

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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

I. IDPH License ID Number: <u>0036244</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Princeton Rehab HCC</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																							
Address: <u>255 West 69th Street</u> <u>Chicago</u> <u>60621</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(773) 224-5900</u> Fax # <u>(773) 224-7157</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>Derek Smart</u></td></tr><tr><td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) _____</td></tr><tr><td>(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Derek Smart</u>	(Title) <u>CFO, Alden Management Services, Inc., as agent</u>	(Signed) _____	Paid Preparer	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____	(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>												
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	(Firm Name & Address) _____																								
	(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>																								
Date of Initial License for Current Owners: <u>08/24/90</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☒ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☐ "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td>_____</td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code _____	☒ Corporation	☐ Other _____		☐ "Sub-S" Corp.	_____		☐ Limited Liability Co.	_____		☐ Trust			☐ Other _____	
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	☐ Limited Liability Co.	_____																							
	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:		MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630																							
Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u>																									
Email Address: _____																									

Facility Name & ID Number Princeton Rehab HCC

0036244 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	<u>225</u>	Skilled (SNF)	<u>225</u>	<u>82,350</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>225</u>	TOTALS	<u>225</u>	<u>82,350</u>	7

B. Census-For the entire report period.						
	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>5,323</u>	<u>528</u>	<u>1,020</u>	<u>6,871</u>	8
9	SNF/PED					9
10	ICF	<u>43,866</u>	<u>320</u>	<u>765</u>	<u>44,951</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>49,189</u>	<u>848</u>	<u>1,785</u>	<u>51,822</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.93%

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 _____ 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 926

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Princeton Rehab HCC # 0036244 Report Period Beginning: 01/01/2020 Ending: 12/31/2020
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	403,391	28,618	25,333	457,342	1,856	459,198	(5,134)	454,064			1
2	Food Purchase		411,331		411,331	(40,136)	371,195	(23,871)	347,324			2
3	Housekeeping	381,610	82,753		464,363	1,470	465,833	18,076	483,909			3
4	Laundry	90,369	22,394		112,763	447	113,210		113,210			4
5	Heat and Other Utilities			216,026	216,026		216,026	1,149	217,175			5
6	Maintenance	47,038		240,237	287,275	60	287,335	39,689	327,024			6
7	Other (specify):* related party							8,370	8,370			7
8	TOTAL General Services	922,408	545,096	481,596	1,949,100	(36,303)	1,912,797	38,279	1,951,076			8
	B. Health Care and Programs											
9	Medical Director			30,000	30,000		30,000		30,000			9
10	Nursing and Medical Records	3,510,626	251,841	31,069	3,793,536	(12,940)	3,780,596	59,173	3,839,769			10
10a	Therapy	130,454	2,101	57,670	190,225		190,225		190,225			10a
11	Activities	381,638	13,718	5,197	400,553	170	400,723		400,723			11
12	Social Services	51,158			51,158		51,158		51,158			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Res Att/rel party	77,195			77,195		77,195	7,213	84,408			15
16	TOTAL Health Care and Programs	4,151,071	267,660	123,936	4,542,667	(12,770)	4,529,897	66,386	4,596,283			16
	C. General Administration											
17	Administrative	175,823			175,823		175,823	221,425	397,248			17
18	Directors Fees											18
19	Professional Services			787,480	787,480		787,480	(681,667)	105,813			19
20	Dues, Fees, Subscriptions & Promotions			140,380	140,380		140,380	(101,139)	39,241			20
21	Clerical & General Office Expenses	194,611	8,572	180,592	383,775	(3,794)	379,981	290,907	670,888			21
22	Employee Benefits & Payroll Taxes			1,048,997	1,048,997	29,172	1,078,169	(3,704)	1,074,465			22
23	Inservice Training & Education											23
24	Travel and Seminar			907	907		907	1,104	2,011			24
25	Other Admin. Staff Transportation			8,541	8,541		8,541	9,871	18,412			25
26	Insurance-Prop.Liab.Malpractice			620,897	620,897		620,897	8,894	629,791			26
27	Other (specify):* related party			23,215	23,215		23,215	64,478	87,693			27
28	TOTAL General Administration	370,434	8,572	2,811,009	3,190,015	25,378	3,215,393	(189,831)	3,025,562			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,443,913	821,328	3,416,541	9,681,782	(23,695)	9,658,087	(85,166)	9,572,921			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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			29,480	29,480		29,480	225,665	255,145			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			54,082	54,082		54,082	272,395	326,477			32
33	Real Estate Taxes			254,084	254,084	(254,092)	(8)	352,164	352,156			33
34	Rent-Facility & Grounds			615,300	615,300	254,084	869,384	(869,384)				34
35	Rent-Equipment & Vehicles			27,949	27,949		27,949	39,593	67,542			35
36	Other (specify):* MIP							34,809	34,809			36
37	TOTAL Ownership			980,895	980,895	(8)	980,887	55,242	1,036,129			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		433,089	289,993	723,082	23,703	746,785	(336,459)	410,326			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			449,667	449,667		449,667		449,667			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		433,089	739,660	1,172,749	23,703	1,196,452	(336,459)	859,993			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,443,913	1,254,417	5,137,096	11,835,426		11,835,426	(366,383)	11,469,043			45

