

		FOR BHF USE					

LL1

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: 0042010

Facility Name: Alden Des Plaines Rehab HC

Address: 1221 East Golf RoadDes Plaines60016

County: Cook

Telephone Number: (847) 768-1300Fax # (847) 768-1668

HFS ID Number:

Date of Initial License for Current Owners: 10/31/2000

Type of Ownership:

VOLUNTARY,NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

X Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

Name: Mark NovotnyTelephone 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 01/01/2025 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)

(Type or Print Name) Derek Smart

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

(Signed)

(Date)

Paid Preparer

(Print Name and Title)

(Firm Name & Address)

(Telephone) ()Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE

ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES

2200 Churchill Rd.

Springfield, IL 62702-3406

Phone # (217) 782-1630

Facility Name & ID Number Alden Des Plaines Rehab HC # 0042010 Report Period Beginning: 01/01/2025 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 _____					
	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	110	Skilled (SNF)	110	40,150	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	110	TOTALS	110	40,150	7

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	2,165	3,548	876	188	1,181	4,882	2,262	15,102	8
9	SNF/PED									9
10	ICF	4,478	8,290	943		1,344			15,055	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	6,643	11,838	1,819	188	2,525	4,882	2,262	30,157	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 75.11%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES ☐ NO ☒

I. On what date did you start providing long term care at this location? Date started 10/31/2000

J. Was the facility purchased or leased after January 1, 1978? YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year? YES ☒ NO ☐ If YES, enter certified beds. number of certified beds 110

Medicare Intermediary Wellpoint Federal

IV. ACCOUNTING BASIS

ACCURAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ 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 Des Plaines Rehab HC # 0042010 Report Period Beginning: 01/01/2025 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	659,971	32,255	50,132	742,358	1,830	744,188	18,205	762,393			1
2	Food Purchase		446,191		446,191	(24,943)	421,248	(55,646)	365,602			2
3	Housekeeping	314,753	30,519		345,272	1,551	346,823	10,305	357,128			3
4	Laundry	157,101	27,343		184,444	98	184,542		184,542			4
5	Heat and Other Utilities			298,019	298,019		298,019	2,785	300,804			5
6	Maintenance	68,397		247,485	315,882	267	316,149	15,922	332,071			6
7	Other (specify):* related party, med.waste,scavenger,security			26,320	26,320		26,320	7,685	34,005			7
8	TOTAL General Services	1,200,222	536,308	621,956	2,358,486	(21,197)	2,337,289	(744)	2,336,545			8
	B. Health Care and Programs											
9	Medical Director			36,000	36,000		36,000		36,000			9
10	Nursing and Medical Records	4,434,846	304,739	173,216	4,912,801	(45,131)	4,867,670	48,553	4,916,223			10
10a	Therapy	122,428	1,122	24,000	147,550		147,550		147,550			10a
11	Activities	166,497	12,906	2,495	181,898	210	182,108		182,108			11
12	Social Services	96,151		840	96,991		96,991		96,991			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							4,764	4,764			15
16	TOTAL Health Care and Programs	4,819,922	318,767	236,551	5,375,240	(44,921)	5,330,319	53,317	5,383,636			16
	C. General Administration											
17	Administrative	150,788			150,788		150,788	132,369	283,157			17
18	Directors Fees											18
19	Professional Services			719,103	719,103		719,103	(614,783)	104,320			19
20	Dues, Fees, Subscriptions & Promotions			144,970	144,970		144,970	(92,038)	52,933			20
21	Clerical & General Office Expenses	200,016	20,589	273,230	493,835	686	494,521	214,467	708,988			21
22	Employee Benefits & Payroll Taxes			888,016	888,016	10,352	898,368	(13,698)	884,670			22
23	Inservice Training & Education											23
24	Travel and Seminar			230	230		230	1,079	1,309			24
25	Other Admin. Staff Transportation			4,263	4,263		4,263	10,841	15,104			25
26	Insurance-Prop.Liab.Malpractice			294,725	294,725		294,725	20,478	315,203			26
27	Other (specify):* related party			333,745	333,745		333,745	(277,685)	56,060			27
28	TOTAL General Administration	350,804	20,589	2,658,282	3,029,675	11,038	3,040,713	(618,970)	2,421,744			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,370,948	875,664	3,516,789	10,763,401	(55,080)	10,708,321	(566,397)	10,141,925			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			105,755	105,755		105,755	214,269	320,024			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			118,372	118,372		118,372	160,663	279,035			32
33	Real Estate Taxes			452,739	452,739	(452,739)		521,745	521,745			33
34	Rent-Facility & Grounds			708,030	708,030	452,739	1,160,769	(1,160,769)				34
35	Rent-Equipment & Vehicles			15,337	15,337		15,337	24,774	40,111			35
36	Other (specify):* MIP							31,767	31,767			36
37	TOTAL Ownership			1,400,233	1,400,233		1,400,233	(207,551)	1,192,682			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		983,516	1,498,035	2,481,551	55,080	2,536,631	(141,314)	2,395,317			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			515,268	515,268		515,268		515,268			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		983,516	2,013,303	2,996,819	55,080	3,051,899	(141,314)	2,910,585			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	6,370,948	1,859,180	6,930,325	15,160,453		15,160,453	(915,261)	14,245,192			45

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

Ln 45, Col 4 Must be equal to total expenses on your trial balance and Pg 3&4 supporting document.

