

		FOR BHF USE					

LL1

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

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

I. IDPH License ID Number: 0040683

Facility Name: Alden Long Grove Rehab HCC

Address: Bx2308 RFD Old Hicks Long Grove 60047
Number City Zip Code

County: Lake

Telephone Number: (847) 438-8275 Fax # (847) 438-3254

HFS ID Number:

Date of Initial License for Current Owners: 03/01/95

Type of Ownership:

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

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2025 to 12/31/2025 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)	Derek Smart	
	(Title)	CFO, Alden Management Services, Inc., as agent	
Paid Preparer	(Signed)		(Date)
	(Print Name and Title)		
	(Firm Name & Address)		
	(Telephone)	()	Fax # ()

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

Facility Name & ID Number Alden Long Grove Rehab HCC # 0040683 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____					
	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	248	Skilled (SNF)	248	90,520	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	248	TOTALS	248	90,520	7

B. Census-For the entire report period.										
	1	2	3	4	5	6	7	8	9	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment								
		Medicaid Fee for Service	Medicaid MLTSS	MMAI		Private Pay	Medicare Part A Only	Other	Total	
				Medicaid Primary	Medicare Primary					
8	SNF	33		51	158	159	1,626	730	2,757	8
9	SNF/PED									9
10	ICF	15,246	22,670	11,014		5,432		2,944	57,306	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	15,279	22,670	11,065	158	5,591	1,626	3,674	60,063	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 66.35%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 3/1/1995

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 3/1/1995 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter certified beds.
number of certified beds 208

Medicare Intermediary Wellpoint Federal

IV. ACCOUNTING BASIS
ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2025 Fiscal Year: 12/31/2025
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Long Grove Rehab HCC # 0040683 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	484,364	36,302	36,455	557,121	2,757	559,878	16,373	576,251			1
2	Food Purchase		492,583		492,583	(42,341)	450,242	7,201	457,443			2
3	Housekeeping	431,363	48,655		480,018	1,262	481,280	20,525	501,805			3
4	Laundry	126,012	21,560		147,572	547	148,119		148,119			4
5	Heat and Other Utilities			244,518	244,518		244,518	5,546	250,064			5
6	Maintenance	70,891		358,910	429,801	346	430,147	38,367	468,514			6
7	Other (specify):* related party, med.waste,scavenger,security			26,088	26,088		26,088	15,306	41,394			7
8	TOTAL General Services	1,112,630	599,100	665,971	2,377,701	(37,429)	2,340,272	103,318	2,443,590			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	5,659,608	268,142	483,448	6,411,198	(5,663)	6,405,535	74,697	6,480,232			10
10a	Therapy	373,435	1,134	24,000	398,569		398,569		398,569			10a
11	Activities	155,603	13,896	2,992	172,491	277	172,768		172,768			11
12	Social Services	61,459			61,459		61,459		61,459			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							9,488	9,488			15
16	TOTAL Health Care and Programs	6,250,105	283,172	534,440	7,067,717	(5,386)	7,062,331	84,185	7,146,516			16
	C. General Administration											
17	Administrative	232,267			232,267		232,267	263,637	495,904			17
18	Directors Fees											18
19	Professional Services			1,390,803	1,390,803		1,390,803	(1,270,325)	120,478			19
20	Dues, Fees, Subscriptions & Promotions			198,091	198,091		198,091	(102,821)	95,270			20
21	Clerical & General Office Expenses	233,479	22,949	271,375	527,803	665	528,468	503,236	1,031,704			21
22	Employee Benefits & Payroll Taxes			1,044,655	1,044,655	27,314	1,071,969	(5,943)	1,066,026			22
23	Inservice Training & Education											23
24	Travel and Seminar			845	845		845	2,149	2,994			24
25	Other Admin. Staff Transportation			12,986	12,986		12,986	21,591	34,577			25
26	Insurance-Prop.Liab.Malpractice			690,125	690,125		690,125	1,072	691,197			26
27	Other (specify):* related party			266,264	266,264		266,264	(154,611)	111,653			27
28	TOTAL General Administration	465,746	22,949	3,875,144	4,363,839	27,979	4,391,818	(742,015)	3,649,803			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,828,481	905,221	5,075,555	13,809,257	(14,836)	13,794,421	(554,512)	13,239,909			29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			294,659	294,659		294,659	(43,041)	251,618			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			132,622	132,622		132,622	(16,740)	115,882			32
33	Real Estate Taxes			258,741	258,741		258,741	1,881	260,622			33
34	Rent-Facility & Grounds			1,046,240	1,046,240		1,046,240		1,046,240			34
35	Rent-Equipment & Vehicles			60,962	60,962		60,962	49,342	110,304			35
36	Other (specify):* MIP, if any											36
37	TOTAL Ownership			1,793,224	1,793,224		1,793,224	(8,558)	1,784,666			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		552,635	822,080	1,374,715	14,836	1,389,551	(358,106)	1,031,445			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			900,212	900,212		900,212		900,212			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		552,635	1,722,292	2,274,927	14,836	2,289,763	(358,106)	1,931,657			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,828,481	1,457,856	8,591,071	17,877,408		17,877,408	(921,177)	16,956,231			45

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

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

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

From Line	To Line	Amount	Description
2	22	(42,341) (Cr) 42,341	Employee Meals Employee Meals
22	1	(15,027) (Cr) 2,757	Uniform Reclass Uniform Reclass
	3	1,262	Uniform Reclass
	4	547	Uniform Reclass
	6	346	Uniform Reclass
	10	9,173	Uniform Reclass
	11	277	Uniform Reclass
	21	665	Uniform Reclass
10	39	(14,836) (Cr) 14,836	Oxygen Cost Reclass Oxygen Cost Reclass
33	34	(Cr)	Rent - Real Estate Tax on associated landowner (Pg 6) Rent - Real Estate Tax on associated landowner (Pg 6)
		-	Must Net to Zero

