

Facility Name & ID Number

Alden Courts of Shorewood

#

0052530

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

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
1	50	Skilled (SNF)	50
2	-	Skilled Pediatric (SNF/PED)	-
3	-	Intermediate (ICF)	-
4	-	Intermediate/DD	-
5	-	Sheltered Care (SC)	-
6	-	ICF/DD 16 or Less	-
7	50	TOTALS	50

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	MMAI		Private Pay	Medicare Part A Only	Other	Total	
				Medicaid Primary	Medicare Primary					
8	SNF	103	123			35	2,372	962	3,595	8
9	SNF/PED									9
10	ICF	2,643	2,559	1,580		5,946			12,728	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	2,746	2,682	1,580		5,981	2,372	962	16,323	14

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

89.44%

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?

YES NO X

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

YES NO X

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

Date started 2/26/2017

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

YES Date NO X

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

YES X NO If YES, enter certified beds.

number of certified beds 50

Medicare Intermediary Wellpoint Federal

IV. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year?

YES X NO

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

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

Facility Name & ID Number		Alden Courts of Shorewood				#	0052530	Report Period Beginning:		1/1/2025	Ending: 12/31/2025	
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)												
	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	275,313	15,900	-	291,213		291,213	6,133	297,346			1
2	Food Purchase		121,578		121,578		121,578	(1,824)	119,754			2
3	Housekeeping	180,314	17,708	-	198,022		198,022	5,578	203,600			3
4	Laundry	28,214	7,606	-	35,820	-	35,820	-	35,820			4
5	Heat and Other Utilities			107,398	107,398		107,398	1,507	108,905			5
6	Maintenance	29,755	136	111,257	141,148		141,148	13,368	154,516			6
7	Other (specify):* See Attached TB	-	-	13,605	13,605		13,605	4,160	17,765			7
8	TOTAL General Services	513,596	162,928	232,260	908,784	-	908,784	28,922	937,706			8
	B. Health Care and Programs											
9	Medical Director	-	-	6,000	6,000		6,000	-	6,000			9
10	Nursing and Medical Records	2,725,937	93,805	8,300	2,828,042		2,828,042	18,922	2,846,964			10
10a	Therapy	-	2,747	24,000	26,747		26,747	-	26,747			10a
11	Activities	61,130	2,852	1,255	65,237		65,237	-	65,237			11
12	Social Services	-	-	1,120	1,120		1,120	-	1,120			12
13	CNA Training	-	-	-	-		-	-	-			13
14	Program Transportation	-	-	-	-		-	-	-			14
15	Other (specify):* See Attached TB	-	-	-	-		-	2,579	2,579			15
16	TOTAL Health Care and Programs	2,787,067	99,404	40,675	2,927,146	-	2,927,146	21,501	2,948,647			16
	C. General Administration											
17	Administrative	161,174	-	-	161,174		161,174	71,647	232,821			17
18	Directors Fees			-	-		-	-	-			18
19	Professional Services			399,581	399,581		399,581	(300,382)	99,199			19
20	Dues, Fees, Subscriptions & Promotions			104,834	104,834		104,834	(68,062)	36,773			20
21	Clerical & General Office Expenses	113,525	8,227	122,137	243,889		243,889	138,278	382,167			21
22	Employee Benefits & Payroll Taxes			464,413	464,413		464,413	(3,745)	460,668			22
23	Inservice Training & Education			-	-		-	-	-			23
24	Travel and Seminar			2,903	2,903		2,903	584	3,487			24
25	Other Admin. Staff Transportation		-	314	314		314	5,868	6,182			25
26	Insurance-Prop.Liab.Malpractice			107,046	107,046		107,046	10,985	118,031			26
27	Other (specify):* See Attached TB	-	-	47,243	47,243		47,243	(16,900)	30,343			27
28	TOTAL General Administration	274,699	8,227	1,248,471	1,531,397	-	1,531,397	(161,727)	1,369,670			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,575,362	270,559	1,521,406	5,367,327	-	5,367,327	(111,304)	5,256,023			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			100,218	100,218		100,218	280,731	380,949			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			54,529	54,529		54,529	219,852	274,381			32
33	Real Estate Taxes			-	-		-	133,268	133,268			33
34	Rent-Facility & Grounds			745,238	745,238		745,238	(745,238)	-			34
35	Rent-Equipment & Vehicles			16,644	16,644		16,644	13,409	30,053			35
36	Other (specify):* See Attached TB			-	-		-	60,321	60,321			36
37	TOTAL Ownership			916,629	916,629	-	916,629	(37,657)	878,972			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-	-		-	-	-			38
39	Ancillary Service Centers	-	195,521	626,863	822,384		822,384	(156,963)	665,421			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee	-	-	237,582	237,582		237,582	-	237,582			42
43	Other (specify):* See Attached TB	-	-	-	-		-	-	-			43
44	TOTAL Special Cost Centers	-	195,521	864,445	1,059,966	-	1,059,966	(156,963)	903,003			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	3,575,362	466,080	3,302,480	7,343,922	-	7,343,922	(305,923)	7,037,999			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(5,129)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(56,646)	30		9
10	Interest and Other Investment Income	(66)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,181)	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	(6,605)	21		17
18	Fines and Penalties	(20,000)	32		18
19	Entertainment	(110)	20		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(466)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(47,243)	27		24
25	Fund Raising, Advertising and Promotional	(67,763)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	10,114			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (196,096)		\$ 0	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)	(109,828)	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (109,828)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (305,924)		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

Alden Courts of Shorewood

ID#

0052530

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Political Action Committee Payments	\$ (479)	20	1
2	Other Expenses Related to Lobbying Activities			2
3	Late fees on utilities	(876)	21	3
4	Miscellaneous Income-ARCHITECTURAL DESIGN	(18)	6	4
5	Additional R&M- Equip/Auto	6,084	6	5
6	Depreciation Adjustments- Add. R&M- Equip/Auto	(427)	30	6
7	Additional R&M- Improvements	6,477	6	7
8	Depreciation Adjustments- Add. R&M- Imp.	(653)	30	8
9	Adj for ABC related Party Profit Through 2024	(4)	30	9
10	Adj for ADG related Party Profit Through 2024	71	30	10
11	Courts of Shorewood LLC Annual Report Fee	(61)	20	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	Total	10,114		49

