

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc.

003-6244 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			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	1,521	98	1,245	2,864	8
9	SNF/PED					9
10	ICF	58,207	248	1,398	59,853	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	59,728	346	2,643	62,717	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.37%

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 1,026

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Princeton Rehabilitation and Health Care Ce # 003-6244 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	349,332	24,930	24,615	398,877	1,290	400,167	595	400,762		1
2	Food Purchase		458,573		458,573	(35,968)	422,605	(40,198)	382,407		2
3	Housekeeping	327,860	71,277		399,137	1,022	400,159	8,847	409,006		3
4	Laundry	75,590	37,765		113,355	311	113,666		113,666		4
5	Heat and Other Utilities			264,284	264,284		264,284	(907)	263,377		5
6	Maintenance	46,725	3,436	230,726	280,887	3,380	284,267	78,052	362,319		6
7	Other (specify):* related party							8,138	8,138		7
8	TOTAL General Services	799,507	595,981	519,625	1,915,113	(29,965)	1,885,148	54,527	1,939,675		8
	B. Health Care and Programs										
9	Medical Director			30,092	30,092		30,092		30,092		9
10	Nursing and Medical Records	3,095,380	164,924	24,602	3,284,906	(20,284)	3,264,622	65,495	3,330,117		10
10a	Therapy	129,271	1,310	96,987	227,568		227,568		227,568		10a
11	Activities	378,409	14,044	4,874	397,327	118	397,445		397,445		11
12	Social Services	44,087			44,087		44,087		44,087		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,345	8,345		15
16	TOTAL Health Care and Programs	3,647,147	180,278	156,555	3,983,980	(20,166)	3,963,814	73,840	4,037,654		16
	C. General Administration										
17	Administrative	240,009			240,009		240,009	251,116	491,125		17
18	Directors Fees										18
19	Professional Services			874,818	874,818		874,818	(783,821)	90,997		19
20	Dues, Fees, Subscriptions & Promotions			156,273	156,273		156,273	(108,870)	47,403		20
21	Clerical & General Office Expenses	197,990	8,770	201,336	408,096	569	408,665	321,311	729,976		21
22	Employee Benefits & Payroll Taxes			890,961	890,961	28,350	919,311	(4,245)	915,066		22
23	Inservice Training & Education										23
24	Travel and Seminar			119	119		119	1,868	1,987		24
25	Other Admin. Staff Transportation			11,113	11,113		11,113	17,647	28,760		25
26	Insurance-Prop.Liab.Malpractice			564,904	564,904		564,904	6,394	571,298		26
27	Other (specify):* Bad Debt Expense			252,812	252,812		252,812	(165,809)	87,003		27
28	TOTAL General Administration	437,999	8,770	2,952,336	3,399,105	28,919	3,428,024	(464,409)	2,963,615		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,884,653	785,029	3,628,516	9,298,198	(21,212)	9,276,986	(336,042)	8,940,944		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			33,309	33,309	(3,339)	29,970	345,622	375,592			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			145,126	145,126		145,126	10,869	155,995			32
33	Real Estate Taxes			375,920	375,920	(375,920)		385,345	385,345			33
34	Rent-Facility & Grounds			574,894	574,894	375,920	950,814	(950,814)				34
35	Rent-Equipment & Vehicles			23,230	23,230		23,230	43,797	67,027			35
36	Other (specify):* MIP							35,940	35,940			36
37	TOTAL Ownership			1,152,479	1,152,479	(3,339)	1,149,140	(129,241)	1,019,899			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		329,907	272,011	601,918	24,551	626,469	(88,723)	537,746			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			498,824	498,824		498,824		498,824			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		329,907	770,835	1,100,742	24,551	1,125,293	(88,723)	1,036,570			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,884,653	1,114,936	5,551,830	11,551,419		11,551,419	(554,006)	10,997,413			45

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

003-6244
 Period Beginning: 1/1/2018
 Period Ending: 12/31/2018

IDPH License No. 36-370816900

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description	
2		(35,968)	Employee Meals	Entered
	22	35,968	Employee Meals	Entered
22		(7,618)	Uniform Reclass	Entered
	1	1,290	Uniform Reclass	Entered
	3	1,022	Uniform Reclass	Entered
	4	311	Uniform Reclass	Entered
	6	41	Uniform Reclass	Entered
	10	4,267	Uniform Reclass	Entered
	11	118	Uniform Reclass	Entered
	21	569	Uniform Reclass	Entered
10		(24,551)	Oxygen Cost Reclass	Entered
	39	24,551	Oxygen Cost Reclass	Entered
33		(375,920)	Rent - Real Estate Tax on associated landowner (Pg 6)	
	34	375,920	Rent - Real Estate Tax on associated landowner (Pg 6)	
30		(3,339)	Reclass Depreciation on Painting	
	6	3,339	Reclass Depreciation on Painting	

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	(9,404)	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	(290,424)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(357)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(28,943)	21		17
18	Fines and Penalties	(356)	32		18
19	Entertainment	(3,342)	20		19
20	Contributions	(5,135)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,739)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(252,812)	27		24
25	Fund Raising, Advertising and Promotional	(17,043)	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)	\$ (599,552)		\$	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)	173,768	Pg 6s	34
35	Other- Attach Schedule	(128,222)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 45,546		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (554,006)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Princeton Rehabilitation and Health Care Center, Inc.

ID# 003-6244

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fess on Utilities	\$ (5,254)	5	1
2	Intercompany Interest	(142,367)	32	2
3	Miscellaneous Income - Interest and Settlements	(1,762)	10	3
4	Miscellaneous Income - Record Copies	(284)	21	4
5	Miscellaneous Income - Jury Duty	(120)	10	5
6	Vendor Discounts - Discounts	(1)	10	6
7				7
8	Back Out: bank Charges - Princeton LLC	(96)	21	8
9	Real Estate Tax Refunds		33	9
10				10
11	adj for ABC related party profit		30	11
12	Elim Deprec Exp on Pg 12, <\$2,500	(6,160)	30	12
13	Elim Deprec Exp on Pg 13, <\$2,500	(25,487)	30	13
14	Exp Pg12 items <\$2,500 - current yr purch	18,503	6	14
15	Exp Pg13 items <\$2,500 - current yr purch	34,515	6	15
16	adjust depreciation expense	291	30	16
17	Elim portion of benefits for marketing 'ees		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	(128,222)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc.# 003-6244

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
1	A. General Services													
1	Dietary	0	0	3,323	(2,728)	0	0	0	0	0	0	0	595	1
2	Food Purchase	(357)	0	0	(39,841)	0	0	0	0	0	0	0	(40,198)	2
3	Housekeeping	0	0	8,847	0	0	0	0	0	0	0	0	8,847	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,254)	0	4,347	0	0	0	0	0	0	0	0	(907)	5
6	Maintenance	43,614	5,486	29,345	0	0	0	103	(496)	0	0	0	78,052	6
7	Other (specify):*	0	0	8,138	0	0	0	0	0	0	0	0	8,138	7
8	TOTAL General Services	38,003	5,486	54,000	(42,569)	0	0	103	(496)	0	0	0	54,527	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	(1,883)	0	58,647	10,303	(1,572)	0	0	0	0	0	0	65,495	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	8,345	0	0	0	0	0	0	0	0	8,345	15
16	TOTAL Health Care and Programs	(1,883)	0	66,992	10,303	(1,572)	0	0	0	0	0	0	73,840	16
	C. General Administration													
17	Administrative	0	0	251,116	0	0	0	0	0	0	0	0	251,116	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,739)	17,180	(797,262)	0	0	0	0	0	0	0	0	(783,821)	19
20	Fees, Subscriptions & Promotions	(25,520)	0	(83,350)	0	0	0	0	0	0	0	0	(108,870)	20
21	Clerical & General Office Expenses	(29,323)	173	350,461	0	0	0	0	0	0	0	0	321,311	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(4,245)	0	0	0	0	0	0	(4,245)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,868	0	0	0	0	0	0	0	0	1,868	24
25	Other Admin. Staff Transportation	0	0	17,647	0	0	0	0	0	0	0	0	17,647	25
26	Insurance-Prop.Liab.Malpractice	0	6,026	368	0	0	0	0	0	0	0	0	6,394	26
27	Other (specify):*	(252,812)	0	87,003	0	0	0	0	0	0	0	0	(165,809)	27
28	TOTAL General Administration	(311,394)	23,379	(172,149)	0	(4,245)	0	0	0	0	0	0	(464,409)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(275,274)	28,865	(51,157)	(32,266)	(5,817)	0	103	(496)	0	0	0	(336,042)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc. # 003-6244 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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 TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(19,353)	358,890	6,085	0	0	0	0	0	0	0	0	345,622	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(433,147)	288,528	155,488	0	0	0	0	0	0	0	0	10,869	32
33	Real Estate Taxes	0	375,920	9,425	0	0	0	0	0	0	0	0	385,345	33
34	Rent-Facility & Grounds	0	(950,814)	0	0	0	0	0	0	0	0	0	(950,814)	34
35	Rent-Equipment & Vehicles	0	0	43,797	0	0	0	0	0	0	0	0	43,797	35
36	Other (specify):*	0	35,940	0	0	0	0	0	0	0	0	0	35,940	36
37	TOTAL Ownership	(452,500)	108,464	214,795	0	0	0	0	0	0	0	0	(129,241)	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	(73,791)	(8,996)	(5,936)	0	0	0	0	0	(88,723)	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	(73,791)	(8,996)	(5,936)	0	0	0	0	0	(88,723)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(727,774)	137,329	163,638	(106,057)	(14,813)	(5,936)	103	(496)	0	0	0	(554,006)	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	\$ 950,814	Princeton Associates I, L.L.C.	0.00%	\$	\$ (950,814)	1
2	V	32 RR Interest Inc.	116	Princeton Associates I, L.L.C.			(116)	2
3	V	19 Accounting/Professional		Princeton Associates I, L.L.C.		12,300	12,300	3
4	V	33 Real Estate Tax		Princeton Associates I, L.L.C.		375,920	375,920	4
5	V	26 Property & Liability Insurance		Princeton Associates I, L.L.C.		6,026	6,026	5
6	V	32 Interest on Mortgage Note		Princeton Associates I, L.L.C.		283,126	283,126	6
7	V	36 Mortgage Insurance Premium		Princeton Associates I, L.L.C.		35,940	35,940	7
8	V	30 Depreciation/Gain on Sale of Assets		Princeton Associates I, L.L.C.		358,890	358,890	8
9	V	32 Amortization		Princeton Associates I, L.L.C.		5,518	5,518	9
10	V	21 Misc. Cost/Report fees		Princeton Associates I, L.L.C.		77	77	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.		5,486	5,486	12
13	V	19 Legal Fees: Non-Collections		Princeton Associates I, L.L.C.		4,880	4,880	13
14	Total		\$ 950,930			\$ 1,088,259	\$ * 137,329	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%	\$ 4,347	\$	4,347	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,868		1,868	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		17,647		17,647	17
18	V	26 Insurance		Alden Management Services, Inc.		368		368	18
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		2,234		(83,350)	19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085		6,085	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		9,425		9,425	21
22	V	35 Rent- Equipment & Vehicles		Alden Management Services, Inc.		43,797		43,797	22
23	V	32 Interest		Alden Management Services, Inc.		155,488		155,488	23
24	V	1 Dietary		Alden Management Services, Inc.		3,323		3,323	24
25	V	3 Housekeeping		Alden Management Services, Inc.		8,847		8,847	25
26	V	7 Employee Benefits- Gen'l Services		Alden Management Services, Inc.		8,138		8,138	26
27	V	10 Nursing & Medical Record Salaries		Alden Management Services, Inc.		58,647		58,647	27
28	V	15 Employee Benefits- Health Care		Alden Management Services, Inc.		8,345		8,345	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		251,116		251,116	29
30	V	27 Employee Benefits- Admin		Alden Management Services, Inc.		87,003		87,003	30
31	V	19 Professional Fees	841,464	Alden Management Services, Inc.		44,202		(797,262)	31
32	V	21 General & Administrative	51,552	Alden Management Services, Inc.		402,013		350,461	32
33	V	6 Repairs & Maintenance	59,654	Alden Management Services, Inc.		88,999		29,345	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,038,254			\$ 1,201,892	\$ *	163,638	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	\$ 24,168	Prism Health Care Sevices, Inc.	0.00%	\$	\$ (24,168)
16	V	1 Dietary salary		Prism Health Care Sevices, Inc.		14,326	14,326
17	V	2 Tube feeding	84,625	Prism Health Care Sevices, Inc.		22,774	(61,851)
18	V	10 Equipment rental	6,660	Prism Health Care Sevices, Inc.		10,997	4,337
19	V	39 Ancillary supplies	166,424	Prism Health Care Sevices, Inc.		49,628	(116,796)
20	V	1 Gen'l & admin & benefits		Prism Health Care Sevices, Inc.		7,114	7,114
21	V	2 Gen'l & admin & benefits		Prism Health Care Sevices, Inc.		22,010	22,010
22	V	10 Gen'l & admin & benefits		Prism Health Care Sevices, Inc.		5,966	5,966
23	V	39 Gen'l & admin & benefits		Prism Health Care Sevices, Inc.		43,005	43,005
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		\$ 281,877			\$ 175,820	\$ * (106,057)

* 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>	\$ 135,442	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 124,683	\$ (10,759)
16	V	39 <u>I.V.</u>	13,296	<u>Forum Extended Care Services II, Inc.</u>		12,240	(1,056)
17	V	39 <u>Wound Care Products</u>	13,708	<u>Forum Extended Care Services II, Inc.</u>		12,619	(1,089)
18	V	10 <u>House Stock</u>	15,042	<u>Forum Extended Care Services II, Inc.</u>		13,847	(1,195)
19	V	10 <u>Pharm Consultant</u>	4,752	<u>Forum Extended Care Services II, Inc.</u>		4,375	(377)
20	V	22 <u>Employee Vaccination</u>	4,245	<u>Forum Extended Care Services II, Inc.</u>			(4,245)
21	V	39 <u>Employee Vaccination</u>		<u>Forum Extended Care Services II, Inc.</u>		3,908	3,908
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		\$ 186,485			\$ 171,672	\$ * (14,813)

* 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	\$ 367,941	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 362,005	\$ (5,936)
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		\$ 367,941			\$ 362,005	\$ * (5,936)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 34,287	Alden Bennett Construction Company, Inc.	0.00%	\$ 34,390	\$	103	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		\$ 34,287			\$ 34,390	\$ *	103	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 & Maintenance	\$ 752	Alden Design Group, Ltd.	0.00%	\$ 256	\$	(496)	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		\$ 752			\$ 256	\$ *	(496)	39

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

Facility Name & ID Number

Princeton Rehabilitation and Health Care Center, Inc.

003-6244

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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 F	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/Alz	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	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	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				30

Facility Name & ID Number Princeton Rehabilitation and Health Care C # 003-6244 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	176,374	1.864	4.66	Salary	\$ 8,626	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,337	1.864	4.66	Salary	4,663	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,337	1.864	4.66	Salary	4,663	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	111,387	1.864	4.66	Salary	5,448	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,189	1.864	4.66	Salary	2,944	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	176,374	1.631	4.66	Salary	8,626	6-7, 17-7	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	\$ 34,970		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 Rehabilitation and Health Care Center, Inc. # 003-6244 Report Period Beginning: 1/1/2018 Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773-286-3883
 Fax Number (773-286-8038

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,345,058	36	\$ 93,217	\$ 62,717	\$ 4,347	1
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	62,717	1,868	2
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	62,717	17,647	3
4	26	Insurance	Patient Days	1,345,058	36	7,901	62,717	368	4
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	62,717	2,234	5
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	62,717	9,425	7
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	62,717	43,797	8
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	62,717	155,488	9
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	3,323	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	8,847	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	62,717	8,138	12
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	58,647	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	62,717	8,345	14
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	62,717	251,116	15
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	87,003	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	44,202	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	402,013	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	88,999	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 1,201,892	25

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			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge		x	Mortgage	\$32,598.00	2/1/11	\$ 7,836,900	\$ 7,136,223	3/1/2051	3.9400	\$ 283,126	1						
2												2						
3												3						
4												4						
5	Insurance Interest (GL7053)		x	Medical Malpractice							2,403	5						
Working Capital																		
6	Related party - AMS		x	Working Capital							155,488	6						
7	Amort-Refi Fees		x	Working Capital							5,518	7						
8												8						
9	TOTAL Facility Related				\$32,598.00		\$ 7,836,900	\$ 7,136,223			\$ 446,535	9						
B. Non-Facility Related*																		
10	Interest Income - GL 4975		x								(290,424)	10						
11	Int. Income on R.R.		x								(116)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (290,540)	14						
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 7,136,223			\$ 155,995	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 35,940 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.)

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Princeton Rehabilitation and Health Care Center, Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 003-6244

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 2017 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 2017.

(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>202,125.00</u>	\$ <u>9,425.00</u>
2. <u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>20,125.00</u>	\$ <u>20,125.00</u>
3. <u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	\$ <u>18,204.00</u>	\$ <u>18,204.00</u>
4. <u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>69,336.00</u>	\$ <u>69,336.00</u>
5. <u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>102,619.00</u>	\$ <u>102,619.00</u>
6. <u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	\$ <u>18,836.00</u>	\$ <u>18,836.00</u>
7. <u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>18,073.00</u>	\$ <u>18,073.00</u>
8. <u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,048.00</u>	\$ <u>1,048.00</u>
9. <u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	\$ <u>102,579.00</u>	\$ <u>102,579.00</u>
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>552,945.00</u></u>	\$ <u><u>360,245.00</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 Rehabilitation and Health Care Center, Inc.

003-6244 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

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	TOTALS	66,775		\$ 1,137,260	3

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc.

003-6244

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 6,557,088	4
5											5
6			1992	1992	44,020	280	30	1,467	1,187	38,751	6
7			1993	1993	30,616	692	30	1,021	329	26,813	7
8											8
		Improvement Type**									
9		FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC	1991		7,180		VARIOUS			7,180	9
10		EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/	1992		10,511		VARIOUS			10,511	10
11		WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES	1993		24,066		VARIOUS			24,066	11
12		DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU	1995		27,107		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 Rehabilitation and Health Care Center, Inc.# 003-6244

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**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		4,207	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		1,641	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		15			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	\$ 222,068		\$ 234,071	\$ 12,003	\$ 6,992,590	70

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

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc.# 003-6244

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**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		\$ 7,342,916	\$ 222,068		\$ 234,071	\$ 12,003	\$ 6,992,590	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				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		4,953	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							31
32	ABC - AC compressor	2006							32
33	ABC (repair supplies, paint,surface cap)	2006	3,199		5			3,199	33
34	TOTAL (lines 1 thru 33)		\$ 7,443,010	\$ 222,449		\$ 234,452	\$ 12,003	\$ 7,091,921	34

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

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc.# 003-6244

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**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		\$ 7,443,010	\$ 222,449		\$ 234,452	\$ 12,003	\$ 7,091,921	1
2	ABC (new transformer)	2006	8,185	705	10	705		8,185	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		2,813	6
7	ABC - paint facility	2007	2,589	21	10	21		2,589	7
8	ABC - electrical security system	2007	13,341	203	10	203		13,341	8
9	TopNotch - 2HP motor	2007	2,909	48	10	48		2,909	9
10	GT Mech - air compressor	2007			5				10
11	ABC - bathroom vinyl sheet flooring	2007	4,305	175	10	175		4,305	11
12	ABC - HVAC	2007			10				12
13	ABC - new doors (exit and kitchen)	2007	3,183	188	10	188		3,183	13
14	ABC - new parts HVAC motor	2007			10				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		3,364	17
18	New sewage injector pump	2008	6,619	662	10	662		6,344	18
19	Replaced ceiling tiles	2008	2,927	293	10	293		2,710	19
20	Repair hvac 3 way valve	2008			10				20
21	New sewer line	2008	3,500	140	25	140		1,272	21
22	ABC - front entrance ramp oxygen transfilling pad	2009	5,123	256	20	256		2,106	22
23	ABC - ramp concrete at the entrance	2009	12,763	851	15	851		7,021	23
24	ABC - parking lot wall protection	2009	4,887	489	10	489		4,034	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		5,448	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		5,667	31
32	GT Mechanical - cooling tower	2009	2,631		5			2,631	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,621,328	\$ 228,325		\$ 240,328	\$ 12,003	\$ 7,251,992	34

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

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc.# 003-6244

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**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		\$ 7,621,328	\$ 228,325		\$ 240,328	\$ 12,003	\$ 7,251,992	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,766,504	\$ 231,072		\$ 243,075	\$ 12,003	\$ 7,338,261	34

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

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc.# 003-6244

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**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		\$ 7,766,504	\$ 231,072		\$ 243,075	\$ 12,003	\$ 7,338,261	1
2	ABC - broken HVAC motor repairs	2009	2,742		5			2,742	2
3	Chiller-2009	2009	274,071	18,271		18,271		169,007	3
4	ABC - tuckpointing entire o/s of building	2010	209,080	10,454	20	10,454		86,245	4
5	ABC - new windows	2010	2,725	273	10	273		2,434	5
6	ABC - new windows	2010	8,136	814	10	814		7,122	6
7	ABC - new windows	2010	20,306	2,031	10	2,031		18,279	7
8	ABC - fire dampers & seal walls\floors	2011	18,500	1,850	10	1,850		14,183	8
9	ABC - fire dampers for toilet exhaust	2011	17,741	1,774	10	1,774		13,453	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		5,405	11
12	JDROOF - Roof repair	2012	3,200		5			3,200	12
13	ABC - Raise bathroom walls	2012	4,351	218	20	218		1,399	13
14	ABC - Bathroom walls	2012	15,118	756	20	756		4,851	14
15	Repair Door Closer	2012	2,616		5			2,616	15
16	ABC - HVAC/Chase Wall for duct	2013	3,312	221	15	221		1,215	16
17	Kone Inc - Elevator major repair	2013	6,151	616	5	616		6,151	17
18									18
19	ABC - Fire Alarm Control Panel	2014	11,050	553	20	553		2,258	19
20	ABC - window replacement	2014	2,967	297	10	297		1,336	20
21	ABC - bolts, doors, auto flush	2014	3,010	602	5	602		2,609	21
22	J&D Sons - roof repair	2014	4,350	870	5	870		3,625	22
23	TopNotch - dishwasher motor	2014	5,994	1,199	5	1,199		4,896	23
24	TopNotch - new dishwasher	2014	3,164	633	5	633		2,690	24
25									25
26	Fire Damper Repairs - ALDBEN	2015	20,540	2,054	10	2,054		8,045	26
27	Elevator Repair - ALIELE	2015	2,556	511	5	511		1,959	27
28	Motor, Rack Drive for Dish Machine - TOPNOT	2015	3,953	791	5	791		2,768	28
29	Motor, Dishmachine - TOPNOT	2015	8,430	1,686	5	1,686		5,901	29
30									30
31	Fire Dampers, Inspect and Repair (26) - GTMECH	2016	8,951	895	10	895		2,536	31
32	Windows, Aluminum (29) - ALDBEN	2016	8,879	888	10	888		2,294	32
33	Boiler repair/new casing & refractory reinsall-ALDBEN	2016	7,289	1,458	5	1,458		2,916	33
34	TOTAL (lines 1 thru 33)		\$ 8,470,771	\$ 281,608		\$ 293,611	\$ 12,003	\$ 7,733,168	34

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

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc.# 003-6244

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**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	\$ 8,470,771	\$ 281,608		\$ 293,611	\$ 12,003	\$ 7,733,168		1
2	Roof Repairs and Patching - JDROOF	2017	2,955	591	5	591		739	2
3	Boiler Stack Repairs - ALDBEN	2017	7,863	1,573	5	1,573		2,097	3
4	Plumbing serv. To install bypass - TRIPLU	2017	3,330	666	5	666		1,166	4
5	Roof Repairs - JDROOF	2017	4,880	976	5	976		1,301	5
6	Barametric Damper - GTMECH	2017	3,159	316	10	316		316	6
7	Motor for Pump - GTMECH	2017	2,725	545	5	545		1,045	7
8	Repair coils, replace valves, heating - GTMECH	2017	34,533	3,453	10	3,453		6,619	8
9	Boiler Repair/New Casing & Refractory - ALDBEN	2017	7,289	1,458	5	1,458		2,308	9
10									10
11	Roof Repairs - JDROOF - Roof	2018	2,970	297	5	297		297	11
12									12
13									13
14									14
15									15
16	Adjust for ABC related party profit	2008	(295)					(295)	16
17	Adjust for ABC related party profit	2009	(273)	(8)		(8)		(72)	17
18	Adjust for ABC related party profit	2010	(2,940)	(43)		(43)		(387)	18
19	Adjust for ABC related party profit	2011	289	2		2		(7)	19
20	Adjust for ABC related party profit	2012	2,124	152		152		(72)	20
21	Adjust for ABC related party profit	2013	45	2		2		(3)	21
22	Adjust for ABC related party profit	2014	(32)	(3)		(3)		(13)	22
23	Adjust for ABC related party profit	2015	(39)	(8)		(8)		(28)	23
24	Adjust for ABC related party profit	2016	(102)	(6)		(6)		(15)	24
25	Adjust for ABC related party profit	2017	(20)	(4)		(4)		(6)	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,539,232	\$ 291,567		\$ 303,570	\$ 12,003	\$ 7,748,158	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	\$ 734,623	\$ 58,585	\$ 58,585	\$	varies	\$ 276,466	71
72	Current Year Purchases	57,716	7,723	7,723		varies	6,861	72
73	Fully Depreciated Assets	1,414,480	5,714	5,714		varies	1,414,480	73
74								74
75	TOTALS	\$ 2,206,819	\$ 72,022	\$ 72,022	\$		\$ 1,697,807	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	\$ 3,802	\$	\$	\$	3	\$ 3,802	76
77										77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	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)	\$ 11,887,113	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 363,589	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 375,592	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)	\$ 9,449,767	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is eliminated

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.	<u>12/31/2019</u>	\$ <u>varies</u>
13.	<u>12/31/2020</u>	\$ <u>varies</u>
14.	<u>12/31/2021</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: \$ 22,747 Description: copy machine GL 6861 - \$18,818 and equipment lease GL 6859 - \$3,929

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>24,920</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>367.75</u>	<u>4,413</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>29,333</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	\$		\$ 118,877	\$		\$ 118,877	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			29,691			29,691	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			119,726			119,726	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				128,591		128,591	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>						597		597	12
13	Other (specify): <u>See PG 16A</u>	39-1, 39-3, if any				(5,936)	146,200		140,264	13
14	TOTAL			\$		\$ 262,358	\$ 275,388		\$ 537,746	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	\$118,877.30	
2.	ST	39-3	To Col 5	29,690.59	
3.					
4.	PT	39-3	To Col 5	119,725.90	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			135,442.21	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(6,851.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	128,591.21	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3		
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	597.06	
	Total Exceptional Care (Line 12, Col 8)			597.06	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(5,936.00)	From Page 6D
	Other			197,584.50	
	Manual Input: Related Party - Prism			(73,791.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(1,056.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(1,089.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			24,551.00	
13.	Col 6: Supplies Total		To Col 6	146,199.50	
13.	Total Line 13, Column 8			140,263.50	
14.	Total			537,745.56	

Facility Name & ID Number **Princeton Rehabilitation and Health Care Center, Inc.**

003-6244

Report Period Beginning: **1/1/2018**

Ending:

12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2018**

(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	\$	\$ 16,466	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (140,000))	1,813,938	1,813,938	3
4	Supply Inventory (priced at)	5,153	5,153	4
5	Short-Term Investments			5
6	Prepaid Insurance		14,900	6
7	Other Prepaid Expenses	14,413	14,413	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd Party/Escrow	19,412	232,549	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,852,916	\$ 2,097,419	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		7,148,717	14
15	Leasehold Improvements, at Historical Cost	728,953	728,953	15
16	Equipment, at Historical Cost	689,461	3,034,638	16
17	Accumulated Depreciation (book methods)	(1,285,420)	(9,277,043)	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 Replacement Reserve)		164,722	22
23	Other(specify): Refinancing Fees		106,655	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,132,994	\$ 3,062,535	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,985,910	\$ 5,159,954	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 585,285	\$ 588,785	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	273,424	273,424	28
29	Short-Term Notes Payable		112,022	29
30	Accrued Salaries Payable	608,512	608,512	30
31	Accrued Taxes Payable (excluding real estate taxes)	28,971	28,971	31
32	Accrued Real Estate Taxes(Sch.IX-B)		361,300	32
33	Accrued Interest Payable		23,431	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,Sales Tax	350,479	350,479	36
37	Due to Affiliates	771,548	771,548	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,618,219	\$ 3,118,472	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,024,201	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	8,086,647	7,984,922	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 8,086,647	\$ 15,009,123	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,704,866	\$ 18,127,595	46
47	TOTAL EQUITY(page 18, line 24)	\$ (7,718,956)	\$ (12,967,641)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,985,910	\$ 5,159,954	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,048,386)	1
2	Restatements (describe):		2
3			3
4	Prior Year Adjustment to Shareholder Loans	273,284	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,775,102)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(943,854)	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)	\$ (943,854)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (7,718,956)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, I # 003-6244 Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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	\$ 10,185,297	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,185,297	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	103,584	6
7	Oxygen	6,916	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 110,500	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	(7)	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	5,320	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 5,313	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	290,424	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 290,424	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	16,031	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 16,031	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,607,565	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,915,113	31
32	Health Care	3,983,980	32
33	General Administration	3,399,105	33
B. Capital Expense			
34	Ownership	1,152,479	34
C. Ancillary Expense			
35	Special Cost Centers	601,918	35
36	Provider Participation Fee	498,824	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,551,419	40
41	Income before Income Taxes (line 30 minus line 40)**	(943,854)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (943,854)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 9,227,744	44
45	Private Pay - Net Inpatient Revenue	78,048	45
46	Medicare - Net Inpatient Revenue	636,730	46
47	Other-(specify) <u>Hospice/Insurance</u>	299,293	47
48	Other-(specify) <u>VA/Sales Allow.</u>	(56,518)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,185,297	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 Rehabilitation and Health Care Center # 003-6244 Report Period Beginning 01/01/2018 Ending: 12/31/2018

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
497700-100-000 Miscellaneous Income Interest Received	\$ 10,006
497700-100-001 Miscellaneous Income Medical Record Copies	\$ 284
497700-100-002 Miscellaneous Income Jury Duty	\$ 120
498300-100-000 Write Off Old A/P	\$ 734
498400-100-000 Vendor Discounts Discounts	\$ 1
498500-100-000 Gain On Sale Of Assets	\$ 4,886

Line 28 Total: 16,031

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc.

003-6244

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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	2,392	2,392	\$ 120,684	\$ 50.45	1
2	Assistant Director of Nursing	1,584	1,600	68,365	42.73	2
3	Registered Nurses	11,683	12,633	407,147	32.23	3
4	Licensed Practical Nurses	35,956	38,905	1,111,718	28.58	4
5	CNAs & Orderlies	82,176	88,304	1,246,229	14.11	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,105	4,412	64,607	14.64	8
9	Activity Director	2,072	2,080	40,761	19.60	9
10	Activity Assistants	13,006	13,900	182,798	13.15	10
11	Social Service Workers	2,072	2,080	44,087	21.20	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	60,557	29.11	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,475	22,539	288,774	12.81	15
16	Dishwashers					16
17	Maintenance Workers	2,056	2,080	46,725	22.46	17
18	Housekeepers	22,974	24,681	327,860	13.28	18
19	Laundry	5,357	5,932	75,590	12.74	19
20	Administrator	2,080	2,080	118,331	56.89	20
21	Assistant Administrator	3,696	3,804	121,678	31.99	21
22	Other Administrative	6,236	6,244	176,974	28.34	22
23	Office Manager	2,026	2,322	41,847	18.02	23
24	Clerical	3,363	3,481	43,832	12.59	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,144	4,160	141,239	33.95	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: <u>Clinical Director/B</u>	7,345	7,701	154,850	20.11	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	236,878	253,410	\$ 4,884,653 *	\$ 19.28	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	2051/Month	\$ 24,615	1-3	35
36	Medical Director	2508/Month	30,092	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			11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	48	\$ 62,099		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	1,459	18,972	10-3	52
53	TOTAL (lines 50 - 52)	1,459	\$ 18,972		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Carol Perryman-Johnson	Administrator	0	\$ 118,331	Workers' Compensation Insurance	\$ 120,670	IDPH License Fee	\$	
Rubin Smith	Asst. Administrator	0	57,078	Unemployment Compensation Insurance	61,071	Advertising: Employee Recruitment	9,296	
Patricia Wiley	Asst. Administrator	0	64,600	FICA Taxes	363,453	Health Care Worker Background Check		
		0		Employee Health Insurance	115,589	(Indicate # of checks performed 30)	975	
		0		Employee Meals	35,968	Patient Background Checks	11,068	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	660	
		0		Union Health and Welfare	147,360	Corporate Annual Fee	154	
		0		Pension	42,492	Health Care Council of IL	21,600	
		0		Dental, Life, Vision Insurance	1,593	Collaborative Healthcare/Chicago DPH/Broad	1,416	
		0		Employee Relations, Misc. Payroll, Drug Tests	15,119	Related Party-AMS	2,234	
		0		Vaccination, 401K, Tuition Reimbursement	15,996	Less: Public Relations Expense	()	
		0		Related party-Forum	(4,245)	Non-allowable advertising	()	
		0				Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 240,009	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)				\$ 915,066		\$ 47,403		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
							Related party - AMS	1,868
							Seminar Expense	
							Pathway Health Services	119
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	
(Attach a copy of any management service agreement)							\$ 1,987	
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services, Inc.	Consulting fees		\$ 796,270					
Law Offices of Ellen E. Douglass/Coo	Legal Fees - Non Collections		2,220					
Mid-Cap Legal Fees/Kent College of I	Legal Fees - Non Collections		5,587					
Alden Management Services, Inc.	Allocated Legal Fees		45,192					
Stone Pogrund & Korey	Professional Fees		10,148					
First Advantage/Von Briesen&Roper	Professional Fees		297					
Taylor Funeral Home	Professional Fees		1,992					
Baker Tilly	Accounting Fees		5,216					
BDO Seidman	Accounting Fees		2,269					
Mid-Cap Accounting Fees	Accounting Fees		1,888					
ABC Account Corp/Kerry R. Polizzi	Legal Fees - Collections		245					
SB2 Inc.	Legal Fees - Collections		3,494					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 874,818					
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Princeton Rehabilitation and Health Care Center
 Legal Fee Support
 2018

Legal Fees Reported on Pg 21, Section C:	\$ 56,738.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(3,739.00)
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>\$ 7,807.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Cook County	4/18	15.00
Law Offices of Ellen E. Douglass	1/18	2,205.00
Law Offices of Kent College	5/18,11/18	426.00
Mid-Cap Legal Fees Allocation	3/18,6/18,9/18,10/18,11/18	5,161.00
TOTAL ALLOWABLE LEGAL FEES		<u><u>7,807.00</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
ABC Account Corp	2/18	45.00
Kerry R. Polizzi	4/18,5/18	200.00
SB2 Inc.	3/18,7/18,9/18,10/18,12/18	3,494.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 3,739.00

<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 56,738.00

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc.# 003-6244Report Period Beginning: 1/1/2018Ending: 12/31/2018**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA-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. II.Health Care Ass. \$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. \$ 33,727 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. \$ 498,824
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 35,968 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: n/a
- (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