



Facility Name & ID Number Alden Princeton Rehab & HCC

# 0036244 Report Period Beginning: 1/1/07 Ending: 12/31/07

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	4,169	293	5,082	9,544	8
9	SNF/PED					9
10	ICF	41,628	225		41,853	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	45,797	518	5,082	51,397	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.58%

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 4,534

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: 12/31/07 Fiscal Year: 12/31/07

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

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 1/1/07 Ending: 12/31/07

**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
	<b>A. General Services</b>										
1	Dietary	251,005	31,404	12,000	294,409	955	295,364	2,492	297,856		1
2	Food Purchase		306,018		306,018	(26,088)	279,930	(77,361)	202,569		2
3	Housekeeping	196,052	49,823		245,875	756	246,631	4,158	250,789		3
4	Laundry	68,067	17,807		85,874	230	86,104		86,104		4
5	Heat and Other Utilities			272,818	272,818		272,818	(943)	271,875		5
6	Maintenance	44,319		217,416	261,735	31	261,766	13,818	275,584		6
7	Other (specify):* Security/Rel Party be	5,839			5,839		5,839	7,817	13,656		7
8	<b>TOTAL General Services</b>	565,282	405,052	502,234	1,472,568	(24,116)	1,448,452	(50,019)	1,398,433		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			25,100	25,100		25,100		25,100		9
10	Nursing and Medical Records	2,121,717	152,230	5,637	2,279,584	(11,988)	2,267,596	53,659	2,321,255		10
10a	Therapy	66,408			66,408		66,408		66,408		10a
11	Activities	244,327	11,217	4,032	259,576	87	259,663		259,663		11
12	Social Services	39,433			39,433		39,433		39,433		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Rel Party benefits							8,794	8,794		15
16	<b>TOTAL Health Care and Programs</b>	2,471,885	163,447	34,769	2,670,101	(11,901)	2,658,200	62,453	2,720,653		16
	<b>C. General Administration</b>										
17	Administrative	85,437			85,437		85,437	62,577	148,014		17
18	Directors Fees										18
19	Professional Services			555,414	555,414	(9,818)	545,596	(465,440)	80,156		19
20	Dues, Fees, Subscriptions & Promotions			82,242	82,242		82,242	(67,297)	14,945		20
21	Clerical & General Office Expenses	141,037	32,010	47,357	220,404	1,204	221,608	282,964	504,572		21
22	Employee Benefits & Payroll Taxes			523,692	523,692	20,448	544,140	(376)	543,764		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,117	7,117		7,117	2,556	9,673		24
25	Other Admin. Staff Transportation			2,315	2,315		2,315	12,438	14,753		25
26	Insurance-Prop.Liab.Malpractice			238,242	238,242	(1,022)	237,220	8,660	245,880		26
27	Other (specify):* Rel Party benefits			194,930	194,930		194,930	(136,460)	58,470		27
28	<b>TOTAL General Administration</b>	226,474	32,010	1,651,309	1,909,793	10,812	1,920,605	(300,378)	1,620,227		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,263,641	600,509	2,188,312	6,052,462	(25,205)	6,027,257	(287,944)	5,739,313		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 &amp; ID Number

Alden Princeton Rehab &amp; HCC

#0036244

Report Period Beginning:

1/1/07

Ending:

12/31/07

## 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	
	<b>D. Ownership</b>											
30	Depreciation			87,360	87,360		87,360	252,547	339,907			30
31	Amortization of Pre-Op. & Org.							1,536	1,536			31
32	Interest			26,502	26,502	1,022	27,524	365,943	393,467			32
33	Real Estate Taxes							232,903	232,903			33
34	Rent-Facility & Grounds			908,184	908,184		908,184	(908,184)				34
35	Rent-Equipment & Vehicles			11,018	11,018		11,018	37,604	48,622			35
36	Other (specify):* MIP & Amortiz							38,026	38,026			36
37	<b>TOTAL Ownership</b>			1,033,064	1,033,064	1,022	1,034,086	20,375	1,054,461			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		309,420	327,531	636,951	24,183	661,134	(228,792)	432,342			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			123,187	123,187		123,187		123,187			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		309,420	450,718	760,138	24,183	784,321	(228,792)	555,529			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,263,641	909,929	3,672,094	7,845,664		7,845,664	(496,361)	7,349,303			45

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

**Reporting Period Beginning**

**01/01/07**

**Reporting Period Ending**

**12/31/07**

**Reclassifications - Pgs 3 and 4**

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(26,088.00)	Employee Meals
	22	26,088.00	
10		(24,183.00)	Oxygen Costs
	39	24,183.00	
26		(1,022.00)	Insurance Expense
	32	1,022.00	
22		(5,640.00)	Employee Uniforms
	1	955.00	
	3	756.00	
	4	230.00	
	6	31.00	
	10	3,160.00	
	11	87.00	
	21	421.00	
19		(9,035.00)	Clinical Coordinators to Ln 10 (Pathway)
	10	9,035.00	
-19		(783.00)	Medical records reclassified to
	21	783.00	office expenses
		<hr/>	
		-	

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
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	(88,873)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(212)	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	(3,235)	21		17
18	Fines and Penalties	(590)	32		18
19	Entertainment	(2,910)	20		19
20	Contributions	(10,295)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(12,427)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(194,930)	27		24
25	Fund Raising, Advertising and Promotional	(11,487)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (332,960)		\$	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)	(165,414)	various	34
35	Other- Attach Schedule	2,013	Pg5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (163,401)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (496,361)		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	Exceptional Care Program		x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

