

		FOR BHF USE						

LL 1

2025
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2025)

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: 0036244

Facility Name: Princeton Rehab HCC

Address: 255 West 69th Street Chicago 60621

County: Cook

Telephone Number: (773) 224-5900 Fax # (773) 224-7157

HFS ID Number:

Date of Initial License for Current Owners: 8/24/1990

Type of Ownership:

☐ 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

In the event there are further questions about this report, please contact:
Name: Mark Novotny Telephone Number: 773-724-6362
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2025 to 12/31/2025 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.

Officer or Administrator of Provider

(Signed) Derek Smart (Date)

(Type or Print Name)

(Title) CFO, Alden Management Services, Inc., as agent

(Signed) Robert F. Long (Date) 5/3/2026

Paid Preparer

(Print Name and Title) Robert F. Long, CPA Partner

(Firm Name & Address) Plante & Moran, PLLC 3000 Town Center, Suite 100 Southfield MI 48075

(Telephone) (248) 223-3738 Fax # (248) 233-7349

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
2200 Churchill Rd.
Springfield, IL 62702-3406 Phone # (217) 782-1630

STATE OF ILLINOIS

Facility Name & ID NumberPrinceton Rehabilitation and Health Care Center, Inc.#0036244Report Period Beginning:1/1/2025Ending:12/31/2025Page 2

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

N/A

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

B. Census-For the entire report period.

1	2	3	4	5	6	7	8	9		
	Level of Care	Patient Days by Level of Care and Primary Source of Payment								
		Medicaid Fee for Service	Medicaid MLTSS	MMHAI Medicaid Primary	Medicare Primary	Private Pay	Medicare Part A Only	Other	Total	
8	SNF	768	1,542	749	81	195	1,050	561	4,946	8
9	SNF/PED									9
10	ICF	11,309	48,702	2,182		1,404			63,597	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	12,077	50,244	2,931	81	1,599	1,050	561	68,543	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.)

83.46%

D. How many bed reserve days during this year were paid by the Department?

None (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?

YESNOX

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YESNOX

I. On what date did you start providing long term care at this location?

Date started7/7/1990

J. Was the facility purchased or leased after January 1, 1978?

YESDate7/7/1990NOX

K. Was the facility certified for Medicare during the reporting year?

YESXNOIf YES, enter certified beds.

number of certified beds225

Medicare IntermediaryWellpoint Federal

IV. ACCOUNTING BASIS

ACCRUALXMODIFIEDCASH*CASH*

Is your fiscal year identical to your tax year?

Tax Year:12/31/2025Fiscal Year:12/31/2025YESXNONO

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

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	552,441	50,479	39,047	641,967		641,967	25,768	667,735		1
2	Food Purchase		549,752		549,752		549,752	(43,023)	506,729		2
3	Housekeeping	495,476	70,173	3,020	568,669		568,669	23,422	592,091		3
4	Laundry	132,919	26,636	919	160,474	-	160,474	-	160,474		4
5	Heat and Other Utilities			301,358	301,358		301,358	6,328	307,686		5
6	Maintenance	65,179	-	340,843	406,022		406,022	37,547	443,569		6
7	Other (specify): ³ See Attached TB	-	-	32,294	32,294		32,294	17,466	49,760		7
8	TOTAL General Services	1,246,015	697,040	717,481	2,660,536	-	2,660,536	67,509	2,728,045		8
B. Health Care and Programs											
9	Medical Director	-	-	26,250	26,250		26,250	-	26,250		9
10	Nursing and Medical Records	6,609,675	211,310	73,053	6,894,038		6,894,038	88,100	6,982,138		10
10a	Therapy	130,632	1,610	24,000	156,242		156,242	-	156,242		10a
11	Activities	755,535	18,904	348	774,787		774,787	-	774,787		11
12	Social Services	54,631	-	-	54,631		54,631	-	54,631		12
13	CNA Training	-	-	-	-		-	-	-		13
14	Program Transportator	-	-	-	-		-	-	-		14
15	Other (specify): ³ See Attached TB	-	-	-	-		-	10,828	10,828		15
16	TOTAL Health Care and Programs	7,550,473	231,824	123,651	7,905,948	-	7,905,948	98,927	8,004,875		16
C. General Administration											
17	Administrative	249,305	-	-	249,305		249,305	300,859	550,164		17
18	Directors Fees			-	-		-	-	-		18
19	Professional Services			1,403,023	1,403,023		1,403,023	(1,271,169)	131,854		19
20	Dues, Fees, Subscriptions & Promotions			181,615	181,615		181,615	(99,777)	81,838		20
21	Clerical & General Office Expense	236,396	19,244	260,404	516,044		516,044	570,453	1,086,497		21
22	Employee Benefits & Payroll Tax			1,413,957	1,413,957		1,413,957	(3,909)	1,410,048		22
23	Inservice Training & Education			-	-		-	-	-		23
24	Travel and Seminar			1,137	1,137		1,137	2,452	3,589		24
25	Other Admin. Staff Transportator		-	6,999	6,999		6,999	24,639	31,638		25
26	Insurance-Prop.Liab.Malpractices			601,117	601,117		601,117	28,175	629,292		26
27	Other (specify): ³ See Attached TB	-	-	402,961	402,961		402,961	(295,045)	107,916		27
28	TOTAL General Administration	485,701	19,244	4,271,213	4,776,158	-	4,776,158	(743,322)	4,032,836		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,282,189	948,108	5,112,345	15,342,642	-	15,342,642	(576,886)	14,765,756		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			74,013	74,013		74,013	105,777	179,790		30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-		31
32	Interest			204,486	204,486		204,486	169,315	373,801		32
33	Real Estate Taxes			-	-		-	600,640	600,640		33
34	Rent-Facility & Grounds			1,104,036	1,104,036		1,104,036	(1,104,036)	-		34
35	Rent-Equipment & Vehicles			54,170	54,170		54,170	56,308	110,478		35
36	Other (specify): ² See Attached TB			-	-		-	40,601	40,601		36
37	TOTAL Ownership			1,436,705	1,436,705	-	1,436,705	(131,395)	1,305,310		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation	-	-	-	-		-	-	-		38
39	Ancillary Service Center:	-	395,899	358,173	754,072		754,072	(60,029)	694,043		39
40	Barber and Beauty Shops	-	-	-	-		-	-	-		40
41	Coffee and Gift Shops	-	-	-	-		-	-	-		41
42	Provider Participation Fee	-	-	1,212,787	1,212,787		1,212,787	-	1,212,787		42
43	Other (specify): ³ See Attached TB	-	-	-	-		-	-	-		43
44	TOTAL Special Cost Centers	-	395,899	1,570,960	1,966,859	-	1,966,859	(60,029)	1,906,830		44
	GRAND TOTAL COST										
45	(sum of lines 29, 37 & 44)	9,282,189	1,344,007	8,120,010	18,746,206	-	18,746,206	(768,310)	17,977,896		45

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

	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 Program:				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Room:	(13,157)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patient:				8
9	Non-Straightline Depreciation	(115,941)	30		9
10	Interest and Other Investment Income	(22,640)	32		10
11	Discounts, Allowances, Rebates & Refunds:				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,207)	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	(29,840)	21		17
18	Fines and Penalties	(14,693)	32		18
19	Entertainment	(212)	20		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer:	(12,322)	19		22
23	Malpractice Insurance for Individual				23
24	Bad Debt	(402,961)	27		24
25	Fund Raising, Advertising and Promotiona	(89,350)	20		25
26	Income Taxes and Illinois Personna Property Replacement Tax				26
27	CNA Training for Non-Employee:				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(11,733)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (714,056)		\$	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)	(54,254)	VII-B 34
35	Other- Attach Schedule		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (54,254)	36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (768,310)	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		\$		38
39					39
40	Gift and Coffee Shops				40
41	Barber and Beauty Shops				41
42	Laboratory and Radiology				42
43	Prescription Drugs				43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)		\$		47

Report Period Beginning:

Ending:

ID#

0036244

1/1/2025

12/31/2025

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Political Action Committee Payments	\$ (11,439)	20	1
2	Other Expenses Related to Lobbying Activities			2
3				3
4	Late fees on utilities	(193)	21	4
5				5
6				6
7	Misc. Income - Architectural Design	(60)	6	7
8	Misc. Income - Interior Design	(105)	6	8
9	Additional R&M- Improvements	10,054	06	9
10	Depreciation Adjustments- Add. R&M- Imp.	(378)	30	10
11	Additional R&M- Equip/Auto	16,154	06	11
12	Depreciation Adjustments- Add. R&M- Equip/Auto	(1,256)	30	12
13				13
14	Adj for ABC related Party Profit Through 2025	240	30	14
15	Adj for ADG related Party Profit Through 2025	(9)	30	15
16	Princeton Associates I, L.L.C. Admin Expenses	(205)	21	16
17				17
18	Miscellaneous Income - Administrators-In-Tr	(36)	21	18
19	Vendor Settlements	(5,000)	21	19
20	Litigation Settlements	(19,500)	27	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(11,733)		49

