



Facility Name & ID Number Princeton Rehab & HCC

# 0036244 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	821	46	2,378	3,245	8
9	SNF/PED					9
10	ICF	57,046	195	196	57,437	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	57,867	241	2,574	60,682	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 73.89%

**D. How many bed reserve days during this year were paid by the Department?**  
0 (Do not include bed reserve 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 1,420

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: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	329,735	24,215	26,400	380,350	2,013	382,363	(1,706)	380,657		1
2	Food Purchase		449,485		449,485	(35,678)	413,807	(47,517)	366,290		2
3	Housekeeping	303,014	62,500		365,514	1,595	367,109	10,029	377,138		3
4	Laundry	70,501	25,064		95,565	485	96,050		96,050		4
5	Heat and Other Utilities			212,114	212,114		212,114	1,315	213,429		5
6	Maintenance	45,583		196,977	242,560	2,434	244,994	80,473	325,467		6
7	Other (specify):* <b>related party</b>							11,240	11,240		7
8	<b>TOTAL General Services</b>	748,833	561,264	435,491	1,745,588	(29,151)	1,716,437	53,834	1,770,271		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,130	30,130		30,130		30,130		9
10	Nursing and Medical Records	2,857,754	176,492	16,403	3,050,649	(21,039)	3,029,610	76,151	3,105,761		10
10a	Therapy	117,419	1,181	68,456	187,056		187,056		187,056		10a
11	Activities	323,633	14,272	5,410	343,315	184	343,499		343,499		11
12	Social Services	42,917			42,917		42,917		42,917		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>related party</b>							10,877	10,877		15
16	<b>TOTAL Health Care and Programs</b>	3,341,723	191,945	120,399	3,654,067	(20,855)	3,633,212	87,028	3,720,240		16
	<b>C. General Administration</b>										
17	Administrative	237,167			237,167		237,167	214,810	451,977		17
18	Directors Fees										18
19	Professional Services			851,809	851,809		851,809	(769,522)	82,287		19
20	Dues, Fees, Subscriptions & Promotions			131,445	131,445		131,445	(101,452)	29,993		20
21	Clerical & General Office Expenses	176,488	11,321	192,197	380,006	888	380,894	292,997	673,891		21
22	Employee Benefits & Payroll Taxes			874,101	874,101	23,786	897,887	(4,283)	893,604		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,091	1,091		1,091	1,459	2,550		24
25	Other Admin. Staff Transportation			2,930	2,930		2,930	16,022	18,952		25
26	Insurance-Prop.Liab.Malpractice			336,831	336,831		336,831	6,633	343,464		26
27	Other (specify):* <b>related party</b>			200,097	200,097		200,097	(114,441)	85,656		27
28	<b>TOTAL General Administration</b>	413,655	11,321	2,590,501	3,015,477	24,674	3,040,151	(457,777)	2,582,374		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,504,211	764,530	3,146,391	8,415,132	(25,332)	8,389,800	(316,915)	8,072,885		29

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

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

Facility Name &amp; ID Number

Princeton Rehab &amp; HCC

#0036244

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			33,649	33,649	(2,370)	31,279	302,191	333,470			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			168,461	168,461		168,461	222,111	390,572			32
33	Real Estate Taxes			351,053	351,053	(351,053)		377,849	377,849			33
34	Rent-Facility & Grounds			579,750	579,750	351,053	930,803	(930,803)				34
35	Rent-Equipment & Vehicles			18,850	18,850		18,850	43,741	62,591			35
36	Other (specify):* MIP							36,444	36,444			36
37	<b>TOTAL Ownership</b>			1,151,763	1,151,763	(2,370)	1,149,393	51,533	1,200,926			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		308,977	357,361	666,338	27,702	694,040	(62,566)	631,474			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			480,635	480,635		480,635		480,635			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		308,977	837,996	1,146,973	27,702	1,174,675	(62,566)	1,112,109			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	4,504,211	1,073,507	5,136,150	10,713,868		10,713,868	(327,948)	10,385,920			45