Reclassifications - Manually input these to appropriate rows on Pages 3 & 4 (Column 5):

From Line	To Line	Amount	Description
2	22	(24,943) (Cr) 24,943	Employee Meals Employee Meals
22	1	(14,591) (Cr) 1,830	Uniform Reclass Uniform Reclass
	3	1,551	Uniform Reclass
	4	98	Uniform Reclass
	6	267	Uniform Reclass
	10	9,949	Uniform Reclass
	11	210	Uniform Reclass
	21	686	Uniform Reclass
10	39	(55,080) (Cr) 55,080	Oxygen Cost Reclass Oxygen Cost Reclass
33	34	(452,739) (Cr) 452,739	Rent - Real Estate Tax on associated landowner (Pg 6) Rent - Real Estate Tax on associated landowner (Pg 6)
		-	Must Net to Zero

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(17,469)	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	(106,300)	30		9
10	Interest and Other Investment Income	(7,414)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,242)	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	(14,676)	21		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(18,540)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(333,745)	27		24
25	Fund Raising, Advertising and Promotional	(85,690)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,490)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (590,566)		\$	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)	(325,210)		34
35	Other- Attach Schedule	515		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (324,696)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (915,261)		37

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

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

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Political Action Committee Payments	\$ (5,473)	20	1
2	Other Expenses Related to Lobbying Activities			2
3				3
4	Expense curr yr purchases under threshold	22,510	6	4
5				5
6				6
7	Late fees on utilities		21	7
8	Misc Income (Record copies)	(177)	10	8
9	Misc Income (Service Fee) refunded		10	9
10	Vendor Discounts	(46)	10	10
11				11
12	Misc Income: BCBS write off		10	12
13	Marketing personnel (g/1 670100-100-014)	0	21	13
14	Marketing personnel employee benefit deduction	0	22	14
15				15
16	Back out LLC mtge int > CON asset limit	(61,775)	32	16
17	Back out LLC MIP exp > CON asset limit	(12,354)	36	17
18	Back out LLC Bank Charges	(28)	21	18
19				19
20	Eliminate depreciation expense for non-care assets	0	30	20
21				21
22	Elim Business Office Manager Benefits for DP11	(10,205)	22	22
23				23
24	Add back refund for '19 tax years	68,062	33	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	515		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Des Plaines Rehab HC # 0042010 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	9,995	8,210	0	0	0	0	0	0	0	18,205	1
2	Food Purchase	(5,242)	0	0	(50,404)	0	0	0	0	0	0	0	(55,646)	2
3	Housekeeping	0	0	10,305	0	0	0	0	0	0	0	0	10,305	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,785	0	0	0	0	0	0	0	0	2,785	5
6	Maintenance	5,041	0	11,252	0	0	0	(277)	(94)	0	0	0	15,922	6
7	Other (specify):*	0	0	7,685	0	0	0	0	0	0	0	0	7,685	7
8	TOTAL General Services	(201)	0	42,022	(42,194)	0	0	(277)	(94)	0	0	0	(744)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(223)	0	35,234	14,613	(1,071)	0	0	0	0	0	0	48,553	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	4,764	0	0	0	0	0	0	0	0	4,764	15
16	TOTAL Health Care and Programs	(223)	0	39,998	14,613	(1,071)	0	0	0	0	0	0	53,317	16
	C. General Administration													
17	Administrative	0	0	132,369	0	0	0	0	0	0	0	0	132,369	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(18,540)	42,106	(638,349)	0	0	0	0	0	0	0	0	(614,783)	19
20	Fees, Subscriptions & Promotions	(92,653)	77	538	0	0	0	0	0	0	0	0	(92,038)	20
21	Clerical & General Office Expenses	(14,704)	28	229,143	0	0	0	0	0	0	0	0	214,467	21
22	Employee Benefits & Payroll Taxes	(10,205)	0	0	0	(3,493)	0	0	0	0	0	0	(13,698)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,079	0	0	0	0	0	0	0	0	1,079	24
25	Other Admin. Staff Transportation	0	0	10,841	0	0	0	0	0	0	0	0	10,841	25
26	Insurance-Prop.Liab.Malpractice	0	19,940	538	0	0	0	0	0	0	0	0	20,478	26
27	Other (specify):*	(333,745)	0	56,060	0	0	0	0	0	0	0	0	(277,685)	27
28	TOTAL General Administration	(469,847)	62,151	(207,781)	0	(3,493)	0	0	0	0	0	0	(618,970)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(470,271)	62,151	(125,761)	(27,581)	(4,564)	0	(277)	(94)	0	0	0	(566,397)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Des Plaines Rehab HC # 0042010 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(106,300)	306,716	13,853	0	0	0	0	0	0	0	0	214,269	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(69,189)	227,152	2,700	0	0	0	0	0	0	0	0	160,663	32
33	Real Estate Taxes	68,062	452,739	944	0	0	0	0	0	0	0	0	521,745	33
34	Rent-Facility & Grounds	0	(1,160,769)	0	0	0	0	0	0	0	0	0	(1,160,769)	34
35	Rent-Equipment & Vehicles	0	0	24,774	0	0	0	0	0	0	0	0	24,774	35
36	Other (specify):*	(12,354)	44,121	0	0	0	0	0	0	0	0	0	31,767	36
37	TOTAL Ownership	(119,781)	(130,041)	42,271	0	0	0	0	0	0	0	0	(207,551)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(92,927)	(28,988)	(19,399)	0	0	0	0	0	(141,314)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(92,927)	(28,988)	(19,399)	0	0	0	0	0	(141,314)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(590,051)	(67,890)	(83,490)	(120,508)	(33,552)	(19,399)	(277)	(94)	0	0	0	(915,261)	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-1 page.	100	See PG6-Supp		See PG6-Supp		