Alden Princeton Rehab & HCC

ID# 0036244

Report Period Beginning: 1/1/07

Ending: 12/31/07

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (3,895)	5	1
2	Late Fee on Telephone	(195)	21	2
3	Intercompany Interests	(5,908)	32	3
4	Miscellaneous Income (medical records)	(40)	10	4
5	Miscellaneous Income (jury duty)	(86)	22	5
6	Miscellaneous Income (food rebate)	(804)	2	6
7	Miscellaneous Income (general, payroll differences)	(46)	21	7
8	Vendor Settlement - Multiut Corp	(375)	21	8
9	Vendor Settlement - Multiut Corp	375	6	9
10	Backout IHCA PAC Fees	(3,559)	20	10
11	Backout Bank Charges - Princeton Associates	(58)	21	11
12	Reduce deprec exp on Pg 13 items <\$2,500	(3,889)	30	12
13	Reduce deprec exp on Pg 12 items <\$2,500 - PRN	(2,200)	30	13
14	Reduce deprec exp on Pg 12 items <\$2,500 - PRN Assoc	(994)	30	14
15	Expense capital items <\$2,500 on Pg 13	17,829	6	15
16	Expense capital items<\$2,500 on Pg 12 - PRN	5,928	6	16
17	Expense capital items <\$2,500 on Pg 12 - PRN Assoc	3,159	6	17
18	Deming Leadership Training adjustment	179	24	18
19	Depreciation adjustment	104	30	19
20	Deferred Maintenance adjustment	(1,128)	6	20
21	Eliminate Non Care - Employee Benefits	(290)	22	21
22	Eliminate Non Care - Marketing Costs	(40)	20	22
23	Eliminate Non Care - G & A costs	(1,027)	21	23
24	Eliminate Non Care - R & M costs	(1,027)	6	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	<b>Total</b>	2,013		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	\$ 908,184	Princeton Associated limited Partnership		\$	\$ (908,184)	1
2	V	32 Investment Income RR	3,236	Princeton Associated limited Partnership			(3,236)	2
3	V	19 Accounting Fees		Princeton Associated limited Partnership		4,850	4,850	3
4	V	33 Real Estate Tax		Princeton Associated limited Partnership		228,131	228,131	4
5	V	26 Property & Liability Insurance		Princeton Associated limited Partnership		8,441	8,441	5
6	V	32 Interest on Mortgage Note		Princeton Associated limited Partnership		425,724	425,724	6
7	V	32 Interest on Operating Loss Loan		Princeton Associated limited Partnership		44,285	44,285	7
8	V	36 Mortgage Insurance Premium		Princeton Associated limited Partnership		38,026	38,026	8
9	V	30 Depreciation		Princeton Associated limited Partnership		242,770	242,770	9
10	V	31 Amortization		Princeton Associated limited Partnership		1,469	1,469	10
11	V	21 Misc Administrative Expenses		Princeton Associated limited Partnership		508	508	11
12	V							12
13	V							13
14	Total		\$ 911,420			\$ 994,204	\$ * 82,784	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%	\$ 2,952	\$ 2,952 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		2,377	2,377 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		12,438	12,438 17
18	V	26 Insurance		Alden Management Services, Inc.		219	219 18
19	V	20 Dues & Subscription	39,510	Alden Management Services, Inc.		504	(39,006) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,226	3,226 20
21	V	31 Amortization		Alden Management Services, Inc.		67	67 21
22	V	33 Real Estate Tax		Alden Management Services, Inc.		4,551	4,551 22
23	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		37,604	37,604 23
24	V	32 Interest		Alden Management Services, Inc.		13,766	13,766 24
25	V	1 Dietary		Alden Management Services, Inc.		5,963	5,963 25
26	V	3 Housekeeping		Alden Management Services, Inc.		4,158	4,158 26
27	V	7 Employee Benefits - Gen'l Services		Alden Management Services, Inc.		6,673	6,673 27
28	V	10 Nursing & Medical records Salaries		Alden Management Services, Inc.		50,379	50,379 28
29	V	15 Employee Benefits - Health Care		Alden Management Services, Inc.		8,794	8,794 29
30	V	17 Administrative Salary		Alden Management Services, Inc.		62,577	62,577 30
31	V						
32	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		55,380	55,380 32
33	V	19 Professional Fees (GL 6801)	502,831	Alden Management Services, Inc.		44,968	(457,863) 33
34	V	21 General & Administrative		Alden Management Services, Inc.		249,989	249,989 34
35	V	6 Repairs and Maintenance	48,756	Alden Management Services, Inc.		38,070	(10,686) 35
36	V						
37	V						
38	V						
39	Total		\$ 591,097			\$ 604,655	\$ * 13,558 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet Consultant	\$ 12,000	Prism Health Care Services, Inc.	0.00%	\$ 4,124	\$ (7,876)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		4,405	4,405
17	V	2 Tube Feeding	108,692	Prism Health Care Services, Inc.		32,347	(76,345)
18	V	10 Equipment Rental	3,060	Prism Health Care Services, Inc.		4,767	1,707
19	V	39 Ancillary Supplies	110,532	Prism Health Care Services, Inc.		53,741	(56,791)
20	V	21 Gen & Admin Salary		Prism Health Care Services, Inc.		10,138	10,138
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		2,379	2,379
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		1,144	1,144
23	V	21 General & Administrative		Prism Health Care Services, Inc.		15,338	15,338
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		\$ 234,284			\$ 128,383	\$ * (105,901)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 <u>Drugs</u>	\$ 91,477	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 135,681	\$ 44,204	15
16	V	39 <u>IV</u>	78,788	<u>Forum Extended Care Services II, Inc.</u>		8,644	(70,144)	16
17	V	39 <u>Wound Care</u>		<u>Forum Extended Care Services II, Inc.</u>				17
18	V	10 <u>House Stock</u>	5,062	<u>Forum Extended Care Services II, Inc.</u>		4,831	(231)	18
19	V	10 <u>Pharmacy Consultant</u>	5,352	<u>Forum Extended Care Services II, Inc.</u>		7,196	1,844	19
20	V	27 <u>Employee Vaccination</u>	612	<u>Forum Extended Care Services II, Inc.</u>		480	(132)	20
21	V	27 <u>Employee Benefits: G&amp;A</u>		<u>Forum Extended Care Services II, Inc.</u>		843	843	21
22	V	21 <u>Gen'l &amp; Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		6,399	6,399	22
23	V	21 <u>Gen'l &amp; Admin.</u>		<u>Forum Extended Care Services II, Inc.</u>		5,528	5,528	23
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		678	678	24
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		221	221	25
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>		1,527	1,527	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	<b>Total</b>		\$ 181,291			\$ 172,028	\$ * (9,263)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 323,761	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 177,700	\$ (146,061)
16	V	32 Interest				101	101
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		\$ 323,761			\$ 177,801	\$ * (145,960)

