FOR BHF USE

LL1

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.

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

I. IDPH License ID Number: 0040733

Facility Name: Alden Estates of Evanston

Address: 2520 Gross Point Rd (Number) Evanston (City) 60201 (Zip Code)

County: Cook

Telephone Number: (847) 328-6000 **Fax #** (847) 328-6166

HFS ID Number:

Date of Initial License for Current Owners: 3/15/1996

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2025 to 12/31/2025 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Derek Smart
(Title) CFO, Alden Management Services, Inc., as agent

Paid Preparer

(Signed) Robert F. Long 5/5/2026 (Date)
(Print Name and Title) Robert F. Long, CPA, Partner
(Firm Name & Address) Plante & Moran, PLLC, 3000 Town Center, Suite 100 Southfield MI 48075
(Telephone) (248) 223-3738 Fax # (248) 233-7349

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	99	Skilled (SNF)	99	36,135	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	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Fee for Service	3 Medicaid MLTSS	4 MMAI: Medicaid Primary	5 MMAI: Medicare Primary	6 Private Pay	7 Medicare Part A Only	8 Other	9 Total	
8	SNF	595	171	59	393	3,188	7,326	3,772	15,504	8
9	SNF/PED									9
10	ICF	1,559	3,170	2,205		1,155			8,089	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	2,154	3,341	2,264	393	4,343	7,326	3,772	23,593	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 65.29%

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 3/15/1996

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3/15/1996 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter certified beds.
number of certified beds 99

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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	709,894	31,463	50,132	791,489		791,489	(6,154)	785,335			1
2	Food Purchase		213,567		213,567		213,567	807	214,374			2
3	Housekeeping	198,328	28,664	-	226,992		226,992	8,062	235,054			3
4	Laundry	88,918	31,654	-	120,572	-	120,572	-	120,572			4
5	Heat and Other Utilities			207,559	207,559		207,559	2,178	209,737			5
6	Maintenance	118,875	611	240,820	360,306		360,306	6,051	366,357			6
7	Other (specify):* See Attached & TB	-	-	13,551	13,551		13,551	6,012	19,563			7
8	**TOTAL General Services**	1,116,015	305,959	512,062	1,934,036	-	1,934,036	16,957	1,950,993			8
	B. Health Care and Programs											
9	Medical Director	-	-	30,000	30,000		30,000	-	30,000			9
10	Nursing and Medical Records	3,423,286	174,752	69,909	3,667,947		3,667,947	31,701	3,699,648			10
10a	Therapy	95,090	1,501	24,002	120,593		120,593	-	120,593			10a
11	Activities	163,490	3,391	1,462	168,343		168,343	-	168,343			11
12	Social Services	65,726	-	-	65,726		65,726	-	65,726			12
13	CNA Training	-	-	-	-		-	-	-			13
14	Program Transportation	-	-	-	-		-	-	-			14
15	Other (specify):* See Attached & TB	-	-	-	-		-	3,727	3,727			15
16	**TOTAL Health Care and Programs**	3,747,592	179,644	125,373	4,052,609	-	4,052,609	35,428	4,088,037			16
	C. General Administration											
17	Administrative	142,767	-	-	142,767		142,767	103,558	246,325			17
18	Directors Fees			-	-		-	-	-			18
19	Professional Services			976,204	976,204		976,204	(866,366)	109,838			19
20	Dues, Fees, Subscriptions & Promotions			130,813	130,813		130,813	(100,070)	30,743			20
21	Clerical & General Office Expenses	198,815	20,955	222,224	441,994		441,994	177,564	619,558			21
22	Employee Benefits & Payroll Taxes			783,542	783,542		783,542	(6,446)	777,096			22
23	Inservice Training & Education			-	-		-	-	-			23
24	Travel and Seminar			372	372		372	844	1,216			24
25	Other Admin. Staff Transportation		-	3,640	3,640		3,640	8,481	12,121			25
26	Insurance-Prop.Liab.Malpractice			265,418	265,418		265,418	18,370	283,788			26
27	Other (specify):* See Attached & TB	-	-	317,295	317,295		317,295	(273,437)	43,858			27
28	**TOTAL General Administration**	341,582	20,955	2,699,508	3,062,045	-	3,062,045	(937,503)	2,124,542			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,205,189	506,558	3,336,943	9,048,690	-	9,048,690	(885,118)	8,163,572			29

0

***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.

Facility Name & ID Number Alden Estates of Evanston, Inc. 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			90,392	90,392		90,392	380,189	470,581			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			106,377	106,377		106,377	415,367	521,744			32
33	Real Estate Taxes			6,623	6,623		6,623	500,491	507,114			33
34	Rent-Facility & Grounds			1,430,057	1,430,057		1,430,057	(1,430,057)	-			34
35	Rent-Equipment & Vehicles			37,330	37,330		37,330	19,382	56,712			35
36	Other (specify):* See Attached & TB			-	-		-	71,267	71,267			36
37	TOTAL Ownership			1,670,779	1,670,779	-	1,670,779	(43,361)	1,627,418			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-	-		-	-	-			38
39	Ancillary Service Centers	-	988,635	1,226,426	2,215,061		2,215,061	(195,593)	2,019,468			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee	-	-	252,174	252,174		252,174	-	252,174			42
43	Other (specify):* See Attached & TB	-	-	-	-		-	-	-			43
44	TOTAL Special Cost Centers	-	988,635	1,478,600	2,467,235	-	2,467,235	(195,593)	2,271,642			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,205,189	1,495,193	6,486,322	13,186,704	-	13,186,704	(1,124,073)	12,062,631			45

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: ######

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 Reference	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	(16,829)	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	(168,609)	30		9
10	Interest and Other Investment Income	(2,353)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(7,096)	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	(13,641)	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	(9,762)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(317,295)	27		24
25	Fund Raising, Advertising and Promotional	(95,566)	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	9,923			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (621,228)		$ 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)	(502,845)	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (502,845)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,124,073)		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 Estates of Evanston, Inc.