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

☒ YES ☐ NO

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

1 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)	
			Item		Name of Related Organization				
1	V	34	Rent	\$ 1,160,769	Alden-Des Plaines Rehabilitation and Health Care Center, LLC	0.00%	\$	\$ (1,160,769)	1
2	V	32	Interest-RR	11	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(11)	2
3	V	21	Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		28	28	3
4	V	19	Accounting/Legal/Professional Fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		42,106	42,106	4
5	V	33	Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		452,739	452,739	5
6	V	26	Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		19,940	19,940	6
7	V	36	Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		44,121	44,121	7
8	V	32	Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		220,624	220,624	8
9	V	30	Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		306,716	306,716	9
10	V	32	Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		6,539	6,539	10
11	V	20	Corporate Annual Report Fee		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		77	77	11
12	V								12
13	V								13
14	Total			\$ 1,160,780			\$ 1,092,890	\$ * (67,890)	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%	\$ 2,785	\$ 2,785	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		1,079	1,079	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		10,841	10,841	17
18	V	26	Insurance		Alden Management Services, Inc.		538	538	18
19	V	20	Dues & Subscriptions		Alden Management Services, Inc.		538	538	19
20	V	30	Depreciation		Alden Management Services, Inc.		13,853	13,853	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		944	944	21
22	V	35	Rent-Equip & Vehicles		Alden Management Services, Inc.		24,774	24,774	22
23	V	32	Interest		Alden Management Services, Inc.		2,700	2,700	23
24	V	1	Dietary		Alden Management Services, Inc.		9,995	9,995	24
25	V	3	Housekeeping		Alden Management Services, Inc.		10,305	10,305	25
26	V	7	Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		7,685	7,685	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		35,234	35,234	27
28	V	15	Employee Benefits-Health Care		Alden Management Services, Inc.		4,764	4,764	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		132,369	132,369	29
30	V	27	Employee Benefits-Admin		Alden Management Services, Inc.		56,060	56,060	30
31	V	19	Professional Fees	674,116	Alden Management Services, Inc.		35,767	(638,349)	31
32	V	21	Gen'l & Admin	72,960	Alden Management Services, Inc.		302,103	229,143	32
33	V	6	Repair & Maint	36,628	Alden Management Services, Inc.		47,880	11,252	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 783,704			\$ 700,214	\$ * (83,490)	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 Consult.	\$ 50,132	Prism Health Care Services, Inc.	0.00%	\$	\$ (50,132)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		26,053	26,053	16
17	V	2	Tube feeding	182,900	Prism Health Care Services, Inc.		76,202	(106,698)	17
18	V	10	Equip. Rental	8,737	Prism Health Care Services, Inc.		9,593	856	18
19	V	39	Ancillary supplies	236,067	Prism Health Care Services, Inc.		46,093	(189,974)	19
20	V	39	Vent Rent		Prism Health Care Services, Inc.		43,590	43,590	20
21	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		32,289	32,289	21
22	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		56,294	56,294	22
23	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		13,757	13,757	23
24	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		53,457	53,457	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			\$ 477,836			\$ 357,328	\$ * (120,508)	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	\$ 589,663	Forum Extended Care II, Inc.	0.00%	\$ 561,667	\$ (27,996)	15
16	V	39	I.V.	51,135	Forum Extended Care II, Inc.		48,707	(2,428)	16
17	V	39	Wound Care-Product only	39,844	Forum Extended Care II, Inc.		37,952	(1,892)	17
18	V	10	House Stock	15,958	Forum Extended Care II, Inc.		15,200	(758)	18
19	V	10	Pharm Consult	6,600	Forum Extended Care II, Inc.		6,287	(313)	19
20	V	22	Employee Vaccinations	3,493	Forum Extended Care II, Inc.			(3,493)	20
21	V	39	Employee Vaccinations		Forum Extended Care II, Inc.		3,328	3,328	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			\$ 706,693			\$ 673,141	\$ * (33,552)	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	\$ 860,069	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 840,670	\$ (19,399)	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			\$ 860,069			\$ 840,670	\$ * (19,399)	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	\$ 23,324	Alden Bennett Construction Company, Inc.	0.00%	\$ 23,047	\$ (277)	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			\$ 23,324			\$ 23,047	\$ * (277)	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	\$ 22,802	Alden Design Group, Ltd.	0.00%	\$ 22,708	\$ (94)	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			\$ 22,802			\$ 22,708	\$ * (94)	39

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

Facility Name & ID Number

Alden Des Plaines Rehab HC

0042010

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

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 Profession	Chicago, IL	Rental property	1
2	Alden-Lincoln Park Rehabilitation and Health C	Chicago, IL	Alden Estates-Courts of Huntley, Inc.	Huntley, IL				2
3	Alden-Northmoor Rehabilitation and Health Ca	Chicago, IL	Alden Courts of Waterford, LLC	Aurora, IL	Forum Extended Care	Chicago	Pharmacy	3
4	Alden-Lakeland Rehabilitation and Health Care	Chicago, IL			FECS of Wisconsin, In	Madison, WI	Pharmacy	4
5	Alden of Old Town East, Inc.	Bloomingtondale, IL			Alden Management Se	Chicago, IL	Consulting	5
6	Alden Terrace of McHenry Rehabilitation and H	McHenry, IL						6
7	Wentworth Rehabilitation and Health Care Cent	Chicago, IL			Alden Garden Courts	DesPlaines, IL	Assisted Living/Alz	7
8	Alden Estates of Naperville, Inc.	Naperville, IL						8
9	Alden - Valley Ridge Rehabilitation and Health	(Bloomingtondale, IL			Alden Gardens of Wat	Aurora, IL	SLF	9
10	Alden Village Health Facility for Children and Y	Bloomingtondale, IL			Prism Health Care Ser	Schaumburg, IL	Nursing and Durabl	10
11	Alden - Orland Park Rehabilitation and Health	(Orland Park, IL			Community Physical T	Addison, IL	Therapy Provider	11
12	Princeton Rehabilitation and Health Care Cent	Chicago, IL			Alden Bennett Constr	Chicago, IL	General Contractor	12
13	Alden of Old Town West, Inc.	Bloomingtondale, IL						13
14	Alden - Town Manor Rehabilitation and Health	(Cicero, IL			Alden Design Group, I	Chicago, IL	Design & Engineeri	14
15	Alden Trails, Inc.	Bloomingtondale, IL						15
16	Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates, IL			Family Solutions for S	Addison, IL	Private duty care	16
17	Alden - North Shore Rehabilitation and Health	(Skokie, IL			Family Home Health S	Addison, IL	Home health & hos	17
18	Alden - Des Plaines Rehabilitation and Health C	Des Plaines, IL						18
19	Alden Estates of Evanston, Inc.	Evanston, IL						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 C	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	195,680	0.864	2.16	Salary	\$ 4,320	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Svcs	Technical Nursing	20.77	103,710	0.864	2.16	Salary	2,290	10-7	2
3	Terry Magnusson	Dir. of Property Man	Building equipmen	0.00	103,710	0.864	2.16	Salary	2,290	6-7	3
4	Ina Schlossberg	Board Member	Events and special	0.00	103,710	0.864	2.16	Salary	2,290	17-7	4
5	Audra Elisco	Medical Records Co	Medical record ma	20.77	78,513	0.864	2.16	Salary	1,733	21-7	5
6	Randi Schlossberg-Schullo	President	General Oper.	20.77	195,680	0.756	2.16	Salary	4,320	6-7, 17-7	6
7	Joseph Schullo	Project Manager	General Operation	6.26	195,680	0.756	2.16	Salary	4,320	6-7, 17-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 21,562		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