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(17,102)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(56,892)	30		9
10	Interest and Other Investment Income	(7,128)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,725)	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	(33,203)	21		17
18	Fines and Penalties	(14,989)	32		18
19	Entertainment				19
20	Contributions	(2,000)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(14,861)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(266,264)	27		24
25	Fund Raising, Advertising and Promotional	(89,014)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (504,178)		\$	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)	(437,784)		34
35	Other- Attach Schedule	20,786		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (416,998)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (921,177)		37

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

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

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Political Action Committee Payments	\$ (12,879)	20	1
2	Other Expenses Related to Lobbying Activities			2
3				3
4	Expense curr yr purchases under threshold	33,760	6	4
5				5
6				6
7				7
8				8
9				9
10				10
11	Add any RE tax refunds for non-2022 tax yr (Ref 33)			11
12				12
13	Eliminate late payment fees	(93)	21	13
14				14
15	Miscellaneous Income - Medical Records		10	15
16	Miscellaneous Income - Incentives from United Health Care		22	16
17	Collection Fees (gl6965)			17
18	Depreciation Adj	(2)	30	18
19	Late fees on utilities		21	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	20,786		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehab HCC # 0040683 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	19,906	(3,533)	0	0	0	0	0	0	0	16,373	1
2	Food Purchase	(2,725)	0	0	9,926	0	0	0	0	0	0	0	7,201	2
3	Housekeeping	0	0	20,525	0	0	0	0	0	0	0	0	20,525	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	5,546	0	0	0	0	0	0	0	0	5,546	5
6	Maintenance	16,658	0	22,113	0	0	0	(313)	(91)	0	0	0	38,367	6
7	Other (specify):*	0	0	15,306	0	0	0	0	0	0	0	0	15,306	7
8	TOTAL General Services	13,933	0	83,396	6,393	0	0	(313)	(91)	0	0	0	103,318	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	70,175	6,561	(2,039)	0	0	0	0	0	0	74,697	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	9,488	0	0	0	0	0	0	0	0	9,488	15
16	TOTAL Health Care and Programs	0	0	79,663	6,561	(2,039)	0	0	0	0	0	0	84,185	16
	C. General Administration													
17	Administrative	0	0	263,637	0	0	0	0	0	0	0	0	263,637	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,861)	0	(1,255,464)	0	0	0	0	0	0	0	0	(1,270,325)	19
20	Fees, Subscriptions & Promotions	(103,893)	0	1,072	0	0	0	0	0	0	0	0	(102,821)	20
21	Clerical & General Office Expenses	(33,296)	0	536,532	0	0	0	0	0	0	0	0	503,236	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(5,943)	0	0	0	0	0	0	(5,943)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,149	0	0	0	0	0	0	0	0	2,149	24
25	Other Admin. Staff Transportation	0	0	21,591	0	0	0	0	0	0	0	0	21,591	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,072	0	0	0	0	0	0	0	0	1,072	26
27	Other (specify):*	(266,264)	0	111,653	0	0	0	0	0	0	0	0	(154,611)	27
28	TOTAL General Administration	(418,314)	0	(317,758)	0	(5,943)	0	0	0	0	0	0	(742,015)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(404,381)	0	(154,699)	12,954	(7,982)	0	(313)	(91)	0	0	0	(554,512)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Long Grove Rehab HCC # 0040683 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(56,894)	0	13,853	0	0	0	0	0	0	0	0	(43,041)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(22,117)	0	5,377	0	0	0	0	0	0	0	0	(16,740)	32
33	Real Estate Taxes	0	0	1,881	0	0	0	0	0	0	0	0	1,881	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	49,342	0	0	0	0	0	0	0	0	49,342	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(79,011)	0	70,453	0	0	0	0	0	0	0	0	(8,558)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(87,016)	(14,474)	(256,616)	0	0	0	0	0	(358,106)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(87,016)	(14,474)	(256,616)	0	0	0	0	0	(358,106)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(483,393)	0	(84,246)	(74,062)	(22,456)	(256,616)	(313)	(91)	0	0	0	(921,177)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Ownership-1 page.		See PG6-Supp		See PG6-Supp		

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$	see following pages.	0.00%	\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 5,546	\$ 5,546	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		2,149	2,149	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		21,591	21,591	17
18	V	26	Insurance		Alden Management Services, Inc.		1,072	1,072	18
19	V	20	Dues/Subscriptions		Alden Management Services, Inc.		1,072	1,072	19
20	V	30	Depreciation		Alden Management Services, Inc.		13,853	13,853	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		1,881	1,881	21
22	V	35	Rent-Equip/Vehicles		Alden Management Services, Inc.		49,342	49,342	22
23	V	32	Interest		Alden Management Services, Inc.		5,377	5,377	23
24	V	1	Dietary Aide Coordinator Salary		Alden Management Services, Inc.		19,906	19,906	24
25	V	3	Housekeeping Coordinator Salary		Alden Management Services, Inc.		20,525	20,525	25
26	V	7	Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		15,306	15,306	26
27	V	10	Nurs/Med Records Salary		Alden Management Services, Inc.		70,175	70,175	27
28	V	15	Employee Benef % - Health Care		Alden Management Services, Inc.		9,488	9,488	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		263,637	263,637	29
30	V	27	Employee Benef %-Administrative		Alden Management Services, Inc.		111,653	111,653	30
31	V	19	Professional Fees	1,326,099	Alden Management Services, Inc.		70,635	(1,255,464)	31
32	V	21	Gen'l & Admin	65,160	Alden Management Services, Inc.		601,692	536,532	32
33	V	6	Repairs & Maintenance	86,098	Alden Management Services, Inc.		108,211	22,113	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,477,357			\$ 1,393,111	\$ * (84,246)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consult.	\$ 35,236	Prism Health Care Services, Inc.	0.00%	\$	\$ (35,236)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		18,312	18,312	16
17	V	2	Tube feeding	27,247	Prism Health Care Services, Inc.		13,827	(13,420)	17
18	V	10	Equip. Rental	8,737	Prism Health Care Services, Inc.		9,593	856	18
19	V	39	Ancillary supplies	126,949	Prism Health Care Services, Inc.		17,763	(109,186)	19
20	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		13,391	13,391	20
21	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		23,346	23,346	21
22	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		5,705	5,705	22
23	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		22,170	22,170	23
24	V				Prism Health Care Services, Inc.				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			\$ 198,169			\$ 124,107	\$ * (74,062)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 370,851	Forum Extended Care II, Inc.	0.00%	\$ 353,244	\$ (17,607)	15
16	V	39	I.V.	27,945	Forum Extended Care II, Inc.		26,618	(1,327)	16
17	V	39	Wound Care-Product only	25,266	Forum Extended Care II, Inc.		24,066	(1,200)	17
18	V	10	House Stock	28,092	Forum Extended Care II, Inc.		26,759	(1,333)	18
19	V	10	Pharm Consult	14,880	Forum Extended Care II, Inc.		14,174	(706)	19
20	V	22	Employee Vaccinations	5,943	Forum Extended Care II, Inc.			(5,943)	20
21	V	39	Employee Vaccinations		Forum Extended Care II, Inc.		5,660	5,660	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			\$ 472,977			\$ 450,521	\$ * (22,456)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 826,850	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 570,234	\$ (256,616)	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			\$ 826,850			\$ 570,234	\$ * (256,616)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 26,369	Alden Bennett Construction Company, Inc.		\$ 26,056	\$ (313)	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			\$ 26,369			\$ 26,056	\$ * (313)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 22,332	Alden Design Group, Ltd.	0.00%	\$ 22,241	\$ (91)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 22,332			\$ 22,241	\$ * (91)	39