STATE OF ILLINOIS														Summary A	
Facility Name & ID Number		Alden Courts of Shorewood		#	0052530	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	-	-	5,411	722	-	-	-	-	-	-	-	6,133	1	
2	Food Purchase	(2,181)	-	-	357	-	-	-	-	-	-	-	(1,824)	2	
3	Housekeeping	-	-	5,578	-	-	-	-	-	-	-	-	5,578	3	
4	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	4	
5	Heat and Other Utilities	-	-	1,507	-	-	-	-	-	-	-	-	1,507	5	
6	Maintenance	7,414	-	6,076	-	-	-	(113)	(9)	-	-	-	13,368	6	
7	Other (specify):*	-	-	4,160	-	-	-	-	-	-	-	-	4,160	7	
8	TOTAL General Services	5,233	-	22,732	1,079	-	-	(113)	(9)	-	-	-	28,922	8	
	B. Health Care and Programs														
9	Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	9	
10	Nursing and Medical Records	-	-	19,071	308	(457)	-	-	-	-	-	-	18,922	10	
10a	Therapy	-	-	-	-	-	-	-	-	-	-	-	-	10a	
11	Activities	-	-	-	-	-	-	-	-	-	-	-	-	11	
12	Social Services	-	-	-	-	-	-	-	-	-	-	-	-	12	
13	CNA Training	-	-	-	-	-	-	-	-	-	-	-	-	13	
14	Program Transportation	-	-	-	-	-	-	-	-	-	-	-	-	14	
15	Other (specify):*	-	-	2,579	-	-	-	-	-	-	-	-	2,579	15	
16	TOTAL Health Care and Programs	-	-	21,650	308	(457)	-	-	-	-	-	-	21,501	16	
	C. General Administration														
17	Administrative	-	-	71,647	-	-	-	-	-	-	-	-	71,647	17	
18	Directors Fees	-	-	-	-	-	-	-	-	-	-	-	-	18	
19	Professional Services	(466)	4,410	(304,326)	-	-	-	-	-	-	-	-	(300,382)	19	
20	Fees, Subscriptions & Promotions	(68,414)	61	291	-	-	-	-	-	-	-	-	(68,062)	20	
21	Clerical & General Office Expenses	(7,481)	-	145,759	-	-	-	-	-	-	-	-	138,278	21	
22	Employee Benefits & Payroll Taxes	-	-	-	-	(3,745)	-	-	-	-	-	-	(3,745)	22	
23	Inservice Training & Education	-	-	-	-	-	-	-	-	-	-	-	-	23	
24	Travel and Seminar	-	-	584	-	-	-	-	-	-	-	-	584	24	
25	Other Admin. Staff Transportation	-	-	5,868	-	-	-	-	-	-	-	-	5,868	25	
26	Insurance-Prop.Liab.Malpractice	-	10,694	291	-	-	-	-	-	-	-	-	10,985	26	
27	Other (specify):*	(47,243)	-	30,343	-	-	-	-	-	-	-	-	(16,900)	27	
28	TOTAL General Administration	(123,604)	15,165	(49,543)	-	(3,745)	-	-	-	-	-	-	(161,727)	28	
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(118,370)	15,165	(5,161)	1,387	(4,202)	-	(113)	(9)	-	-	-	(111,304)	29	

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Courts of Shorewood # 0052530 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

	Capital Expense	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)	
	D. Ownership													
30	Depreciation	(57,659)	324,537	13,853	-	-	-	-	-	-	-	-	280,731	30
31	Amortization of Pre-Op. & Org.	-	-	-	-	-	-	-	-	-	-	-	-	31
32	Interest	(20,066)	238,457	1,461	-	-	-	-	-	-	-	-	219,852	32
33	Real Estate Taxes	-	132,757	511	-	-	-	-	-	-	-	-	133,268	33
34	Rent-Facility & Grounds	-	(745,238)	-	-	-	-	-	-	-	-	-	(745,238)	34
35	Rent-Equipment & Vehicles	-	-	13,409	-	-	-	-	-	-	-	-	13,409	35
36	Other (specify):*	-	60,321	-	-	-	-	-	-	-	-	-	60,321	36
37	TOTAL Ownership	(77,725)	10,834	29,234	-	-	-	-	-	-	-	-	(37,657)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	-	-	-	-	-	-	-	-	-	-	-	-	38
39	Ancillary Service Centers	-	-	-	(5,867)	(5,331)	(145,765)	-	-	-	-	-	(156,963)	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	-	-	-	(5,867)	(5,331)	(145,765)	-	-	-	-	-	(156,963)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(196,096)	25,999	24,073	(4,480)	(9,533)	(145,765)	(113)	(9)	-	-	-	(305,923)	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.

1OWNERS		2RELATED NURSING HOMES		3OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Ownership & 6-Supplemental Tabs		See Ownership & 6-Supplemental Tabs		See Ownership & 6-Supplemental Tabs		

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.

1Schedule V		2Line	3Cost Per General LedgerItem	4Amount	5Cost to Related OrganizationName of Related Organization	6Percent of Ownership	7Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 745,238	Alden Estates of Shorewood I, LLC	0.00%		\$ (745,238)	1
2	V	32	Interest Income Repl Reserve	33	Alden Estates of Shorewood I, LLC			(33)	2
3	V	19	Accounting Fees		Alden Estates of Shorewood I, LLC		4,410	4,410	3
4	V	20	Dues & Subscriptions/ Rprt Fee		Alden Estates of Shorewood I, LLC				4
5	V	33	Real Estate Tax Expense		Alden Estates of Shorewood I, LLC		132,757	132,757	5
6	V	26	General Insurance Expense		Alden Estates of Shorewood I, LLC		10,694	10,694	6
7	V	36	Mortgage Insurance Premium		Alden Estates of Shorewood I, LLC		60,321	60,321	7
8	V	32	Interest-Mortgage		Alden Estates of Shorewood I, LLC		217,833	217,833	8
9	V	30	Depreciation Expense		Alden Estates of Shorewood I, LLC		324,537	324,537	9
10	V	32	Amortization Expense		Alden Estates of Shorewood I, LLC		20,657	20,657	10
11	V	6	Repairs & Maintenance		Alden Estates of Shorewood I, LLC				11
12	V	20	Corporate Annual Report Fee		Alden Estates of Shorewood I, LLC		61	61	12
13	V	21	Bank Charges		Alden Estates of Shorewood I, LLC				13
14	Total			\$ 745,271			\$ 771,270	\$ * 25,999	14

