

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			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	2,944	258	5,585	8,787	8
9	SNF/PED					9
10	ICF	37,490	20		37,510	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	40,434	278	5,585	46,297	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 56.37%

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 96 and days of care provided 5,153

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/06 Fiscal Year: 12/31/06

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

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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 OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	241,469	24,436	9,600	275,505	607	276,112	(6,334)	269,778		1
2	Food Purchase		273,732		273,732	(24,449)	249,283	(47,258)	202,025		2
3	Housekeeping	172,650	38,281		210,931	481	211,412		211,412		3
4	Laundry	63,101	15,391		78,492	147	78,639		78,639		4
5	Heat and Other Utilities			238,711	238,711		238,711	1,504	240,215		5
6	Maintenance	43,800		99,963	143,763	20	143,783	36,828	180,611		6
7	Other (specify):* Related Party Salary							39,248	39,248		7
8	TOTAL General Services	521,020	351,840	348,274	1,221,134	(23,194)	1,197,940	23,988	1,221,928		8
	B. Health Care and Programs										
9	Medical Director			21,000	21,000		21,000		21,000		9
10	Nursing and Medical Records	1,890,442	137,071	33,363	2,060,876	(24,932)	2,035,944	(971)	2,034,973		10
10a	Therapy	55,286			55,286		55,286		55,286		10a
11	Activities	83,540	3,509	4,013	91,062	55	91,117		91,117		11
12	Social Services	36,491			36,491		36,491		36,491		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Salary							30,549	30,549		15
16	TOTAL Health Care and Programs	2,065,759	140,580	58,376	2,264,715	(24,877)	2,239,838	29,578	2,269,416		16
	C. General Administration										
17	Administrative	85,502		2,631	88,133		88,133		88,133		17
18	Directors Fees										18
19	Professional Services			534,015	534,015		534,015	(453,662)	80,353		19
20	Dues, Fees, Subscriptions & Promotions			64,970	64,970		64,970	(45,340)	19,630		20
21	Clerical & General Office Expenses	158,265	23,404	46,353	228,022	268	228,290	5,102	233,392		21
22	Employee Benefits & Payroll Taxes			509,787	509,787	20,861	530,648	(4,401)	526,247		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,423	6,423		6,423	1,578	8,001		24
25	Other Admin. Staff Transportation							8,571	8,571		25
26	Insurance-Prop.Liab.Malpractice			278,810	278,810		278,810	7,375	286,185		26
27	Other (specify):* Related Party Salary			78,106	78,106		78,106	287,871	365,977		27
28	TOTAL General Administration	243,767	23,404	1,521,095	1,788,266	21,129	1,809,395	(192,906)	1,616,489		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,830,546	515,824	1,927,745	5,274,115	(26,942)	5,247,173	(139,340)	5,107,833		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:

01/01/2006

Ending:

12/31/2006

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			71,336	71,336		71,336	262,058	333,394			30
31	Amortization of Pre-Op. & Org.							3,826	3,826			31
32	Interest			69,791	69,791		69,791	395,866	465,657			32
33	Real Estate Taxes							320,123	320,123			33
34	Rent-Facility & Grounds			965,165	965,165		965,165	(965,165)				34
35	Rent-Equipment & Vehicles			12,735	12,735		12,735	30,838	43,573			35
36	Other (specify):* MIP & Amortiz.							38,316	38,316			36
37	TOTAL Ownership			1,119,027	1,119,027		1,119,027	85,862	1,204,889			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	55,841	344,033	388,208	788,082	26,942	815,024	(319,234)	495,790			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			123,188	123,188		123,188		123,188			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	55,841	344,033	511,396	911,270	26,942	938,212	(319,234)	618,978			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,886,387	859,857	3,558,168	7,304,412		7,304,412	(372,712)	6,931,700			45

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

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(24,449.00)	Employee Meal
	22	24,449.00	Employee Meal
22		(3,588.00)	Uniforms
	1	607.00	Uniforms
	3	481.00	Uniforms
	4	147.00	Uniforms
	6	20.00	Uniforms
	10	2,010.00	Uniforms
	11	55.00	Uniforms
	21	268.00	Uniforms
10		(26,942)	Oxygen
	39	26,942	Oxygen

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	OHF 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
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	(85,475)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	79	2		13
14	Non-Care Related Interest	(20,004)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(6,756)	21		17
18	Fines and Penalties	(45,693)	32		18
19	Entertainment	(1,521)	20		19
20	Contributions	(3,528)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(9,644)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(78,106)	27		24
25	Fund Raising, Advertising and Promotional	(38,406)	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)	\$ (277,051)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(115,841)	Various	34
35	Other- Attach Schedule See Pg 5A	20,180	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (95,661)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (372,712)		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					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	Exceptional Care Program		x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