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

Facility Name & ID Number

Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

VII. RELATED PARTIES

A. (Continued)

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

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
1	Heather Health Care Center, Inc.	Harvey, IL	Alden Courts of Shorewood, Inc.	Shorewood, IL	The Forum Profession	Chicago, IL	Rental property	1
2	Alden-Lincoln Park Rehabilitation and Health C	Chicago, IL	Alden Estates-Courts of Huntley, Inc.	Huntley, IL	FECs of Wisconsin	Madison, WI	Pharmacy	2
3	Alden-Northmoor Rehabilitation and Health Ca	Chicago, IL	Alden Courts of Waterford, LLC	Aurora, IL	Forum Extended Care	Chicago	Pharmacy	3
4	Alden-Lakeland Rehabilitation and Health Care	Chicago, IL						4
5	Alden of Old Town East, Inc.	Bloomington, IL			Alden Management Se	Chicago, IL	Consulting	5
6	Alden Terrace of McHenry Rehabilitation and H	McHenry, IL						6
7	Wentworth Rehabilitation and Health Care Cen	Chicago, IL			Alden Garden Courts	DesPlaines, IL	Assisted Living/Alz	7
8	Alden Estates of Naperville, Inc.	Naperville, IL						8
9	Alden - Valley Ridge Rehabilitation and Health	(Bloomington, IL			Alden Gardens of Wat	Aurora, IL	SLF	9
10	Alden Village Health Facility for Children and Y	Bloomington, IL			Prism Health Care Ser	Schaumburg, IL	Nursing and Durabl	10
11	Alden - Orland Park Rehabilitation and Health	(Orland Park, IL			Community Physical T	Addison, IL	Therapy Provider	11
12	Princeton Rehabilitation and Health Care Cent	Chicago, IL			Alden Bennett Constr	Chicago, IL	General Contractor	12
13	Alden of Old Town West, Inc.	Bloomington, IL						13
14	Alden - Town Manor Rehabilitation and Health	(Cicero, IL			Alden Design Group, I	Chicago, IL	Design & Engineeri	14
15	Alden Trails, Inc.	Bloomington, IL						15
16	Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates, IL			Family Solutions for S	Addison, IL	Private duty care	16
17	Alden - North Shore Rehabilitation and Health	(Skokie, IL			Family Home Health S	Addison, IL	Home health & hos	17
18	Alden - Des Plaines Rehabilitation and Health	C Des Plaines, IL						18
19	Alden Estates of Evanston, Inc.	Evanston, IL						19
20	Alden - Alma Nelson Manor, Inc.	Rockford, IL						20
21	Alden - Park Strathmoor, Inc.	Rockford, IL						21
22	Alden - Meadow Park Health Care Center, Inc.	Clinton, WI						22
23	Alden Estates of Barrington, Inc.	Barrington, IL						23
24	Alden of Waterford, LLC	Aurora, IL						24
25	Alden Springs, Inc.	Bloomington, IL						25
26	Alden Village North, Inc.	Chicago, IL						26
27	Alden Estates of Skokie, Inc.	Skokie, IL						27
28	Alden Estates of Countryside, Inc.	Jefferson, WI						28
29	Alden Estates of Shorewood, Inc.	Shorewood, IL						29
30	Alden - Long Grove Rehabilitation and Health	C Long Grove, IL						30

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	Chairman-BOD	Chairman	0.10	191,400	1.72	4.30	Salary	\$ 8,600	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Svcs	Technical Nursing	20.77	101,442	1.72	4.30	Salary	4,558	10-7	2
3	Terry Magnusson	Dir. of Property Man	Building equipmen	0.00	101,442	1.72	4.30	Salary	4,558	6-7	3
4	Ina Schlossberg	Board Member	Events and special	0.00	101,442	1.72	4.30	Salary	4,558	17-7	4
5	Audra Elisco	Medical Records Co	Medical record ma	20.77	76,796	1.72	4.30	Salary	3,451	21-7	5
6	Randi Schlossberg-Schullo	President	General Oper.	20.77	191,400	1.505	4.30	Salary	8,600	6-7, 17-7	6
7	Joseph Schullo	Project Manager	General Operation	6.26	191,400	1.505	4.30	Salary	8,600	6-7, 17-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 42,925		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