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities		Alden Management Services, Inc.	0.00%	1,507	\$	1,507
16	V	24	Travel and Seminar		Alden Management Services, Inc.		584		584
17	V	25	Other Admin Travel		Alden Management Services, Inc.		5,868		5,868
18	V	26	Insurance		Alden Management Services, Inc.		291		291
19	V	20	Dues, Subscriptions		Alden Management Services, Inc.		291		291
20	V	30	Depreciation		Alden Management Services, Inc.		13,853		13,853
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		511		511
22	V	35	Rent- Equip & Vehicles		Alden Management Services, Inc.		13,409		13,409
23	V	32	Interest		Alden Management Services, Inc.		1,461		1,461
24	V	1	Dietary		Alden Management Services, Inc.		5,411		5,411
25	V	3	Housekeeping		Alden Management Services, Inc.		5,578		5,578
26	V	7	Employee Benefits		Alden Management Services, Inc.		4,160		4,160
27	V	10	Nurse & Med Records Salary		Alden Management Services, Inc.		19,071		19,071
28	V	15	Employee Benefits- Healthcare		Alden Management Services, Inc.		2,579		2,579
29	V	17	Administrative Salary		Alden Management Services, Inc.		71,647		71,647
30	V	27	Employee Benefit- Administrative		Alden Management Services, Inc.		30,343		30,343
31	V	19	Professional Fees & Salary	322,127	Alden Management Services, Inc.		17,801		(304,326)
32	V	21	General & Admin	17,760	Alden Management Services, Inc.		163,519		145,759
33	V	6	Repair & Maintenance	20,463	Alden Management Services, Inc.		26,539		6,076
34	V								
35	V								
36	V								
37	V								
38	V								
39	Total			\$ 360,350			\$ 384,423	\$ *	24,073

* 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	0	Prism Health Care Services, Inc.	0.00%		\$	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		0		16
17	V	2	Tube Feed	2,662	Prism Health Care Services, Inc.		1,760	(902)	17
18	V	10	Equipment Rental	0	Prism Health Care Services, Inc.		0		18
19	V	39	Ancillary Supplies	8,024	Prism Health Care Services, Inc.		962	(7,062)	19
20	V	39	Vent Rent		Prism Health Care Services, Inc.				20
21	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		722	722	21
22	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		1,259	1,259	22
23	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		308	308	23
24	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		1,195	1,195	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			\$ 10,686			\$ 6,206	\$ * (4,480)	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	177,232	Forum Extended Care II, Inc.	0.00%	168,817	\$ (8,414)	15
16	V	39	I.V.	9,862	Forum Extended Care II, Inc.		9,394	(468)	16
17	V	39	Wound Care-Product Only	313	Forum Extended Care II, Inc.		298	(15)	17
18	V	10	House Stock	6,626	Forum Extended Care II, Inc.		6,311	(315)	18
19	V	10	Pharm Consult	3,000	Forum Extended Care II, Inc.		2,858	(142)	19
20	V	22	Employee Vaccinations	3,745	Forum Extended Care II, Inc.			(3,745)	20
21	V	39	Employee Vaccinations		Forum Extended Care II, Inc.		3,567	3,567	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			\$ 200,777			\$ 191,245	\$ * (9,533)	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	644,644	Community Physical Therapy & Associates, Ltd.	0.00%	498,879	\$ (145,765)	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			\$ 644,644			\$ 498,879	\$ * (145,765)	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	\$ 9,550	Alden Bennett Construction Company, Inc.	0.00%	\$ 9,437	\$ (113)	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			\$ 9,550			\$ 9,437	\$ * (113)	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	\$ 2,248	Alden Design Group, Ltd.	0.00%	\$ 2,238	\$ (9)	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			\$ 2,248			\$ 2,238	\$ * (9)	39

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL related nursing homes and related organizations (parties) as defined in the instructions.

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 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	1
2	Alden-Lincoln Park Rehabilitation and Health Care	Chicago, IL	Alden Estates-Courts of Huntley, Inc.	Huntley, IL				2
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	3
4	Alden-Lakeland Rehabilitation and Health Care Ce	Chicago, IL			FECS of Wisconsin Inc.	Madison, WI	Pharmacy	4
5	Alden of Old Town East, Inc.	Bloomingtondale, IL			Alden Management Services, Inc.	Chicago, IL	Consulting	5
6	Alden Terrace of McHenry Rehabilitation and Heal	McHenry, IL						6
7	Wentworth Rehabilitation and Health Care Center,	Chicago, IL			Alden Garden Courts of DesPlaines, LLC	DesPlaines, IL	Assisted Living/Alzhe	7
8	Alden Estates of Naperville, Inc.	Naperville, IL						8
9	Alden - Valley Ridge Rehabilitation and Health Car	Bloomingtondale, IL			Alden Gardens of Waterford, LLC	Aurora, IL	SLF	9
10	Alden Village Health Facility for Children and You	Bloomingtondale, IL			Prism Health Care Services, Inc.	Schaumburg, IL	Nursing and Durable	10
11	Alden - Orland Park Rehabilitation and Health Car	Orland Park, IL			Community Physical Therapy & Associates, Ltd.	Addison, IL	Therapy Provider	11
12	Princeton Rehabilitation and Health Care Center, I	Chicago, IL			Alden Bennett Construction Company, Inc.	Chicago, IL	General Contractor	12
13	Alden of Old Town West, Inc.	Bloomingtondale, IL						13
14	Alden - Town Manor Rehabilitation and Health Care	Cicero, IL			Alden Design Group, Inc.	Chicago, IL	Design & Engineerin	14
15	Alden Trails, Inc.	Bloomingtondale, IL						15
16	Alden - Poplar Creek Rehabilitation and Health Car	Hoffman Estates, IL			Family Solutions for Seniors, Inc	Addison, IL	Private duty care	16
17	Alden - North Shore Rehabilitation and Health Car	Skokie, IL			Family Home Health Services, Inc.	Addison, IL	Home health & hospi	17
18	Alden - Des Plaines Rehabilitation and Health Care	Des Plaines, IL						18
19	Alden Estates of Evanston, Inc.	Evanston, IL			Alden Estates of Shorewood, LLC	Shorewood	Rental Company	19
20	Alden - Alma Nelson Manor, Inc.	Rockford, IL						20
21	Alden - Park Strathmoor, Inc.	Rockford, IL						21
22	Alden - Meadow Park Health Care Center, Inc.	Clinton, WI						22
23	Alden Estates of Barrington, Inc.	Barrington, IL						23
24	Alden of Waterford, LLC	Aurora, IL						24
25	Alden Springs, Inc.	Bloomingtondale, IL						25
26	Alden Village North, Inc.	Chicago, IL						26
27	Alden Estates of Skokie, Inc.	Skokie, IL						27
28	Alden Estates of Countryside, Inc.	Jefferson, WI						28
29	Alden Estates of Shorewood, Inc.	Shorewood, IL						29
30	Alden - Long Grove Rehabilitation and Health Care	Long Grove, IL						30