STATE OF ILLINOIS													Summary A	
Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc. # 0036244 Report Period Beginning: 1/1/2025 Ending: 12/31/2025														
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	-	-	22,717	3,051	-	-	-	-	-	-	-	25,768	1
2	Food Purchase	(1,207)	-	-	(41,816)	-	-	-	-	-	-	-	(43,023)	2
3	Housekeeping	-	-	23,422	-	-	-	-	-	-	-	-	23,422	3
4	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	4
5	Heat and Other Utilities	-	-	6,328	-	-	-	-	-	-	-	-	6,328	5
6	Maintenance	12,886	-	25,400	-	-	-	(541)	(198)	-	-	-	37,547	6
7	Other (specify):*	-	-	17,466	-	-	-	-	-	-	-	-	17,466	7
8	TOTAL General Services	11,679	-	95,334	(38,765)	-	-	(541)	(198)	-	-	-	67,509	8
	B. Health Care and Programs													
9	Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	9
10	Nursing and Medical Records:	-	-	80,082	9,366	(1,349)	-	-	-	-	-	-	88,100	10
10a	Therapy	-	-	-	-	-	-	-	-	-	-	-	-	10a
11	Activities	-	-	-	-	-	-	-	-	-	-	-	-	11
12	Social Services	-	-	-	-	-	-	-	-	-	-	-	-	12
13	CNA Training	-	-	-	-	-	-	-	-	-	-	-	-	13
14	Program Transportation	-	-	-	-	-	-	-	-	-	-	-	-	14
15	Other (specify):*	-	-	10,828	-	-	-	-	-	-	-	-	10,828	15
16	TOTAL Health Care and Programs	-	-	90,910	9,366	(1,349)	-	-	-	-	-	-	98,927	16
	C. General Administration													
17	Administrative	-	-	300,859	-	-	-	-	-	-	-	-	300,859	17
18	Directors Fees	-	-	-	-	-	-	-	-	-	-	-	-	18
19	Professional Services	(12,322)	31,385	(1,290,232)	-	-	-	-	-	-	-	-	(1,271,169)	19
20	Fees, Subscriptions & Promotion	(101,001)	-	1,223	-	-	-	-	-	-	-	-	(99,777)	20
21	Clerical & General Office Expense	(35,274)	205	605,522	-	-	-	-	-	-	-	-	570,453	21
22	Employee Benefits & Payroll Taxes	-	-	-	-	(3,909)	-	-	-	-	-	-	(3,909)	22
23	Inservice Training & Education	-	-	-	-	-	-	-	-	-	-	-	-	23
24	Travel and Seminars	-	-	2,452	-	-	-	-	-	-	-	-	2,452	24
25	Other Admin. Staff Transportation	-	-	24,639	-	-	-	-	-	-	-	-	24,639	25
26	Insurance-Prop.Liab.Malpractice	-	26,952	1,223	-	-	-	-	-	-	-	-	28,175	26
27	Other (specify):*	(422,461)	-	127,417	-	-	-	-	-	-	-	-	(295,045)	27
28	TOTAL General Administration	(571,058)	58,542	(226,896)	-	(3,909)	-	-	-	-	-	-	(743,322)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(559,379)	58,542	(40,653)	(29,399)	(5,258)	-	(541)	(198)	-	-	-	(576,886)	29

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
30	Depreciation	(117,344)	209,268	13,853	-	-	-	-	-	-	-	-	105,77730
31	Amortization of Pre-Op. & Org.	-	-	-	-	-	-	-	-	-	-	-	-31
32	Interest	(37,333)	200,512	6,136	-	-	-	-	-	-	-	-	169,31532
33	Real Estate Taxes	-	598,494	2,146	-	-	-	-	-	-	-	-	600,64033
34	Rent-Facility & Grounds	-	(1,104,036)	-	-	-	-	-	-	-	-	-	(1,104,036)34
35	Rent-Equipment & Vehicles	-	-	56,308	-	-	-	-	-	-	-	-	56,30835
36	Other (specify):*	-	40,601	-	-	-	-	-	-	-	-	-	40,60136
37	TOTAL Ownership	(154,677)	(55,161)	78,443	-	-	-	-	-	-	-	-	(131,395)37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	-	-	-	-	-	-	-	-	-	-	-	-38
39	Ancillary Service Centers	-	-	-	(91,239)	(8,090)	39,300	-	-	-	-	-	(60,029)39
40	Barber and Beauty Shops	-	-	-	-	-	-	-	-	-	-	-	-40
41	Coffee and Gift Shops	-	-	-	-	-	-	-	-	-	-	-	-41
42	Provider Participation Fee	-	-	-	-	-	-	-	-	-	-	-	-42
43	Other (specify):*	-	-	-	-	-	-	-	-	-	-	-	-43
44	TOTAL Special Cost Centers	-	-	-	(91,239)	(8,090)	39,300	-	-	-	-	-	(60,029)44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(714,056)	3,381	37,790	(120,638)	(13,348)	39,300	(541)	(198)	-	-	-	(768,310)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
See Ownership & 6-Supplemental Tab		See Ownership & 6-Supplemental Tab		See Ownership & 6-Supplemental Tab		

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 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	1,104,036	Princeton Associates I, L.L.C.	0.00%		(1,104,036)	1
2	V	32	Interest Income Repl Reserve	24	Princeton Associates I, L.L.C.			(24)	2
3	V	36	Gain On Sale Of Assets		Princeton Associates I, L.L.C.				3
4	V	6	Repairs & Maintenance		Princeton Associates I, L.L.C.				4
5	V	30	Depreciation Expense		Princeton Associates I, L.L.C.		153,367	153,367	5
6	V	19	Accounting Fees		Princeton Associates I, L.L.C.		13,571	13,571	6
7	V	19	Professional Fees		Princeton Associates I, L.L.C.				7
8	V	21	Bank Charges & Annual Fees		Princeton Associates I, L.L.C.		128	128	8
9	V	32	Amortization Expense		Princeton Associates I, L.L.C.		8,595	8,595	9
10	V	33	Real Estate Tax Expense		Princeton Associates I, L.L.C.		598,494	598,494	10
11	V	26	General Insurance Expense		Princeton Associates I, L.L.C.		26,952	26,952	11
12	V	36	Mortgage Insurance Premium		Princeton Associates I, L.L.C.		40,601	40,601	12
13	V	32	Interest-Mortgage		Princeton Associates I, L.L.C.		191,941	191,941	13
14	V	19	Legal Fees: Non-Collections		Princeton Associates I, L.L.C.		17,814	17,814	14
15	V	30	Depreciation-Deferred Maint.		Princeton Associates I, L.L.C.		55,901	55,901	15
16	V	21	License & Inspections		Princeton Associates I, L.L.C.		77	77	16
17	V								17
18	Total			\$ 1,104,060			\$ 1,107,441	\$ * 3,381	18

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

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.

☒ X

 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%	6,328	\$ 6,328	15
16	V	24	Travel and Seminar		Alden Management Services, Inc.		2,452	2,452	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		24,639	24,639	17
18	V	26	Insurance		Alden Management Services, Inc.		1,223	1,223	18
19	V	20	Dues, Subscriptions		Alden Management Services, Inc.		1,223	1,223	19
20	V	30	Depreciation		Alden Management Services, Inc.		13,853	13,853	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		2,146	2,146	21
22	V	35	Rent- Equip & Vehicles		Alden Management Services, Inc.		56,308	56,308	22
23	V	32	Interest		Alden Management Services, Inc.		6,136	6,136	23
24	V	1	Dietary		Alden Management Services, Inc.		22,717	22,717	24
25	V	3	Housekeeping		Alden Management Services, Inc.		23,422	23,422	25
26	V	7	Employee Benefits		Alden Management Services, Inc.		17,466	17,466	26
27	V	10	Nurse & Med Records Salary		Alden Management Services, Inc.		80,082	80,082	27
28	V	15	Employee Benefits- Healthcare		Alden Management Services, Inc.		10,828	10,828	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		300,859	300,859	29
30	V	27	Employee Benefit- Administrative		Alden Management Services, Inc.		127,417	127,417	30
31	V	19	Professional Fees & Salary	1,365,449	Alden Management Services, Inc.		75,217	(1,290,232)	31
32	V	21	General & Admin	81,120	Alden Management Services, Inc.		686,642	605,522	32
33	V	6	Repair & Maintenance	91,035	Alden Management Services, Inc.		116,435	25,400	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,537,604			\$ 1,575,394	\$ * 37,790	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consulting	35,236	Prism Health Care Services, Inc.	0.00%		\$ (35,236)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		18,312	18,312	16
17	V	2	Tube Feed	105,209	Prism Health Care Services, Inc.		28,568	(76,641)	17
18	V	10	Equipment Rental	8,737	Prism Health Care Services, Inc.		9,593	856	18
19	V	39	Ancillary Supplies	146,424	Prism Health Care Services, Inc.		22,115	(124,309)	19
20	V	39	Vent Rent		Prism Health Care Services, Inc.				20
21	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		19,975	19,975	21
22	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		34,825	34,825	22
23	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		8,510	8,510	23
24	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		33,070	33,070	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			\$ 295,606			\$ 174,968	\$ * (120,638)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	210,766	Forum Extended Care II, Inc.	0.00%	200,759	\$ (10,007)	15
16	V	39	I.V.	9,808	Forum Extended Care II, Inc.		9,342	(466)	16
17	V	39	Wound Care-Product Only	28,268	Forum Extended Care II, Inc.		26,925	(1,342)	17
18	V	10	House Stock	14,907	Forum Extended Care II, Inc.		14,199	(708)	18
19	V	10	Pharm Consult	13,500	Forum Extended Care II, Inc.		12,859	(641)	19
20	V	22	Employee Vaccinations	3,909	Forum Extended Care II, Inc.			(3,909)	20
21	V	39	Employee Vaccinations		Forum Extended Care II, Inc.		3,724	3,724	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			\$ 281,158			\$ 267,810	\$ * (13,348)	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	293,719	Community Physical Therapy & Associates, Ltd.	0.00%	333,019	\$	39,300
16	V								
17	V								
18	V								
19	V								
20	V								
21	V								
22	V								
23	V								
24	V								
25	V								
26	V								
27	V								
28	V								
29	V								
30	V								
31	V								
32	V								
33	V								
34	V								
35	V								
36	V								
37	V								
38	V								
39	Total			\$ 293,719			\$ 333,019	\$ *	39,300

* 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	\$ 45,648	Alden Bennett Construction Company, Inc.	0.00%	\$ 45,107	\$ (541)	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			\$ 45,648			\$ 45,107	\$ * (541)	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	\$ 48,179	Alden Design Group, Ltd.	0.00%	\$ 47,981	\$ (198)	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			\$ 48,179			\$ 47,981	\$ * (198)	39

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

Report Period Beginning:
Ending:

ID#

0036244

1/1/2025

12/31/2025

Alden Management Ser

Princeton Associates I, L.L.C.