Ending: 2/31/2025

(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	\$	60,063	\$ 5,546	1
2	24	Trav & Seminar	Patient Days	1,397,134	36	49,988		60,063	2,149	2
3	25	Other Admin Travel	Patient Days	1,397,134	36	502,227		60,063	21,591	3
4	26	Insurance	Patient Days	1,397,134	36	24,931		60,063	1,072	4
5	20	Dues & Subscriptions	Patient Days	1,397,134	36	24,937		60,063	1,072	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		60,063	1,881	7
8	35	Rent-Equip & Vehicle	Patient Days	1,397,134	36	1,147,743		60,063	49,342	8
9	32	Interest	Patient Days	1,397,134	36	125,066		60,063	5,377	9
10	1	Dietary Salary	Patient Days	1,397,134	36	463,044	463,044	60,063	19,906	10
11	3	Housekeeping Salary	Patient Days	1,397,134	36	477,424	477,424	60,063	20,525	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,397,134	36	356,025		60,063	15,306	12
13	10	Nurs & Med Records Salary	Patient Days	1,397,134	36	1,632,344	1,632,344	60,063	70,175	13
14	15	Employee Benefits -Health Care	Patient Days	1,397,134	36	220,704		60,063	9,488	14
15	17	Administrative Salary	Patient Days	1,397,134	36	6,132,499	6,132,499	60,063	263,637	15
16	27	Employee Benefits - Admin	Patient Days	1,397,134	36	2,597,178		60,063	111,653	16
17	19	Professional fees	Patient Days	1,397,134	36	518,567		60,063	22,293	17
18	19	Professional fees	Revenue charged	33,202,232	36	1,210,351	1,210,351	1,326,099	48,341	18
19	21	Gen'I & Admin	Patient Days	1,397,134	36	13,996,050	11,866,101	60,063	601,692	19
20	6	Repair & Maint.	Patient Days	1,397,134	36	559,530		60,063	24,054	20
21	6	Repair & Maint.	Revenue charged	1,731,722	36	1,692,724	1,692,724	86,097	84,158	21
22										22
23										23
24										24
25	TOTALS					\$ 32,402,789	\$ 23,474,487		\$ 1,393,111	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1			X				\$					\$	1
2	Interest-Capital Lease		X									465	2
3	Interest on Cyber & Med Malpractice premiums (GL 7035)											62	3
4													4
5													5
	Working Capital												
6	Related party-AMS		X									117,106	6
7	MidCap											5,377	7
8													8
9	TOTAL Facility Related						\$					\$ 123,010	9
	B. Non-Facility Related*												
10	Interest Income (GL 4975)		X									(7,128)	10
11			X										11
12													12
13													13
14	TOTAL Non-Facility Related						\$					\$ (7,128)	14
15	TOTALS (line 9+line14)						\$					\$ 115,882	15

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

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

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

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

B. Real Estate Taxes

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.		\$	229,200	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.)				\$	242,222	2
3. Under or (over) accrual (line 2 minus line 1).				\$	13,022	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	247,600	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.				\$	260,622	7
Assessed Value from Real Estate Tax Bill:	2024	2,170,491	8			
Real Estate Tax Bill for Calendar Year:	2020	200,017	9			
	2021	205,282	10			
	2022	215,412	11			
	2023	222,534	12			
	2024	240,341	13			
The current year accrual is based on an estimated 3% increase of the prior year tax.						

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 Long Grove Rehab HCC COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0040683

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party - Alden Management	\$ 43,747.00	\$ 1,881.00
2. 14-36-100-002	Nursing home	\$ 240,340.80	\$ 240,340.80
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 284,087.80	\$ 242,221.80

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2024 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2025 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2024.

Please complete the Real Estate Tax Statement below and include it in the 2025 cost report along with a copy of your 2024 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 524-4489.

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAMEAlden Long Grove Rehab HCCCOUNTYLake

FACILITY IDPH LICENSE NUMBER0040683

CONTACT PERSON REGARDING THIS REPORTMark Novotny

TELEPHONE773-724-6362FAX #:872-469-1725

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

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? YESxNO

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

C. Tax Bills

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,632 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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

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

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

F. List the bed capacity for the building if it differs from the licensed total.
G. Have you properly capitalized all major repairs and equipment purchases? yes
H. Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease.
I. Are you presently operating under a sublease agreement? no
J. Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YES NO x If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over.

K. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1		2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
4					\$	\$		\$	\$	\$	4	
5											5	
6											6	
7											7	
8											8	
	Improvement Type**											
9	1995 combined additions			1995	19,745					19,745	9	
10	1996 combined additions			1996	79,409					79,409	10	
11	1997 combined additions			1997	80,302					80,302	11	
12	1998 combined additions			1998	44,644					44,643	12	
13	1999 combined additions			1999	133,187					133,187	13	
14	2000 combined additions			2000	25,071					25,071	14	
15	2001 combined additions			2001	661,190			7,514	7,514	661,190	15	
16	2002 combined additions			2002	9,913					9,913	16	
17	2003 combined additions			2003	614,329					614,329	17	
18	2004 combined additions			2004	115,566			1,845	1,845	114,487	18	
19	2005 combined additions			2005	65,677			654	654	64,254	19	
20	2006 combined additions			2006	105,779					105,779	20	
21	2007 combined additions			2007	161,425					161,425	21	
22	2008 combined additions			2008	11,738					11,738	22	
23	2009 combined additions			2009	227,838			11,970	11,970	201,450	23	
24	2010 combined additions			2010	33,031			134	134	31,776	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	