Alden Princeton Rehab & HCC

ID# 0036244

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (946)	5	1
2	Late Fees on Telephone	(156)	21	2
3	Interco interests (Design loan, FHH L/C, CMP)	(3,692)	32	3
4	Misc Income (medical records)	(88)	10	4
5	Misc Income (jury duty)	(34)	22	5
6	Misc Income (payroll diff, misc)	(62)	21	6
7	Marketing Manager	(23,292)	21	7
8	Eliminate benefits on marketing salaries	(4,367)	22	8
9	Vendor settlement (Neal, Gerber & Eisenderg)	(231)	21	9
10	Vendor settlement (Neal, Gerber & Eisenderg)	231	6	10
11	Vendor settlement (BGK Security Service)	(10,912)	21	11
12	Vendor settlement (BGK Security Service)	10,912	6	12
13	Add back Credit posted for prior year's cost	1,242	19	13
14	Major Repair less than \$2,500 FY 2006	10,347	6	14
15	Furn & Fixtures les than \$2,500 FY 2006	764	6	15
16	Equipment less than \$2,500 FY 2006	7,788	6	16
17	Depreciation exp - Major Repair less than \$2,500	(1,157)	30	17
18	Depreciation exp - Furn & Fixt Repair less than \$2,500	(25)	30	18
19	Depreciation exp - Equipment less than \$2,500	(864)	30	19
20	Add back R/E Tax refund related to 2003	26,414	33	20
21	Adj Schedule V Depreciation/06 under posted	12,430	30	21
22	Eliminate 30.65% of IHCA Pac Fees	(3,722)	20	22
23	Record proper deferred maintenance cost	250	6	23
24	Deduct Non Allowable Legal Fees	(650)	19	24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	20,180		49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Pg 6L	100	See Pg 6K		See Pg 6K		

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	\$ 965,165	Princeton Associates Limited Partnership	100.00%	\$	\$ (965,165)	1
2	V	32 Investment Income RR	3,703	Princeton Associates Limited Partnership			(3,703)	2
3	V	19 Accounting Fees		Princeton Associates Limited Partnership		2,700	2,700	3
4	V	33 Real Estate Tax		Princeton Associates Limited Partnership		287,887	287,887	4
5	V	26 Property & Liability Insurance		Princeton Associates Limited Partnership		7,175	7,175	5
6	V	32 Interest on Mortgage Note		Princeton Associates Limited Partnership		428,948	428,948	6
7	V	32 Interest on Oper Loss Loan		Princeton Associates Limited Partnership		44,620	44,620	7
8	V	36 Mortgage Insurance Premium		Princeton Associates Limited Partnership		38,316	38,316	8
9	V	30 Depreciation		Princeton Associates Limited Partnership		232,535	232,535	9
10	V	31 Amortization		Princeton Associates Limited Partnership		1,469	1,469	10
11	V	19 Misc Admin Expenses		Princeton Associates Limited Partnership		900	900	11
12	V							12
13	V							13
14	Total		\$ 968,868			\$ 1,044,550	\$ * 75,682	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	19 Professional Fees	\$ 469,121	Alden Management Services, Inc.	0.00%	\$ 20,911	\$ (448,210)
16	V	21 General & Administrative		Alden Management Services, Inc.		27,160	27,160
17	V	5 Utilities		Alden Management Services, Inc.		2,450	2,450
18	V	6 Repairs and Maintenance		Alden Management Services, Inc.		6,783	6,783
19	V	24 Travel & Seminars		Alden Management Services, Inc.		1,578	1,578
20	V	25 Other Admin Travel		Alden Management Services, Inc.		8,571	8,571
21	V	26 Insurance		Alden Management Services, Inc.		200	200
22	V	20 Dues & Subscription		Alden Management Services, Inc.		1,837	1,837
23	V	30 Depreciation		Alden Management Services, Inc.		5,278	5,278
24	V	31 Amortization		Alden Management Services, Inc.		2,357	2,357
25	V	33 Real Estate Taxes		Alden Management Services, Inc.		5,452	5,452
26	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		30,838	30,838
27	V	32 Interest		Alden Management Services, Inc.		78,902	78,902
28	V	7 General Services Salary		Alden Management Services, Inc.		34,930	34,930
29	V	15 Health Care Salary		Alden Management Services, Inc.		30,549	30,549
30	V	27 G & A Salary		Alden Management Services, Inc.		342,599	342,599
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 469,121			\$ 600,395	\$ * 131,274

* 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	\$ 9,600	Prism Health Care Services, Inc.	0.00%	\$ 3,266	\$ (6,334)
16	V	7 Dietary Salary		Prism Health Care Services, Inc.		4,318	4,318
17	V	2 Tube Feeding	73,575	Prism Health Care Services, Inc.		26,238	(47,337)
18	V	10 Equipment Rental	3,060	Prism Health Care Services, Inc.		3,458	398
19	V	39 Supplies	147,256	Prism Health Care Services, Inc.		32,104	(115,152)
20	V	39 Vent rental		Prism Health Care Services, Inc.		2,118	2,118
21	V	27 G & A Salary		Prism Health Care Services, Inc.		15,459	15,459
22	V	21 G & A Expenses		Prism Health Care Services, Inc.		11,966	11,966
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		\$ 233,491			\$ 98,927	\$ * (134,564)