\* 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	\$ 46,363	Alden Bennett Construction Company, Inc.	0.00%	\$ 45,731	\$ (632)	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	<b>Total</b>		\$ 46,363			\$ 45,731	\$ *	(632)	39

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

Facility Name & ID Number

Alden Princeton Rehab & HCC

Provider No.

0036244

Report Period Beginning:

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Ending:

12/31/2007

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
		The Forum Professional Center, LP	Chicago	Home Office rental
Heather Health Care Center, Inc.	Harvey			
Alden-Long Grove Rehabilitation and Health Care Center, Inc.	Long Grove	Forum Extended Care Services II, Inc.	Chicago	Pharmacy
Alden-Lincoln Park Rehabilitation and Health Care Center, Inc.	Chicago	Alden Management Services, Inc.	Chicago	Management
Alden-Northmoor Rehabilitation and Health Care Center, Inc.	Chicago			
Alden-Lakeland Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town East, Inc.	Bloomingtondale	Alden Garden Courts of DesPlaines, LLC	DesPlaines	Assisted Living/Alzheimers Facility
Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	McHenry	Alden Courts of Waterford, LLC	Aurora	Alzheimers Facility
Alden - Wentworth Rehabilitation and Health Care Center, Inc.	Chicago	Alden Gardens of Waterford, LLC	Aurora	Assisted Living
Alden - Naperville Rehabilitation and Health Care Center, Inc.	Naperville	Prism Health Care Services, Inc.	Schaumburg	Nursing and Durable Equipment
Alden - Valley Ridge Rehabilitation and Health Care Center, Inc.	Bloomingtondale	Community Physical Therapy & Associates, Ltd.	Wood Dale	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingtondale	Alden Bennett Construction Company, Inc.	Chicago	General Contractor
Alden - Orland Park Rehabilitation and Health Care Center, Inc.	Orland Park			
Alden - Princeton Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town West, Inc.	Bloomingtondale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingtondale			
Alden - Poplar Creek Rehabilitation and Health Care Center, Inc.	Hoffman Estates			
Alden - North Shore Rehabilitation and Health Care Center, Inc.	Skokie			
Alden - Des Plaines Rehabilitation and Health Care Center, Inc.	Des Plaines			
Alden Estates of Evanston, Inc.	Evanston			
Alden - Alma Nelson Manor, Inc.	Rockford			
Alden - Park Strathmoor, Inc.	Rockford			
Alden - Meadow Park Health Care Center, Inc.	Clinton, WI			
Alden Estates of Barrington, Inc.	Barrington			
Alden of Waterford, LLC	Aurora			
Alden Springs, Inc.	Bloomingtondale			

**Princeton Associates**  
**Summary of Owners**

<b>Name</b>	<b>Ownership %</b>
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%
	<b>100.00%</b>

Facility Name &amp; ID Number

Alden Princeton Rehab &amp; HCC

#

0036244

Report Period Beginning:

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Ending:

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## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	20.00	163,389	1.78	0.04	Salary	\$ 7,611	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	1.66	61,610	1.78	0.04	Salary	2,870	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	36,270	1.78	0.04	Salary	1,690	6-7	3
4	Joan Carl	Secretary	Vice-President	22.00	163,389	1.78	0.04	Salary	7,611	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 19,782		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:

1/1/07

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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	1,154,703	29	\$ 66,329	\$ 51,397	\$ 2,952	1
2	24	Travel & Seminar	Patient Days	1,154,703	29	53,403	51,397	2,377	2
3	25	Other Admin Travel	Patient Days	1,154,703	29	279,431	51,397	12,438	3
4	26	Insurance	Patient Days	1,154,703	29	4,925	51,397	219	4
5	20	Dues & Subscription	Patient Days	1,154,703	29	11,328	51,397	504	5
6	30	Depreciation	No. of Providers/Usage	29	29	93,554	1	3,226	6
7	31	Amortization	Patient Days	1,154,703	29	1,500	51,397	67	7
8	33	Real Estate Tax	Patient Days	1,154,703	29	102,244	51,397	4,551	8
9	35	Rent - Equipment & Vehicles	Patient Days	1,154,703	29	844,835	51,397	37,604	9
10	32	Interest	Patient Days	1,154,703	29	309,272	51,397	13,766	10
11	1	Dietary	Patient Days	1,154,703	29	133,965	133,965	5,963	11
12	3	Housekeeping	Patient Days	1,154,703	29	93,421	93,421	4,158	12
13	7	Employee Benefits - Gen'l Services	Patient Days	1,154,703	29	149,914	51,397	6,673	13
14	10	Nursing & Medical records Salaries	Patient Days	1,154,703	29	1,131,832	1,178,420	50,379	14
15	15	Employee Benefits - Health Care	Patient Days	1,154,703	29	197,574	51,397	8,794	15
16	17	Administrative Salary	Patient Days/usage	1,154,703	29	1,405,877	1,091,420	62,577	16
17									17
18	27	Employee Benefits - Admin	Patient Days	1,154,703	29	1,244,181	51,397	55,380	18
19	19	Professional Fees (GL 6801)	Patient Days	1,154,703	29	1,010,272	531,592	44,968	19
20	21	General & Administrative	Patient Days	1,154,703	29	5,616,348	4,942,836	249,989	20
21	6	Repairs and Maintenance	Patient Days	1,154,703	29	855,298	666,770	38,070	21
22									22
23									23
24									24
25	TOTALS					\$ 13,605,503	\$ 8,638,424	\$ 604,655	25

Facility Name &amp; ID Number

Alden Princeton Rehab &amp; HCC

# 0036244

Report Period Beginning:

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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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Cambridge (2505-101/7057)		x	Operations	\$4,158.00	2/2003	\$ 738,400	\$ 713,995	2/12/2042	6.1800	\$ 44,285	1								
2	Cambridge (2505/7055)		x	Mortgage	\$39,970.00	2/2003	7,098,500	6,863,885	12/31/2042	6.1800	425,724	2								
3												3								
4												4								
5	Insurance Interest-see reclass		x	malpractice insurance							1,022	5								
<b>Working Capital</b>																				
6	Related Party - CPT	x		Working Capital							101	6								
7	Related Party - AMS	x		Working Capital							13,766	7								
8	Related Party - FECII	x		Working Capital							678	8								
9	TOTAL Facility Related				\$44,128.00		\$ 7,836,900	\$ 7,577,880			\$ 485,576	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income Repl Reserve										(3,236)	10								
11	Int Income (Corp) 4646/4979/4975										(88,873)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (92,109)	14								
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 7,577,880			\$ 393,467	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 38,026 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 2006 report.		\$	<b>320,000</b>	<b>1</b>
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.)		\$	<b>270,030</b>	<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(49,970)</b>	<b>3</b>
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>278,100</b>	<b>4</b>
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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		<b>5</b>
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. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>228,130</b>	<b>7</b>

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	<b>2002</b>	<b>276,498</b>	<b>8</b>
	<b>2003</b>	<b>279,290</b>	<b>9</b>
	<b>2004</b>	<b>285,494</b>	<b>10</b>
	<b>2005</b>	<b>288,401</b>	<b>11</b>
	<b>2006</b>	<b>270,030</b>	<b>12</b>

The current year accrual is based on an estimated 3% increase of the prior year tax.

<b>FOR BHF USE ONLY</b>			
<b>13</b>	FROM R. E. TAX STATEMENT FOR 2006	\$	<b>13</b>
<b>14</b>	PLUS APPEAL COST FROM LINE 5	\$	<b>14</b>
<b>15</b>	LESS REFUND FROM LINE 6	\$	<b>15</b>
<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION	\$	<b>16</b>

**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:** 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 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 2007 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.

**2006 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 2006 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 2006.

(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 (12 Pg Supplement)</u>	<u>Related Party-Alden Management Ser</u>	<u>\$ 241,399.00</u>	<u>\$ 4,551.00</u>
2. <u>See Attached (12 Pg Supplement)</u>	<u>Related Party-Forum Professional Cen</u>	<u>\$ 37,806.00</u>	<u>\$ 221.00</u>
3. <u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 15,121.41</u>	<u>\$ 15,121.41</u>
4. <u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 13,912.39</u>	<u>\$ 13,912.39</u>
5. <u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 53,439.23</u>	<u>\$ 53,439.23</u>
6. <u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 79,353.13</u>	<u>\$ 79,353.13</u>
7. <u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 14,350.08</u>	<u>\$ 14,350.08</u>
8. <u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 13,870.77</u>	<u>\$ 13,870.77</u>
9. <u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 702.57</u>	<u>\$ 702.57</u>
10. <u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 79,280.91</u>	<u>\$ 79,280.91</u>
	<b>TOTALS</b>	<u>\$ 549,235.49</u>	<u>\$ 274,802.49</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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

**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:

1/1/07

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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.  
 (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).