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

Princeton Rehab HCC
Period Beginning: 1/1/2020
Period Ending: 12/31/2020

IDPH License No. 0036244

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(40,136.00)	Employee Meals
	22	40,136.00	Employee Meals
22		(10,964.00)	Uniform Reclass
	1	1,856.00	Uniform Reclass
	3	1,470.00	Uniform Reclass
	4	447.00	Uniform Reclass
	6	60.00	Uniform Reclass
	10	6,143.00	Uniform Reclass
	11	170.00	Uniform Reclass
	21	818.00	Uniform Reclass
10		(23,703.00)	Oxygen Cost Reclass
	39	23,703.00	Oxygen Cost Reclass
33		(254,084.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	254,084.00	Rent - Real Estate Tax on associated landowner (Pg 6)
33		(8.00)	Real Estate Tax Fee Reclass
	21	8.00	Real Estate Tax Fee Reclass
21		(4,620.00)	Teams TSI Invoice Reclass
	10	4,620.00	Teams TSI Invoice Reclass
			-

Note for internal purposes: 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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 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	(11,470)	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	(109,968)	30		9
10	Interest and Other Investment Income	(15,048)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(803)	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	(23,351)	21		17
18	Fines and Penalties	(870)	32		18
19	Entertainment	(575)	20		19
20	Contributions	(8,091)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(33,255)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(23,215)	27		24
25	Fund Raising, Advertising and Promotional	(93,483)	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)	\$ (320,129)		\$	30

BHF USE ONLY								
48		49		50		51		52

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 Amount	2 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)	(58,906)		34
35	Other- Attach Schedule	12,652		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (46,254)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (366,383)		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 Yes	2 No	3 Amount	4 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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fess on Utilities	\$ (2,579)	5	1
2	Intercompany Interest	(53,003)	32	2
3	Miscellaneous Income - Record Copies	(90)	21	3
4	Miscellaneous Income - Jury Duty	(17)	10	4
5	Vendor Discounts - Discounts	(24)	10	5
6	Back Out: bank Charges - Princeton LLC	(201)	21	6
7	Add back R/E Tax & Litigation refund	90,636	33	7
8	Eliminate Greater Englewood Cof C	(300)	20	8
9				9
10				10
11	Elim Deprec Exp on Pg 12, <\$2,500	(6,845)	30	11
12	Elim Deprec Exp on Pg 13, <\$2,500	(25,595)	30	12
13	Exp Pg12 items <\$2,500 - current yr purch	2,250	6	13
14	Exp Pg13 items <\$2,500 - current yr purch	11,034	6	14
15	adjust depreciation expense	(2,614)	30	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
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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	12,652		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Princeton Rehab HCC# 0036244

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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)	
	A. General Services													
1	Dietary	0	0	0	(5,134)	0	0	0	0	0	0	0	(5,134)	1
2	Food Purchase	(803)	0	0	(23,068)	0	0	0	0	0	0	0	(23,871)	2
3	Housekeeping	0	0	18,076	0	0	0	0	0	0	0	0	18,076	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,579)	0	3,728	0	0	0	0	0	0	0	0	1,149	5
6	Maintenance	1,814	7,280	24,821	0	0	0	105	5,669	0	0	0	39,689	6
7	Other (specify):*	0	0	8,370	0	0	0	0	0	0	0	0	8,370	7
8	TOTAL General Services	(1,568)	7,280	54,995	(28,202)	0	0	105	5,669	0	0	0	38,279	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	(41)	0	49,051	11,148	(985)	0	0	0	0	0	0	59,173	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	7,213	0	0	0	0	0	0	0	0	7,213	15
16	TOTAL Health Care and Programs	(41)	0	56,264	11,148	(985)	0	0	0	0	0	0	66,386	16
	C. General Administration													
17	Administrative	0	0	221,425	0	0	0	0	0	0	0	0	221,425	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(33,255)	46,680	(695,092)	0	0	0	0	0	0	0	0	(681,667)	19
20	Fees, Subscriptions & Promotions	(102,449)	0	1,310	0	0	0	0	0	0	0	0	(101,139)	20
21	Clerical & General Office Expenses	(23,642)	278	314,271	0	0	0	0	0	0	0	0	290,907	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,704)	0	0	0	0	0	0	(3,704)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,104	0	0	0	0	0	0	0	0	1,104	24
25	Other Admin. Staff Transportation	0	0	9,871	0	0	0	0	0	0	0	0	9,871	25
26	Insurance-Prop.Liab.Malpractice	0	8,533	361	0	0	0	0	0	0	0	0	8,894	26
27	Other (specify):*	(23,215)	0	87,693	0	0	0	0	0	0	0	0	64,478	27
28	TOTAL General Administration	(182,561)	55,491	(59,057)	0	(3,704)	0	0	0	0	0	0	(189,831)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(184,170)	62,771	52,202	(17,054)	(4,689)	0	105	5,669	0	0	0	(85,166)	29