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	Chairman-BOD	Chairman	0.10	197,663	0.47	1.17	Salary	\$ 2,337	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Svcs	Technical Nursing S	20.77	104,762	0.47	1.17	Salary	1,238	10-7	2
3	Terry Magnusson	Dir. of Property Mana	Building equipment	0.00	104,762	0.47	1.17	Salary	1,238	6-7	3
4	Ina Schlossberg	Board Member	Events and special p	0.00	104,762	0.47	1.17	Salary	1,238	17-7	4
5	Audra Elisco	Medical Records Coord	Medical record mai	20.77	79,309	0.47	1.17	Salary	938	21-7	5
6	Randi Schlossberg-Schullo	President	General Oper.	20.77	197,663	0.41	1.17	Salary	2,337	6-7, 17-7	6
7	Joseph Schullo	Project Manager	General Operations	6.26	197,663	0.41	1.17	Salary	2,337	6-7, 17-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 11,663		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

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

X

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	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

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

X

NO

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

Name of Related Organization

Alden Management Services, Inc.

Street Address

4200 W. Peterson

City / State / Zip Code

Chicago, IL 60646

Phone Number

(773-286-3883

Fax Number

(773-286-8038

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,397,134	36	\$ 129,003	\$	16,323	\$ 1,507	1
2	24	Trav & Seminar	Patient Days	1,397,134	36	49,988		16,323	584	2
3	25	Other Admin Travel	Patient Days	1,397,134	36	502,227		16,323	5,868	3
4	26	Insurance	Patient Days	1,397,134	36	24,931		16,323	291	4
5	20	Dues & Subscriptions	Patient Days	1,397,134	36	24,937		16,323	291	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		16,323	511	7
8	35	Rent-Equip & Vehicle	Patient Days	1,397,134	36	1,147,743		16,323	13,409	8
9	32	Interest	Patient Days	1,397,134	36	125,066		16,323	1,461	9
10	1	Dietary Salary	Patient Days	1,397,134	36	463,044	463,044	16,323	5,410	10
11	3	Housekeeping Salary	Patient Days	1,397,134	36	477,424	477,424	16,323	5,578	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,397,134	36	356,025		16,323	4,160	12
13	10	Nurs & Med Records Salary	Patient Days	1,397,134	36	1,632,344	1,632,344	16,323	19,071	13
14	15	Employee Benefits -Health Care	Patient Days	1,397,134	36	220,704		16,323	2,579	14
15	17	Administrative Salary	Patient Days	1,397,134	36	6,132,499	6,132,499	16,323	71,647	15
16	27	Employee Benefits - Admin	Patient Days	1,397,134	36	2,597,178		16,323	30,343	16
17	19	Professional fees	Patient Days	1,397,134	36	518,567		16,323	6,059	17
18	19	Professional fees	Revenue charged	33,202,232	36	1,210,351	1,210,351	322,127	11,743	18
19	21	Gen'I & Admin	Patient Days	1,397,134	36	13,996,050	11,866,101	16,323	163,519	19
20	6	Repair & Maint.	Patient Days	1,397,134	36	559,530		16,323	6,537	20
21	6	Repair & Maint.	Revenue charged	1,731,722	36	1,692,724	1,692,724	20,463	20,002	21
22										22
23										23
24										24
25	TOTALS					\$ 32,402,789	\$ 23,474,487		\$ 384,423	25

Facility Name & ID Number Alden Courts of Shorewood # 0052530 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 ☐

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	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

Facility Name & ID Number Alden Courts of Shorewood # 0052530 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

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	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

Facility Name & ID Number Alden Courts of Shorewood # 0052530 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 ☐

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	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	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	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

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	\$36,445.62	11/1/17	\$ 9,870,300	\$ 8,277,319	1/2052	2.6000	\$ 217,833	1	
2												2	
3												3	
4	Insurance Interest (GL7035)		X	Medical Malpractice							63	4	
5	Amort of Fin Fees (GL 1918)		X	Refinancing							20,657	5	
	Working Capital												
6	Related party - AMS		X	Working Capital							1,461	6	
7	MidCap Interest (703100-200000)		X	Working Capital							34,467	7	
8												8	
9	TOTAL Facility Related				\$36,445.62		\$ 9,870,300	\$ 8,277,319			\$ 274,481	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		X								(33)	10	
11	Interest Income (GL 4975)		X								(66)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$ 0	\$ 0			\$ (99)	14	
15	TOTALS (line 9+line14)						\$ 9,870,300	\$ 8,277,319			\$ 274,381	15	

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

\$ 60,321

Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2024 report.		\$	148,700	1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	139,168	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(9,532)	3	
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	142,800	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	133,268	7	
Assessed Value from Real Estate Tax Bill: 2024 4,182,000 8					
Real Estate Tax Bill for Calendar Year: 2020 148,523 9					
2021 137,158 10					
2022 143,195 11					
2023 144,324 12					
2024 138,657 13					
2025 Accrual: \$138,657 X 1.03 = \$142,800 (Rounded)					
Allocated From Alden Management Services, Inc.: \$511 (Included in Line 2)					

	FOR BHF USE ONLY		
14	FROM R. E. TAX STATE!	\$	14
15	PLUS APPEAL COST FR	\$	15
16	LESS REFUND FROM LI	\$	16
17	AMOUNT TO USE FOR F	\$	17

- NOTES:
- 1 Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2 If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.
- #####

