

		FOR BHF USE					

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2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

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 Rehab & HCC</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 border="0"> <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>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>01/01/2015</u> to <u>12/31/2015</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"> <tr> <td rowspan="2" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Randi Schlossberg-Schullo</u></td> </tr> <tr> <td></td> <td>(Title) <u>President, Alden Management Services, Inc.</u></td> </tr> <tr> <td rowspan="5">Paid Preparer</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> </tr> <tr> <td>(Firm Name & Address) _____</td> </tr> <tr> <td>(Telephone) <u>()</u> Fax # <u>()</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>Randi Schlossberg-Schullo</u>		(Title) <u>President, Alden Management Services, Inc.</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 Rehab & HCC

0036244 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	225	Skilled (SNF)	225	82,125	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	82,125	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	14,613	52	2,479	17,144	8
9	SNF/PED					9
10	ICF	43,703	254	779	44,736	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	58,316	306	3,258	61,880	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.35%

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 1,522

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

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

Facility Name & ID Number

Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	289,627	27,505	26,700	343,832	2,426	346,258	(4,767)	341,491		1
2	Food Purchase		444,691		444,691	(37,431)	407,260	(25,408)	381,852		2
3	Housekeeping	264,900	56,078		320,978	1,922	322,900	12,004	334,904		3
4	Laundry	57,540	23,252		80,792	585	81,377		81,377		4
5	Heat and Other Utilities			239,771	239,771		239,771	3,524	243,295		5
6	Maintenance	45,598	2,091	300,950	348,639	78	348,717	71,204	419,921		6
7	Other (specify):* related party-AMS							10,743	10,743		7
8	TOTAL General Services	657,665	553,617	567,421	1,778,703	(32,420)	1,746,283	67,300	1,813,583		8
	B. Health Care and Programs										
9	Medical Director			33,000	33,000		33,000		33,000		9
10	Nursing and Medical Records	2,555,092	173,671	15,597	2,744,360	(5,451)	2,738,909	73,377	2,812,286		10
10a	Therapy	103,277	2,391	100,121	205,789		205,789		205,789		10a
11	Activities	345,655	13,878	4,200	363,733	222	363,955		363,955		11
12	Social Services	42,375			42,375		42,375		42,375		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party-AMS							10,788	10,788		15
16	TOTAL Health Care and Programs	3,046,399	189,940	152,918	3,389,257	(5,229)	3,384,028	84,165	3,468,193		16
	C. General Administration										
17	Administrative	178,106			178,106		178,106	192,317	370,423		17
18	Directors Fees										18
19	Professional Services			841,987	841,987		841,987	(753,386)	88,601		19
20	Dues, Fees, Subscriptions & Promotions			80,670	80,670		80,670	(46,298)	34,372		20
21	Clerical & General Office Expenses	188,624	16,265	136,222	341,111	1,070	342,181	349,256	691,437		21
22	Employee Benefits & Payroll Taxes			810,386	810,386	23,097	833,483	(2,347)	831,136		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,794	1,794		1,794	1,593	3,387		24
25	Other Admin. Staff Transportation			2,536	2,536		2,536	18,559	21,095		25
26	Insurance-Prop.Liab.Malpractice			399,712	399,712		399,712	8,736	408,448		26
27	Other (specify):* related party-AMS			201,776	201,776		201,776	(119,002)	82,774		27
28	TOTAL General Administration	366,730	16,265	2,475,083	2,858,078	24,167	2,882,245	(350,572)	2,531,673		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,070,794	759,822	3,195,422	8,026,038	(13,482)	8,012,556	(199,107)	7,813,449		29

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

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

Facility Name & ID Number

Alden Princeton Rehab & HCC

#0036244

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			31,148	31,148		31,148	334,227	365,375			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			175,791	175,791		175,791	268,116	443,907			32
33	Real Estate Taxes			293,757	293,757	(293,757)		301,353	301,353			33
34	Rent-Facility & Grounds			591,172	591,172	293,757	884,929	(884,929)				34
35	Rent-Equipment & Vehicles			12,623	12,623		12,623	61,838	74,461			35
36	Other (specify):* MIP							37,394	37,394			36
37	TOTAL Ownership			1,104,491	1,104,491		1,104,491	117,999	1,222,490			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		320,438	292,213	612,651	13,482	626,133	(26,456)	599,677			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			480,838	480,838		480,838		480,838			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		320,438	773,051	1,093,489	13,482	1,106,971	(26,456)	1,080,515			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,070,794	1,080,260	5,072,964	10,224,018		10,224,018	(107,564)	10,116,454			45