ID# 0040733

Report Period Beginning: 1/1/2025

Ending: 12/31/2025

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Political Action Committee Payments	$ (4,925)	20	1
2	Other Expenses Related to Lobbying Activities			2
3				3
4	Additional R&M- Improvements	7,139	06	4
5	Depreciation Adjustments- Add. R&M- Imp.	(824)	30	5
6	Additional R&M- Equip/Auto	10,208	06	6
7	Depreciation Adjustments- Add. R&M- Equip/Auto	(1,003)	30	7
8	Adj for ABC related Party Profit Through 2025	(301)	30	8
9	Adj for ADG related Party Profit Through 2025	89	30	9
10	Vendor Discounts	(2)	21	10
11	Alden Estates of Evanston II, Inc. - Admin Fees	(77)	21	11
12	Misc income architectural & interior design	(120)	6	12
13	Misc. Income - Default	(20)	21	13
14	Misc. Income - Administrators-In-Tr	(241)	21	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**	9,923		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 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	-	-	7,819	(13,973)	-	-	-	-	-	-	-	(6,154)	1
2	Food Purchase	(7,096)	-	-	7,903	-	-	-	-	-	-	-	807	2
3	Housekeeping	-	-	8,062	-	-	-	-	-	-	-	-	8,062	3
4	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	4
5	Heat and Other Utilities	-	-	2,178	-	-	-	-	-	-	-	-	2,178	5
6	Maintenance	398	-	8,575	-	-	-	106	(3,029)	-	-	-	6,051	6
7	Other (specify):*	-	-	6,012	-	-	-	-	-	-	-	-	6,012	7
8	**TOTAL General Services**	(6,698)	-	32,647	(6,070)	-	-	106	(3,029)	-	-	-	16,957	8
	B. Health Care and Programs													
9	Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	9
10	Nursing and Medical Records	-	-	27,565	5,161	(1,025)	-	-	-	-	-	-	31,701	10
10a	Therapy	-	-	-	-	-	-	-	-	-	-	-	-	10a
11	Activities	-	-	-	-	-	-	-	-	-	-	-	-	11
12	Social Services	-	-	-	-	-	-	-	-	-	-	-	-	12
13	CNA Training	-	-	-	-	-	-	-	-	-	-	-	-	13
14	Program Transportation	-	-	-	-	-	-	-	-	-	-	-	-	14
15	Other (specify):*	-	-	3,727	-	-	-	-	-	-	-	-	3,727	15
16	**TOTAL Health Care and Programs**	-	-	31,292	5,161	(1,025)	-	-	-	-	-	-	35,428	16
	C. General Administration													
17	Administrative	-	-	103,558	-	-	-	-	-	-	-	-	103,558	17
18	Directors Fees	-	-	-	-	-	-	-	-	-	-	-	-	18
19	Professional Services	(9,762)	41,025	(897,629)	-	-	-	-	-	-	-	-	(866,366)	19
20	Fees, Subscriptions & Promotions	(100,492)	-	421	-	-	-	-	-	-	-	-	(100,070)	20
21	Clerical & General Office Expenses	(13,981)	77	191,467	-	-	-	-	-	-	-	-	177,564	21
22	Employee Benefits & Payroll Taxes	-	-	-	-	(6,446)	-	-	-	-	-	-	(6,446)	22
23	Inservice Training & Education	-	-	-	-	-	-	-	-	-	-	-	-	23
24	Travel and Seminar	-	-	844	-	-	-	-	-	-	-	-	844	24
25	Other Admin. Staff Transportation	-	-	8,481	-	-	-	-	-	-	-	-	8,481	25
26	Insurance-Prop.Liab.Malpractice	-	17,949	421	-	-	-	-	-	-	-	-	18,370	26
27	Other (specify):*	(317,295)	-	43,858	-	-	-	-	-	-	-	-	(273,437)	27
28	**TOTAL General Administration**	(441,529)	59,051	(548,579)	-	(6,446)	-	-	-	-	-	-	(937,503)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(448,227)	59,051	(484,639)	(909)	(7,471)	-	106	(3,029)	-	-	-	(885,118)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 **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	(170,648)	536,984	13,853	-	-	-	-	-	-	-	-	380,189	30
31	Amortization of Pre-Op. & Org.	-	-	-	-	-	-	-	-	-	-	-	-	31
32	Interest	(2,353)	415,608	2,112	-	-	-	-	-	-	-	-	415,367	32
33	Real Estate Taxes	-	499,752	739	-	-	-	-	-	-	-	-	500,491	33
34	Rent-Facility & Grounds	-	(1,430,057)	-	-	-	-	-	-	-	-	-	(1,430,057)	34
35	Rent-Equipment & Vehicles	-	-	19,382	-	-	-	-	-	-	-	-	19,382	35
36	Other (specify):*	-	71,267	-	-	-	-	-	-	-	-	-	71,267	36
37	**TOTAL Ownership**	(173,001)	93,554	36,086	-	-	-	-	-	-	-	-	(43,361)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	-	-	-	-	-	-	-	-	-	-	-	-	38
39	Ancillary Service Centers	-	-	-	(47,201)	(37,099)	(111,293)	-	-	-	-	-	(195,593)	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**	-	-	-	(47,201)	(37,099)	(111,293)	-	-	-	-	-	(195,593)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(621,228)	152,605	(448,554)	(48,110)	(44,570)	(111,293)	106	(3,029)	-	-	-	(1,124,073)	45

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES

A. **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Ownership & 6-Supplemental 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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	1,430,057	Alden Estates of Evanston II, Inc.	0.00%		$ (1,430,057)	1
2	V	32	Interest Income Repl Reserve	864	Alden Estates of Evanston II, Inc.			(864)	2
3	V	30	Depreciation Expense		Alden Estates of Evanston II, Inc.		536,984	536,984	3
4	V	19	Accounting Fees		Alden Estates of Evanston II, Inc.		11,025	11,025	4
5	V	19	Professional Fees		Alden Estates of Evanston II, Inc.		30,000	30,000	5
6	V	21	Bank Charges		Alden Estates of Evanston II, Inc.				6
7	V	21	Corporate Annual Report Fee		Alden Estates of Evanston II, Inc.		77	77	7
8	V	32	Amortization Expense		Alden Estates of Evanston II, Inc.		15,645	15,645	8
9	V	33	Real Estate Tax Expense		Alden Estates of Evanston II, Inc.		499,752	499,752	9
10	V	26	General Insurance Expense		Alden Estates of Evanston II, Inc.		17,949	17,949	10
11	V	36	Mortgage Insurance Premium		Alden Estates of Evanston II, Inc.		71,267	71,267	11
12	V	32	Interest-Mortgage		Alden Estates of Evanston II, Inc.		400,827	400,827	12
13	V	21	Checks		Alden Estates of Evanston II, Inc.				13
14	Total			$ 1,430,921			$ 1,583,526	$ * 152,605	14

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities		Alden Management Services, Inc.	0.00%	2,178	$ 2,178	15
16	V	24	Travel and Seminar		Alden Management Services, Inc.		844	844	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		8,481	8,481	17
18	V	26	Insurance		Alden Management Services, Inc.		421	421	18
19	V	20	Dues, Subscriptions		Alden Management Services, Inc.		421	421	19
20	V	30	Depreciation		Alden Management Services, Inc.		13,853	13,853	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		739	739	21
22	V	35	Rent- Equip & Vehicles		Alden Management Services, Inc.		19,382	19,382	22
23	V	32	Interest		Alden Management Services, Inc.		2,112	2,112	23
24	V	1	Dietary		Alden Management Services, Inc.		7,819	7,819	24
25	V	3	Housekeeping		Alden Management Services, Inc.		8,062	8,062	25
26	V	7	Employee Benefits		Alden Management Services, Inc.		6,012	6,012	26
27	V	10	Nurse & Med Records Salary		Alden Management Services, Inc.		27,565	27,565	27
28	V	15	Employee Benefits- Healthcare		Alden Management Services, Inc.		3,727	3,727	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		103,558	103,558	29
30	V	27	Employee Benefit- Administrative		Alden Management Services, Inc.		43,858	43,858	30
31	V	19	Professional Fees & Salary	940,677	Alden Management Services, Inc.		43,048	(897,629)	31
32	V	21	General & Admin	44,880	Alden Management Services, Inc.		236,347	191,467	32
33	V	6	Repair & Maintenance	38,773	Alden Management Services, Inc.		47,348	8,575	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,024,329			$ 575,776	$ * (448,554)	39

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		1	Dietary Consulting	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 Feed	17,014	Prism Health Care Services, Inc.		7,299	(9,715)	17
18	V		10	Equipment Rental	8,737	Prism Health Care Services, Inc.		9,593	856	18
19	V		39	Ancillary Supplies	73,665	Prism Health Care Services, Inc.		9,384	(64,281)	19
20	V		39	Vent Rent		Prism Health Care Services, Inc.		350	350	20
21	V		1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		10,106	10,106	21
22	V		2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		17,618	17,618	22
23	V		10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		4,305	4,305	23
24	V		39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		16,730	16,730	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				$ 149,548			$ 101,438	$ * (48,110)	39

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		39	Drugs	848,459	Forum Extended Care II, Inc.	0.00%	808,176	$ (40,282)	15
16	V		39	I.V.	55,122	Forum Extended Care II, Inc.		52,505	(2,617)	16
17	V		39	Wound Care-Product Only	7,156	Forum Extended Care II, Inc.		6,816	(340)	17
18	V		10	House Stock	15,647	Forum Extended Care II, Inc.		14,904	(743)	18
19	V		10	Pharm Consult	5,940	Forum Extended Care II, Inc.		5,658	(282)	19
20	V		22	Employee Vaccinations	6,446	Forum Extended Care II, Inc.			(6,446)	20
21	V		39	Employee Vaccinations		Forum Extended Care II, Inc.		6,140	6,140	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				$ 938,769			$ 894,199	$ * (44,570)	39

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		39	Therapy	1,218,434	Community Physical Therapy & Associates, Ltd.	0.00%	1,107,141	$ (111,293)	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				$ 1,218,434			$ 1,107,141	$ * (111,293)	39

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		6	Repairs & Maintenance	$ 11,650	Alden Bennett Construction Company, Inc.	0.00%	$ 11,756	$ 106	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				$ 11,650			$ 11,756	$ * 106	39

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	$ 10,862	Alden Design Group, Ltd.	0.00%	$ 7,833	$ (3,029)	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			$ 10,862			$ 7,833	$ * (3,029)	39

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

STATE OF ILLINOIS **Ownership Listing-1**

Alden Estates of Evanston, Inc.