* 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	\$ 101,971	Forum Extended Care Services II, Inc.	0.00%	\$ 143,173	\$ 41,202
16	V	39 I.V.	89,480	Forum Extended Care Services II, Inc.		9,263	(80,217)
17	V	39 Wound Care	1,932	Forum Extended Care Services II, Inc.		1,510	(422)
18	V	10 House Stock	3,520	Forum Extended Care Services II, Inc.		3,173	(347)
19	V	10 Pharmacy Consultant	7,897	Forum Extended Care Services II, Inc.		6,963	(934)
20	V	27 Employee Vaccination	1,420	Forum Extended Care Services II, Inc.		1,111	(309)
21	V	27 G & A Salary		Forum Extended Care Services II, Inc.		8,228	8,228
22	V	21 General & Administrative		Forum Extended Care Services II, Inc.		7,385	7,385
23	V	32 Interest		Forum Extended Care Services II, Inc.		991	991
24	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		370	370
25	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,858	1,858
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		\$ 206,220			\$ 184,025	\$ * (22,195)

* 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	\$ 378,587	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 211,824	\$ (166,763)	15
16	V	32 Interest				972	972	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		\$ 378,587			\$ 212,796	\$ * (165,791)	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	\$ 16,158	Alden Bennett Construction Company, Inc.	0.00%	\$ 15,911	\$	(247)	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		\$ 16,158			\$ 15,911	\$ *	(247)	39

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

Facility Name & ID Number ALDEN NURSING CENTER - PRINCETON

003-6244

Report Period Beginning 01/01/06

Ending: 12/31/06

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Waterford	Aurora
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
Estates of Barrington	Barrington
Alden Springs	Bloomingtondale

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Princeton Associates
Summary of Owners

Name	Ownership %
Schlossberg, Floyd	20.0000%
Schlossberg, Mildred	12.5000%
Schullo, Randi	1.6750%
Magnusson, Lauren	1.6625%
Elisco, Audra	1.6625%
Carl, Sam and Joan	22.0000%
Goldsand, Stuart	6.2500%
Sezenov, LU (LS Commodities)	6.2500%
Carl, Brett	5.0000%
Eaton,Ronald and Marcia	5.0000%
Carl, Aaron	3.7500%
Vercillo, John	3.7500%
Bailes, Dr. Julian	2.5000%
Saunders, Lawrence	2.5000%
Robinson, Pam	1.5000%
Carl, Hannah	1.0000%
Carl, Harrison	1.0000%
Carl, Chloe	1.0000%
Carl, Alex	1.0000%
	100.00%

Facility Name & ID Number

Alden Princeton Rehab & HCC

#

0036244

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	20.00	133,726	1.656	4.14	salary	\$ 5,774	27-7	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.	1.66	78,380	1.656	4.14	salary	3,385	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten	0.00	50,849	1.656	4.14	salary	2,196	7-7	3
4	Joan Carl d.	Secretary	Vice-President	22.00	133,726	1.656	4.14	salary	5,774	27-7	4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group Ltd.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	\$ 17,129		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

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Ending: 2/31/2006

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 Ave
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-3743

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	See Page 8A (also on Page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

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IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge (2505-101/7057)		X	Operations	\$4,158.00	2/2003	\$ 738,400	\$ 719,575	2/12/2042	6.1800	\$ 44,620	1								
2	Cambridge (2505/7055)		X	Mortgage	\$39,970.00	2/2003	7,098,500	6,917,529	12/31/2042	6.1800	428,948	2								
3	Therapeutic Systems		X	Working Capital	\$7,824.00						402	3								
4												4								
5												5								
Working Capital																				
6	Related Party - CPT	X		Working Capital							972	6								
7	Related Party - AMS	X		Working Capital							78,902	7								
8	Related Party - FECII	X		Working Capital							991	8								
9	TOTAL Facility Related				\$51,952.00		\$ 7,836,900	\$ 7,637,104			\$ 554,835	9								
B. Non-Facility Related*																				
10	Interest Income Repl Resrv										(3,703)	10								
11	Int Inc on Corp (4646/4979)										(85,475)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (89,178)	14								
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 7,637,104			\$ 465,657	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 38,316 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 2005 report.		\$	294,100	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.)		\$	288,401	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(5,699)	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	320,000	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.		\$	314,301	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2001	273,432	8
	2002	276,498	9
	2003	279,290	10
	2004	285,494	11
	2005	288,401	12

accrual based on 3% increase over prior year bill.

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2005	\$	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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2006 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2005 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 - 3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2005 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 2005.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>16,276.99</u>	\$ <u>16,276.99</u>
2. <u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,973.07</u>	\$ <u>14,973.07</u>
3. <u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>57,481.48</u>	\$ <u>57,481.48</u>
4. <u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>84,592.81</u>	\$ <u>84,592.81</u>
5. <u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,922.89</u>	\$ <u>14,922.89</u>
6. <u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,800.52</u>	\$ <u>14,800.52</u>
7. <u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>743.32</u>	\$ <u>743.32</u>
8. <u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	\$ <u>84,609.68</u>	\$ <u>84,609.68</u>
9. <u>See Attached</u>	<u>Related Party - AMS</u>	\$ <u>131,720.00</u>	\$ <u>5,452.00</u>
10. <u>See Attached</u>	<u>Related Party - Forum</u>	\$ <u>14,554.00</u>	\$ <u>370.00</u>
	TOTALS	\$ <u>434,674.76</u>	\$ <u>294,222.76</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 & 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 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

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

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

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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.

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

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:

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and an index column. Row 1: Nursing Home, 82,377, 1989, \$151,068, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 82,377, (blank), \$151,068, 3.