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

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

IDPH License No. 0036244

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(37,431.00)	Employee Meals
	22	37,431.00	Employee Meals
22		(14,334.00)	Uniform Reclass
	1	2,426.00	Uniform Reclass
	3	1,922.00	Uniform Reclass
	4	585.00	Uniform Reclass
	6	78.00	Uniform Reclass
	10	8,031.00	Uniform Reclass
	11	222.00	Uniform Reclass
	21	1,070.00	Uniform Reclass
10		(13,482.00)	Oxygen Cost Reclass
	39	13,482.00	Oxygen Cost Reclass
33		(293,757.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	293,757.00	Rent - Real Estate Tax on associated landowner (Pg 6)
Net (Should be zero)		\$ -	

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(5,921)	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	(39,330)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(371)	2		13
14	Non-Care Related Interest	(11,275)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(27,288)	21		17
18	Fines and Penalties	(8,727)	32		18
19	Entertainment	(796)	20		19
20	Contributions	(4,635)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,320)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(201,776)	27		24
25	Fund Raising, Advertising and Promotional	(17,297)	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)	\$ (307,733)		\$	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)	321,980		34
35	Other- Attach Schedule	(121,811)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 200,169		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (107,564)		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 Rehab & HCC

ID# 0036244

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Elim Deprec Exp on Pg 12, <\$2,500	\$ (2,858)	30	1
2	Elim Deprec Exp on Pg 13, <\$2,500	(15,111)	30	2
3	Exp Pg12 items <\$2,500 - current yr purch	10,603	6	3
4	Exp Pg13 items <\$2,500 - current yr purch	38,036	6	4
5	AMS Depreciation Adj.	(241)	30	5
6	Late Fees on Utilities	(1,195)	5	6
7	Intercompany Interests (Midcap)	(151,032)	32	7
8	back out: bank charges - Princeton LLC	(96)	21	8
9	adj for ABC related party profit 2008-2015	60	30	9
10	adjust depreciation expense	93	30	10
11	Vendors discount	(10)	10	11
12	collection fees	(60)	21	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
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31				31
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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		(121,811)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,609	(8,376)	0	0	0	0	0	0	0	(4,767)	1
2	Food Purchase	(371)	0	0	(25,037)	0	0	0	0	0	0	0	(25,408)	2
3	Housekeeping	0	0	12,004	0	0	0	0	0	0	0	0	12,004	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,195)	0	4,719	0	0	0	0	0	0	0	0	3,524	5
6	Maintenance	42,718	0	26,352	0	0	0	(62)	2,196	0	0	0	71,204	6
7	Other (specify):*	0	0	10,743	0	0	0	0	0	0	0	0	10,743	7
8	TOTAL General Services	41,152	0	57,427	(33,413)	0	0	(62)	2,196	0	0	0	67,300	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	(10)	0	68,005	6,031	(649)	0	0	0	0	0	0	73,377	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	10,788	0	0	0	0	0	0	0	0	10,788	15
16	TOTAL Health Care and Programs	(10)	0	78,793	6,031	(649)	0	0	0	0	0	0	84,165	16
	C. General Administration													
17	Administrative	0	0	192,317	0	0	0	0	0	0	0	0	192,317	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,320)	17,590	(768,656)	0	0	0	0	0	0	0	0	(753,386)	19
20	Fees, Subscriptions & Promotions	(22,728)	0	(23,570)	0	0	0	0	0	0	0	0	(46,298)	20
21	Clerical & General Office Expenses	(27,444)	346	376,354	0	0	0	0	0	0	0	0	349,256	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,347)	0	0	0	0	0	0	(2,347)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,593	0	0	0	0	0	0	0	0	1,593	24
25	Other Admin. Staff Transportation	0	0	18,559	0	0	0	0	0	0	0	0	18,559	25
26	Insurance-Prop.Liab.Malpractice	0	8,395	341	0	0	0	0	0	0	0	0	8,736	26
27	Other (specify):*	(201,776)	0	82,774	0	0	0	0	0	0	0	0	(119,002)	27
28	TOTAL General Administration	(254,268)	26,331	(120,288)	0	(2,347)	0	0	0	0	0	0	(350,572)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(213,126)	26,331	15,932	(27,382)	(2,996)	0	(62)	2,196	0	0	0	(199,107)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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