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 (GL 2505/7055)		x	Mortgage	\$43,503.85	10/1/2012	\$ 12,080,802	\$ 8,688,195	9/1/2047	2.5000	\$ 220,624	1	
2			x	Int exp in excess of CON cap							(61,775)	2	
3												3	
4	Amort of Fin Fees (GL 7059)			Refinancing							6,539	4	
5												5	
	Working Capital												
6	Related party-AMS		x	Working capital							2,700	6	
7	MidCap (7031)		x	Working capital							118,310	7	
8	Interest -Non-Mortgage (7035)		x	Ani							62	8	
9	TOTAL Facility Related				\$43,503.85		\$ 12,080,802	\$ 8,688,195			\$ 286,460	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		x								(11)	10	
11	Interest Income (GL 4975)		x								(7,414)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (7,425)	14	
15	TOTALS (line 9+line14)						\$ 12,080,802	\$ 8,688,195			\$ 279,035	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 31,767 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.)

B. Real Estate Taxes

17	AMOUNT TO USE FOR RATE CALCULATION \$	17
----	---------------------------------------	----

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 Des Plaines Rehab HC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042010

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

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

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) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party - Alden Management	\$ 43,747.00	\$ 944.00
2. 09-17-200-128-0000	09-17-200-128-0000	\$ 289,479.00	\$ 289,479.00
3. 09-17-200-129-0000	09-17-200-129-0000	\$ 220,122.00	\$ 220,122.00
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 553,348.00	\$ 510,545.00

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach 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 providecopies of their original second installment tax bill.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,490 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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.
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.
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.

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:

A. Land.					
	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	SNF	51,490	2000	\$ 1,016,045	1
2					2
3	TOTALS	51,490		\$ 1,016,045	3

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4			2000	2000	\$ 9,685,956	\$	40	\$ 174,652	\$ 174,652	\$ 4,478,270
5		Adjustment to correct to CON costs (net=6,986,060)								
6										
7										
8										
	Improvement Type**									
9		ISS/Chicago Sound & Communication(vent alarm interface)	2000		3,400		10			3,400
10		Alden Bennett Construction(multiple wireless install)	2001		4,894		10			4,894
11		Owners extras (change orders)	2000		524,876		20			524,876
12		Owners extras (change orders)	2000		12,972		20			12,972
13		ABC-parking lot sealcoat/stripe	2002		3,852		7			3,852
14		ABC-screened patio enclosure	2002		10,069		7			10,069
15		EWS Welding-alarm	2002		1,076		10			1,076
16		New Horizons-residents phones	2002		1,646		10			1,646
17		New Horizons-residents phones	2002		3,161		10			3,161
18		ABC-owners extras	2003		2,571		15			2,571
19		ABC-owners extras	2003		5,511		15			5,511
20		ABC [GT Mechanical]-Replace B1 compressor	2007		3,383		5			3,383
21		Mohawk-Calhoun Carpet Admin area	2007		2,747		5			2,747
22		ABC-New carpeting Nile Room	2007		6,053		5			6,053
23		ABC-New patio door operator	2007		4,046		10			4,046
24		GTMECH-Exhaust motor & wheel blade	2007		4,791		10			4,791
25		ABC-Removal & repair of hot water piping	2007		4,170		25	167	167	3,034
26		Replace Gas Oxygen Units	2008		9,275		10			9,275
27		GTMECH-Repair Boiler Pumps	2008		3,242		10			3,242
28										
29		ABC - Pavement Asphault	2010		11,722		8			11,722
30		Nursing Station Repair	2010		2,600		5			2,600
31		ABC - Repair Laundry Chute & Grease Interceptor	2010		8,248		5			8,248
32		ABC - HVAC Pump	2010		4,738		15	235	235	4,738
33		Smoke Vent Relocation (non-hvac)	2011		3,345		5			3,345
34		Fish Tank Repair	2011		3,700		5			3,700
35		Sprinkler Heads & Gauges Replaced	2011		7,072		10			7,072
36		Dampers, labeling	2012		6,750		10	30	30	6,750

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

Report Period Beginning:

01/01/2025 Ending: 12/31/2025

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	Doorway-Build Kitchen Storage Doorway	2013	\$ 4,091	\$	20	\$ 205	\$ 205	\$ 2,528	37
38	Doorway-Sprinkler Room	2013	2,887		20	144	144	1,800	38
39	Wall- Wall Refinish	2013	5,950		15	446	446	5,352	39
40	Motor - Laundry Iron Motor	2013	3,025		5			3,025	40
41	OT/PT Remodel Building Permit	2014	2,920		15	195	195	2,275	41
42	Fire Dampers - ABC	2014	17,384		10			17,384	42
43	Fire Alarm lights - ABC	2014	2,609		5			2,609	43
44	Sewer, Replaced	2015	2,500		20	125	125	1,354	44
45	Fire Dampers - ABC	2015	4,074		10	71	71	4,074	45
46	Repaired Sliding Door - ABC	2015	2,786		5			2,786	46
47	Repaired Sliding Door - ABC	2015	4,165		5			4,165	47
48	Motor for pump for boiler, ignitors and sensor - GT Mech	2015	3,009		5			3,009	48
49	Concrete / Paving Insallation PT/OT Room - ABC	2015	30,635		20	1,532	1,532	16,596	49
50	New Flooring Installation PT/OT Room - ABC	2015	39,702		20	1,985	1,985	21,504	50
51	Drywall/Painting Installation in PT/OT Room - ABC	2015	21,874		20	1,094	1,094	11,851	51
52	Install New Cabinets in PT/OT Room -ABC	2015	27,520		20	1,376	1,376	14,907	52
53	Install new Plumbing and Lighting Fixtures in PT/OT Room - ABC	2015	95,531		20	4,777	4,777	51,751	53
54	New Plumbing Piping Installation in PT/OT Room - ABC	2015	33,318		20	1,666	1,666	18,048	54
55	New HVAC System Installation in PT/OT Room - ABC	2015	30,493		20	1,525	1,525	16,521	55
56	New Electrical Wiring and Circuits Installed in PT/OT Room - AB	2015	109,751		20	5,488	5,488	59,453	56
57	Door Repairs, Corral Garbage Area - ABC	2016	4,351		5			4,351	57
58	Motor, Washing Machine -TOPNOT	2016	2,579		5			2,579	58
59	Rewire Electrical Panel - ABC	2016	2,840		5			2,840	59
60	Motor, Fan Blade, and Contactor - GTMECH (Basement)	2018	3,572		5			3,572	60
61	Motor & Drive, AHU - GTMECH (Basement)	2018	10,422		5			10,422	61
62	Stain Furniture - AMS (Resident Rooms)	2018	4,400		5			4,400	62
63	Stain Furniture - AMS (Resident Rooms)	2018	3,080		5			3,080	63
64	Stain Furniture - AMS (Resident Rooms)	2018	3,520		5			3,520	64
65	Radiator/Battery, Generator - PATCAT(Citi) (Basement	2019	6,774		5			6,774	65
66	Boiler, Repairs - ALDBEN (Basement)	2019	10,539		5			10,539	66
67	Boiler, Retube - ALDBEN (Basement)	2019	20,361		15	1,357	1,357	9,160	67
68	Stain Furniture - AMS (Resident Rooms)	2019	4,400		10	440	440	2,823	68
69	Motor, Dryer - EQUINT (Basement)	2019	2,710		5			2,710	69
70	TOTAL (lines 4 thru 69)		\$ 10,869,637	\$		\$ 197,510	\$ 197,510	\$ 5,464,806	70

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

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,869,637	\$		\$ 197,510	\$ 197,510	\$ 5,464,806	1
2	Adj for ABC related party profit	2008	(53)					(53)	2
3	Adj for ABC related party profit	2010	(302)			(18)	(18)	(279)	3
4	Adj for ABC related party profit	2011	110			8	8	110	4
5	Adj for ABC related party profit	2012	417			20	20	270	5
6	Adj for ABC related party profit	2013	174			4	4	50	6
7	Adj for ABC related party profit	2014	(38)			(1)	(1)	(14)	7
8	Adj for ABC related party profit	2015	(154)			(14)	(14)	(147)	8
9	Adj for ABC related party profit	2016	(27)			(1)	(1)	(14)	9
10	Adj for ABC related party profit	2019	(58)			(11)	(11)	(58)	10
11	Adj for ABC related party profit	2021	(68)			(4)	(4)	(19)	11
12	Adj for ABC related party profit	2022	(7)			(0)	(0)	(0)	12
13									13
14									14
15									15
16									16
17									17
18	Rodded Main Sewer (5) - A&PGRE (Lower Level/Basement)	2020	3,325		5	55	55	3,325	18
19	Roof Repair - JDROOF (Roof)	2020	3,315		5	276	276	3,315	19
20	Roof Repairs, Replace EPDM (Roof)	2020	3,300		5	275	275	3,300	20
21									21
22	Compressor/Refrigerant - GTMECH (Basement)	2021	3,558		5	474	474	2,608	22
23	Battery, Generator - CITI-Altorfer (Basement)	2021	3,707		5	433	433	2,473	23
24	Stain Furniture - AMS (Resident Rooms)	2021	3,520		5	235	235	1,644	24
25	Stain Furniture - AMS (Resident Rooms)	2021	3,080		5	154	154	1,232	25
26	Asphalt/Paving - ALDBEN (Parking Lot)	2021	35,750		8	1,117	1,117	8,937	26
27									27
28	Stain Furniture - AMS (Resident Rooms)	2022	3,740		5	748	748	2,493	28
29	Balackflow Device, valve rebuild -SKIMEC (Basement)	2022	5,931		5	1,186	1,186	3,855	29
30	Fire Pump Repair - VALFIR (1st Floor)	2022	3,288		5	658	658	2,138	30
31	Boiler Repair - ALDBEN (Basement)	2022	3,715		5	743	743	2,291	31
32	Generator Repair - CITI(Altofer) (Basement)	2022	6,228		5	1,246	1,246	3,842	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,952,087	\$		\$ 205,092	\$ 205,092	\$ 5,506,105	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 12B, Carried Forward		\$ 10,952,087	\$		\$ 205,092	\$ 205,092	\$ 5,506,105	1
2	Stain Furniture - AMS (Resident Rooms)	2023	3,200		5	640	640	1,653	2
3	Stain Furniture - AMS (Resident Rooms)	2023	3,200		5	640	640	1,600	3
4	Repair Walk-In Freezer, high temps - TOPNOT (Kitchen)	2023	3,137		5	627	627	1,568	4
5	Repair Generator - CITI Altorfer	2023	3,637		5	727	727	1,575	5
6	Repair Generator, exciter - CITI Altorfer	2023	5,915		5	1,183	1,183	2,563	6
7									7
8	Boiler, motor, pump - GTMECH	2024	4,709		5	942	942	1,805	8
9	ACCU repairs, refrigerant - GTMECH	2024	4,861		5	972	972	1,296	9
10	Stain Furniture - AMS (Lobby, Sitting & Dining Rooms)	2024	4,760		5	952	952	1,269	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)		\$ 10,985,506	\$		\$ 211,775	\$ 211,775	\$ 5,519,434	34

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

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

Report Period Beginning:

01/01/2025 Ending: 12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,985,506	\$		\$ 211,775	\$ 211,775	\$ 5,519,434	1
2	Forum Prof Ctr: Remodeling 1979-1995	1979	64,367		20			64,367	2
3	Forum Prof Ctr: Asphalt/Design/etc.	2000	2,120		10			2,120	3
4	Forum Prof Ctr: Remodel/electrical	2001	826		7			826	4
5	Forum Prof Ctr: bathroom remodel	2002	731		5			731	5
6	Forum Prof Ctr: remodel suites/etc.	2003	939		9			939	6
7	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,891		7			2,891	7
8	Forum Prof Ctr: Suite renovation	2005	2,788		10			2,788	8
9	Forum Prof Ctr: Superior installations, etc.	2006	139		4			139	9
10	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	561		7			561	10
11	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	482		7			482	11
12	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	981		10			981	12
13	Forum Prof Ctr: Building Renovations	2010	1,669		5			1,669	13
14	Forum Prof Ctr: Building Renovations	2011	5,242	43	10	43		5,200	14
15	Forum Prof Ctr: Building Renovations	2012	319	2	15	2		317	15
16	Forum Prof Ctr: Building Renovations	2013	477		10			477	16
17	Forum Prof Ctr: Elect Install/sewer excavation	2014	486		10			486	17
18	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	395	5	10	5		374	18
19	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	1,114	124	13	124		1,072	19
20	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	24,135	1,540	15	1,540		12,245	20
21	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,450	149	10	149		992	21
22	Forum Prof Ctr: PktLot,door frames,windows	2020	633	33	3-10	33		480	22
23	Forum Prof Ctr:water tank suite 140	2021	70	7	7	7		29	23
24	Forum Prof Ctr: Water tank & 102 suite expansion	2022	1,518	308	7	308		898	24
25	Forum Prof Ctr: Catch basin, IT & Legal suite buildout	2023	1,465	249	7	249		942	25
26	Forum Prof Ctr: Suite 101 renov: walls, elect, etc.	2024	609	122	5	122		122	26
27	Forum Prof Ctr: CarpetHallways,Suite 101 improvements	2025	3,764	670	13	670		670	27
28	Alden Mgt Servs: Remodel suites 1993 & 2002	2002	6,851		13			6,851	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81		15			81	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		19,335	31
32	Alden Mgt Servs: Building IT network cabling	2023	412	27		27		105	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,156,722	\$ 5,859		\$ 217,634	\$ 211,775	\$ 5,654,550	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 12H, Carried Forward		\$11,156,722	\$5,859		\$217,634	\$211,775	\$5,654,550	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	Book Depreciation per GL - 7101 & 7103 per Operator - Col 5----->			105,755			(105,755)		31
32	Book Depreciation per GL - 7101 & 7103 per Landowner - Col 5----->			306,716			(306,716)		32
33									33
34	TOTAL (lines 1 thru 33)		\$11,156,722	\$418,330		\$217,634	\$(200,696)	\$5,654,550	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	\$698,169	\$	\$76,936	\$76,936	various	\$364,983	71
72	Current Year Purchases	96,575		6,561	6,561	various	6,561	72
73	Fully Depreciated Assets	2,004,473		10,899	10,899	various	2,004,473	73
74	See Attached 13-Supp	169,463	7,654	7,654		various	137,598	74
75	TOTALS	\$2,968,680	\$7,654	\$102,050	\$94,396		\$2,513,615	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 Servs.		1998-2026	\$6,329	\$340	\$340		3-5	\$4,527	76
77	Bussing	Bus	2001	7,975				5	7,975	77
78										78
79										79
80	TOTALS			\$14,304	\$340	\$340			\$12,502	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$15,155,750	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$426,324	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$320,024	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(106,300)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$8,180,667	85

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

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

G. Construction-in-Progress

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

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

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

Current Year Purchases	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	3,873	390	390
Less: < \$2,500 (AMS)	(552)	(47)	(47)

input numbers manually / do not change rows/cells positions.

Prior Year Purchases			
Alden Management Services	62,354	7,116	33,660
Less: < \$2,500 (AMS)	(2,297)	(321)	(1,462)

input numbers manually / do not change rows/cells positions.

Fully Depreciated Equipment			
Alden Management Services	101,711	57	101,711
Less: < \$2,500 (AMS)	(3,564)	(34)	(3,564)

input numbers manually / do not change rows/cells positions.

Forum Prof Center	7,937	492	6,910
-------------------	-------	-----	-------

Total Equipment			
Alden Management Services	175,875	8,055	142,671
Less: < \$2,500 (AMS)	(6,413)	(401)	(5,073)
	169,463	7,654	137,598

Data automatically transfers to Pg 13, Ln 74.

Make sure this is what appears on PG13, Row 74.

Vehicles - Related Party-AMS			
Allocated from Alden Mgmt Servs.	6,329	340	4,527
Various	input numbers manually / do not change rows/cells positions.		
1998-2004	Make sure this is what appears on PG13, Row 76		
3-5			

Data automatically transfers to Pg 13, Ln 76.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Related party - cost is eliminated
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.☐ YES☒ NO

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

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease.
9. Option to Buy:☐ YES☒ NOTerms: *

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

15. Is Movable equipment rental included in building rental?☐ YES☒ NO
16. Rental Amount for movable equipment: \$15,337Description: copy machine ac 6861-\$8,041/ equipment lease ac 6859-\$7296
(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	various	\$0.00	\$0	17
18					18
19	Related party-PG 6A	various	787.50	9,450	19
20					20
21	TOTAL		\$787.50	\$9,450	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.

10. Effective dates of current rental agreement:
Beginning7/1/2001
Ending6/30/2031

	Fiscal Year Ending	Annual Rent
12.	12/31/2026	\$1,213,369
13.	12/31/2027	\$1,213,369
14.	12/31/2028	\$1,213,369

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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

Skilled nursing on site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

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

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

		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	39-3	hrs	\$		\$ 289,908	\$		\$ 289,908	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			134,727			134,727	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			411,433			411,433	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG16A	# of prescrpts				564,995		564,995	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>			0			50,949		50,949	12
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any		0		(19,399)	962,704		943,305	13
14	TOTAL			\$		\$ 816,669	\$ 1,578,648		\$ 2,395,317	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.