Management
Co./Home Office

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)

-Owners of companies must be listed instead of company names.

-Names of trust beneficiaries must be listed.

First Name		M.I.	Last Name	Place of Residence		Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co./Home Office Ownership Percentage	
1	Floyd	A	Schlossberg	Riviera Beach	FL	0.10%	0.10%	0.10%	1
2	Randi	A	Schullo	Chicago	IL	20.77%	20.77%	20.77%	2
3	Lauren	H	Magnusson	Elgin	IL	20.77%	20.77%	20.77%	3
4	Audra	B	Elisco	Wheeling	IL	20.77%	20.77%	20.77%	4
5	Joseph	R	Schullo	Chicago	IL	6.26%	6.26%	6.26%	5
6	Nicole	D	Schullo	Chicago	IL	6.26%	6.26%	6.26%	6
7	Paige	A	Scherer	St. Charles	IL	6.26%	6.26%	6.26%	7
8	Garrett	E	Magnusson	Elgin	IL	6.26%	6.26%	6.26%	8
9	Charles	L	Elisco	Wheeling	IL	6.26%	6.26%	6.26%	9
10	Arin	G	Elisco	Wheeling	IL	6.26%	6.26%	6.26%	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									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									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70									70
71									71
72									72
73									73
74									74
75									75

VII. RELATED PARTIES								
A. (Continued) Enter below the names of ALL related nursing homes and related organizations (parties) as defined in the instructions.								
	1		2		3			
	RELATED NURSING HOMES		RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
1	Heather Health Care Center, Inc.	Harvey, IL	Alden Courts of Shorewood, Inc.	Shorewood, IL	The Forum Professional Center, LP	Chicago, IL	Rental property	
2	Alden-Lincoln Park Rehabilitation and Health Care Chicago, IL		Alden Estates-Courts of Huntley, Inc	Huntley, IL				
3	Alden-Northmoor Rehabilitation and Health Care C Chicago, IL		Alden Courts of Waterford, LLC	Aurora, IL	Forum Extended Care Services II, Inc.	Chicago	Pharmacy	
4	Alden-Lakeland Rehabilitation and Health Care Ce Chicago, IL				FECS of Wisconsin Inc.	Madison, WI	Pharmacy	
5	Alden of Old Town East, Inc.	Bloomington, IL			Alden Management Services, Inc	Chicago, IL	Consulting	
6	Alden Terrace of McHenry Rehabilitation and Heal McHenry, IL							
7	Wentworth Rehabilitation and Health Care Center, Chicago, IL				Alden Garden Courts of DesPlaines, LLC	DesPlaines, IL	Assisted Living/Alz	
8	Alden Estates of Naperville, Inc	Naperville, IL						
9	Alden - Valley Ridge Rehabilitation and Health Car Bloomington, IL				Alden Gardens of Waterford, LLC	Aurora, IL	SLF	
10	Alden Village Health Facility for Children and You Bloomington, IL				Prism Health Care Services, Inc.	Schaumburg, IL	Nursing and Durable	
11	Alden - Orland Park Rehabilitation and Health Car Orland Park, IL				Community Physical Therapy & Associates, Ltd	Addison, IL	Therapy Provider	
12	Princeton Rehabilitation and Health Care Center, I Chicago, IL				Alden Bennett Construction Company, Inc	Chicago, IL	General Contractor	
13	Alden of Old Town West, Inc.	Bloomington, IL						
14	Alden - Town Manor Rehabilitation and Health Car Cicero, IL				Alden Design Group, Inc.	Chicago, IL	Design & Engineerin	
15	Alden Trails, Inc.	Bloomington, IL						
16	Alden - Poplar Creek Rehabilitation and Health Car Hoffman Estates, IL				Family Solutions for Seniors, Inc	Addison, IL	Private duty care	
17	Alden - North Shore Rehabilitation and Health Car Skokie, IL				Family Home Health Services, Inc	Addison, IL	Home health & hospi	
18	Alden - Des Plaines Rehabilitation and Health Care Des Plaines, IL							
19	Alden Estates of Evanston, Inc.	Evanston, IL			Princeton Associates I, L.L.C.	Chicago	Building Co.	
20	Alden - Alma Nelson Manor, Inc	Rockford, IL						
21	Alden - Park Strathmoor, Inc.	Rockford, IL						
22	Alden - Meadow Park Health Care Center, Inc.	Clinton, WI						
23	Alden Estates of Barrington, Inc.	Barrington, IL						
24	Alden of Waterford, LLC	Aurora, IL						
25	Alden Springs, Inc.	Bloomington, IL						
26	Alden Village North, Inc	Chicago, IL						
27	Alden Estates of Skokie, Inc.	Skokie, IL						
28	Alden Estates of Countryside, Inc	Jefferson, WI						
29	Alden Estates of Shorewood, Inc.	Shorewood, IL						
30	Alden - Long Grove Rehabilitation and Health Care Long Grove, IL							

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
					Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
	Name	Title	Function	Ownership Interest		Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	Chairman-BOD	Chairman	0.10	190,188	1.96	4.91	Salary	\$ 9,812	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Svcs	Technical Nursing S	20.77	100,800	1.96	4.91	Salary	5,200	10-7	2
3	Terry Magnusson	Dir. of Property Managemen	Building equipment	0.00	100,800	1.96	4.91	Salary	5,200	6-7	3
4	Ina Schlossberg	Board Member	Events and special p	0.00	100,800	1.96	4.91	Salary	5,200	17-7	4
5	Audra Elisco	Medical Records Coordinate	Medical record mai	20.77	76,309	1.96	4.91	Salary	3,937	21-7	5
6	Randi Schlossberg-Schullo	President	General Oper.	20.77	190,188	1.72	4.91	Salary	9,812	6-7, 17-7	6
7	Joseph Schullo	Project Manager	General Operations	6.26	190,188	1.72	4.91	Salary	9,812	6-7, 17-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 48,974		13

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

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

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc. # 0036244 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

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

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc. # 0036244 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,397,134	36	\$ 129,003	\$	68,543	\$ 6,329	1
2	24	Trav & Seminar	Patient Days	1,397,134	36	49,988		68,543	2,452	2
3	25	Other Admin Travel	Patient Days	1,397,134	36	502,227		68,543	24,639	3
4	26	Insurance	Patient Days	1,397,134	36	24,931		68,543	1,223	4
5	20	Dues & Subscriptions	Patient Days	1,397,134	36	24,937		68,543	1,223	5
6	30	Depreciation	No of Providers	36	36	498,707		1	13,853	6
7	33	Real Estate Tax	Patient Days	1,397,134	36	43,747		68,543	2,146	7
8	35	Rent-Equip & Vehicle	Patient Days	1,397,134	36	1,147,743		68,543	56,308	8
9	32	Interest	Patient Days	1,397,134	36	125,066		68,543	6,136	9
10	1	Dietary Salary	Patient Days	1,397,134	36	463,044	463,044	68,543	22,717	10
11	3	Housekeeping Salary	Patient Days	1,397,134	36	477,424	477,424	68,543	23,422	11
12	7	Employee Benefits -Gen'l Servs	Patient Days	1,397,134	36	356,025		68,543	17,466	12
13	10	Nurs & Med Records Salary	Patient Days	1,397,134	36	1,632,344	1,632,344	68,543	80,082	13
14	15	Employee Benefits -Health Care	Patient Days	1,397,134	36	220,704		68,543	10,828	14
15	17	Administrative Salary	Patient Days	1,397,134	36	6,132,499	6,132,499	68,543	300,859	15
16	27	Employee Benefits - Admin	Patient Days	1,397,134	36	2,597,178		68,543	127,417	16
17	19	Professional fees	Patient Days	1,397,134	36	518,567		68,543	25,441	17
18	19	Professional fees	Revenue charged	33,202,232	36	1,210,351	1,210,351	1,365,449	49,776	18
19	21	Gen'l & Admin	Patient Days	1,397,134	36	13,996,050		68,543	686,642	19
20	6	Repair & Maint.	Patient Days	1,397,134	36	559,530		68,543	27,450	20
21	6	Repair & Maint.	Revenue charged	1,731,722	36	1,692,724	1,692,724	91,035	88,985	21
22										22
23										23
24										24
25	TOTALS					\$ 32,402,789	\$ 23,474,487		\$ 1,575,394	25

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc. # 0036244 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization _____
Street Address _____
City / State / Zip Code _____
Phone Number () _____
Fax Number () _____

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

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ 0	25

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc. # 0036244 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ 0	25

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

Street Address

City / State / Zip Code

Phone Number

Fax Number

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$0	25

Facility Name & ID Number Princeton Rehabilitation and Health Care Center, Inc. # 0036244 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization _____
Street Address _____
City / State / Zip Code _____
Phone Number () _____
Fax Number () _____

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

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ 0	25

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

Street Address

City / State / Zip Code

Phone Number

Fax Number

	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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$0	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 Realty (GL 2021&2505/7055)		X	Mortgage	\$32,598.00	2/1/11	\$	7,836,900	\$	7,325,656	3/1/2051		3.9400	\$	191,941		1			
2																	2			
3																	3			
4	Other Misc. Int. (GL 7035)		X	Misc.													63	4		
5	Amort of Fin Fees (GL 7105)		X	Refinancing													8,595	5		
	Working Capital																			
6	Related party - AMS		X	Working Capital													6,136	6		
7	MidCap Interest (703100-200000)		X	Working Capital													189,731	7		
8																		8		
9	TOTAL Facility Related				\$32,598.00		\$	7,836,900	\$	7,325,656					\$	396,466		9		
	B. Non-Facility Related*																			
10	Interest Income on R.R.		X														(24)	10		
11	Interest Income (GL 4975)		X														(22,640)	11		
12																		12		
13																		13		
14	TOTAL Non-Facility Related						\$	0	\$	0					\$	(22,664)		14		
15	TOTALS (line 9+line14)						\$	7,836,900	\$	7,325,656					\$	373,801		15		

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$ 40,601

Line # 36

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

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

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Princeton Rehabilitation and Health Care Center, Inc.