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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	Related party-Forum		1978	\$ 14,839	\$	25	\$	\$	\$ 14,839	4
5										5
6	225	1990	1989	6,937,625	220,767	30	231,254	10,487	3,815,691	6
7		1992	1992	44,020	280	30	1,467	1,187	21,147	7
8		1993	1993	30,616	692	30	1,021	329	14,561	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	11,688		VARIOUS	(72)	(72)	11,688	10
11	WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES		1993	24,066	729	VARIOUS	729		22,895	11
12	DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU		1995	27,107	1,573	VARIOUS	1,573		20,338	12
13	NEW CARPETING		1996	1,400	23	10	23		1,400	13
14	COIL REPLACEMENT(AIR CONDITIONER)		1996	4,821	121	10	121		4,821	14
15	CEILING REPAIRS		1996	1,700	142	12	142		1,535	15
16	INSTALL SB 35 PUMP		1997	3,287	329	10	329		3,069	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	680	10	680		6,007	19
20	SHINE-RITE(STRIP & REFINISH FLOORS)		1998	6,000	600	10	600		5,150	20
21	CORONET MFG		1998	8,970	897	10	897		7,251	21
22	REEDY EQ.(REPAIR DISHWASHERS)		1998	4,612	461	10	461		3,728	22
23	JP Graham(installation)		1999	2,781	278	10	278		2,202	23
24	Northtown (repair steamer)		1999	1,674	167	10	167		1,283	24
25	Rykoff Sexton(kitchen supplies)		1999	2,337	234	10	234		1,773	25
26	Long Elevator(repair water damage)		1999	2,949	295	10	295		2,138	26
27	Fox Valley(fire alarm inspection)		1999	2,000	133	15	133		955	27
28	ABC(construction management)		1999	785		5			785	28
29	Kraft Paper (desk & chairs)		1999	2,023	135	15	135		955	29
30	Climate Services(exhaust roof top repair)		1999	2,143	214	10	214		1,518	30
31	New Horizons(install phones and wall mounts)		1999	5,848	585	10	585		4,143	31
32	ABC:Carpentry labor		1999	2,460	246	10	246		1,742	32
33	ABC:Resilient flooring		1999	3,996	400	10	400		2,898	33
34	Equipment International (dryer fan blade)		2000	602	60	10	60		416	34
35	CSI-Coker Service (repair steam table)		2000	1,151	115	10	115		796	35
36	Fox Valley Fire & Safety (fire alarm repair)		2000	776	78	10	78		537	36

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

See Page 12A, Line 70 for total

**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:

01/01/2006 Ending: 12/31/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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	\$ 111	10	\$ 111	\$	\$ 765	37
38	Climate Service (replace hot water valve)	2000	1,303	130	10	130		901	38
39	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051	105	10	105		718	39
40	DePaul Plumbing (instal water line of outside sprinkler system)	2000	7,054	705	10	705		4,761	40
41	Alden Bennett Construction (time & material billing by facility)	2000	11,158	1,116	10	1,116		7,253	41
42	Fox Valley Fire & Safety (rep faulty devices from fire alarm)	2000	1,672	111	15	111		715	42
43	SKI-COKER SERVICE (dishwasher repair)	2000	1,834	183	10	183		1,192	43
44	Alden Bennett Construction (time & material billing)	2000	7,777	778	10	778		4,926	44
45	Fox Valley (fire alarm repair)	2000	2,338	234	10	234		1,442	45
46	ALDEN DESIGN (oxygen site plan)	2000	663	66	10	66		425	46
47	ALDEN DESIGN (oxygen site plan)	2000	357	36	10	36		229	47
48	ALDEN DESIGN (install medical gas system)	2000	1,540	154	10	154		988	48
49	ALDEN DESIGN (plat of survey)	2000	756	76	10	76		473	49
50	Alden Bennett Construction (oxygen tank installation)	2001	23,815	2,382	10	2,382		12,900	50
51	Alden Bennett Construction (lighting fixtures)	2001	63,680	6,368	10	6,368		37,147	51
52	New Horizons Communication (No Invoice)	2001	6,287	629	10	629		3,772	52
53	GT Mechanical Inc (exhaust fan in laundry room)	2001	2,475	165	15	165		990	53
54	CSL-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		1,375	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		525	55
56	Equipment Int'l (washer repair)	2001	1,110		5			1,110	56
57	GT Mechanical Inc (repair freezer)	2001	2,886	289	5	289		2,886	57
58	Alden Bennett (miscell construction)	2001	2,913	291	10	291		1,650	58
59	Hobart (installed amps for serving steamers)	2001	1,828	121	5	121		1,828	59
60	Capps (install preassure reading valve)	2001	3,485	349	10	349		1,801	60
61	Fire Pros (control panel repair)	2001	5,425	543	10	543		2,803	61
62	Alden Bennett (miscell construction)	2001	2,876	288	10	288		1,510	62
63	Alden Bennett (miscell construction)	2001	1,622	297	5	297		1,622	63
64	Fire Pros (control panel repair)	2002	5,425	543	10	543		2,713	64
65	Alden bennet -- window sills	2002	8,139	814	10	814		3,866	65
66	GT Mechincal -- repair chiller	2002	3,449	690	5	690		3,104	66
67	Alden bennet - nursing call system install	2002	23,320	1,555	15	1,555		6,737	67
68	Simplex Grinnell (4 doors)	2003	4,391	439	10	439		1,720	68
69	Alden Bennett Construction (time & material billing by facility)	2003	20,159	2,016	10	2,016		7,896	69
70	TOTAL (lines 4 thru 69)		\$ 7,398,928	\$ 252,143		\$ 264,074	\$ 11,931	\$ 4,110,397	70

