

		FOR BHF USE					

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2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

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

<p>I. IDPH License ID Number: <u>0036244</u></p> <p>Facility Name: <u>Alden Princeton Rehab & HCC</u></p> <p>Address: <u>255 West 69th Street</u> <u>Chicago</u> <u>60621</u> <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 align="center"> I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2014</u> to <u>12/31/2014</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 align="center"> 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:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;"> (Signed) _____ (Type or Print Name) <u>Steven Kroll</u> (Title) <u>Chief Financial Officer, Alden Management Services as agent</u> </td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;"> (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u> </td> </tr> </table> <p align="center"> 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>Steven Kroll</u> (Title) <u>Chief Financial Officer, Alden Management Services as agent</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input 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>Steven Kroll</u> (Title) <u>Chief Financial Officer, Alden Management Services as agent</u>							
Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>							

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	9,966	166	5,066	15,198	8
9	SNF/PED					9
10	ICF	44,485	1,088	656	46,229	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	54,451	1,254	5,722	61,427	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.80%

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 5,027

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	278,940	25,889	25,500	330,329	4,009	334,338	(9,797)	324,541		1
2	Food Purchase		448,501		448,501	(37,140)	411,361	(28,385)	382,976		2
3	Housekeeping	257,732	56,796		314,528	3,176	317,704	11,463	329,167		3
4	Laundry	55,025	28,964		83,989	966	84,955		84,955		4
5	Heat and Other Utilities			229,911	229,911		229,911	2,143	232,054		5
6	Maintenance	44,265		229,990	274,255	128	274,383	27,786	302,169		6
7	Other (specify):* related party							12,503	12,503		7
8	TOTAL General Services	635,962	560,150	485,401	1,681,513	(28,861)	1,652,652	15,713	1,668,365		8
	B. Health Care and Programs										
9	Medical Director			36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	2,600,650	205,040	18,450	2,824,140	(6,849)	2,817,291	66,555	2,883,846		10
10a	Therapy	108,674	4,622	40,544	153,840		153,840		153,840		10a
11	Activities	305,083	13,137	3,480	321,700	366	322,066		322,066		11
12	Social Services	40,097			40,097		40,097		40,097		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							10,027	10,027		15
16	TOTAL Health Care and Programs	3,054,504	222,799	98,474	3,375,777	(6,483)	3,369,294	76,582	3,445,876		16
	C. General Administration										
17	Administrative	151,345			151,345		151,345	160,735	312,080		17
18	Directors Fees										18
19	Professional Services			879,399	879,399		879,399	(776,365)	103,034		19
20	Dues, Fees, Subscriptions & Promotions			36,598	36,598		36,598	(14,996)	21,602		20
21	Clerical & General Office Expenses	182,148	17,606	116,285	316,039	1,770	317,809	419,594	737,403		21
22	Employee Benefits & Payroll Taxes			839,335	839,335	13,455	852,790	(155)	852,635		22
23	Inservice Training & Education										23
24	Travel and Seminar			275	275		275	2,126	2,401		24
25	Other Admin. Staff Transportation			4,592	4,592		4,592	20,415	25,007		25
26	Insurance-Prop.Liab.Malpractice			189,619	189,619		189,619	9,090	198,709		26
27	Other (specify):* related party			269,161	269,161		269,161	(182,582)	86,579		27
28	TOTAL General Administration	333,493	17,606	2,335,264	2,686,363	15,225	2,701,588	(362,138)	2,339,450		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,023,959	800,555	2,919,139	7,743,653	(20,119)	7,723,534	(269,843)	7,453,691		29

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

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

Facility Name & ID Number

Alden Princeton Rehab & HCC

#0036244

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			37,789	37,789		37,789	328,870	366,659			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			307,575	307,575		307,575	134,351	441,926			32
33	Real Estate Taxes							274,867	274,867			33
34	Rent-Facility & Grounds			780,335	780,335		780,335	(780,335)				34
35	Rent-Equipment & Vehicles			16,881	16,881		16,881	67,334	84,215			35
36	Other (specify):* MIP							34,659	34,659			36
37	TOTAL Ownership			1,142,580	1,142,580		1,142,580	59,746	1,202,326			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		446,614	556,312	1,002,926	20,119	1,023,045	(134,849)	888,196			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			470,095	470,095		470,095		470,095			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		446,614	1,026,407	1,473,021	20,119	1,493,140	(134,849)	1,358,291			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,023,959	1,247,169	5,088,126	10,359,254		10,359,254	(344,946)	10,014,308			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		\$ (37,140.00)	Employee Meals
	22	\$ 37,140.00	Employee Meals
22		\$ (23,685.00)	Uniforms
	1	\$ 4,009.00	Uniforms
	3	\$ 3,176.00	Uniforms
	4	\$ 966.00	Uniforms
	6	\$ 128.00	Uniforms
	10	\$ 13,270.00	Uniforms
	11	\$ 366.00	Uniforms
	21	\$ 1,770.00	Uniforms
10		\$ (20,119.00)	Oxygen - to appropriate cost center
	39	\$ 20,119.00	Oxygen - to appropriate cost center
		<u>\$ -</u>	