*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 Long Grove Rehab HCC

0040683

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38	Boiler 670000 BTU A.O. Smith Burkay - CAPPLU	2011	9,247		20	462	462	6,816	38
39	Sprinkler System Leak - New Sprinklers - CENSAU	2011	4,080		5			4,080	39
40	Sprinkler System Leak - New Sprinklers - CENSAU	2011	3,146		5			3,146	40
41	Sprinkler Systme Leak - New Pipe - CENSAU	2011	4,842		5			4,842	41
42	Fire Dry System Repair Pipes - USFIRE	2011	6,636		5			6,636	42
43	Paving: Concrete Dumpster Apron - ALDBEN	2011	4,857		15	324	324	4,589	43
44	Asphalt Removal&Replacement Lot Marking Sealcoat-ROSEPAV	2011	10,383		8			10,383	44
45	Panel Electrical - BELEC	2011	2,557		5			2,557	45
46	Fire Protection, Elevator Shaft - USFIRE	2012	6,042		10			6,042	46
47	Fire Sprinkler;Bells-Pump,Move Smoke Distorter,Wiring - USFIR	2012	3,120		25	125	125	1,718	47
48	Elevator, Incl, Tank Unit, Motor, Pump,Hydraulic Power Unit-KC	2012	15,362		20	768	768	10,368	48
49	Railings, Aluminum (Steel Gratings) - ALDBEN	2012	2,937		15	196	196	2,580	49
50	Carpentry - Header Boards - ALDBEN	2012	4,891		15	326	326	4,238	50
51	Carpentry - Header Framing, Structural Columns - ALDBEN	2012	7,699		15	513	513	6,670	51
52	Sign - Monument - ALDBEN	2012	17,839		15	1,189	1,189	15,458	52
53	Repair Elevator Accelerator, Spare Head Cabinet - US Fire	2012	5,624		10			5,624	53
54	Repair Boiler, Heat Exchanger Block Assembly - GTMECH	2012	7,543		10			7,543	54
55	Reupholster Chairs, Bedspreads - ALDDDES	2012	8,772		5			8,772	55
56	Windows - ALDBEN	2012	2,571		10			2,571	56
57	Fire Protection System - VALFIR	2013	17,500		15	1,167	1,167	15,073	57
58	Boiler Rebuild - ALDBEN	2013	28,173		15	1,878	1,878	23,632	58
59	Fence and Guard Rail - ALDBEN	2013	3,727		15	248	248	3,080	59
60	Fire Protection System - VALFIR	2013	4,250		15	283	283	3,467	60
61	Fire Protection System - VALFIR	2013	4,264		15	284	284	3,479	61
62	Fire Protection System - VALFIR	2013	6,896		15	460	460	5,558	62
63	Fire Suppression Tank Refurbishment - ALDBEN	2013	41,135		15	2,742	2,742	34,961	63
64	Motor, Drive Dryer - EQUINT	2013	2,977		5			2,977	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,625,914	\$		\$ 33,082	\$ 33,082	\$ 2,565,558	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,625,914	\$		\$ 33,082	\$ 33,082	\$ 2,565,558	1
2	Fire Suppression Tank Refurbishment - ALDBEN	2013	10,224		15	682	682	8,638	2
3	Fire Suppression Tank Refurbishment - ALDBEN	2013	5,470		15	365	365	4,532	3
4									4
5	Lower Level Hallway: Drywall Patched & Painted								5
6	Baseboard & electrical covers put back on								6
7	Also outside wall repair (Masonrv) - ALDBEN	2014	9,373		15	625	625	6,979	7
8	Sprinkler System Repair - VALFIR	2014	13,199		5			13,199	8
9	Booster, repair - TOPNOT	2014	5,395		5			5,395	9
10									10
11	Waste treatment pond - engin - ALDBEN	2015	9,000		20	450	450	5,326	11
12	Boiler Valve Replace - GTMECH	2015	6,483		5			6,483	12
13	Exhaust Fan Repair - ALDBEN	2015	8,494		5			8,494	13
14	Plumbing Repair on fire equipment - VALFIR	2015	8,930		15	595	595	6,942	14
15	Fire Dampers - GTMECH	2015	2,523		10	45	45	2,523	15
16	Paving, asphalt replacement - J&JASP	2015	14,000		8			14,000	16
17	Washing Machine Motor - EQUINT	2015	2,826		5			2,826	17
18									18
19	Sand for waste filter, 60cubvyrds -INTCON	2016	4,200		15	280	280	2,613	19
20	Sewer treatment ponds - INTCON	2016	21,000		15	1,400	1,400	13,067	20
21	Motor for Dryer- EQUINT	2016	4,208		5			4,208	21
22	Repair Oxyg tank level readers(2) - WELSUP	2016	7,148		5			7,148	22
23	Insulation-supply duct in attic - GTMECH	2016	3,084		10	308	308	2,875	23
24	Fire System Repaired - VALFIR	2016	4,640		5			4,640	24
25	Roof Repaired - JDROOF	2016	6,930		5			6,930	25
26	Fire alarm system Repaired - VALFIR	2016	5,644		5			5,644	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,778,684	\$		\$ 37,832	\$ 37,832	\$ 2,698,020	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,778,684	\$		\$ 37,832	\$ 37,832	\$ 2,698,020	1
2									2
3	Adjust for ABC Related Party Profit	2008	(33)			(5)	(5)	(80)	3
4	Adjust for ABC Related Party Profit	2009	(2,179)					(2,179)	4
5	Adjust for ABC Related Party Profit	2010	(189)					(189)	5
6	Adjust for ABC Related Party Profit	2011	(38)					(38)	6
7	Adjust for ABC Related Party Profit	2012	2,219					2,219	7
8	Adjust for ABC Related Party Profit	2013	1,194			104	104	1,144	8
9	Adjust for ABC Related Party Profit	2014	(18)					(18)	9
10									10
11									11
12	Plumbing, drywall material- Lower level remodel - ALDBEN	2017	6,448		15	430	430	3,655	12
13	Demolition and clean up floor- Lower level remodeling- ALDBEN	2017	6,496		15	433	433	3,681	13
14	Remodeling resident room- ALDBEN	2017	8,392		25	336	336	2,856	14
15	Painting & carpenter remodeling lower level- AMS	2017	15,297		10	1,530	1,530	12,877	15
16	Sprinkler system repaired- VALFIR	2017	3,335		5			3,335	16
17	Sprinkler system repaired- VALFIR	2017	4,603		5			4,603	17
18	Roof repaired - JDROOF	2017	2,730		5			2,730	18
