

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	2,212	283	2,403	4,898	8
9	SNF/PED					9
10	ICF	55,327	391	115	55,833	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	57,539	674	2,518	60,731	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.75%

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 07/1/90 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 1,666

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	313,787	26,470	26,400	366,657	3,091	369,748	(3,466)	366,282		1
2	Food Purchase		435,205		435,205	(35,043)	400,162	(38,223)	361,939		2
3	Housekeeping	293,476	63,672		357,148	2,449	359,597	8,509	368,106		3
4	Laundry	64,018	27,393		91,411	745	92,156		92,156		4
5	Heat and Other Utilities			226,199	226,199		226,199	2,606	228,805		5
6	Maintenance	45,708	3,018	232,419	281,145	99	281,244	90,438	371,682		6
7	Other (specify):* related party -AMS							8,582	8,582		7
8	TOTAL General Services	716,989	555,758	485,018	1,757,765	(28,659)	1,729,106	68,446	1,797,552		8
	B. Health Care and Programs										
9	Medical Director			24,700	24,700		24,700		24,700		9
10	Nursing and Medical Records	2,720,770	176,102	23,149	2,920,021	1,690	2,921,711	80,001	3,001,712		10
10a	Therapy	112,597	210	56,740	169,547	282	169,829		169,829		10a
11	Activities	321,954	15,101	5,312	342,367		342,367		342,367		11
12	Social Services	38,671			38,671		38,671		38,671		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party - AMS							8,521	8,521		15
16	TOTAL Health Care and Programs	3,193,992	191,413	109,901	3,495,306	1,972	3,497,278	88,522	3,585,800		16
	C. General Administration										
17	Administrative	246,890			246,890		246,890	194,540	441,430		17
18	Directors Fees										18
19	Professional Services			839,264	839,264		839,264	(764,636)	74,628		19
20	Dues, Fees, Subscriptions & Promotions			92,212	92,212		92,212	(56,645)	35,567		20
21	Clerical & General Office Expenses	225,001	16,398	190,113	431,512	1,363	432,875	223,752	656,627		21
22	Employee Benefits & Payroll Taxes			859,168	859,168	16,782	875,950	(18,623)	857,327		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,013	1,013		1,013	1,676	2,689		24
25	Other Admin. Staff Transportation			1,440	1,440		1,440	16,383	17,823		25
26	Insurance-Prop.Liab.Malpractice			311,843	311,843		311,843	7,541	319,384		26
27	Other (specify):* related party-AMS			222,978	222,978		222,978	(153,931)	69,047		27
28	TOTAL General Administration	471,891	16,398	2,518,031	3,006,320	18,145	3,024,465	(549,943)	2,474,522		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,382,872	763,569	3,112,950	8,259,391	(8,542)	8,250,849	(392,975)	7,857,874		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:

01/01/2016

Ending:

12/31/2016

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			33,284	33,284		33,284	337,866	371,150			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			152,663	152,663		152,663	254,957	407,620			32
33	Real Estate Taxes			273,883	273,883	(273,883)		281,304	281,304			33
34	Rent-Facility & Grounds			580,725	580,725	273,883	854,608	(854,608)				34
35	Rent-Equipment & Vehicles			15,771	15,771		15,771	48,782	64,553			35
36	Other (specify):* MIP							36,929	36,929			36
37	TOTAL Ownership			1,056,326	1,056,326		1,056,326	105,230	1,161,556			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		324,583	377,898	702,481	8,542	711,023	(74,726)	636,297			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			480,797	480,797		480,797		480,797			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		324,583	858,695	1,183,278	8,542	1,191,820	(74,726)	1,117,094			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,382,872	1,088,152	5,027,971	10,498,995		10,498,995	(362,471)	10,136,524			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

From Line	To Line	Amount	Description
2		(35,043)	Employee Meals
	22	35,043	Employee Meals
22		(18,261)	Uniform Reclass
	1	3,091	Uniform Reclass
	3	2,449	Uniform Reclass
	4	745	Uniform Reclass
	6	99	Uniform Reclass
	10	10,232	Uniform Reclass
	11	282	Uniform Reclass
	21	1,363	Uniform Reclass
10		(8,542)	Oxygen Cost Reclass
	39	8,542	Oxygen Cost Reclass
33		(273,883)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	273,883	Rent - Real Estate Tax on associated landowner (Pg 6)