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	\$289,908.00
2.	ST		39-3	To Col. 5	134,727.00
4.	PT		39-2	To Col. 5	411,433.00
	Pharmacy Supplies Per GL				589,663.00
	Manual Input From Related Party - FECSII - DRUGS	(From Page 6C, Ln 39/Drug items)			-24668
9.	Pharmacy		To Pg 16	To Col. 6	564,995.00
12.	Exceptional Care-Salaries		To Pg 16	To Col. 3	
12.	Exceptional Care- Supplies		To Pg 16	To Col. 6	50,949.00
	12. Total Exceptional Care Check (Line 12, Col. 8)				50,949.00
13.	Other				
13.	Col. 3: Transportation Specialist				
13.	Col 5: Manual Input: From Related Party - CPT WS	(From Page 6D, Col 8)		To Col. 5	-19399
	Other (various GL accounts)				1,004,871.00
	Manual Input: Related Party - Prism WS	(From Page 6B, Ln39 items, Col 8)			-92927
	Manual Input: Related Party - FECII - I.V.	(From Page 6C, Ln 39 items for IV, Col 8)			-2428
	Manual Input: Related Party - FECII - Wound Care Products	(From Page 6C, Ln 39 items, Col 8 WC)			-1892
	Oxygen - From Reclass WP	(FromPg 4A)			55,080.00
13.	Col. 6: Supplies Total			To Col. 6	962,704.00
13.	Total Line 13, Column 8 Check				943,305.00
14.	Total				\$2,395,317.00

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	194,211	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 165,000)	1,843,679	1,843,679	3
4	Supply Inventory (priced at)	3,547	3,547	4
5	Short-Term Investments			5
6	Prepaid Insurance		18,307	6
7	Other Prepaid Expenses	18,442	68,419	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due From 3rd Party	124,008	521,924	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,989,676	\$ 2,650,087	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,671,992	14
15	Leasehold Improvements, at Historical Cost	803,577	1,369,068	15
16	Equipment, at Historical Cost	881,123	3,141,967	16
17	Accumulated Depreciation (book methods)	(1,299,830)	(9,853,715)	17
18	Deferred Charges	70,416	70,416	18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds		99,303	21
22	Other Long-Term Assets (spe Refi fees, net		76,931	22
23	Other(specify): Due from Affiliates	36,819	5,877,570	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 492,105	\$ 11,457,517	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,481,781	\$ 14,107,604	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,030,824	\$ 1,036,074	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	242,839	242,839	28
29	Short-Term Notes Payable		304,528	29
30	Accrued Salaries Payable	760,085	760,085	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	350,710	350,710	31
32	Accrued Real Estate Taxes(Sch.IX-B)		524,900	32
33	Accrued Interest Payable		18,100	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,SalesTax	309,468	309,468	36
37	Due to Affiliates	1,554,933	1,554,933	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,248,859	\$ 5,101,637	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,383,667	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Accr Exp/Ins,due to IDPA,SalesTax	9,850,155	9,850,155	43
44	Due to Affiliates			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 9,850,155	\$ 18,233,822	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,099,014	\$ 23,335,459	46
47	TOTAL EQUITY (page 18, line 24)	\$ (11,617,233)	\$ (9,227,855)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,481,781	\$ 14,107,604	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (10,206,334)	1
2	Restatements (describe):		2
3			3
4	Gain on Sale of Asset		4
5	Allocate Personnel Director Salary & Benefits	(35,838)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (10,242,172)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,375,061)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,375,061)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (11,617,233)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Des Plaines Rehab HC

0042010

Report Period Beginning: 01/01/2025

Ending: 12/31/2025

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	\$ 13,266,353	1
2	Discounts and Allowances for all Levels	(26,810)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,239,543	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	(59,856)	5
6	Therapy	224,540	6
7	Oxygen	20,157	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 184,841	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	104	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	14,638	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 14,742	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	53,533	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 53,533	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	292,733	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 292,733	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,785,392	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,358,486	31
32	Health Care	5,375,240	32
33	General Administration	3,029,675	33
	B. Capital Expense		
34	Ownership	1,400,233	34
	C. Ancillary Expense		
35	Special Cost Centers	2,481,551	35
36	Provider Participation Fee	515,268	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,160,453	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,375,061)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,375,061)	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	\$ 2,585,881.00	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	3,818,961.00	45
46	MMAI-Medicaid is the Primary Payer	645,123.00	46
47	MMAI-Medicare is the Primary Payer	94,762.00	47
48	Private Pay	1,158,986.00	48
49	Medicare Part A	3,446,113.00	49
50	Other-(specify) M'care Adv. Plans (MAP)	1,268,961.00	50
51	Other-(specify)		51
52	Other-(specify)		52
53	Other-(specify)		53
54	Other-(specify) CNA Incentives	220,756.00	54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,239,543	56

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Call pendant (private only, not offset on Schedl V)	
Wellness fee (private only, not offset on Schedl V)	
Telephone rental (private only, not offset on Schedl V)	
Room service (private only, not offset on Schedl V)	
Miscellaneous Income (private only, not offset on Schedl V)	177
Day training income (private only, not offset on Schedl V)	
Vendor discounts (private only, not offset on Schedl V)	46
Gain on Sale of Assets (private only, not offset on Schedl V)	4,948
Adjustment to prior year expense (private only, not offset on Schedl V)	230
Employee Retention Credit Received	287,332
Line 28 Total:	<u><u>292,733</u></u>