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

0036244  
 Period Beginning: 01/01/2017  
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description	
2		(35,678)	Employee Meals	Entered
	22	35,678	Employee Meals	Entered
22		(11,892)	Uniform Reclass	Entered
	1	2,013	Uniform Reclass	Entered
	3	1,595	Uniform Reclass	Entered
	4	485	Uniform Reclass	Entered
	6	64	Uniform Reclass	Entered
	10	6,663	Uniform Reclass	Entered
	11	184	Uniform Reclass	Entered
	21	888	Uniform Reclass	Entered
10		(27,702)	Oxygen Cost Reclass	Entered
	39	27,702	Oxygen Cost Reclass	Entered
33		(351,053)	Rent - Real Estate Tax on associated landowner (Pg 6)	
	34	351,053	Rent - Real Estate Tax on associated landowner (Pg 6)	
30		(2,370)	Reclass Depreciation on Painting	
	6	2,370	Reclass Depreciation on Painting	

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

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	(6,051)	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	(69,268)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,762)	2		13
14	Non-Care Related Interest	(13,361)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(29,473)	21		17
18	Fines and Penalties	(327)	32		18
19	Entertainment	(1,145)	20		19
20	Contributions	(6,885)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,239)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(200,097)	27		24
25	Fund Raising, Advertising and Promotional	(9,331)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (326,936)		\$	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)	115,515	Pg 6s	34
35	Other- Attach Schedule	(116,527)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,012)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (327,948)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

Princeton Rehab & HCC

ID# 0036244

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (2,837)	5	1
2	Intercompany Interest	(150,860)	32	2
3	Miscellaneous Income - Rehab Settlement Check	(2,287)	10	3
4	Miscellaneous Income - Jury Duty	(34)	10	4
5	Marketing manager & Aides	(2,122)	21	5
6	Oher Nursing Income - Flu Shots	(115)	21	6
7				7
8	Back Out: bank Charges - Princeton LLC	(96)	21	8
9	Real Estate Tax Refunds	21,953	33	9
10				10
11	adj for ABC related party profit	104	30	11
12	Elim Deprec Exp on Pg 12, <\$2,500	(4,735)	30	12
13	Elim Deprec Exp on Pg 13, <\$2,500	(21,960)	30	13
14	Exp Pg12 items <\$2,500 - current yr purch	11,582	6	14
15	Exp Pg13 items <\$2,500 - current yr purch	39,174	6	15
16	adjust depreciation expense	(3,857)	30	16
17	Elim portion of benefits for marketing 'ees	(437)	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	<b>Total</b>	(116,527)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Princeton Rehab & HCC# 0036244

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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	3,421	(5,127)	0	0	0	0	0	0	0	(1,706)	1
2	Food Purchase	(1,762)	0	0	(45,755)	0	0	0	0	0	0	0	(47,517)	2
3	Housekeeping	0	0	10,029	0	0	0	0	0	0	0	0	10,029	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,837)	0	4,152	0	0	0	0	0	0	0	0	1,315	5
6	Maintenance	44,705	9,654	26,107	0	0	0	(33)	40	0	0	0	80,473	6
7	Other (specify):*	0	0	11,240	0	0	0	0	0	0	0	0	11,240	7
8	<b>TOTAL General Services</b>	<b>40,106</b>	<b>9,654</b>	<b>54,949</b>	<b>(50,882)</b>	<b>0</b>	<b>0</b>	<b>(33)</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53,834</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(2,321)	0	72,134	8,178	(1,840)	0	0	0	0	0	0	76,151	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	10,877	0	0	0	0	0	0	0	0	10,877	15
16	<b>TOTAL Health Care and Programs</b>	<b>(2,321)</b>	<b>0</b>	<b>83,011</b>	<b>8,178</b>	<b>(1,840)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>87,028</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	214,810	0	0	0	0	0	0	0	0	214,810	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,239)	21,270	(789,553)	0	0	0	0	0	0	0	0	(769,522)	19
20	Fees, Subscriptions & Promotions	(17,361)	0	(84,091)	0	0	0	0	0	0	0	0	(101,452)	20
21	Clerical & General Office Expenses	(31,806)	403	324,400	0	0	0	0	0	0	0	0	292,997	21
22	Employee Benefits & Payroll Taxes	(437)	0	0	0	(3,846)	0	0	0	0	0	0	(4,283)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,459	0	0	0	0	0	0	0	0	1,459	24
25	Other Admin. Staff Transportation	0	0	16,022	0	0	0	0	0	0	0	0	16,022	25
26	Insurance-Prop.Liab.Malpractice	0	6,294	339	0	0	0	0	0	0	0	0	6,633	26
27	Other (specify):*	(200,097)	0	85,656	0	0	0	0	0	0	0	0	(114,441)	27
28	<b>TOTAL General Administration</b>	<b>(250,940)</b>	<b>27,967</b>	<b>(230,958)</b>	<b>0</b>	<b>(3,846)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(457,777)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(213,155)</b>	<b>37,621</b>	<b>(92,998)</b>	<b>(42,704)</b>	<b>(5,686)</b>	<b>0</b>	<b>(33)</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(316,915)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Princeton Rehab & HCC# 0036244

