	07/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	08/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	09/30/20	3,960.00
AMS Corp Legal Cost Alloc-'20	10/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	11/30/20	3,960.00
AMS Corp Legal Cost Alloc-'20	12/31/20	3,960.00
TOTAL Allocated Legal Fees		<u>47,520.00</u>

Total Legal Cost **59,651.75**

Facility Name & ID Number Wentworth Rehab HCC# 0026435Report Period Beginning: 01/01/2020Ending: 12/31/2020**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 IL. \$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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 31,080 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. \$ 552,039
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. \$ 41,216 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. \$ no
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: n/a
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. yes
Attach invoices and a summary of services for all architect and appraisal fees.