ID# **0040733**

Report Period Beginning: **1/1/2025**

Ending: **12/31/2025**

Alden Management Serv

Alden Estates of Evanston II, Inc.

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)
-Owners of companies must be listed instead of company names.
-Names of trust beneficiaries must be listed.

	First Name	M.I.	Last Name	Place of Residence City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co. /Home Office Ownership Percentage	
1	Floyd	A	Schlossberg	Riviera Beach	FL	0.10%	0.10%	0.10%	1
2	Randi	A	Schullo	Chicago	IL	20.77%	20.77%	20.77%	2
3	Lauren	H	Magnusson	Elgin	IL	20.77%	20.77%	20.77%	3
4	Audra	B	Elisco	Wheeling	IL	20.77%	20.77%	20.77%	4
5	Joseph	R	Schullo	Chicago	IL	6.26%	6.26%	6.26%	5
6	Nicole	D	Schullo	Chicago	IL	6.26%	6.26%	6.26%	6
7	Paige	A	Scherer	St. Charles	IL	6.26%	6.26%	6.26%	7
8	Garrett	E	Magnusson	Elgin	IL	6.26%	6.26%	6.26%	8
9	Charles	L	Elisco	Wheeling	IL	6.26%	6.26%	6.26%	9
10	Arin	G	Elisco	Wheeling	IL	6.26%	6.26%	6.26%	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
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67									67
68									68
69									69
70									70
71									71
72									72
73									73
74									74
75									75

STATE OF ILLINOIS **Ownership Listing-2**

Alden Estates of Evanston, Inc.

ID# **0040733**

Report Period Beginning: **1/1/2025**

Ending: **12/31/2025**

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)
-Owners of companies must be listed instead of company names.
-Names of trust beneficiaries must be listed.

	First Name	M.I.	Last Name	Place of Residence City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co. /Home Office Ownership Percentage	
76	N/A								76
77									77
78									78
79									79
80									80
81									81
82									82
83									83
84									84
85									85
86									86
87									87
88									88
89									89
90									90
91									91
92									92
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111									111
112									112
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125									125
126									126
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131									131
132									132
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138									138
139									139
140									140
141									141
142									142
143									143
144									144
145									145
146									146
147									147
148									148
149									149
150									150

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 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 Cen	Chicago, IL			FECS of Wisconsin Inc.	Madison, WI	Pharmacy	4
5	Alden of Old Town East, Inc.	Bloomingdale, IL			Alden Management Services, Inc.	Chicago, IL	Consulting	5
6	Alden Terrace of McHenry Rehabilitation and Healt	McHenry, IL						6
7	Wentworth Rehabilitation and Health Care Center, I	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 Care	Bloomingdale, IL			Alden Gardens of Waterford, LLC	Aurora, IL	SLF	9
10	Alden Village Health Facility for Children and Youn	Bloomingdale, IL			Prism Health Care Services, Inc.	Schaumburg, IL	Nursing and Durable	10
11	Alden - Orland Park Rehabilitation and Health Care	Orland Park, IL			Community Physical Therapy & Associates, Ltd.	Addison, IL	Therapy Provider	11
12	Princeton Rehabilitation and Health Care Center, Ir	Chicago, IL			Alden Bennett Construction Company, Inc.	Chicago, IL	General Contractor	12
13	Alden of Old Town West, Inc.	Bloomingdale, IL						13
14	Alden - Town Manor Rehabilitation and Health Car	Cicero, IL			Alden Design Group, Inc.	Chicago, IL	Design & Engineering	14
15	Alden Trails, Inc.	Bloomingdale, 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 Care	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 Evanston	Evanston	Building Co	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.	Bloomingdale, 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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	Chairman-BOD	Chairman	0.10	196,624	0.68	1.69	Salary	$ 3,376	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Svcs	Technical Nursing S	20.77	104,211	0.68	1.69	Salary	1,789	10-7	2
3	Terry Magnusson	Dir. of Property Mana	Building equipment	0.00	104,211	0.68	1.69	Salary	1,789	6-7	3
4	Ina Schlossberg	Board Member	Events and special p	0.00	104,211	0.68	1.69	Salary	1,789	17-7	4
5	Audra Elisco	Medical Records Coor	Medical record mai	20.77	78,892	0.68	1.69	Salary	1,355	21-7	5
6	Randi Schlossberg-Schullo	President	General Oper.	20.77	196,624	0.59	1.69	Salary	3,376	6-7, 17-7	6
7	Joseph Schullo	Project Manager	General Operations	6.26	196,624	0.59	1.69	Salary	3,376	6-7, 17-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 16,850		13

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

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: ########

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 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 [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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,397,134	36	$ 129,003	$	23,593	$ 2,178	1
2	24	Trav & Seminar	Patient Days	1,397,134	36	49,988		23,593	844	2
3	25	Other Admin Travel	Patient Days	1,397,134	36	502,227		23,593	8,481	3
4	26	Insurance	Patient Days	1,397,134	36	24,931		23,593	421	4
5	20	Dues & Subscriptions	Patient Days	1,397,134	36	24,937		23,593	421	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		23,593	739	7
8	35	Rent-Equip & Vehicle	Patient Days	1,397,134	36	1,147,743		23,593	19,382	8
9	32	Interest	Patient Days	1,397,134	36	125,066		23,593	2,112	9
10	1	Dietary Salary	Patient Days	1,397,134	36	463,044	463,044	23,593	7,819	10
11	3	Housekeeping Salary	Patient Days	1,397,134	36	477,424	477,424	23,593	8,062	11
12	7	Employee Benefits -Gen'l Servs	Patient Days	1,397,134	36	356,025		23,593	6,012	12
13	10	Nurs & Med Records Salary	Patient Days	1,397,134	36	1,632,344	1,632,344	23,593	27,565	13
14	15	Employee Benefits -Health Care	Patient Days	1,397,134	36	220,704		23,593	3,727	14
15	17	Administrative Salary	Patient Days	1,397,134	36	6,132,499	6,132,499	23,593	103,558	15
16	27	Employee Benefits - Admin	Patient Days	1,397,134	36	2,597,178		23,593	43,858	16
17	19	Professional fees	Patient Days	1,397,134	36	518,567		23,593	8,757	17
18	19	Professional fees	Revenue charged	33,202,232	36	1,210,351	1,210,351	940,677	34,291	18
19	21	Gen'l & Admin	Patient Days	1,397,134	36	13,996,050	11,866,101	23,593	236,347	19
20	6	Repair & Maint.	Patient Days	1,397,134	36	559,530		23,593	9,449	20
21	6	Repair & Maint.	Revenue charged	1,731,722	36	1,692,724	1,692,724	38,773	37,900	21
22										22
23										23
24										24
25	TOTALS					$ 32,402,789	$ 23,474,487		$ 575,776	25

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 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 [X] NO [ ]

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

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

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 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 [X] NO [ ]

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

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

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 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 [X] NO [ ]

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

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

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 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 [X] NO [ ]

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

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

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 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 [X] NO [ ]

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

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

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Capital Funding (GL 2505&2021/7055)		X	Mortgage		1/2015	$ 7,226,100	$ 5,849,717	2/2050	3.5500	$ 400,827	1
2	Capital Funding (GL 2513/7053)		X	Line of Credit		8/2015	6,286,577	5,947,600	2/2050	3.6500		2
3	Loan balances presented combined above											3
4												4
5												5
	Working Capital											
6	Related Party-AMS		X	Working Capital							2,112	6
7	MidCap Interest (703100-200000)		X	Working Capital							106,315	7
8												8
9	TOTAL Facility Related						$ 13,512,677	$ 11,797,317			$ 509,254	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		X								(864)	10
11	Int Income (GL#4975)		X								(2,353)	11
12	Misc. Interest (GL 7035)		X								62	12
13	Amortization-Fin/Refin Fee		X								15,645	13
14	TOTAL Non-Facility Related						$ 0	$ 0			$ 12,490	14
15	TOTALS (line 9+line14)						$ 13,512,677	$ 11,797,317			$ 521,744	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 71,267 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.)

