

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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>0036244</u></p> <p>Facility Name: <u>Alden Princeton Rehabilitation & Health Care Center</u></p> <p>Address: <u>255 West 69th Street</u> <u>Chicago</u> <u>60621</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 224-5900</u> Fax # <u>(773) 224-7157</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>08/24/90</u></p> <p>Type of Ownership:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width: 33%;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width: 33%;"><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>Steven M. Kroll</u> Telephone Number: <u>(773) 286-3883</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>01/01/2012</u> to <u>12/31/2012</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 border="1" 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>Joan Carl</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Vice-President</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>()</u> Fax # <u>()</u></td> <td></td> </tr> </table> <p align="right">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>Joan Carl</u>			(Title) <u>Vice-President</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) <u>()</u> Fax # <u>()</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center

0036244 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	225	Skilled (SNF)	225	82,350	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	225	TOTALS	225	82,350	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	7,009	138	3,745	10,892	8
9	SNF/PED					9
10	ICF	49,517	285	222	50,024	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	56,526	423	3,967	60,916	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.97%

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

None (Do not include bed-hold days in Section B.)

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 07/01/90

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

YES Date 07/01/90 NO

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

YES NO If YES, enter number of beds certified 225 and days of care provided 3,267

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Car # 0036244 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	284,189	27,900	22,800	334,889	2,633	337,522	(3,338)	334,184		1
2	Food Purchase		441,408		441,408	(35,538)	405,870	(48,290)	357,580		2
3	Housekeeping	267,474	65,454		332,928	2,086	335,014	6,865	341,879		3
4	Laundry	55,747	26,342	63	82,152	635	82,787		82,787		4
5	Heat and Other Utilities			226,478	226,478		226,478	2,200	228,678		5
6	Maintenance	43,098		202,374	245,472	84	245,556	46,178	291,734		6
7	Other (specify):* related party							8,987	8,987		7
8	TOTAL General Services	650,508	561,104	451,715	1,663,327	(30,100)	1,633,227	12,603	1,645,830		8
	B. Health Care and Programs										
9	Medical Director			36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	2,553,991	209,334	24,855	2,788,180	(32,324)	2,755,856	78,943	2,834,799		10
10a	Therapy	91,985	1,318	10,723	104,026		104,026		104,026		10a
11	Activities	376,817	15,304	5,370	397,491	240	397,731		397,731		11
12	Social Services	40,221			40,221		40,221		40,221		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,145	7,145		15
16	TOTAL Health Care and Programs	3,063,014	225,956	76,948	3,365,918	(32,084)	3,333,834	86,088	3,419,922		16
	C. General Administration										
17	Administrative	160,881			160,881		160,881	133,415	294,296		17
18	Directors Fees										18
19	Professional Services			772,254	772,254		772,254	(691,670)	80,584		19
20	Dues, Fees, Subscriptions & Promotions			86,644	86,644		86,644	(67,577)	19,067		20
21	Clerical & General Office Expenses	187,864	21,842	113,118	322,824	1,161	323,985	290,511	614,496		21
22	Employee Benefits & Payroll Taxes			851,875	851,875	19,984	871,859	(8,599)	863,260		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,381	1,381		1,381	1,075	2,456		24
25	Other Admin. Staff Transportation			1,712	1,712		1,712	19,843	21,555		25
26	Insurance-Prop.Liab.Malpractice			236,978	236,978		236,978	7,626	244,604		26
27	Other (specify):* related party			102,325	102,325		102,325	(36,905)	65,420		27
28	TOTAL General Administration	348,745	21,842	2,166,287	2,536,874	21,145	2,558,019	(352,281)	2,205,738		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,062,267	808,902	2,694,950	7,566,119	(41,039)	7,525,080	(253,590)	7,271,490		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 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			51,801	51,801		51,801	323,146	374,947			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			254,199	254,199		254,199	207,634	461,833			32
33	Real Estate Taxes			246,124	246,124	(246,124)		253,638	253,638			33
34	Rent-Facility & Grounds			590,465	590,465	246,124	836,589	(836,589)				34
35	Rent-Equipment & Vehicles			14,163	14,163		14,163	59,980	74,143			35
36	Other (specify):* MIP							39,593	39,593			36
37	TOTAL Ownership			1,156,752	1,156,752		1,156,752	47,402	1,204,154			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		270,281	316,609	586,890	41,039	627,929	26,482	654,411			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			466,353	466,353		466,353		466,353			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		270,281	782,962	1,053,243	41,039	1,094,282	26,482	1,120,764			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,062,267	1,079,183	4,634,664	9,776,114		9,776,114	(179,706)	9,596,408			45

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

Alden Princeton Rehabilitation & Health Care Center
 Report Period Beginning: 01/01/2012
 Report Period Ending: 12/31/2012

IDPH Facility No. 0036244

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(35,537.90)	Employee Meals
	22	35,537.90	Employee Meals
22		(15,554.00)	Uniforms
	1	2,633.00	Uniforms
	3	2,086.00	Uniforms
	4	635.00	Uniforms
	6	84.00	Uniforms
	10	8,715.00	Uniforms
	11	240.00	Uniforms
	21	1,161.00	Uniforms
10		(41,038.62)	Oxygen - to appropriate cost center
	39	41,038.62	Oxygen - to appropriate cost center
33		(246,124)	Rent - Real Estate Tax on associated landowner (Pg 6) 7003
	34	246,124	Rent - Real Estate Tax on associated landowner (Pg 6)