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Alden Courts of Shorewood

COUNTY

Will

FACILITY IDPH LICENSE NUMBER

0052530

CONTACT PERSON REGARDING THIS REPORT

Joshua S. Banach, CPA

TELEPHONE

847-628-8784

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</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
			<u>Nursing Home</u>
1. <u>See Supplemental Schedule</u>	<u>Related Party - Alden Managemer</u>	\$ <u>43,747.00</u>	\$ <u>511.00</u>
2. <u>05-06-04-405-013-0000</u>	<u>Nursing Facility</u>	\$ <u>346,641.80</u>	\$ <u>138,656.72</u>
3. <u>-</u>	<u>-</u>	\$ <u></u>	\$ <u></u>
4. <u>-</u>	<u>-</u>	\$ <u></u>	\$ <u></u>
5. <u>-</u>	<u>-</u>	\$ <u></u>	\$ <u></u>
6. <u>-</u>	<u>-</u>	\$ <u></u>	\$ <u></u>
7. <u>-</u>	<u>-</u>	\$ <u></u>	\$ <u></u>
8. <u>-</u>	<u>-</u>	\$ <u></u>	\$ <u></u>
9. <u>-</u>	<u>-</u>	\$ <u></u>	\$ <u></u>
10. <u>-</u>	<u>-</u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u>390,388.80</u>	\$ <u>139,167.72</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: 35,635 B. General Construction Type: Exterior Brick/Cement Frame Steel Skeleton/Metal F Number of Stories 1 + Basement

C. Does the Operating Entity? (a) Own the Facility (X) (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (X) (a) Own the Equipment (X) (b) Rent equipment from a Related Organization. (X) (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None
-
-
-

F. 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 X 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 X NO
If so, please complete the following:

1. Total Amount Incurred: - 2. Number of Years Over Which it is Being Amortized: -
3. Current Period Amortization: - 4. Dates Incurred: -

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	Nursing Home	73,567	2006	\$ 571,894	1
2	-	-	-	-	2
3	TOTALS	73,567		\$ 571,894	3

XI. OWNERSHIP COSTS (continued)											
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.											
	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	50			2017	\$ 8,671,724	\$	39	\$ 222,352	\$ 222,352	\$ 2,001,168	4
5				2017	(306,135)		39	(7,850)	(7,850)	(70,650)	5
6				2017	1,352,929		39	34,690	34,690	312,210	6
7								-		-	7
8								-		-	8
	Improvement Type**										
9	Building - (Additional Construction Costs - 306)			2017	295,051		39	7,565	7,565	68,085	9
10	ALDDDES - Architectural Work			2017	8,762		39	225	225	2,025	10
11	AMS - Structural/Finishing Maintenance			2017	13,004		39	333	333	2,970	11
12	AMS - Structural/Finishing Maintenance			2017	9,528		39	244	244	2,156	12
13	ALDDDES - Architectural Work			2017	13,778		39	353	353	3,118	13
14	ALDDDES - Architectural Work			2017	4,486		39	115	115	1,006	14
15	AMS - Structural/Finishing Maintenance			2017	4,568		39	117	117	1,024	15
16	AMS - Structural/Finishing Maintenance			2017	10,016		39	257	257	2,249	16
17	DEDRES - Restoration, Flood Damage			2017	13,923		39	928	928	8,120	17
18	Building - (Additional after initial cost cert - Closing Oct 2017)			2017	1,027,219		39	26,339	26,339	237,051	18
19	Building Costs that could not be claimed on Cost Cert \$287,644.92			2017			39	(7,376)	(7,376)	(59,008)	19
20								-		-	20
21	CAT5RE - Floor Moulding, Flood Damage (Basement)			2019	23,040		15	1,536	1,536	9,600	21
22	AMS - Stain Furniture			2019	2,640		10	264	264	1,716	22
23								-		-	23
24	GTMECH - Repair RTU-1, HVAC (Roof)			2020	4,584		5	610	610	4,584	24
25								-		-	25
26	GTMECH - Repair MAU, Crankcase Heater/Heatwheel (Basement)			2022	5,385		5	1,077	1,077	3,680	26
27	ABC - Paving (Parking Lot)			2022	18,099		8	2,262	2,262	7,729	27
28	AMS - Stain Furniture			2022	3,520		5	704	704	2,112	28
29								-		-	29
30	Book Depreciation per Operator					99,138		-	(99,138)	-	30
31	Book Depreciation per Landowner					324,537		-	(324,537)	-	31
32								-		-	32
33	Adj for ABC related party profit			2022	(34)	(2)		(2)		(8)	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Forum Prof Ctr: Remodeling 1979-1995	1979	64,367		20			64,367	37
38	Forum Prof Ctr: Asphalt/Design/etc.	2000	2,120		10			2,120	38
39	Forum Prof Ctr: Remodel/electrical	2001	826		7			826	39
40	Forum Prof Ctr: bathroom remodel	2002	731		5			731	40
41	Forum Prof Ctr: remodel suites/etc.	2003	939		9			939	41
42	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,891		7			2,891	42
43	Forum Prof Ctr: Suite renovation	2005	2,788		10			2,788	43
44	Forum Prof Ctr: Superior installations, etc.	2006	139		4			139	44
45	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	561		7			561	45
46	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	482		7			482	46
47	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	981		10			981	47
48	Forum Prof Ctr: Building Renovations	2010	1,669		5			1,669	48
49	Forum Prof Ctr: Building Renovations	2011	5,242	43	10	43		5,200	49
50	Forum Prof Ctr: Building Renovations	2012	319	2	15	2		317	50
51	Forum Prof Ctr: Building Renovations	2013	477	0	10	0		477	51
52	Forum Prof Ctr: Elect Install/sewer excavation	2014	486	0	10	0		486	52
53	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	395	5	10	5		374	53
54	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	1,114	124	13	124		1,072	54
55	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,ducts,ele	2018	24,135	1,540	15	1,540		12,245	55
56	Forum Prof Ctr: floors,walls,plumbing,hvac,carpentry	2019	1,450	149	10	149		992	56
57	Forum Prof Ctr: PktLot,door frames,windows	2020	633	33	3-10	33		480	57
58	Forum Prof Ctr:water tank suite 140	2021	70	7	7	7		29	58
59	Forum Prof Ctr: Water tank & 102 suite expansion	2022	1,518	308	7	308		898	59
60	Forum Prof Ctr: Catch basin, IT & Legal suite buildout	2023	1,465	249	7	249		942	60
61	Forum Prof Ctr: Suite 101 renov: walls, elect, etc.	2024	609	122	5	122		122	61
62	Forum Prof Ctr: CarpetHallways,Suite 101 improvements	2025	3,764	670	13	670		670	62
63	Alden Mgt Servs: Remodel suites 1993 & 2002	2002	6,851	0	13	0		6,851	63
64	Alden Mgt Servs: Remodel suites	2003	5,946	0	8	0		5,946	64
65	Alden Mgt Servs: MotorControl Board	2014	81	0	15	0		81	65
66	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		19,335	66
67	Alden Mgt Servs: Building IT network cabling	2023	412	27		27		105	67
68						0		0	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,347,303	\$ 429,532		\$ 290,602	\$ (138,930)	\$ 2,676,053	70