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2024 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	510,900	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.)	$	505,214	2
3. Under or (over) accrual (line 2 minus line 1).	$	(5,686)	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)	$	512,800	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.	$	507,114	7

Assessed Value from Real Estate Tax Bill:	2024	6,045,787	8
Real Estate Tax Bill for Calendar Year:	2020	512,660	9
	2021	403,144	10
	2022	408,837	11
	2023	496,000	12
	2024	497,852	13

2025 Accrual: $497852.16 X 1.03 = $512800 (Rounded)

Allocated From Alden Management Services, Inc.: $739 (Included in Line 2)

FOR BHF USE ONLY

14	FROM R. E. TAX STATEMENT FOR 2024	$	14
15	PLUS APPEAL COST FROM LINE 5	$	15
16	LESS REFUND FROM LINE 6	$	16
17	AMOUNT TO USE FOR RATE CALCULATION	$	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 Estates of Evanston, Inc.** COUNTY Cook

FACILITY IDPH LICENSE NUMBER **0040733**

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

TELEPHONE 773-724-6362 FAX #:

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2024 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2024.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	See Supplemental Schedule	Home Office Allocation	$ 43,747.00	$ 739.00
2.	10-10-200-077-0000	Long Term Care Property	$ 497,852.16	$ 497,852.16
3.	-	-	$	$
4.	-	-	$	$
5.	-	-	$	$
6.	-	-	$	$
7.	-	-	$	$
8.	-	-	$	$
9.	-	-	$	$
10.	-	-	$	$
		TOTALS	$ 541,599.16	$ 498,591.16

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.

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Capps plumbing repair for meter bypass line	2001	1,840	$ 0	5	$ -	$	$ 1,840	37
38	The floor source - lobby & elevator carpet	2001	944		5	-		944	38
39	Sonja	2002	1,411			-		1,411	39
40	ABC (amtech lighting)	2002	2,202		20	-		2,202	40
41	New Horizon (replace main frame)	2002	1,745		5	-		1,745	41
42	ABC - parquet ffloor	2003	5,398		10	-		5,398	42
43	ABC - interior work - various - walls/bathroom	2003	8,703		10	-		8,703	43
44	ABC - replaced HID Ballasts (3) HID Lamp (1)	2003	2,870		10	-		2,870	44
45	Csi-Coker - door gasket/safety switch	2003	2,480			-		2,480	45
46	ABC - sewage ejector pump - install	2003	6,104		10	-		6,104	46
47	ABC	2003	6,955		10	-		6,955	47
48	US Foods - steamer	2003	1,059			-		1,059	48
49	ABC-fence work	2004	1,875		8	-		1,875	49
50	ABC-interior work various walls/bathroom	2004	2,540		10	-		2,540	50
51	ABC-replaced HID ballasts	2004	1,406		20	-		1,406	51
52	New Horizons - move phone extensions between floors	2005	1,358			-		1,358	52
53	ABC - Shaw Malabar carpet for 1st floor	2005	6,493		10	-		6,493	53
54	ABC - Excelon VC Tile in PT room	2005	1,992		10	-		1,992	54
55	ABC - Excelon VC Tile in PT room	2006	3,300		10	-		3,300	55
56	GT Mechanical-replaced transformer & refrigerant for AC unit	2006	4,366		10	-		4,366	56
57	ABC - new smoke detectors, upgrade fire alarm software	2006	11,602		10	-		11,602	57
58	Top Notch Service-replaced 5 wells	2006	5,985		10	-		5,985	58
59						-		-	59
60	Therapy Room Expansion	2007	94,048		29	-		94,048	60
61	Hot Water Tank Replacement	2007	24,003		10	-		24,003	61
62	Repair air consitioner/Replace compressor	2007	37,488		10	-		37,488	62
63	Repair freezer door assembly	2007	3,945		10	-		3,945	63
64	Replace pump motor chiller	2007	5,544		10	-		5,544	64
65	Replace worn & torn cubicle curtains	2007	2,566		10	-		2,566	65
66	Charge Chiller	2007	5,773		10	-		5,773	66
67	Repair broken fence & driveway	2007	6,447		15	-		6,447	67
68	Replace worn & damaged window shades	2007	3,840		10	-		3,840	68
69	New boilers/hoses/Install	2007	5,580		20	279	279	5,162	69
70	TOTAL (lines 4 thru 69)		$ 5,914,868	$ 0		$ 139,765	$ 139,765	$ 4,769,135	70

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

X. BUILDING AND GENERAL INFORMATION:

A. **Square Feet:** 53,567 **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. 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:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home Facility	53,277		$ 350,000	1
2					2
3	TOTALS	53,277		$ 350,000	3