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

0036244

CONTACT PERSON REGARDING THIS REPORT

Mark Novotny

TELEPHONE

773-724-6362

FAX #:

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2024 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 2024.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.	<u>See Supplemental Schedule</u>	<u>Home Office Allocation</u>	\$ <u>43,747.00</u>	\$ <u>2,146.00</u>
2.	<u>20-21-413-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>31,087.66</u>	\$ <u>31,087.66</u>
3.	<u>20-21-413-002-0000</u>	<u>Nursing Home Facility</u>	\$ <u>28,863.64</u>	\$ <u>28,863.64</u>
4.	<u>20-21-413-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>111,187.80</u>	\$ <u>111,187.80</u>
5.	<u>20-21-413-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>165,757.55</u>	\$ <u>165,757.55</u>
6.	<u>20-21-413-005-0000</u>	<u>Nursing Home Facility</u>	\$ <u>29,968.37</u>	\$ <u>29,968.37</u>
7.	<u>20-21-413-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>29,080.54</u>	\$ <u>29,080.54</u>
8.	<u>20-21-413-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,497.60</u>	\$ <u>1,497.60</u>
9.	<u>20-21-413-035-0000</u>	<u>Nursing Home Facility</u>	\$ <u>165,666.76</u>	\$ <u>165,666.76</u>
10.	<u>-</u>	<u>-</u>	\$ <u></u>	\$ <u></u>
		TOTALS	\$ <u><u>606,856.92</u></u>	\$ <u><u>565,255.92</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach copies of the original 2024 tax bills which were listed in Section A to this statement. Be sure to use the 2024 tax bill which is normally paid during 2025.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

80,000

B. General Construction Type

Exterior

Brick

Frame

Steel

Number of Stories

3

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instruction

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 instruction

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. List the bed capacity for the building if it differs from the licensed total

N/A

G. Have you properly capitalized all major repairs and equipment purchases

Yes

H. Are you presently operating under a sale and leaseback arrangement

No

If YES, give effective date of lease

N/A

I. Are you presently operating under a sublease agreement

No

J. 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

N/A

K. 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 cost

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	225		1990	1989	\$ 6,897,625	\$	30	\$ -	\$	\$ 6,897,625
5								-		
6			1992	1992	44,020		30	-		44,020
7			1993	1993	30,616		30	-		30,616
8								-		-
	Improvement Type**									
9		FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC		1991	7,180		VARIOUS	-		7,180
10		EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/FEN		1992	10,511		VARIOUS	-		10,511
11		WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRESSOR		1993	24,066		VARIOUS	-		24,066
12		DOOR/HEATING COIL/BOILER VALVE/WATER TANK/EXTINGUISH		1995	27,107		VARIOUS	-		27,107
13		NEW CARPETING		1996	1,400		10	-		1,400
14		COIL REPLACEMENT(AIR CONDITIONER)		1996	4,821		10	-		4,821
15		CEILING REPAIRS		1996	1,700		12	-		1,700
16		INSTALL SB JS PUMP		1997	3,287		10	-		3,287
17		SEAL COATING/PATCHING		1997	2,300		5	-		2,300
18		REPAIR KEBOLIFT		1997	1,917		5	-		1,917
19		LONG ELEVINS/FALL GATE RESTRICTOR-ELEV)		1998	6,800		10	-		6,800
20		SHINE-RITE(STRIP & REFINISH FLOORS)		1998	6,000		10	-		6,000
21		CORONEY MFG		1998	8,970		10	-		8,970
22		REEDY EQ(REPAIR DISHWASHERS)		1998	4,612		10	-		4,612
23		JP Graham(installation)		1999	2,781		10	-		2,781
24		Northtown (repair steamer)		1999	1,674		10	-		1,674
25		Rykoff Sexton(kitchen supplies)		1999	2,337		10	-		2,337
26		Long Elevator(repair water damage)		1999	2,949		10	-		2,949
27		Fox Valley(fire alarm inspection)		1999	2,000		15	-		2,000
28		ABC(construction management)		1999	785		5	-		785
29		Kraft Paper (desk & chairs)		1999	2,023		15	-		2,023
30		Cimate Services(exhaust roof top repair)		1999	2,143		10	-		2,143
31		New Horizons(install phones and wall mounts		1999	3,348		10	-		3,348
32		ABC?Carpentry labor		1999	2,460		10	-		2,460
33		ABC?Resilient flooring		1999	3,996		10	-		3,996
34		Equipment International (dryer fan blade)		2000	602		10	-		602
35		CSL-Coker Service (repair steam table)		2000	1,151		10	-		1,151
36		Fox Valley(fire alarm inspection)		2000	776		10	-		776

*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

	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	\$ 0	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 (ren 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		20	-		4,713	54
55 System Electric Inc(Installed circuits & receptacles)	2001	1,852		20	-		1,852	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	\$ 0		\$ -	\$ 0	\$ 7,342,916	70

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

Improvement Type**		3	4	5	6	7	8	9	
		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,342,916	\$ 0		\$ -	\$ 0	\$ 7,342,916	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 damner)	2004	2,628		10	-		2,628	6
7	Alden Bennett Const (bathroom floors)	2004	3,945		10	-		3,945	7
8	Alden Bennett Construction (Boiler repairs)	2004	2,746		5	-		2,746	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821		10	-		5,821	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489		10	-		1,489	10
11	GT Mechanical (Fan coil replacement)	2004	746		10	-		746	11
12	CSI Coker Service (steamer, food processor, coffee ura repairs)	2004	1,948		5	-		1,948	12
13	GT Mechanical (air controller,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	0		5	-		0	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	Equinment International (Driver 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		15	-		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 System	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 switch)	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	4,154		5	-		4,154	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	0		-	-		0	31
32	ABC - AC compressor	2006	0		-	-		0	32
33	ABC (repair supplies, paint,surface cap)	2006	3,199		5	-		3,199	33
34	TOTAL (lines 1 thru 33)		\$ 7,443,010	\$ 0		\$ -	\$ 0	\$ 7,443,010	34

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

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12B, Carried Forward		\$ 7,443,010	\$ 0		\$ -	\$ 0	\$ 7,443,010	1
ABC (new transformer)	2006	8,185		10	-		8,185	2
ABC (new compressor)	2006	21,154		10	-		21,154	3
ABC (exhaust fan)	2006	2,801		5	-		2,801	4
A&B Custom Cable (install cable TV system)	2006	13,500		10	-		13,500	5
Fence	2007	2,813		10	-		2,813	6
ABC - paint facility	2007	2,589		10	-		2,589	7
ABC - electrical security system	2007	13,341		10	-		13,341	8
TopNotch - 2HP motor	2007	2,909		10	-		2,909	9
GT Mech - air compressor	2007	0		5	-		0	10
ABC - bathroom vinyl sheet flooring	2007	4,305		10	-		4,305	11
ABC - HVAC	2007	0		10	-		0	12
ABC - new doors (exit and kitchen)	2007	3,183		10	-		3,183	13
ABC - new parts HVAC motor	2007	0		10	-		0	14
ABC - temp a/c	2007	10,135		5	-		10,135	15
New plumbing fixtures, electrical appliances	2007	4,091		5	-		4,091	16
New tiles/fixtures/window	2008	3,478		10	-		3,478	17
New sewage injector pump	2008	6,619		10	-		6,619	18
Replaced ceiling tiles	2008	2,927		10	-		2,927	19
Repair hvac 3 way valve	2008	0		10	-		0	20
New sewer line	2008	3,500		25	140	140	2,252	21
ABC - front entrance ramp oxygen transfilling pad	2009	5,123		20	256	256	3,898	22
ABC - ramp concrete at the entrance	2009	12,763		15	636	636	12,763	23
ABC - parking lot wall protection	2009	4,887		10	-		4,887	24
GT Mechanical - boiler #2 repairs	2009	7,016		5	-		7,016	25
ABC - replacement HVAC room coils	2009	3,975		5	-		3,975	26
GT Mechanical - heat exchanger	2009	3,529		5	-		3,529	27
ABC - replacement laundrv door	2009	3,292		5	-		3,292	28
ABC - plumbing for hot water storage tank	2009	10,116		15	624	624	10,116	29
GT Mechanical - coil piping insulation	2009	12,656		5	-		12,656	30
Cable Satellite - outlets wiring	2009	6,800		10	-		6,800	31
GT Mechanical - cooling tower	2009	2,631		5	-		2,631	32
							0	33
TOTAL (lines 1 thru 33)		\$ 7,621,328	\$ 0		\$ 1,656	\$ 1,656	\$ 7,618,855	34