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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	(18,445)	317,854	2,782	0	0	0	0	0	0	0	0	302,191	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(233,816)	292,766	163,161	0	0	0	0	0	0	0	0	222,111	32
33	Real Estate Taxes	21,953	351,053	4,843	0	0	0	0	0	0	0	0	377,849	33
34	Rent-Facility & Grounds	0	(930,803)	0	0	0	0	0	0	0	0	0	(930,803)	34
35	Rent-Equipment & Vehicles	0	0	43,741	0	0	0	0	0	0	0	0	43,741	35
36	Other (specify):*	0	36,444	0	0	0	0	0	0	0	0	0	36,444	36
37	<b>TOTAL Ownership</b>	<b>(230,308)</b>	<b>67,314</b>	<b>214,527</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51,533</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(45,081)	(8,590)	(8,895)	0	0	0	0	0	(62,566)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(45,081)</b>	<b>(8,590)</b>	<b>(8,895)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(62,566)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(443,463)</b>	<b>104,935</b>	<b>121,529</b>	<b>(87,785)</b>	<b>(14,276)</b>	<b>(8,895)</b>	<b>(33)</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(327,948)</b>	<b>45</b>

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	\$ 930,803	Princeton Associates I, L.L.C.	0.00%	\$	\$ (930,803)	1
2	V	32 RR Interest Inc.	127	Princeton Associates I, L.L.C.			(127)	2
3	V	19 Accounting/Professional		Princeton Associates I, L.L.C.		8,700	8,700	3
4	V	33 Real Estate Tax		Princeton Associates I, L.L.C.		351,053	351,053	4
5	V	26 Property & Liability Insurance		Princeton Associates I, L.L.C.		6,294	6,294	5
6	V	32 Interest on Mortgage Note		Princeton Associates I, L.L.C.		287,294	287,294	6
7	V	36 Mortgage Insurance Premium		Princeton Associates I, L.L.C.		36,444	36,444	7
8	V	30 Depreciation/Gain on Sale of Assets	41,438	Princeton Associates I, L.L.C.		359,292	317,854	8
9	V	32 Amortization		Princeton Associates I, L.L.C.		5,599	5,599	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.		9,654	9,654	12
13	V	19 Legal Fees: Non-Collections		Princeton Associates I, L.L.C.		12,570	12,570	13
14	Total		\$ 972,368			\$ 1,077,303	\$ * 104,935	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%	\$ 4,152	\$	4,152	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,459		1,459	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		16,022		16,022	17
18	V	26 Insurance		Alden Management Services, Inc.		339		339	18
19	V	20 Dues & Subscriptions	85,635	Alden Management Services, Inc.		1,544		(84,091)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,782		2,782	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		4,843		4,843	21
22	V	35 Rent- Equipment & Vehicles		Alden Management Services, Inc.		43,741		43,741	22
23	V	32 Interest		Alden Management Services, Inc.		163,161		163,161	23
24	V	1 Dietary		Alden Management Services, Inc.		3,421		3,421	24
25	V	3 Housekeeping		Alden Management Services, Inc.		10,029		10,029	25
26	V	7 Employee Benefits- Gen'l Services		Alden Management Services, Inc.		11,240		11,240	26
27	V	10 Nursing & Medical Record Salaries		Alden Management Services, Inc.		72,134		72,134	27
28	V	15 Employee Benefits- Health Care		Alden Management Services, Inc.		10,877		10,877	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		214,810		214,810	29
30	V	27 Employee Benefits- Admin		Alden Management Services, Inc.		85,656		85,656	30
31	V	19 Professional Fees	830,185	Alden Management Services, Inc.		40,632		(789,553)	31
32	V	21 General & Administrative	51,996	Alden Management Services, Inc.		376,396		324,400	32
33	V	6 Repairs & Maintenance	38,214	Alden Management Services, Inc.		64,321		26,107	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,006,030			\$ 1,127,559	\$ *	121,529	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 Sevices, Inc.	0.00%	\$	\$(26,400)
16	V	1 Dietary salary		Prism Health Care Sevices, Inc.		14,981	14,981
17	V	2 Tube feeding	97,530	Prism Health Care Sevices, Inc.		30,257	(67,273)
18	V	10 Equipment rental	6,660	Prism Health Care Sevices, Inc.		9,694	3,034
19	V	39 Ancillary supplies	124,083	Prism Health Care Sevices, Inc.		40,276	(83,807)
20	V	1 Gen'l & admin & benefits		Prism Health Care Sevices, Inc.		6,292	6,292
21	V	2 Gen'l & admin & benefits		Prism Health Care Sevices, Inc.		21,518	21,518
22	V	10 Gen'l & admin & benefits		Prism Health Care Sevices, Inc.		5,144	5,144
23	V	39 Gen'l & admin & benefits		Prism Health Care Sevices, Inc.		38,726	38,726
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		\$ 254,673			\$ 166,888	\$ * (87,785)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 130,915	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 120,843	\$ (10,072)
16	V	39 <u>I.V.</u>	4,799	<u>Forum Extended Care Services II, Inc.</u>		4,430	(369)
17	V	39 <u>Wound Care Products</u>	22,084	<u>Forum Extended Care Services II, Inc.</u>		20,385	(1,699)
18	V	10 <u>House Stock</u>	19,163	<u>Forum Extended Care Services II, Inc.</u>		17,689	(1,474)
19	V	10 <u>Pharm Consultant</u>	4,752	<u>Forum Extended Care Services II, Inc.</u>		4,386	(366)
20	V	22 <u>Employee Vaccination</u>	3,846	<u>Forum Extended Care Services II, Inc.</u>			(3,846)
21	V	39 <u>Employee Vaccination</u>		<u>Forum Extended Care Services II, Inc.</u>		3,550	3,550
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	<b>Total</b>		\$ 185,559			\$ 171,283	\$ * (14,276)

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 414,413	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 405,518	\$ (8,895)
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	<b>Total</b>		\$ 414,413			\$ 405,518	\$ * (8,895)

\* 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	\$ 25,210	Alden Bennett Construction Company, Inc.	0.00%	\$ 25,177	\$	(33)	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		\$ 25,210			\$ 25,177	\$ *	(33)	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	\$ 183	Alden Design Group, Inc.	0.00%	\$ 223	\$	40	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	<b>Total</b>		\$ 183			\$ 223	\$ *	40	39

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

Facility Name &amp; ID Number

Princeton Rehab &amp; HCC

# 0036244

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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 Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		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	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

## 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	176,497	1.84	4.60	Salary	\$ 8,503	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,404	1.84	4.60	Salary	4,596	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,404	1.84	4.60	Salary	4,596	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	109,616	1.84	4.60	Salary	5,281	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,064	1.84	4.60	Salary	2,894	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	176,497	1.38	4.60	Salary	8,503	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	\$ 34,373		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 Princeton Rehab & HCC

# 0036244

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

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	1,320,269	35	\$ 90,340	\$ 60,682	\$ 4,152	1
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	60,682	1,459	2
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	60,682	16,022	3
4	26	Insurance	Patient Days	1,320,269	35	7,373	60,682	339	4
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	60,682	1,544	5
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	60,682	4,843	7
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	60,682	43,741	8
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	60,682	163,161	9
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	3,421	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	10,029	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	60,682	11,240	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	72,134	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	60,682	10,877	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	214,810	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	60,682	85,656	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	40,632	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	376,396	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	64,321	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 1,127,559	25

Facility Name & ID Number

Princeton Rehab & HCC

# 0036244

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

**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		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge		x	Mortgage	\$32,598.00	2/1/11	\$ 7,836,900	\$ 7,243,924	3/1/2051	3.9400	\$ 287,294	1						
2												2						
3												3						
4	Insurance Interest (GL7053)		x	Medical Malpractice							3,912	4						
5												5						
<b>Working Capital</b>																		
6	Related party-AMS		x	Working Capital							163,161	6						
7	Amort-Refi Fees		x	Working Capital							5,599	7						
8												8						
9	<b>TOTAL Facility Related</b>				\$32,598.00		\$ 7,836,900	\$ 7,243,924			\$ 459,966	9						
<b>B. Non-Facility Related*</b>																		
10	Interest Income (GL 4975)										(69,267)	10						
11	Int. Income - R.R.										(127)	11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (69,394)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 7,836,900	\$ 7,243,924			\$ 390,572	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 36,444      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.)



## 2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME 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 2016 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 2016.

(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>105,372.00</u>	\$ <u>4,843.00</u>
2. <u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>18,725.00</u>	\$ <u>18,725.00</u>
3. <u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	\$ <u>16,937.00</u>	\$ <u>16,937.00</u>
4. <u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>64,511.00</u>	\$ <u>64,511.00</u>
5. <u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>95,477.00</u>	\$ <u>95,477.00</u>
6. <u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	\$ <u>17,525.00</u>	\$ <u>17,525.00</u>
7. <u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>16,815.00</u>	\$ <u>16,815.00</u>
8. <u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>975.00</u>	\$ <u>975.00</u>
9. <u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	\$ <u>95,441.00</u>	\$ <u>95,441.00</u>
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>431,778.00</u></u>	\$ <u><u>331,249.00</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

**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 Princeton Rehab & HCC

# 0036244

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

**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>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>66,775</b>		<b>\$ 1,137,260</b>	<b>3</b>

**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	\$ 6,897,625	\$ 220,767	30	\$ 231,254	\$ 10,487	\$ 6,325,834	4
5											5
6			1992	1992	44,020	280	30	1,467	1,187	37,284	6
7			1993	1993	30,616	692	30	1,021	329	25,792	7
8	Disposal		2017			(41,438)		(41,438)			8
	<b>Improvement Type**</b>										
9		FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC		1991	7,180		VARIOUS			7,180	9
10		EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/		1992	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 Princeton Rehab & HCC# 0036244

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

**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		3,971	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		1,548	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	1,033	15	1,033		23,320	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)		\$ 7,342,916	\$ 181,663		\$ 193,666	\$ 12,003	\$ 6,758,519	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	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,342,916	\$ 181,663		\$ 193,666	\$ 12,003	\$ 6,758,519	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		10			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		5			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	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,443,009	\$ 182,044		\$ 194,047	\$ 12,003	\$ 6,869,116	34

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

Facility Name & ID Number Princeton Rehab & HCC# 0036244

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,443,009	\$ 182,044		\$ 194,047	\$ 12,003	\$ 6,869,116	1
2	ABC (new transformer)	2006	8,185	705	10	705		7,480	2
3	ABC (new compressor)	2006	21,154		10			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		10			13,500	5
6	Fence	2007	2,813	143	10	143		2,670	6
7	ABC - paint facility	2007	2,589	21	10	21		2,568	7
8	ABC - electrical security system	2007	13,341	203	10	203		13,138	8
9	TopNotch - 2HP motor	2007	2,909	48	10	48		2,861	9
10	GT Mech - air compressor	2007			5			3,360	10
11	ABC - bathroom vinyl sheet flooring	2007	4,305	175	10	175		4,130	11
12	ABC - HVAC	2007			10			6,000	12
13	ABC - new doors (exit and kitchen)	2007	3,183	188	10	188		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	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,621,327	\$ 187,920		\$ 199,923	\$ 12,003	\$ 7,042,071	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	<b>Totals from Page 12C, Carried Forward</b>		\$ 7,621,327	\$ 187,920		\$ 199,923	\$ 12,003	\$ 7,042,071	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17	10	17		60	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,700,281	\$ 188,960		\$ 200,963	\$ 12,003	\$ 7,131,032	34

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

Facility Name & ID Number Princeton Rehab & HCC# 0036244

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

**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	<b>Totals from Page 12D, Carried Forward</b>		\$ 7,700,281	\$ 188,960		\$ 200,963	\$ 12,003	\$ 7,131,032	1
2	ABC - broken HVAC motor repairs	2009	2,742		5			2,742	2
3	Chiller-2009	2009	274,071	18,271		18,271		150,736	3
4	ABC - tuckpointing entire o/s of building	2010	209,080	10,454	20	10,454		75,791	4
5	ABC - new windows	2010	2,725	273	10	273		2,161	5
6	ABC - new windows	2010	8,136	814	10	814		6,308	6
7	ABC - new windows	2010	20,306	2,031	10	2,031		16,248	7
8	ABC - fire dampers & seal walls/floors	2011	18,500	1,850	10	1,850		12,333	8
9	ABC - fire dampers for toilet exhaust	2011	17,741	1,774	10	1,774		11,679	9
10	Oak Fire - replace 380 fusible links	2011	12,772		5			12,772	10
11	ABC - Drywall, bathroom	2012	12,313	821	15	821		4,584	11
12	JDROOF - Roof repair	2012	3,200	580	5	580		3,200	12
13	ABC - Raise bathroom walls	2012	4,351	218	20	218		1,181	13
14	ABC - Bathroom walls	2012	15,118	756	20	756		4,095	14
15	Repair Door Closer	2012	2,616	175	5	175		2,616	15
16	ABC - HVAC/Chase Wall for duct	2013	3,312	221	15	221		994	16
17	Kone Inc - Elevator major repair	2013	6,151	1,230	5	1,230		5,535	17
18									18
19	ABC - Fire Alarm Control Panel	2014	11,050	553	20	553		1,705	19
20	ABC - window replacement	2014	2,967	297	10	297		1,039	20
21	ABC - bolts, doors, auto flush	2014	3,010	602	5	602		2,007	21
22	J&D Sons - roof repair	2014	4,350	870	5	870		2,755	22
23	TopNotch - dishwasher motor	2014	5,994	1,199	5	1,199		3,697	23
24	TopNotch - new dishwasher	2014	3,164	633	5	633		2,057	24
25									25
26	Fire Damper Repairs - ALDBEN	2015	20,540	2,054	10	2,054		5,991	26
27	Elevator Repair - ALIELE	2015	2,556	511	5	511		1,448	27
28	Motor, Rack Drive for Dish Machine - TOPNOT	2015	3,953	791	5	791		1,977	28
29	Motor, Dishmachine - TOPNOT	2015	8,430	1,686	5	1,686		4,215	29
30									30
31	Fire Dampers, Inspect and Repair (26) - GTMECH	2016	8,951	895	10	895		1,641	31
32	Windows, Aluminum (29) - ALDBEN	2016	8,879	888	10	888		1,406	32
33	Boiler repair/new casing & refractory reinsall-ALDBEN	2016	7,289	1,458	5	1,458		1,458	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,404,548	\$ 240,865		\$ 252,868	\$ 12,003	\$ 7,475,403	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	<b>Totals from Page 12E, Carried Forward</b>	\$ 8,404,548	\$ 240,865		\$ 252,868	\$ 12,003	\$ 7,475,403		1
2	Roof Repairs and Patching - JDROOF	2017	2,955	148	5	148		148	2
3	Boiler Stack Repairs - ALDBEN	2017	7,863	524	5	524		524	3
4	Plumbing serv. To install bypass - TRIPLU	2017	3,330	500	5	500		500	4
5	Roof Repairs - JDROOF	2017	4,880	325	5	325		325	5
6	Barametric Damper - GTMECH	2017	3,159		10				6
7	Motor for Pump - GTMECH	2017	2,725	500	5	500		500	7
8	Repair coils, replace valves, heating - GTMECH	2017	34,533	3,166	10	3,166		3,166	8
9	Boiler Repair/New Casing & Refractory - ALDBEN	2017	7,289	850	5	850		850	9
10									10
11	Adjust for ABC related party profit	2008	(295)	18		18		(313)	11
12	Adjust for ABC related party profit	2009	(273)	(8)		(8)		(64)	12
13	Adjust for ABC related party profit	2010	(2,940)	(43)		(43)		(344)	13
14	Adjust for ABC related party profit	2011	289	2		2		(5)	14
15	Adjust for ABC related party profit	2012	2,124	152		152		(224)	15
16	Adjust for ABC related party profit	2013	45	2		2		(1)	16
17	Adjust for ABC related party profit	2014	(32)	(3)		(3)		(10)	17
18	Adjust for ABC related party profit	2015	(39)	(8)		(8)		(20)	18
19	Adjust for ABC related party profit	2016	(102)	(6)		(6)		(9)	19
20	Adjust for ABC related party profit	2017	(20)	(2)		(2)		(2)	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,470,039	\$ 246,982		\$ 258,985	\$ 12,003	\$ 7,480,424	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	\$ 571,573	\$ 58,375	\$ 58,375	\$	varies	\$ 289,669	71
72	Current Year Purchases	243,770	9,392	9,392		varies	7,939	72
73	Fully Depreciated Assets	1,332,580	6,718	6,718		varies	1,332,580	73
74								74
75	TOTALS	\$ 2,147,923	\$ 74,485	\$ 74,485	\$		\$ 1,630,188	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	3,911					3,911	77
78										78
79										79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	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)	\$ 11,759,133	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 321,467	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 333,470	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)	\$ 9,114,523	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 Princeton Rehab & HCC

# 0036244

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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	<b>TOTAL</b>				\$			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.	<u>12/31/2018</u>	\$ <u>varies</u>
13.	<u>12/31/2019</u>	\$ <u>varies</u>
14.	<u>12/31/2020</u>	\$ <u>varies</u>

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: \$ 23,722 Description: copy machine GL 6861 - \$18,850 and equipment lease GL 6859 - \$4,872

(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>19,530</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>19,530</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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

- (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	\$		\$ 149,202	\$		\$ 149,202	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			48,388			48,388	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			155,994			155,994	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 prescrpts				124,392		124,392	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					(8,895)	162,393		153,498	13
14	TOTAL			\$		\$ 344,689	\$ 286,785		\$ 631,474	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	\$149,202.00	
2.	ST	39-3	To Col 5	48,388.00	
3.					
4.	PT	39-3	To Col 5	155,994.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			130,914.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(6,522.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	124,392.00	
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	(8,895.00)	From Page 6D
	Other			181,840.00	
	Manual Input: Related Party - Prism			(45,081.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(369.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(1,699.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			27,702.00	
13.	Col 6: Supplies Total		To Col 6	162,393.00	
13.	Total Line 13, Column 8			153,498.00	
14.	Total			631,474.00	

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

# 0036244

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (151,000) )	1,825,905	1,825,905	3
4	Supply Inventory (priced at )	5,153	5,153	4
5	Short-Term Investments			5
6	Prepaid Insurance		14,566	6
7	Other Prepaid Expenses	11,945	11,945	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	2,764	191,235	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,845,767	\$ 2,048,804	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,000,000	1,000,000	12
13	Land		155,893	13
14	Buildings, at Historical Cost		7,148,717	14
15	Leasehold Improvements, at Historical Cost	727,956	727,956	15
16	Equipment, at Historical Cost	672,795	2,937,902	16
17	Accumulated Depreciation (book methods)	(1,256,159)	(8,888,894)	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> )		135,658	22
23	Other(specify): <u>Refinancing Fee</u>		112,173	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 1,144,592	\$ 3,329,405	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 2,990,359	\$ 5,378,209	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 505,905	\$ 484,198	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	131,082	131,082	28
29	Short-Term Notes Payable		107,701	29
30	Accrued Salaries Payable	557,404	557,404	30
31	Accrued Taxes Payable (excluding real estate taxes)	26,047	26,047	31
32	Accrued Real Estate Taxes(Sch.IX-B)		336,200	32
33	Accrued Interest Payable	263,663	287,447	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	139,589	139,589	36
37	<u>Due to Affiliates</u>	852,281	852,281	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 2,475,971	\$ 2,921,949	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,136,223	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Affiliates</u>	7,312,774	7,229,781	43
44	<u>Shareholder Loans</u>	250,000	250,000	44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 7,562,774	\$ 14,616,004	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 10,038,745	\$ 17,537,953	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (7,048,386)	\$ (12,159,744)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 2,990,359	\$ 5,378,209	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(6,575,362)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(6,575,362)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(473,024)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(473,024)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(7,048,386)</b>	<b>24</b> *

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

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

# 0036244

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 10,023,628	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,023,628	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	136,012	6
7	Oxygen	6,479	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 142,491	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	620	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 620	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	65,803	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 65,803	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See PG19A	8,302	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 8,302	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,240,844	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,745,588	31
32	Health Care	3,654,067	32
33	General Administration	3,015,477	33
<b>B. Capital Expense</b>			
34	Ownership	1,151,763	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	666,338	35
36	Provider Participation Fee	480,635	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 10,713,868	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(473,024)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (473,024)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 9,002,848	44
45	Private Pay - Net Inpatient Revenue	94,258	45
46	Medicare - Net Inpatient Revenue	844,230	46
47	Other-(specify) <u>Hospice/Insurance</u>	139,048	47
48	Other-(specify) <u>Charity/Sales Allowance</u>	(56,756)	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 10,023,628	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 Princeton Rehab & HCC# 0036244

Report Period Beginning 01/01/2017 Ending:

12/31/2017**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Rehab Settlement Check	\$ 2,287
Record Copies-Backed out with Ln ref 21-Pg 5A	
Jury Duty-Backed out with Ln ref 22-Pg 5A	\$ 34
Write Off Old Accounts Payables	
Vendor Discount	
United Healthcare-(Rebate/Incentive)	
U'SAgain LLc	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 5,981
Line 28 Total:	<u><u>8,302</u></u>

Facility Name & ID Number Princeton Rehab & HCC

# 0036244

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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	2,089	2,097	\$ 100,812	\$ 48.07	1
2	Assistant Director of Nursing	1,840	1,868	79,998	42.83	2
3	Registered Nurses	12,329	13,194	408,341	30.95	3
4	Licensed Practical Nurses	34,605	36,962	1,045,292	28.28	4
5	CNAs & Orderlies	78,926	85,704	1,083,408	12.64	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,793	4,148	54,482	13.13	8
9	Activity Director	2,080	2,080	40,111	19.28	9
10	Activity Assistants	11,644	12,654	148,228	11.71	10
11	Social Service Workers	2,048	2,056	42,917	20.87	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	59,243	28.48	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,651	22,568	270,492	11.99	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	45,583	21.91	17
18	Housekeepers	23,329	24,540	303,014	12.35	18
19	Laundry	5,375	6,041	70,501	11.67	19
20	Administrator	2,080	2,080	113,290	54.47	20
21	Assistant Administrator	3,864	3,870	123,878	32.01	21
22	Other Administrative	6,032	6,132	165,822	27.04	22
23	Office Manager	2,008	2,272	40,363	17.77	23
24	Clerical	2,690	2,897	33,238	11.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,152	4,152	139,903	33.70	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Clinical Director	1,120	1,120	30,821	27.52	32
33	Other(specify) Behavioral Health	4,938	5,399	104,474	19.35	33
34	TOTAL (lines 1 - 33)	229,753	245,994	\$ 4,504,211 *	\$ 18.31	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	2511/Month	30,130	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	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	64	\$ 64,762		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	743	9,656	10-3	52
53	TOTAL (lines 50 - 52)	743	\$ 9,656		53



Princeton Rehab & HCC  
 Legal Fee Support  
 2017

Legal Fees Reported on Pg 21, Section C:	\$	57,227.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(1,239.00)
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>10,796.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Kent College of Law	3/17,6/17,10/17,11/17	2,789.00
Alden Group (Midcap Charges)	1/17,2/17,5/17,8/17	3,093.00
Stone Pogrund & Korey	17,7/17,8/17,9/17,10/17,12/	4,027.00
Von Briesen & Roper	6/17,8/17,9/17,11/17	849.00
Ariana Fisch	8/17/2018	38.00
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><b>10,796.00</b></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
ABC Account Corp	4/17/2018	45.00
Ariana Fisch	1/17,5/17	17.00
Clerk of the Circuit Court of Cook County	4/17,8/17,11/17	900.00
Markley Investigations	6/17/2018	50.00
Recorder of Deed Cook County	6/17/2018	40.00
Sheriff of Cook County	6/17,8/17,11/17	180.00
Stone Pogrund & Korey	5/17/2018	7.00
<b>TOTAL Collection-NOT ALLOWABLE LEGAL FEES</b>		<u><b>1,239.00</b></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Allocated Legal Fees	Monthly	45,192.00

**TOTAL Allocated Legal Fees** **45,192.00**

Total Legal Cost **57,227.00**

Facility Name & ID Number Princeton Rehab & HCC# 0036244Report Period Beginning: 01/01/2017Ending: 12/31/2017**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNAs-YES;RN/LPN-No
- (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. \$ 44,442 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. \$ 480,635  
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. \$ 35,678 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