	Capital Expense	PAGES 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	(6,054)	336,077	4,204	0	0	0	0	0	0	0	0	334,227	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(210,364)	317,452	161,028	0	0	0	0	0	0	0	0	268,116	32
33	Real Estate Taxes	0	293,757	7,596	0	0	0	0	0	0	0	0	301,353	33
34	Rent-Facility & Grounds	0	(884,929)	0	0	0	0	0	0	0	0	0	(884,929)	34
35	Rent-Equipment & Vehicles	0	0	61,838	0	0	0	0	0	0	0	0	61,838	35
36	Other (specify):*	0	37,394	0	0	0	0	0	0	0	0	0	37,394	36
37	TOTAL Ownership	(216,418)	99,751	234,666	0	0	0	0	0	0	0	0	117,999	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(37,757)	(4,066)	15,367	0	0	0	0	0	(26,456)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(37,757)	(4,066)	15,367	0	0	0	0	0	(26,456)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(429,544)	126,082	250,598	(65,139)	(7,062)	15,367	(62)	2,196	0	0	0	(107,564)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd	100	See PG 6-Supp		See PG 6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 884,929	Princeton Associates I, L.L.C.		\$	\$ (884,929)	1
2	V	32 Invest. Income RR/ Int. Income	195	Princeton Associates I, L.L.C.			(195)	2
3	V	19 Accounting/Professional		Princeton Associates I, L.L.C.		11,575	11,575	3
4	V	33 Real Estate Tax		Princeton Associates I, L.L.C.		293,757	293,757	4
5	V	26 Property & Liability Insurance		Princeton Associates I, L.L.C.		8,395	8,395	5
6	V	32 Interest on Mortgage Note		Princeton Associates I, L.L.C.		311,879	311,879	6
7	V	36 Mortgage Insurance Premium		Princeton Associates I, L.L.C.		37,394	37,394	7
8	V	30 Depreciation		Princeton Associates I, L.L.C.		336,077	336,077	8
9	V	32 Amortization		Princeton Associates I, L.L.C.		5,768	5,768	9
10	V	21 Misc. Cost/Report fees		Princeton Associates I, L.L.C.		250	250	10
11	V	21 Bank Fees		Princeton Associates I, L.L.C.		96	96	11
12	V	6 Repairs & Maintenance - RR		Princeton Associates I, L.L.C.				12
13	V	19 Legal Fees: Non-Collections		Princeton Associates I, L.L.C.		6,015	6,015	13
14	Total		\$ 885,124			\$ 1,011,206	\$ * 126,082	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%	\$ 4,719	\$ 4,719
16	V	24 Travel and Seminar				1,593	1,593
17	V	25 Other Admin Travel				18,559	18,559
18	V	26 Insurance				341	341
19	V	20 Dues and Subscription	29,185			5,615	(23,570)
20	V	30 Depreciation				4,204	4,204
21	V	33 Real estate taxes				7,596	7,596
22	V	35 Rent - Equipment & Vehic				61,838	61,838
23	V	32 Interest				161,028	161,028
24	V	1 Dietary				3,609	3,609
25	V	3 Housekeeping				12,004	12,004
26	V	7 Employee Benefit - Gen Services				10,743	10,743
27	V	10 Nurse & Medical Records Salary				68,005	68,005
28	V	15 Employee Benefit - Health Care				10,788	10,788
29	V	17 Administrative Salary				192,317	192,317
30	V	27 Employee Benefit - Admin				82,774	82,774
31	V	19 Professional Fee	817,239			48,583	(768,656)
32	V	21 General and Administrative				376,354	376,354
33	V	6 Repairs and Maintenance	82,256			108,608	26,352
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 928,680			\$ 1,179,278	\$ * 250,598

* 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 consultant	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 144	\$ (26,256)
16	V	1 Dietary salary				13,230	13,230
17	V	2 Tube feeding	71,584			31,796	(39,788)
18	V	10 Equipment rental	6,660			8,809	2,149
19	V	39 Ancillary supplies	124,182			55,907	(68,275)
20	V	1 Gen'l & admin & benefits				4,650	4,650
21	V	2 Gen'l & admin & benefits				14,751	14,751
22	V	10 Gen'l & admin & benefits				3,882	3,882
23	V	39 Gen'l & admin & benefits				30,518	30,518
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		\$ 228,826			\$ 163,687	\$ * (65,139)

* 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	\$ 109,675	Forum Extended Care Services II, Inc.	0.00%	\$ 105,852	\$ (3,823)
16	V	39 I.V.	48,139			46,461	(1,678)
17	V	39 Wound Care	23,816			22,986	(830)
18	V	10 House Stock	13,861			13,378	(483)
19	V	10 Pharm Consultant	4,752			4,586	(166)
20	V	22 Employee Vaccination	2,347				(2,347)
21	V	39 Employee Vaccination				2,265	2,265
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 202,590			\$ 195,528	\$ * (7,062)

* 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	\$ 375,146	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 390,513	\$	15,367	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		\$ 375,146			\$ 390,513	\$ *	15,367	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	\$ 32,859	Alden Bennett Construction Company, Inc.	0.00%	\$ 32,797	\$ (62)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 32,859			\$ 32,797	\$ * (62)

* 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	\$ 10,463	Alden Design Group, Inc.	0.00%	\$ 12,659	\$ 2,196	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		\$ 10,463			\$ 12,659	\$ *	2,196	39