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 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	99		1995	1994	$ 5,377,512	$	39	$ 137,885	$ 137,885	$ 4,245,020	4
5	Building		1999		54,450		34	1,601	1,601	41,627	5
6								-		-	6
7								-		-	7
8								-		-	8
	Improvement Type**										
9	Repair: boiler, valve, elect. Fixtures, heater, TV antenna			1995	17,311		10-20	-		17,311	9
10	Install lawn sprinkler system			1996	19,670		15	-		19,670	10
11	Demolition, excavating, electricalwork, masonry			1996	39,481		25	-		39,481	11
12	Sign			1996	745		20	-		745	12
13	Sink			1996	1,366		20	-		1,366	13
14	Motor repair			1996	3,300		20	-		3,300	14
15	Elevator remodeling			1996	3,018		20	-		3,018	15
16	Install new electrical outlets			1997	2,542		5	-		2,542	16
17	Telephone system upgrade			1997	2,698		10	-		2,698	17
18	Repair panel			1998	3,631		5	-		3,631	18
19	Repair rainshields, relief valve			1998	7,117		10	-		7,117	19
20	Replace fan motor			1998	5,797		5	-		5,797	20
21	Electrical panel			1998	1,926		10	-		1,926	21
22	Replace freezer compressor			1998	3,457		10	-		3,457	22
23	Replace fire alarm sys			1998	56,459		15	-		56,459	23
24	Elm heating-cooler-hvac			1999	2,500		10	-		2,500	24
25	Aqua plumbing-water heater			1999	10,445		15	-		10,445	25
26	CSI-repair air maint. Handler unit			1999	1,855		10	-		1,855	26
27	New horizons-hook up phones			1999	1,827		10	-		1,827	27
28	Alden Bennett Const.			2000	7,160		10	-		7,160	28
29	The floor source-lobby & elevator carpeting			2000	3,652		5	-		3,652	29
30	Alden Bennett Const.-wallcovering			2000	1,350		5	-		1,350	30
31	DBS Contracting-repair lawn sprinkler			2000	2,281		10	-		2,281	31
32	CSI-install disposal			2000	2,341		5	-		2,341	32
33	Forx valley fire & safety-repair sprinkler system			2000	1,765		15	-		1,765	33
34	CSI-replace compressor			2000	1,770		10	-		1,770	34
35	Alden Bennett-seea/stripe parking lot, replace sidewalk			2000	5,582		5-15	-		5,582	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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 5,914,868	$ 0		$ 139,765	$ 139,765	$ 4,769,135	1
2	ABC-New Cubicle Track Rm# 210 # 217/Curtains/New Control Pump Ci	2008	6,029		10	-		6,029	2
3	ABC-New Sidewalk RAMP @ EMRG Exit per IDPA LSC Inspection	2008	7,189		15	-		7,189	3
4	ABC-Door Closer rpls (5) to Patient Units	2008	2,911		10	-		2,911	4
5	ABC-Regulator install in shower room to ensure patient safety	2008	2,572		20	129	129	2,265	5
6	ABC - Sidewalk rpls on Front entrance	2010	7,336		15	245	245	7,336	6
7	Washing Machine leaking Repairs-EQUINT	2010	3,608		5	-		3,608	7
8	New Compressor/Fan Motor - TOPNOT	2010	3,725		5	248	248	3,722	8
9	Boiler Skin Pipes and Tubes - ALDBEN	2011	7,159		10	-		7,159	9
10	Chimney Cap-Boiler Room Lift Sheetmetl Pipe Fings-GTMECH	2011	6,982		10	-		6,982	10
11	Fire Sprinkler;Bttrfly Valve,Antifreeze Loop,Hydrant Flushing-USFIRE	2012	6,104		25	-		6,104	11
12	Fire Protection System, Starter - ALDBEN	2012	7,454		10	155	155	1,986	12
13	Dampers, Fire, major rebuild - ALDBEN	2013	18,694		10	-		18,694	13
14	Acoustical-ALDBEN	2014	79,307		8	-		79,307	14
15	Carpentry & Drywall Interior on 1st Floor & 3rd Floor-ALDBEN	2014	673,002		20	33,650	33,650	384,171	15
16	Carpentry Exterior on 1st Floor & 3rd Floor -ALDBEN	2014	181,188		15	12,079	12,079	137,902	16
17	Casework -Key Interiors-ALDBEN	2014	96,137		20	4,807	4,807	54,880	17
18	Caulking-ALDBEN	2014	19,051		10	-		19,051	18
19	Demolition -ALDBEN	2014	77,570		15	5,171	5,171	59,036	19
20	E.I.F.S. Outside of Building Structure-ALDBEN	2014	29,277		15	1,952	1,952	22,285	20
21	Electrical -ALDBEN	2014	538,578		15	35,905	35,905	409,916	21
22	Elevator-ALDBEN	2014	154,920		20	7,746	7,746	88,433	22
23	Evanston Remodel Drawings - FOXBUI	2014	6,700		20	335	335	3,825	23
24	Fence-ALDBEN	2014	11,729		15	782	782	8,928	24
25	Fire Protection - Exterior-ALDBEN	2014	26,063		25	1,043	1,043	11,907	25
26	Fire Protection - Interior-ALDBEN	2014	56,340		25	2,254	2,254	25,733	26
27	Glass/Glazing-ALDBEN	2014	29,663		15	1,978	1,978	22,582	27
28	Hollow Metal/Doors/Frames/Hdwr-ALDBEN	2014	260,634		20	13,032	13,032	148,782	28
29	HVAC-ALDBE	2014	405,534		15	27,036	27,036	308,661	29
30	Landscaping -ALDBEN	2014	19,622		15	1,308	1,308	14,933	30
31	Masonry-ALDBEN	2014	4,716		5	-		4,716	31
32	Painting/Decorating-ALDBEN	2014	166,311		15	11,087	11,087	126,577	32
33	Permit Fee - CITEVA	2014	26,376		20	1,319	1,319	15,058	33
34	TOTAL (lines 1 thru 33)		$ 8,857,347	$ 0		$ 302,026	$ 302,026	$ 6,789,801	34

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 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		$ 8,857,347	$ 0		$ 302,026	$ 302,026	$ 6,789,801	1
2	Permit-CITEVA	2014	4,329		20	216	216	2,466	2
3	Plan Review Fee - ILLDPH	2014	11,915		20	596	596	6,804	3
4	Plumbing-ALDBEN	2014	198,330		20	9,917	9,917	113,219	4
5	Certificate of need Fees - ARNLUN/CHAFOL	2014	85,094		20	4,255	4,255	48,578	5
6	For Conversion of 47 shelter care beds to SNF beds including;	2014				-		-	6
7	Flooring, Bathrooms, Handrails, Windows, Wallcoverings,	2014				-		-	7
8	Nursing call -1st & 3rd Floor	2014				-		-	8
9	Roof-ALDBEN	2014	38,908		15	2,594	2,594	29,615	9
10	Tiles, Marble install on 1st & 3rd Floor renovation-ALDBEN	2014	71,550		15	4,770	4,770	54,458	10
11	Towel bars, Towel rings, Robe hooks, Grab bars,	2014				-		-	11
12	Toiler paper holders and Shower Rods for all resident rooms	2014				-		-	12
13	on the 1st and 3rd floor of total 40 bathroom and	2014				-		-	13
14	Replacement of (1) fire extinguisher cabinet -ALDBEN	2014	6,094		10	-		6,094	14
15	Hand Rails install in hallway-1st & 3rd Floor-ALDBEN	2014	19,937		10	-		19,937	15
16	Roof decking -ALDBEN	2014	23,085		20	1,154	1,154	13,175	16
17	Tree Trimming-ALDBEN	2014	3,599		15	240	240	2,740	17
18	Vinyl Fabric wallcovering -1st & 3rd Floor -ALDBEN	2014	70,634		5	-		70,634	18
19	Window-ALDBEN	2014	4,363		10	-		4,363	19
20	Asphalt Paving -ALDBEN	2014	67,641		8	-		67,641	20
21	Asphalt-ALDBEN	2014	3,475		8	-		3,475	21
22	Concrete Patching/Sitework-ALDBEN	2014	44,246		15	2,950	2,950	33,679	22
23	Remodel 2nd floor -ALDDES	2015	6,640		15	443	443	4,578	23
24	Architect/Design -Remodel 2nd floor -ALDDES	2015	3,335		15	222	222	2,276	24
25	Nursing call station part install/repairs -ALDBEN	2015	2,557		5	-		2,557	25
26	Architect fee for 2nd floor -ALDDES	2016	11,573		39	297	297	2,945	26
27	Architect fees for 2nd Floor- ALDDES	2016	27,143		39	696	696	6,902	27
28	Architect/Design - 2nd floor - ALDDES	2016	11,638		39	298	298	2,831	28
29	Architect/Design - 2nd floor - ALDDES	2016	10,437		39	268	268	2,479	29
30	Architect fees & Plan review for 2nd floor-ALDDES	2016	17,180		39	441	441	3,969	30
31	Boiler Retube # 2 -ALDBEN	2016	17,265		39	443	443	4,083	31
32	Boiler tube replacement #2 -ALDBEN	2016	20,412		39	523	523	5,728	32
33	Concretre -Coring/Sawcutting-ABC	2016	3,076		15	205	205	1,845	33
34	TOTAL (lines 1 thru 33)		$ 9,641,802	$ 0		$ 332,554	$ 332,554	$ 7,306,872	34

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 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		$ 9,641,802	$ 0		$ 332,554	$ 332,554	$ 7,306,872	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/plas	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,d	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 improvement	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,electric	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)		$ 9,813,018	$ 5,858		$ 338,412	$ 332,554	$ 7,441,988	34