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$11,382,376	\$429,601		\$295,372	\$ (134,229)	\$2,683,099	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						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$11,382,376	\$429,601		\$295,372	\$ (134,229)	\$2,683,099	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,347,303	\$ 429,532		\$ 290,602	\$ (138,930)	\$ 2,676,053	1
2	Asphalt Paving, concrete, walkway - ALDBEN	2024	5,280		10	528	528	1,056	2
3	Ejector pump - TRIPLU	2024	5,100		15	340	340	680	3
4	Nurse Call System (6) - AMEEXP (NEXUS)	2024	4,094		5	819	819	1,638	4
5	Motor, Door closer, main lobby - ALDBEN	2024	2,555		5	511	511	1,022	5
6						-		-	6
7						-		-	7
8	Adj for ABC related party profit	2024	88	5		5		10	8
9	Adj for ABC related party profit	2025	(106)	(7)		(7)		(7)	9
10						-		-	10
11	Adj for ADG related party profit	2024	3,782	73		73		146	11
12	Adj for ADG related party profit	2025	(37)	(2)		(2)		(2)	12
13						-		-	13
14						-		-	14
15	Boiler, emergency shut-off button - BELELC	2025	3,046		5	609	609	609	15
16	Chiller, coldpac, toploading, Kitchen - MEDLIN	2025	3,163		5	633	633	633	16
17	Door, control board & motor, front slider - ALDBEN	2025	3,309		5	662	662	662	17
18	Paving, asphalt & concrete, walkway - ALDBEN	2025	4,800		8	600	600	600	18
19									19
20									20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 11,382,376	\$ 429,601		\$ 295,372	\$ (134,229)	\$ 2,683,099	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$11,382,376	\$429,601		\$295,372	\$(134,229)	\$2,683,099	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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33						0		0	33
34	TOTAL (lines 1 thru 33)		\$11,382,376	\$429,601		\$295,372	\$(134,229)	\$2,683,099	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$11,382,376	\$429,601		\$295,372	\$ (134,229)	\$2,683,099	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						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$11,382,376	\$429,601		\$295,372	\$ (134,229)	\$2,683,099	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$11,382,376	\$429,601		\$295,372	\$(134,229)	\$2,683,099	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						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$11,382,376	\$429,601		\$295,372	\$(134,229)	\$2,683,099	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$11,382,376	\$429,601		\$295,372	\$(134,229)	\$2,683,099	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						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$11,382,376	\$429,601		\$295,372	\$(134,229)	\$2,683,099	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 11,382,376	\$ 429,601		\$ 295,372	\$ (134,229)	\$ 2,683,099	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						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$ 11,382,376	\$ 429,601		\$ 295,372	\$ (134,229)	\$ 2,683,099	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$11,382,376	\$429,601		\$295,372	\$(134,229)	\$2,683,099	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						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$11,382,376	\$429,601		\$295,372	\$(134,229)	\$2,683,099	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$928,256	\$	\$85,237	\$85,237	Various	\$703,533	71
72	Current Year Purchases	0			0	Various	0	72
73	Fully Depreciated Assets	253,374			0	Various	253,374	73
74	See Attached	169,463	7,654		(7,654)	Various	137,598	74
75	TOTALS	\$1,351,093	\$7,654	\$85,237	\$77,583		\$1,094,505	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 Mgmt	Various	1998-2023	6,329	340		0	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 Assets

	1	Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$13,311,691	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$437,594	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$380,609	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(56,646)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$3,782,131	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	Leasehold Improvement-ADG-2018	\$766,264	\$19,648	\$137,536	86
87					87
88					88
89					89
90					90
91	TOTALS	\$766,264	\$19,648	\$137,536	91

G. Construction-in-Progress

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

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

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

Alden Courts of Shorewood
52530

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A - Related Party
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?YES

X

NO
- If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning1/1/22

Ending12/31/31

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

Fiscal Year Ending	Annual Rent
1212/31/2026	\$782,149
1312/31/2027	\$782,149
1412/31/2028	\$782,149

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized

by the length of the lease.

9. Option to Buy:YES

X

NO
- Terms:

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?YES

X

NO
16. Rental Amount for movable equipment: \$24,938
- Description:copy machine ac 6861 - \$8,726 plus quipment lease ac 6859 - \$7,918; allocated from AMS – 8,294
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Auto lease - a/c no. 6890; al	Various	\$426	\$5,115	17
18					18
19					19
20					20
21	TOTAL		\$426	\$5,115	21

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

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

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

C. CONTRACTUAL INCOME

D. NUMBER OF CNAs TRAINED

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
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 Payments				0
8	CNA Competency Tests				0
9	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0
10	SUM OF line 9, col. 1 and 2 (e)	\$ 0			

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

\$

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	V10A/V39	hrs	\$ -	3,997	\$ 299,780	\$ -	3,997	\$ 299,780	1
2	Licensed Speech and Language Development Therapist	V10A/V39	hrs	-	795	59,611	-	795	59,611	2
3	Licensed Recreational Therapist	V10A/V39	hrs	-		-	-			3
4	Licensed Physical Therapist	V10A/V39	hrs	-	3,483	261,253	-	3,483	261,253	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	-		-	23,052		23,052	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Other (specify):	V39								12
13	Other (specify):	V39		-		6,219	15,506		21,725	13
14	TOTAL			\$	8,275	\$ 626,863	\$ 38,558	8,275	\$ 665,421	14

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

ALDEN COURTS OF SHOREWOOD, INC
Cts of Shorewood
For the Thirteen Months Ending Wednesday, December 31, 2025