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

	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1Totals from Page 12C, Carried Forward		\$7,621,328	\$0		\$1,656	\$1,656	\$7,618,855	1
2Forum Prof Ctr: Remodeling 1979-1995	1979	64,367		20			64,367	2
3Forum Prof Ctr: Asphalt/Design/etc.	2000	2,120		10			2,120	3
4Forum Prof Ctr: Remodel/electrical	2001	826		7			826	4
5Forum Prof Ctr: Remodel/electrical	2002	731		5			731	5
6Forum Prof Ctr: bathroom remodel	2003	939		9			939	6
7Forum Prof Ctr: remodel suites/etc.	2004	2,891		7			2,891	7
8Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2005	2,788		10			2,788	8
9Forum Prof Ctr: Suite renovation	2006	139		4			139	9
10Forum Prof Ctr: Superior installations, etc.	2007	561		7			561	10
11Forum Prof Ctr: Sidewalks/major hvac/Condensor	2008	482		7			482	11
12Forum Prof Ctr: Park, Lot/glass/maj hvac	2009	981		10			981	12
13Forum Prof Ctr: Maj HVAC/re-stucco bldg	2010	1,669		5			1,669	13
14Forum Prof Ctr: Building Renovations	2011	5,242	43	10	43		5,200	14
15Forum Prof Ctr: Building Renovations	2012	319	2	15	2		317	15
16Forum Prof Ctr: Building Renovations	2013	477	0	10	0		477	16
17Forum Prof Ctr: Building Renovations	2014	486	0	10	0		486	17
18Forum Prof Ctr: Elect Install/sewer excavation	2015	395	5	10	5		374	18
19Forum Prof Ctr: Park, Lot/Signs/Lighting/HVAC	2017	1,114	124	13	124		1,072	19
20Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drvwall,ducts,e	2018	24,135	1,540	15	1,540		12,245	20
21Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,450	149	10	149		992	21
22Forum Prof Ctr: PkT,lot,door frames,windows	2020	633	33	3-10	33		480	22
23Forum Prof Ctr:water tank suite 140	2021	70	7	7	7		29	23
24Forum Prof Ctr: Water tank & 102 suite expansion	2022	1,518	308	7	308		898	24
25Forum Prof Ctr: Catch basin, IT & Legal suite buildout	2023	1,465	249	7	249		942	25
26Forum Prof Ctr: Suite 101 renov: walls, elect, etc.	2024	609	122	5	122		122	26
27Forum Prof Ctr: CarpetHallways,Suite 101 improvements	2025	3,764	670	13	670		670	27
28Alden Mgt Servs: Remodel suites 1993 & 2002	2002	6,851	0	15	0		6,851	28
29Alden Mgt Servs: Remodel suites	2003	5,946	0	8	0		5,946	29
30Alden Mgt Servs: Motorol Control Board	2014	81	0	15	0		81	30
31Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		19,335	31
32Alden Mgt Servs: Building 11 network cabling	2023	412	27		27		105	32
33					0		0	33
34TOTAL (lines 1 thru 33)		\$7,792,544	\$5,859		\$7,515	\$1,656	\$7,753,971	34

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

Improvement Type**		3	4	5	6	7	8	9	
		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,792,544	\$ 5,859		\$ 7,515	\$ 1,656	\$ 7,753,971	1
2	ABC - broken HVAC motor repairs	2009	2,742		5	-		2,742	2
3	Chiller-2009	2009	274,071			-		274,071	3
4	ABC - tuckpointing entire o/s of building	2010	209,080		20	10,454	10,454	159,423	4
5	ABC - new windows	2010	2,725		10	-		2,725	5
6	ABC - new windows	2010	8,136		10	-		8,136	6
7	ABC - new windows	2010	20,306		10	-		20,306	7
8	ABC - fire dampers & seal walls/floors	2011	18,500		10	-		18,500	8
9	ABC - fire dampers for toilet exhaust	2011	17,741		10	-		17,741	9
10	Oak Fire - replace 380 fusable links	2011	12,772		5	-		12,772	10
11	ABC - Drvwall, bathroom	2012	12,313		15	821	821	11,152	11
12	JDROOF - Roof repair	2012	3,200		5	-		3,200	12
13	ABC - Raise bathroom walls	2012	4,351		20	218	218	2,925	13
14	ABC - Bathroom walls	2012	15,118		20	756	756	10,143	14
15	Repair Door Closer	2012	2,616		5	-		2,616	15
16	ABC - HVAC/Chase Wall for duct	2013	3,312		15	221	221	2,762	16
17	Kone Inc - Elevator major repair	2013	6,151		5	-		6,151	17
18								0	18
19	ABC - Fire Alarm Control Panel	2014	11,050		20	553	553	6,129	19
20	ABC - window replacement	2014	2,967		10	-		2,967	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								0	25
26	Fire Damper Repairs - ALDBEN	2015	20,540		10	171	171	20,540	26
27	Elevator Repair - ALIELE	2015	2,556		5	-		2,556	27
28	Motor, Rack Drive for Dish Machine - TOPNOT	2015	3,953		5	-		3,953	28
29	Motor, Dishmachine - TOPNOT	2015	8,430		5	-		8,430	29
30								0	30
31	Fire Dampers, Inspect and Repair (26) - GTMECH	2016	8,951		10	895	895	8,801	31
32	Windows, Aluminum (29) - ALDBEN	2016	8,879		10	888	888	8,510	32
33	Boiler repair/new casing & refractory reinsall-ALDBEN	2016	7,289		5	-		7,289	33
34	TOTAL (lines 1 thru 33)		\$ 8,496,811	\$ 5,859		\$ 22,492	\$ 16,633	\$ 8,395,029	34

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

	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1Totals from Page 12E, Carried Forward		\$8,496,811	\$5,859		\$22,492	\$16,633	\$8,395,029	1
2Roof Repairs and Patching - JDROOF	2017	2,955		5	-		2,955	2
3Boiler Stack Repairs - ALDBEN	2017	7,863		5	-		7,863	3
4Plumbing serv. To install bypass - TRIPLU	2017	3,330		5	-		3,330	4
5Roof Repairs - JDROOF	2017	4,880		5	-		4,880	5
6Barometric Damper - GTMECH	2017	3,159		10	316	316	2,528	6
7Motor for Pump - GTMECH	2017	2,725		5	-		2,725	7
8Repair coils, replace valves, heating - GTMECH	2017	34,533		10	3,453	3,453	30,790	8
9Boiler Repair/New Casing & Refractory - ALDBEN	2017	7,289		5	-		7,289	9
10Roof Repairs - JDROOF - Roof	2018	2,970		5	-		2,970	10
11					-		-	11
12Shower Floor Repairs - 3rd FL- ALDBEN	2019	9,354		5			9,354	12
13Boiler Repairs - Boiler Room - ALDBEN	2019	6,945		10	695	695	4,749	13
14Roof Repairs - Dining Room/Hallway- JDROOF - Roof	2019	9,850		5			9,850	14
15Cooling Tower Repairs - JDROOF - Roof	2020	8,495		5	1,274	1,274	7,644	15
16Roof Repairs - JDROOF - Roof	2020	5,000		5	667	667	4,002	16
17Processor & Relay Board, elevator- SUBELE	2020	4,700		5	157	157	342	17
18Motor & Assembly Pump, elevator - SUBELE	2020	5,200		5	173	173	1,038	18
19Adjust for ABC related party profit	2008	(295)			-		(295)	19
20Adjust for ABC related party profit	2009	(273)	(8)		(8)		(128)	20
21Adjust for ABC related party profit	2010	(2,940)	(43)		(43)		(688)	21
22Adjust for ABC related party profit	2011	289	2		2		21	22
23Adjust for ABC related party profit	2012	2,124	152		152		992	23
24Adjust for ABC related party profit	2013	45	2		2		17	24
25Adjust for ABC related party profit	2014	(32)	(1)		(1)		(32)	25
26Adjust for ABC related party profit	2015	(39)			-		(39)	26
27Adjust for ABC related party profit	2016	(102)	(6)		(6)		(57)	27
28Adjust for ABC related party profit	2017	(120)			-		(20)	28
29Adjust for ABC related party profit	2019	1,146	117		117		815	29
30Adjust for ABC related party profit	2022	203	25		25		100	30
31Adjust for ABC related party profit	2023	35	7		7		21	31
32Adjust for ABC related party profit	2025	(141)	(7)		(7)		(7)	32
33Adjust for ADG related party profit	2025	(112)	(9)		(9)		(9)	33
34TOTAL (lines 1 thru 33)		\$8,615,947	\$6,090		\$29,458	\$23,368	\$8,498,633	34