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 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		$ 9,813,018	$ 5,858		$ 338,412	$ 332,554	$ 7,441,988	1
2	Carpentry Labor & Material-ABC	2016	104,583		15	6,972	6,972	62,748	2
3	Temporary Partitions-ABC	2016	24,608		15	1,641	1,641	14,769	3
4	Drywall & Tape-ABC	2016	52,907		15	3,527	3,527	31,743	4
5	Fire Caulking-ABC	2016	6,152		25	246	246	2,214	5
6	Acoustical-ABC	2016	18,456		20	923	923	8,307	6
7	Countertops, Solid Surface-ABC	2016	49,216		20	2,461	2,461	22,149	7
8	Permit Fees 2nd Floor -CITEVA	2016	15,939		25	638	638	5,742	8
9	Insulation, patch/repair-GTMECH	2017	2,510		10	251	251	2,154	9
10	Refrigerant & Circuit #1 rprs -GTMECH	2017	9,551		5	-		9,551	10
11	Motor (3) repls on condenser -GTMECH	2017	5,795		5	-		5,795	11
12	Fire Dampers Rpls (5) -GTMECH	2017	7,067		10	707	707	6,009	12
13	Pavements/Creck filling- CENICO	2017	2,980		8	214	214	2,980	13
14	Electic Power supply repairs -OAKFIR	2017	5,375		5	-		5,375	14
15	2nd floor hallway, main lobby, study and salon area repair from water da	2017	23,982		15	1,599	1,599	13,991	15
16	Architect/Design -2nd Floor -ALDDES	2017	11,638		39	298	298	2,558	16
17	Caulking/mortar under all windows -ALDBEN	2018	25,808		15	1,721	1,721	12,334	17
18	Backflow Device repls on valve -SKIMEC	2018	2,987		5	-		2,987	18
19	HVAC Repair, Refrigerant Circutirs repairs-GTMECh	2018	7,589		5	-		7,589	19
20	HVAC Repair, Refrigerant Circutirs repairs-GTMECh	2018	5,748		5	-		5,748	20
21	Repair Sewage pump -ALDBEN	2018	8,515		5	-		8,515	21
22	Replace wall under window -ALDBEN	2018	5,871		5	-		5,871	22
23	Generator Inspect & Maint -utility area -CITI-Patten	2019	3,869		5	-		3,869	23
24	Pump, repair leak on chiller -utility area-GTMECH	2019	7,035		5	-		7,035	24
25	Motors, fan blower install (2) -utility area-GTMECH	2019	4,656		5	-		4,656	25
26	Generator Repair-utility area- ALTCAT	2019	10,258		5	-		10,258	26
27	Washer, Laundry Room - EQUINT	2020	2,500		5	333	333	1,998	27
28	HVAC Repair, Air Handler, Boiler Room -GTMECH	2020	5,072		5	507	507	3,042	28
29						-		-	29
30	Sewage Pump - ALDBEN	2021	10,086		15	672	672	3,361	30
31	Valve, Elevator - SCHIEL	2021	4,000		5	800	800	4,000	31
32	Ignitor, Boiler - GTMECH	2021	4,683		5	937	937	4,683	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		$ 10,262,450	$ 5,858		$ 362,858	$ 357,000	$ 7,724,017	34

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 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		$ 10,262,450	$ 5,858		$ 362,858	$ 357,000	$ 7,724,017	1
2	Adjust for ABC Related Party Profit	2008	(107)	(5)		(5)		(92)	2
3	Adjust for ABC Related Party Profit	2009	(97)	(3)		(3)		(49)	3
4	Adjust for ABC Related Party Profit	2011	(56)	(1)		(1)		(15)	4
5	Adjust for ABC Related Party Profit	2012	460	23		23		299	5
6	Adjust for ABC Related Party Profit	2013	252	13		13		161	6
7	Adjust for ABC Related Party Profit	2014	(6,401)	(347)		(347)		(3,991)	7
8	Adjust for ABC Related Party Profit	2015	(5)					(5)	8
9	Adjust for ABC Related Party Profit	2016	(1,870)	(12)		(12)		(115)	9
10	Adjust for ABC Related Party Profit	2017						-	10
11	Adjust for ABC Related Party Profit	2018	(253)	(3)		(3)		(25)	11
12	Adjust for ABC Related Party Profit	2021	202	10		10	(0)	50	12
13	Adjust for ABC Related Party Profit	2022	(153)	(12)		(12)		(48)	13
14	Adjust for ABC Related Party Profit	2023	183	17		17	(0)	52	14
15	Adjust for ABC Related Party Profit	2024	313	18		18		36	15
16	Adjust for ABC Related Party Profit	2025	23	2		2		2	16
17	Book Depreciation- Alden Estates of Evanston, Inc (Less Additional R&M/NonCare)			88,565		-	(88,565)	-	17
18	Book Depreciation- Alden Estates of Evanston II, Inc.			536,984		-	(536,984)	-	18
19						-		-	19
20	Thermostat and copper line repair, W-I-C - TOPNOT	2022	2,535		5	507	507	2,028	20
21	Lamps and lights (5) replaced canopy - ALDBEN	2022	3,182		10	318	318	1,273	21
22	Carpet (5 rooms) - ALDBEN	2022	4,011		5	802	802	3,209	22
23	Carpet (5 rooms) - ALDBEN	2022	4,163		5	833	833	3,330	23
24	Security System - ALDBEN	2022	14,471		5	2,894	2,894	11,577	24
25	Landscaping, redo front perimeter - SEBLAN	2022	32,345		10	3,235	3,235	12,938	25
26	Nurse Call system - TECELE	2022	51,269		10	5,127	5,127	20,508	26
27	Chimney liner replacement - ALDBEN	2022	80,967		10	8,097	8,097	32,387	27
28						-		-	28
29	Adjust for ADG Related Party Profit	2022	2,653	396		396		1,584	29
30	Adjust for ADG Related Party Profit	2025	(5,989)	(307)		(307)		(307)	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		10,444,548	631,196		$ 384,459	$ (246,737)	$ 7,808,803	34

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 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		$ 10,444,548	$ 631,196		$ 384,459	$ (246,737)	$ 7,808,803	1
2	Function controls (4) & Coupler (20) - RBHIGG	2023	2,552		5	510	510	1,531	2
3	Sheave (3), AHU - GTMECH	2023	3,095		10	310	310	929	3
4	Motor, Condenser fan, Chiller - GTMECH	2023	4,774		5	955	955	2,864	4
5	Motor, AHU - GTMECH	2023	5,723		5	1,145	1,145	3,434	5
6	Boiler Assembly, Steamer - TOPNOT	2023	8,800		5	1,760	1,760	5,280	6
7	Water Heater - ALDBEN	2023	10,149		10	1,015	1,015	3,045	7
8	Water Heater - ALDBEN	2023	15,984		10	1,598	1,598	4,795	8
9	Boiler Tubes replaced - ALDBEN	2023	5,166		15	344	344	1,033	9
10	Electrical conduit work - BELELC	2023	11,296		10	1,130	1,130	3,389	10
11	Starter, AHU - GTMECH	2023	5,984		5	1,197	1,197	3,591	11
12	Chiller repair - GTMECH	2023	11,105		10	1,110	1,110	3,331	12
13						-		-	13
14	Hot Water Heater - ALDBEN	2024	8,194		10	819	819	1,639	14
15	Hot Water Heater - ALDBEN	2024	13,904		10	1,390	1,390	2,781	15
16	Bearing Assembly, DT Pump HVAC - ALDBEN	2024	5,620		5	1,124	1,124	2,248	16
17	Fire Safety Actuator (2), HVAC - GTMECH	2024	4,386		5	877	877	1,755	17
18	Dry Pendant Head, Sprinkler - VALFIR	2024	2,675		5	535	535	1,070	18
19						-		-	19
20						-		-	20
21	**Victaulic fittings, left elev. pit- SCHIEL**	2025	4,000		5	800	800	800	21
22	**Motor, Burner blower, airflowswitch kit, blower wheel - GTMECH**	2025	5,671		5	1,134	1,134	1,134	22
23	**Motor & blade, condenser fan -GTMECH**	2025	3,753		5	751	751	751	23
24	**Compressor, no.2, condenser fan motor (2)-GTMECH**	2025	30,737		15	2,049	2,049	2,049	24
25	**Compressor, no.1 on ACC-1, roof-GTMECH**	2025	22,176		15	1,478	1,478	1,478	25
26	**Pump, water chiller GTMECH**	2025	16,460		10	1,646	1,646	1,646	26
27	**Air silencers, elevs 1&2. - SCHIEL**	2025	9,000		10	900	900	900	27
28	**Door protection system SCHIEL**	2025	4,260		5	852	852	852	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		$ 10,660,012	$ 631,196		$ 409,890	$ (221,307)	$ 7,861,127	34

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 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		$ 10,660,012	$ 631,196		$ 409,890	$ (221,307)	$ 7,861,127	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)		$ 10,660,012	$ 631,196		$ 409,890	$ (221,307)	$ 7,861,127	34

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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 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		$ 10,660,012	$ 631,196		$ 409,890	$ (221,307)	$ 7,861,127	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)		$ 10,660,012	$ 631,196		$ 409,890	$ (221,307)	$ 7,861,127	34

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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	$ 1,509,920	$	$ 57,860	$ 57,860	Various	$ 617,840	71
72	Current Year Purchases	51,336		2,491	2,491	Various	2,491	72
73	Fully Depreciated Assets	3,171,531			0	Various	3,171,531	73
74	See Attached	169,463	7,654		(7,654)	Various	137,598	74
75	TOTALS	$ 4,902,249	$ 7,654	$ 60,351	$ 52,698		$ 3,929,460	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	$	$	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	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)	$ 15,918,590	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 639,190	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 470,241	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (168,609)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 11,795,115	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.