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

Facility Name & ID Number Alden Princeton Rehab & HCC

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 7,398,928	\$ 252,143		\$ 264,074	\$ 11,931	\$ 4,110,397	1
2	D. B. S. Contracting (sprinkler system)	2003	15,935	2,656	3	2,656		15,935	2
3	Alden Bennett Construction (lamps)	2003	3,339	334	10	334		1,113	3
4	TNS Inc (DSL Cable)	2004	1,178	236	5	236		688	4
5	Alden Bennett Const (curries flat bar,fire rated access panel)	2004	1,229	246	5	246		697	5
6	Alden Bennett Const (installed fire damper)	2004	2,628	263	10	263		723	6
7	Alden Bennett Const (bathroom floors)	2004	3,945	395	10	395		822	7
8	Alden Bennett Construction (Boiler repairs)	2004	2,746	549	5	549		1,647	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821	582	10	582		1,746	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489	149	10	149		447	10
11	GT Mechanical (Fan coil replacement)	2004	746	75	10	75		218	11
12	CSI Coker Service (steamer, food processor, coffee ura repairs)	2004	1,948	390	5	390		1,104	12
13	GT Mechanical (air controler,thermostat,switches replaced)	2004	1,966	197	10	197		557	13
14	Long Elevator (replaced car button, single phase rectifier)	2004	1,800	360	5	360		930	14
15	GT Mechanical (A/C, chiller startup)	2004	1,628	326	5	326		869	15
16	Patten CAT (Generator repairs) (AMS Billings)	2004	2,660	532	5	532		1,330	16
17	Patten CAT (Generator repairs) (AMS Billings)	2004	1,594	319	5	319		771	17
18	Equipment International (Dryer repairs)	2004	2,950	590	5	590		1,327	18
19	Capps Plumbing (Sink & Boiler repairs)	2004	1,865	373	5	373		777	19
20	Alden Bennett (27-Thermal Units-Furnished & Installed)	2005	5,716	381	15	381		762	20
21	BROLOC Brolin Lock And Safe	2005	3,855	386	10	386		643	21
22	Patten CAT (0105 AMS Billings)(Vehicle Air Induct & Exhaust Sy	2005	1,986	397	5	397		794	22
23	GT Mechanical (Wiring,Fan Coil Replacement, Valve repairs)	2005	1,763	353	5	353		676	23
24	GT Mechanical (Rooftop exhaust Fan belt repairs)	2005	2,409	482	5	482		883	24
25	GT Mechanical (A/H 3 repairs)	2005	1,556	311	5	311		544	25
26	Patten CAT (0705 AMS Billings)(Remove and Install transfer swit	2005	10,964	2,193	5	2,193		3,289	26
27	ABC (Roof Repairs)	2005	2,511	502	5	502		711	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,485,156	\$ 265,720		\$ 277,651	\$ 11,931	\$ 4,150,400	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,485,156	\$ 265,720		\$ 277,651	\$ 11,931	\$ 4,150,400	1
2									2
3	Brolin Locks and Safe (cylinders, entry levers)	2006	4,134	827	5	827		827	3
4	ABC (new pump alternator)	2006	5,438	634	5	634		634	4
5	GT Mechanical (cooling tower, IO board, condenser)	2006	9,100	1,062	5	1,062		1,062	5
6	ABC (A/C compressor)	2006	3,643	121	10	121		121	6
7	ABC (repair supplies, paint,surface cap)	2006	3,199	160	5	160		160	7
8	ABC (new transformer)	2006	8,185	205	10	205		205	8
9	ABC (new compressor)	2006	21,154	529	10	529		529	9
10									10
11	ABC (exhaust fan)	2006	2,801	93	5	93		93	11
12	A&B Custom Cable (install cable TV system)	2006	13,500	1,013	10	1,013		1,013	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)		\$ 7,556,310	\$ 270,364		\$ 282,295	\$ 11,931	\$ 4,155,044	34

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 7,556,310	\$ 270,364		\$ 282,295	\$ 11,931	\$ 4,155,044	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,260		15			11,260	4
5	Leasehold Improvement-Remodeling	1980	17,639		20			17,639	5
6	Leasehold Improvement-Tenant Improvement	1987	912		13			912	6
7	Leasehold Improvement-AMS Remodel	1988	14,634		10			14,634	7
8	Leasehold Improvement-Roof	1994	3,269	204	16	204		2,453	8
9	Leasehold Improvement-Build.Improv.	1996	1,153	72	16	72		789	9
10	Leasehold Improvement-Asphalting	2000	89		3			89	10
11	Leasehold Improvement-DAI	2001	157	16	10	16		81	11
12	Leasehold Improvement-Bathrooms	2002	681	77	7	77		324	12
13	Leasehold Improvement-Suite Renovation	2003	1,672	167	10	167		669	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	2,071	360	7	360		835	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	73		23			73	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	126	6	5	6		126	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,060		7			6,060	27
28	Leasehold Improvement-Remodeling	2002	4,961	709	7	709		2,746	28
29	Leasehold Improvement-Remodeling	2003	5,189	741	7	741		2,856	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	12,434	293	30	293		2,350	33
34	TOTAL (lines 1 thru 33)		\$ 7,638,690	\$ 273,009		\$ 284,940	\$ 11,931	\$ 4,218,940	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 510,803	\$ 44,915	\$ 44,915	\$	Various	\$ 353,452	71
72	Current Year Purchases	25,901	2,298	2,298		Various	2,298	72
73	Fully Depreciated Assets	678,526	1,128	1,128		Various	678,526	73
74								74
75	TOTALS	\$ 1,215,230	\$ 48,341	\$ 48,341	\$		\$ 1,034,276	75