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

Facility Name & ID Number

Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzi	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	President	CEO	100.00	175,853	1.976	4.94	Salary	\$ 9,147	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,056	1.976	4.94	Salary	4,944	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,056	1.976	4.94	Salary	4,944	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	103,751	1.976	4.94	Salary	5,397	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,425	1.976	4.94	Salary	3,091	21-7	5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12											12
13								TOTAL	\$ 27,523		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 Rehab & HCC

0036244

Report Period Beginning:

01/01/2015

Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,251,552	34	\$ 95,438	\$ 61,880	\$ 4,719	1
2	24	Travel and Seminar	Patient Days	1,251,552	34	32,213	61,880	1,593	2
3	25	Other Admin Travel	Patient Days	1,251,552	34	375,370	61,880	18,559	3
4	26	Insurance	Patient Days	1,251,552	34	6,897	61,880	341	4
5	20	Dues and Subscription	Patient Days	1,251,552	34	113,573	61,880	5,615	5
6	30	Depreciation	No. of Providers	34	34	156,306	1	4,204	6
7	33	Real estate taxes	Patient Days/Usage	1,251,552	34	176,959	61,880	7,596	7
8	35	Rent - Equipment & Vehic	Patient Days	1,251,552	34	1,250,701	61,880	61,838	8
9	32	Interest	Patient Days/Usage	1,251,552	34	2,158,573	61,880	161,028	9
10	1	Dietary	Patient Days	1,251,552	34	72,994	61,880	3,609	10
11	3	Housekeeping	Patient Days	1,251,552	34	242,795	61,880	12,004	11
12	7	Employee Benefit - Gen Services	Patient Days	1,251,552	34	217,281	61,880	10,743	12
13	10	Nurse & Medical Records Salary	Patient Days/Usage	1,251,552	34	1,562,220	1,562,220	68,005	13
14	15	Employee Benefit - Health Care	Patient Days	1,251,552	34	218,198	61,880	10,788	14
15	17	Administrative Salary	Patient Days/Usage	1,251,552	34	4,332,153	4,332,153	192,317	15
16	27	Employee Benefit - Admin	Patient Days	1,251,552	34	1,674,148	61,880	82,774	16
17	19	Professional Fee	Patient Days	1,251,552	34	1,213,223	909,774	48,583	17
18	21	General and Administrative	Patient Days/Usage	1,251,552	34	7,611,926	6,744,406	376,354	18
19	6	Repairs and Maintenance	Patient Days	1,251,552	34	1,835,211	1,239,870	108,608	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 23,346,179	\$ 15,104,212	\$ 1,179,278	25

Facility Name & ID Number

Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10	11						
		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		X	Mortgage	\$33,587.00	2/01/2011	\$ 7,836,900	\$ 7,437,151	3/1/2051	4.1700	\$ 311,879	1						
2												2						
3												3						
4	Insurance Interest (GL 7053)		X	Medical Malpractice							4,757	4						
5	Amort-Refi Fees		X	Working Capital							5,768	5						
Working Capital																		
6	Related party-AMS		X	Working Capital							161,028	6						
7												7						
8												8						
9	TOTAL Facility Related				\$33,587.00		\$ 7,836,900	\$ 7,437,151			\$ 483,432	9						
B. Non-Facility Related*																		
10	Int Income - R.R.		X								(195)	10						
11	Int Income (GL4975/4979)		X								(39,330)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (39,525)	14						
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 7,437,151			\$ 443,907	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 37,394 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2014 report.	\$	<u>272,100</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>269,457</u>	2	
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>(2,643)</u>	3	
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>296,400</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>293,757</u>	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>7,596</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>301,353</u>
Real Estate Tax Bill for Calendar Year:		2010	<u>261,961</u>	8	
		2011	<u>260,669</u>	9	
		2012	<u>260,609</u>	10	
		2013	<u>264,136</u>	11	
		2014	<u>269,457</u>	12	
The current year accrual is based on an estimated 10% increase of the prior year tax					
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2014	\$	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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Princeton Rehab & HCC COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0036244
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll
 TELEPHONE (773)286-3883 FAX #: (773)286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2014.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>153,627.00</u>	\$ <u>7,596.00</u>
2. <u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>15,642.54</u>	\$ <u>15,642.54</u>
3. <u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,026.73</u>	\$ <u>14,026.73</u>
4. <u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>53,162.86</u>	\$ <u>53,162.86</u>
5. <u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>78,618.38</u>	\$ <u>78,618.38</u>
6. <u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,583.69</u>	\$ <u>14,583.69</u>
7. <u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>13,941.35</u>	\$ <u>13,941.35</u>
8. <u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>899.34</u>	\$ <u>899.34</u>
9. <u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	\$ <u>78,582.02</u>	\$ <u>78,582.02</u>
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>423,083.91</u></u>	\$ <u><u>277,052.91</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