			TB
			2,025.00
PA Cost Report - Page 16A Supporting Worksheet.			
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.
1.	OT	39-3	To Col. 5
2.	ST	39-3	To Col. 5
4.	PT	39-2	To Col. 5
Pharmacy Supplies Per GL			177,231.66
Manual Input From Related Party - FECSII - DRUGS (From Page 6C, Ln 39/Drug items)			(8,414.47)
9.	Pharmacy	See Pg 16A	To Col. 6
			168,817.19
12.	Exceptional Care-Salaries	See Pg 16A	To Col. 3
12.	Exceptional Care- Supplies	See Pg 16A	To Col. 6
12. Total Exceptional Care Check (Line 12, Col. 8)			88.76
			88.76
13.	Other	See Pg 16A	
13.	Col 5: Manual Input: From Related Party - CPT WS (From Page 6D, Col 8)	To Col. 5	(145,765.00)
Other (various GL accounts)			24,417.88
Manual Input: Related Party - Prism WS (From Page 6B, Ln39 items, Col 8)			(5,867.00)
Manual Input: Related Party - FECII - I.V. (From Page 6C, Ln 39 items for IV, Col 8)			(468.23)
Manual Input: Related Party - FECII - EE Vaccinations (From Page 6C, Ln 39 items, Col 8)			3,568.00
Manual Input: Related Party - FECII - Wound Care Products (From Page 6C, Ln 39 items, Col 8 WC)			(14.84)
Oxygen - From Reclass WP (FromPg 4A)			-
13.	Col. 6: Supplies Total	To Col. 6	
			21,635.81
13.	Total Line 13, Column 8 Check		
			(124,129.19)
14.	Total		
			665,420.86

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 500	\$ 28,672	1
2	Cash-Patient Deposits	-	-	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (55,000))	706,824	2,159,394	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	-	-	6
7	Other Prepaid Expenses	11,888	16,904	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): See Attached TB	74,165	451,146	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 793,377	\$ 2,656,116	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	-	13
14	Buildings, at Historical Cost	-	9,698,943	14
15	Leasehold Improvements, at Historical Cost	2,550,510	2,580,745	15
16	Equipment, at Historical Cost	316,489	1,328,168	16
17	Accumulated Depreciation (book methods)	(772,298)	(3,865,933)	17
18	Deferred Charges	-	-	18
19	Organization & Pre-Operating Costs	-	-	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-	-	20
21	Restricted Funds	-	350,111	21
22	Other Long-Term Assets (sp:See Attached TB	-	309,461	22
23	Other(specify): See Attached TB	-	-	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,094,701	\$ 10,401,495	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,888,078	\$ 13,057,611	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 279,031	\$ 281,134	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	303,905	303,905	28
29	Short-Term Notes Payable	-	224,803	29
30	Accrued Salaries Payable	371,339	371,339	30
31	Accrued Taxes Payable (excluding real estate taxes)	127,463	127,463	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	142,800	32
33	Accrued Interest Payable	-	17,934	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Attached TB	95,790	95,790	36
37	See Attached TB	474,728	474,728	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,652,256	\$ 2,039,896	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	-	-	39
40	Mortgage Payable	-	8,052,516	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43	See Attached TB	3,896,721	3,896,721	43
44	See Attached TB	-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,896,721	\$ 11,949,237	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,548,977	\$ 13,989,133	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,660,899)	\$ (931,522)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,888,078	\$ 13,057,611	48

*(See instructions.)

PG 17 Line 9 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
116400-100041	Miscell Non-Patient Receivable	74,165.32
150200-306000	Escrow-Real Estate Taxes	241,017.52
150600-306000	Escrow- M.I.P.	135,963.41
Total		451,146.25

PG 17 Line 22 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
191900-306000	Financing Fees	488,291.65
192000-306000	Accum Amort Financing Fees	(178,831.19)
Total		309,460.46

PG 17 Line 36 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
205100-100000	Accrued Insurance	(56,107.68)
230100-100000	Accrued Expenses	(16,318.78)
230100-100401	Accrued Expenses	(3,120.00)
230300-100000	Sales Tax Payable	(256.00)
239100-100000	Due To Idpa For License Fees	(19,987.00)
Total		(95,789.46)

PG 17 Line 37 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
200100-160000	Accounts Payable	(319,401.78)
200100-174000	Accounts Payable	(925.00)
200100-175000	Accounts Payable	(46,298.44)
200100-184000	Accounts Payable	(26,076.44)
200100-194000	Accounts Payable	(2,846.19)
230100-160000	Accrued Expenses	(54,530.17)
230100-175000	Accrued Expenses	(23,284.34)
230100-184000	Accrued Expenses	(1,366.86)
Total		(474,729.22)

PG 17 Line 43 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
120100-101000	Intercompany Receivable	(1,451,812.35)
120100-200000	Intercompany Receivable	(3,600,533.23)
120100-501000	Intercompany Receivable	(1,442,493.61)
121000-101000	AMS Clearing Account	198,228.92
121000-200000	AMS Clearing Account	2,531,850.76
200100-101000	Accounts Payable	(131,962.46)
Total		(3,896,721.97)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,086,485)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,086,485)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(574,414)	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)	\$ (574,414)	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)	\$ (2,660,899)	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	\$ 6,328,498	1
2	Discounts and Allowances for all Levels	(17,783)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,310,715	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	318,956	6
7	Oxygen	-	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 318,956	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	-	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	-	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	-	19
20	Radiology and X-Ray	80	20
21	Other Medical Services	9,929	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 10,009	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	18,393	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 18,393	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached & TB	111,435	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 111,435	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,769,508	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	908,784	31
32	Health Care	2,927,146	32
33	General Administration	1,531,397	33
	B. Capital Expense		
34	Ownership	916,629	34
	C. Ancillary Expense		
35	Special Cost Centers	822,384	35
36	Provider Participation Fee	237,582	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,343,922	40
41	Income before Income Taxes (line 30 minus line 40)**	(574,414)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (574,414)	43

III. Net Inpatient Revenue detailed by Payer Source for each line			
44	Medicaid Fee for Service	\$ 754,115	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	685,107	45
46	MMAI-Medicaid is the Primary Payer	403,496	46
47	MMAI-Medicare is the Primary Payer		47
48	Private Pay	2,186,462	48
49	Medicare Part A	1,626,777	49
50	Other-(specify) MAP	589,192	50
51	Other-(specify) Veterans		51
52	Other-(specify) SNP		52
53	Other-(specify) HMO/Hospice		53
54	Other-(specify) CNA Incentives	65,566	54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,310,715	56