D. Vehicle Depreciation (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	AMS - Bus/Travel Van	Chev/Lumina/'00/Various	98-04	\$ 4,817	\$ 113	\$ 113	\$	3	\$ 4,787	76
77										77
78										78
79										79
80	TOTALS			\$ 4,817	\$ 113	\$ 113	\$		\$ 4,787	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)	\$ 9,009,805	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 321,463	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 333,394	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 11,931	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,258,003	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

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

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: \$ 11,048 Description: copy machine lease

(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>Transport - non patients</u>		\$ <u>562.00</u>	\$ <u>1,686</u>	17
18					18
19	<u>related party - AMS</u>		<u>#####</u>	<u>44,566</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>46,252</u>	21

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. 12/31/07 \$ varies

13. 12/31/08 \$ varies

14. 12/31/09 \$ varies

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</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. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 151,459	\$		\$ 151,459	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			5,402			5,402	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			179,626			179,626	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				143,173		143,173	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	See Pg 16A		55,841			3,395		59,236	12
13	Other (specify):	See Pg 16A				(166,763)	123,657		(43,106)	13
14	TOTAL			\$ 55,841		\$ 169,724	\$ 270,225		\$ 495,790	14

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

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

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$151,458.55
2. ST	39-3	To Col 5	5,402.24
3.			
4. PT	39-3	To Col 5	179,626.36
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			101,971.36
Manual Input from Related Party- Forum Drugs			41,202.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	143,173.36
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	55,841.29
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	3,394.53
Total Exceptional Care (Line 12, Col 8)			59,235.82
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(166,763.00)
Other			290,388.18
Manual Input: Related Party - Pyramic			(113,033.00)
Manual Input: Related Party FECII - I.V			(80,217.00)
Manual Input: Related Party FECII -Wound Care			(423.00)
Oxygen, from reclass worksheet			26,942.00
13. Col 6: Supplies Total		To Col 6	123,657.18
13. Total Line 13, Column 8			(43,105.82)
14. Total			495,790.51

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>138,000</u>)	1,387,946	1,387,946	3
4	Supply Inventory (priced at <u>255</u>)	255	255	4
5	Short-Term Investments			5
6	Prepaid Insurance		11,041	6
7	Other Prepaid Expenses	5,595	5,595	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	74,877	254,436	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,468,673	\$ 1,659,273	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		6,984,761	14
15	Leasehold Improvements, at Historical Cost	753,417	753,417	15
16	Equipment, at Historical Cost	424,150	1,148,110	16
17	Accumulated Depreciation (book methods)	(751,464)	(5,085,118)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		740,934	21
22	Other Long-Term Assets (specify): <u>Financing Fees</u>		52,887	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,426,103	\$ 5,750,884	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,894,776	\$ 7,410,157	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 715,819	\$ 720,879	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	200,788	200,788	28
29	Short-Term Notes Payable	250,000	309,224	29
30	Accrued Salaries Payable	310,837	310,837	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,720	20,720	31
32	Accrued Real Estate Taxes(Sch.IX-B)		320,000	32
33	Accrued Interest Payable	124,531	172,426	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr exp, Due to IDPA for Audits, Chi Us</u>	298,898	298,898	36
37	<u>A/R (owners or related parties)/Due to Aff</u>	1,697,762	975,178	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,619,355	\$ 3,328,950	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		713,994	39
40	Mortgage Payable		6,863,885	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	4,444,103	4,444,103	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,444,103	\$ 12,021,982	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,063,458	\$ 15,350,932	46
47	TOTAL EQUITY (page 18, line 24)	\$ (5,168,682)	\$ (7,940,775)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,894,776	\$ 7,410,157	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,236,932)	1
2	Restatements (describe):		2
3	external audit adjustments made after 2005 cost report was	44,509	3
4	submitted. These have no effect on prior year's report:		4
5	Bad debt, Medicare revenues (non-allowables)		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,192,423)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(976,259)	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)	\$ (976,259)	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)	\$ (5,168,682)	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

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 6,114,873	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,114,873	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	13,797	6
7	Oxygen	51,230	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 65,027	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	44,311	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 44,311	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	85,475	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 85,475	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A - Supplemental Schedule</u>	18,468	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 18,468	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,328,154	30

2

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,221,134	31
32	Health Care	2,264,715	32
33	General Administration	1,788,266	33
	B. Capital Expense		
34	Ownership	1,119,027	34
	C. Ancillary Expense		
35	Special Cost Centers	788,082	35
36	Provider Participation Fee	123,188	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,304,412	40
41	Income before Income Taxes (line 30 minus line 40)**	(976,259)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (976,259)	43