Alden Estates of Evanston, Inc.

40733

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

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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 [X] 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 [X] NO Terms: *

10. Effective dates of current rental agreement:
    Beginning 1/1/2025
    Ending 12/31/2034

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

	Fiscal Year Ending	Annual Rent
12	12/31/2026	$ 1,275,763
13	12/31/2027	$ 1,275,763
14	12/31/2028	$ 1,275,763

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: $ 38,972 Description: Copy Machine GL 6861 -$20,586.93; Equipment Lease GL 6859 -$6,395.70; Allocated from AMS ($11,989)
    (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	Related Party-PG 6A		$ 616.08	$ 7,393	17
18					18
19	Auto Lease - GL No. 6890		862.27	10,347	19
20					20
21	TOTAL		$ 1,478.35	$ 17,740	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.

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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
   - [X] NO

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

2 CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER CNA ____

3 CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 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			

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.

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	V10A/V39	hrs	$ -	6,486	$ 486,428	$ -	6,486	$ 486,428	1
2	Licensed Speech and Language Development Therapist	V10A/V39	hrs	-	1,323	99,216	-	1,323	99,216	2
3	Licensed Recreational Therapist	V10A/V39	hrs	-		-	-			3
4	Licensed Physical Therapist	V10A/V39	hrs	-	8,119	608,931	-	8,119	608,931	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	-		-	793,726		793,726	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	V39								12
13	Other (specify):	V39		-		31,167	(0)		31,167	13
14	TOTAL			$	15,928	$ 1,225,742	$ 793,726	15,928	$ 2,019,468	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 ESTATES OF EVANSTON INC.
Evanston
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	486,427.71
2.	ST	39-3	To Col. 5	99,215.81
4.	PT	39-2	To Col. 5	608,931.25
	Pharmacy Supplies Per GL			848,458.76
	Manual Input From Related Party - FECSII - DRUGS	(From Page 6C, Ln 39/Drug items)		(40,282.48)
9.	Pharmacy	See Pg 16A	To Col. 6	808,176.28
12.	Exceptional Care-Salaries	See Pg 16A	To Col. 3	
12.	Exceptional Care- Supplies	See Pg 16A	To Col. 6	48.96
	12. Total Exceptional Care Check (Line 12, Col. 8)			48.96
13.	Other	See Pg 16A		
13.	Col 5: Manual Input: From Related Party - CPT WS	(From Page 6D, Col 8)	To Col. 5	(111,293.00)
	Other (various GL accounts)			171,290.65
	Manual Input: Related Party - Prism WS	(From Page 6B, Ln39 items, Col 8)		(47,201.00)
	Manual Input: Related Party - FECII - I.V.	(From Page 6C, Ln 39 items for IV, Col 8)		(2,617.03)
	Manual Input: Related Party - FECII -EE Vaccinations	(From Page 6C, Ln 39 items, Col 8)		6,140.00
	Manual Input: Related Party - FECII - Wound Care Products	(From Page 6C, Ln 39 items, Col 8 WC)		(339.73)
	Oxygen - From Reclass WP	(FromPg 4A)		685.42
13.	Col. 6: Supplies Total		To Col. 6	127,958.31
13.	Total Line 13, Column 8 Check			16,665.31
14.	Total			2,019,465.32

STATE OF ILLINOIS

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2025 (last day of reporting year)

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	$ 568	$ 147,933	1
2	Cash-Patient Deposits	-	-	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (140,000)	1,167,435	1,711,205	3
4	Supply Inventory (priced at)	2,465	2,465	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	-	51,126	6
7	Other Prepaid Expenses	10,158	10,158	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): See Attached & TB	44,610	44,610	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,225,236	$ 1,967,497	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	980,000	13
14	Buildings, at Historical Cost	-	6,272,635	14
15	Leasehold Improvements, at Historical Cost	958,271	5,112,838	15
16	Equipment, at Historical Cost	1,035,006	5,224,170	16
17	Accumulated Depreciation (book methods)	(1,355,966)	(11,697,302)	17
18	Deferred Charges	-	-	18
19	Organization & Pre-Operating Costs	-	395,193	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-	(178,707)	20
21	Restricted Funds	-	387,218	21
22	Other Long-Term Assets (sp See Attached & TB	-	200,079	22
23	Other(specify): See Attached & TB	-	-	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 637,311	$ 6,696,124	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,862,547	$ 8,663,621	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 650,924	$ 656,519	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	185,540	185,540	28
29	Short-Term Notes Payable	-	291,433	29
30	Accrued Salaries Payable	653,687	653,687	30
31	Accrued Taxes Payable (excluding real estate taxes)	193,452	193,452	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	512,800	32
33	Accrued Interest Payable	-	33,013	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Attached & TB	170,748	170,748	36
37	See Attached & TB	1,286,831	1,286,831	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,141,182	$ 3,984,023	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	-	11,505,884	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43	See Attached & TB	12,763,351	12,763,351	43
44	See Attached & TB	-	-	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 12,763,351	$ 24,269,235	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 15,904,533	$ 28,253,258	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (14,041,985)	$ (19,589,636)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,862,548	$ 8,663,622	48

*(See instructions.)

Alden Estates of Evanston, Inc.
40733
12/31/2025
Schedule XV - Page 17 Support

PG 17 Line 9 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
116400-100041	Miscell Non-Patient Receivable	44,609.77
Total		44,609.77

PG 17 Line 22 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
194100-100000	Replacement Reserve	200,079.00
Total		200,079.00

PG 17 Line 36 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
205100-100000	Accrued Insurance	58,797.77
230100-100000	Accrued Expenses	(20,604.23)
230100-100005	Accrued Expenses	(179,362.58)
230100-100401	Accrued Expenses	(6,960.00)
230300-100000	Sales Tax Payable	(712.00)
239100-100000	Due To Idpa For License Fees	(21,907.00)
Total		(170,748.04)

PG 17 Line 37 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
200100-160000	Accounts Payable	(590,893.05)
200100-174000	Accounts Payable	(2,713.59)
200100-175000	Accounts Payable	(227,722.88)
200100-184000	Accounts Payable	(268,340.93)
200100-194000	Accounts Payable	(6,242.53)
230100-160000	Accrued Expenses	(99,801.43)
230100-175000	Accrued Expenses	(79,960.93)
230100-184000	Accrued Expenses	(11,154.76)
Total		(1,286,830.10)

PG 17 Line 43 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
120100-101000	Intercompany Receivable	(3,684,102.14)
120100-131000	Intercompany Receivable	49,968.78
120100-160000	Intercompany Receivable	2.54
120100-184000	Intercompany Receivable	(1,137.34)
120100-186000	Intercompany Receivable	(2,643,994.50)
120100-200000	Intercompany Receivable	4,083,167.88
121000-101000	AMS Clearing Account	11,364,239.75
121000-200000	AMS Clearing Account	(21,585,004.43)
200100-101000	Accounts Payable	(346,493.36)
Total		(12,763,352.82)