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

Net (Should be zero) \$ -

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	(5,482)	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	(46,813)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(629)	2		13
14	Non-Care Related Interest	(11,904)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(28,953)	21		17
18	Fines and Penalties	(55)	32		18
19	Entertainment	(386)	20		19
20	Contributions	(7,135)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,168)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(222,978)	27		24
25	Fund Raising, Advertising and Promotional	(7,630)	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)	\$ (323,130)		\$	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)	155,524		34
35	Other- Attach Schedule	(194,865)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (39,341)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (362,471)		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	

Alden Princeton Rehab & HCC

ID# 0036244

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (1,624)	5	1
2	Intercompany Interest	(137,155)	32	2
3	back out: Bank Charges - Princeton LLC	(96)	21	3
4	Miscellaneous Income	(2)	21	4
5	Miscellaneous Income - Jury Duty	(50)	21	5
6	Miscellaneous Income - Medical Records	(91)	21	6
7	Vendor Discounts	(7)	10	7
8	Marketing Manger & Aides	(68,270)	21	8
9	Real Estate Tax Refund for 2004	509	33	9
10				10
11	adj for ABC related party profit 2008-2016	53	30	11
12	Elim Deprec Exp on Pg 12, <\$2,500	(3,934)	30	12
13	Elim Deprec Exp on Pg 13, <\$2,500	(20,968)	30	13
14	Exp Pg12 items <\$2,500 - current yr purch	2,656	6	14
15	Exp Pg13 items <\$2,500 - current yr purch	54,258	6	15
16	adjust depreciation expense	(3,927)	30	16
17	Elim portion of benefits for marketing 'ees	(16,217)	22	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				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	(194,865)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	3,454	(6,920)	0	0	0	0	0	0	0	(3,466)	1
2	Food Purchase	(629)	0	0	(37,594)	0	0	0	0	0	0	0	(38,223)	2
3	Housekeeping	0	0	8,509	0	0	0	0	0	0	0	0	8,509	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,624)	0	4,230	0	0	0	0	0	0	0	0	2,606	5
6	Maintenance	51,432	3,285	35,008	0	0	0	(240)	953	0	0	0	90,438	6
7	Other (specify):*	0	0	8,582	0	0	0	0	0	0	0	0	8,582	7
8	TOTAL General Services	49,179	3,285	59,783	(44,514)	0	0	(240)	953	0	0	0	68,446	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	(7)	0	70,811	10,560	(1,363)	0	0	0	0	0	0	80,001	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	8,521	0	0	0	0	0	0	0	0	8,521	15
16	TOTAL Health Care and Programs	(7)	0	79,332	10,560	(1,363)	0	0	0	0	0	0	88,522	16
	C. General Administration													
17	Administrative	0	0	194,540	0	0	0	0	0	0	0	0	194,540	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,168)	13,751	(775,219)	0	0	0	0	0	0	0	0	(764,636)	19
20	Fees, Subscriptions & Promotions	(15,151)	0	(41,494)	0	0	0	0	0	0	0	0	(56,645)	20
21	Clerical & General Office Expenses	(97,462)	403	320,811	0	0	0	0	0	0	0	0	223,752	21
22	Employee Benefits & Payroll Taxes	(16,217)	0	0	0	(2,406)	0	0	0	0	0	0	(18,623)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,676	0	0	0	0	0	0	0	0	1,676	24
25	Other Admin. Staff Transportation	0	0	16,383	0	0	0	0	0	0	0	0	16,383	25
26	Insurance-Prop.Liab.Malpractice	0	7,219	322	0	0	0	0	0	0	0	0	7,541	26
27	Other (specify):*	(222,978)	0	69,047	0	0	0	0	0	0	0	0	(153,931)	27
28	TOTAL General Administration	(354,976)	21,373	(213,934)	0	(2,406)	0	0	0	0	0	0	(549,943)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(305,804)	24,658	(74,819)	(33,954)	(3,769)	0	(240)	953	0	0	0	(392,975)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(16,773)	351,102	3,537	0	0	0	0	0	0	0	0	337,866	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(195,927)	303,986	146,898	0	0	0	0	0	0	0	0	254,957	32
33	Real Estate Taxes	509	273,883	6,912	0	0	0	0	0	0	0	0	281,304	33
34	Rent-Facility & Grounds	0	(854,608)	0	0	0	0	0	0	0	0	0	(854,608)	34
35	Rent-Equipment & Vehicles	0	0	48,782	0	0	0	0	0	0	0	0	48,782	35
36	Other (specify):*	0	36,929	0	0	0	0	0	0	0	0	0	36,929	36