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	(5,830)	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	(37,887)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(422)	2		13
14	Non-Care Related Interest	(11,250)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(27,382)	21		17
18	Fines and Penalties	(148,795)	32		18
19	Entertainment	(1,365)	20		19
20	Contributions	16,354	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,742)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(269,161)	27		24
25	Fund Raising, Advertising and Promotional	(9,863)	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)	\$ (487,340)		\$	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)	213,006		34
35	Other- Attach Schedule	(70,612)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 142,394		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (344,946)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Alden Princeton Rehab & HCCID# 0036244Report Period Beginning: 01/01/2014Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Elim Deprec Exp on Pg 12, <\$2,500	\$ (2,139)	30	1
2	Elim Deprec Exp on Pg 13, <\$2,500	(14,408)	30	2
3	Exp Pg12 items <\$2,500 - current yr purch	0	6	3
4	Exp Pg13 items <\$2,500 - current yr purch	15,060	6	4
5				5
6	Late Fees on Utilities	(2,100)	5	6
7	Intercompany Interests (Midcap)	(142,402)	32	7
8				8
9	Misc Income - jury duty	(155)	22	9
10	Misc Income - Food Rebate	(362)	2	10
11	Elim marketing gas/travel gls 6974/6975	(352)	20	11
12	add back: Real Estate Tax Refund	76,242	33	12
13	Correct add'l related party marketing fees	2,464	20	13
14				14
15	back out: bank charges - Princeton LLC	(96)	21	15
16	adj for ABC related party profit 2008-2014	(68)	30	16
17	adjust depreciation expense	(2,030)	30	17
18	Vendors discount	(18)	10	18
19	collection fees	(248)	21	19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				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		(70,612)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,420	(13,217)	0	0	0	0	0	0	0	(9,797)	1
2	Food Purchase	(784)	0	0	(27,601)	0	0	0	0	0	0	0	(28,385)	2
3	Housekeeping	0	0	11,463	0	0	0	0	0	0	0	0	11,463	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,100)	0	4,243	0	0	0	0	0	0	0	0	2,143	5
6	Maintenance	9,230	10,152	8,170	0	0	0	(64)	298	0	0	0	27,786	6
7	Other (specify):*	0	0	10,425	2,078	0	0	0	0	0	0	0	12,503	7
8	TOTAL General Services	6,346	10,152	37,721	(38,740)	0	0	(64)	298	0	0	0	15,713	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	(18)	0	69,200	(58)	(2,569)	0	0	0	0	0	0	66,555	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	10,027	0	0	0	0	0	0	0	0	10,027	15
16	TOTAL Health Care and Programs	(18)	0	79,227	(58)	(2,569)	0	0	0	0	0	0	76,582	16
	C. General Administration													
17	Administrative	0	0	160,735	0	0	0	0	0	0	0	0	160,735	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,742)	33,278	(805,901)	0	0	0	0	0	0	0	0	(776,365)	19
20	Fees, Subscriptions & Promotions	7,238	0	(22,234)	0	0	0	0	0	0	0	0	(14,996)	20
21	Clerical & General Office Expenses	(27,726)	309	370,869	54,921	21,221	0	0	0	0	0	0	419,594	21
22	Employee Benefits & Payroll Taxes	(155)	0	0	0	0	0	0	0	0	0	0	(155)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,126	0	0	0	0	0	0	0	0	2,126	24
25	Other Admin. Staff Transportation	0	0	20,415	0	0	0	0	0	0	0	0	20,415	25
26	Insurance-Prop.Liab.Malpractice	0	8,799	291	0	0	0	0	0	0	0	0	9,090	26
27	Other (specify):*	(269,161)	0	79,662	5,399	1,518	0	0	0	0	0	0	(182,582)	27
28	TOTAL General Administration	(293,546)	42,386	(194,037)	60,320	22,739	0	0	0	0	0	0	(362,138)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(287,218)	52,538	(77,089)	21,522	20,170	0	(64)	298	0	0	0	(269,843)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(6,642)	331,522	3,990	0	0	0	0	0	0	0	0	328,870	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(340,334)	321,242	152,985	0	458	0	0	0	0	0	0	134,351	32
33	Real Estate Taxes	76,242	191,494	7,188	0	(57)	0	0	0	0	0	0	274,867	33
34	Rent-Facility & Grounds	0	(780,335)	0	0	0	0	0	0	0	0	0	(780,335)	34
35	Rent-Equipment & Vehicles	0	0	67,334	0	0	0	0	0	0	0	0	67,334	35
36	Other (specify):*	0	34,659	0	0	0	0	0	0	0	0	0	34,659	36
37	TOTAL Ownership	(270,734)	98,582	231,497	0	401	0	0	0	0	0	0	59,746	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	(98,848)	(39,125)	3,124	0	0	0	0	0	(134,849)	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	(98,848)	(39,125)	3,124	0	0	0	0	0	(134,849)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(557,952)	151,120	154,408	(77,326)	(18,554)	3,124	(64)	298	0	0	0	(344,946)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG6-Supp		See PG6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 780,335	Princeton Associates I, L.L.C.	0.00%	\$	\$ (780,335)	1
2	V	32 Invest. Income RR/ Int. Income	190	Princeton Associates I, L.L.C.			(190)	2
3	V	19 Accounting/Professional		Princeton Associates I, L.L.C.		7,750	7,750	3
4	V	33 Real Estate Tax		Princeton Associates I, L.L.C.		191,494	191,494	4
5	V	26 Property & Liability Insurance		Princeton Associates I, L.L.C.		8,799	8,799	5
6	V	32 Interest on Mortgage Note		Princeton Associates I, L.L.C.		315,596	315,596	6
7	V	36 Mortgage Insurance Premium		Princeton Associates I, L.L.C.		34,659	34,659	7
8	V	30 Depreciation		Princeton Associates I, L.L.C.		331,522	331,522	8
9	V	32 Amortization		Princeton Associates I, L.L.C.		5,836	5,836	9
10	V	21 Misc. Cost/Report fees		Princeton Associates I, L.L.C.		309	309	10
11	V	19 Bank Fees		Princeton Associates I, L.L.C.		96	96	11
12	V	6 Repairs & Maintenance - RR		Princeton Associates I, L.L.C.		10,152	10,152	12
13	V	19 Legal Fees: Non-Collections		Princeton Associates I, L.L.C.		25,432	25,432	13
14	Total		\$ 780,525			\$ 931,645	\$ * 151,120	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,243	\$ 4,243 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		2,126	2,126 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		20,415	20,415 17
18	V	26 Insurance		Alden Management Services, Inc.		291	291 18
19	V	20 Dues and Subscription	27,281	Alden Management Services, Inc.		5,047	(22,234) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,990	3,990 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		7,188	7,188 21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		67,334	67,334 22
23	V	32 Interest		Alden Management Services, Inc.		152,985	152,985 23
24	V	1 Dietary		Alden Management Services, Inc.		3,420	3,420 24
25	V	3 Housekeeping		Alden Management Services, Inc.		11,463	11,463 25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		10,425	10,425 26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		69,200	69,200 27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		10,027	10,027 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		160,735	160,735 29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		79,662	79,662 30
31	V	19 Professional Fee	859,449	Alden Management Services, Inc.		53,548	(805,901) 31
32	V	21 General and Administrative		Alden Management Services, Inc.		370,869	370,869 32
33	V	6 Repairs and Maintenance	48,650	Alden Management Services, Inc.		56,820	8,170 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 935,380			\$ 1,089,788	\$ * 154,408 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 Dietary Consultant	\$ 25,500	Prism Health Care Services, Inc.	0.00%	\$ 61	\$ (25,439)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		12,222	12,222	16
17	V	2 Tube Feeding	86,916	Prism Health Care Services, Inc.		59,315	(27,601)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		6,602	(58)	18
19	V	39 Ancillary Supplies	170,964	Prism Health Care Services, Inc.		72,116	(98,848)	19
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.				20
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		32,468	32,468	21
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		5,399	5,399	22
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		2,078	2,078	23
24	V	21 General & Administrative		Prism Health Care Services, Inc.		22,453	22,453	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		\$ 290,040			\$ 212,714	\$ * (77,326)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 125,388	Forum Extended Care Services II, Inc.	0.00%	\$ 106,232	\$ (19,156)
16	V	39 IV	83,309	Forum Extended Care Services II, Inc.		70,581	(12,728)
17	V	39 Wound Care	47,396	Forum Extended Care Services II, Inc.		40,155	(7,241)
18	V	10 House Stock	12,061	Forum Extended Care Services II, Inc.		10,218	(1,843)
19	V	10 Pharmacy Consultant	4,752	Forum Extended Care Services II, Inc.		4,026	(726)
20	V	27 Employee Vaccination	1,584	Forum Extended Care Services II, Inc.		1,342	(242)
21	V	27 Employee Benefit: G & A		Forum Extended Care Services II, Inc.		1,760	1,760
22	V	21 Salary: G & A		Forum Extended Care Services II, Inc.		11,671	11,671
23	V	21 General and Administrative		Forum Extended Care Services II, Inc.		9,550	9,550
24	V	32 Interest		Forum Extended Care Services II, Inc.		458	458
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		(57)	(57)
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		\$ 274,490			\$ 255,936	\$ * (18,554)

* 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	\$ 579,167	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 582,291	\$ 3,124	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		\$ 579,167			\$ 582,291	\$ *	3,124	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 repairs and maintenance	\$ 33,520	Alden Bennett Construction Company, Inc.	0.00%	\$ 33,456	\$ (64)
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		\$ 33,520			\$ 33,456	\$ * (64)

* 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 & Maintenance	\$ 1,422	Alden Design Group, Inc.	0.00%	\$ 1,720	\$ 298	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		\$ 1,422			\$ 1,720	\$ *	298	39

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

Facility Name & ID Number

Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 A.	President	CEO	100.00	176,108	1.924	4.81	Salary	\$ 8,892	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	90,434	1.924	4.81	Salary	4,566	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	90,434	1.924	4.81	Salary	4,566	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	95,423	1.924	4.81	Salary	4,818	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	57,999	1.924	4.81	Salary	2,929	21-7	5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12											12
13								TOTAL	\$ 25,771		13

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

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

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

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	1,278,025	35	\$ 88,281	\$ 61,428	\$ 4,243	1	
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	61,428	2,126	2	
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	61,428	20,415	3	
4	26	Insurance	Patient Days	1,278,025	35	6,060	61,428	291	4	
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	61,428	5,047	5	
6	30	Depreciation	No of Providers/usage	35	35	150,051	1	3,990	6	
7	33	Real Estate Tax	Patient Days/usage	1,278,025	35	171,564	61,428	7,188	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	61,428	67,334	8	
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	61,428	152,985	9	
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	61,428	3,420	10	
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	238,482	61,428	11,463	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	61,428	10,425	12	
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	1,414,605	61,428	69,200	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	61,428	10,027	14	
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	3,718,414	61,428	160,735	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	61,428	79,662	16	
17	19	Professional fees	Charge/usage	1,278,025	35	1,311,498	850,594	61,428	53,548	17
18	21	Gen'I & Admin	Patient Days/usage	1,278,025	35	7,716,027	6,669,245	61,428	370,869	18
19	6	Repair & Maint.	Charge/usage	1,278,025	35	1,444,891	1,161,005	61,428	56,820	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 1,089,788	25	

Facility Name & ID Number

Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10	11						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
	A. Directly Facility Related																	
	Long-Term																	
1	Cambridge (2021/2505/7055)		X	Mortgage	\$33,587.00	2/01/2011	\$ 7,836,900	\$ 7,527,999	03/01/2051	4.1700	\$ 315,596	1						
2												2						
3												3						
4	Insurance Interest (GL07053)		X	Medical Malpractice							5,128	4						
5	Amort-Refi Fees (GL 7105)		x	Working Capital							5,837	5						
	Working Capital																	
6	Related party-AMS		X	Working Capital							152,985	6						
7	Related party-FECII		X	Working Capital							458	7						
8												8						
9	TOTAL Facility Related				\$33,587.00		\$ 7,836,900	\$ 7,527,999			\$ 480,004	9						
	B. Non-Facility Related*																	
10	Int Income - R.R. (GL 4972)		X								(191)	10						
11	Int Income (GL#4975/4979)		X								(37,887)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (38,078)	14						
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 7,527,999			\$ 441,926	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 34,659 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1.	Real Estate Tax accrual used on 2013 report.			\$	268,500	1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	264,136	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	(4,364)	3
4.	Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	272,100	4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	267,736	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	7,131.00	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	274,867	
Real Estate Tax Bill for Calendar Year:		2009	250,997	8	FOR BHF USE ONLY	
		2010	261,964	9	13	FROM R. E. TAX STATEMENT FOR 2013 \$ 13
		2011	260,669	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
		2012	260,609	11	15	LESS REFUND FROM LINE 6 \$ 15
		2013	264,136	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
The current year accrual is based on an estimated 3% increase of the prior year tax						

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 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 2013.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>317,349.00</u>	\$ <u>7,188.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(57.00)</u>
3. <u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>15,333.67</u>	\$ <u>15,333.67</u>
4. <u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	\$ <u>13,749.74</u>	\$ <u>13,749.74</u>
5. <u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>52,113.06</u>	\$ <u>52,113.06</u>
6. <u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>77,065.92</u>	\$ <u>77,065.92</u>
7. <u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,295.69</u>	\$ <u>14,295.69</u>
8. <u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>13,666.05</u>	\$ <u>13,666.05</u>
9. <u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>881.53</u>	\$ <u>881.53</u>
10. <u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	\$ <u>77,030.32</u>	\$ <u>77,030.32</u>
TOTALS		\$ <u><u>572,318.98</u></u>	\$ <u><u>271,266.98</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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

X. BUILDING AND GENERAL INFORMATION:

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).
none

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>66,775</u>	<u>1991</u>	<u>\$ 1,137,260</u>	1
2					2
3	TOTALS	<u>66,775</u>		<u>\$ 1,137,260</u>	3

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	225		1990	1989	\$ 6,937,625	\$ 220,767	30	\$ 231,254	\$ 10,487	\$ 5,665,723	4
5											5
6			1992	1992	44,020	280	30	1,467	1,187	32,883	6
7			1993	1993	30,616	692	30	1,021	329	22,729	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/I	1992		10,511		VARIOUS			10,511	10
11		WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES	1993		24,066		VARIOUS			24,066	11
12		DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU	1995		27,107		VARIOUS			27,107	12
13		NEW CARPETING	1996		1,400		10			1,400	13
14		COIL REPLACEMENT(AIR CONDITIONER)	1996		4,821		10			4,821	14
15		CEILING REPAIRS	1996		1,700		12			1,700	15
16		INSTALL SB 35 PUMP	1997		3,287		10			3,287	16
17		SEAL COATING/PATCHING	1997		2,300		5			2,300	17
18		REPAIR KEBO LIFT	1997		1,917		5			1,917	18
19		LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)	1998		6,800		10			6,800	19
20		SHINE-RITE(STRIP & REFINISH FLOORS)	1998		6,000		10			6,000	20
21		CORONET MFG	1998		8,970		10			8,970	21
22		REEDY EQ.(REPAIR DISHWASHERS)	1998		4,612		10			4,612	22
23		JP Graham(installation)	1999		2,781		10			2,781	23
24		Northtown (repair steamer)	1999		1,674		10			1,674	24
25		Rykoff Sexton(kitchen supplies)	1999		2,337		10			2,337	25
26		Long Elevator(repair water damage)	1999		2,949		10			2,949	26
27		Fox Valley(fire alarm inspection)	1999		2,000	114	15	114		2,000	27
28		ABC(construction management)	1999		785		5			785	28
29		Kraft Paper (desk & chairs)	1999		2,023	123	15	123		2,023	29
30		Climate Services(exhaust roof top repair)	1999		2,143		10			2,143	30
31		New Horizons(install phones and wall mounts)	1999		5,848		10			5,848	31
32		ABC:Carpentry labor	1999		2,460		10			2,460	32
33		ABC:Resilient flooring	1999		3,996		10			3,996	33
34		Equipment International (dryer fan blade)	2000		602		10			602	34
35		CSI-Coker Service (repair steam table)	2000		1,151		10			1,151	35
36		Fox Valley(fire alarm inspection)	2000		776		10			776	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Equipment International (motor repair - washer)	2000	\$ 1,106	\$	10	\$	\$	\$ 1,106	37
38	Climate Service (replace hot water valve)	2000	1,303		10			1,303	38
39	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051		10			1,051	39
40	DePaul Plumbing (instal water line of outside sprinkler system)	2000	7,054		10			7,054	40
41	Alden Bennett Construction (time & material billing by facility)	2000	11,158		10			11,158	41
42	Fox Valley Fire & Safety (rep faulty devices from fire alarm)	2000	1,672	111	15	111		1,603	42
43	SKI-COKER SERVICE (dishwasher repair)	2000	1,834		10			1,834	43
44	Alden Bennett Construction (time & material billing)	2000	7,777		10			7,777	44
45	Fox Valley (fire alarm repair)	2000	2,338		10			2,338	45
46	ALDEN DESIGN (oxygen site plan)	2000	663		10			663	46
47	ALDEN DESIGN (oxygen site plan)	2000	357		10			357	47
48	ALDEN DESIGN (install medical gas system)	2000	1,540		10			1,540	48
49	ALDEN DESIGN (plat of survey)	2000	756		10			756	49
50	Alden Bennett Construction (oxygen tank installation)	2001	23,815		10			23,815	50
51	Alden Bennett Construction (lighting fixtures)	2001	63,680		10			63,680	51
52	New Horizons Communication (No Invoice)	2001	6,287		10			6,287	52
53	GT Mechanical Inc (exhaust fan in laundry room)	2001	2,475	165	15	165		2,310	53
54	CSI-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		3,263	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		1,269	55
56	Equipment Int'l (washer repair)	2001	1,110		5			1,110	56
57	GT Mechanical Inc (repair freezer)	2001	2,886		5			2,886	57
58	Alden Bennett (miscell construction)	2001	2,913		10			2,913	58
59	Hobart (installed amps for serving steamers)	2001	1,828		5			1,828	59
60	Capps (install preasure reading valve)	2001	3,485		10			3,485	60
61	Fire Pros (control panel repair)	2001	5,425		10			5,425	61
62	Alden Bennett (miscell construction)	2001	2,876		10			2,876	62
63	Alden Bennett (miscell construction)	2001	1,622		5			1,622	63
64	Fire Pros (control panel repair)	2002	5,425		10			5,425	64
65	Alden bennet -- window sills	2002	8,139		10			8,139	65
66	GT Mechincal -- repair chiller	2002	3,449		5			3,449	66
67	Alden bennet - nursing call system install	2002	23,320	1,555	15	1,555		19,177	67
68	Simplex Grinnell (4 doors)	2003	4,391		10			4,391	68
69	Alden Bennett Construction (time & material billing by facility)	2003	20,159		10			20,159	69
70	TOTAL (lines 4 thru 69)		\$ 7,382,913	\$ 224,135		\$ 236,138	\$ 12,003	\$ 6,085,580	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,382,913	\$ 224,135		\$ 236,138	\$ 12,003	\$ 6,085,580	1
2	D. B. S. Contracting (sprinkler system)	2003	15,935		3			15,935	2
3	Alden Bennett Construction (lamps)	2003	3,339		10			3,339	3
4	TNS Inc (DSL Cable)	2004	1,178		5			1,178	4
5	Alden Bennett Const (curries flat bar,fire rated access panel)	2004	1,229		5			1,229	5
6	Alden Bennett Const (installed fire damper)	2004	2,628	64	10	64		2,628	6
7	Alden Bennett Const (bathroom floors)	2004	3,945	358	10	358		3,945	7
8	Alden Bennett Construction (Boiler repairs)	2004	2,746		5			2,746	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821		10			5,821	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489		10			1,489	10
11	GT Mechanical (Fan coil replacement)	2004	746		10			746	11
12	CSI Coker Service (steamer, food processor, coffee ura repairs)	2004	1,948		5			1,948	12
13	GT Mechanical (air controler,thermostat,switches replaced)	2004	1,966		10			1,966	13
14	Long Elevator (replaced car button, single phase rectifier)	2004	1,800		5			1,800	14
15	GT Mechanical - chiller	2004			5			1,628	15
16	Patten CAT (Generator repairs) (AMS Billings)	2004	2,660		5			2,660	16
17	Patten CAT (Generator repairs) (AMS Billings)	2004	1,594		5			1,594	17
18	Equipment International (Dryer repairs)	2004	2,950		5			2,950	18
19	Capps Plumbing (Sink & Boiler repairs)	2004	1,865		5			1,865	19
20	Alden Bennett (27-Thermal Units-Furnished & Installed)	2005	5,716	381	15	381		3,810	20
21	BROLOC Brolin Lock And Safe	2005	3,855	386	10	386		3,431	21
22	Patten CAT (0105 AMS Billings)(Vehicle Air Induct & Exhaust Sy	2005	1,986		5			1,986	22
23	GT Mechanical (Wiring,Fan Coil Replacement, Valve repairs)	2005	1,763		5			1,763	23
24	GT Mechanical (Rooftop exhaust Fan belt repairs)	2005	2,409		5			2,409	24
25	GT Mechanical (A/H 3 repairs)	2005	1,556		5			1,556	25
26	Patten CAT (0705 AMS Billings)(Remove and Install transfer switc	2005	10,964		5			10,964	26
27	ABC (Roof Repairs)	2005	2,511		5			2,511	27
28	Brolin Locks and Safe (cylinders, entry levers)	2006	4,134		5			4,134	28
29	ABC (new pump alternator)	2006	5,438		5			5,438	29
30	GT Mechanical (cooling tower, IO board, condenser)	2006	2,724		5			2,724	30
31	GT Mechanical (cooling tower, IO board, condenser)	2006						6,376	31
32	ABC - AC compressor	2006						3,643	32
33	ABC (repair supplies, paint,surface cap)	2006	3,199		5			3,199	33
34	TOTAL (lines 1 thru 33)		\$ 7,483,008	\$ 225,324		\$ 237,327	\$ 12,003	\$ 6,194,991	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,483,008	\$ 225,324		\$ 237,327	\$ 12,003	\$ 6,194,991	1
2	ABC (new transformer)	2006	8,185	819	10	819		5,842	2
3	ABC (new compressor)	2006	21,154	2,115	10	2,115		17,449	3
4	ABC (exhaust fan)	2006	2,801		5			2,801	4
5	A&B Custom Cable (install cable TV system)	2006	13,500	1,350	10	1,350		10,800	5
6	Fence	2007	2,813	281	10	281		2,108	6
7	ABC - paint facility	2007	2,589	259	10	259		2,050	7
8	ABC - electrical security system	2007	13,341	1,334	10	1,334		10,470	8
9	TopNotch - 2HP motor	2007	2,909	291	10	291		2,279	9
10	GT Mech - air compressor	2007			5			3,360	10
11	ABC - bathroom vinyl sheet flooring	2007	4,305	431	10	431		3,268	11
12	ABC - HVAC	2007			10			6,000	12
13	ABC - new doors (exit and kitchen)	2007	3,183	318	10	318		2,359	13
14	ABC - new parts HVAC motor	2007			10			4,882	14
15	ABC - temp a/c	2007	10,135		5			10,135	15
16	New plumbing fixtures, electrical appliances	2007	4,091		5			4,091	16
17	New tiles, fixtures/window	2008	3,478	348	10	348		2,320	17
18	New sewage injector pump	2008	6,619	662	10	662		4,358	18
19	Replaced ceiling tiles	2008	2,927	293	10	293		1,831	19
20	Repair hvac 3 way valve	2008			10			4,518	20
21	New sewer line	2008	3,500	140	25	140		852	21
22	ABC - front entrance ramp oxygen transfilling pad	2009	5,123	256	20	256		1,338	22
23	ABC - ramp concrete at the entrance	2009	12,763	851	15	851		4,468	23
24	ABC - parking lot wall protection	2009	4,887	489	10	489		2,567	24
25	GT Mechanical - boiler #2 repairs	2009	7,016	118	5	118		7,016	25
26	ABC - replacement HVAC room coils	2009	3,975	729	5	729		3,975	26
27	GT Mechanical - heat exchanger	2009	3,529	117	5	117		3,529	27
28	ABC - replacement laundry door	2009	3,292	221	5	221		3,292	28
29	ABC - plumbing for hot water storage tank	2009	10,116	674	15	674		3,426	29
30	GT Mechanical - coil piping insulation	2009	12,656	1,477	5	1,477		12,656	30
31	Cable Satellite - outlets wiring	2009	6,800	680	10	680		3,627	31
32	GT Mechanical - cooling tower	2009	2,631	483	5	483		2,631	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,661,324	\$ 240,061		\$ 252,064	\$ 12,003	\$ 6,345,289	34

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

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,661,324	\$ 240,061		\$ 252,064	\$ 12,003	\$ 6,345,289	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27	Adjust for ABC related party profit	2008	(295)	(38)		(38)		(237)	27
28	Adjust for ABC related party profit	2009	(273)	(8)		(8)		(40)	28
29	Adjust for ABC related party profit	2010	(2,940)	(43)		(43)		(215)	29
30	Adjust for ABC related party profit	2011	289	2		2		(7)	30
31	Adjust for ABC related party profit	2012	2,124	152		152		(376)	31
32	Adjust for ABC related party profit	2013	45	2		2		(3)	32
33	Adjust for ABC related party profit	2014							33
34	TOTAL (lines 1 thru 33)		\$ 7,750,729	\$ 241,432		\$ 253,435	\$ 12,003	\$ 6,426,445	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,750,729	\$ 241,432		\$ 253,435	\$ 12,003	\$ 6,426,445	1
2	ABC - broken HVAC motor repairs	2009	2,742	367	5	367		2,742	2
3	Chiller-2009	2009	274,071	18,271		18,271		95,923	3
4	ABC - tuckpointing entire o/s of building	2010	209,080	10,454	20	10,454		44,429	4
5	ABC - new windows	2010	2,725	273	10	273		1,342	5
6	ABC - new windows	2010	8,136	814	10	814		3,866	6
7	ABC - new windows	2010	20,306	2,031	10	2,031		10,155	7
8	ABC - fire dampers & seal walls/floors	2011	18,500	1,850	10	1,850		6,783	8
9	ABC - fire dampers for toilet exhaust	2011	17,741	1,774	10	1,774		6,357	9
10	Oak Fire - replace 380 fusible links	2011	12,772	2,554	5	2,554		9,152	10
11	ABC - Drywall, bathroom	2012	12,313	821	15	821		2,121	11
12	JDROOF - Roof repair	2012	3,200	640	5	640		1,340	12
13	ABC - Raise bathroom walls	2012	4,351	218	20	218		527	13
14	ABC - Bathroom walls	2012	15,118	756	20	756		1,827	14
15	Repair Door Closer	2012	2,616	523	5	523		1,395	15
16	ABC - HVAC/Chase Wall for duct	2013	3,312	221	15	221		331	16
17	Kone Inc - Elevator major repair	2013	6,151	1,230	5	1,230		1,845	17
18									18
19	ABC - Fire Alarm Control Panel	2014	11,050	46	20	46		46	19
20	ABC - window replacement	2014	2,967	148	10	148		148	20
21	ABC - bolts, doors, auto flush	2014	3,010	201	5	201		201	21
22	J&D Sons - roof repair	2014	4,350	145	5	145		145	22
23	TopNotch - dishwasher motor	2014	5,994	100	5	100		100	23
24	TopNotch - new dishwasher	2014	3,164	158	5	158		158	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,394,398	\$ 285,027		\$ 297,030	\$ 12,003	\$ 6,617,378	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 559,913	\$ 59,219	\$ 59,219	\$	varies	\$ 225,144	71
72	Current Year Purchases	39,845	2,605	2,605		varies	1,789	72
73	Fully Depreciated Assets	1,199,709	7,805	7,805		varies	1,199,709	73
74								74
75	TOTALS	\$ 1,799,467	\$ 69,629	\$ 69,629	\$		\$ 1,426,642	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	4,026				3	4,026	77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,335,150	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 354,656	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 366,659	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,003	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,048,046	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 10/01/90

Ending 09/20/22

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

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. 12/31/2015 \$ varies

13. 12/31/2016 \$ varies

14. 12/31/2017 \$ varies

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 23,242 Description: copy machine GL 6861 and equipment lease 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>24,755</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>24,755</u>	21

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	249,677	\$		\$	249,677	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				43,052				43,052	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				254,994				254,994	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					106,232			106,232	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					3,124	231,117			234,241	13
14	TOTAL			\$		\$	550,847	\$	337,349	\$	888,196	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		
1.	OT		39-3	To Col 5		\$249,677.00	
2.	ST		39-3	To Col 5		43,052.00	
3.							
4.	PT		39-3	To Col 5		254,994.00	
5.							
6.							
7.							
8.	Pharmacy Supplies per GL					125,388.00	
	Manual Input from Related Party- Forum Drugs					(19,156.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		106,232.00	653,955.00
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		0.00	
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		0.00	
	Total Exceptional Care (Line 12, Col 8)					0.00	0.00
13.	Other:	See Pg 16A					

13. Col 5: Manual Input: Related Party - CPT	To Col 5		3,124.00	From Page 6D
Other		329,815.00		
Manual Input: Related Party - Prism		(98,848.00)		From Page 6B
Manual Input: Related Party FECII - I.V.		(12,728.00)		From Page 6C
Manual Input: Related Party FECII - Wound Care		(7,241.00)		From Page 6C
Oxygen, from reclass worksheet (Pg 4A)		20,119.00		
13. Col 6: Supplies Total	To Col 6	231,117.00	231,117.00	
13. Total Line 13, Column 8		0.00	234,241.00	
14. Total		0.00	888,196.00	

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 43,173	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (204,217))	2,243,414	2,243,414	3
4	Supply Inventory (priced at)	5,153	5,153	4
5	Short-Term Investments			5
6	Prepaid Insurance		17,156	6
7	Other Prepaid Expenses	12,692	12,692	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Party</u>	1,791	152,953	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,263,050	\$ 2,474,541	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,000,000	1,000,000	12
13	Land		155,893	13
14	Buildings, at Historical Cost		7,188,717	14
15	Leasehold Improvements, at Historical Cost	699,226	699,226	15
16	Equipment, at Historical Cost	621,237	2,425,272	16
17	Accumulated Depreciation (book methods)	(1,173,592)	(7,793,508)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec RR)		228,379	22
23	Other(specify): <u>Refinancing Fee</u>		130,853	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,146,871	\$ 4,034,832	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,409,921	\$ 6,509,373	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 522,817	\$ 522,817	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	152,121	152,121	28
29	Short-Term Notes Payable		90,848	29
30	Accrued Salaries Payable	456,686	456,686	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,417	24,417	31
32	Accrued Real Estate Taxes(Sch.IX-B)		272,100	32
33	Accrued Interest Payable	227,123	253,283	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins, d/t PA, Sales Tac, etc</u>	210,614	210,614	36
37	<u>Due to Affiliates</u>	1,111,629	1,111,629	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,705,407	\$ 3,094,515	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,437,151	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	6,931,027	6,646,033	43
44	<u>Shareholders Loan, others</u>	250,000	250,000	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,181,027	\$ 14,333,184	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,886,434	\$ 17,427,699	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,476,513)	\$ (10,918,326)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,409,921	\$ 6,509,373	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,085,574)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,085,574)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	609,061	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)	\$ 609,061	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (6,476,513)	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,821,342	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,821,342	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	99,300	6
7	Oxygen	7,246	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 106,546	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	37,887	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 37,887	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A	2,540	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,540	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,968,315	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,681,513	31
32	Health Care	3,375,777	32
33	General Administration	2,686,363	33
B. Capital Expense			
34	Ownership	1,142,580	34
C. Ancillary Expense			
35	Special Cost Centers	1,002,926	35
36	Provider Participation Fee	470,095	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,359,254	40
41	Income before Income Taxes (line 30 minus line 40)**	609,061	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 609,061	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,283,362	44
45	Private Pay - Net Inpatient Revenue	150,647	45
46	Medicare - Net Inpatient Revenue	2,245,263	46
47	Other-(specify) Hospice	102,734	47
48	Other-(specify) Veterans/Sales Allow.	39,336	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,821,342	49

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

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

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

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

STATE OF ILLINOIS

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2014 Ending: _____

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Jury Duty	\$ 155
Food Rebate	\$ 362
Prior Expense Adjustment via A/P	\$ 275
Vendors Discount	\$ 17
Gain on Sale of Fixed Assets	\$ 1,731

Line 28 Total: 2,540

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,952	2,004	\$ 91,906	\$ 45.86	1
2	Assistant Director of Nursing	1,168	1,168	44,793	38.35	2
3	Registered Nurses	18,194	19,185	562,972	29.34	3
4	Licensed Practical Nurses	29,461	31,582	820,003	25.96	4
5	CNAs & Orderlies	81,183	89,481	948,503	10.60	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,015	4,383	49,003	11.18	8
9	Activity Director	2,087	2,087	32,333	15.49	9
10	Activity Assistants	12,315	13,683	132,917	9.71	10
11	Social Service Workers	1,864	1,864	40,097	21.51	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	56,403	27.12	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,141	21,874	222,537	10.17	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	44,265	21.28	17
18	Housekeepers	21,949	23,861	257,732	10.80	18
19	Laundry	5,301	5,889	55,025	9.34	19
20	Administrator	2,064	2,244	94,971	42.32	20
21	Assistant Administrator	1,960	1,963	56,374	28.72	21
22	Other Administrative	5,800	5,964	152,356	25.55	22
23	Office Manager	2,080	2,080	33,611	16.16	23
24	Clerical	2,163	2,307	20,412	8.85	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,920	4,077	132,473	32.49	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: School Nurse Liais	960	960	35,439	36.92	32
33	Other(specify) Clinical Director/B	6,835	7,304	139,834	19.14	33
34	TOTAL (lines 1 - 33)	229,572	248,120	\$ 4,023,959 *	\$ 16.22	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	2125/month	\$ 25,500	1-3	35
36	Medical Director	3000/month	36,000	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	48 hours	2,640	11-3	44
45	Social Service Consultant	12 hours	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 69,732		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides	69 hours	12,835	10-3	52
53	TOTAL (lines 50 - 52)		\$ 12,835		53

01/13/14	SHEOCO COLLECTION-DORSEY	60.00	011314DORSEY
01/13/14	SHEOCO COLLECTION-MCFADDEN	120.00	011314MCFADDEN
01/13/14	CLEOCU COLLECTION-MCFADDEN	227.00	011314MCFADDEN
01/13/14	CLEOCU COLLECTION-DORSEY	177.00	011314DORSEY
	Total Collection	3,741.80	

Corporate SNF Matters

AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
AMS Corp Legal Cost Alloc-'14	3,909.00
Total Corporate SNF Matters	46,908.00

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

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNAs -Yes; RN/LPN - 1
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of IL \$12,420
- (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. \$ 40,519 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. \$ 470,095
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 37,140 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? 0
 - d. Have vehicle usage logs been maintained? NO
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.