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: ###### Ending: 12/31/2025

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (13,284,699)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (13,284,699)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(757,286)	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)**	$ (757,286)	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)**	$ (14,041,985)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 12,080,886	1
2	Discounts and Allowances for all Levels	(63,110)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 12,017,776	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	260,812	6
7	Oxygen	497	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 261,309	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	18	12
13	Barber and Beauty Care	150	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	11,871	21
22	Laundry	-	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 12,039	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	20,721	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 20,721	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached & TB	117,573	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 117,573	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 12,429,418	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,934,036	31
32	Health Care	4,052,609	32
33	General Administration	3,062,045	33
	B. Capital Expense		
34	Ownership	1,670,779	34
	C. Ancillary Expense		
35	Special Cost Centers	2,215,061	35
36	Provider Participation Fee	252,174	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 13,186,704	40
41	**Income before Income Taxes (line 30 minus line 40)****	(757,286)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (757,286)	43

	III. Net Inpatient Revenue detailed by Payer Source for each line	Amount	
44	Medicaid Fee for Service	$ 655,539	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	979,182	45
46	MMAI-Medicaid is the Primary Payer	663,752	46
47	MMAI-Medicare is the Primary Payer	169,152	47
48	Private Pay	2,242,414	48
49	Medicare Part A	5,249,421	49
50	Other-(specify) MAP	1,987,294	50
51	Other-(specify) Veterans		51
52	Other-(specify) SNP		52
53	Other-(specify) HMO/Hospice		53
54	Other-(specify) CNA Incentives	71,022	54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 12,017,776	56

Alden Estates of Evanston, Inc.
40733
12/31/2025
Schedule XVII - Page 19 Support

PG 19 Line 28 Detail

CLIENT ACCOUNT	ACCOUNT DESCRIPTION	BALANCE
497700-100000	Miscellaneous Income	(20.00)
497700-100001	Miscellaneous Income	(120.00)
497700-100010	Miscellaneous Income	(241.27)
498300-100000	Write Off Old A/P	(859.69)
498400-100000	Vendor Discounts	(2.03)
498500-100000	Gain On Sale Of Assets	(2,831.44)
497600-100001	ERC Other Income	(113,498.84)
Total		(117,573.27)

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,111	2,135	$ 137,035	$ 64.19	1
2	Assistant Director of Nursing	530	530	28,013	52.85	2
3	Registered Nurses	16,734	18,857	845,514	44.84	3
4	Licensed Practical Nurses	19,129	20,892	896,266	42.90	4
5	CNAs & Orderlies	47,028	50,796	1,365,124	26.87	5
6	CNA Trainees			-		6
7	Licensed Therapist			-		7
8	Rehab/Therapy Aides			-		8
9	Activity Director	1,834	1,842	45,249	24.57	9
10	Activity Assistants	6,125	6,462	118,241	18.30	10
11	Social Service Workers	1,962	2,069	65,726	31.77	11
12	Dietician			-		12
13	Food Service Supervisor	2,056	2,080	87,818	42.22	13
14	Head Cook	5,160	5,200	133,067	25.59	14
15	Cook Helpers/Assistants	22,708	25,063	489,009	19.51	15
16	Dishwashers			-		16
17	Maintenance Workers	2,056	2,080	118,875	57.15	17
18	Housekeepers	9,136	10,193	198,328	19.46	18
19	Laundry	4,076	4,575	88,918	19.44	19
20	Administrator	2,056	2,080	142,767	68.64	20
21	Assistant Administrator			-		21
22	Other Administrative	6,136	6,224	240,109	38.58	22
23	Office Manager			-		23
24	Clerical	2,711	2,815	53,796	19.11	24
25	Vocational Instruction			-		25
26	Academic Instruction			-		26
27	Medical Director			-		27
28	Qualified ID Prof (QIDP)			-		28
29	Resident Services Coordinator	2,071	2,095	108,080	51.59	29
30	Habilitation Aides (DD Homes)			-		30
31	Medical Records	1,881	2,061	43,254	20.99	31
32	Other Health Care(specify)			-		32
33	Other(specify)			-		33
34	TOTAL (lines 1 - 33)	155,500	168,049	$ 5,205,189 *	$ 30.97	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	4,177/month	$ 50,132	V01-3	35
36	Medical Director	$2,500/month	30,000	V09-3	36
37	Medical Records Consultant		-		37
38	Nurse Consultant		-		38
39	Pharmacist Consultant	$495/month	5,940	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		-		45
46	Other(specify)		-		46
47			-		47
48			-		48
49	TOTAL (lines 35 - 48)		$ 86,352		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	176	$ 19,079	V10-3	50
51	Licensed Practical Nurses	129	6,008	V10-3	51
52	Certified Nurse Assistants/Aides	983	27,506	V10-3	52
53	TOTAL (lines 50 - 52)	1,287	$ 52,593		53

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Czajka, Matthew J.	Admin	0	$ 142,767
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 142,767

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services, Inc.	Consulting feesGL6801	$ 863,277
Mid-Cap - Allocated Legal Fees	Legal Fees - Non Collections	646
Mid-Cap - Allocated Accounting Fees	Accounting Fees	2,461
Baker Tilly/ Plante Moran	Accounting Fees	13,786
People Powered, Achieve Compliance, S	Professional Services	8,872
Alden Management Services, Inc.	Alden Management Services, Inc.	77,400
SB2,Stone Pogr.& Korey	Legal Fees - Collections	9,762
See Supplemental Page 21		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 976,204

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	84,781
Unemployment Compensation Insurance	9,828
FICA Taxes	398,197
Employee Health Insurance	210,438
Employee Meals	31,864
Illinois Municipal Retirement Fund (IMRF)*	
401K Expenses	9,532
Other employee benefits/Alloc Forum	(6,446)
Employee Testing and Vaccines	7,303
Life Insurance	3,193
Dental Insurance	75
Misc Payroll Costs	19,967
Tuition Reimbursement	8,364
TOTAL (agree to Schedule V, line 22, col.8)	$ 777,096

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	17,969
Health Care Worker Background Check	642
(Indicate # of checks performed 521)	
Patient Background Checks	5,215
Association Dues (total from pg 22, #4)	9,851
Surety Bond/Annual Report Fee	177
Health Care Council, Collaborative Healthcare U	792
Broadcast Music	602
Related Party EMS	421
Less: Public Relations Expense	( )
PAC and Lobbying payments	(4,925)
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 30,743

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Related Party AMS	844
Seminar Expense	
Nursing & Dietary Seminars	372
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,216

**See instructions.

Alden Estates of Evanston, Inc. **PG 21A**
Legal Fee Support
12/31/2025

Legal Fees Reported on Pg 21, Section C:	$87,807.99
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(9,762.20)
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	$645.79

Invoice listing:

Allowable Legal Fees: 680600-100-000

Vendor Name	Invoice Date	Amount
MidCap Legal (through Alden Group)		645.79

6806 Lgl Non Coll

TOTAL ALLOWABLE LEGAL FEES **645.79**

Non-Allowable Legal Fees: 696600-100-000

Vendor Name	Invoice Date	Amount
Stone, Pogrund & Korey LLC [through AMS]		8,534.90
SB2 Inc (through AMS)		1,227.30

TOTAL Collection-NOT ALLOWABLE LEGAL FEES **9,762.20** 6966 Lgl collect

Allocated Related Party Legal Fees: 680600-100-003

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** 6806-100-003 Lgl non coll

Total Legal Cost **87,807.99**

$0.00

Facility Name & ID Number Alden Estates of Evanston, Inc. # 0040733 Report Period Beginning: 1/1/2025 Ending: ######

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
HEALTH CARE COUNCIL OF IL (HCCI)	4,925
-	
-	
	4,925 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.

HEALTH CARE COUNCIL OF IL (HCCI)	4,925
-	
- -	
	4,925 Total

-4 EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE (2 and 3 combined)

HEALTH CARE COUNCIL OF IL (HCCI)	9,851
-	-
- -	-
	-
	9,851 Total

-5 Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. $ 24,658 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. $ 252,174
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. $ 31,864 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? Yes

g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ N/A

-13 Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A

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

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