Summary B

12/31/2020

Capital Expense	PAGES	PAGE	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)	
Depreciation	(145,022)	359,569	11,118	0	0	0	0	0	0	0	0	225,665	30
Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
Interest	(68,921)	279,564	61,752	0	0	0	0	0	0	0	0	272,395	32
Real Estate Taxes	90,636	254,084	7,444	0	0	0	0	0	0	0	0	352,164	33
Rent-Facility & Grounds	0	(869,384)	0	0	0	0	0	0	0	0	0	(869,384)	34
Rent-Equipment & Vehicles	0	0	39,593	0	0	0	0	0	0	0	0	39,593	35
Other (specify):*	0	34,809	0	0	0	0	0	0	0	0	0	34,809	36
TOTAL Ownership	(123,307)	58,642	119,907	0	0	0	0	0	0	0	0	55,242	37
Ancillary Expense													
E. Special Cost Centers													
Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
Ancillary Service Centers	0	0	0	(169,909)	(3,612)	(162,938)	0	0	0	0	0	(336,459)	39
Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
TOTAL Special Cost Centers	0	0	0	(169,909)	(3,612)	(162,938)	0	0	0	0	0	(336,459)	44
GRAND TOTAL COST (sum of lines 29, 37 & 44)	(307,477)	121,413	172,109	(186,963)	(8,301)	(162,938)	105	5,669	0	0	0	(366,383)	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 PG-Supp		See PG-Supp		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 869,384	Princeton Associates I, L.L.C.	0.00 %	\$	\$ (869,384)	1
2	V	32	RR Interest Inc.	64	Princeton Associates I, L.L.C.			(64)	2
3	V	19	Accounting/Professional		Princeton Associates I, L.L.C.		14,000	14,000	3
4	V	33	Real Estate Tax		Princeton Associates I, L.L.C.		254,084	254,084	4
5	V	26	Property & Liability Insurance		Princeton Associates I, L.L.C.		8,533	8,533	5
6	V	32	Interest on Mortgage Note		Princeton Associates I, L.L.C.		274,282	274,282	6
7	V	36	Mortgage Insurance Premium		Princeton Associates I, L.L.C.		34,809	34,809	7
8	V	30	Depreciation/Gain on Sale of Assets		Princeton Associates I, L.L.C.		359,569	359,569	8
9	V	32	Amortization		Princeton Associates I, L.L.C.		5,346	5,346	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.		201	201	11
12	V	19	Legal Fees: Non-Collections		Princeton Associates I, L.L.C.		32,680	32,680	12
13	V	6	Repairs & Maintenance		Princeton Associates I, L.L.C.		7,280	7,280	13
14	Total			\$ 869,448			\$ 990,861	\$ * 121,413	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%	\$ 3,728	\$ 3,728	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		1,104	1,104	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		9,871	9,871	17
18	V	26	Insurance		Alden Management Services, Inc.		361	361	18
19	V	20	Dues & Subscriptions		Alden Management Services, Inc.		1,310	1,310	19
20	V	30	Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		7,444	7,444	21
22	V	35	Rent- Equipment & Vehicles		Alden Management Services, Inc.		39,593	39,593	22
23	V	32	Interest		Alden Management Services, Inc.		61,752	61,752	23
24	V	3	Housekeeping		Alden Management Services, Inc.		18,076	18,076	24
25	V	7	Employee Benefits- Gen'l Services		Alden Management Services, Inc.		8,370	8,370	25
26	V	10	Nursing & Medical Record Salaries		Alden Management Services, Inc.		49,051	49,051	26
27	V	15	Employee Benefits- Health Care		Alden Management Services, Inc.		7,213	7,213	27
28	V	17	Administrative Salary		Alden Management Services, Inc.		221,425	221,425	28
29	V	27	Employee Benefits- Admin		Alden Management Services, Inc.		87,693	87,693	29
30	V	19	Professional Fees	743,197	Alden Management Services, Inc.		48,105	(695,092)	30
31	V	21	General & Administrative	51,120	Alden Management Services, Inc.		365,391	314,271	31
32	V	6	Repairs & Maintenance	30,126	Alden Management Services, Inc.		54,947	24,821	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 824,443			\$ 996,552	\$ * 172,109	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		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 Consult.	\$ 25,333	Prism Health Care Services, Inc.	0.00%	\$	(25,333)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,243	14,243	16
17	V	2 Tube feeding	58,062	Prism Health Care Services, Inc.		16,848	(41,214)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	279,741	Prism Health Care Services, Inc.		76,883	(202,858)	19
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		5,956	5,956	20
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		18,146	18,146	21
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		5,356	5,356	22
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		32,949	32,949	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		\$ 369,796			\$ 182,833	\$ * (186,963)	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	39 Drugs	\$ 114,361	Forum Extended Care II, Inc.	0.00%	\$ 108,927	\$ (5,434)	15
16	V	39 I.V.	13,347			12,713	(634)	16
17	V	39 Wound Care-Product only	22,564			21,492	(1,072)	17
18	V	10 House Stock	15,978			15,219	(759)	18
19	V	10 Pharm Consult	4,752			4,526	(226)	19
20	V	22 Employee Vaccinations	3,704				(3,704)	20
21	V	39 Employee Vaccinations				3,528	3,528	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		\$ 174,706			\$ 166,405	\$ * (8,301)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 641,772	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 478,834	\$ (162,938)	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			\$ 641,772			\$ 478,834	\$ * (162,938)	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	\$ 44,381	Alden Bennett Construction Company, Inc.	0.00%	\$ 44,486	\$ 105	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			\$ 44,381			\$ 44,486	\$ * 105	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	\$ 6,148	Alden Design Group, Ltd.	0.00%	\$ 11,817	\$ 5,669	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			\$ 6,148			\$ 11,817	\$ * 5,669	39