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).
none

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>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	\$ 5,896,977	4
5											5
6			1992	1992	44,020	280	30	1,467	1,187	34,350	6
7			1993	1993	30,616	692	30	1,021	329	23,750	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/	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		VARIOUS			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		15			2,000	27
28		ABC(construction management)	1999		785		5			785	28
29		Kraft Paper (desk & chairs)	1999		2,023		15			2,023	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	69	15	69		1,672	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		2,475	53
54	CSI-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		3,499	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		1,362	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		10			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		20,732	67
68	Simplex Grinnell (4 doors)	2003	4,391	(1)	10	(1)		4,391	68
69	Alden Bennett Construction (time & material billing by facility)	2003	20,159		10			20,159	69
70	TOTAL (lines 4 thru 69)		\$ 7,382,913	\$ 223,856		\$ 235,859	\$ 12,003	\$ 6,321,440	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	
	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	\$ 223,856		\$ 235,859	\$ 12,003	\$ 6,321,440	1
2	D. B. S. Contracting (sprinkler system)	2003	15,935		3			15,935	2
3	Alden Bennett Construction (lamps)	2003	3,339		10			3,339	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		10			2,628	6
7	Alden Bennett Const (bathroom floors)	2004	3,945		10			3,945	7
8	Alden Bennett Construction (Boiler repairs)	2004	2,746		5			2,746	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821		10			5,821	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489		10			1,489	10
11	GT Mechanical (Fan coil replacement)	2004	746		10			746	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		4,191	20
21	BROLOC Brolin Lock And Safe	2005	3,855	386	10	386		3,817	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	(1)	5	(1)		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		5			3,199	33
34	TOTAL (lines 1 thru 33)		\$ 7,483,008	\$ 224,622		\$ 236,625	\$ 12,003	\$ 6,431,618	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	\$ 224,622		\$ 236,625	\$ 12,003	\$ 6,431,618	1
2	ABC (new transformer)	2006	8,185	819	10	819		6,661	2
3	ABC (new compressor)	2006	21,154	2,115	10	2,115		19,564	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		12,150	5
6	Fence	2007	2,813	281	10	281		2,389	6
7	ABC - paint facility	2007	2,589	259	10	259		2,309	7
8	ABC - electrical security system	2007	13,341	1,334	10	1,334		11,804	8
9	TopNotch - 2HP motor	2007	2,909	291	10	291		2,570	9
10	GT Mech - air compressor	2007			5			3,360	10
11	ABC - bathroom vinyl sheet flooring	2007	4,305	431	10	431		3,699	11
12	ABC - HVAC	2007			10			6,000	12
13	ABC - new doors (exit and kitchen)	2007	3,183	318	10	318		2,677	13
14	ABC - new parts HVAC motor	2007			10			4,882	14
15	ABC - temp a/c	2007	10,135		5			10,135	15
16	New plumbing fixtures, electrical appliances	2007	4,091		5			4,091	16
17	New tiles, fixtures/window	2008	3,478	348	10	348		2,668	17
18	New sewage injector pump	2008	6,619	662	10	662		5,020	18
19	Replaced ceiling tiles	2008	2,927	293	10	293		2,124	19
20	Repair hvac 3 way valve	2008			10			4,518	20
21	New sewer line	2008	3,500	140	25	140		992	21
22	ABC - front entrance ramp oxygen transfilling pad	2009	5,123	256	20	256		1,594	22
23	ABC - ramp concrete at the entrance	2009	12,763	851	15	851		5,319	23
24	ABC - parking lot wall protection	2009	4,887	489	10	489		3,056	24
25	GT Mechanical - boiler #2 repairs	2009	7,016		5			7,016	25
26	ABC - replacement HVAC room coils	2009	3,975		5			3,975	26
27	GT Mechanical - heat exchanger	2009	3,529		5			3,529	27
28	ABC - replacement laundry door	2009	3,292		5			3,292	28
29	ABC - plumbing for hot water storage tank	2009	10,116	674	15	674		4,100	29
30	GT Mechanical - coil piping insulation	2009	12,656		5			12,656	30
31	Cable Satellite - outlets wiring	2009	6,800	680	10	680		4,307	31
32	GT Mechanical - cooling tower	2009	2,631		5			2,631	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,661,324	\$ 236,213		\$ 248,216	\$ 12,003	\$ 6,593,507	34

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

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,661,324	\$ 236,213		\$ 248,216	\$ 12,003	\$ 6,593,507	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,752,235	\$ 237,485		\$ 249,488	\$ 12,003	\$ 6,678,978	34