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

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,072	1,154	\$ 74,707	\$ 64.74	1
2	Assistant Director of Nursing	1,030	1,046	56,509	54.02	2
3	Registered Nurses	20,771	23,045	1,077,624	46.76	3
4	Licensed Practical Nurses	25,056	26,611	1,122,614	42.19	4
5	CNAs & Orderlies	60,611	65,935	1,793,842	27.21	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,348	1,615	46,011	28.49	8
9	Activity Director	2,072	2,080	61,604	29.62	9
10	Activity Assistants	5,384	5,781	104,893	18.14	10
11	Social Service Workers	3,344	3,435	96,151	27.99	11
12	Dietician					12
13	Food Service Supervisor	2,056	2,080	97,466	46.86	13
14	Head Cook	3,037	3,073	80,907	26.33	14
15	Cook Helpers/Assistants	20,453	22,851	481,598	21.08	15
16	Dishwashers					16
17	Maintenance Workers	1,519	1,536	68,397	44.53	17
18	Housekeepers	13,651	15,362	314,753	20.49	18
19	Laundry	6,800	7,547	157,101	20.82	19
20	Administrator	2,072	2,080	150,788	72.49	20
21	Assistant Administrator					21
22	Other Administrative	6,981	7,225	243,987	33.77	22
23	Office Manager					23
24	Clerical	4,093	4,350	82,875	19.05	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified ID Prof (QIDP)					28
29	Resident Services Coordinator	4,146	4,194	181,620	43.30	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)Nursing Secretary	2,546	2,586	77,501	29.97	33
34	TOTAL (lines 1 - 33)	188,042	203,586	\$ 6,370,948 *	\$ 31.29	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	\$4,178/month	\$ 50,132	1-3	35
36	Medical Director	\$3,000/month	36,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$550/month	6,600	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	\$35/month	420	11-3	44
45	Social Service Consultant	\$70/month	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 93,992		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	450	\$ 49,927	10-3	50
51	Licensed Practical Nurses	698	29,916	10-3	51
52	Certified Nurse Assistants/Aides	3,286	83,959	10-3	52
53	TOTAL (lines 50 - 52)	4,434	\$ 163,802		53

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount		
Vonda Kay Paul	Administrator	0	\$ 150,788	Workers' Compensation Insurance	\$ 87,089	IDPH License Fee	\$		
		0		Unemployment Compensation Insurance	21,683	Advertising: Employee Recruitment	38,232		
		0		FICA Taxes	486,691	Health Care Worker Background Check			
		0		Employee Health Insurance	87,420	(Indicate # of checks performed 16)	525		
		0		Employee Meals	24,943	Patient Background Checks	390 3,896		
		0		Illinois Municipal Retirement Fund (IMRF)*		Association Dues (total from pg 22, #4)	10,945		
		0		Union health & welfare/Pension	164,312	Corp Annual Report Fee/ Surety Bond	404		
		0		Dental/Life/Vision	2,081	Chicago Tribune/BMI/Flagstaff/DesPlaines	2,974		
TOTAL (agree to Schedule V, line 17, col. 1)				EE drug tests/Employee Rel/ Misc Payroll	15,775	Collaborative Healthcar & American Health	891		
(List each licensed administrator separately.) \$ 150,788				401k/Vaccination/Tuition Reimb	8,374	Related Party - AMS	538		
B. Administrative - Other				Gardens /Crts Personnel Dir. e/b deduction	(10,205)	Less: Public Relations Expense	()		
Description			Amount			PAC and Lobbying payments	(5,473)		
			\$	Related Party-Forum	(3,493)	All non-allowable advertising	()		
						TOTAL (agree to Sch. V, line 20, col. 8) \$ 52,933			
				TOTAL (agree to Schedule V, line 22, col.8) \$ 884,670					
TOTAL (agree to Schedule V, line 17, col. 3)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
Alden Management Services, Inc.	Consulting feesGL6801		\$ 596,716			\$	Out-of-State Travel	\$	
Mid-Cap - Allocated Legal Fees	Legal Fees - Non Collections		760						
Mid-Cap - Allocated Accounting Fees	Accounting Fees		2,837						
Baker Tilly Virchow Krause	Accounting Fees		10,375				In-State Travel		
C. Novotny/Int'l Design	Accounting Fees		211						
AMS (Eliminated)	Allocated Legal Fees		77,400						
Cook County Sheriff	Legal Fees - Non Collections		112				Related Party-AMS	1,079	
Joint Com, Burg Tr, Swift Pocket	Professional Services		2,962				Seminar Expense		
Achieve Accr, People Powered	Professional Services		9,190				WISHCA	80	
Midwest Care Management, Cook Co	Legal fees: Collections		2,344				HCCI (DON training)	150	
Stone Pogrund & Korey LLC	Legal fees: Collections		9,719						
SB2 Inc, Stern McQuiston, H. Lichter	Legal fees: Collections		6,477				Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			(agree to Sch. V, line 24, col. 8)		
(For legal fee disclosure, see page 39 of instructions) \$ 719,103							TOTAL \$ 1,309		

*** Attach copy of IMRF notifications**

****See instructions.**

Alden Des Plaines Rehab HC	PG 21A
Legal Fee Support	
12/31/2025	
Legal Fees Reported on Pg 21, Section C:	\$ 96,812.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(18,540.00)
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	\$ 872.00

[Invoice listing:](#)

Allowable Legal Fees:

Vendor Name	Invoice Date	Amount
Midcap Legal Fees	3/25, 5/25, 8/25, 11/25, 12/25	760.00
M. Chelotti-Cook County Sheriff	8/25, 10/25	112.00

Cook County Sheriff

TOTAL ALLOWABLE LEGAL FEES 872.00

Non-Allowable Legal Fees:

Vendor Name	Invoice Date	Amount
Midwest Care Mgmt	1/2025-12/2025	1,554.00
Stone Pogrund & Korey	2/2025-12/2025	9,719.00
SBZinc	2/2025-7/2025	1,227.00
Stern-McQuiston/Heller Lichtenberg	7/2025-10/2025	5,280.00
II File - Cook County	8/2025-11/2025	790.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 18,540.00

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 77,400.00

Total Legal Cost 96,812.00

\$ -

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (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>5,473</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| | <u>5,473</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>5,473</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| | <u>5,473</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>10,945</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| | <u>10,945</u> Total |
- (5) Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. \$ 88,453 Line 10
- (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. \$ 515,268
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. \$ 24,943 Has any meal income been offset against related costs? Indicate the amount. \$
- (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. \$
- c. What percent of all travel expense relates to transportation of nurses and patients?
- 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. \$
- (13) Has an audit been performed by an independent certified public accounting firm? No
Firm Name:
- (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.