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

Facility Name & ID Number

Princeton Rehab HCC

0036244

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care Center	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care Center	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care Center	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care Center	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimer's	8
9			Alden - Valley Ridge Rehabilitation and Health Care Center	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services	Schaumburg	Nursing and durable medical equipment	10
11			Alden - Orland Park Rehabilitation and Health Care Center	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipment	Fort Atkinson	Nursing and durable medical equipment	13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Senior Living	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	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.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	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 Care Center	Long Grove				30

Facility Name & ID Number Princeton Rehab HCC # 0036244 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 I	Chairman	100.00	177,071	1.716	4.29	Salary	\$ 7,929	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,714	1.716	4.29	Salary	4,286	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,714	1.716	4.29	Salary	4,286	6-7	3
4	Ina Schlossberg D.	Board Member	Board member	0.00	108,933	1.716	4.29	Salary	4,878	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical records	0.00	60,724	1.716	4.29	Salary	2,719	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	177,071	1.5015	4.29	Salary	7,929	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.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										12
13								TOTAL	\$ 32,027		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:

01/01/2020Ending: 2/31/2020

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,209,117	36	\$ 86,976	\$	51,822	\$ 3,728	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753		51,822	1,104	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320		51,822	9,871	3
4	26	Insurance	Patient Days	1,209,117	36	8,433		51,822	361	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557		51,822	1,310	5
6	30	Depreciation	No of Providers/usage	36	36	408,834		1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354		51,822	7,444	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790		51,822	39,593	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343		51,822	61,752	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	51,822	18,076	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292		51,822	8,370	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	51,822	49,051	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303		51,822	7,213	13
14	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	51,822	221,425	14
15	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057		51,822	87,693	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	51,822	48,105	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	51,822	365,391	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	51,822	54,947	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 24,005,407	\$ 16,460,603		\$ 996,552	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	2		3	4	5	6	7	8	9	10	
	Name of Lender	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	\$ 6,907,685	3/1/2051	3.9400	\$ 274,282	1
2												2
3												3
4												4
5	Insurance Interest (GL7053)		x	Medical Malpractice							209	5
	Working Capital											
6	Related party - AMS		x	Working capital							61,752	6
7	Amort-Refi Fees		x	Working capital							5,346	7
8												8
9	TOTAL Facility Related				\$32,598.00		\$ 7,836,900	\$ 6,907,685			\$ 341,589	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		x								(64)	10
11	Interest Income (GL 4975)		x								(15,048)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (15,112)	14
15	TOTALS (line 9+line14)						\$ 7,836,900	\$ 6,907,685			\$ 326,477	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 34,809 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2019 report.			\$	343,100	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	338,812	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(4,288)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	349,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	344,712	7
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page		\$	7,444
		Total Real Estate Tax Expense, Sch V, Line 33		\$	352,156
Real Estate Tax Bill for Calendar Year:		2015	281,192	8	
		2016	326,406	9	
		2017	350,820	10	
		2018	333,115	11	
		2019	338,812	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.					

		FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	\$		13
14	PLUS APPEAL COST FROM LINE 5	\$		14
15	LESS REFUND FROM LINE 6	\$		15
16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

FACILITY NAME Princeton Rehab HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0036244

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

TELEPHONE 773-724-6362 FAX #: 872-469-1725

Enter the tax index number and real estate tax assessed for 2019 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 2019.

B. Real Estate Tax Cost Allocations

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.)