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

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,752,235	\$ 237,485		\$ 249,488	\$ 12,003	\$ 6,678,978	1
2	ABC - broken HVAC motor repairs	2009	2,742		5			2,742	2
3	Chiller-2009	2009	274,071	18,271		18,271		114,194	3
4	ABC - tuckpointing entire o/s of building	2010	209,080	10,454	20	10,454		54,883	4
5	ABC - new windows	2010	2,725	273	10	273		1,615	5
6	ABC - new windows	2010	8,136	814	10	814		4,680	6
7	ABC - new windows	2010	20,306	2,031	10	2,031		12,186	7
8	ABC - fire dampers & seal walls/floors	2011	18,500	1,850	10	1,850		8,633	8
9	ABC - fire dampers for toilet exhaust	2011	17,741	1,774	10	1,774		8,131	9
10	Oak Fire - replace 380 fusible links	2011	12,772	2,554	5	2,554		11,706	10
11	ABC - Drywall, bathroom	2012	12,313	821	15	821		2,942	11
12	JDROOF - Roof repair	2012	3,200	640	5	640		1,980	12
13	ABC - Raise bathroom walls	2012	4,351	218	20	218		745	13
14	ABC - Bathroom walls	2012	15,118	756	20	756		2,583	14
15	Repair Door Closer	2012	2,616	523	5	523		1,918	15
16	ABC - HVAC/Chase Wall for duct	2013	3,312	221	15	221		552	16
17	Kone Inc - Elevator major repair	2013	6,151	1,230	5	1,230		3,075	17
18									18
19	ABC - Fire Alarm Control Panel	2014	11,050	553	20	553		599	19
20	ABC - window replacement	2014	2,967	297	10	297		445	20
21	ABC - bolts, doors, auto flush	2014	3,010	602	5	602		803	21
22	J&D Sons - roof repair	2014	4,350	870	5	870		1,015	22
23	TopNotch - dishwasher motor	2014	5,994	1,199	5	1,199		1,299	23
24	TopNotch - new dishwasher	2014	3,164	633	5	633		791	24
25									25
26	Fire Damper Repairs - ALDBEN	2015	20,540	1,883	10	1,883		1,883	26
27	Elevator Repair - ALIELE	2015	2,556	426	5	426		426	27
28	Motor, Rack Drive for Dish Machine - TOPNOT	2015	3,953	395	5	395		395	28
29	Motor, Dishmachine - TOPNOT	2015	8,430	843	5	843		843	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,431,382	\$ 287,617		\$ 299,620	\$ 12,003	\$ 6,920,042	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 12E, Carried Forward	\$ 8,431,382	\$ 287,617		\$ 299,620	\$ 12,003	\$ 6,920,042		1
2	Adjust for ABC related party profit	2008 (295)	(38)		(38)		(275)		2
3	Adjust for ABC related party profit	2009 (273)	(8)		(8)		(48)		3
4	Adjust for ABC related party profit	2010 (2,940)	(43)		(43)		(258)		4
5	Adjust for ABC related party profit	2011 289	2		2		(9)		5
6	Adjust for ABC related party profit	2012 2,124	152		152		(528)		6
7	Adjust for ABC related party profit	2013 45	2		2		(5)		7
8	Adjust for ABC related party profit	2014 (32)	(3)		(3)		(4)		8
9	Adjust for ABC related party profit	2015 (39)	(4)		(4)		(4)		9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,430,260	\$ 287,677		\$ 299,680	\$ 12,003	\$ 6,918,911		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	\$ 572,941	\$ 62,040	\$ 62,040	\$	varies	\$ 273,591	71
72	Current Year Purchases	45,072	2,880	2,880		varies	2,238	72
73	Fully Depreciated Assets	1,216,462	775	775		varies	1,216,462	73
74								74
75	TOTALS	\$ 1,834,475	\$ 65,695	\$ 65,695	\$		\$ 1,492,291	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	related party - AMS	various	1998-2004	\$ 4,026	\$	\$	\$	3	\$ 4,026	76
77										77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,406,021	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 353,372	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 365,375	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)	\$ 8,415,228	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party - cost is backed out

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 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. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ varies

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 18,321 Description: <---copy machine gl 6861 - \$12,623 & equip lease gl 6959 - \$5698

(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>19,087</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>19,087</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>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5 Supplies (Actual or Allocated)	6 Total Units (Column 2 + 4)	7 Total Cost (Col. 3 + 5 + 6)	8
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39-3	hrs	\$			\$ 149,419	\$		\$ 149,419	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs				25,599			25,599	2	
3	Licensed Recreational Therapist		hrs								3	
4	Licensed Physical Therapist	39-3	hrs				113,166			113,166	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					108,117		108,117	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10	
11	Academic Education		hrs								11	
12	Other (specify):	39-1, 39-3, if any									12	
13	Other (specify):	See Pg 16A					15,367	188,009		203,376	13	
14	TOTAL			\$			\$ 303,551	\$ 296,126		\$ 599,677	14	