19	Closets remodeling - ALDBEN	2017	2,846		5			2,846	19
20	Paving, asphalt, replaced old road- WYNHOM	2017	12,677		8	658	658	12,677	20
21	Paving, Seal Coat- J&JASP	2017	6,858		8	359	359	6,858	21
22	Nurse call system repaired - ALDBEN	2017	4,912		5			4,912	22
23	Boiler repaired - TRIPLU	2017	4,428		5			4,428	23
24	Fire system repaired - VALFIR	2017	3,074		5			3,074	24
25	Motor (2) - TOPNOT	2017	3,902		5			3,902	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,865,637	\$		\$ 41,677	\$ 41,677	\$ 2,771,313	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 2,865,637	\$		\$ 41,677	\$ 41,677	\$ 2,771,313	1
2	Forum Prof Ctr: Remodeling 1979-1995	1979	64,367		20			64,367	2
3	Forum Prof Ctr: Asphalt/Design/etc.	2000	2,120		10			2,120	3
4	Forum Prof Ctr: Remodel/electrical	2001	826		7			826	4
5	Forum Prof Ctr: bathroom remodel	2002	731		5			731	5
6	Forum Prof Ctr: remodel suites/etc.	2003	939		9			939	6
7	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,891		7			2,891	7
8	Forum Prof Ctr: Suite renovation	2005	2,788		10			2,788	8
9	Forum Prof Ctr: Superior installations, etc.	2006	139		4			139	9
10	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	561		7			561	10
11	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	482		7			482	11
12	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	981		10			981	12
13	Forum Prof Ctr: Building Renovations	2010	1,669		5			1,669	13
14	Forum Prof Ctr: Building Renovations	2011	5,242	43	10	43		5,200	14
15	Forum Prof Ctr: Building Renovations	2012	319	2	15	2		317	15
16	Forum Prof Ctr: Building Renovations	2013	477		10			477	16
17	Forum Prof Ctr: Elect Install/sewer excavation	2014	486		10			486	17
18	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	395	5	10	5		374	18
19	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	1,114	124	13	124		1,072	19
20	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	24,135	1,540	15	1,540		12,245	20
21	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,450	149	10	149		992	21
22	Forum Prof Ctr: PktLot,door frames,windows	2020	633	33	3-10	33		480	22
23	Forum Prof Ctr:water tank suite 140	2021	70	7	7	7		29	23
24	Forum Prof Ctr: Water tank & 102 suite expansion	2022	1,518	308	7	308		898	24
25	Forum Prof Ctr: Catch basin, IT & Legal suite buildout	2023	1,465	249	7	249		942	25
26	Forum Prof Ctr: Suite 101 renov: walls, elect, etc.	2024	609	122	5	122		122	26
27	Forum Prof Ctr: CarpetHallways,Suite 101 improvements	2025	3,764	670	13	670		670	27
28	Alden Mgt Servs: Remodel suites 1993 & 2002	2002	6,851		13			6,851	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81		15			81	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		19,335	31
32	Alden Mgt Servs: Building IT network cabling	2023	412	27		27		105	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,036,853	\$ 5,859		\$ 47,536	\$ 41,677	\$ 2,906,429	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,036,853	\$ 5,859		\$ 47,536	\$ 41,677	\$ 2,906,429	1
2									2
3	Demolition and clean up floor - ALDBEN (lower level)	2018	5,500		15	367	367	2,936	3
4	Boiler & water heater installation - TRIPLU (basement)	2018	9,197		10	920	920	6,670	4
5	Dishwasher repair - ALDBEN (kitchen)	2018	7,156		5			7,156	5
6	Generator & swith gear repair - BELELE (basement)	2018	3,661		5			3,661	6
7	Generator repair - PATCAT (basement)	2018	4,364		5			4,364	7
8	Air system repair - VALFIR (around facility)	2018	5,889		8	736	736	5,581	8
9	Fire system repair - OAKFIR (around facility)	2018	3,454		5			3,454	9
10	Repair Ball valve on the fire system installation - OAKFIR (aroun	2018	7,821		8	978	978	7,172	10
11	Air handling unit repair- GTMECH (basement)	2018	2,953		5			2,953	11
12	Canopy repair - ALDBEN (main entrance)	2018	2,588		5			2,588	12
13	Water tank repair - PITTAN (basement)	2018	45,390		10	4,539	4,539	31,773	13
14	Boiler repair - ALDBEN (basement)	2019	8,083		5			8,083	14
15	Fire system repair - VALFIR (around facility)	2019	12,298		5			12,298	15
16	Boiler repair - GTMECH (basement)	2019	3,787		5			3,787	16
17	Gutter repair - ALDBEN (around facility)	2019	4,650		5			4,650	17
18	Motor, Rack drive motor - ALDBEN (basement)	2019	5,224		8	653	653	4,136	18
19	Shower room tile replace- ALDBEN (shower room)	2019	5,571		5			5,571	19
20	Front door repair - ALDBEN (fron door area)	2019	3,325		5			3,325	20
21	Carpentry & tile replace - ALDBEN (beauty shop)	2020	7,158		15	477	477	2,822	21
22	Guard rail for oxygent equip - ALDBEN (basement)	2020	9,589		15	639	639	3,781	22
23	Fire system repair - VALFIR (around facility)	2020	5,672		5	96	96	5,672	23
24	Fire system repair - VALFIR (around facility)	2020	5,270		5	88	88	5,270	24
25	Shower room tile repair - ALDBEN (shower room)	2020	6,941		5	232	232	6,941	25
26	Fire system repair - VALFIR (around facility)	2020	3,378		5	224	224	3,378	26
27	Chiller repair - GTMECH (basement)	2020	5,591		5	467	467	5,591	27
28	Shower room tile replace - ALDBEN (shower room)	2020	5,542		5	464	464	5,542	28
29	Nurse console repair - TECELE (nursing station)	2020	2,562		5	258	258	2,562	29