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,000

B. General Construction Type: Exterior BrickFrame 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).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home facility	66,775	1991	\$ 1,137,260	1
2					2
3	TOTALS	66,775		\$ 1,137,260	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		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	\$ 109,283	\$ (111,484)	\$ 6,897,625	4
5											5
6			1992	1992	44,020	280	30	1,467	1,187	41,685	6
7			1993	1993	30,616	692	30	1,021	329	28,855	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/F			1992	10,511		VARIOUS			10,511	10
11	WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRESS			1993	24,066		VARIOUS			24,066	11
12	DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGUIS			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:

01/01/2020 Ending:

12/31/2020

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		4,679	54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		1,827	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 preassure 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		\$ 112,100	\$ (109,968)	\$ 7,338,761	70

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

Facility Name & ID Number Princeton Rehab HCC

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Report Period Beginning:

01/01/2020 Ending:

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,342,916	\$ 222,068		\$ 112,100	\$ (109,968)	\$ 7,338,761	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 reparis)	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	382	15	382		5,716	20
21	BROLOC Brolin Lock And Safe	2005	3,855		10			3,855	21
22	Patten CAT (0105 AMS Billings)(Vehicle Air Induct & Exhaust Sys	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 swite	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	\$ 222,450		\$ 112,482	\$ (109,968)	\$ 7,438,855	34

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

Facility Name & ID Number Princeton Rehab HCC

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Report Period Beginning:

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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	\$ 222,450		\$ 112,482	\$ (109,968)	\$ 7,438,855	1
2	ABC (new transformer)	2006	8,185		10			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		10			2,813	6
7	ABC - paint facility	2007	2,589		10			2,589	7
8	ABC - electrical security system	2007	13,341		10			13,341	8
9	TopNotch - 2HP motor	2007	2,909		10			2,909	9
10	GT Mech - air compressor	2007			5				10
11	ABC - bathroom vinyl sheet flooring	2007	4,305		10			4,305	11
12	ABC - HVAC	2007			10				12
13	ABC - new doors (exit and kitchen)	2007	3,183		10			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		10			3,478	17
18	New sewage injector pump	2008	6,619		10			6,619	18
19	Replaced ceiling tiles	2008	2,927		10			2,927	19
20	Repair hvac 3 way valve	2008			10				20
21	New sewer line	2008	3,500	140	25	140		1,552	21
22	ABC - front entrance ramp oxygen transfilling pad	2009	5,123	256	20	256		2,618	22
23	ABC - ramp concrete at the entrance	2009	12,763	851	15	851		8,723	23
24	ABC - parking lot wall protection	2009	4,887	364	10	364		4,887	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		6,796	29
30	GT Mechanical - coil piping insulation	2009	12,656		5			12,656	30
31	Cable Satellite - outlets wiring	2009	6,800	453	10	453		6,800	31
32	GT Mechanical - cooling tower	2009	2,631		5			2,631	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,621,328	\$ 225,188		\$ 115,220	\$ (109,968)	\$ 7,605,360	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:

01/01/2020 Ending:

12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,621,328	\$ 225,188		\$ 115,220	\$ (109,968)	\$ 7,605,360	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		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,768,321	\$ 229,884		\$ 119,916	\$ (109,968)	\$ 7,701,131	34

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

Facility Name & ID Number Princeton Rehab HCC

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Report Period Beginning:

01/01/2020 Ending:

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,768,321	\$ 229,884		\$ 119,916	\$ (109,968)	\$ 7,701,131	1
2	ABC - broken HVAC motor repairs	2009	2,742		5			2,742	2
3	Chiller-2009	2009	274,071	18,271		18,271		205,549	3
4	ABC - tuckpointing entire o/s of building	2010	209,080	10,454	20	10,454		107,153	4
5	ABC - new windows	2010	2,725	18	10	18		2,725	5
6	ABC - new windows	2010	8,136	200	10	200		8,136	6
7	ABC - new windows	2010	20,306		10			20,306	7
8	ABC - fire dampers & seal walls/floors	2011	18,500	1,850	10	1,850		17,883	8
9	ABC - fire dampers for toilet exhaust	2011	17,741	1,774	10	1,774		17,001	9
10	Oak Fire - replace 380 fusable links	2011	12,772		5			12,772	10
11	ABC - Drywall, bathroom	2012	12,313	821	15	821		7,047	11
12	JDROOF - Roof repair	2012	3,200		5			3,200	12
13	ABC - Raise bathroom walls	2012	4,351	218	20	218		1,835	13
14	ABC - Bathroom walls	2012	15,118	756	20	756		6,363	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		1,657	16
17	Kone Inc - Elevator major repair	2013	6,151		5			6,151	17
18									18
19	ABC - Fire Alarm Control Panel	2014	11,050	553	20	553		3,364	19
20	ABC - window replacement	2014	2,967	297	10	297		1,930	20
21	ABC - bolts, doors, auto flush	2014	3,010		5			3,010	21
22	J&D Sons - roof repair	2014	4,350		5			4,350	22
23	TopNotch - dishwasher motor	2014	5,994		5			5,994	23
24	TopNotch - new dishwasher	2014	3,164		5			3,164	24
25									25
26	Fire Damper Repairs - ALDBEN	2015	20,540	2,054	10	2,054		12,153	26
27	Elevator Repair - ALIELE	2015	2,556	86	5	86		2,556	27
28	Motor, Rack Drive for Dish Machine - TOPNOT	2015	3,953	394	5	394		3,953	28
29	Motor, Dishmachine - TOPNOT	2015	8,430	843	5	843		8,430	29
30									30
31	Fire Dampers, Inspect and Repair (26) - GTMECH	2016	8,951	895	10	895		4,326	31
32	Windows, Aluminum (29) - ALDBEN	2016	8,879	888	10	888		4,070	32
33	Boiler repair/new casing & refractory reinsall-ALDBEN	2016	7,289	1,458	5	1,458		5,832	33
34	TOTAL (lines 1 thru 33)		\$ 8,472,588	\$ 271,935		\$ 161,967	\$ (109,968)	\$ 8,187,399	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:

01/01/2020 Ending: 12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 8,472,588	\$ 271,935		\$ 161,967	\$ (109,968)	\$ 8,187,399	1
2	Roof Repairs and Patching - JDROOF	2017	2,955	591	5	591		1,921	2
3	Boiler Stack Repairs - ALDBEN	2017	7,863	1,573	5	1,573		5,243	3
4	Plumbing serv. To install bypass - TRIPLU	2017	3,330	666	5	666		2,498	4
5	Roof Repairs - JDROOF	2017	4,880	976	5	976		3,253	5
6	Barametric Damper - GTMECH	2017	3,159	316	10	316		948	6
7	Motor for Pump - GTMECH	2017	2,725	545	5	545		2,135	7
8	Repair coils, replace valves, heating - GTMECH	2017	34,533	3,453	10	3,453		13,525	8
9	Boiler Repair/New Casing & Refractory - ALDBEN	2017	7,289	1,458	5	1,458		5,224	9
10	Roof Repairs - JDROOF - Roof	2018	2,970	594	5	594		1,485	10
11									11
12	Shower Floor Repairs - 3rd FL- ALDBEN	2019	9,354	1,871	5	1,871		2,962	12
13	Boiler Repairs - Boiler Room - ALDBEN	2019	6,945	695	10	695		1,274	13
14	Roof Repairs - Dining Room/Hallway- JDROOF - Roof	2019	9,850	1,970	5	1,970		2,627	14
15	Cooling Tower Repairs - JDROOF - Roof	2020	8,495	1,274	5	1,274		1,274	15
16	Roof Repairs - JDROOF - Roof	2020	5,000	667	5	667		667	16
17	Processor & Relay Board, elevator- SUBELE	2020	4,700	157	5	157		157	17
18	Motor & Assembly Pump, elevator - SUBELE	2020	5,200	173	5	173		173	18
19									19
20									20
21	Adjust for ABC related party profit	2008	(295)					(295)	21
22	Adjust for ABC related party profit	2009	(273)	(8)		(8)		(88)	22
23	Adjust for ABC related party profit	2010	(2,940)	(43)		(43)		(473)	23
24	Adjust for ABC related party profit	2011	289	2		2		11	24
25	Adjust for ABC related party profit	2012	2,124	152		152		232	25
26	Adjust for ABC related party profit	2013	45	2		2		7	26
27	Adjust for ABC related party profit	2014	(32)	(3)		(3)		(19)	27
28	Adjust for ABC related party profit	2015	(39)	(3)		(3)		(39)	28
29	Adjust for ABC related party profit	2016	(102)	(6)		(6)		(27)	29
30	Adjust for ABC related party profit	2017	(20)	(4)		(4)		(14)	30
31	Adjust for ABC related party profit	2019	1,146	117		117		234	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,591,739	\$ 289,120		\$ 179,152	\$ (109,968)	\$ 8,232,294	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	\$704,287	\$67,144	\$67,144	\$	various	\$311,327	71
72	Current Year Purchases	127,828	7,351	7,351		various	5,220	72
73	Fully Depreciated Assets	1,527,884	1,498	1,498		various	1,527,884	73
74								74
75	TOTALS	\$2,359,999	\$75,993	\$75,993	\$		\$1,844,431	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	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	80

E. Summary of Care-Related Assets				1	2	
		Reference			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)			\$12,092,800	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$365,113	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$255,145	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$(109,968)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$10,080,527	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)					
	1	2	Current Book	Accumulated	
	Description & Year Acquired	Cost	Depreciation 3	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

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?
16. Rental Amount for movable equipment: \$21,624
- Description:copy machine GL 6861 - \$18,019 and equipment lease GL 6859 - \$3,605
- (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	Auto lease-GL 6890	various	\$827.50	\$9,930	17
18					18
19	Related party-PG 6A	various	#####	18,421	19
20					20
21	TOTAL		\$#####	\$28,351	21

10. Effective dates of current rental agreement:

Beginning10/01/90

Ending09/20/22

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

	Fiscal Year Ending	Annual Rent
12.	/2021	\$varies
13.	/2022	\$varies
14.		\$

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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)	\$			

(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.