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

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>	<u>82,377</u>	<u>1989</u>	<u>\$ 151,068</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>82,377</b>		<b>\$ 151,068</b>	<b>3</b>

Facility Name &amp; ID Number Alden Princeton Rehab &amp; HCC

# 0036244

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		
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	4,046,945	4
5		1992	1992	44,020	280	30	1,467	1,187	22,614	5
6		1993	1993	30,616	692	30	1,021	329	15,582	6
7										7
8	Related Party-Forum		1978	14,541		25			14,541	8
	<b>Improvement Type**</b>									
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			11,688	10
11	WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES		1993	24,066	729	VARIOUS	729		23,624	11
12	DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU		1995	27,107	1,573	VARIOUS	1,573		21,911	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	142	12	142		1,677	15
16	INSTALL SB 35 PUMP		1997	3,287	218	10	218		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		6,687	19
20	SHINE-RITE(STRIP & REFINISH FLOORS)		1998	6,000	600	10	600		5,750	20
21	CORONET MFG		1998	8,970	897	10	897		8,148	21
22	REEDY EQ.(REPAIR DISHWASHERS)		1998	4,612	461	10	461		4,189	22
23	JP Graham(installation)		1999	2,781	278	10	278		2,480	23
24	Northtown (repair steamer)		1999	1,674	167	10	167		1,450	24
25	Rykoff Sexton(kitchen supplies)		1999	2,337	234	10	234		2,007	25
26	Long Elevator(repair water damage)		1999	2,949	295	10	295		2,433	26
27	Fox Valley(fire alarm inspection)		1999	2,000	133	15	133		1,088	27
28	ABC(construction management)		1999	785		5			785	28
29	Kraft Paper (desk & chairs)		1999	2,023	135	15	135		1,090	29
30	Climate Services(exhaust roof top repair)		1999	2,143	214	10	214		1,732	30
31	New Horizons(install phones and wall mounts)		1999	5,848	585	10	585		4,728	31
32	ABC:Carpentry labor		1999	2,460	246	10	246		1,988	32
33	ABC:Resilient flooring		1999	3,996	400	10	400		3,298	33
34	Equipment International (dryer fan blade)		2000	602	60	10	60		476	34
35	CSI-Coker Service (repair steam table)		2000	1,151	115	10	115		911	35
36	Fox Valley Fire & Safety (fire alarm repair)		2000	776	78	10	78		615	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 &amp; ID Number Alden Princeton Rehab &amp; HCC

# 0036244

Report Period Beginning:

1/1/07

Ending:

12/31/07

## 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	\$	\$ 876	37
38	Climate Service (replace hot water valve)	2000	1,303	130	10	130		1,031	38
39	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051	105	10	105		823	39
40	DePaul Plumbing (instal water line of outside sprinkler system)	2000	7,054	705	10	705		5,466	40
41	Alden Bennett Construction (time & material billing by facility)	2000	11,158	1,116	10	1,116		8,369	41
42	Fox Valley Fire & Safety ( rep faulty devices from fire alarm)	2000	1,672	111	15	111		826	42
43	SKI-COKER SERVICE (dishwasher repair)	2000	1,834	183	10	183		1,375	43
44	Alden Bennett Construction (time & material billing )	2000	7,777	778	10	778		5,704	44
45	Fox Valley (fire alarm repair)	2000	2,338	234	10	234		1,676	45
46	ALDEN DESIGN (oxygen site plan)	2000	663	66	10	66		491	46
47	ALDEN DESIGN (oxygen site plan)	2000	357	36	10	36		265	47
48	ALDEN DESIGN (install medical gas system)	2000	1,540	154	10	154		1,142	48
49	ALDEN DESIGN ( plat of survey)	2000	756	76	10	76		549	49
50	Alden Bennett Construction (oxygen tank installation)	2001	23,815	2,382	10	2,382		15,282	50
51	Alden Bennett Construction (lighting fixtures)	2001	63,680	6,368	10	6,368		43,515	51
52	New Horizons Communication (No Invoice)	2001	6,287	629	10	629		4,401	52
53	GT Mechanical Inc (exhaust fan in laundry room)	2001	2,475	165	15	165		1,155	53
54	CSL-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		1,611	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		618	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	291	10	291		1,941	58
59	Hobart (installed amps for serving steamers)	2001	1,828		5			1,828	59
60	Capps (install preassure reading valve)	2001	3,485	349	10	349		2,150	60
61	Fire Pros (control panel repair)	2001	5,425	543	10	543		3,346	61
62	Alden Bennett (miscell construction)	2001	2,876	288	10	288		1,798	62
63	Alden Bennett (miscell construction)	2001	1,622		5			1,622	63
64	Fire Pros (control panel repair)	2002	5,425	543	10	543		3,256	64
65	Alden bennet -- window sills	2002	8,139	814	10	814		4,680	65
66	GT Mechincal -- repair chiller	2002	3,449	345	5	345		3,449	66
67	Alden bennet - nursing call system install	2002	23,320	1,555	15	1,555		8,292	67
68	Simplex Grinnell (4 doors)	2003	4,391	439	10	439		2,159	68
69	Alden Bennett Construction (time & material billing by facility)	2003	20,159	2,016	10	2,016		9,912	69
70	TOTAL (lines 4 thru 69)		\$ 7,398,630	\$ 250,836		\$ 262,839	\$ 12,003	\$ 4,372,728	70

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

Facility Name &amp; ID Number Alden Princeton Rehab &amp; HCC

# 0036244

Report Period Beginning:

1/1/07

Ending:

12/31/07

## 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	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,398,630	\$ 250,836		\$ 262,839	\$ 12,003	\$ 4,372,728	1
2	D. B. S. Contracting (sprinkler system)	2003	15,935		3			15,935	2
3	Alden Bennett Construction (lamps)	2003	3,339	334	10	334		1,447	3
4	TNS Inc (DSL Cable)	2004	1,178	236	5	236		924	4
5	Alden Bennett Const (curries flat bar,fire rated access panel)	2004	1,229	246	5	246		943	5
6	Alden Bennett Const (installed fire damper)	2004	2,628	263	10	263		986	6
7	Alden Bennett Const (bathroom floors)	2004	3,945	395	10	395		1,217	7
8	Alden Bennett Construction (Boiler repairs)	2004	2,746	549	5	549		2,196	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821	582	10	582		2,328	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489	149	10	149		596	10
11	GT Mechanical (Fan coil replacement)	2004	746	75	10	75		293	11
12	CSI Coker Service (steamer, food processor, coffee ura repairs)	2004	1,948	390	5	390		1,494	12
13	GT Mechanical (air controler,thermostat,switches replaced)	2004	1,966	197	10	197		754	13
14	Long Elevator (replaced car button, single phase rectifier)	2004	1,800	360	5	360		1,290	14
15	GT Mechanical (A/C, chiller startup)	2004	1,628	326	5	326		1,195	15
16	Patten CAT (Generator repairs) (AMS Billings)	2004	2,660	532	5	532		1,862	16
17	Patten CAT (Generator repairs) (AMS Billings)	2004	1,594	319	5	319		1,090	17
18	Equipment International (Dryer repairs)	2004	2,950	590	5	590		1,917	18
19	Capps Plumbing (Sink & Boiler repairs)	2004	1,865	373	5	373		1,150	19
20	Alden Bennett (27-Thermal Units-Furnished & Installed)	2005	5,716	381	15	381		1,143	20
21	BROLOC Brolin Lock And Safe	2005	3,855	386	10	386		1,029	21
22	Patten CAT (0105 AMS Billings)(Vehicle Air Induct & Exhaust Sy	2005	1,986	397	5	397		1,191	22
23	GT Mechanical (Wiring,Fan Coil Replacement, Valve repairs)	2005	1,763	353	5	353		1,029	23
24	GT Mechanical (Rooftop exhaust Fan belt repairs)	2005	2,409	482	5	482		1,365	24
25	GT Mechanical (A/H 3 repairs)	2005	1,556	311	5	311		855	25
26	Patten CAT (0705 AMS Billings)(Remove and Install transfer swit	2005	10,964	2,193	5	2,193		5,482	26
27	ABC (Roof Repairs )	2005	2,511	502	5	502		1,213	27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,484,858	\$ 261,758		\$ 273,761	\$ 12,003	\$ 4,423,652	34

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

Facility Name &amp; ID Number Alden Princeton Rehab &amp; HCC

# 0036244

Report Period Beginning:

1/1/07

Ending:

12/31/07

## 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	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,484,858	\$ 261,758		\$ 273,761	\$ 12,003	\$ 4,423,652	1
2	Brolin Locks and Safe (cylinders, entry levers)	2006	4,134	827	5	827		827	2
3	ABC (new pump alternator)	2006	5,438	1,088	5	1,088		1,088	3
4	GT Mechanical (cooling tower, IO board, condenser)	2006	9,100	1,820	5	1,820		2,882	4
5	ABC (A/C compressor)	2006	3,643	182	10	182		182	5
6	ABC (repair supplies, paint,surface cap)	2006	3,199	160	5	160		160	6
7	ABC (new transformer)	2006	8,185	109	10	109		109	7
8	ABC (new compressor)	2006	21,154	2,115	10	2,115		2,644	8
9									9
10	ABC (exhaust fan)	2006	2,801	560	5	560		653	10
11	A&B Custom Cable (install cable TV system)	2006	13,500	1,350	10	1,350		1,350	11
12									12
13	Fence	2007	2,813	141	10	141		141	13
14	ABC - paint facility	2007	2,589	237	10	237		237	14
15	ABC - electrical security system	2007	13,341	1,112	10	1,112		1,112	15
16	TopNotch - 2HP motor	2007	2,909	242	10	242		242	16
17	GT Mech - air compressor	2007	3,360	504	5	504		504	17
18	ABC - bathroom vinyl sheet flooring	2007	4,305	251	10	251		251	18
19	ABC - HVAC	2007	6,000	100	10	100		300	19
20	ABC - new doors (exit and kitchen)	2007	3,183	133	10	133		133	20
21	ABC - new parts HVAC motor	2007	4,882	163	10	163		163	21
22	ABC - temp a/c	2007	10,135	676	5	676		676	22
23	ABC - new plumbing fixtures, electrical appliances	2007	4,091	68	5	68		68	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,613,620	\$ 273,595		\$ 285,598	\$ 12,003	\$ 4,437,374	34

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

Facility Name &amp; ID Number Alden Princeton Rehab &amp; HCC

# 0036244

Report Period Beginning:

1/1/07

Ending:

12/31/07

## 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	<b>Totals from Page 12C, Carried Forward</b>		\$ 7,613,620	\$ 273,595		\$ 285,598	\$ 12,003	\$ 4,437,374	1
2									2
3	<b>Related Party-Forum Prof Center Building:</b>								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,204	200	16	200		2,604	8
9	Leasehold Improvement-Build.Improv.	1996	1,130	71	16	71		843	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		95	11
12	Leasehold Improvement-Bathrooms	2002	667	73	7	73		391	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		819	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	2,050	391	7	391		1,213	14
15	Leasehold Improvement-sidewalks-City of Chic.	2007	106	21	5	21		21	15
16	Leasehold Improvement-Carpet: Superior Install.	2007	97	19	5	19		19	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	841	168	5	168		168	17
18	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	18
19	Leasehold Improvement-Add-on Improvement, lighting base	2001	123		5			123	19
20	Leasehold Improvements-fire extinguishers	2007	10	2	5	2		2	20
21									21
22									22
23									23
24	<b>Related Party-AMS:</b>								24
25	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	25
26	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		3,386	26
27	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		3,525	27
28									28
29									29
30	Forum Extended Care, LLC-building/building improv	1999	10,485	266	30	266		2,420	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,693,719	\$ 276,406		\$ 288,409	\$ 12,003	\$ 4,502,650	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:

1/1/07

Ending:

12/31/07

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	\$ 507,730	\$ 42,111	\$ 42,111	\$	various	\$ 389,045	71
72	Current Year Purchases	148,109	8,702	8,702		various	8,702	72
73	Fully Depreciated Assets	684,358	655	655		various	684,358	73
74								74
75	TOTALS	\$ 1,340,197	\$ 51,468	\$ 51,468	\$		\$ 1,082,105	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				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related Party-AMS	Lumina/Chev/2004	2004	117	29	29		3	117	79
80	TOTALS			\$ 117	\$ 29	\$ 29	\$		\$ 117	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)	\$ 9,185,101	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 327,904	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 339,907	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)	\$ 5,584,872	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: \$ 9,133 Description: copy machine lease (GL 6861)

(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 (GL 6890)</u>		\$ <u>157.00</u>	\$ <u>1,885</u>	17
18					18
19	<u>related party - AMS</u>		<u>#####</u>	<u>21,421</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>23,306</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. 12/31/08 \$ varies

13. 12/31/09 \$ varies

14. 12/31/10 \$ 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? <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	\$		\$ 171,991	\$		\$ 171,991	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			3,481			3,481	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			148,292			148,292	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				135,680		135,680	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A					(146,061)	118,959		(27,102)	13
14	TOTAL			\$		\$ 177,703	\$ 254,639		\$ 432,342	14

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

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

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$171,990.78
2. ST	39-3	To Col 5	3,480.97
3.			
4. PT	39-3	To Col 5	148,291.73
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			91,477.10
Manual Input from Related Party- Forum Drugs			44,203.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	135,680.10
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	(146,061.00)
Other			221,710.06
Manual Input: Related Party - Pyramic			(56,791.00)
Manual Input: Related Party FECII - I.V			(70,143.00)
Oxygen, from reclass worksheet			24,183.00
13. Col 6: Supplies Total		To Col 6	118,959.06
13. Total Line 13, Column 8			118,959.06
14. Total			432,341.64

Facility Name & ID Number Alden Princeton Rehab & HCC

# 0036244

Report Period Beginning: 1/1/07

Ending:

12/31/07

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>107,000</u> )	1,257,936	1,257,936	3
4	Supply Inventory (priced at )	255	255	4
5	Short-Term Investments			5
6	Prepaid Insurance		9,661	6
7	Other Prepaid Expenses	13,080	13,080	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties/Escrows</u>	145,164	277,819	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,416,435	\$ 1,558,751	10
<b>B. Long-Term Assets</b>				
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	745,593	745,593	15
16	Equipment, at Historical Cost	486,430	1,364,509	16
17	Accumulated Depreciation (book methods)	(840,229)	(5,416,654)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		688,671	21
22	Other Long-Term Assets (specify): <u>Refinancing Fee</u>		51,419	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,391,794	\$ 5,574,192	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,808,229	\$ 7,132,943	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 573,507	\$ 575,177	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	248,260	248,260	28
29	Short-Term Notes Payable		62,989	29
30	Accrued Salaries Payable	369,007	369,007	30
31	Accrued Taxes Payable (excluding real estate taxes)	23,975	23,975	31
32	Accrued Real Estate Taxes(Sch.IX-B)		278,100	32
33	Accrued Interest Payable	145,447	184,473	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>accrued exp, Due to IDPA for Audit</u>	129,923	129,923	36
37	<u>Due to Affiliates</u>	7,192,150	6,475,065	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 8,682,269	\$ 8,346,969	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable		708,060	39
40	Mortgage Payable		6,806,830	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Loans from Shareholders</u>	396,000	396,000	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 396,000	\$ 7,910,890	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 9,078,269	\$ 16,257,859	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (6,270,040)	\$ (9,124,916)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,808,229	\$ 7,132,943	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,168,682)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2006 cost report was	(115,435)	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)	\$ (5,284,117)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(985,923)	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)	\$ (985,923)	17
<b>B. Transfers (Itemize):</b>			
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)	\$ (6,270,040)	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	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 6,659,931	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,659,931	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	15,913	6
7	Oxygen	51,817	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 67,730	8
	<b>C. Other Operating Revenue</b>		
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	5,925	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 5,925	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***	88,873	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 88,873	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Misc Income/Gain on Sale of Assets	20,910	28
28a	Adjustment to Prior Years exp	16,372	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 37,282	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,859,741	30

2

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	1,472,568	31
32	Health Care	2,670,101	32
33	General Administration	1,909,793	33
	<b>B. Capital Expense</b>		
34	Ownership	1,033,064	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	636,951	35
36	Provider Participation Fee	123,187	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 7,845,664	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(985,923)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (985,923)	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.

Facility Name & ID Number Alden Princeton Rehab & HCC

# 0036244

Report Period Beginning:

1/1/07

Ending:

12/31/07

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4	
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,048	\$ 81,804	\$ 39.94	1
2	Assistant Director of Nursing	2,080	67,563	32.48	2
3	Registered Nurses	7,675	240,570	30.52	3
4	Licensed Practical Nurses	37,299	992,130	25.34	4
5	CNAs & Orderlies	62,202	683,605	10.32	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides	1,860	23,331	11.18	8
9	Activity Director	2,064	37,205	18.03	9
10	Activity Assistants	5,517	48,379	8.20	10
11	Social Service Workers	2,040	39,434	19.33	11
12	Dietician				12
13	Food Service Supervisor	2,008	43,321	21.57	13
14	Head Cook				14
15	Cook Helpers/Assistants	19,775	207,684	9.54	15
16	Dishwashers				16
17	Maintenance Workers	2,048	44,319	21.31	17
18	Housekeepers	17,992	196,051	10.15	18
19	Laundry	6,967	68,066	9.45	19
20	Administrator	2,080	85,437	41.08	20
21	Assistant Administrator				21
22	Other Administrative	5,445	121,630	21.79	22
23	Office Manager	2,000	26,456	13.18	23
24	Clerical	3,820	36,029	8.82	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator	2,072	56,045	27.05	29
30	Habilitation Aides (DD Homes)				30
31	Medical Records				31
32	Other Health C: Behavioral Clinics	5,142	104,767	20.28	32
33	Other(specify) Security	5,290	59,815	11.24	33
34	TOTAL (lines 1 - 33)	197,424	\$ 3,263,641 *	\$ 15.68	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	1000/monthly	\$ 12,000	1-3 35
36	Medical Director	2092/monthly	25,100	10-3 36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	396/monthly	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	223/monthly	2,670	11-3 44
45	Social Service Consultant	43/monthly	512	11-3 45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)		\$ 45,034	49

C. CONTRACT NURSES

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



Legal Fees Reported on Pg 21, Section C:	20,746.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(12,427.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<hr/>
<b>Allowable Legal Fees</b>	<b><u><u>8,319.00</u></u></b>

**Page 21; Section C: Professional Services - Others**

St. Bernard Hospital	Clinical Support	461.00
Medifax EDI	Billing Consultant	418.00
Marzullo Reporting	Medical Record Fees	385.00
Jansen Reporting	Medical Record Fees	275.00
Smart Document Solution	Billing Consultant	123.00
Ava Daly	Accounting Fee	82.00
		<hr/>
<b>Total</b>		<b><u><u>1,744.00</u></u></b>

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							
																	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	see page 22a		\$ 267,137	3-15	\$ 9,363	\$ 2,101	\$ 2,101	\$ 506	\$ 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	see page 22a																							
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20	TOTALS		\$ 282,973		\$ 10,737	\$ 4,050	\$ 4,039	\$ 2,636	\$ 2,062	\$ 2,062	\$ 2,062	\$ 1,630	\$ 823											

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	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	
				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	Belton airhandles *	11/93	3,283	5									
6	Painting *	12/93	1,344	5									
7	Cooler repair	5/93	1,567	10	0	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	61						
30	CHILLER HVAC	5/96	1,900	10	190	190	63						
31	CARPET	5/96	6,115	10	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	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 COOLER	1/97	2,419	3									
43	REPLACE HVAC PUMP	1/97	5,890	3									
44	HVAC PUMP REPLACEMENT	9/97	3,299	3									
45	TEMPERATURE PUMP REPAIR	12/97	1,660	3									
46	CLIMATE(REPAIR PUMP MOTOR)	1/98	3,051	3									
47	CLIMATE(INSTALL HOT WATER B)	2/98	2,100	3									
48	MR.ROOTER(REPAIR EJECT.PUMP)	6/98	2,000	3									
49	CLIMATE(BLOWER MOTORS)	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 65140,65153,65157,65155)	3/99	1,578	3									
56	Chicago Cooling (assemble A/C)	6/99	2,403	3									
57	CSI(NEED INVOICE)	7/99	2,576	3									
58	CSI(NEED INVOICE)	10/99	3,750	3									
59	Painting->\$1,500 for 1999	7/99	14,758	3									
60	D. B. S. Contracting (20 zone automa	5/00	40,090	3	0								
61	Alden Bennett Construction (HVAC es	7/00	5,498	3	0								
62	Alden Bennett Construction (time and	6/00	1,545	3	0								
63	painting->\$1500 for 2000	07/01	9,747	3	0								
64	<b>TOTALS</b>		267,137		2,101	2,101	1,155	506	506	506	506	506	

Facility Name &amp; ID Number Alden Princeton Rehab &amp; HCC

# 0036244

Report Period Beginning:

1/1/07

Ending:

12/31/07

**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 Assoc. \$9,597
- (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. \$ 23,847 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. \$ 26,088 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: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? \_\_\_\_\_ 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 \$5,000, 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