30	Paving, fill pot holes, new asphalt - OLYPAV (sewer area)	2020	6,540		8	818	818	4,226	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,236,006	\$ 5,859		\$ 59,492	\$ 53,633	\$ 3,072,372	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 3,236,006	\$ 5,859		\$ 59,492	\$ 53,633	\$ 3,072,372	1
2	Install electric for MAU A/C - ALDBEN (basement)	2021	5,117		5	1,023	1,023	4,859	2
3	Electrical, repair entire system - TECELE (various locations/facility)	2021	4,531		5	906	906	4,228	3
4	Nurse call system repair - TECELE (nursing station)	2021	4,389		5	878	878	4,024	4
5	Boiler repair - GTMECH (basement)	2021	6,630		5	1,326	1,326	6,077	5
6	Parking lot repair - ALDBEN (parking lot)	2021	7,421		5	1,484	1,484	6,060	6
7	Fire pump repair - ALDBEN (various locations/facility)	2021	11,307		5	2,261	2,261	9,232	7
8	Climate Service (repair leaking pipe)-TRIPLU (basement)	2021	10,763		10	1,076	1,076	4,663	8
9	Asphalt paving- ALDBEN (parking lot)	2021	174,570		8	21,821	21,821	94,558	9
10	Wiring - TECELE (Various facility locations)	2021	2,948		5	590	590	2,458	10
11	Fire system repair - VALFIR (various locations/facility)	2021	5,372		5	1,074	1,074	4,475	11
12	Fire system repair - VALFIR (various locations/facility)	2021	4,189		5	838	838	3,561	12
13	Drain line repair - BATWAT (basement)	2021	3,806		5	761	761	3,234	13
14	Fencing - ALDBEN (gate area)	2021	3,077		15	205	205	871	14
15	Dry system repair - VALFIR (laundry room)	2021	14,872		5	2,974	2,974	12,392	15
16	Water softener repair - BATWAT (basement)	2022	3,806		5	761	761	3,044	16
17	Alarm system repair - MEDGAS (various locations/facility)	2022	10,154		5	2,031	2,031	7,616	17
18	Door repair - ALDBEN (exit area)	2022	2,878		5	576	576	2,160	18
19	Fire system repair - VALFIR (various locations/facility)	2022	13,345		5	2,669	2,669	10,009	19
20	Roof repair, Line completion - JD&SONS (roof)	2022	7,200		5	1,440	1,440	5,280	20
21	Accelerator - VALLEY FIRE (various locations/facility)	2022	4,865		5	973	973	3,568	21
22	Compressor - VALLEY FIRE (basement)	2022	4,418		5	884	884	3,167	22
23	Pump (heat) repair - ALDBEN (basement)	2022	3,789		5	758	758	2,653	23
24	Washing machine repair - BELELE (laundry room)	2022	4,700		5	940	940	3,212	24
25	Fire system repair - VALFIR (facility, multiple areas)	2022	8,511		5	1,702	1,702	5,815	25
26	Piping repair - TRIPLU (laundry room)	2022	6,140		5	1,228	1,228	3,889	26
27	Roof Replacement - ABC (building)	2022	99,417		10	9,942	9,942	38,939	27
28	Fire system repair - VALFIR (facility, multiple areas)	2025	7,585		5	1,011	1,011	1,011	28
29	Fire system repair - VALFIR (facility, multiple areas)	2025	22,630		5	2,263	2,263	2,263	29
30	Drywall, painting, wall repair - ALDBEN (multiple areas)	2025	9,000		5	750	750	750	30
31	Fire system repair - VALFIR (facility, multiple areas)	2025	4,645		5	232	232	232	31
32	Pump (heat) repair - ALDBEN (basement)	2025	2,723		5				32
33	Rooftop HVAC units (3) & Boiler (basement)	2025	58,320		10				33
34	TOTAL (lines 1 thru 33)		\$ 3,769,123	\$ 5,859		\$ 124,869	\$ 119,010	\$ 3,326,672	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward	\$ 3,769,123	\$ 5,859		\$ 124,869	\$ 119,010	\$ 3,326,672	1
2	New piping for heating system (basement)	2025	31,250	10				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)	\$ 3,800,373	\$ 5,859		\$ 124,869	\$ 119,010	\$ 3,326,672	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$3,800,373	\$5,859		\$124,869	\$119,010	\$3,326,672	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
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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)		\$3,800,373	\$5,859		\$124,869	\$119,010	\$3,326,672	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 3,800,373	\$ 5,859		\$ 124,869	\$ 119,010	\$ 3,326,672	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31	Book Depreciation per GL - 7101 & 7103 per Operator - Col 5----->			294,659			(294,659)		31
32	Book Depreciation per GL - 7101 & 7103 per Landowner - Col 5----->								32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,800,373	\$ 300,517		\$ 124,869	\$ (175,649)	\$ 3,326,672	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,127,456	\$	\$106,283	\$106,283	various	\$612,580	71
72	Current Year Purchases	201,732		8,582	8,582	various	8,582	72
73	Fully Depreciated Assets	1,321,589		3,891	3,891	various	1,321,589	73
74	See Attached 13-Supp	169,462	7,653	7,653		various	137,598	74
75	TOTALS	\$2,820,239	\$7,653	\$126,409	\$118,756		\$2,080,348	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated from Alden Mgmt Servs.		1998-2026	\$6,329	\$340	\$340		3-5	\$4,527	76
77										77
78										78
79										79
80	TOTALS			\$6,329	\$340	\$340			\$4,527	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$6,626,941	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$308,510	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$251,618	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(56,892)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$5,411,547	85