37	TOTAL Ownership	(212,191)	111,292	206,129	0	0	0	0	0	0	0	0	105,230	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	(36,891)	(10,701)	(27,134)	0	0	0	0	0	(74,726)	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	(36,891)	(10,701)	(27,134)	0	0	0	0	0	(74,726)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(517,995)	135,950	131,310	(70,845)	(14,470)	(27,134)	(240)	953	0	0	0	(362,471)	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 854,608	Princeton Associates I, L.L.C.	0.00%	\$	\$ (854,608)	1
2	V	32 Invest. Income RR/ Int. Income	198	Princeton Associates I, L.L.C.			(198)	2
3	V	19 Accounting/Professional		Princeton Associates I, L.L.C.		8,375	8,375	3
4	V	33 Real Estate Tax		Princeton Associates I, L.L.C.		273,883	273,883	4
5	V	26 Property & Liability Insurance		Princeton Associates I, L.L.C.		7,219	7,219	5
6	V	32 Interest on Mortgage Note		Princeton Associates I, L.L.C.		296,871	296,871	6
7	V	36 Mortgage Insurance Premium		Princeton Associates I, L.L.C.		36,929	36,929	7
8	V	30 Depreciation		Princeton Associates I, L.L.C.		351,102	351,102	8
9	V	32 Amortization		Princeton Associates I, L.L.C.		7,313	7,313	9
10	V	21 Misc. Cost/Report fees		Princeton Associates I, L.L.C.		307	307	10
11	V	21 Bank Fees		Princeton Associates I, L.L.C.		96	96	11
12	V	6 Repairs & Maintenance - RR		Princeton Associates I, L.L.C.		3,285	3,285	12
13	V	19 Legal Fees: Non-Collections		Princeton Associates I, L.L.C.		5,376	5,376	13
14	Total		\$ 854,806			\$ 990,756	\$ * 135,950	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%	\$ 4,230	\$	4,230	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,676		1,676	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		16,383		16,383	17
18	V	26 Insurance		Alden Management Services, Inc.		322		322	18
19	V	20 Dues & Subscriptions	44,874	Alden Management Services, Inc.		3,380		(41,494)	19
20	V	30 Depreciation		Alden Management Services, Inc.		3,537		3,537	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		6,912		6,912	21
22	V	35 Rent- Equipment & Vehicles		Alden Management Services, Inc.		48,782		48,782	22
23	V	32 Interest		Alden Management Services, Inc.		146,898		146,898	23
24	V	1 Dietary		Alden Management Services, Inc.		3,454		3,454	24
25	V	3 Housekeeping		Alden Management Services, Inc.		8,509		8,509	25
26	V	7 Employee Benefits- Gen'l Services		Alden Management Services, Inc.		8,582		8,582	26
27	V	10 Nursing & Medical Record Salaries		Alden Management Services, Inc.		70,811		70,811	27
28	V	15 Employee Benefits- Health Care		Alden Management Services, Inc.		8,521		8,521	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		194,540		194,540	29
30	V	27 Employee Benefits- Admin		Alden Management Services, Inc.		69,047		69,047	30
31	V	19 Professional Fees	815,411	Alden Management Services, Inc.		40,192		(775,219)	31
32	V	21 General & Administrative	51,996	Alden Management Services, Inc.		372,807		320,811	32
33	V	6 Repairs & Maintenance	38,391	Alden Management Services, Inc.		73,399		35,008	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 950,672			\$ 1,081,982	\$ *	131,310	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	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 13	\$ (26,387)	15
16	V	1 Dietary salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2 Tube feeding	86,999	Prism Health Care Services, Inc.		29,165	(57,834)	17
18	V	10 Equipment rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39 Ancillary supplies	132,885	Prism Health Care Services, Inc.		56,475	(76,410)	19
20	V	1 Gen'l & admin & benefits		Prism Health Care Services, Inc.		5,771	5,771	20
21	V	2 Gen'l & admin & benefits		Prism Health Care Services, Inc.		20,240	20,240	21
22	V	10 Gen'l & admin & benefits		Prism Health Care Services, Inc.		5,840	5,840	22
23	V	39 Gen'l & admin & benefits		Prism Health Care Services, Inc.		39,519	39,519	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		\$ 252,944			\$ 182,099	\$ * (70,845)	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	\$ 151,250	Forum Extended Care Services II, Inc.	0.00%	\$ 140,700	\$ (10,550)
16	V	39 I.V.	4,712			4,383	(329)
17	V	39 Wound Care Products	29,529			27,469	(2,060)
18	V	10 House Stock	14,791			13,759	(1,032)
19	V	10 Pharm Consultant	4,752			4,421	(331)
20	V	22 Employee Vaccination	2,406				(2,406)
21	V	39 Employee Vaccination				2,238	2,238
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		\$ 207,440			\$ 192,970	\$ * (14,470)

