



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

# 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	225	Skilled (SNF)	225	82,350	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	225	TOTALS	225	82,350	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 Patient Days by Level of Care and Primary Source of Payment			5	
		2 Medicaid Recipient	3 Private Pay	4 Other		
8	SNF	4,393	72	5,770	10,235	8
9	SNF/PED					9
10	ICF	51,451	233		51,684	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	55,844	305	5,770	61,919	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.19%

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 4,395

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/08 Fiscal Year: 12/31/08

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

## STATE OF ILLINOIS

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Facility Name &amp; ID Number Alden Princeton Rehabilitation &amp; Health Care # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassification 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	274,756	31,582	10,800	317,138	1,484	318,622	5,358	323,980		1
2	Food Purchase		355,202		355,202	(26,899)	328,303	(66,975)	261,328		2
3	Housekeeping	222,071	57,786		279,857	1,176	281,033	4,992	286,025		3
4	Laundry	75,577	13,612		89,189	358	89,547		89,547		4
5	Heat and Other Utilities			271,346	271,346		271,346	1,396	272,742		5
6	Maintenance	46,411		143,250	189,661	48	189,709	60,348	250,057		6
7	Other (specify):* Security & Related Programs	1,350			1,350		1,350	7,840	9,190		7
8	<b>TOTAL General Services</b>	<b>620,165</b>	<b>458,182</b>	<b>425,396</b>	<b>1,503,743</b>	<b>(23,833)</b>	<b>1,479,910</b>	<b>12,959</b>	<b>1,492,869</b>		<b>8</b>
<b>B. Health Care and Programs</b>											
9	Medical Director			39,800	39,800		39,800		39,800		9
10	Nursing and Medical Records	2,377,369	172,134	6,427	2,555,930	(40,089)	2,515,841	62,291	2,578,132		10
10a	Therapy	75,791			75,791		75,791		75,791		10a
11	Activities	353,479	13,220	4,585	371,284	135	371,419		371,419		11
12	Social Services	31,837			31,837		31,837		31,837		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefits							9,595	9,595		15
16	<b>TOTAL Health Care and Programs</b>	<b>2,838,476</b>	<b>185,354</b>	<b>50,812</b>	<b>3,074,642</b>	<b>(39,954)</b>	<b>3,034,688</b>	<b>71,886</b>	<b>3,106,574</b>		<b>16</b>
<b>C. General Administration</b>											
17	Administrative	102,087			102,087		102,087	86,575	188,662		17
18	Directors Fees										18
19	Professional Services			725,989	725,989	15,860	741,849	(613,032)	128,817		19
20	Dues, Fees, Subscriptions & Promotions			69,112	69,112		69,112	(55,011)	14,101		20
21	Clerical & General Office Expenses	146,670	24,954	58,687	230,311	654	230,965	322,911	553,876		21
22	Employee Benefits & Payroll Taxes			642,595	642,595	18,133	660,728	(2,687)	658,041		22
23	Inservice Training & Education										23
24	Travel and Seminar			10,311	10,311		10,311	3,317	13,628		24
25	Other Admin. Staff Transportation			8,188	8,188		8,188	14,993	23,181		25
26	Insurance-Prop.Liab.Malpractice			252,478	252,478	(4,376)	248,102	7,284	255,386		26
27	Other (specify):* Bad Debt & Related Party Benefits			212,064	212,064		212,064	(148,798)	63,266		27
28	<b>TOTAL General Administration</b>	<b>248,757</b>	<b>24,954</b>	<b>1,979,424</b>	<b>2,253,135</b>	<b>30,271</b>	<b>2,283,406</b>	<b>(384,448)</b>	<b>1,898,958</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>3,707,398</b>	<b>668,490</b>	<b>2,455,632</b>	<b>6,831,520</b>	<b>(33,516)</b>	<b>6,798,004</b>	<b>(299,603)</b>	<b>6,498,401</b>		<b>29</b>

\*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 Rehabilitation & Health Care Center #0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

## 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			75,698	75,698		75,698	272,734	348,432			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			60,609	60,609	4,376	64,985	414,960	479,945			32
33	Real Estate Taxes			261,736	261,736	(261,736)		269,944	269,944			33
34	Rent-Facility & Grounds			678,919	678,919	261,736	940,655	(940,655)				34
35	Rent-Equipment & Vehicles			11,980	11,980		11,980	46,978	58,958			35
36	Other (specify):* MIP							37,694	37,694			36
37	<b>TOTAL Ownership</b>			1,088,942	1,088,942	4,376	1,093,318	101,654	1,194,972			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		332,843	297,759	630,602	28,303	658,905	(103,430)	555,475			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			123,526	123,526		123,526		123,526			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		332,843	421,285	754,128	28,303	782,431	(103,430)	679,001			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,707,398	1,001,333	3,965,859	8,674,590	(837)	8,673,753	(301,379)	8,372,374			45