PG 19 Line 28 Detail		
CLIENT ACCOUNT	ACCOUNT DESCRIPTION	BALANCE
497700-100001	Miscellaneous Income	(18.00)
498300-100000	Write Off Old A/P	(425.08)
498500-100000	Gain On Sale Of Assets	(1,271.51)
497600-100001	ERC Other Income	(109,720.42)
Total		(111,435.01)

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,672	1,680	\$ 95,759	\$ 56.99	1
2	Assistant Director of Nursing	2,119	2,127	88,858	41.78	2
3	Registered Nurses	12,511	13,367	582,880	43.61	3
4	Licensed Practical Nurses	12,407	13,675	531,316	38.85	4
5	CNAs & Orderlies	41,849	44,743	1,129,637	25.25	5
6	CNA Trainees			-		6
7	Licensed Therapist			-		7
8	Rehab/Therapy Aides			-		8
9	Activity Director			-		9
10	Activity Assistants	3,206	3,270	61,130	18.69	10
11	Social Service Workers			-		11
12	Dietician			-		12
13	Food Service Supervisor	2,072	2,080	60,689	29.18	13
14	Head Cook	2,259	2,264	58,463	25.82	14
15	Cook Helpers/Assistants	7,220	7,803	156,161	20.01	15
16	Dishwashers			-		16
17	Maintenance Workers	746	755	29,755	39.41	17
18	Housekeepers	7,461	7,953	180,314	22.67	18
19	Laundry	1,279	1,440	28,214	19.59	19
20	Administrator	2,056	2,080	161,174	77.49	20
21	Assistant Administrator			-		21
22	Other Administrative	746	755	23,202	30.73	22
23	Office Manager			-		23
24	Clerical	4,307	4,578	90,323	19.73	24
25	Vocational Instruction			-		25
26	Academic Instruction			-		26
27	Medical Director			-		27
28	Qualified ID Prof (QIDP)			-		28
29	Resident Services Coordinator	1,776	1,800	69,434	38.57	29
30	Habilitation Aides (DD Homes)			-		30
31	Medical Records			-		31
32	Other Health Care(specify)			-		32
33	Other(specify)	8,503	8,907	228,053	25.60	33
34	TOTAL (lines 1 - 33)	112,189	119,277	\$ 3,575,362 *	\$ 29.98	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ -		35
36	Medical Director	\$500/month	6,000	V09-3	36
37	Medical Records Consultant		-		37
38	Nurse Consultant		-		38
39	Pharmacist Consultant	\$250/month	3,000	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	\$23/Month	280	V11-3	44
45	Social Service Consultant	\$93/month	1,120	V12-3	45
46	Other(specify)		-		46
47			-		47
48			-		48
49	TOTAL (lines 35 - 48)		\$ 10,400		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	11	\$ 3,780	V10-3	50
51	Licensed Practical Nurses	-	-		51
52	Certified Nurse Assistants/Aides	-	-		52
53	TOTAL (lines 50 - 52)	11	\$ 3,780		53

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

** See instructions.

Alden Courts of Shorewood
52530
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	Average Hourly Wage
				Total Salary & Wages	
600100-100-004	Memory Care Act Aide	4,391	4,747	91,410	19.26
600100-100-003	Memory Care Asst Dir	4,112	4,160	136,643	32.85
Total		8,503	8,907	228,053	25.60

Alden Courts of Shorewood

Legal Fee Support

12/31/2025

PG 21A

Legal Fees Reported on Pg 21, Section C:

\$84,923.00

Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22

(466.00)

Non-allowable legal fees, if any, deducted on
- AMS Allocated Legal Fees: GL 680600-100-003

(25,800.00)

+ Add Back voided invoice of prior year, if any

\$58,657.00

Invoice listing:

Allowable Legal Fees:

Vendor Name	Invoice Date	Amount
	3/25, 5/25, 8/25,	
MidCap Allocated Int. 8/25	11/25, 12/25	249.00
AMS-VEDPRI Vedder Price, PC	5/25-12/25	41,176.00
OHAMEY FILE NO.0925-44717	11/25-12/25	17,232.00

TOTAL ALLOWABLE LEGAL FEES

58,657.00

6806 Lgl Non Coll

Non-Allowable Legal Fees:

Vendor Name	Invoice Date	Amount
M.CHELOTTI-ILEFILE	2/25/2025	466.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES

466.00

6966 Lgl collect

Allocated Related Party Legal Fees:

Vendor Name	Invoice Date	Amount
Corporate Legal Fee	Jan	2,150.00
Corporate Legal Fee	Feb	2,150.00
Corporate Legal Fee	Mar	2,150.00
Corporate Legal Fee	Apr	2,150.00
Corporate Legal Fee	May	2,150.00
Corporate Legal Fee	Jun	2,150.00
Corporate Legal Fee	Jul	2,150.00
Corporate Legal Fee	Aug	2,150.00
Corporate Legal Fee	Sep	2,150.00
Corporate Legal Fee	Oct	2,150.00
Corporate Legal Fee	Nov	2,150.00
Corporate Legal Fee	Dec	2,150.00

TOTAL Allocated Legal Fees

25,800.00

6806-100-003 Lgl non coll

Total Legal Cost

84,923.00

\$0.00

XX. GENERAL INFORMATION:

- 1 Are nursing employees (RN,LPN,NA) represented by a union? No
- 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 Name | Amount |
|---|------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>479</u> |
| <u>-</u> | <u></u> |
| <u>-</u> | <u></u> |
| | <u>479</u> Total |
- 3 List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.
- | | |
|---|------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>479</u> |
| <u>-</u> | <u></u> |
| <u>-</u> | <u>-</u> |
| | <u>479</u> Total |
- 4 EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE
(2 and 3 combined)
- | | |
|---|------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>958</u> |
| <u>-</u> | <u>-</u> |
| <u>-</u> | <u>-</u> |
| | <u>-</u> |
| | <u>958</u> Total |
- 5 Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. \$ 20,198 Line 10-2
- 6 Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If 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. \$ 237,582
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 V for an individual employee? No If 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? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- 11 Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 11,626 Has any meal income been offset against related costs? No Indicate 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? No If YES, please indicate the amount of income earned from such a 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? No
- 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 No
- 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 details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.