* 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	\$ 427,040	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 399,906	\$ (27,134)
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		\$ 427,040			\$ 399,906	\$ * (27,134)

* 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	\$ 38,098	Alden Bennett Construction Company, Inc.	0.00%	\$ 37,858	\$ (240)	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		\$ 38,098			\$ 37,858	\$ * (240)	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	\$ 3,343	Alden Design Group, Inc.	0.00%	\$ 4,296	\$ 953	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		\$ 3,343			\$ 4,296	\$ *	953	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:

01/01/2016

Ending:

12/31/2016

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	Rental property	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	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	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			Princeton Rehabilitation and Health Care Cent	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	(Skokie	Family Home Health S	Addison	Home health & hosp	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			Alden - Long Grove Rehabilitation and Health C	Long Grove, IL				30

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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.	Chairman-Board of D	Chairman	100.00	176,280	1.884	4.71	Salary	\$ 8,720	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,286	1.884	4.71	Salary	4,714	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,286	1.884	4.71	Salary	4,714	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,998	1.884	4.71	Salary	5,491	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,332	1.884	4.71	Salary	2,935	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	141,604	1.366	4.71	Salary	7,005	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, 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	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 33,579		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:

01/01/2016

Ending: 2/31/2016

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

B. Show the allocation of costs below. If necessary, please attach worksheets.

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

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	1,288,358	34	\$ 89,742	\$ 60,731	\$ 4,230	1	
2	24	Travel & Seminar	Patient Days	1,288,358	34	35,559	60,731	1,676	2	
3	25	Other Admin Travel	Patient Days	1,288,358	34	347,560	60,731	16,383	3	
4	26	Insurance	Patient Days	1,288,358	34	6,826	60,731	322	4	
5	20	Dues & Subscriptions	Patient Days	1,288,358	34	71,705	60,731	3,380	5	
6	30	Depreciation	No of Providers/usage	34	34	140,451	1	3,537	6	
7	33	Real Estate Tax	Patient Days/usage	1,288,358	34	172,398	60,731	6,912	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,288,358	34	1,034,867	60,731	48,782	8	
9	32	Interest	Patient Days/usage	1,288,358	34	1,892,273	60,731	146,898	9	
10	1	Dietary Salary	Patient Days	1,288,358	34	73,278	73,278	60,731	3,454	10
11	3	Housekeeping Salary	Patient Days	1,288,358	34	180,508	180,508	60,731	8,509	11
12	7	Employee Benefits - Gen'l Servs	Patient Days	1,288,358	34	182,054	60,731	8,582	12	
13	10	Nurse & Medical Records Salary	Patient Days	1,288,358	34	1,519,466	1,519,466	60,731	70,811	13
14	15	Employee Benefits - Health Care	Patient Days	1,288,358	34	180,775	60,731	8,521	14	
15	17	Administrative Salary	Patient Days/usage	1,288,358	34	4,500,263	4,500,263	60,731	194,540	15
16	27	Employee Benefits - Admin	Patient Days	1,288,358	34	1,464,772	60,731	69,047	16	
17	19	Professional Fees	Patient Days	1,288,358	34	1,094,912	881,977	60,731	40,192	17
18	21	Gen'l & Admin	Patient Days	1,288,358	34	7,908,785	6,929,587	60,731	372,807	18
19	6	Repair & Maint.	Patient Days	1,288,358	34	1,864,177	1,276,432	60,731	73,399	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,760,371	\$ 15,361,511	\$ 1,081,982	25	