**THE TOTAL FOR COLUMN 5 MUST BE ZERO,PLEASE CORRECT**

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

Alden Princeton Rehabilitation & Health Care Center

IDPH Facility ID Number: #0036244

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2008

Report Period Ending: 12/31/2008

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<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(26,899.00)	Employee Meals
	22	26,899.00	Employee Meals
22		(8,766.00)	Uniforms
	10	4,911.00	Uniforms
	1	1,484.00	Uniforms
	3	1,176.00	Uniforms
	4	358.00	Uniforms
	6	48.00	Uniforms
	11	135.00	Uniforms
	21	654.00	Uniforms
26		(1,948.00)	Interest - old policy/curr yr portion
	32	1,948.00	Interest - old policy/curr yr portion
10		(28,303.00)	Oxygen - to appropriate cost center
	39	28,303.00	Oxygen - to appropriate cost center
33		(261,736.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	261,736.00	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>Others, if any:</u>			
10		(16,697.00)	reclass Clinical Coordinators (Pathways) to Ln 10
	19	16,697.00	reclass Clinical Coordinators (Pathways) to Ln 10

Net

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Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244

Report Period Beginning: 1/1/08

Ending: 12/31/08

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	(57,757)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(54)	2		13
14	Non-Care Related Interest	(37,446)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(5,767)	21		17
18	Fines and Penalties	(980)	32		18
19	Entertainment	(1,117)	20		19
20	Contributions	(9,128)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(37,021)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(212,064)	27		24
25	Fund Raising, Advertising and Promotional	(16,922)	20		25
26	Income Taxes and Illinois Personal				26
27	Property Replacement Tax				27
28	CNA Training for Non-Employees				28
29	Yellow Page Advertising				29
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (366,253)		\$	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)	68,047	various	34
35	Other- Attach Schedule	(3,173)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 64,874		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (301,379)		37

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

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

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

Alden Princeton Rehabilitation & Health Care Center

ID# 0036244

Report Period Beginning: 1/1/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees on Utilities	\$ (2,359)	5	1
2	Intercompany Interest	(22,183)	32	2
3	Miscellaneous Income (medical records)	(30)	10	3
4	Miscellaneous Income (jury duty)	(87)	21	4
5	Miscellaneous Income (food rebate)	(843)	2	5
6	back out Marketing Manager Salaries	(15,484)	21	6
7	back out Employee Benefit for Marketing Manager	(2,687)	22	7
8	back out IHCA PAC Fees	(3,923)	20	8
9	Deming Leadership Training adjustment	(1,050)	24	9
10	Add back prior year tax refund	27,376	33	10
11	Reduce depreciation exp on pg13 items <\$2,500	(6,943)	30	11
12	Reduce depreciation exp on pg12 items <\$2,500 PRN	(372)	30	12
13				13
14	Expense capital items <\$2,500 on pg 13	18,296	6	14
15	Expense capital items <\$2,500 on pg 12 PRN	5,379	6	15
16				16
17	adjustment on depreciation	1,051	30	17
18	Expense Related Party Items <\$2,500	774	6	18
19	Adj for ABC related party profit-Pg12	(19)	30	19
20	Adj for ABC related party profit-Pg13	(68)	30	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				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>	(3,173)		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
The Alden Group, Ltd	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	\$ 940,655	Princeton Associates I L.L.C.		\$	\$ (940,655) 1
2	V	32 Investment Income RR	3,857	Princeton Associates I L.L.C.			(3,857) 2
3	V	19 Accounting Fees		Princeton Associates I L.L.C.		5,500	5,500 3
4	V	33 Real Estate Tax		Princeton Associates I L.L.C.		236,872	236,872 4
5	V	26 Property & Liability Insurance		Princeton Associates I L.L.C.		7,038	7,038 5
6	V	32 Interest on Mortgage Note		Princeton Associates I L.L.C.		422,296	422,296 6
7	V	32 Interest on Operating Loss Loan		Princeton Associates I L.L.C.		43,928	43,928 7
8	V	36 Mortgage Insurance Premium		Princeton Associates I L.L.C.		37,694	37,694 8
9	V	30 Depreciation		Princeton Associates I L.L.C.		262,892	262,892 9
10	V	32 Amortization		Princeton Associates I L.L.C.		1,469	1,469 10
11	V	21 Misc Administrative Expenses		Princeton Associates I L.L.C.		565	565 11
12	V	19 Professional Fees		Princeton Associates I L.L.C.		16,908	16,908 12
13	V						
14	Total		\$ 944,512			\$ 1,035,162	\$ * 90,650 14

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,755	\$ 3,755	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		4,367	4,367	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,993	14,993	17
18	V	26 Insurance		Alden Management Services, Inc.		246	246	18
19	V	20 Dues/Subscriptions	24,600	Alden Management Services, Inc.		679	(23,921)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,842	2,842	20
21	V	32 Amortization		Alden Management Services, Inc.		76	76	21
22	V	33 Real Estate Tax		Alden Management Services, Inc.		5,619	5,619	22
23	V	35 Rent-Equip/Vehic		Alden Management Services, Inc.		46,978	46,978	23
24	V	32 Interest		Alden Management Services, Inc.		68,085	68,085	24
25	V	1 Dietary Salary		Alden Management Services, Inc.		7,110	7,110	25
26	V	3 Housekeeping Salary		Alden Management Services, Inc.		4,992	4,992	26
27	V	7 Employee Benef-Gen'l Servs		Alden Management Services, Inc.		6,735	6,735	27
28	V	10 Nurs/Med Rec Salary		Alden Management Services, Inc.		56,936	56,936	28
29	V	15 Employee Benef-Health Care		Alden Management Services, Inc.		9,595	9,595	29
30	V	17 Administrative Salary		Alden Management Services, Inc.		86,575	86,575	30
31	V	27 Employee Benef-Administrative		Alden Management Services, Inc.		59,198	59,198	31
32	V	19 Professional Fees	648,225	Alden Management Services, Inc.		49,806	(598,419)	32
33	V	21 Gen'l & Admin		Alden Management Services, Inc.		297,659	297,659	33
34	V	6 Repair & Mainten.	6,336	Alden Management Services, Inc.		42,320	35,984	34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 679,161			\$ 768,566	\$ * 89,405	39

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,733	\$ (8,067)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		6,315	6,315
17	V	2 Tube Feeding	104,676	Prism Health Care Services, Inc.		38,598	(66,078)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		9,911	3,251
19	V	39 Ancillary Supplies	123,914	Prism Health Care Services, Inc.		63,468	(60,446)
20	V	21 Salary - G & A		Prism Health Care Services, Inc.		17,928	17,928
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		3,171	3,171
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,105	1,105
23	V	21 General and Administrative		Prism Health Care Services, Inc.		11,908	11,908
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		\$ 246,050			\$ 155,137	\$ * (90,913)

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

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%	\$ 148,254	\$ 46,283	15
16	V	39 I.V.	84,510	Forum Extended Care Services II, Inc.		12,322	(72,188)	16
17	V	39 Wound Care		Forum Extended Care Services II, Inc.				17
18	V	10 House Stock	5,754	Forum Extended Care Services II, Inc.		5,427	(327)	18
19	V	10 Pharmacy Consult.	5,777	Forum Extended Care Services II, Inc.		8,238	2,461	19
20	V	27 Employ. Vaccin.	1,184	Forum Extended Care Services II, Inc.		944	(240)	20
21	V	27 Employ. Benefits: G & A		Forum Extended Care Services II, Inc.		1,137	1,137	21
22	V	21 Salary - G&A		Forum Extended Care Services II, Inc.		9,787	9,787	22
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		6,402	6,402	23
24	V	32 Interest		Forum Extended Care Services II, Inc.		1,329	1,329	24
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		77	77	25
26	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,348	1,348	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		\$ 199,196			\$ 195,265	\$ * (3,931)	39

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 290,159	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 273,080	\$ (17,079)	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		\$ 290,159			\$ 273,080	\$ *	(17,079)	39

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 14,824	Alden Bennett Construction Company, Inc.	0.00%	\$ 14,739	\$ (85)	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		\$ 14,824			\$ 14,739	\$ * (85)	39

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

**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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V		\$			\$	\$	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		\$			\$	0	\$ *	39

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

Facility Name &amp; ID Number Alden Princeton Rehabilitation &amp; Health Care Cen/Provider No. 0036244

Report Period Beginning:

1/1/08

Ending: 12/31/08

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 Estates of Naperville, 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			
Alden Village North, Inc.	Chicago			

Facility Name & ID Number Alden Princeton Rehabilitation & Health Ca # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	170,839	2.036	0.05	Salary	\$ 9,161	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	63,785	2.036	0.05	Salary	3,420	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,109	2.036	0.05	Salary	1,990	6-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										7
8	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 14,571		13

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

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

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 *	30	\$ 73,771	\$	61,919	\$ 3,755	1	
2	24	Travel/Seminar	patient days *	30	85,812		61,919	4,367	2	
3	25	Other Admin Travel	patient days *	30	294,582		61,919	14,993	3	
4	26	Insurance	patient days *	30	4,828		61,919	246	4	
5	20	Dues/Subscriptions	patient days *	30	13,344		61,919	679	5	
6	30	Depreciation	no. of providers	30	98,652		1	2,842	6	
7	32	Amortization	patient days *	30	1,500		61,919	76	7	
8	33	Real Estate Tax	patient days *	30	125,958		61,919	5,619	8	
9	35	Rent-Equip/Vehic	patient days *	30	923,032		61,919	46,978	9	
10	32	Interest	patient days *	30	1,783,086		61,919	68,085	10	
11	1	Dietary Salary	patient days *	30	1,216,590	139,689	61,919	7,110	11	
12	3	Housekeeping Salary	patient days *	30	98,076	98,076	61,919	4,992	12	
13	7	Employee Benef-Gen'l Servs	patient days *	30	132,325		61,919	6,735	13	
14	10	Nurs/Med Rec Salary	patient days *	30	1,216,590	1,256,694	61,919	56,936	14	
15	15	Employee Benef-Health Care	patient days *	30	187,098		61,919	9,595	15	
16	17	Administrative Salary	patient days *	30	2,118,865	2,118,865	61,919	86,575	16	
17	27	Employee Benef-Administrative	patient days *	30	1,165,559		61,919	59,198	17	
18	19	Professional Fees	patient days *	30	978,599	605,253	61,919	49,806	18	
19	21	Gen'l & Admin	patient days *	30	5,924,144	5,104,656	61,919	297,659	19	
20	6	Repair & Mainten.	patient days *	30	831,505	644,276	61,919	42,320	20	
21									21	
22									22	
23		* The allocation is based on patient days, however, there may be some instances in which a home office cost could be directly associated with the provider								23
24		In those rare cases, the cost would not be part of the overall allocation process but directly allocated to the appropriate provider								24
25	TOTALS				\$ 16,237,119	\$ 9,967,509		\$ 768,566	25	

Facility Name & ID Number Alden Princeton Rehabilitation & Health Car # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

## 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	
						Original	Balance					
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										
<b>A. Directly Facility Related</b>												
<b>Long-Term</b>												
1	Cambridge (2505-101/7057)	x	Operations	\$4,158.00	2/2003	\$ 738,400	\$ 701,747	2/12/2042	6.1800	\$ 43,928	1	
2	Cambridge (2505/7055)	x	Mortgage	\$39,970.00	2/2003	7,098,500	6,746,148	12/31/2042	6.1800	422,296	2	
3											3	
4	Amortization of Finance Fees									1,469	4	
5	Insurance Reclass (Interest)		malpractice insurance							4,376	5	
<b>Working Capital</b>												
6											6	
7	Related Party-AMS	x	working capital							68,161	7	
8	Related Party-FECII	x	working capital							1,329	8	
9	TOTAL Facility Related			\$44,128.00		\$ 7,836,900	\$ 7,447,895			\$ 541,559	9	
<b>B. Non-Facility Related*</b>												
10	Interest Income Repl Reserve									(3,857)	10	
11	Int Income (corp) 4646/4975/4979									(57,757)	11	
12											12	
13											13	
14	TOTAL Non-Facility Related					\$	\$			\$ (61,614)	14	
15	TOTALS (line 9+line14)					\$ 7,836,900	\$ 7,447,895			\$ 479,945	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 37,694 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.)



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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,

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Alden Princeton Rehabilitation & Health Care Cente 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 Cos**

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	<u>\$ 295,853.00</u>	<u>\$ 5,619.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care 1</u>	<u>\$ 28,917.00</u>	<u>\$ 77.00</u>
3. <u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 14,959.98</u>	<u>\$ 14,959.98</u>
4. <u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 13,763.86</u>	<u>\$ 13,763.86</u>
5. <u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 52,868.73</u>	<u>\$ 52,868.73</u>
6. <u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 78,505.98</u>	<u>\$ 78,505.98</u>
7. <u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 14,196.89</u>	<u>\$ 14,196.89</u>
8. <u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 13,722.66</u>	<u>\$ 13,722.66</u>
9. <u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 695.06</u>	<u>\$ 695.06</u>
10. <u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 78,434.52</u>	<u>\$ 78,434.52</u>
	<b>TOTALS</b>	<b>\$ 591,917.68</b>	<b>\$ 272,843.68</b>

**B. Real Estate Tax Cost Allocation:**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct 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 hom (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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 200 tax bill which is normally paid during 2008

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

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (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:**

A. Land.

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

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

# 0036244

Report Period Beginning:

1/1/08

Ending:

12/31/08

**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	4,278,199	4
5		1992	1992	44,020	280	30	1,467	1,187	24,081	5
6		1993	1993	30,616	692	30	1,021	329	16,603	6
7										7
8	Related Party-Forum		1978	14,056		25			14,056	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			11,688	10
11	WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES		1993	24,066	442	VARIOUS	442		24,066	11
12	DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU		1995	27,107	1,573	VARIOUS	1,573		23,484	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	23	12	23		1,700	15
16	INSTALL SB 35 PUMP		1997	3,287	218	10	218		3,287	16
17	SEAL COATING/PATCHING		1997	2,300		5			2,300	17
18	REPAIR KEBO LIFT		1997	1,917		5			1,917	18
19	LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)		1998	6,800	680	10	680		6,687	19
20	SHINE-RITE(STRIP & REFINISH FLOORS)		1998	6,000	250	10	250		6,000	20
21	CORONET MFG		1998	8,970	822	10	822		8,970	21
22	REEDY EQ.(REPAIR DISHWASHERS)		1998	4,612	423	10	423		4,612	22
23	JP Graham(installation)		1999	2,781	278	10	278		2,758	23
24	Northtown (repair steamer)		1999	1,674	167	10	167		1,617	24
25	Rykoff Sexton(kitchen supplies)		1999	2,337	234	10	234		2,241	25
26	Long Elevator(repair water damage)		1999	2,949	295	10	295		2,728	26
27	Fox Valley(fire alarm inspection)		1999	2,000	133	15	133		1,221	27
28	ABC(construction management)		1999	785		5			785	28
29	Kraft Paper (desk & chairs)		1999	2,023	135	15	135		1,225	29
30	Climate Services(exhaust roof top repair)		1999	2,143	214	10	214		1,946	30
31	New Horizons(install phones and wall mounts)		1999	5,848	585	10	585		5,313	31
32	ABC:Carpentry labor		1999	2,460	246	10	246		2,234	32
33	ABC:Resilient flooring		1999	3,996	400	10	400		3,698	33
34	Equipment International (dryer fan blade)		2000	602	60	10	60		536	34
35	CSL-Coker Service (repair steam table)		2000	1,151	115	10	115		1,026	35
36	Fox Valley(fire alarm inspection)		2000	776	78	10	78		693	36

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

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

See Page 12A, Line 70 for total

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

# 0036244

Report Period Beginning:

1/1/08

Ending:

12/31/08

**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	\$	\$ 987	37
38	Climate Service (replace hot water valve)	2000	1,303	130	10	130		1,161	38
39	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051	105	10	105		928	39
40	DePaul Plumbing (instal water line of outside sprinkler system	2000	7,054	705	10	705		6,171	40
41	Alden Bennett Construction (time & material billing by facility	2000	11,158	1,116	10	1,116		9,485	41
42	Fox Valley Fire & Safety ( rep faulty devices from fire alarm)	2000	1,672	111	15	111		937	42
43	SKI-COKER SERVICE (dishwasher repair)	2000	1,834	183	10	183		1,558	43
44	Alden Bennett Construction (time & material billing )	2000	7,777	778	10	778		6,482	44
45	Fox Valley (fire alarm repair)	2000	2,338	234	10	234		1,910	45
46	ALDEN DESIGN (oxygen site plan)	2000	663	66	10	66		557	46
47	ALDEN DESIGN (oxygen site plan)	2000	357	36	10	36		301	47
48	ALDEN DESIGN (install medical gas system)	2000	1,540	154	10	154		1,296	48
49	ALDEN DESIGN ( plat of survey)	2000	756	76	10	76		625	49
50	Alden Bennett Construction (oxygen tank installation	2001	23,815	2,382	10	2,382		17,664	50
51	Alden Bennett Construction (lighting fixtures	2001	63,680	6,368	10	6,368		49,883	51
52	New Horizons Communication (No Invoice	2001	6,287	629	10	629		5,030	52
53	GT Mechanical Inc (exhaust fan in laundry room	2001	2,475	165	15	165		1,320	53
54	CSI-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		1,847	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		711	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		2,232	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		2,499	60
61	Fire Pros (control panel repair)	2001	5,425	543	10	543		3,889	61
62	Alden Bennett (miscell construction)	2001	2,876	288	10	288		2,086	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		3,799	64
65	Alden bennet -- window sills	2002	8,139	814	10	814		5,494	65
66	GT Mechincal -- repair chiller	2002	3,449		5			3,449	66
67	Alden bennet - nursing call system install	2002	23,320	1,555	15	1,555		9,847	67
68	Simplex Grinnell (4 doors)	2003	4,391	439	10	439		2,598	68
69	Alden Bennett Construction (time & material billing by facility)	2003	20,159	2,016	10	2,016		11,928	69
70	TOTAL (lines 4 thru 69)		\$ 7,398,145	\$ 249,622		\$ 261,625	\$ 12,003	\$ 4,633,192	70

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

STATE OF ILLINOIS

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

# 0036244

Report Period Beginning:

1/1/08

Ending:

Page 12B

12/31/08

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		\$ 7,398,145	\$ 249,622		\$ 261,625	\$ 12,003	\$ 4,633,192	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		1,781	3
4	TNS Inc (DSL Cable)	2004	1,178	236	5	236		1,160	4
5	Alden Bennett Const (curries flat bar,fire rated access panel)	2004	1,229	246	5	246		1,189	5
6	Alden Bennett Const (installed fire damper)	2004	2,628	263	10	263		1,249	6
7	Alden Bennett Const (bathroom floors)	2004	3,945	395	10	395		1,612	7
8	Alden Bennett Construction (Boiler reparis)	2004	2,746	549	5	549		2,746	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821	582	10	582		2,910	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489	149	10	149		745	10
11	GT Mechanical (Fan coil replacement)	2004	746	75	10	75		368	11
12	CSI Coker Service (steamer, food processor, coffee ura repairs)	2004	1,948	390	5	390		1,884	12
13	GT Mechanical (air controler,thermostat,switches replaced)	2004	1,966	197	10	197		951	13
14	Long Elevator (replaced car button, single phase rectifier)	2004	1,800	360	5	360		1,650	14
15	GT Mechanical (A/C, chiller startup)	2004	1,628	326	5	326		1,521	15
16	Patten CAT (Generator repairs) (AMS Billings)	2004	2,660	532	5	532		2,394	16
17	Patten CAT (Generator repairs) (AMS Billings)	2004	1,594	319	5	319		1,409	17
18	Equipment International (Drver repairs)	2004	2,950	590	5	590		2,507	18
19	Capps Plumbing (Sink & Boiler repairs)	2004	1,865	373	5	373		1,523	19
20	Alden Bennett (27-Thermal Units-Furnished & Installed)	2005	5,716	381	15	381		1,524	20
21	BROLOC Brolin Lock And Safe	2005	3,855	386	10	386		1,415	21
22	Patten CAT (0105 AMS Billings)(Vehicle Air Induct & Exhaust Sv	2005	1,986	397	5	397		1,588	22
23	GT Mechanical (Wiring,Fan Coil Replacement, Valve repairs)	2005	1,763	353	5	353		1,382	23
24	GT Mechanical (Rooftop exhaust Fan belt repairs)	2005	2,409	482	5	482		1,847	24
25	GT Mechanical (A/H 3 repairs)	2005	1,556	311	5	311		1,166	25
26	Patten CAT (0705 AMS Billings)(Remove and Install transfer swit	2005	10,964	2,193	5	2,193		7,675	26
27	ABC (Roof Repairs )	2005	2,511	502	5	502		1,715	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,484,373	\$ 260,544		\$ 272,547	\$ 12,003	\$ 4,695,038	34

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

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

# 0036244

Report Period Beginning:

1/1/08

Ending:

12/31/08

## 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>	\$ 7,484,373	\$ 260,544		\$ 272,547	\$ 12,003	\$ 4,695,038		1
2	Brolin Locks and Safe (cylinders, entry levers)	2006 4,134	827	5	827		1,654		2
3	ABC (new pump alternator)	2006 5,438	1,088	5	1,088		2,176		3
4	GT Mechanical (cooling tower, IO board, condenser)	2006 9,100	1,820	5	1,820		4,702		4
5	ABC (A/C compressor)	2006 3,643	364	10	364		546		5
6	ABC (repair supplies, paint,surface cap)	2006 3,199	640	5	640		800		6
7	ABC (new transformer)	2006 8,185	819	10	819		928		7
8	ABC (new compressor)	2006 21,154	2,115	10	2,115		4,759		8
9									9
10	ABC (exhaust fan)	2006 2,801	560	5	560		1,213		10
11	A&B Custom Cable (install cable TV system)	2006 13,500	1,350	10	1,350		2,700		11
12									12
13	Fence	2007 2,813	281	10	281		422		13
14	ABC - paint facility	2007 2,589	259	10	259		496		14
15	ABC - electrical security system	2007 13,341	1,334	10	1,334		2,446		15
16	TopNotch - 2HP motor	2007 2,909	291	10	291		533		16
17	GT Mech - air compressor	2007 3,360	672	5	672		1,176		17
18	ABC - bathroom vinyl sheet flooring	2007 4,305	431	10	431		682		18
19	ABC - HVAC	2007 6,000	600	10	600		900		19
20	ABC - new doors (exit and kitchen)	2007 3,183	318	10	318		451		20
21	ABC - new parts HVAC motor	2007 4,882	488	10	488		651		21
22	ABC - temp a/c	2007 10,135	2,027	5	2,027		2,703		22
23	New plumbing fixtures, electrical appliances	2007 4,091	818	5	818		886		23
24	New tiles,fixtures/window	2008 3,478	232	10	232		232		24
25	New sewage injector pump	2008 6,619	386	10	386		386		25
26	New motors for broken Hvac	2008 2,742	137	10	137		137		26
27	Cooling tower fan	2008 9,039	377	10	377		377		27
28	Replaced feeder wires and retested	2008 2,566	107	10	107		107		28
29	Replaced ceiling tiles	2008 2,927	73	10	73		73		29
30	Repair boiler 3 way valve	2008 4,518	75	10	75		75		30
31	New sewer line	2008 3,500	12	25	12		12		31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 7,648,522	\$ 279,044		\$ 291,048	\$ 12,003	\$ 4,727,261		34

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

STATE OF ILLINOIS

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

# 0036244

Report Period Beginning:

1/1/08

Ending:

12/31/08

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		\$ 7,648,522	\$ 279,044		\$ 291,048	\$ 12,003	\$ 4,727,261	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	10,666		15			10,666	4
5	Leasehold Improvement-Remodeling	1980	16,708		20			16,708	5
6	Leasehold Improvement-Tenant Improvem	1987	864		13			864	6
7	Leasehold Improvement-AMS Remodel	1988	13,861		10			13,861	7
8	Leasehold Improvement-Roof	1994	3,097	194	16	194		2,711	8
9	Leasehold Improvement-Build.Improv	1996	1,092	68	16	68		884	9
10	Leasehold Improvement-Asphalting	2000	85		3			85	10
11	Leasehold Improvement-DAI	2001	149	15	10	15		107	11
12	Leasehold Improvement-Bathrooms	2002	645	58	7	58		436	12
13	Leasehold Improvement-Suite Renovator	2003	1,583	157	10	157		950	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, et	2004	1,982	375	7	375		1,546	14
15	Leasehold Improvement-sidewalks-City of Chic	2007	102	20	5	20		41	15
16	Leasehold Improvement-Carpet: Superior Install	2007	94	19	5	19		37	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	813	116	5	116		232	17
18	Leasehold Improvement-Add-on Improvement, fixture bas	1980	69		23			69	18
19	Leasehold Improvement-Add-on Improvement, lighting bas	2001	119		5			119	19
20	Leasehold Improvements-fire extinguisher	2007	22	4	5	4		6	20
21	Leasehold Improvements-paving/glasswork/hvac/carpe	2008	392	24	5	24		24	21
22									22
23									23
24	Related Party-AMS:								24
25	Leasehold Improvement-Remodeling	1993	5,740		7			5,740	25
26	Leasehold Improvement-Remodeling	2002	4,699	671	7	671		3,944	26
27	Leasehold Improvement-Remodeling	2003	4,915	702	7	702		4,110	27
28									28
29									29
30	Forum Extended Care, LLC-building/building impro	1999	9,295	232	30	232		2,372	30
31	Adj for ABC related party profit	2008	(295)	(19)		(19)		(19)	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,725,220	\$ 281,681		\$ 293,684	\$ 12,003	\$ 4,792,754	34

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center # 0036244 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 455,196	\$ 40,848	\$ 40,848	\$	various	\$ 312,375	71
72	Current Year Purchases	153,143	6,497	6,497		various	5,676	72
73	Fully Depreciated Assets	800,505	7,403	7,403		various	800,505	73
74								74
75	TOTALS	\$ 1,408,844	\$ 54,748	\$ 54,748	\$		\$ 1,118,556	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	Various	'98-'04	4,563				3	4,563	79
80	TOTALS			\$ 4,563	\$	\$	\$		\$ 4,563	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$ 9,289,695 81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 336,429 82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 348,432 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)	\$ 5,915,873 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.



**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 nurses on site.</u></p>	<p>2. <b>CLASSROOM PORTION:</b></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. <b>CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

- (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.

**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)	
<b>TOTAL TRAINED</b>	

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8	
			Units of Service	Cost	Outside Practitioner (other than consultant)		Total Cost (Col. 3 + 5 + 6)							
					Units	Cost								
1	Licensed Occupational Therapist	39-3	hrs	\$				\$	159,470	\$		\$	159,470	1
2	Licensed Speech and Language Development Therapist	39-3	hrs						5,547				5,547	2
3	Licensed Recreational Therapist		hrs											3
4	Licensed Physical Therapist	39-3	hrs						125,142				125,142	4
5	Physician Care		visits											5
6	Dental Care		visits											6
7	Work Related Program		hrs											7
8	Habilitation		hrs											8
9	Pharmacy	See Pg 16A	# of prescripts							148,254			148,254	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs											10
11	Academic Education		hrs											11
12	Other (specify):	39-1, 39-3, if any												12
13	Other (specify):	See Pg 16A							(17,079)	134,141			117,062	13
14	TOTAL			\$				\$	273,080	\$	282,395	\$	555,475	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.

**UPDATED  
TV 03/17/09**

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	\$159,470.24
2. ST	39-3	To Col 5	5,547.33
3.			
4. PT	39-3	To Col 5	125,141.86
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			101,971.11
Manual Input from Related Party- Forum Drugs			46,283.00
			-----
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	148,254.11
			-----
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	(17,079.00)
Other			238,471.92
Manual Input: Related Party - Prism			(60,446.00)
Manual Input: Related Party FECL - I.V.			(72,188.00)
Oxygen, from reclass worksheet			28,303.00
			-----
13. Col 6: Supplies Total		To Col 6	134,140.92
			-----
13. Total Line 13, Column 8			117,061.92
			-----
14. Total			555,475.46
			=====

## STATE OF ILLINOIS

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Facility Name &amp; ID Number Alden Princeton Rehabilitation &amp; Health Care Center # 0036244 Report Period Beginning: 1/1/08

Ending: 12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/08 (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 103,000 )	1,674,809	3
4	Supply Inventory (priced at )	255	4
5	Short-Term Investments		5
6	Prepaid Insurance		6
7	Other Prepaid Expenses	2,988	7
8	Accounts Receivable (owners or related parties)		8
9	Other(specify): Due from 3rd Parties	37,400	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,715,452	10
<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable		11
12	Long-Term Investments	1,000,000	12
13	Land	155,893	13
14	Buildings, at Historical Cost	6,984,761	14
15	Leasehold Improvements, at Historical Cost	703,866	15
16	Equipment, at Historical Cost	439,059	16
17	Accumulated Depreciation (book methods)	(897,182)	17
18	Deferred Charges		18
19	Organization & Pre-Operating Costs		19
20	Accumulated Amortization - Organization & Pre-Operating Costs		20
21	Restricted Funds	600,365	21
22	Other Long-Term Assets (specify Refinancing Fee)	49,949	22
23	Other(specify):		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,245,743	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,961,195	25

	1	2	
	Operating	After Consolidation*	
<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 786,113	26
27	Officer's Accounts Payable		27
28	Accounts Payable-Patient Deposits	203,651	28
29	Short-Term Notes Payable		29
30	Accrued Salaries Payable	303,288	30
31	Accrued Taxes Payable (excluding real estate taxes)	53,757	31
32	Accrued Real Estate Taxes(Sch.IX-B)		32
33	Accrued Interest Payable	156,389	33
34	Deferred Compensation		34
35	Federal and State Income Taxes		35
<b>Other Current Liabilities(specify):</b>			
36	Accrued exp/Due to IDPA for Audits	41,562	36
37	Due to Affiliates	7,077,355	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 8,622,115	38
<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable		39
40	Mortgage Payable		40
41	Bonds Payable		41
42	Deferred Compensation		42
<b>Other Long-Term Liabilities(specify):</b>			
43			43
44	Shareholder Loans/Others	491,000	44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 491,000	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 9,113,115	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (6,151,920)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,961,195	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,270,040)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2007 cost report was		3
4	submitted. These have no effect on prior year's report:		4
5	Bad debt, Medicare revenues (non allowables)	20,566	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,249,474)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	97,554	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)	\$ 97,554	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)	\$ (6,151,920)	24 *

\* This must agree with page 17, line 47.

## STATE OF ILLINOIS

Facility Name &amp; ID Number Alden Princeton Rehabilitation &amp; Health Care Cen # 0036244 Report Period Beginning: 1/1/08

Page 19  
Ending: 12/31/08**VII. 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	\$ 8,564,600	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 8,564,600	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	64,870	6
7	Oxygen	65,058	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 129,928	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	(128)	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ (128)	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	57,757	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 57,757	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Gain on Sale of Fixed Assets/Misc income</b>	19,987	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 19,987	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 8,772,144	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,503,743	31
32	Health Care	3,074,642	32
33	General Administration	2,253,135	33
<b>B. Capital Expense</b>			
34	Ownership	1,088,942	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	630,602	35
36	Provider Participation Fee	123,526	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 8,674,590	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	97,554	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 97,554	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.

## STATE OF ILLINOIS

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

# 0036244

Report Period Beginning:

1/1/08

Ending:

12/31/08

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## Details of Page 19, Line 28

Jury Duty	87.00
Food rebate	843.00
Medical records	30.00
Adjustments to Prior Invoices	(1,780.00)
Gain on Sale of Fixed Assets	<u>20,807.00</u>
<b>Total</b>	<b><u><u>19,987.00</u></u></b>

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

# 0036244

Report Period Beginning: 1/1/08

Ending: 12/31/08

## 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	2,080	2,080	\$ 86,878	\$ 41.77	1
2	Assistant Director of Nursing	1,960	1,960	69,434	35.43	2
3	Registered Nurses	6,180	6,641	192,245	28.95	3
4	Licensed Practical Nurses	41,641	44,172	1,143,739	25.89	4
5	CNAs & Orderlies	70,228	76,046	820,104	10.78	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,770	2,032	24,206	11.91	8
9	Activity Director	1,896	1,936	36,291	18.75	9
10	Activity Assistants	5,422	5,895	51,121	8.67	10
11	Social Service Workers	1,648	1,683	31,837	18.92	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	47,002	22.60	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,353	22,485	227,753	10.13	15
16	Dishwashers					16
17	Maintenance Workers	2,064	2,080	46,411	22.31	17
18	Housekeepers	19,534	21,283	222,071	10.43	18
19	Laundry	7,320	7,569	75,577	9.99	19
20	Administrator	2,072	2,080	88,625	42.61	20
21	Assistant Administrator	560	560	13,462	24.04	21
22	Other Administrative	6,791	6,846	145,038	21.19	22
23	Office Manager	2,096	2,096	29,161	13.91	23
24	Clerical	2,736	2,884	24,057	8.34	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director	307	307	4,446	14.48	27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,080	60,524	29.10	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behav.Clin.Dir/Co	9,090	9,344	180,387	19.31	32
33	Other(specify Beh.Secur. & Secu	8,063	8,338	87,029	10.44	33
34	TOTAL (lines 1 - 33)	217,971	232,477	\$ 3,707,398 *	\$ 15.95	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	900/month	\$ 10,800	1-3	35
36	Medical Director	3317/month	39,800	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	396/month	4,752	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	202/month	2,424	11-3	44
45	Social Service Consultant	22/month	264	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 58,040		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

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

# 0036244

Report Period Beginning: 1/1/08

Ending: 12/31/08

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Hannelore Kish	Asst Administrator	0	\$ 13,462	Workers' Compensation Insurance	\$ 78,649	IDPH License Fee	\$ 788	
Marcelino Villafania	Administrator	0	88,625	Unemployment Compensation Insurance	83,017	Advertising: Employee Recruitment	788	
				FICA Taxes	278,519	Health Care Worker Background Check (Indicate # of checks performed <u>61</u> )	610	
				Employee Health Insurance	62,023	Patient Background Checks <u>118</u>	1,180	
				Employee Meals	26,899	Surety Bond Fees	659	
				Illinois Municipal Retirement Fund (IMRF)*		IL Health Care Association	10,185	
				Union, Health and Welfare	83,040			
				Dental & Life	710			
				Pension	26,652			
				Relations, Misc Payroll Costs, Drug Tests, Vaccinations, 401k match	15,629	Rel Party - AMS (6A)	679	
				Backout benefit - mktg	(2,687)	Less: Public Relations Expense ( )		
				Chicago Head Tax	5,590	Non-allowable advertising ( )		
						Yellow page advertising ( )		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 102,087	TOTAL (agree to Schedule V, line 22, col.8)	\$ 658,041	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 14,101	
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	
							Rel Party - AMS (6A)	4,367
							Seminar Expense	
							Deming Leadership Training	3,951
							Long Term Care/Health Care	3,188
							Service Training	2,122
							Entertainment Expense ( )	
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL	\$ 13,628
C. Professional Services								
Vendor/Payee	Type		Amount					
AMS	Management Fees		\$ 648,225					
Ken Fisch	Legal Fees		40,371					
First Advantage Corp	Tax Consulting		10,313					
Pathway-reclassified to Nurs.	Clinical Support		16,697					
IL Association of Health Care	Union Matters		2,700					
Ungaretti & Harris	Legal Fees		1,729					
BDO Seidman	Accounting Fees		2,450					
Virchow Krause	Accounting Fees		1,200					
Medifax	Billing Consultant		736					
Martin Malin	Legal Fees		600					
AMS - Legal	Legal Fees		500					
Ava Daly/various	various		468					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 725,989					

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden - Princeton Rehabilitation and Health Care Center, Inc  
Legal Fee Support  
2008

Pg 21A

Legal Fees Reported on Pg 21, Section C:	45,900.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(37,021.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>-</u>
<b>Allowable Legal Fees</b>	<b><u><u>8,879.00</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	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3	Alden Bennet Constructio	11/02	4,749	15	317	317	317	317	317	317	317	317
4	GT Mech-dining room fan	2005	3,614	5		301	723	723	723	723	421	
5	GT Mech-chiller assembly	2005	2,579	5		129	516	516	516	516	386	
6	Climate Service	1/95	4,318	15	288	288	288	288	288	288	288	288
7	Air Unit Repair	5/96	1,800	15	120	120	120	120	120	120	120	120
8	Motor HVAC	6/96	1,475	15	98	98	98	98	98	98	98	98
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 18,535		\$ 823	\$ 1,253	\$ 2,062	\$ 2,062	\$ 2,062	\$ 2,062	\$ 1,630	\$ 823

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. Il. Health Care Assn. \$10,185
- (3) Did the nursing home make political contributions or payments to a political organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 30,007 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. \$ 123,526  
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 benefit: on Schedule V. \$ 26,899 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. \$ 0
- (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. Audit is of "The Alden Group Ltd"
- (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.