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

XIV. Special Services (Direct Cost)

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

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.			
1.	OT	39-3	To Col 5	-	\$149,419.00	
2.	ST	39-3	To Col 5	-	25,599.00	
3.						
4.	PT	39-3	To Col 5	-	113,166.00	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL			-	109,674.00	
	Manual Input from Related Party- Forum Drugs				(1,557.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	108,117.00	
10.						
11.						
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00	
	Total Exceptional Care (Line 12, Col 8)			-	0.00	
13.	Other:	See Pg 16A				
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		15,367.00	From Page 6D

Other		-	214,792.00	
Manual Input: Related Party - Prism			(37,757.00)	From Page 6B
Manual Input: Related Party FECII - I.V.			(1,678.00)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)			(830.00)	From Page 6C
			13,482.00	

13. Col 6: Supplies Total	To Col 6	-	188,009.00	

13. Total Line 13, Column 8		-	203,376.00	

14. Total		-	599,677.00	
			=====	

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 59,254	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 207,000)	1,899,675	1,899,675	3
4	Supply Inventory (priced at)	5,153	5,153	4
5	Short-Term Investments			5
6	Prepaid Insurance		15,923	6
7	Other Prepaid Expenses	14,836	14,836	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties</u>	286	185,603	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,919,950	\$ 2,180,444	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,000,000	1,000,000	12
13	Land		155,893	13
14	Buildings, at Historical Cost		7,188,717	14
15	Leasehold Improvements, at Historical Cost	705,468	705,468	15
16	Equipment, at Historical Cost	619,993	2,532,304	16
17	Accumulated Depreciation (book methods)	(1,200,325)	(8,156,316)	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>)		234,804	22
23	Other(specify): <u>Refinancing Fee</u>		125,085	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,125,136	\$ 3,785,955	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,045,086	\$ 5,966,399	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 558,458	\$ 558,458	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	260,474	260,474	28
29	Short-Term Notes Payable		94,710	29
30	Accrued Salaries Payable	412,960	412,960	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,515	21,515	31
32	Accrued Real Estate Taxes(Sch.IX-B)		296,400	32
33	Accrued Interest Payable	238,398	264,242	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Ins/Exp, Sales Tax, Due to IDPA</u>	271,408	271,408	36
37	<u>Due to Affiliates</u>	952,588	952,588	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,715,801	\$ 3,132,755	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,342,441	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	6,414,968	6,410,793	43
44	<u>Shareholder Loans</u>	250,000	250,000	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 6,664,968	\$ 14,003,234	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,380,769	\$ 17,135,989	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,335,683)	\$ (11,169,590)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,045,086	\$ 5,966,399	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,476,513)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,476,513)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	140,830	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)	\$ 140,830	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)	\$ (6,335,683)	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	\$ 10,253,020	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,253,020	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	58,869	6
7	Oxygen	8,372	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 67,241	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	516	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 516	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	39,330	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 39,330	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	4,741	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,741	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,364,848	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,778,703	31
32	Health Care	3,389,257	32
33	General Administration	2,858,078	33
B. Capital Expense			
34	Ownership	1,104,491	34
C. Ancillary Expense			
35	Special Cost Centers	612,651	35
36	Provider Participation Fee	480,838	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,224,018	40
41	Income before Income Taxes (line 30 minus line 40)**	140,830	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 140,830	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,021,128	44
45	Private Pay - Net Inpatient Revenue	108,959	45
46	Medicare - Net Inpatient Revenue	1,083,545	46
47	Other-(specify) <u>Hospice/Insurance</u>	153,844	47
48	Other-(specify) <u>Charity/Sales Allowance</u>	(114,456)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,253,020	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet avail. If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discrbe) (is offset against Sch.# V)	
Vendor Discounts	\$ 10
Gain on Sale of Assets	\$ 4,731
Line 28 Total:	<u>4,741</u>