Facility Name & ID Number

Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Interest Expense	10
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	Cambridge		X	Mortgage	\$32,598.00	2/1/11	\$ 7,836,900	\$ 7,347,470	3/1/2051	3.9400	\$ 296,871	1
2												2
3												3
4												4
5	Insurance Interest (GL7053)		x	Malpractice Insurance							3,550	5
Working Capital												
6	Related party-AMS		x	Working Capital							146,898	6
7	Amort-Refi Fees		X	Working Capital							7,313	7
8												8
9	TOTAL Facility Related				\$32,598.00		\$ 7,836,900	\$ 7,347,470			\$ 454,632	9
B. Non-Facility Related*												
10	Interest Income (GL 4975)		x								(46,814)	10
11	Int. Income - R.R.										(198)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (47,012)	14
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 7,347,470			\$ 407,620	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 36,929 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 2015 report.			\$	296,400	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.)			\$	281,192	2																				
3.	Under or (over) accrual (line 2 minus line 1).			\$	(15,208)	3																				
4.	Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	289,600	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.			\$	274,392	7																				
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	6,912																					
		Total Real Estate Tax Expense, Sch V, Line 33		\$	281,304																					
Real Estate Tax Bill for Calendar Year:		2011	260,669	8	FOR BHF USE ONLY <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2015</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: center;">16</td> </tr> </table>		13	FROM R. E. TAX STATEMENT FOR 2015	\$		13	14	PLUS APPEAL COST FROM LINE 5	\$		14	15	LESS REFUND FROM LINE 6	\$		15	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16
13	FROM R. E. TAX STATEMENT FOR 2015	\$		13																						
14	PLUS APPEAL COST FROM LINE 5	\$		14																						
15	LESS REFUND FROM LINE 6	\$		15																						
16	AMOUNT TO USE FOR RATE CALCULATION	\$		16																						
		2012	260,609	9																						
		2013	264,136	10																						
		2014	269,457	11																						
		2015	281,192	12																						
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.

2015 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 2015 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 2015.

(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</u>	\$ <u>146,629.00</u>	\$ <u>6,912.00</u>
2. <u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>16,228.78</u>	\$ <u>16,228.78</u>
3. <u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,614.42</u>	\$ <u>14,614.42</u>
4. <u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>55,525.88</u>	\$ <u>55,525.88</u>
5. <u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>82,145.66</u>	\$ <u>82,145.66</u>
6. <u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	\$ <u>15,159.04</u>	\$ <u>15,159.04</u>
7. <u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>14,517.66</u>	\$ <u>14,517.66</u>
8. <u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>890.03</u>	\$ <u>890.03</u>
9. <u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	\$ <u>82,110.85</u>	\$ <u>82,110.85</u>
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>427,821.32</u></u>	\$ <u><u>288,104.32</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

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	nursing facility	66,775	1991	\$ 1,137,260	1
2					2
3	TOTALS	66,775		\$ 1,137,260	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	\$ 6,128,231	4
5											5
6			1992	1992	44,020	280	30	1,467	1,187	35,817	6
7			1993	1993	30,616	692	30	1,021	329	24,771	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		15			2,000	27
28		ABC(construction management)	1999		785		5			785	28
29		Kraft Paper (desk & chairs)	1999		2,023		15			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:

01/01/2016 Ending: 12/31/2016

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		15			1,672	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		15			2,475	53
54	CSI-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		3,735	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		1,455	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		22,287	67
68	Simplex Grinnell (4 doors)	2003	4,391	(1)	10	(1)		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	\$ 223,623		\$ 235,626	\$ 12,003	\$ 6,557,066	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	\$ 223,623		\$ 235,626	\$ 12,003	\$ 6,557,066	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		10			2,628	6
7	Alden Bennett Const (bathroom floors)	2004	3,945		10			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		4,572	20
21	BROLOC Brolin Lock And Safe	2005	3,855	38	10	38		3,855	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	(1)	5	(1)		1,556	25
26	Patten CAT (0705 AMS Billings)(Remove and Install transfer swit	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	\$ 224,041		\$ 236,044	\$ 12,003	\$ 6,667,662	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	\$ 224,041		\$ 236,044	\$ 12,003	\$ 6,667,662	1
2	ABC (new transformer)	2006	8,185	819	10	819		7,480	2
3	ABC (new compressor)	2006	21,154	1,590	10	1,590		21,154	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		13,500	5
6	Fence	2007	2,813	281	10	281		2,670	6
7	ABC - paint facility	2007	2,589	259	10	259		2,568	7
8	ABC - electrical security system	2007	13,341	1,334	10	1,334		13,138	8
9	TopNotch - 2HP motor	2007	2,909	291	10	291		2,861	9
10	GT Mech - air compressor	2007			5			3,360	10
11	ABC - bathroom vinyl sheet flooring	2007	4,305	431	10	431		4,130	11
12	ABC - HVAC	2007			10			6,000	12
13	ABC - new doors (exit and kitchen)	2007	3,183	318	10	318		2,995	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		3,016	17
18	New sewage injector pump	2008	6,619	662	10	662		5,682	18
19	Replaced ceiling tiles	2008	2,927	293	10	293		2,417	19
20	Repair hvac 3 way valve	2008			10			4,518	20
21	New sewer line	2008	3,500	140	25	140		1,132	21
22	ABC - front entrance ramp oxygen transfilling pad	2009	5,123	256	20	256		1,850	22
23	ABC - ramp concrete at the entrance	2009	12,763	851	15	851		6,170	23
24	ABC - parking lot wall protection	2009	4,887	489	10	489		3,545	24
25	GT Mechanical - boiler #2 repairs	2009	7,016		5			7,016	25
26	ABC - replacement HVAC room coils	2009	3,975		5			3,975	26
27	GT Mechanical - heat exchanger	2009	3,529		5			3,529	27
28	ABC - replacement laundry door	2009	3,292		5			3,292	28
29	ABC - plumbing for hot water storage tank	2009	10,116	674	15	674		4,774	29
30	GT Mechanical - coil piping insulation	2009	12,656		5			12,656	30
31	Cable Satellite - outlets wiring	2009	6,800	680	10	680		4,987	31
32	GT Mechanical - cooling tower	2009	2,631		5			2,631	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,661,324	\$ 235,107		\$ 247,110	\$ 12,003	\$ 6,840,617	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 12C, Carried Forward		\$ 7,661,324	\$ 235,107		\$ 247,110	\$ 12,003	\$ 6,840,617	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	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		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17		17		44	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,752,236	\$ 235,972		\$ 247,975	\$ 12,003	\$ 6,926,955	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		\$ 7,752,236	\$ 235,972		\$ 247,975	\$ 12,003	\$ 6,926,955	1
2	ABC - broken HVAC motor repairs	2009	2,742		5			2,742	2
3	Chiller-2009	2009	274,071	18,271		18,271		132,465	3
4	ABC - tuckpointing entire o/s of building	2010	209,080	10,454	20	10,454		65,337	4
5	ABC - new windows	2010	2,725	273	10	273		1,888	5
6	ABC - new windows	2010	8,136	814	10	814		5,494	6
7	ABC - new windows	2010	20,306	2,031	10	2,031		14,217	7
8	ABC - fire dampers & seal walls/floors	2011	18,500	1,850	10	1,850		10,483	8
9	ABC - fire dampers for toilet exhaust	2011	17,741	1,774	10	1,774		9,905	9
10	Oak Fire - replace 380 fusable links	2011	12,772	1,066	5	1,066		12,772	10
11	ABC - Drywall, bathroom	2012	12,313	821	15	821		3,763	11
12	JDROOF - Roof repair	2012	3,200	640	5	640		2,620	12
13	ABC - Raise bathroom walls	2012	4,351	218	20	218		963	13
14	ABC - Bathroom walls	2012	15,118	756	20	756		3,339	14
15	Repair Door Closer	2012	2,616	523	5	523		2,441	15
16	ABC - HVAC/Chase Wall for duct	2013	3,312	221	15	221		773	16
17	Kone Inc - Elevator major repair	2013	6,151	1,230	5	1,230		4,305	17
18									18
19	ABC - Fire Alarm Control Panel	2014	11,050	553	20	553		1,152	19
20	ABC - window replacement	2014	2,967	297	10	297		742	20
21	ABC - bolts, doors, auto flush	2014	3,010	602	5	602		1,405	21
22	J&D Sons - roof repair	2014	4,350	870	5	870		1,885	22
23	TopNotch - dishwasher motor	2014	5,994	1,199	5	1,199		2,498	23
24	TopNotch - new dishwasher	2014	3,164	633	5	633		1,424	24
25									25
26	Fire Damper Repairs - ALDBEN	2015	20,540	2,054	10	2,054		3,937	26
27	Elevator Repair - ALIELE	2015	2,556	511	5	511		937	27
28	Motor, Rack Drive for Dish Machine - TOPNOT	2015	3,953	791	5	791		1,186	28
29	Motor, Dishmachine - TOPNOT	2015	8,430	1,686	5	1,686		2,529	29
30									30
31	Fire Dampers, Inspect and Repair (26) - GTMECH	2016	8,951	746	10	746		746	31
32	Windows, Aluminum (29) - ALDBEN	2016	8,879	518	10	518		518	32
33	Boiler repair/new casing & refractory reinsall-ALDBEN	2016	7,289		5				33
34	TOTAL (lines 1 thru 33)		\$ 8,456,502	\$ 287,374		\$ 299,377	\$ 12,003	\$ 7,219,421	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 12E, Carried Forward	\$ 8,456,502	\$ 287,374		\$ 299,377	\$ 12,003	\$ 7,219,421		1
2	Adjust for ABC related party profit	2008 (295)	(38)		(38)		(313)		2
3	Adjust for ABC related party profit	2009 (273)	(8)		(8)		(56)		3
4	Adjust for ABC related party profit	2010 (2,940)	(43)		(43)		(301)		4
5	Adjust for ABC related party profit	2011 289	2		2		(7)		5
6	Adjust for ABC related party profit	2012 2,124	152		152		(376)		6
7	Adjust for ABC related party profit	2013 45	2		2		(3)		7
8	Adjust for ABC related party profit	2014 (32)	(3)		(3)		(7)		8
9	Adjust for ABC related party profit	2015 (39)	(8)		(8)		(12)		9
10	Adjust for ABC related party profit	2016 (102)	(3)		(3)		(3)		10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 8,455,278	\$ 287,427		\$ 299,430	\$ 12,003	\$ 7,218,343		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:

01/01/2016

Ending:

12/31/2016

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	\$ 612,316	\$ 64,834	\$ 64,834	\$	varies	\$ 335,017	71
72	Current Year Purchases	84,318	5,593	5,593		varies	2,929	72
73	Fully Depreciated Assets	1,222,158	1,293	1,293		varies	1,222,158	73
74								74
75	TOTALS	\$ 1,918,792	\$ 71,720	\$ 71,720	\$		\$ 1,560,104	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	related party - AMS	various	1998-2004	\$ 4,026	\$	\$	\$	3	\$ 4,026	76
77										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)	\$ 11,515,356	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 359,147	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 371,150	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)	\$ 8,782,473	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: 01/01/2016

Ending: 12/31/2016

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. 12/31/2017 \$ varies

13. 12/31/2018 \$ varies

14. 12/31/2019 \$ 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: \$ 21,285 Description: copy machine GL 6861 - \$15,771 and equipment lease GL 6859 - \$5,514

(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>19,160</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>19,160</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.

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			
		1	2	3	4
		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	\$		\$ 166,860	\$		\$ 166,860	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			46,710			46,710	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			160,026			160,026	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				142,938		142,938	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				(27,134)	146,897		119,763	13
14	TOTAL			\$		\$ 346,462	\$ 289,835		\$ 636,297	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	-	\$166,860.00	
2.	ST	39-3	To Col 5	-	46,710.00	
3.						
4.	PT	39-3	To Col 5	-	160,026.00	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL			-	151,250.00	
	Manual Input from Related Party- Forum Drugs				(8,312.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	142,938.00	
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	
13.	Other:	See Pg 16A				
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(27,134.00)	From Page 6D
	Other			-	177,633.00	
	Manual Input: Related Party - Prism				(36,889.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.				(329.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products				(2,060.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)				8,542.00	
13.	Col 6: Supplies Total		To Col 6	-	146,897.00	
13.	Total Line 13, Column 8			-	119,763.00	
14.	Total			-	636,297.00	

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>115,000</u>)	2,200,607	2,200,607	3
4	Supply Inventory (priced at)	5,153	5,153	4
5	Short-Term Investments			5
6	Prepaid Insurance		14,998	6
7	Other Prepaid Expenses	12,212	12,212	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties</u>	5,905	214,991	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,223,877	\$ 2,447,961	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	721,708	721,708	15
16	Equipment, at Historical Cost	634,171	2,665,229	16
17	Accumulated Depreciation (book methods)	(1,228,134)	(8,535,227)	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>Replacement Reserve</u>)		227,473	22
23	Other(specify): <u>Refinancing Fee</u>		117,772	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,127,745	\$ 3,541,565	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,351,622	\$ 5,989,526	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 491,787	\$ 474,919	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	163,063	163,063	28
29	Short-Term Notes Payable		103,547	29
30	Accrued Salaries Payable	484,603	484,603	30
31	Accrued Taxes Payable (excluding real estate taxes)	25,916	25,916	31
32	Accrued Real Estate Taxes(Sch.IX-B)		289,600	32
33	Accrued Interest Payable	250,301	274,425	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr. Ins, IDPA, Sales Tax</u>	229,143	229,143	36
37	<u>Due to Affiliates</u>	1,000,423	1,000,423	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,645,236	\$ 3,045,639	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,243,924	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	7,031,748	7,031,748	43
44	<u>Shareholder Loans</u>	250,000	250,000	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,281,748	\$ 14,525,672	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,926,984	\$ 17,571,311	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,575,362)	\$ (11,581,785)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,351,622	\$ 5,989,526	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,335,683)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,335,683)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(239,679)	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)	\$ (239,679)	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)	\$ (6,575,362)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,049,132	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,049,132	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	149,643	6
7	Oxygen	6,856	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 156,499	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	930	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 930	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	46,813	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 46,813	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	5,942	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,942	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,259,316	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,757,765	31
32	Health Care	3,495,306	32
33	General Administration	3,006,320	33
B. Capital Expense			
34	Ownership	1,056,326	34
C. Ancillary Expense			
35	Special Cost Centers	702,481	35
36	Provider Participation Fee	480,797	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,498,995	40
41	Income before Income Taxes (line 30 minus line 40)**	(239,679)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (239,679)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 8,791,705	44
45	Private Pay - Net Inpatient Revenue	89,784	45
46	Medicare - Net Inpatient Revenue	871,929	46
47	Other-(specify) <u>Hospice/Insurance</u>	351,680	47
48	Other-(specify) <u>Charity/Sales Allowance</u>	(55,966)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,049,132	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.