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

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1Totals from Page 12E, Carried Forward		\$ 8,615,947	\$ 6,090		\$ 29,458	\$ 23,368	\$ 8,498,633	1
2HVAC, Bi-Polar Ionization Sys - ALDBEN	2021	14,765		5	2,953	2,953	14,765	2
3Compressor - Chilly/AMS	2021	3,680		15	245	245	1,227	3
4Boiler -Replace Boiler - TOPNOT	2021	5,608		10	561	561	2,804	4
5Valve - Frieght elevator-SCHIEL	2021	5,680		10	568	568	2,840	5
6Roof Repairs - JDROOF	2021	2,975		10	298	298	1,488	6
7					-		-	7
8Book Depreciation- Princeton Rehab & Healthcare (Less Additional R&M			72,379		-	(72,379)	-	8
9Book Depreciation- Princeton Associates I, L, L, C			209,268		-	(209,268)	-	9
10					-		-	10
11Boiler - (kitchen) TOPNOT	2022	8,563		5	1,713	1,713	6,850	11
12Ceiling Tile - ALDBEN	2022	3,103		8	388	388	1,552	12
13Lights - BELELC	2022	9,105		10	911	911	3,642	13
14Screen - ALDBEN	2022	4,214		5	843	843	3,371	14
15Sprinkler heads - VALFIR	2022	3,669		10	367	367	1,468	15
16Steam Table - NovAMS-AMEEXP Webrestauran	2022	3,201		10	320	320	1,281	16
17Water heater - ALDBEN	2022	12,357		10	1,236	1,236	4,943	17
18Wiring harness/display - EQUIINT	2022	2,858		5	572	572	2,286	18
19Fire alarm - ALDBEN	2022	12,005		10	1,201	1,201	4,802	19
20Elevator remodel - SCHIEL	2022	7,800		5	1,560	1,560	6,240	20
21Roof renovation - JDROOF	2022	4,500		5	900	900	3,600	21
22Heat detectors - OAKFIR	2023	2,510		5	502	502	1,506	22
23Door egress mag lock part- ALDBEN	2023	3,607		5	721	721	2,164	23
24Gas Regulator - GTMECH	2023	5,891		10	589	589	1,767	24
25Door sensor guards,Elevator,safety lasers-Otis	2023	10,000		5	2,000	2,000	6,000	25
26Nurse's Station - Wallcovering Material	2023	2,525		5	505	505	1,515	26
27Nurse's Station - Doors & Hardware	2023	2,744		15	183	183	549	27
28Drvwall to LLC	2023	2,794		5	559	559	1,676	28
29Sensor, replacement to LLC	2023	3,079		5	616	616	1,347	29
30Nurse's Station - FF&E Drapery	2023	3,175		5	635	635	1,905	30
31Motor & coupler, cooling tower to LLC	2023	3,249		5	650	650	1,949	31
32Replace Motor to LLC	2023	3,606		5	721	721	2,163	32
33New amplifier & paging adapter to LLC	2023	3,839		5	768	768	2,304	33
34TOTAL (lines 1 thru 33)		\$ 8,767,048	\$ 287,737		\$ 52,539	\$ (235,197)	\$ 8,587,136	34

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

1		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 12G, Carried Forward			\$	8,767,048	\$	287,737			\$	52,539	\$	(235,197)	\$	8,587,136	1
2	Valve & Actuator to LLC	2023			4,646			5			929				2,787	2
3	Door, replace to LLC	2023			4,900			5			980		980		2,940	3
4	Elevator work to LLC	2023			5,020			5			1,004		1,004		3,012	4
5	Sprinkler HEAD REPLACE to LLC	2023			5,526			5			1,105		1,105		3,316	5
6	Nurse's Station - Electrical - Nurses Station	2023			6,076			10			608		608		1,823	6
7	Nurse's Station - Fire Protection	2023			6,093			10			609		609		1,828	7
8	Motor & Drain, water tank to LLC	2023			6,096			5			1,219		1,219		3,658	8
9	Nurse's Station - FF&E Shower Curtains	2023			7,430			5			1,486		1,486		4,458	9
10	P Trap, replace to LLC	2023			7,840			5			1,568		1,568		4,704	10
11	Elevator work to LLC	2023			8,078			5			1,616		1,616		4,847	11
12	Water damage repair to LLC	2023			8,695			5			1,739		1,739		5,217	12
13	Nurse's Station - Carpet Labor	2023			9,393			5			1,879		1,879		5,636	13
14	Nurse's Station - FF&E Blinds	2023			9,465			5			1,893		1,893		5,679	14
15	Nurse's Station - Electrical - Shower Rooms	2023			10,400			10			1,040		1,040		3,120	15
16	Water heater, new to LLC	2023			10,580			10			1,058		1,058		3,174	16
17	Nurse's Station - Acoustical	2023			11,129			8			1,391		1,391		4,175	17
18	Nurse's Station - Fire Alarm	2023			11,804			10			1,180		1,180		3,541	18
19	Nurse's Station - Misc Steel	2023			13,815			10			1,382		1,382		4,145	19
20	Nurse's Station - Asphalt	2023			15,350			8			1,919		1,919		5,756	20
21	Nurse's Station - Drywall	2023			18,037			10			1,804		1,804		5,411	21
22	Nurse's Station - Demolition	2023			23,026			10			2,303		2,303		6,908	22
23	Nurse's Station - Plumbing	2023			26,735			20			1,337		1,337		4,010	23
24	Nurse's Station - Roofing	2023			34,155			10			3,415		3,415		10,246	24
25	Nurse's Station - Electrical - Exterior	2023			40,205			10			4,021		4,021		12,062	25
26	Nurse's Station - Carpentry	2023			44,132			15			2,942		2,942		8,826	26
27	Nurse's Station - Flooring - Hard Tile	2023			51,453			20			2,573		2,573		7,718	27
28	Nurse's Station - Elevators	2023			74,582			20			3,719		3,719		11,157	28
29	Nurse's Station - Resilient Flooring	2023			92,362			20			4,618		4,618		13,854	29
30	Elevator Fire Service - OTIWORK	2023			109,000			20			5,450		5,450		16,350	30
31	Nurse's Station - Custom Millwork	2023			191,959			15			12,797		12,797		38,392	31
32											0				0	32
33											0				0	33
34	TOTAL (lines 1 thru 33)			\$	9,634,831	\$	287,737			\$	122,122	\$	(165,614)	\$	8,795,885	34

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

	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 12H, Carried Forward		\$ 9,634,831	\$ 287,737		\$ 122,122	\$ (165,614)	\$ 8,795,885	1	
2	Screens for cooling towers	2024	3,927		5	785	785	1,571	2	
3	Pump, hot water pump	2024	4,010		10	401	401	802	3	
4	Smoke detector (4)	2024	9,026		10	903	903	1,805	4	
5	Heater	2024	17,370		10	1,737	1,737	3,474	5	
6	Door protection System-SCHIEL	2024	4,000		10	400	400	800	6	
7	Boiler - TRIPLU	2024	15,240		10	1,524	1,524	3,048	7	
8	Hot water tank, holding - TRIPLU	2024	10,140		10	1,014	1,014	2,028	8	
9	Door protection System-SCHIEL	2024	4,000		10	400	400	800	9	
10						-	-	-	10	
11	Digital controls & new discharge air sensor - GTMECH	2025	4,952		5	990	990	990	11	
12	Keypads, replaced - SCHIEL	2025	6,600		5	1,320	1,320	1,320	12	
13	Sewer lines & floor sinks, kitchen - TRIPLU	2025	15,350		10	1,535	1,535	1,535	13	
14	Pump, cooling tower - ABC	2025	2,723		10	272	272	272	14	
15	Switch (ATS) generator Replac. - BELELC	2025	6,000		10	600	600	600	15	
16	Valve & actuator (3) - GTMECH	2025	21,778		10	2,178	2,178	2,178	16	
17	Motor, (2) Drive Motor 1 speed - ALDBEN	2025	2,779		5	356	356	356	17	
18	Fan, exhaust - ABC	2025	4,451		10	445	445	445	18	
19	Carpentry & Floor - ALDBEN	2025	3,491		5	698	698	698	19	
20	Tile, ceramic, kitchen - FLOWAL	2025	6,980		10	698	698	698	20	
21	Window Shades - ADG S75K Job	2025	7,862		5	1,572	1,572	1,572	21	
22	Tile, vinyl, admin offices - FLOWAL	2025	8,285		10	829	829	829	22	
23						-	-	-	23	
24						-	-	-	24	
25						-	-	-	25	
26						-	-	-	26	
27						-	-	-	27	
28						-	-	-	28	
29						-	-	-	29	
30						-	-	-	30	
31						-	-	-	31	
32						-	-	-	32	
33						-	-	-	33	
34	TOTAL (lines 1 thru 33)		\$ 9,793,794	\$ 287,737		\$ 140,980	\$ (146,757)	\$ 8,821,906	34	

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

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 Year:	\$ 697,940	\$	\$ 31,871	\$ 31,871	Various	\$ 396,768	71
72	Current Year Purchase:	111,142		6,599	6,599	Various	6,599	72
73	Fully Depreciated Assets	1,776,105			0	Various	1,776,105	73
74	See Attached	169,463	7,654		(7,654)	Various	137,598	74
75	TOTALS	\$ 2,754,650	\$ 7,654	\$ 38,470	\$ 30,816		\$ 2,317,070	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	Allocated From Alden Mgm	Various	1998-2023	\$ 6,329	\$ 340	\$	\$	3-5	\$ 4,527	76
77							0			77
78							0			78
79							0			79
80	TOTALS			\$ 6,329	\$ 340	\$ 0	\$ 0		\$ 4,527	80

E. Summary of Care-Related Asset:				1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$ 13,692,033	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$ 295,730	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$ 179,450	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$ (115,941)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$ 11,143,503	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress:		
	Description	Cost
92		\$
93		
94		
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

Princeton Rehabilitation and Health Care Center, Inc.
36244

12/31/2025
Supplemental Schedule of Related Party Equipment

Current Year Purchases	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	3,873	390	390
Less: < \$2,500	(552)	(47)	(47)
	3,321	343	343
Prior Year Purchases	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	62,354	7,116	33,660
Less: < \$2,500	(2,297)	(321)	(1,462)
Forum Prof Center	7,937	492	6,910
-	-	-	-
	67,995	7,288	39,108
Fully Depreciated Equipment	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	101,711	57	101,711
Less: < \$2,500	(3,564)	(34)	(3,564)
-	-	-	-
-	-	-	-
	98,147	23	98,147
Total Equipment	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	175,875	8,055	142,671
Less: < \$2,500	(6,413)	(401)	(5,073)
-	-	-	-
	169,463	7,654	137,598

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.