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	

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

12345678												
	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	\$		\$	118,614	\$		\$	118,614	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				23,863				23,863	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				142,137				142,137	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	See PG16A	# of prescripts					112,455			112,455	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)											
10			hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify): See PG16A	39-1, 39-3, if any					(162,938)	176,195			13,257	13
14	TOTAL			\$		\$	121,676	\$	288,650	\$	410,326	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	
XIV. Special Services (Direct Cost)				Col 5: PT,OT, & ST	Col 6: Supplies
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	118,613.90	
2.	ST	39-3	To Col 5	23,863.27	
3.					
4.	PT	39-3	To Col 5	142,136.70	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			114,360.98	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(1,906.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	112,454.98	
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: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(162,938.00)	From Page 6D, Col 8 (Except DD homes)
	Other			324,106.39	
	Manual Input: Related Party - Prism			(169,909.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(634.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(1,072.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			23,703.00	
13.	Col 6: Supplies Total		To Col 6	176,194.39	
13.	Total Line 13, Column 8			13,256.39	
14.	Total			410,325.24	

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	29,025	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 70,000)	1,361,784	1,361,784	3
4	Supply Inventory (priced at)	71,564	71,564	4
5	Short-Term Investments			5
6	Prepaid Insurance		18,148	6
7	Other Prepaid Expenses	15,548	15,548	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd Party/Escrow	12,115	258,872	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,461,011	\$ 1,754,941	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	738,993	738,993	15
16	Equipment, at Historical Cost	794,034	3,251,361	16
17	Accumulated Depreciation (book methods)	(1,339,550)	(10,046,854)	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		274,511	22
23	Other(specify): Refinancing Fees/Due from Affiliates		187,269	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,193,477	\$ 2,709,890	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,654,488	\$ 4,464,831	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 722,778	\$ 726,978	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	86,966	86,966	28
29	Short-Term Notes Payable		121,190	29
30	Accrued Salaries Payable	521,488	521,488	30
31	Accrued Taxes Payable (excluding real estate taxes)	193,522	193,522	31
32	Accrued Real Estate Taxes(Sch.IX-B)		349,000	32
33	Accrued Interest Payable		22,680	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,SalesTax, prov	5,846,786	5,846,786	36
37	Due to Affiliates	741,845	741,845	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,113,385	\$ 8,610,455	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	556,345	556,345	39
40	Mortgage Payable		6,786,495	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	4,224,010	4,224,010	43
44	Mcr Adv Fund & FICA Deferred	262,354	262,354	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,042,709	\$ 11,829,204	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,156,094	\$ 20,439,659	46
47	TOTAL EQUITY (page 18, line 24)	\$ (10,501,606)	\$ (15,974,828)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,654,488	\$ 4,464,831	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,697,532)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,697,532)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,804,074)	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)	\$ (1,804,074)	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)	\$ (10,501,606)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Princeton Rehab HCC

0036244

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 9,763,866	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,763,866	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	173,840	5
6	Therapy	54,401	6
7	Oxygen	6,334	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 234,575	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	9,814	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 9,814	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	15,048	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 15,048	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Pg 19A: Record Copies, Jury Duty, Vendor Discounts etc	3,651	28
28a	Gain on Sale of Assets	4,398	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,049	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,031,352	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,949,100	31
32	Health Care	4,542,667	32
33	General Administration	3,190,015	33
	B. Capital Expense		
34	Ownership	980,895	34
	C. Ancillary Expense		
35	Special Cost Centers	723,082	35
36	Provider Participation Fee	449,667	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,835,426	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,804,074)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,804,074)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 8,726,012	44
45	Private Pay - Net Inpatient Revenue	79,220	45
46	Medicare - Net Inpatient Revenue	591,268	46
47	Other-(specify) Hospice	383,524	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows	(16,158)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,763,866	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: 01/01/2020 Ending: 12/31/2020

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch. Wellness incentive \$	1,602
Record Copies-Backed out with Ln ref 21-Pg 5A	90
Jury Duty-Backed out with Ln ref 22-Pg 5A	17
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	1,918
Vendor Discount	24
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	
Line 28 Total:	<u>3,651</u>

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,911	2,051	\$ 108,684	\$ 52.99	1
2	Assistant Director of Nursing	2,056	2,080	108,208	52.02	2
3	Registered Nurses	12,866	14,033	498,150	35.50	3
4	Licensed Practical Nurses	34,750	38,039	1,164,570	30.62	4
5	CNAs & Orderlies	73,857	81,332	1,484,940	18.26	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,666	3,930	65,935	16.78	8
9	Activity Director	2,064	2,080	42,171	20.27	9
10	Activity Assistants	9,917	11,068	176,411	15.94	10
11	Social Service Workers	2,072	2,080	51,158	24.60	11
12	Dietician					12
13	Food Service Supervisor	2,056	2,080	62,856	30.22	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,421	21,488	340,535	15.85	15
16	Dishwashers					16
17	Maintenance Workers	2,048	2,072	47,038	22.70	17
18	Housekeepers	21,257	22,902	381,610	16.66	18
19	Laundry	5,279	5,850	90,369	15.45	19
20	Administrator	2,064	2,080	131,540	63.24	20
21	Assistant Administrator	1,344	1,360	44,283	32.56	21
22	Other Administrative	6,048	6,155	173,115	28.13	22
23	Office Manager	2,050	2,252	42,889	19.04	23
24	Clerical	2,633	2,796	43,126	15.42	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,130	4,170	146,074	35.03	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Clinical Director/B	7,256	7,859	163,056	20.75	32
33	Other(specify) Res Attendant/TN	4,416	4,630	77,195	16.67	33
34	TOTAL (lines 1 - 33)	223,161	242,387	\$ 5,443,913 *	\$ 22.46	34