Ending: 12/31/2015

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4	
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,920	\$ 91,210	\$ 47.51	1
2	Assistant Director of Nursing	1,264	49,009	36.71	2
3	Registered Nurses	18,350	601,998	31.21	3
4	Licensed Practical Nurses	26,850	770,767	26.53	4
5	CNAs & Orderlies	76,720	918,402	10.79	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides	3,230	41,818	11.48	8
9	Activity Director	1,844	29,436	15.24	9
10	Activity Assistants	12,822	135,994	9.71	10
11	Social Service Workers	2,080	42,375	20.37	11
12	Dietician				12
13	Food Service Supervisor	2,080	58,100	27.93	13
14	Head Cook				14
15	Cook Helpers/Assistants	20,065	231,527	10.43	15
16	Dishwashers				16
17	Maintenance Workers	2,080	45,598	21.92	17
18	Housekeepers	22,494	264,900	10.94	18
19	Laundry	5,354	57,540	9.77	19
20	Administrator	2,080	117,778	56.62	20
21	Assistant Administrator	1,920	60,327	31.03	21
22	Other Administrative	5,256	140,912	26.04	22
23	Office Manager	1,856	30,872	16.63	23
24	Clerical	2,587	24,783	9.07	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator	3,504	123,706	34.28	29
30	Habilitation Aides (DD Homes)				30
31	Medical Records				31
32	Other Health C: Behavioral health	8,949	180,226	19.23	32
33	Other(specify) School Nurse Liais	1,424	53,516	35.37	33
34	TOTAL (lines 1 - 33)	224,729	\$ 4,070,794 *	\$ 16.73	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	2225/Month	\$ 26,700	1-3 35
36	Medical Director	2750/Month	33,000	9-3 36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	396/Month	4,752	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	48	2,640	11-3 44
45	Social Service Consultant	16	1,120	11-3 45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	64	\$ 68,212	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	43	7,928	10-3 52
53	TOTAL (lines 50 - 52)	43	\$ 7,928	53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
FIELDS, DARYCE S	Administrator	0	\$ 15,449	Workers' Compensation Insurance	\$ 149,944	IDPH License Fee	\$	
HERRON, TAYLOR D	Administrator	0	102,330	Unemployment Compensation Insurance	62,897	Advertising: Employee Recruitment	508	
CARTER-SIMS, LYNNIECE A	Asst. Administrator	0	10,662	FICA Taxes	306,598	Health Care Worker Background Check		
CLARK, CRYSTAL / WRIGHT, CHRISTI	Asst. Administrator	0	6,057	Employee Health Insurance	74,933	(Indicate # of checks performed 37)	1,198	
EDWARDS, EBONI S	Asst. Administrator	0	9,799	Employee Meals	37,431	Patient Background Checks	3,473	
FIELDS, DARYCE S	Asst. Administrator	0	27,439	Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	825	
SMITH, RUBIN D	Asst. Administrator	0	6,370	Union Health & Welfare	149,613	Corporate Annual Fee	155	
TOTAL (agree to Schedule V, line 17, col. 1)				Pension	34,301	Health Care Council of IL	21,600	
(List each licensed administrator separately.)			\$ 178,106	Dental & Life Insurance	1,379	Relias Learning	998	
B. Administrative - Other				Empl. Yel, Misc Payroll, Drug Tests	13,023	Related Party-AMS	5,615	
Description			Amount	Vaccination, 401K Match, Tuition Reimburse	3,364	Less: Public Relations Expense	()	
			\$	Related Party - Forum	(2,347)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)		\$ 831,136	TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type	Amount						
Alden Management Services, Inc.	Consulting fees	\$ 770,331					Out-of-State Travel	\$
Alden Group (Midcap Charges)	Legal Fees - Non Collections	2,279						
Medicaid Legal Fees/Kent College of	Legal Fees - Non Collections	459						
Janet L Hermann	Legal Fees - Non Collections	4,419					In-State Travel	
First Advantage Tax	Professional Fees	4,578						
Baker Tilly/AMS (Midcap)	Accounting Fees	7,761						
AMS	Allocated Legal Fees	46,908					Related Party-AMS	1,593
First Advantage Tax/Christine Novo	Tax Service/Cost Report Fees	2,932					Seminar Expense	
Clerk of Circuit County	Legal Fees - Collections	1,499					II Council on Long Term Care/ICD-10 Train	399
Sheriff of Cook County	Legal Fees - Collections	300					Crisis Prevention Training	885
ABC Account/Recorder of Deeds	Legal Fees - Collections	249					NIC National Conference	510
Valer Enterprise/Markley Investigat	Legal Fees - Collections	272					Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)			\$ 841,987				TOTAL	\$ 3,387

* Attach copy of IMRF notifications

**See instructions.

Alden Princeton Rehab & HCC
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$	56,385.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(2,320.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u>7,157.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Alden Group (Midcap charges)	1/1/15-12/31/15	2279
Nixon Peabody	12/10/2015	300
IIT Chicago-Kent College of Law	5/8/2015	159
Janet L Hermann	2/23/15,7/23/15	4419
TOTAL ALLOWABLE LEGAL FEES		<u><u>7,157.00</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Clerk of Circuit County	1/15-12/15	1,499.00
Sheriff of Cook County	1/15-12/15	300.00
ABC Account Corp (Leonard Smith)	5/19/15,8/17/15	129.00
Recorder of Deeds	2/13/15,11/20/15,11/20/15	120.00
Valer Enterprise	6/26/2015	66.00
Markley Investigators	3/23/15,9/28/15,11/2/15	206.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 2,320.00

Vendor Name	Invoice Date	Amount
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AMS Allocated Legal Fees	1/1/15-12/31/15	46,908.00
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TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost 56,385.00

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

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNAs -Yes; RN/LPN - 1
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of Illinois - \$21,600
- (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. \$ 23,480 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. \$ 480,838
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. \$ 37,431 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? 0
 - d. Have vehicle usage logs been maintained? No
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.