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)

		Facility			
		Drop-outs	Completed		
1	Community College Tuition	\$		\$	0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payment				0
8	CNA Competency Tests				0
9	TOTALS	\$ 0	\$ 0	\$ 0	0
10	SUM OF line 9, col. 1 and 2 (e)	\$ 0			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefit
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefit
- (c) For in-house training programs only. Do not include fringe benefit
- (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

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	

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8			
			Staff	Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)				
						Units	Cost							
1	Licensed Occupational Therapis	V10A/V39	hrs	\$	-	1,537	\$	115,295	\$	-	1,537	\$	115,295	1
2	Licensed Speech and Language Development Therapist	V10A/V39	hrs		-	525		39,370		-	525		39,370	2
3	Licensed Recreational Therapis	V10A/V39	hrs		-			-		-				3
4	Licensed Physical Therapis	V10A/V39	hrs		-	1,534		115,054		-	1,534		115,054	4
5	Physician Care		visits											5
6	Dental Care		visits											6
7	Work Related Program		hrs											7
8	Habilitation		hrs											8
9	Pharmacy	V39	# of prescrpts		-			-		200,759			200,759	9
10	Psychological Services (Evaluation and Diagnosis Behavior Modification)		hrs											10
11	Academic Education		hrs											11
12	Other (specify):	V39												12
13	Other (specify):	V39			-			88,454		135,110			223,564	13
14	TOTAL			\$		3,596	\$	358,173	\$	335,870	3,596	\$	694,043	14

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

PRINCETON REHAB. & HCC, INC.
Princeton
For the Thirteen Months Ending Wednesday, December 31, 2025

TB
2025

PA Cost Report - Page 16A Supporting Worksheet.

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col.	\$115,295.31
2.	ST	39-3	To Col.	39,369.55
4.	PT	39-2	To Col.	115,053.97
	Pharmacy Supplies Per GL			210,765.97
	Manual Input From Related Party - FECSII - DRUGS (From Page 6C, Ln 39/Drug items)			(10,006.59)
9.	Pharmacy	See Pg 16A	To Col. 1	200,759.38
12.	Exceptional Care-Salaries	See Pg 16A	To Col. 3	
12.	Exceptional Care- Supplies	See Pg 16A	To Col. 6	632.79
	12. Total Exceptional Care Check (Line 12, Col. 8)			632.79
13.	Other	See Pg 16A		
13.	Col 5: Manual Input: From Related Party - CPT WS (From Page 6D, Col 8)		To Col. 5	39,300.00
	Other (various GL accounts)			188,452.36
	Manual Input: Related Party - Prism WS (From Page 6B, Ln39 items, Col 8)			(91,239.00)
	Manual Input: Related Party - FECII - I.V. (From Page 6C, Ln 39 items for IV, Col 8)			(465.66)
	Manual Input: Related Party - FECII - Wound Care Products (From Page 6C, Ln 39 items, Col 8 WC)			(1,342.06)
	Manual Input: Related Party - FECII - Employee Vaccinations (From Page 6C, Ln 39 , Col 8)			3,724.00
	Oxygen - From Reclass WP (FromPg 4A)			84,502.00
13.	Col. 6: Supplies Total		To Col. 6	183,631.64
13.	Total Line 13, Column 8 Check			222,931.64
14.	Total			\$694,042.64

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 650	\$ 36,561	1
2	Cash-Patient Deposits	-	-	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (265,000))	3,393,570	3,692,810	3
4	Supply Inventory (priced at)	5,153	5,153	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	-	52,722	6
7	Other Prepaid Expenses	4,999	4,999	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): See Attached TB	243,385	243,385	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,647,757	\$ 4,035,630	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	-	6,864,761	14
15	Leasehold Improvements, at Historical Cost	797,470	1,944,849	15
16	Equipment, at Historical Cost	1,155,033	4,037,550	16
17	Accumulated Depreciation (book methods)	(1,579,380)	(11,394,488)	17
18	Deferred Charges	-	-	18
19	Organization & Pre-Operating Costs	-	273,982	19
	Accumulated Amortization - Organization & Pre-Operating Costs	-	(98,621)	20
21	Restricted Funds	-	294,262	21
22	Other Long-Term Assets (specify: See Attached TB	-	248,871	22
23	Other(specify): See Attached TB	-	-	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,373,123	\$ 3,327,059	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,020,880	\$ 7,362,689	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,029,549	\$ 1,034,802	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	190,523	190,523	28
29	Short-Term Notes Payable	-	126,377	29
30	Accrued Salaries Payable	1,017,467	1,017,467	30
31	Accrued Taxes Payable (excluding real estate taxes)	145,567	145,567	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	580,000	32
33	Accrued Interest Payable	-	15,872	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Attached TB	580,227	580,227	36
37	See Attached TB	839,546	839,546	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,802,879	\$ 4,530,381	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	-	7,199,279	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43	See Attached TB	11,830,254	11,830,254	43
44	See Attached TB	-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 11,830,254	\$ 19,029,533	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 15,633,133	\$ 23,559,914	46
47	TOTAL EQUITY(page 18, line 24)	\$ (10,612,253)	\$ (16,197,225)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,020,880	\$ 7,362,689	48

*(See instructions.)

PG 17 Line 9 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
116100-100000	Employee Advances	(1,650.80)
116400-100041	Miscell Non-Patient Receivable	245,035.67
Total		243,384.87

PG 17 Line 22 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
194100-100000	Replacement Reserve	248,870.64
Total		248,870.64

PG 17 Line 36 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
205100-100000	Accrued Insurance	(8,842.34)
230100-100000	Accrued Expenses	(55,290.65)
230100-100005	Accrued Expenses	(407,642.24)
230100-100401	Accrued Expenses	(3,840.00)
230300-100000	Sales Tax Payable	(302.00)
230700-100000	Accrued Local Taxes	(438.81)
230700-100001	Accrued Local Taxes	(94.90)
239100-100000	Due To Idpa For License Fees	(103,776.00)
Total		(580,226.94)

PG 17 Line 37 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
200100-160000	Accounts Payable	(171,124.11)
200100-174000	Accounts Payable	(7,490.22)
200100-175000	Accounts Payable	(70,778.10)
200100-184000	Accounts Payable	(504,850.48)
200100-194000	Accounts Payable	(7,046.90)
230100-160000	Accrued Expenses	(28,638.81)
230100-174000	Accrued Expenses	(3,565.45)
230100-175000	Accrued Expenses	(18,765.59)
230100-184000	Accrued Expenses	(27,287.39)
Total		(839,547.05)

PG 17 Line 43 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
120100-101000	Intercompany Receivable	(2,415,264.19)
120100-131000	Intercompany Receivable	(182,927.57)
120100-132000	Intercompany Receivable	288,572.31
120100-133000	Intercompany Receivable	(100,966.50)
120100-160000	Intercompany Receivable	0.03
120100-196000	Intercompany Receivable	(266,739.76)
120100-200000	Intercompany Receivable	(5,920,049.47)
121000-101000	AMS Clearing Account	10,686,289.82
121000-200000	AMS Clearing Account	(12,651,528.15)
200100-101000	Accounts Payable	(378,113.27)
230100-100003	Accrued Expenses	(889,526.67)
Total		(11,830,253.42)

			1
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (9,811,394)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (9,811,394)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(800,859)	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	(0)	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)	\$ (800,859)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 0	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (10,612,253)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 18,034,309	1
2	Discounts and Allowances for all Levels:	(41,563)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 17,992,746	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	(551,818)	5
6	Therapy	104,055	6
7	Oxygen	11,099	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ (436,664)	8
C. Other Operating Revenue			
9	Payments for Education	-	9
10	Other Government Grants	-	10
11	CNA Training Reimbursement:	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radic	-	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	1,768	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,768	23
D. Non-Operating Revenue			
24	Contributions	-	24
25	Interest and Other Investment Income***	62,740	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 62,740	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached & TB	324,757	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 324,757	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,945,347	30

2		
II. Expenses		Amount
A. Operating Expenses		
31	General Services	2,660,536
32	Health Care	7,905,948
33	General Administration	4,776,158
B. Capital Expense		
34	Ownership	1,436,705
C. Ancillary Expense		
35	Special Cost Centers	754,072
36	Provider Participation Fee	1,212,787
D. Other Expenses (specify):		
37		
38		
39		
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,746,206
41	Income before Income Taxes (line 30 minus line 40)**	(800,859)
42	Income Taxes	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (800,859)

III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	\$ 3,390,855
45	Medicaid Managed Long Term Services and Supports (MLTSS)	12,025,122
46	MMAL-Medicaid is the Primary Payer	707,732
47	MMAL-Medicare is the Primary Payer	38,154
48	Private Pay	453,092
49	Medicare Part A	719,441
50	Other-(specify) MAP	198,858
51	Other-(specify)	
52	Other-(specify) -	
53	Other-(specify)	
54	Other-(specify) CNA Incentives	459,492
55	Other-(specify) -	
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 17,992,746