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

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

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

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

Alden - Princeton
PA Pg 19A P & L - Supplemental Schedule
For the Thirteen Months Ending December 21, 2006

Misc Income (medical records)	184.00
Recovery of Bad Debt	3,775.00
Adjustment to Prior Year's Cost (see below)	<u>14,509.00</u>
Total	<u><u>18,468.00</u></u>

Adjustment to Prior Year's Cost:	
A T & T adjustment	11,025.00
Terminix adjustment	1,260.00
RFMS adjustment	995.00
Meikem adjustment	445.00
Various adjustments	<u>784.00</u>
Total	<u><u>14,509.00</u></u>

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

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	2,000	\$ 76,539	\$ 38.27	1
2	Assistant Director of Nursing	1,040	1,165	38,111	32.71	2
3	Registered Nurses	10,355	10,892	403,588	37.05	3
4	Licensed Practical Nurses	26,215	27,913	694,300	24.87	4
5	CNAs & Orderlies	61,856	67,463	678,403	10.06	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	462	510	6,138	12.04	8
9	Activity Director	1,928	2,000	35,022	17.51	9
10	Activity Assistants	5,758	6,207	48,518	7.82	10
11	Social Service Workers	1,680	1,784	36,491	20.45	11
12	Dietician					12
13	Food Service Supervisor	1,840	2,080	43,844	21.08	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,552	21,216	197,625	9.31	15
16	Dishwashers					16
17	Maintenance Workers	1,976	2,080	43,800	21.06	17
18	Housekeepers	15,498	17,371	172,649	9.94	18
19	Laundry	6,238	6,585	63,102	9.58	19
20	Administrator	2,056	2,240	85,502	38.17	20
21	Assistant Administrator					21
22	Other Administrative	6,504	6,978	152,704	21.88	22
23	Office Manager	2,064	2,240	29,817	13.31	23
24	Clerical	2,695	2,938	24,892	8.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,000	2,080	54,847	26.37	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Director	60	60	495	8.25	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	171,697	185,802	\$ 2,886,387 *	\$ 15.53	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly \$ 9,600	1-3	35
36	Medical Director	Monthly 21,000	9-3	36
37	Medical Records Consultant	0	10-3	37
38	Nurse Consultant	0	10-3	38
39	Pharmacist Consultant	Monthly 4,752	10-3	39
40	Physical Therapy Consultant	0	11-3	40
41	Occupational Therapy Consultant	0	11-3	41
42	Respiratory Therapy Consultant	0	11-3	42
43	Speech Therapy Consultant	0	11-3	43
44	Activity Consultant	24 2,400	11-3	44
45	Social Service Consultant	8 488	11-3	45
46	Other(specify)	0	11-3	46
47		0	11-3	47
48				48
49	TOTAL (lines 35 - 48)	32 \$ 38,240		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ na	na	50
51	Licensed Practical Nurses	na	na	51
52	Certified Nurse Assistants/Aides	na	na	52
53	TOTAL (lines 50 - 52)	\$		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	
Marcelino H. Villafania	Administrator		\$ 80,502	Workers' Compensation Insurance	\$ 68,776	IDPH License Fee	\$	
Carolyn Sanders	Administrator		5,000	Unemployment Compensation Insurance	84,172	Advertising: Employee Recruitment	1,161	
				FICA Taxes	215,895	Health Care Worker Background Check	530	
				Employee Health Insurance	42,681	(Indicate # of checks performed 53)		
				Employee Meals	24,449	Patient Background Checks	139	
				Illinois Municipal Retirement Fund (IMRF)*		Related Party - AMS	2,655	
				Chicago Head Tax	4,692	IL Health Care Association	10,741	
				Union, Health & Welfare	56,931	Alliance for Quality Nursing	3,053	
				Dental, Life and Pension	23,875	Sec of State	100	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 85,502	Drug test, 401K and Vaccination, Tuition, etc	4,810			
(List each licensed administrator separately.)				Misc - Jury Duty	(34)	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 526,247	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 19,630	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
							Related Party - AMS (6A)	1,578
							Auto insurance, misc auto related expenses	1,954
							Leadership Training	1,335
							Seminar Expense	
							Gas expense	1,643
							IHCA Medicaid/Alzheimers Association	1,491
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	TOTAL	\$ 8,001
(Attach a copy of any management service agreement)								
C. Professional Services								
Vendor/Payee	Type		Amount					
AMS	Management Fees		\$ 469,121					
BDO Seidman	Accounting Fees		8,940					
Ken Fisch	Legal Fees		15,013					
Barry Greenburg	Legal Fees		3,226					
AMS	Management Fees		14,580					
SMS	Billing Consultant		20,767					
Medifax	Billing Consultant		415					
Urban Real Estate Research	Real Estate Tax Consultant		3,250					
Deduct Credit Posted for Prior Year	cost - eliminated on PG 5A		(1,297)					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 534,015					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications

**See instructions.

Alden Nursing Center - Princeton
Legal Fee Support
2006

Page 21A

Legal Fees Reported on Pg 21, Section C:	18,239.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 22	(9,644.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>(650.00)</u>
Allowable Legal Fees	<u><u>7,945.00</u></u>