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	varies/mth	\$ 25,333	1-3	35
36	Medical Director	2500/Month	30,000	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	57	3,685	11-3	44
45	Social Service Consultant	4	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	61	\$ 64,050		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	57	\$ 22,286	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	10	1,400	10-3	52
53	TOTAL (lines 50 - 52)	67	\$ 23,686		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

STATE OF ILLINOIS

0036244

Page 21

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

Facility Name & ID Number

Princeton Rehab HCC

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Carol Perryman-Johnson	Administrator	0	\$ 131,540
Patricia Wiley	Asst. Administrator	0	44,283
		0	
		0	
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 175,823

B. Administrative - Other

Description	Amount
	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services	Consulting fee	\$ 694,507
Mid-Cap Legal Fees	Legal Fees - Non Collections	458
Ariana Fisch/Von Briesen & Roper	Legal Fees - Non Collections	622
Alden Management Services, Inc.	Allocated Legal Fees	47,520
Baker Tilly	Accounting Fees	7,468
Mid-Cap Accounting Fees	Accounting Fees	3,460
Int'l Micro Design/C. Novotny	Accounting Fees	190
Stone Pogrund & Korey	Legal Fees - Collections	10,588
Midwest Care Mgmt/SB2 Inc.	Legal Fees - Collections	12,937
Adam M Stern	Legal Fees - Collections	6,407
IDF Law LLC/Meagher & Geer	Legal Fees - Collections	3,323
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 787,480

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 171,266
Unemployment Compensation Insurance	47,011
FICA Taxes	406,217
Employee Health Insurance	167,769
Employee Meals	40,136
Illinois Municipal Retirement Fund (IMRF)*	
Union Health and Welfare	154,824
Pension	47,021
Dental, Life, Vision Insurance	1,324
Employee Relations, Misc. Payroll, Drug Tests	35,311
Vaccination, 401K, Tuition Reimbursement	7,290
Related party-Forum	(3,704)
TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,074,465

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$
Advertising: Employee Recruitment	10,694
Health Care Worker Background Check (Indicate # of checks performed)	812
Patient Background Checks	83 2,105
Surety Bond Fees	660
Corporate Annual Fee	77
Health Care Council of IL	21,600
Collaborative Healthcare/Broadcast Radio/A	1,983
Related Party-AMS	1,310
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 39,241

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related party - AMS	1,104
Seminar Expense	
National Investment Center	268
WHCA/WICAL	639
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 2,011

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

Princeton Rehabilitation and Health Care Center, Inc. Legal Fee Support 2020	PG 21A
Legal Fees Reported on Pg 21, Section C:	\$ 81,855.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(33,255.00)
Non-allowable legal fees, if any, deducted on - AMS Allocated Legal Fees: GL 680600-100-003 + Add Back voided invoice of prior year, if any	(47,520.00)
Allowable Legal Fees	<u><u>\$ 1,080.00</u></u>

In Detail:		
Vendor Name	Invoice Date	Amount
Mid-Cap Legal Fees Allocation	Monthly	457.80
Ariana Fisch	1/1/20 - 12/31/20	389.95
Von Briesen & Roper	10/2020	232.29

TOTAL ALLOWABLE LEGAL FEES	<u><u>1,080.04</u></u>
----------------------------	------------------------

Vendor Name	Invoice Date	Amount
Midwest Care Mgmt	1/1/20 - 12/31/20	10,482.51
IDF Law LLC	10/29/20	1,722.50
SB2 Inc.	1/1/20 - 12/31/20	2,454.60
Stone Pogrund & Korey	1/1/20 - 12/31/20	10,588.15
Adam M. Stern	1/14, 3/30, 4/1, 4/8, 6/16	6,407.63
Meagher & Geer	2/11/2020	1,600.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES	<u><u>33,255.39</u></u>
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Vendor Name	Invoice Date	Amount
AMS Allocated Legal Fees	Monthly	45,192.00
TOTAL Allocated Legal Fees		<u><u>45,192.00</u></u>

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?
If YES, give association name and amount.

Health Care Council of IL \$21,600

yes

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

yes

yes

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

no

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

yes

7.5 yrs

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 31,209

Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

no

(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
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

x

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.
This amount is to be recorded on line 42 of Schedule V.

\$ 449,667

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

no

(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?
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.

no

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.
Has any meal income been offset against related costs?

\$ 40,136

no

Indicate the amount. \$

(16)

Travel and Transportation

a. Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

no

b. Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

no

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?
Indicate the amount of income earned from providing such transportation during this reporting period.

no

\$

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

no

n/a

(18)

Have all costs which do not relate to the provision of long term care been adjusted out 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.
Attach invoices and a summary of services for all architect and appraisal fees.

yes