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(4,181)	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	12,003	30		9
10	Interest and Other Investment Income	(38,780)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(86)	2		13
14	Non-Care Related Interest	(20,004)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(26,870)	21		17
18	Fines and Penalties	(20,043)	32		18
19	Entertainment	(208)	20		19
20	Contributions	(14,591)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(20,584)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(102,325)	27		24
25	Fund Raising, Advertising and Promotional	(12,868)	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)	\$ (248,537)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	334,650	Various	34
35	Other- Attach Schedule	(265,818)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 68,832		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (179,706)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Alden Princeton Rehabilitation & Health Care Center

ID# 0036244

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (4,019)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(15,465)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	297	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	23,038	6	4
5				5
6	Late Fees on Utilities	(1,702)	5	6
7	Intercompany Interest	(210,891)	32	7
8	Misc Income - wages service fee	(55)	22	8
9	Misc Income - jury duty	(69)	22	9
10	Misc Income - food rebate	(1,119)	2	10
11	back out Marketing manager salary	(40,416)	21	11
12	back out employee benefit Mktg manager salary	(8,475)	22	12
13	back out IHCA PAC Fees	(3,670)	20	13
14				14
15				15
16				16
17				17
18				18
19				19
20	adj for ABC related party profit\ - page 12 (2008-2010)	(89)	30	20
21	adj depreciation expense	1,540	30	21
22	adj for ABC related party profit\ - page 12 (2011-2012)	78	30	22
23				23
24				24
25				25
26				26
27				27
28	Mid Cap Legal Fees (6806)	(1,872)	19	28
29	Mid Cap Acctg Fees (6803)	(2,930)	19	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		(265,818)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center

0036244

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	6,140	(9,478)	0	0	0	0	0	0	0	(3,338)	1
2	Food Purchase	(1,205)	0	0	(47,085)	0	0	0	0	0	0	0	(48,290)	2
3	Housekeeping	0	0	6,865	0	0	0	0	0	0	0	0	6,865	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,702)	0	3,902	0	0	0	0	0	0	0	0	2,200	5
6	Maintenance	19,154	400	25,096	0	0	0	1,528	0	0	0	0	46,178	6
7	Other (specify):*	0	0	7,624	1,363	0	0	0	0	0	0	0	8,987	7
8	TOTAL General Services	16,248	400	49,627	(55,200)	0	0	1,528	0	0	0	0	12,603	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	0	0	74,744	84	4,115	0	0	0	0	0	0	78,943	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	7,145	0	0	0	0	0	0	0	0	7,145	15
16	TOTAL Health Care and Programs	0	0	81,889	84	4,115	0	0	0	0	0	0	86,088	16
	C. General Administration													
17	Administrative	0	0	133,415	0	0	0	0	0	0	0	0	133,415	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(25,386)	24,454	(690,738)	0	0	0	0	0	0	0	0	(691,670)	19
20	Fees, Subscriptions & Promotions	(31,337)	0	(36,240)	0	0	0	0	0	0	0	0	(67,577)	20
21	Clerical & General Office Expenses	(67,286)	334	310,829	24,557	22,077	0	0	0	0	0	0	290,511	21
22	Employee Benefits & Payroll Taxes	(8,599)	0	0	0	0	0	0	0	0	0	0	(8,599)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,075	0	0	0	0	0	0	0	0	1,075	24
25	Other Admin. Staff Transportation	0	0	19,843	0	0	0	0	0	0	0	0	19,843	25
26	Insurance-Prop.Liab.Malpractice	0	7,326	300	0	0	0	0	0	0	0	0	7,626	26
27	Other (specify):*	(102,325)	0	61,177	2,798	1,445	0	0	0	0	0	0	(36,905)	27
28	TOTAL General Administration	(234,933)	32,114	(200,339)	27,355	23,522	0	0	0	0	0	0	(352,281)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(218,685)	32,514	(68,823)	(27,761)	27,637	0	1,528	0	0	0	0	(253,590)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center

0036244

Report Period Beginning:

01/01/2012 Ending:

12/31/2012

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(5,952)	319,488	9,610	0	0	0	0	0	0	0	0	323,146	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(289,718)	328,392	168,811	0	149	0	0	0	0	0	0	207,634	32
33	Real Estate Taxes	0	246,124	7,296	0	218	0	0	0	0	0	0	253,638	33
34	Rent-Facility & Grounds	0	(836,589)	0	0	0	0	0	0	0	0	0	(836,589)	34
35	Rent-Equipment & Vehicles	0	0	59,980	0	0	0	0	0	0	0	0	59,980	35
36	Other (specify):*	0	39,593	0	0	0	0	0	0	0	0	0	39,593	36
37	TOTAL Ownership	(295,670)	97,008	245,697	0	367	0	0	0	0	0	0	47,402	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	(24,782)	(20,247)	71,511	0	0	0	0	0	26,482	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	(24,782)	(20,247)	71,511	0	0	0	0	0	26,482	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(514,355)	129,522	176,874	(52,543)	7,757	71,511	1,528	0	0	0	0	(179,706)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 836,589	Princeton Associates I L.L.C.		\$	\$ (836,589)	1
2	V	32 Investment Income RR	154	Princeton Associates I L.L.C.			(154)	2
3	V	19 Accounting Fees		Princeton Associates I L.L.C.		7,875	7,875	3
4	V	33 Real Estate Tax		Princeton Associates I L.L.C.		246,124	246,124	4
5	V	26 Property & Liability Insurance		Princeton Associates I L.L.C.		7,326	7,326	5
6	V	32 Interest on Mortgage Note		Princeton Associates I L.L.C.		322,581	322,581	6
7	V	36 Mortgage Insurance Premium		Princeton Associates I L.L.C.		39,593	39,593	7
8	V	30 Depreciation		Princeton Associates I L.L.C.		319,488	319,488	8
9	V	32 Amortization		Princeton Associates I L.L.C.		5,965	5,965	9
10	V	21 Misc Administrative Expenses		Princeton Associates I L.L.C.		334	334	10
11	V	19 Professional Fees		Princeton Associates I L.L.C.		3,250	3,250	11
12	V	6 Repairs & Maintenance		Princeton Associates I L.L.C.		400	400	12
13	V	19 Legal Fees: Non-Collections		Princeton Associates I L.L.C.		13,329	13,329	13
14	Total		\$ 836,743			\$ 966,265	\$ * 129,522	14

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center# 0036244Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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%	\$ 3,902	\$ 3,902 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,075	1,075 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		19,843	19,843 17
18	V	26 Insurance		Alden Management Services, Inc.		300	300 18
19	V	20 Dues and Subscription	39,348	Alden Management Services, Inc.		3,108	(36,240) 19
20	V	30 Depreciation		Alden Management Services, Inc.		9,610	9,610 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		7,296	7,296 21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		59,980	59,980 22
23	V	32 Interest		Alden Management Services, Inc.		168,811	168,811 23
24	V	1 Dietary		Alden Management Services, Inc.		6,140	6,140 24
25	V	3 Housekeeping		Alden Management Services, Inc.		6,865	6,865 25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		7,624	7,624 26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		74,744	74,744 27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		7,145	7,145 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		133,415	133,415 29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		61,177	61,177 30
31	V	19 Professional Fee	737,045	Alden Management Services, Inc.		46,307	(690,738) 31
32	V	21 General and Administrative		Alden Management Services, Inc.		310,829	310,829 32
33	V	6 Repairs and Maintenance	41,214	Alden Management Services, Inc.		66,310	25,096 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 817,607			\$ 994,481	\$ * 176,874 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Diet Consultant	\$ 22,800	Prism Health Care Sevices, Inc.	0.00%	\$ 97	\$ (22,703)	15
16	V	1 Diet Salary		Prism Health Care Sevices, Inc.		13,225	13,225	16
17	V	2 Tube Feeding	85,156	Prism Health Care Sevices, Inc.		38,071	(47,085)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39 Ancillary Supplies	50,280	Prism Health Care Sevices, Inc.		25,498	(24,782)	19
20	V	21 Salary - G & A		Prism Health Care Sevices, Inc.		17,072	17,072	20
21	V	27 Employee Benefit		Prism Health Care Sevices, Inc.		2,798	2,798	21
22	V	7 Employee Benefit		Prism Health Care Sevices, Inc.		1,363	1,363	22
23	V	21 General and Administrative		Prism Health Care Sevices, Inc.		7,485	7,485	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		\$ 164,896			\$ 112,353	\$ * (52,543)	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 <u>Drugs</u>	\$ 134,218	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 171,467	\$ 37,249
16	V	39 <u>IV</u>	60,926	<u>Forum Extended Care Services II, Inc.</u>		7,567	(53,359)
17	V	39 <u>Wound Care</u>	20,118	<u>Forum Extended Care Services II, Inc.</u>		15,981	(4,137)
18	V	10 <u>House Stock</u>	10,318	<u>Forum Extended Care Services II, Inc.</u>		9,544	(774)
19	V	10 <u>Pharmacy Consultant</u>	4,881	<u>Forum Extended Care Services II, Inc.</u>		9,770	4,889
20	V	27 <u>Employee Vaccination</u>	1,329	<u>Forum Extended Care Services II, Inc.</u>		1,055	(274)
21	V	27 <u>Employee Benefit: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		1,719	1,719
22	V	21 <u>Salary: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		12,559	12,559
23	V	21 <u>General and Administrative</u>		<u>Forum Extended Care Services II, Inc.</u>		9,518	9,518
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		149	149
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		218	218
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		\$ 231,790			\$ 239,547	\$ * 7,757

* 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	\$ 310,714	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 382,225	\$ 71,511	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		\$ 310,714			\$ 382,225	\$ *	71,511	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 and Maintenance	\$ 24,747	Alden Bennett Construction Company, Inc.	0.00%	\$ 26,275	\$ 1,528	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		\$ 24,747			\$ 26,275	\$ *	1,528	39

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health C # 0036244 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	176,591	1.82	4.55	Salary	\$ 8,409	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,520	1.82	4.55	Salary	3,120	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,724	1.82	4.55	Salary	1,796	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 13,325		13

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

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 01/01/2012 Ending: 2/31/2012

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	1,340,098	35	\$ 85,836	\$ 60,916	\$ 3,902	1
2	24	Trav & Seminar	Patient Days	1,340,098	35	23,644	60,916	1,075	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530	60,916	19,843	3
4	26	Insurance	Patient Days	1,340,098	35	6,589	60,916	300	4
5	20	Dues & Subscriptions	Patient Days	1,340,098	35	68,371	60,916	3,108	5
6	30	Depreciation	No of Providers/usage	35	35	340,112	1	9,610	6
7	33	Real Estate Tax	Patient Days/ysage	1,340,098	35	184,769	60,916	7,296	7
8	35	Rent-Equip & Vehicle	Patient Days	1,340,098	35	1,319,497	60,916	59,980	8
9	32	Interest	Patient Days/usage	1,340,098	35	2,398,912	60,916	168,811	9
10	1	Dietary Salary	Patient Days	1,340,098	35	135,080	135,080	6,140	10
11	3	Housekeeping Salary	Patient Days	1,340,098	35	151,028	151,028	6,865	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,340,098	35	167,731	60,916	7,624	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,340,098	35	1,186,643	1,186,643	74,744	13
14	15	Employee Benefits -Health Care	Patient Days	1,340,098	35	157,190	60,916	7,145	14
15	17	Administrative Salary	Patient Days/usage	1,340,098	35	3,283,025	3,283,025	133,415	15
16	27	Employee Benefits - Admin	Patient Days	1,340,098	35	1,345,837	60,916	61,177	16
17	19	Professional fees	Patient Days	1,340,098	35	1,018,709	751,716	46,307	17
18	21	Gen'I & Admin	Patient Days	1,340,098	35	6,837,958	6,125,097	310,829	18
19	6	Repair & Maint.	Patient Days	1,340,098	35	1,458,765	980,107	66,310	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 20,606,226	\$ 12,612,696	\$ 994,481	25

Facility Name & ID Number Alden Princeton Rehabilitation & Health Car # 0036244 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10	Reporting Period Interest Expense				
		Related**					Monthly Payment Required	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO										Original	Balance		
	A. Directly Facility Related															
	Long-Term															
1	Cambridge (2505/7055)		x	Mortgage	\$33,587.00	2/01/2011	\$ 7,836,900	\$ 7,698,733	03/01/2051	4.1700	\$ 322,581	1				
2	Amortization (Fin Fees)		x								5,965	2				
3	Insurance Interest (GL 7053)		x	Medical Malpractice							3,261	3				
4												4				
5												5				
	Working Capital															
6	Related party-AMS		x	Working Capital							168,811	6				
7	Related party-FECII		x	Working Capital							149	7				
8												8				
9	TOTAL Facility Related				\$33,587.00		\$ 7,836,900	\$ 7,698,733			\$ 500,767	9				
	B. Non-Facility Related*															
10	Interest Income-Repl Reserve		x								(154)	10				
11	Interest Income(4646/4975/4979)		x								(38,780)	11				
12												12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			\$ (38,934)	14				
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 7,698,733			\$ 461,833	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 39,593 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 2011 report.		\$	<u>269,800</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>260,669</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(9,131)</u>		3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>268,500</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 \$ <u>13,245</u> For <u>2008</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	<u>(13,245)</u>		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>246,124</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	7514
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>253,638</u>
Real Estate Tax Bill for Calendar Year:	2007	<u>267,148</u>			8
	2008	<u>269,828</u>			9
	2009	<u>250,997</u>			10
	2010	<u>261,964</u>			11
	2011	<u>260,669</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 2011	\$		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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Princeton Rehabilitation and Health Care Center, Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 003-6244

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>303,210.00</u>	\$ <u>7,296.00</u>
2. <u>See attached (Supplement)</u>	<u>Related party-Forum Ext. Care</u>	\$ <u>37,853.00</u>	\$ <u>218.00</u>
3. <u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,972.61</u>	\$ <u>14,972.61</u>
4. <u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	\$ <u>13,530.53</u>	\$ <u>13,530.53</u>
5. <u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>51,509.00</u>	\$ <u>51,509.00</u>
6. <u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>76,227.68</u>	\$ <u>76,227.68</u>
7. <u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,007.62</u>	\$ <u>14,007.62</u>
8. <u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>13,434.79</u>	\$ <u>13,434.79</u>
9. <u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>788.68</u>	\$ <u>788.68</u>
10. <u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	\$ <u>76,197.68</u>	\$ <u>76,197.68</u>
TOTALS		\$ <u><u>601,731.59</u></u>	\$ <u><u>268,182.59</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,000 B. General Construction Type: Exterior brick Frame steel Number of Stories 3

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>66,775</u>	<u>1991</u>	<u>\$ 1,137,260</u>	1
2					2
3	TOTALS	<u>66,775</u>		<u>\$ 1,137,260</u>	3

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	225		1990	1989	6,937,625	220,767	30	231,254	10,487	5,203,215	4
5											5
6			1992	1992	44,020	280	30	1,467	1,187	29,949	6
7			1993	1993	30,616	692	30	1,021	329	20,687	7
8											8
		Improvement Type**									
9		FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC	1991		7,180		VARIOUS			7,180	9
10		EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/I	1992		10,511		VARIOUS			10,511	10
11		WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES	1993		24,066		VARIOUS			24,066	11
12		DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU	1995		27,107	1,025	VARIOUS	1,025		27,107	12
13		NEW CARPETING	1996		1,400		10			1,400	13
14		COIL REPLACEMENT(AIR CONDITIONER)	1996		4,821		10			4,821	14
15		CEILING REPAIRS	1996		1,700		12			1,700	15
16		INSTALL SB 35 PUMP	1997		3,287		10			3,287	16
17		SEAL COATING/PATCHING	1997		2,300		5			2,300	17
18		REPAIR KEBO LIFT	1997		1,917		5			1,917	18
19		LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)	1998		6,800		10			6,800	19
20		SHINE-RITE(STRIP & REFINISH FLOORS)	1998		6,000		10			6,000	20
21		CORONET MFG	1998		8,970		10			8,970	21
22		REEDY EQ.(REPAIR DISHWASHERS)	1998		4,612		10			4,612	22
23		JP Graham(installation)	1999		2,781		10			2,781	23
24		Northtown (repair steamer)	1999		1,674		10			1,674	24
25		Rykoff Sexton(kitchen supplies)	1999		2,337		10			2,337	25
26		Long Elevator(repair water damage)	1999		2,949		10			2,949	26
27		Fox Valley(fire alarm inspection)	1999		2,000	133	15	133		1,753	27
28		ABC(construction management)	1999		785		5			785	28
29		Kraft Paper (desk & chairs)	1999		2,023	135	15	135		1,765	29
30		Climate Services(exhaust roof top repair)	1999		2,143		10			2,143	30
31		New Horizons(install phones and wall mounts)	1999		5,848		10			5,848	31
32		ABC:Carpentry labor	1999		2,460		10			2,460	32
33		ABC:Resilient flooring	1999		3,996		10			3,996	33
34		Equipment International (dryer fan blade)	2000		602		10			602	34
35		CSI-Coker Service (repair steam table)	2000		1,151		10			1,151	35
36		Fox Valley(fire alarm inspection)	2000		776		10			776	36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Equipment International (motor repair - washer)	2000	\$ 1,106	\$	10	\$	\$	\$ 1,106	37
38	Climate Service (replace hot water valve)	2000	1,303		10			1,303	38
39	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051		10			1,051	39
40	DePaul Plumbing (instal water line of outside sprinkler system)	2000	7,054		10			7,054	40
41	Alden Bennett Construction (time & material billing by facility)	2000	11,158		10			11,158	41
42	Fox Valley Fire & Safety (rep faulty devices from fire alarm)	2000	1,672	111	15	111		1,381	42
43	SKI-COKER SERVICE (dishwasher repair)	2000	1,834		10			1,834	43
44	Alden Bennett Construction (time & material billing)	2000	7,777		10			7,777	44
45	Fox Valley (fire alarm repair)	2000	2,338		10			2,338	45
46	ALDEN DESIGN (oxygen site plan)	2000	663		10			663	46
47	ALDEN DESIGN (oxygen site plan)	2000	357		10			357	47
48	ALDEN DESIGN (install medical gas system)	2000	1,540		10			1,540	48
49	ALDEN DESIGN (plat of survey)	2000	756		10			756	49
50	Alden Bennett Construction (oxygen tank installation)	2001	23,815		10			23,815	50
51	Alden Bennett Construction (lighting fixtures)	2001	63,680		10			63,680	51
52	New Horizons Communication (No Invoice)	2001	6,287		10			6,287	52
53	GT Mechanical Inc (exhaust fan in laundry room)	2001	2,475	165	15	165		1,980	53
54	CSI-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		2,791	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		1,083	55
56	Equipment Int'l (washer repair)	2001	1,110		5			1,110	56
57	GT Mechanical Inc (repair freezer)	2001	2,886		5			2,886	57
58	Alden Bennett (miscell construction)	2001	2,913		10			2,913	58
59	Hobart (installed amps for serving steamers)	2001	1,828		5			1,828	59
60	Capps (install preasure reading valve)	2001	3,485		10			3,485	60
61	Fire Pros (control panel repair)	2001	5,425		10			5,425	61
62	Alden Bennett (miscell construction)	2001	2,876		10			2,876	62
63	Alden Bennett (miscell construction)	2001	1,622		5			1,622	63
64	Fire Pros (control panel repair)	2002	5,425		10			5,425	64
65	Alden bennet -- window sills	2002	8,139	203	10	203		8,139	65
66	GT Mechincal -- repair chiller	2002	3,449		5			3,449	66
67	Alden bennet - nursing call system install	2002	23,320	1,555	15	1,555		16,067	67
68	Simplex Grinnell (4 doors)	2003	4,391	439	10	439		4,354	68
69	Alden Bennett Construction (time & material billing by facility)	2003	20,159	2,016	10	2,016		19,992	69
70	TOTAL (lines 4 thru 69)		\$ 7,382,913	\$ 227,849		\$ 239,852	\$ 12,003	\$ 5,613,067	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,382,913	\$ 227,849		\$ 239,852	\$ 12,003	\$ 5,613,067	1
2	D. B. S. Contracting (sprinkler system)	2003	15,935		3			15,935	2
3	Alden Bennett Construction (lamps)	2003	3,339	334	10	334		3,117	3
4	TNS Inc (DSL Cable)	2004	1,178		5			1,178	4
5	Alden Bennett Const (curries flat bar,fire rated access panel)	2004	1,229		5			1,229	5
6	Alden Bennett Const (installed fire damper)	2004	2,628	263	10	263		2,301	6
7	Alden Bennett Const (bathroom floors)	2004	3,945	395	10	395		3,192	7
8	Alden Bennett Construction (Boiler repairs)	2004	2,746		5			2,746	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821	582	10	582		5,238	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489	149	10	149		1,341	10
11	GT Mechanical (Fan coil replacement)	2004	746	75	10	75		668	11
12	CSI Coker Service (steamer, food processor, coffee ura repairs)	2004	1,948		5			1,948	12
13	GT Mechanical (air controler,thermostat,switches replaced)	2004	1,966		10			1,966	13
14	Long Elevator (replaced car button, single phase rectifier)	2004	1,800		5			1,800	14
15	GT Mechanical - chiller	2004			5			1,628	15
16	Patten CAT (Generator repairs) (AMS Billings)	2004	2,660		5			2,660	16
17	Patten CAT (Generator repairs) (AMS Billings)	2004	1,594		5			1,594	17
18	Equipment International (Dryer repairs)	2004	2,950		5			2,950	18
19	Capps Plumbing (Sink & Boiler repairs)	2004	1,865		5			1,865	19
20	Alden Bennett (27-Thermal Units-Furnished & Installed)	2005	5,716	381	15	381		3,048	20
21	BROLOC Brolin Lock And Safe	2005	3,855	386	10	386		2,659	21
22	Patten CAT (0105 AMS Billings)(Vehicle Air Induct & Exhaust Sy	2005	1,986		5			1,986	22
23	GT Mechanical (Wiring,Fan Coil Replacement, Valve repairs)	2005	1,763		5			1,763	23
24	GT Mechanical (Rooftop exhaust Fan belt repairs)	2005	2,409		5			2,409	24
25	GT Mechanical (A/H 3 repairs)	2005	1,556		5			1,556	25
26	Patten CAT (0705 AMS Billings)(Remove and Install transfer swit	2005	10,964		5			10,964	26
27	ABC (Roof Repairs)	2005	2,511		5			2,511	27
28	Brolin Locks and Safe (cylinders, entry levers)	2006	4,134		5			4,134	28
29	ABC (new pump alternator)	2006	5,438		5			5,438	29
30	GT Mechanical (cooling tower, IO board, condenser)	2006	2,724		5			2,724	30
31	GT Mechanical (cooling tower, IO board, condenser)	2006						6,376	31
32	ABC - AC compressor	2006						3,643	32
33	ABC (repair supplies, paint,surface cap)	2006	3,199	479	5	479		3,199	33
34	TOTAL (lines 1 thru 33)		\$ 7,483,008	\$ 230,893		\$ 242,896	\$ 12,003	\$ 5,718,833	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,483,008	\$ 230,893		\$ 242,896	\$ 12,003	\$ 5,718,833	1
2	ABC (new transformer)	2006	8,185	819	10	819		4,204	2
3	ABC (new compressor)	2006	21,154	2,115	10	2,115		13,219	3
4	ABC (exhaust fan)	2006	2,801		5			2,801	4
5	A&B Custom Cable (install cable TV system)	2006	13,500	1,350	10	1,350		8,100	5
6	Fence	2007	2,813	281	10	281		1,546	6
7	ABC - paint facility	2007	2,589	259	10	259		1,532	7
8	ABC - electrical security system	2007	13,341	1,334	10	1,334		7,802	8
9	TopNotch - 2HP motor	2007	2,909	291	10	291		1,697	9
10	GT Mech - air compressor	2007			5			3,360	10
11	ABC - bathroom vinyl sheet flooring	2007	4,305	431	10	431		2,406	11
12	ABC - HVAC	2007			10			6,000	12
13	ABC - new doors (exit and kitchen)	2007	3,183	318	10	318		1,723	13
14	ABC - new parts HVAC motor	2007			10			4,882	14
15	ABC - temp a/c	2007	10,135	1,351	5	1,351		10,135	15
16	New plumbing fixtures, electrical appliances	2007	4,091	751	5	751		4,091	16
17	New tiles, fixtures/window	2008	3,478	348	10	348		1,624	17
18	New sewage injector pump	2008	6,619	662	10	662		3,034	18
19	Replaced ceiling tiles	2008	2,927	293	10	293		1,245	19
20	Repair hvac 3 way valve	2008			10			4,518	20
21	New sewer line	2008	3,500	140	25	140		572	21
22	ABC - front entrance ramp oxygen transfilling pad	2009	5,123	256	20	256		826	22
23	ABC - ramp concrete at the entrance	2009	12,763	851	15	851		2,766	23
24	ABC - parking lot wall protection	2009	4,887	489	10	489		1,589	24
25	GT Mechanical - boiler #2 repairs	2009	7,016	1,403	5	1,403		5,495	25
26	ABC - replacement HVAC room coils	2009	3,975	795	5	795		2,451	26
27	GT Mechanical - heat exchanger	2009	3,529	706	5	706		2,706	27
28	ABC - replacement laundry door	2009	3,292	658	5	658		2,413	28
29	ABC - plumbing for hot water storage tank	2009	10,116	674	15	674		2,078	29
30	GT Mechanical - coil piping insulation	2009	12,656	2,531	5	2,531		8,648	30
31	Cable Satellite - outlets wiring	2009	6,800	680	10	680		2,267	31
32	GT Mechanical - cooling tower	2009	2,631	526	5	526		1,622	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,661,324	\$ 251,206		\$ 263,209	\$ 12,003	\$ 5,836,185	34

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center

0036244

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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		\$ 7,661,324	\$ 251,206		\$ 263,209	\$ 12,003	\$ 5,836,185	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25									25
26									26
27	Adjust for ABC related party profit	2008	(295)	(38)		(38)		(161)	27
28	Adjust for ABC related party profit	2009	(273)	(8)		(8)		(24)	28
29	Adjust for ABC related party profit	2010	(2,940)	(43)		(43)		(129)	29
30	Adjust for ABC related party profit	2011	289	2		2		3	30
31	Adjust for ABC related party profit	2012	2,124	76		76		76	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,746,520	\$ 252,697		\$ 264,700	\$ 12,003	\$ 5,914,613	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,746,520	\$ 252,697		\$ 264,700	\$ 12,003	\$ 5,914,613	1
2	ABC - broken HVAC motor repairs	2009	2,742	548	5	548		1,827	2
3	Chiller-2009	2009	274,071	18,271		18,271		59,381	3
4	ABC - tuckpointing entire o/s of building	2010	209,080	10,454	20	10,454		23,521	4
5	ABC - new windows	2010	2,725	273	10	273		796	5
6	ABC - new windows	2010	8,136	814	10	814		2,238	6
7	ABC - new windows	2010	20,306	2,031	10	2,031		6,093	7
8	ABC - fire dampers & seal walls/floors	2011	18,500	1,850	10	1,850		3,083	8
9	ABC - fire dampers for toilet exhaust	2011	17,741	1,774	10	1,774		2,809	9
10	Oak Fire - replace 380 fusible links	2011	12,772	2,554	5	2,554		4,044	10
11	ABC - Drywall, bathroom	2012	12,313	479	15	479		479	11
12	JDROOF - Roof repair	2012	3,200	160	5	160		160	12
13	ABC - Raise bathroom walls	2012	4,351	91	20	91		91	13
14	ABC - Bathroom walls	2012	15,118	315	20	315		315	14
15	Repair Door Closer	2012	2,616	349	5	349		349	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)		\$ 8,350,191	\$ 292,660		\$ 304,663	\$ 12,003	\$ 6,019,799	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	\$ 497,347	\$ 59,002	\$ 59,002	\$	various	\$ 182,493	71
72	Current Year Purchases	92,929	9,201	9,201		various	8,049	72
73	Fully Depreciated Assets	1,093,817	2,081	2,081		various	1,093,817	73
74								74
75	TOTALS	\$ 1,684,093	\$ 70,284	\$ 70,284	\$		\$ 1,284,359	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,175,455	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 362,944	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 374,947	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,003	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,308,069	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 backed out

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 10/01/90

Ending 09/20/22

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

Fiscal Year Ending Annual Rent

12. 12/31/13 \$ varies

13. 12/31/14 \$ varies

14. 12/31/15 \$ varies

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

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

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

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 17,120 Description: Copier machine lease \$14,163; Computer Equipment lease \$2,957

(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>30,082</u>	17
18					18
19	<u>Auto Lease GL 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>30,082</u>	21

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

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 01/01/2012 Ending: 12/31/2012
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	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	\$			\$ 141,596	\$		\$ 141,596	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				27,068			27,068	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39-3	hrs				142,603			142,603	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	See Pg 16A	# of prescripts					171,467		171,467	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify): Exceptional Care	39-1,39-3									12
13	Other (specify): See Pg 16A						71,511	100,167		171,678	13
14	TOTAL			\$			\$ 382,778	\$ 271,633		\$ 654,411	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.

2012

XIV. Special Services (Direct Cost)

Page 16

Col 5: PT,OT, & ST

Col 6: Supplies

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5		141,596.30
2.	ST	39-3	To Col 5	\$0.00	27,067.76
3.				0.00	
4.	PT	39-3	To Col 5		142,602.66
5.				0.00	
6.					
7.					
8.	Pharmacy Supplies per GL				134,217.93
	Manual Input from Related Party- Forum Drugs			0.00	37,248.61

9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6		171,466.54
				0.00	-----
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3		
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
				0.00	-----
	Total Exceptional Care (Line 12, Col 8)				-
				0.00	-----
13.	Other:	See Pg 16A			

13. Col 5: Manual Input: Related Party - CPT	To Col 5	71,510.99
Other		141,406.97
Manual Input: Related Party - Prism	0.00	(24,783.00)
Manual Input: Related Party FECII - I.V.		(53,358.99)
Manual Input: Related Party FECII - Wound Care		(4,137.04)
Oxygen, from reclass worksheet (Pg 4A)		41,038.62

13. Col 6: Supplies Total	To Col 6	100,166.56
	0.00	-----
13. Total Line 13, Column 8		171,677.55
	0.00	-----
14. Total		654,410.81
	0.00	=====

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 01/01/2012 Ending: 12/31/2012
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2012 (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>90,000</u>)	<u>1,709,178</u>	<u>1,709,178</u>	3
4	Supply Inventory (priced at)	<u>255</u>	<u>255</u>	4
5	Short-Term Investments			5
6	Prepaid Insurance		<u>13,444</u>	6
7	Other Prepaid Expenses	<u>25,372</u>	<u>25,372</u>	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	<u>46,478</u>	<u>206,336</u>	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ <u>1,781,283</u>	\$ <u>1,954,585</u>	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	<u>1,000,000</u>	<u>1,000,000</u>	12
13	Land		<u>155,893</u>	13
14	Buildings, at Historical Cost		<u>6,904,761</u>	14
15	Leasehold Improvements, at Historical Cost	<u>694,876</u>	<u>941,195</u>	15
16	Equipment, at Historical Cost	<u>603,435</u>	<u>2,289,448</u>	16
17	Accumulated Depreciation (book methods)	<u>(1,091,975)</u>	<u>(7,053,031)</u>	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec <u>Replacement reserve</u>)		<u>178,017</u>	22
23	Other(specify): <u>Refinancing fees</u>		<u>142,592</u>	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ <u>1,206,336</u>	\$ <u>4,558,875</u>	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ <u>2,987,619</u>	\$ <u>6,513,460</u>	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ <u>714,325</u>	\$ <u>671,739</u>	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>72,369</u>	<u>72,369</u>	28
29	Short-Term Notes Payable		<u>83,591</u>	29
30	Accrued Salaries Payable	<u>400,845</u>	<u>400,845</u>	30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>69,508</u>	<u>69,508</u>	31
32	Accrued Real Estate Taxes(Sch.IX-B)		<u>268,500</u>	32
33	Accrued Interest Payable	<u>195,869</u>	<u>222,622</u>	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	<u>310,518</u>	<u>310,518</u>	36
37	<u>Due to affiliates</u>	<u>845,172</u>	<u>845,172</u>	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ <u>2,608,606</u>	\$ <u>2,944,864</u>	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		<u>7,615,143</u>	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>	<u>7,342,151</u>	<u>6,626,258</u>	43
44	<u>S/holder loans, others</u>	<u>250,000</u>	<u>250,000</u>	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ <u>7,592,151</u>	\$ <u>14,491,401</u>	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ <u>10,200,757</u>	\$ <u>17,436,265</u>	46
47	TOTAL EQUITY (page 18, line 24)	\$ <u>(7,213,138)</u>	\$ <u>(10,922,805)</u>	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ <u>2,987,619</u>	\$ <u>6,513,460</u>	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,893,970)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	379,992	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,513,978)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	300,840	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)	\$ 300,840	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)	\$ (7,213,138)	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	\$ 9,887,488	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,887,488	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	39,809	6
7	Oxygen	98,617	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 138,426	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	34	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	429	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 463	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	38,780	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 38,780	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>	11,797	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 11,797	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,076,954	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,663,327	31
32	Health Care	3,365,918	32
33	General Administration	2,536,874	33
B. Capital Expense			
34	Ownership	1,156,752	34
C. Ancillary Expense			
35	Special Cost Centers	586,890	35
36	Provider Participation Fee	466,353	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,776,114	40
41	Income before Income Taxes (line 30 minus line 40)**	300,840	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 300,840	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,096,876	44
45	Private Pay - Net Inpatient Revenue	62,510	45
46	Medicare - Net Inpatient Revenue	1,680,426	46
47	Other-(specify) <u>Hospice/HMO</u>	107,452	47
48	Other-(specify) <u>Charity Care/Sale Allowances & Discounts</u>	(59,776)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,887,488	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 done 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 Alden Princeton Rehabilitation & Health Care Center

0036244

Report Period Beginning 01/01/2012 **Ending:**12/31/2012

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous income	1,243
Adjustment to prior year expense	1,853
Gain on sale of fixed assets	8,702
Line 28 Total:	<u><u>11,797</u></u>

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center

0036244

Report Period Beginning: 01/01/2012

Ending:

12/31/2012

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,536	1,598	\$ 66,003	\$ 41.30	1
2	Assistant Director of Nursing	2,040	2,060	76,045	36.92	2
3	Registered Nurses	12,892	13,459	367,252	27.29	3
4	Licensed Practical Nurses	34,608	36,846	934,426	25.36	4
5	CNAs & Orderlies	83,186	90,884	953,371	10.49	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,811	4,253	48,907	11.50	8
9	Activity Director	2,080	2,080	36,247	17.43	9
10	Activity Assistants	14,105	15,275	145,906	9.55	10
11	Social Service Workers	2,080	2,080	40,221	19.34	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	53,839	25.88	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,375	22,435	230,351	10.27	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	43,098	20.72	17
18	Housekeepers	22,973	24,965	267,474	10.71	18
19	Laundry	5,469	6,056	55,747	9.21	19
20	Administrator	2,080	2,080	100,551	48.34	20
21	Assistant Administrator	2,080	2,080	60,330	29.00	21
22	Other Administrative	7,568	7,665	179,561	23.43	22
23	Office Manager	2,080	2,080	32,451	15.60	23
24	Clerical	1,955	2,145	18,930	8.83	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,152	4,152	133,441	32.14	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,019	1,047	15,013	14.34	31
32	Other Health C: Behavioral Health	8,097	8,465	137,478	16.24	32
33	Other(specify) Unit Manager/ Cli	2,696	2,832	65,625	23.17	33
34	TOTAL (lines 1 - 33)	241,042	258,697	\$ 4,062,267 *	\$ 15.70	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	1900/monthly	\$ 22,800	1-3	35
36	Medical Director	3000/monthly	36,000	10-3	36
37	Medical Records Consultant			10-3	37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	396/monthly	4,752	10-3	39
40	Physical Therapy Consultant			11-3	40
41	Occupational Therapy Consultant			11-3	41
42	Respiratory Therapy Consultant			11-3	42
43	Speech Therapy Consultant			11-3	43
44	Activity Consultant	228/monthly	2,740	11-3	44
45	Social Service Consultant	23/monthly	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 66,572		49

C. CONTRACT NURSES

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

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	
													Amount of Expense Amortized Per Year
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	
1	Alden Bennet Constructio	11/02	\$ 4,749	15	\$ 317	\$ 317	\$ 317	\$ 317	\$ 317	317	\$ 317	\$ 317	\$ 317
2													
3													
4													
5													
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14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 4,749		\$ 317	\$ 317	\$ 317	\$ 317	\$ 317	\$ 317	\$ 317	\$ 317	\$ 317

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center

0036244

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$9,573
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 41,375 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. _____
- (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. \$ 466,353
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. \$ 35,538 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.