Facility Name & ID Number Alden Princeton Rehab & HCC# 0036244

Report Period Beginning 01/01/2016 Ending:

12/31/2016**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Misc. Income - General	\$ 2
Misc. Income - Jury Duty	\$ 50
Misc. Income - Record Copies	\$ 91
Vendor Discount	\$ 7
Gain on Sale of Assets	\$ 5,792

Line 28 Total: 5,942

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4	
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,056	\$ 100,770	\$ 49.01	1
2	Assistant Director of Nursing	2,480	87,985	35.48	2
3	Registered Nurses	11,924	390,329	30.45	3
4	Licensed Practical Nurses	34,551	1,014,643	27.30	4
5	CNAs & Orderlies	81,447	1,013,223	11.41	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides	3,830	49,488	12.08	8
9	Activity Director	1,832	36,155	19.65	9
10	Activity Assistants	11,536	130,770	10.38	10
11	Social Service Workers	1,848	38,671	20.93	11
12	Dietician				12
13	Food Service Supervisor	2,064	69,712	33.52	13
14	Head Cook				14
15	Cook Helpers/Assistants	20,037	244,075	11.14	15
16	Dishwashers				16
17	Maintenance Workers	2,080	45,709	21.98	17
18	Housekeepers	23,117	293,475	11.67	18
19	Laundry	5,522	64,018	10.52	19
20	Administrator	2,056	113,159	53.78	20
21	Assistant Administrator	4,160	133,731	32.15	21
22	Other Administrative	7,504	228,492	30.07	22
23	Office Manager	2,074	34,977	16.67	23
24	Clerical	2,174	24,641	10.86	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator	3,393	113,819	33.55	29
30	Habilitation Aides (DD Homes)				30
31	Medical Records				31
32	Other Health C: Behavior Health C	7,522	155,030	19.86	32
33	Other(specify)				33
34	TOTAL (lines 1 - 33)	233,207	\$ 4,382,872 *	\$ 17.50	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	2200/Month	\$ 26,400	1-3 35
36	Medical Director	2058/Month	24,700	9-3 36
37	Medical Records Consultant			37
38	Nurse Consultant			10-3 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	2,640	11-3 44
45	Social Service Consultant	16	1,120	11-3 45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	64	\$ 59,612	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	1,167	15,170	10-3 52
53	TOTAL (lines 50 - 52)	1,167	\$ 15,170	53

Alden Princeton Rehabilitation and Health Care Center, Inc.
 Legal Fee Support
 2016

Legal Fees Reported on Pg 21, Section C:	\$ 52,255.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(3,168.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(45,192.00)
Allowable Legal Fees	<u>\$ 3,895.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Alden Group (Midcap charges)	1/16-12/16	1909
Gozdecki, Del Guidice LLP	1/16-12/16	677
IIT Chicago-Kent College of Law	1/16-12/16	1076
Secretary of State	10/16	153
City of Chicago - Dept. of Business Affairs	10/16	80
TOTAL ALLOWABLE LEGAL FEES		<u><u>3,895.00</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Clerk of Circuit County	1/16-12/16	1,921.00
Sheriff of Cook County	1/16-12/16	420.00
ABC Account Corp (Leonard Smith)	1/16-12/16	303.00
Recorder of Deeds	1/16-12/16	80.00
Markley Investigators	1/16-12/16	200.00
Stonge Pogrund & Korey	10/16-11/16	88.00
Chicago Title Company	1/16-12/16	120.00
Ariana Fisch	1/16-12/16	36.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 3,168.00

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Allocated Legal Fees	1/1/16-12/31/16	45,192.00
TOTAL Allocated Legal Fees		<u><u>45,192.00</u></u>

Total Legal Cost 52,255.00

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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 Illinois - \$21,600
- (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? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 43,452 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. n/a
- (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. \$ 480,797
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. \$ 35,043 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