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

1	2	3	4	5	6	7	8	9	10	11	12	13														
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year									
																	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	
1	see page 22a		\$ 267,137	3-15	\$ 9,363	\$ 2,101	\$ 2,101	\$ 1,155	\$ 506	\$ 506	\$ 506	\$ 506	\$ 506													
2																										
3	Alden Bennet Constructio	11/02	4,749	15	317	317	317	317	317	317	317	317	317													
4	Alden Bennet Constructio	7/02	3,170	3	1,057	1,057	616																			
5	Painting exp>\$1,500-Year	2004	1,724	3		575	575	574																		
6	GT Mech-dining rm fan c	2005	3,614	5			301	723	723	723	723	421														
7	GT Mech-chiller assembly	2005	2,579	5			129	516	516	516	516	386														
8																										
9																										
10																										
11																										
12																										
13																										
14																										
15																										
16																										
17																										
18																										
19																										
20	TOTALS		\$ 282,973		\$ 10,737	\$ 4,050	\$ 4,039	\$ 3,285	\$ 2,062	\$ 2,062	\$ 2,062	\$ 1,630	\$ 823													

Facility Name & ID Number ALDEN NURSING CENTER-PRINCETON

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	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	EXHAUST REPAIR *	2/92	3,117	5								
2	BOILER REPAIR *	2/92	3,223	5								
3	Wall papering *	2/93	3,525	5								
4	Repair baseboard *	6/93	1,720	5								
5	Betlon airhandles *	11/93	3,283	5								
6	Painting *	12/93	1,344	5								
7	Cooler repair	5/93	1,567	10	52	0	0	0	0	0	0	0
8	PAINTING	5/94	14,473	3								
9	Climate service	1/95	4,318	15	288	288	288	288	288	288	288	288
10	Painting	2/95	20,117	3								
11	Painting	3/95	6,103	3								
12	Climate service	4/95	1,678	5								
13	Painting	4/95	1,920	3								
14	Painting	5/95	930	3								
15	Painting	6/95	1,290	3								
16	Painting	8/95	889	3								
17	Tower cleaners	9/95	4,993	3								
18	Painting	9/95	1,169	3								
19	Painting	12/95	1,758	3								
20	Painting *	12/95	1,395	3								
21	PAINTING	12/95	1,395	3								
22	PAINTING	1/96	1,249	3								
23	PAINTING	3/96	994	3								
24	PAINTING	4/96	1,324	3								
25	PAINTING	5/96	1,402	3								
26	PAINTING	3/96	1,406	3								
27	PAINTING	5/96	1,824	3								
28	AIR UNIT REPAIR	5/96	1,800	15	120	120	120	120	120	120	120	120
29	PUMP HVAC	4/96	2,457	10	246	246	246	61				
30	CHILLER HVAC	5/96	1,900	10	190	190	190	63				
31	CARPET	5/96	6,115	10	611	611	611	205				
32	MOTOR HVAC	6/96	1,475	15	98	98	98	98	98	98	98	98
33	PAINTING	6/96	1,331	3								
34	PAINTING	7/96	2,085	3								
35	PAINTING	7/96	2,169	3								
36	COOLER HVAC	4/96	2,444	5								
37	PAINT.DESK	8/96	5,483	10	548	548	548	320				
38	PAINTING	12/96	1,747	3								
39	PAINTING	10/96	2,403	3								
40	PAINTING	11/96	2,176	3								
41	PAINTING	9/96	3,279	3								
42	REPAIR WALK-IN COOLE	1/97	2,419	3								
43	REPLACE HVAC PUMP	1/97	5,890	3								
44	HVAC PUMP REPLACEME	9/97	3,299	3								
45	TEMPERATURE PUMP RE	12/97	1,660	3								
46	CLIMATE(REPAIR PUMP MO	1/98	3,051	3								
47	CLIMATE(INSTALL HOT WA	2/98	2,100	3								
48	MIRROOTER/REPAIR EJECT	6/98	2,000	3								
49	CLIMATE(BLOWER MOTC	7/98	16,668	3								
50	CLIMATE(REPAIR A/C)	9/98	1,671	3								
51	PAINTING	3/98	6,291	3								
52	PAINTING	6/98	5,196	3								
53	PAINTING	9/98	5,496	3								
54	PAINTING	12/98	4,183	3								
55	CSI (inv 65140.65153.65157	3/99	1,578	3	0							
56	Chicago Cooling (assemble A	6/99	2,403	3	0							
57	CSI(NEED INVOICE)	7/99	2,576	3	0							
58	CSI(NEED INVOICE)	10/99	3,750	3	0							
59	Painting->\$1,500 for 1999	7/99	14,758	3	0							
60	D. B. S. Contracting (20 zone	5/00	40,090	3	4,455	0						
61	Alden Bennett Construction (7/00	5,498	3	916	0						
62	Alden Bennett Construction (6/00	1,545	3	215	0						
63	painting->\$1500 for 2000	07/01	9,747	3	1,625	0						
64	TOTALS		267,137		9,363	2,101	2,101	1,155	506	506	506	506

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. II. Health Care Assn. \$14463
- (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? 5-10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 21,967 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 123,188
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. \$ 24,449 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. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: NA The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees