

		FOR BHF USE					

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2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0036244</u></p> <p>Facility Name: <u>Alden Princeton Rehabilitation & Health Care Center</u></p> <p>Address: <u>255 West 69th Street</u> <u>Chicago</u> <u>60621</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 224 - 5900</u> Fax # <u>(773) 224 - 7157</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>08/24/90</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 286-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/10</u> to <u>12/31/10</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;"> (Signed) _____ (Type or Print Name) <u>Joan Carl</u> (Title) <u>Vice-President</u> </td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;"> (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u> </td> </tr> </table> <p align="right"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Joan Carl</u> (Title) <u>Vice-President</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Joan Carl</u> (Title) <u>Vice-President</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>							

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

0036244 Report Period Beginning: 1/1/10 Ending: 12/31/10

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	225	Skilled (SNF)	225	82,125	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	225	TOTALS	225	82,125	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	Private Pay	4 Other	Total	
8	SNF	9,710	266	4,303	14,279	8
9	SNF/PED					9
10	ICF	38,096	440		38,536	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	47,806	706	4,303	52,815	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.31%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 07/01/90

J. Was the facility purchased or leased after January 1, 1978?
YES Date 07/01/90 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 225 and days of care provided 3,192

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Car # 0036244 Report Period Beginning: 1/1/10 Ending: 12/31/10

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	291,746	25,085	21,800	338,631	1,538	340,169	(2,726)	337,443		1
2	Food Purchase		343,683		343,683	(30,963)	312,720	(49,154)	263,566		2
3	Housekeeping	245,607	56,732		302,339	1,219	303,558	6,468	310,026		3
4	Laundry	53,315	19,862	45	73,222	371	73,593		73,593		4
5	Heat and Other Utilities			187,803	187,803		187,803	1,959	189,762		5
6	Maintenance	40,010		198,459	238,469	10,733	249,202	27,828	277,030		6
7	Other (specify):* Related Party Benefits			18	18		18	7,765	7,783		7
8	TOTAL General Services	630,678	445,362	408,125	1,484,165	(17,102)	1,467,063	(7,860)	1,459,203		8
	B. Health Care and Programs										
9	Medical Director			30,250	30,250		30,250		30,250		9
10	Nursing and Medical Records	2,468,873	168,978	7,355	2,645,206	(6,982)	2,638,224	58,598	2,696,822		10
10a	Therapy	80,096	500	11,788	92,384		92,384		92,384		10a
11	Activities	387,112	15,277	4,559	406,948	140	407,088		407,088		11
12	Social Services	34,985			34,985		34,985		34,985		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefits							8,191	8,191		15
16	TOTAL Health Care and Programs	2,971,066	184,755	53,952	3,209,773	(6,842)	3,202,931	66,789	3,269,720		16
	C. General Administration										
17	Administrative	169,918			169,918		169,918	108,009	277,927		17
18	Directors Fees										18
19	Professional Services			682,926	682,926	(10,333)	672,593	(590,417)	82,176		19
20	Dues, Fees, Subscriptions & Promotions			86,094	86,094		86,094	(68,656)	17,438		20
21	Clerical & General Office Expenses	202,947	32,478	70,491	305,916	(10,005)	295,911	274,861	570,772		21
22	Employee Benefits & Payroll Taxes			724,598	724,598	21,875	746,473	(11,067)	735,406		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,781	5,781		5,781	2,775	8,556		24
25	Other Admin. Staff Transportation			322	322		322	14,870	15,192		25
26	Insurance-Prop.Liab.Malpractice			236,236	236,236		236,236	6,642	242,878		26
27	Other (specify):* Related Party Benefits			158,477	158,477		158,477	(98,267)	60,210		27
28	TOTAL General Administration	372,865	32,478	1,964,925	2,370,268	1,537	2,371,805	(361,250)	2,010,555		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,974,609	662,595	2,427,002	7,064,206	(22,407)	7,041,799	(302,321)	6,739,478		29

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

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

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Center #0036244 Report Period Beginning: 1/1/10 Ending: 12/31/10

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			55,894	55,894		55,894	299,800	355,694			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			153,959	153,959		153,959	330,269	484,228			32
33	Real Estate Taxes			231,497	231,497	(231,497)		236,602	236,602			33
34	Rent-Facility & Grounds			618,000	618,000	231,497	849,497	(849,497)				34
35	Rent-Equipment & Vehicles			13,937	13,937		13,937	38,145	52,082			35
36	Other (specify):* MIP							36,475	36,475			36
37	TOTAL Ownership			1,073,287	1,073,287		1,073,287	91,794	1,165,081			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		219,364	328,159	547,523	22,407	569,930	(103,720)	466,210			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			123,189	123,189		123,189		123,189			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		219,364	451,348	670,712	22,407	693,119	(103,720)	589,399			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,974,609	881,959	3,951,637	8,808,205		8,808,205	(314,247)	8,493,958			45

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

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2010

Report Period Ending: 12/31/2010

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(30,963.00)	Employee Meals
	22	30,963.00	Employee Meals
22		(9,088.00)	Uniforms
	1	1,538.00	Uniforms
	3	1,219.00	Uniforms
	4	371.00	Uniforms
	6	49.00	Uniforms
	10	5,092.00	Uniforms
	11	140.00	Uniforms
	21	679.00	Uniforms
10		(22,407.00)	Oxygen - to appropriate cost center (5341)
	39	22,407.00	Oxygen - to appropriate cost center
33		(231,497.00)	Rent - Real Estate Tax on associated landowner (Pg 6) 7003
	34	231,497.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(10,684.00)	Vendor Settlements 7143
	6	10,684.00	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(10,333.00)	Clinical Coordinators (Pathway Billing) 6809
	10	10,333.00	Clinical Coordinators (Pathway Billing)

Net

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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	(690)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	12,003	30		9
10	Interest and Other Investment Income	(37,966)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(390)	2		13
14	Non-Care Related Interest	(29,785)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(1,553)	21		17
18	Fines and Penalties	(16,477)	32		18
19	Entertainment	(1,574)	20		19
20	Contributions	(15,854)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(24,906)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(158,477)	27		24
25	Fund Raising, Advertising and Promotional	(19,866)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (295,535)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	159,939	Various	34
35	Other- Attach Schedule	(178,651)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (18,712)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (314,247)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Alden Princeton Rehabilitation & Health Care Center

ID# 0036244

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (988)	5	1
2	Intercompany Interests	(104,881)	32	2
3	Misc Income - medical records	(52)	10	3
4	Misc Income - food rebate	(2,111)	2	4
5	back out Marketing manager Salaries	(60,705)	21	5
6	back out Employee benefit - Mktg manager Salaries	(11,067)	22	6
7	back out IHCA PAC Fees	(3,643)	20	7
8	Deming Leadership Training adjustment	(1,050)	24	8
9	add back prior years Tax Refund		33	9
10	reduce depreciation - pg 13 items<\$2,500	(17,662)	30	10
11	Expense current year purchases - pg 13 items<\$2,500	5,167	6	11
12	Expense capital items <\$2,500 on pg 13 Rel Party		6	12
13	Correct depreciation for 2009 chiller adjustments	17,522	30	13
14	adj for ABC related party profit - pg 12	(38)	30	14
15	adj depreciation expense		30	15
16	adj for ABC related party profit - pg 12	(8)	30	16
17	adj for ABC related party profit - pg 12	(43)	30	17
18	Bank Charges - PRN LLC		21	18
19	Risk Management Exp adj		19	19
20				20
21				21
22	expense capital items - pg 12 items<\$2,500 PRN LLC	0	6	22
23				23
24	Deferred Maintenance Adjustment	908	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	Total	(178,651)		49

STATE OF ILLINOIS

Summary A

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

0036244

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	4,797	(7,523)	0	0	0	0	0	0	0	(2,726)	1
2	Food Purchase	(2,501)	0	0	(46,653)	0	0	0	0	0	0	0	(49,154)	2
3	Housekeeping	0	0	6,468	0	0	0	0	0	0	0	0	6,468	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(988)	0	2,947	0	0	0	0	0	0	0	0	1,959	5
6	Maintenance	5,385	0	22,952	0	0	0	(509)	0	0	0	0	27,828	6
7	Other (specify):*	0	0	6,570	1,195	0	0	0	0	0	0	0	7,765	7
8	TOTAL General Services	1,896	0	43,734	(52,981)	0	0	(509)	0	0	0	0	(7,860)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(52)	0	54,881	512	3,257	0	0	0	0	0	0	58,598	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	8,191	0	0	0	0	0	0	0	0	8,191	15
16	TOTAL Health Care and Programs	(52)	0	63,072	512	3,257	0	0	0	0	0	0	66,789	16
	C. General Administration													
17	Administrative	0	0	108,009	0	0	0	0	0	0	0	0	108,009	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(24,906)	20,485	(585,996)	0	0	0	0	0	0	0	0	(590,417)	19
20	Fees, Subscriptions & Promotions	(40,937)	0	(27,719)	0	0	0	0	0	0	0	0	(68,656)	20
21	Clerical & General Office Expenses	(62,258)	24,821	274,988	21,347	15,963	0	0	0	0	0	0	274,861	21
22	Employee Benefits & Payroll Taxes	(11,067)	0	0	0	0	0	0	0	0	0	0	(11,067)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,050)	0	3,825	0	0	0	0	0	0	0	0	2,775	24
25	Other Admin. Staff Transportation	0	0	14,870	0	0	0	0	0	0	0	0	14,870	25
26	Insurance-Prop.Liab.Malpractice	0	6,487	155	0	0	0	0	0	0	0	0	6,642	26
27	Other (specify):*	(158,477)	0	56,474	2,797	939	0	0	0	0	0	0	(98,267)	27
28	TOTAL General Administration	(298,695)	51,793	(155,394)	24,144	16,902	0	0	0	0	0	0	(361,250)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(296,851)	51,793	(48,588)	(28,325)	20,159	0	(509)	0	0	0	0	(302,321)	29

STATE OF ILLINOIS

Summary B

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

0036244

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	11,774	286,477	1,549	0	0	0	0	0	0	0	0	299,800	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(189,109)	459,331	59,510	0	537	0	0	0	0	0	0	330,269	32
33	Real Estate Taxes	0	231,497	4,912	0	193	0	0	0	0	0	0	236,602	33
34	Rent-Facility & Grounds	0	(849,497)	0	0	0	0	0	0	0	0	0	(849,497)	34
35	Rent-Equipment & Vehicles	0	0	38,145	0	0	0	0	0	0	0	0	38,145	35
36	Other (specify):*	0	36,475	0	0	0	0	0	0	0	0	0	36,475	36
37	TOTAL Ownership	(177,335)	164,283	104,116	0	730	0	0	0	0	0	0	91,794	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(14,951)	(14,520)	(74,249)	0	0	0	0	0	(103,720)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(14,951)	(14,520)	(74,249)	0	0	0	0	0	(103,720)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(474,186)	216,076	55,528	(43,276)	6,369	(74,249)	(509)	0	0	0	0	(314,247)	45

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	\$ 849,497	Princeton Associates I L.L.C.	0.00%	\$	\$ (849,497)	1
2	V	32 Investment Income RR	611	Princeton Associates I L.L.C.			(611)	2
3	V	19 Accounting Fees		Princeton Associates I L.L.C.		10,492	10,492	3
4	V	33 Real Estate Tax		Princeton Associates I L.L.C.		231,497	231,497	4
5	V	26 Property & Liability Insurance		Princeton Associates I L.L.C.		6,487	6,487	5
6	V	32 Interest on Mortgage Note		Princeton Associates I L.L.C.		414,772	414,772	6
7	V	32 Interest on Operating Loss Loan		Princeton Associates I L.L.C.		43,145	43,145	7
8	V	36 Mortgage Insurance Premium		Princeton Associates I L.L.C.		36,475	36,475	8
9	V	30 Depreciation		Princeton Associates I L.L.C.		286,477	286,477	9
10	V	32 Amortization		Princeton Associates I L.L.C.		2,025	2,025	10
11	V	21 Misc Administrative Expenses		Princeton Associates I L.L.C.		24,821	24,821	11
12	V	19 Professional Fees		Princeton Associates I L.L.C.		9,993	9,993	12
13	V							13
14	Total		\$ 850,108			\$ 1,066,184	\$ * 216,076	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%	\$ 2,947	\$ 2,947 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		3,825	3,825 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,870	14,870 17
18	V	26 Insurance		Alden Management Services, Inc.		155	155 18
19	V	20 Dues and Subscription	29,004	Alden Management Services, Inc.		1,285	(27,719) 19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549	1,549 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		4,912	4,912 21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		38,145	38,145 22
23	V	32 Interest		Alden Management Services, Inc.		59,510	59,510 23
24	V	1 Dietary		Alden Management Services, Inc.		4,797	4,797 24
25	V	3 Housekeeping		Alden Management Services, Inc.		6,468	6,468 25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		6,570	6,570 26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		54,881	54,881 27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		8,191	8,191 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		108,009	108,009 29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		56,474	56,474 30
31	V	19 Professional Fee	636,991	Alden Management Services, Inc.		50,995	(585,996) 31
32	V	21 General and Administrative		Alden Management Services, Inc.		274,988	274,988 32
33	V	6 Repairs and Maintenance	19,992	Alden Management Services, Inc.		42,944	22,952 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 685,987			\$ 741,515	\$ * 55,528 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	\$ 21,800	Prism Health Care Services, Inc.	0.00%	\$ 3,090	\$ (18,710)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		11,187	11,187
17	V	2 Tube Feeding	78,099	Prism Health Care Services, Inc.		31,446	(46,653)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Ancillary Supplies	35,741	Prism Health Care Services, Inc.		20,790	(14,951)
20	V	21 Salary - G & A		Prism Health Care Services, Inc.		14,983	14,983
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		2,797	2,797
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,195	1,195
23	V	21 General and Administrative		Prism Health Care Services, Inc.		6,364	6,364
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		\$ 142,300			\$ 99,024	\$ * (43,276)

* 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>	\$ 99,683	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 140,187	\$ 40,504
16	V	39 <u>IV</u>	59,570	<u>Forum Extended Care Services II, Inc.</u>		7,387	(52,183)
17	V	39 <u>Wound Care</u>	13,497	<u>Forum Extended Care Services II, Inc.</u>		10,656	(2,841)
18	V	10 <u>House Stock</u>	10,195	<u>Forum Extended Care Services II, Inc.</u>		9,369	(826)
19	V	10 <u>Pharmacy Consultant</u>	5,939	<u>Forum Extended Care Services II, Inc.</u>		10,022	4,083
20	V	27 <u>Employee Vaccination</u>	1,329	<u>Forum Extended Care Services II, Inc.</u>		1,050	(279)
21	V	27 <u>Employee Benefit: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		1,218	1,218
22	V	21 <u>Salary: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		9,783	9,783
23	V	21 <u>General and Administrative</u>		<u>Forum Extended Care Services II, Inc.</u>		6,180	6,180
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		537	537
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		193	193
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		\$ 190,213			\$ 196,582	\$ * 6,369

* 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	\$ 322,610	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 248,361	\$ (74,249)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 322,610			\$ 248,361	\$ * (74,249)

* 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	\$ 41,616	Alden Bennett Construction Company, Inc.	0.00%	\$ 41,107	\$	(509)	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		\$ 41,616			\$ 41,107	\$ *	(509)	39

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

Alden Princeton Rehabilitation & Health Care Center Provider No. 0036244

Report Period Beginning:

1/1/10

Ending: 12/31/10

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 Gardens of Bloomingdale, Inc.	Bloomingdale	Supportive Living Facility
Alden of Old Town East, Inc.	Bloomingdale	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.	Bloomingdale	Community Physical Therapy & Associates, Ltd.	Addison	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingdale	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.	Bloomingdale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingdale			
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.	Bloomingdale			
Alden Village North, Inc.	Chicago			
Alden Estates of Skokie, Inc.	Skokie			
Alden Estates of Countryside, Inc.	Jefferson, WI			

Facility Name & ID Number Alden Princeton Rehabilitation & Health Ca # 0036244 Report Period Beginning: 1/1/10 Ending: 12/31/10

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	177,388	1.644	4.11	Salary	\$ 7,612	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,816	1.644	4.11	Salary	2,824	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,894	1.644	4.11	Salary	1,626	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 12,062		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: 1/1/10 Ending: 12/31/10

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	1,283,623	33	\$ 71,628	\$ 52,815	\$ 2,947	1
2	24	Travel/Seminar	Patient days	1,283,623	33	92,957	52,815	3,825	2
3	25	Other Admin Travel	Patient days	1,283,623	33	361,409	52,815	14,870	3
4	26	Insurance	Patient days	1,283,623	33	3,773	52,815	155	4
5	20	Dues/Subscriptions	Patient days	1,283,623	33	31,234	52,815	1,285	5
6	30	Depreciation	No. of Providers	33	33	64,513	1	1,549	6
7	33	Real Estate Tax	Patient days	1,283,623	33	135,456	52,815	4,912	7
8	35	Rent-Equip & Vehicles	Patient days	1,283,623	33	927,091	52,815	38,145	8
9	32	Interest	Patient days	1,283,623	33	1,179,658	52,815	59,510	9
10	1	Diet. Salary	Patient days	1,283,623	33	116,597	116,597	4,797	10
11	3	Housekeeping Salary	Patient days	1,283,623	33	157,195	157,195	6,468	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,283,623	33	159,672	52,815	6,570	12
13	10	Nurs & Med Record Salary	Patient days	1,283,623	33	1,369,902	1,369,902	54,881	13
14	15	Employee Benefits-Health Care	Patient days	1,283,623	33	199,071	52,815	8,191	14
15	17	Administrative Salary	Patient days	1,283,623	33	2,862,453	2,862,453	108,009	15
16	27	Employee Benefits-Administr.	Patient days	1,283,623	33	1,372,540	52,815	56,474	16
17	19	Professional Fees	Patient days	1,283,623	33	1,239,391	672,679	50,995	17
18	21	Gen'l & Administrative	Patient days	1,283,623	33	6,683,349	5,909,984	274,988	18
19	6	Repairs & Maniten.	Patient days	1,283,623	33	1,043,713	824,986	42,944	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 741,515	25

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care # 0036244 Report Period Beginning: 1/1/10 Ending: 12/31/10

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										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Cambridge(2505-101/7057)		x	Operations	\$4,158.00	2/2003	\$ 738,400	\$ 695,034	12/12/2042	6.1800	\$ 43,145	1							
2	Cambridge(2505/7055)		x	Mortgage	\$39,970.00	2/2003	7,098,500	6,681,608	12/31/2042	6.1800	414,772	2							
3												3							
4	Amortization-Fin/Refin Fee		x								2,025	4							
5	Insurance Interest		x	Medical Malpractice							2,816	5							
Working Capital																			
6	Related party-AMS		x	Working Capital							59,510	6							
7	Related party-FECH		x	Working Capital							537	7							
8												8							
9	TOTAL Facility Related				\$44,128.00		\$ 7,836,900	\$ 7,376,642			\$ 522,805	9							
B. Non-Facility Related*																			
10	Interest Income-Repl Reserve		x								(611)	10							
11	Interest Income(4646/4975/4979)		x								(37,966)	11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (38,577)	14							
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 7,376,642			\$ 484,228	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 36,475 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.)

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Princeton Rehabilitation & Health Care Center 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 2009 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 2009.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>287,845.00</u>	\$ <u>4,912.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,344.00</u>	\$ <u>193.00</u>
3. <u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,568.00</u>	\$ <u>14,568.00</u>
4. <u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	\$ <u>13,020.00</u>	\$ <u>13,020.00</u>
5. <u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>49,566.00</u>	\$ <u>49,566.00</u>
6. <u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>73,353.00</u>	\$ <u>73,353.00</u>
7. <u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	\$ <u>13,479.00</u>	\$ <u>13,479.00</u>
8. <u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>12,928.00</u>	\$ <u>12,928.00</u>
9. <u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>759.00</u>	\$ <u>759.00</u>
10. <u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	\$ <u>73,324.00</u>	\$ <u>73,324.00</u>
TOTALS		\$ <u><u>574,186.00</u></u>	\$ <u><u>256,102.00</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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 Rehabilitation & Health Care Center

0036244

Report Period Beginning:

1/1/10

Ending:

12/31/10

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

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

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

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Report Period Beginning:

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

	1	2	3	4	5	6	7	8	9		
	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	4,740,707	4
5											5
6			1992	1992	44,020	280	30	1,467	1,187	27,015	6
7			1993	1993	30,616	692	30	1,021	329	18,645	7
8											8
		Improvement Type**									
9		FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC	1991		7,180		VARIOUS			7,180	9
10		EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/	1992		10,511		VARIOUS			10,511	10
11		WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES	1993		24,066		VARIOUS			24,066	11
12		DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU	1995		27,107	1,431	VARIOUS	1,431		24,651	12
13		NEW CARPETING	1996		1,400		10			1,400	13
14		COIL REPLACEMENT(AIR CONDITIONER)	1996		4,821		10			4,821	14
15		CEILING REPAIRS	1996		1,700		12			1,700	15
16		INSTALL SB 35 PUMP	1997		3,287		10			3,287	16
17		SEAL COATING/PATCHING	1997		2,300		5			2,300	17
18		REPAIR KEBO LIFT	1997		1,917		5			1,917	18
19		LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)	1998		6,800		10			6,800	19
20		SHINE-RITE(STRIP & REFINISH FLOORS)	1998		6,000		10			6,000	20
21		CORONET MFG	1998		8,970		10			8,970	21
22		REEDY EQ.(REPAIR DISHWASHERS)	1998		4,612		10			4,612	22
23		JP Graham(installation)	1999		2,781		10			2,781	23
24		Northtown (repair steamer)	1999		1,674		10			1,674	24
25		Rykoff Sexton(kitchen supplies)	1999		2,337		10			2,337	25
26		Long Elevator(repair water damage)	1999		2,949		10			2,949	26
27		Fox Valley(fire alarm inspection)	1999		2,000	133	15	133		1,487	27
28		ABC(construction management)	1999		785		5			785	28
29		Kraft Paper (desk & chairs)	1999		2,023	135	15	135		1,495	29
30		Climate Services(exhaust roof top repair)	1999		2,143		10			2,143	30
31		New Horizons(install phones and wall mounts)	1999		5,848		10			5,848	31
32		ABC:Carpentry labor	1999		2,460		10			2,460	32
33		ABC:Resilient flooring	1999		3,996		10			3,996	33
34		Equipment International (dryer fan blade)	2000		602	6	10	6		602	34
35		CSI-Coker Service (repair steam table)	2000		1,151	10	10	10		1,151	35
36		Fox Valley(fire alarm inspection)	2000		776	5	10	5		776	36

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

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

See Page 12A, Line 70 for total

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

0036244

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Equipment International (motor repair - washer)	2000	\$ 1,106	\$ 8	10	\$ 8		\$ 1,106	37
38	Climate Service (replace hot water valve)	2000	1,303	12	10	12		1,303	38
39	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051	18	10	18		1,051	39
40	DePaul Plumbing (instal water line of outside sprinkler system)	2000	7,054	178	10	178		7,054	40
41	Alden Bennett Construction (time & material billing by facility)	2000	11,158	557	10	557		11,158	41
42	Fox Valley Fire & Safety (rep faulty devices from fire alarm)	2000	1,672	111	15	111		1,159	42
43	SKI-COKER SERVICE (dishwasher repair)	2000	1,834	93	10	93		1,834	43
44	Alden Bennett Construction (time & material billing)	2000	7,777	517	10	517		7,777	44
45	Fox Valley (fire alarm repair)	2000	2,338	194	10	194		2,338	45
46	ALDEN DESIGN (oxygen site plan)	2000	663	40	10	40		663	46
47	ALDEN DESIGN (oxygen site plan)	2000	357	20	10	20		357	47
48	ALDEN DESIGN (install medical gas system)	2000	1,540	90	10	90		1,540	48
49	ALDEN DESIGN (plat of survey)	2000	756	55	10	55		756	49
50	Alden Bennett Construction (oxygen tank installation)	2001	23,815	2,382	10	2,382		22,428	50
51	Alden Bennett Construction (lighting fixtures)	2001	63,680	6,368	10	6,368		62,619	51
52	New Horizons Communication (No Invoice)	2001	6,287	628	10	628		6,287	52
53	GT Mechanical Inc (exhaust fan in laundry room)	2001	2,475	165	15	165		1,650	53
54	CSL-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		2,319	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		897	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		2,814	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		3,197	60
61	Fire Pros (control panel repair)	2001	5,425		10			5,425	61
62	Alden Bennett (miscell construction)	2001	2,876	288	10	288		2,662	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		4,885	64
65	Alden bennet -- window sills	2002	8,139	814	10	814		7,122	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		12,957	67
68	Simplex Grinnell (4 doors)	2003	4,391	439	10	439		3,476	68
69	Alden Bennett Construction (time & material billing by facility)	2003	20,159	2,016	10	2,016		15,960	69
70	TOTAL (lines 4 thru 69)		\$ 7,382,913	\$ 241,517		\$ 253,520	\$ 12,003	\$ 5,128,755	70

**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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,382,913	\$ 241,517		\$ 253,520	\$ 12,003	\$ 5,128,755	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		2,449	3
4	TNS Inc (DSL Cable)	2004	1,178		5			1,178	4
5	Alden Bennett Const (curries flat bar,fire rated access panel)	2004	1,229		5			1,229	5
6	Alden Bennett Const (installed fire damper)	2004	2,628	263	10	263		1,775	6
7	Alden Bennett Const (bathroom floors)	2004	3,945	395	10	395		2,402	7
8	Alden Bennett Construction (Boiler repairs)	2004	2,746		5			2,746	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821	582	10	582		4,074	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489	149	10	149		1,043	10
11	GT Mechanical (Fan coil replacement)	2004	746	75	10	75		518	11
12	CSI Coker Service (steamer, food processor, coffee ura repairs)	2004	1,948		5			1,948	12
13	GT Mechanical (air controler,thermostat,switches replaced)	2004	1,966		10			1,966	13
14	Long Elevator (replaced car button, single phase rectifier)	2004	1,800		5			1,800	14
15	GT Mechanical - chiller	2004			5			1,628	15
16	Patten CAT (Generator repairs) (AMS Billings)	2004	2,660		5			2,660	16
17	Patten CAT (Generator repairs) (AMS Billings)	2004	1,594		5			1,594	17
18	Equipment International (Dryer repairs)	2004	2,950		5			2,950	18
19	Capps Plumbing (Sink & Boiler repairs)	2004	1,865		5			1,865	19
20	Alden Bennett (27-Thermal Units-Furnished & Installed)	2005	5,716	381	15	381		2,667	20
21	BROLOC Brolin Lock And Safe	2005	3,855	386	10	386		2,187	21
22	Patten CAT (0105 AMS Billings)(Vehicle Air Induct & Exhaust Sy	2005	1,986		5			1,986	22
23	GT Mechanical (Wiring,Fan Coil Replacement, Valve repairs)	2005	1,763	28	5	28		1,763	23
24	GT Mechanical (Rooftop exhaust Fan belt repairs)	2005	2,409	80	5	80		2,409	24
25	GT Mechanical (A/H 3 repairs)	2005	1,556	79	5	79		1,556	25
26	Patten CAT (0705 AMS Billings)(Remove and Install transfer swit	2005	10,964	1,096	5	1,096		10,964	26
27	ABC (Roof Repairs)	2005	2,511	294	5	294		2,511	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,467,513	\$ 245,659		\$ 257,662	\$ 12,003	\$ 5,204,558	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

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,467,513	\$ 245,659		\$ 257,662	\$ 12,003	\$ 5,204,558	1
2	Brolin Locks and Safe (cylinders, entry levers)	2006	4,134	827	5	827		3,308	2
3	ABC (new pump alternator)	2006	5,438	1,088	5	1,088		4,352	3
4	GT Mechanical (cooling tower, IO board, condenser)	2006	2,724		5			2,724	4
5	GT Mechanical (cooling tower, IO board, condenser)	2006						6,376	5
6	ABC - AC compressor	2006						3,643	6
7	ABC (repair supplies, paint,surface cap)	2006	3,199	640	5	640		2,080	7
8	ABC (new transformer)	2006	8,185	819	10	819		2,566	8
9	ABC (new compressor)	2006	21,154	2,115	10	2,115		8,989	9
10	ABC (exhaust fan)	2006	2,801	560	5	560		2,333	10
11	A&B Custom Cable (install cable TV system)	2006	13,500	1,350	10	1,350		5,400	11
12									12
13	Fence	2007	2,813	281	10	281		984	13
14	ABC - paint facility	2007	2,589	259	10	259		1,014	14
15	ABC - electrical security system	2007	13,341	1,334	10	1,334		5,124	15
16	TopNotch - 2HP motor	2007	2,909	291	10	291		1,115	16
17	GT Mech - air compressor	2007			5			3,360	17
18	ABC - bathroom vinyl sheet flooring	2007	4,305	431	10	431		1,544	18
19	ABC - HVAC	2007			10			6,000	19
20	ABC - new doors (exit and kitchen)	2007	3,183	318	10	318		1,087	20
21	ABC - new parts HVAC motor	2007			10			4,882	21
22	ABC - temp a/c	2007	10,135	2,027	5	2,027		6,757	22
23	New plumbing fixtures, electrical appliances	2007	4,091	818	5	818		2,522	23
24	New tiles,fixtures/window	2008	3,478	348	10	348		928	24
25	New sewage injector pump	2008	6,619	662	10	662		1,710	25
26									26
27									27
28									28
29	Replaced ceiling tiles	2008	2,927	293	10	293		659	29
30	Repair hvac 3 way valve	2008			10			4,518	30
31	New sewer line	2008	3,500	140	25	140		292	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,588,536	\$ 260,260		\$ 272,263	\$ 12,003	\$ 5,288,825	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:

1/1/10

Ending:

12/31/10

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		\$ 7,588,536	\$ 260,260		\$ 272,263	\$ 12,003	\$ 5,288,825	1
2	Forum Prof Ctr: Remodeling	1979	12,778		20			12,778	2
3	Forum Prof Ctr: Build Improv - multiple	1980	24,885		15			24,885	3
4	Forum Prof Ctr: Tennant Improv	1986	785		13			785	4
5	Forum Prof Ctr: AMS remodel	1990	5,337		10			5,337	5
6	Forum Prof Ctr: Roof	1994	2,815	175	16	175		2,815	6
7	Forum Prof Ctr: Build Improv-multiple	1995	993	62	16	62		927	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,568	112	10	112		1,517	8
9	Forum Prof Ctr: Remodel/electrical	2001	611	33	7	33		544	9
10	Forum Prof Ctr: bathroom remodel	2002	540	50	5	50		452	10
11	Forum Prof Ctr: remodel suites/etc.	2003	694	70	9	70		555	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,138	104	7	104		1,762	12
13	Forum Prof Ctr: Suite renovation	2005	432	62	10	62		485	13
14	Forum Prof Ctr: Superior installations, etc.	2006	85	12	4	12		85	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	415	65	7	65		215	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	346	60	7	60		142	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	715	68	7	68		82	17
18	Forum Prof Ctr: Building Renovations	2010	1,161	330	7	330		330	18
19	Alden Mgt Servs: Remodel suites	1993	7,174	23	7	23		7,163	19
20	Alden Mgt Servs: Remodel suites	2002	299		7			299	20
21	Alden Mgt Servs: Remodel suites	2003	6,486	161	7	161		6,474	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	Adjust for ABC Related Party Profit	2008	(295)	(38)		(38)		(85)	30
31	Adjust for ABC Related Party Profit	2009	(273)	(8)		(4)	4	(8)	31
32	Adjust for ABC Related Party Profit	2010	(2,940)	(43)		(43)		(43)	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,655,286	\$ 261,558		\$ 273,566	\$ 12,007	\$ 5,356,320	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:

1/1/10

Ending:

12/31/10

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 12D, Carried Forward		\$ 7,655,286	\$ 261,558		\$ 273,566	\$ 12,007	\$ 5,356,320	1
2	ABC - front entrance ramp oxygen transfilling pad	2009	5,123	256	20	256		314	2
3	ABC - ramp concrete at the entrance	2009	12,763	851	15	851		1,064	3
4	ABC - parking lot wall protection	2009	4,887	489	10	489		611	4
5	GT Mechanical - boiler #2 repairs	2009	7,016	1,403	5	1,403		2,689	5
6	ABC - replacement HVAC room coils	2009	3,975	795	5	795		861	6
7	GT Mechanical - heat exchanger	2009	3,529	706	5	706		1,294	7
8	ABC - replacement laundry door	2009	3,292	658	5	658		1,097	8
9	ABC - plumbing for hot water storage tank	2009	10,116	674	15	674		730	9
10	GT Mechanical - coil piping insulation	2009	12,656	2,531	5	2,531		3,586	10
11	Cable Satellite - outlets wiring	2009	6,800	680	10	680		907	11
12	GT Mechanical - cooling tower	2009	2,631	526	5	526		570	12
13									13
14	ABC - broken HVAC motor repairs	2009	2,742	548	5	548		731	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22	Chiller-2009	2009	274,071	18,271		18,271		22,839	22
23									23
24	ABC - tuckpointing entire o/s of building	2010	209,080	2,613	20	2,613		2,613	24
25	ABC - new windows	2010	2,725	250	10	250		250	25
26	ABC - new windows	2010	8,136	610	10	610		610	26
27	ABC - new windows	2010	20,306		10				27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,245,134	\$ 293,421		\$ 305,428	\$ 12,007	\$ 5,397,086	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 357,606	\$ 40,719	\$ 40,719	\$	various	\$ 114,673	71
72	Current Year Purchases	59,859	2,328	2,328		various	2,328	72
73	Fully Depreciated Assets	1,048,097	7,219	7,219		various	1,048,097	73
74								74
75	TOTALS	\$ 1,465,562	\$ 50,266	\$ 50,266	\$		\$ 1,165,098	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	various	98-02	4,148					4,148	79
80	TOTALS			\$ 4,148	\$	\$	\$		\$ 4,148	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)	\$ 9,865,912	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 343,687	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 355,694	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,007	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,566,332	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? YES NO

If NO, see instructions.

		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: \$ 12,376 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>25,967</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>25,967</u>	21

10. Effective dates of current rental agreement:

Beginning 10/01/90

Ending 9/20/22

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

Fiscal Year Ending Annual Rent

12. 12/31/2011 \$ varies

13. 12/31/2012 \$ varies

14. 12/31/2013 \$ 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	\$		\$ 154,183	\$		\$ 154,183	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			21,072			21,072	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			147,354			147,354	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				140,187		140,187	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>					(74,249)	77,663		3,414	13
14	TOTAL			\$		\$ 248,360	\$ 217,850		\$ 466,210	14

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

XIV. Special Services (Direct Cost)

Page 16

Col 5: PT,OT, & ST

Col 6: Supplies

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.	
1.	OT		39-3	To Col 5		154,183
2.	ST		39-3	To Col 5		21,072
3.						
4.	PT		39-3	To Col 5		147,354
5.						
6.						
7.						
8.	Pharmacy Supplies per GL					99,684
	Manual Input from Related Party- Forum Drugs					40,503
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		140,187
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		(74,249)
	Other					125,231
	Manual Input: Related Party - Prism					(14,951)
	Manual Input: Related Party FECII - I.V.					(52,183)
	Manual Input: Related Party FECII - Wound Care					(2,841)
	Oxygen, from reclass worksheet (Pg 4A)					22,407
13.	Col 6: Supplies Total			To Col 6		77,663
13.	Total Line 13, Column 8					3,414
14.	Total					466,210

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

Report Period Beginning: 1/1/10

Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>106,000</u>)	522,460	522,460	3
4	Supply Inventory (priced at)	255	255	4
5	Short-Term Investments			5
6	Prepaid Insurance		10,406	6
7	Other Prepaid Expenses	19,417	19,417	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	(80,706)	64,174	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 461,426	\$ 616,712	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,000,000	1,000,000	12
13	Land		155,893	13
14	Buildings, at Historical Cost		6,904,761	14
15	Leasehold Improvements, at Historical Cost	932,398	951,137	15
16	Equipment, at Historical Cost	593,567	1,928,936	16
17	Accumulated Depreciation (book methods)	(981,364)	(6,332,210)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>CIP,ReplResrvs,S/holders</u>)		517,011	22
23	Other(specify): <u>Refinancing Fees</u>		110,971	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,544,601	\$ 5,236,499	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,006,027	\$ 5,853,211	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 615,582	\$ 637,537	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	122,377	122,377	28
29	Short-Term Notes Payable		75,784	29
30	Accrued Salaries Payable	353,658	353,658	30
31	Accrued Taxes Payable (excluding real estate taxes)	56,129	56,129	31
32	Accrued Real Estate Taxes(Sch.IX-B)		258,500	32
33	Accrued Interest Payable	171,031	209,021	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	130,373	130,373	36
37	<u>Due to Affiliates</u>	931,293	931,293	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,380,443	\$ 2,774,672	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		687,893	39
40	Mortgage Payable		6,612,964	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	7,010,403	6,358,676	43
44	<u>S/holder loans, Others</u>	251,553	251,553	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,261,956	\$ 13,911,086	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,642,399	\$ 16,685,758	46
47	TOTAL EQUITY(page 18, line 24)	\$ (7,636,372)	\$ (10,832,547)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,006,027	\$ 5,853,211	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,940,056)	1
2	Restatements (describe):		2
3			3
4			4
5	Bad debt, Medicare revenues (non allowables)	9,224	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,930,832)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(705,540)	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)	\$ (705,540)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (7,636,372)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Princeton Rehabilitation & Health Care Cen # 0036244 Report Period Beginning: 1/1/10

Ending: 12/31/10

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,960,809	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,960,809	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	64,584	6
7	Oxygen	37,173	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 101,757	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	(30)	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		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ (30)	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	37,966	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 37,966	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	see page 19a	2,163	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,163	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,102,665	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,484,165	31
32	Health Care	3,209,773	32
33	General Administration	2,370,268	33
B. Capital Expense			
34	Ownership	1,073,287	34
C. Ancillary Expense			
35	Special Cost Centers	547,523	35
36	Provider Participation Fee	123,189	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,808,205	40
41	Income before Income Taxes (line 30 minus line 40)**	(705,540)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (705,540)	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 Num Alden Princeton Rehabilitation & Health Care Center

0036244

Report Period Beginning 1/1/10

Ending: 12/31/10

Details of Page 19, Line 28

Food Rebate	2,111.00
Jury Duty	52.00
	<hr/>
	2,163.00
	<hr/> <hr/>

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

0036244

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	3,056	3,080	\$ 123,515	\$ 40.10	1
2	Assistant Director of Nursing	1,272	1,352	46,059	34.07	2
3	Registered Nurses	10,991	11,425	341,344	29.88	3
4	Licensed Practical Nurses	36,609	39,283	996,147	25.36	4
5	CNAs & Orderlies	76,494	83,230	907,402	10.90	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,353	1,641	20,693	12.61	8
9	Activity Director	1,624	1,652	30,420	18.41	9
10	Activity Assistants	6,299	6,578	58,333	8.87	10
11	Social Service Workers	2,080	2,080	34,985	16.82	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	50,961	24.50	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,446	22,668	240,786	10.62	15
16	Dishwashers					16
17	Maintenance Workers	2,040	2,040	40,011	19.61	17
18	Housekeepers	21,107	23,099	245,607	10.63	18
19	Laundry	5,508	5,989	53,315	8.90	19
20	Administrator	2,160	2,160	87,239	40.39	20
21	Assistant Administrator	2,784	2,992	82,679	27.63	21
22	Other Administrative	8,272	8,352	210,412	25.19	22
23	Office Manager	2,064	2,080	31,227	15.01	23
24	Clerical	2,320	2,443	20,710	8.48	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,195	1,195	42,531	35.59	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	830	830	11,874	14.31	31
32	Other Health C: Behavior Dir/Cou	10,294	10,804	206,446	19.11	32
33	Other(specify) Behavior Security	8,963	9,532	91,913	9.64	33
34	TOTAL (lines 1 - 33)	229,841	246,585	\$ 3,974,609 *	\$ 16.12	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	1817/monthly	\$ 21,800	1-3	35
36	Medical Director	2521/monthly	30,250	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	89/monthly	1,073	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 57,875		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

Alden Princeton Rehabilitation & Health Care Center
Legal Fee Support
2010

Pg 21A

Legal Fees Reported on Pg 21, Section C:	25,543
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19.	(24,906)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	-
Allowable Legal Fees	<u><u>637</u></u>

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

0036244

Report Period Beginning: 1/1/10

Ending: 12/31/10

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

(See instructions.)

1	Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	5 Amount of Expense Amortized Per Year								
					6 FY2007	7 FY2008	8 FY2009	9 FY2010	10 FY2011	11 FY2012	12 FY2013	13 FY2014	14 FY2015
					1	Alden Bennet Constructio	11/02	\$ 4,749	15	\$ 317	\$ 317	\$ 317	\$ 317
2	GT Mech-dining room fan	2005	3,614	5	723	723	723	723	421				
3	GT Mech-chiller assembly	2005	2,579	5	516	516	516	516	386				
4	Climate Service	1/95	4,318	15	288	288	288	288					
5	Air Unit Repair	5/96	1,800	15	120	120	120	120	70				
6	Motor HVAC	6/96	1,475	15	98	98	98	98	49				
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 18,535		\$ 2,062	\$ 2,062	\$ 2,062	\$ 2,062	\$ 1,243	\$ 317	\$ 317	\$ 317	\$

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

0036244

Report Period Beginning: 1/1/10

Ending: 12/31/10

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$8,501 Il. Assoc. of HCF \$2,700
- (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. \$ 32,716 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. \$ 123,189
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. \$ 30,963 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: _____
- (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.