PG 19 Line 28 Detail		
CLIENT ACCOUNT	ACCOUNT DESCRIPTION	BALANCE
497700-100001	Miscellaneous Income	(60.00)
497700-100002	Miscellaneous Income	(105.00)
497700-100010	Miscellaneous Income	(35.87)
498300-100000	Write Off Old A/P	(7,722.46)
498500-100000	Gain On Sale Of Assets	(4,800.88)
497600-100001	ERC Other Income	(312,033.23)
Total		(324,757.44)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,056	2,080	\$ 128,622	\$ 61.84	1
2	Assistant Director of Nursing	3,432	3,472	189,589	54.61	2
3	Registered Nurses	21,972	23,160	1,228,553	53.05	3
4	Licensed Practical Nurses	39,179	42,761	1,727,031	40.39	4
5	CNAs & Orderlies	113,081	124,174	3,163,286	25.47	5
6	CNA Trainees			-		6
7	Licensed Therapist			-		7
8	Rehab/Therapy Aides	1,348	1,612	42,039	26.08	8
9	Activity Director	2,056	2,080	49,485	23.79	9
10	Activity Assistants	20,962	22,629	474,950	20.99	10
11	Social Service Workers	2,056	2,080	54,631	26.26	11
12	Dietician			-		12
13	Food Service Supervisor	2,056	2,080	66,701	32.07	13
14	Head Cook			-		14
15	Cook Helpers/Assistants	21,679	23,539	485,740	20.64	15
16	Dishwashers			-		16
17	Maintenance Workers	2,072	2,080	65,179	31.34	17
18	Housekeepers	22,681	24,249	495,476	20.43	18
19	Laundry	5,364	6,075	132,919	21.88	19
20	Administrator	2,072	2,080	181,850	87.43	20
21	Assistant Administrator	1,944	1,992	67,455	33.86	21
22	Other Administrative	6,208	6,240	218,108	34.95	22
23	Office Manager	2,082	2,305	48,380	20.99	23
24	Clerical	2,797	2,986	58,501	19.59	24
25	Vocational Instruction			-		25
26	Academic Instruction			-		26
27	Medical Director			-		27
28	Qualified ID Prof (QIDP)			-		28
29	Resident Services Coordinator	4,101	4,160	172,594	41.49	29
30	Habilitation Aides (DD Homes)			-		30
31	Medical Records			-		31
32	Other Health Care(See Attached)	8,615	9,277	231,100	24.91	32
33	Other(specify)			-		33
34	TOTAL (lines 1 - 33)	287,813	311,111	\$ 9,282,189 *	\$ 29.84	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$2,936/month	\$ 35,236	V01-3	35
36	Medical Director	\$2,187/month	26,250	V09-3	36
37	Medical Records Consultant		-		37
38	Nurse Consultant		-		38
39	Pharmacist Consultant	\$1,125/month	13,500	V10-3	39
40	Physical Therapy Consultant		-		40
41	Occupational Therapy Consultant		-		41
42	Respiratory Therapy Consultant		-		42
43	Speech Therapy Consultant		-		43
44	Activity Consultant		-		44
45	Social Service Consultant		-		45
46	Other(specify)		-		46
47			-		47
48			-		48
49	TOTAL (lines 35 - 48)		\$ 74,986		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	33	\$ 14,035	V10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	33	\$ 14,035		53

Princeton Rehabilitation and Health Care Center, Inc.
36244

12/31/2025
Supplemental Schedule of Schedule XVIII - A
Line 33 Detail

CLIENT ACCOUNT	ACCOUNT DESCRIPTION	Number of Hours Actually Worked	Number of Hours Paid & Accrued	Reporting Period Total Salary & Wages	Average Hourly Wage
600100-100031	Clinical Dir	2,032	2,080	64,743	31.13
600100-100032	Behavioral Hlth Counselor	6,583	7,197	166,357	23.11
Total		8,615	9,277	231,100	24.91

Facility Name & ID Number		Princeton Rehabilitation and Health Care Center, Inc		STATE OF ILLINOIS		Report Period Beginning:		1/1/2025		Ending:		Page 21		12/31/2025	
XIX. SUPPORT SCHEDULES															
A. Administrative Salaries		Ownership		D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions							
Name	Function	%	Amount	Description	Amount	Description	Amount								
Burnett, Esther	Admin	0	\$ 181,850	Workers' Compensation Insurance	168,660	IDPH License Fee	\$								
Kelly, LaMicShava Sheila R.	Asst Admin	0	7,193	Unemployment Compensation Insurance	45,295	Advertising: Employee Recruitment	39,311								
Mefful, Dorcas	Asst Admin	0	60,262	FICA Taxes	710,087	Health Care Worker Background Check									
				Employee Health Insurance	367,794	(Indicate # of checks performed	107								
				Employee Meals	42,464	Patient Background Checks	167								
				Illinois Municipal Retirement Fund (IMRF)'		Association Dues (total from pg 22, #4)	22,879								
				401K Expenses	4,346	Surety Bond/Annual Report Fee	1,050								
				Other employee benefits/Alloc Forum	(3,907)	Chicago Tribune/Broadcast Music/Refunds	1,340								
				Employee Testing and Vaccines	6,053	ALIEXE	17,000								
				Life Insurance	2,206	Related Party AMS	1,223								
				Pension Expense	62,400										
				Misc Payroll Costs	3,731	Less: Public Relations Expense	(								
				Tuition Reimbursement	919	PAC and Lobbying payments	(11,439)								
						All non-allowable advertising	(								

Legal Fees Reported on Pg 21, Section C:	\$96,640.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(9,740.31)
Non-allowable legal fees, if any, deducted on	
- AMS Allocated Legal Fees: GL 680600-100-003	(77,400.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$9,499.69</u>

Invoice listing:

Allowable Legal Fees:

Vendor Name	Invoice Date	Amount
MIDCAP Legal Fee Allocation -	12/31/2025	399.03
MIDCAP Legal Fee Allocation -	12/9/2025	518.69
MIDCAP Legal Fee Allocation -	4/4/2025	290.34
MIDCAP Legal Fee Allocation -	9/10/2025	69.91
MIDCAP Legal Fee Allocation -	6/6/2025	45.84
CAR&TRA Carden & Tracy, LLC	7/30/2025	45.00
CAR&TRA Carden & Tracy, LLC	7/30/2025	4,364.00
CAR&TRA Carden & Tracy, LLC	8/7/2025	36.00
CAR&TRA Carden & Tracy, LLC	9/17/2025	9.00
CAR&TRA Carden & Tracy, LLC	2/11/2025	200.00
CAR&TRA Carden & Tracy, LLC	1/13/2025	940.00
TOTAL ALLOWABLE LEGAL FEES		<u>6,917.81</u>

6806 Lgl Non Coll

Non-Allowable Legal Fees:

Vendor Name	Invoice Date	Amount
SB2 Inc.	1/1/2025 - 12/31/2025	1,227.30
Stone Pogrund & Korey	1/1/2025 - 12/31/2025	7,866.81
Chelotti	04/01/25-09/01/25	958.63
MIDCAR Midwest Care Management	8/29/2025	112.00
MIDCAR Midwest Care Management	11/20/2025	84.00
MIDCAR Midwest Care Management	6/18/2025	28.00
MIDCAR Midwest Care Management	6/18/2025	56.00
MIDCAR Midwest Care Management	6/9/2025	448.00
MIDCAR Midwest Care Management	6/9/2025	207.50
MIDCAR Midwest Care Management	8/29/2025	154.00
MIDCAR Midwest Care Management	45898	70.00
MIDCAR Midwest Care Management	8/29/2025	168.00
MIDCAR Midwest Care Management	11/20/2025	224.00
MIDCAR Midwest Care Management	2/4/2025	42.00
MIDCAR Midwest Care Management	2/4/2025	224.00
MIDCAR Midwest Care Management	2/27/2025	56.00
ILEFILE	9/1/2025	395.95
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>12,322.19</u>

6966 Lgl collect

Allocated Related Party Legal Fees:

Vendor Name	Invoice Date	Amount
Corporate Legal Fee	Jan	6,450.00
Corporate Legal Fee	Feb	6,450.00
Corporate Legal Fee	Mar	6,450.00
Corporate Legal Fee	Apr	6,450.00
Corporate Legal Fee	May	6,450.00
Corporate Legal Fee	Jun	6,450.00
Corporate Legal Fee	Jul	6,450.00
Corporate Legal Fee	Aug	6,450.00
Corporate Legal Fee	Sep	6,450.00
Corporate Legal Fee	Oct	6,450.00
Corporate Legal Fee	Nov	6,450.00
Corporate Legal Fee	Dec	6,450.00
TOTAL Allocated Legal Fees		<u>77,400.00</u>
Total Legal Cost		<u>96,640.00</u>
		\$0.00

6806-100-003 Lgl non coll

Facility Name & ID NumberPrinceton Rehabilitation and Health Care Center, Inc.# 0036244Report Period Beginning:1/1/2025Ending:12/31/2025Page 22

XX. GENERAL INFORMATION:

-1 Are nursing employees (RN,LPN,NA) represented by a unionYes

-2 Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below
Use the drop down list to identify the association
Association NameAmount
HEALTH CARE COUNCIL OF IL (HCCI)11,439
-
-11,439 Total

-3 List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATION OR political action organizations
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1
HEALTH CARE COUNCIL OF IL (HCCI)11,439
-
-11,439 Total

-4 EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE (2 and 3 combined)
HEALTH CARE COUNCIL OF IL (HCCI)22,879
-
-22,879 Total

-5 Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V.49,643Line10-2

-6 Have all costs reported on this form been determined using accounting procedures consistent with prior reports?YesIf NO, attach a complete explanation

-7 Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.1,212,787
This amount is to be recorded on line 42 of Schedule V

-8 Are there any salary costs which have been allocated to more than one line on Schedule for an individual employee?NoIf YES, attach an explanation of the allocation

-9 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

-10 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?NoFor 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.

-11 Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$42,464Has any meal income been offset against related costs?NoIndicate the amount \$N/A

-12 Travel and Transportation
a. Are there costs included for out-of-state travel?No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents?NoIf YES, please indicate the amount of income earned from such program during this reporting period. \$N/A
c. What percent of all travel expense relates to transportation of nurses and patients?0
d. Have vehicle usage logs been maintained?No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use?No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?Yes
g. Does the facility transport residents to and from day training?No
Indicate the amount of income earned from providing such transportation during this reporting period. \$N/A

-13 Has an audit been performed by an independent certified public accounting firm
Firm Name:N/A

-14 Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?Yes

-15 Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for detailsYes
Attach invoices and a summary of services for all architect and appraisal fees