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

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

G. Construction-in-Progress

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

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

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

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

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

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

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

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

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

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

Total Equipment			
Alden Management Services	175,875	8,055	142,671
Less: < \$2,500 (AMS)	(6,413)	(402)	(5,073)
	169,462	7,653	137,598

Data automatically transfers to Pg 13, Ln 74. Make sure this is what appears on PG13, Row 74.

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

Data automatically transfers to Pg 13, Ln 76.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: T.L. Enterprises
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.

☐ YES

☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	1972	248	3/1/1995	\$ 1,046,240	1	6	3
4	Additions							4
5								5
6								6
7	TOTAL		248		\$ 1,046,240			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy:
- ☐ YES
- ☒ NO
- Terms: PO payment fo \$133,327+Purchas *

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

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO
16. Rental Amount for movable equipment: \$ 52,486
- Description: put in sum of copy machine ac 6861 \$21,110 plus quipment lease ac 6859 \$31,376
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Auto lease-a/c no. 6890	various	\$ 706.33	\$ 8,476	17
18					18
19	Related party-PG 6A	various		18,822	19
20					20
21	TOTAL		\$ 706.33	\$ 27,298	21

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

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

10. Effective dates of current rental agreement:
- Beginning 03/01/2023
- Ending 02/28/2033

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2026	\$ 1,046,240
13.	12/31/2027	\$ 1,046,240
14.	12/31/2028	\$ 1,046,240

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES☒ NO

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

Skilled nursing on site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☐

IN OTHER FACILITY☐

COMMUNITY COLLEGE☐

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐

IN OTHER FACILITY☐

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

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

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

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

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 303,283	\$		\$ 303,283	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			115,176			115,176	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			384,391			384,391	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG16A	# of prescrpts				358,905		358,905	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>			0			134		134	12
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any		0		(256,616)	126,173		(130,443)	13
14	TOTAL			\$		\$ 546,234	\$ 485,212		\$ 1,031,445	14

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

PA Cost Report - Page 16A Supporting Worksheet.

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT		39-3	To Col. 5	\$303,282.84
2.	ST		39-3	To Col. 5	115,175.98
4.	PT		39-2	To Col. 5	384,390.70
	Pharmacy Supplies Per GL				370,851.04
	Manual Input From Related Party - FECSII - DRUGS	(From Page 6C, Ln 39/Drug items)			(11,946.00)
9.	Pharmacy		To Pg 16	To Col. 6	358,905.04
12.	Exceptional Care-Salaries		To Pg 16	To Col. 3	
12.	Exceptional Care- Supplies		To Pg 16	To Col. 6	134.03
	12. Total Exceptional Care Check (Line 12, Col. 8)				134.03
13.	Other				
13.	Col. 3: Transportation Specialist				
13.	Col 5: Manual Input: From Related Party - CPT WS	(From Page 6D, Col 8)		To Col. 5	(256,616.00)
	Other (various GL accounts)				200,880.59
	Manual Input: Related Party - Prism WS	(From Page 6B, Ln39 items, Col 8)			(87,017.00)
	Manual Input: Related Party - FECII - I.V.	(From Page 6C, Ln 39 items for IV, Col 8)			(1,327)
	Manual Input: Related Party - FECII - Wound Care Products	(From Page 6C, Ln 39 items, Col 8 WC)			(1,200)
	Oxygen - From Reclass WP	(FromPg 4A)			14,836.13
13.	Col. 6: Supplies Total			To Col. 6	126,172.72
13.	Total Line 13, Column 8 Check				(130,443.28)
14.	Total				\$1,031,445.31

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (220,000))	3,029,574		3
4	Supply Inventory (priced at)	5,060		4
5	Short-Term Investments			5
6	Prepaid Insurance	27,164		6
7	Other Prepaid Expenses	59,633		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	261,324		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,382,755	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	4,127,881		15
16	Equipment, at Historical Cost	3,137,898		16
17	Accumulated Depreciation (book methods)	(6,028,351)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	103,319		21
22	Other Long-Term Assets (specify: purch option & ROU)	7,321,723		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,662,470	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,045,225	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,144,220	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	691,906		28
29	Short-Term Notes Payable	787,157		29
30	Accrued Salaries Payable	855,079		30
	Accrued Taxes Payable (excluding real estate taxes)	175,744		31
32	Accrued Real Estate Taxes(Sch.IX-B)	247,600		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,SalesTax	456,195		36
37	Due to Affiliates	1,085,785		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,443,686	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates (long term)	20,434,352		43
44	ROU Liability	5,793,663		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 26,228,015	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 31,671,701	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (19,626,476)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,045,225	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (20,002,750)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (20,002,750)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	376,274	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 376,274	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (19,626,476)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning: 01/01/2025

Ending: 12/31/2025

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 17,532,539	1
2	Discounts and Allowances for all Levels	(21,268)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 17,511,271	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	534,381	6
7	Oxygen	30,121	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 564,502	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	13,225	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 13,225	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	27,024	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 27,024	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	10,325	28
28a	ERC received	127,335	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 137,660	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,253,682	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,377,701	31
32	Health Care	7,067,717	32
33	General Administration	4,363,839	33
	B. Capital Expense		
34	Ownership	1,793,224	34
	C. Ancillary Expense		
35	Special Cost Centers	1,374,715	35
36	Provider Participation Fee	900,212	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,877,408	40
41	Income before Income Taxes (line 30 minus line 40)**	376,274	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 376,274	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	\$ 4,230,169.00	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	5,691,739.00	45
46	MMAI-Medicaid is the Primary Payer	2,776,471.00	46
47	MMAI-Medicare is the Primary Payer	85,991.00	47
48	Private Pay	2,079,355.00	48
49	Medicare Part A	1,135,116.00	49
50	Other-(specify) M'care adv. Plans (MAP)	149,519.00	50
51	Other-(specify) Veterans	1,021,125.00	51
52	Other-(specify)		52
53	Other-(specify)		53
54	Other-(specify) CNA Incentive	341,786.00	54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 17,511,271	56

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Call pendant (private only, not offset on Schedl V)	20
Wellness fee (private only, not offset on Schedl V)	
Telephone rental (private only, not offset on Schedl V)	
Room service (private only, not offset on Schedl V)	
Miscellaneous Income (private only, not offset on Schedl V)	
Day training income (private only, not offset on Schedl V)	
Vendor discounts (private only, not offset on Schedl V)	1,038
Gain on Sale of Assets (private only, not offset on Schedl V)	
Medical Records	110
Jury Duty	70
Unclaimed Property	9,087
Line 28 Total:	<u><u>10,325</u></u>

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

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,072	2,080	\$ 132,391	\$ 63.65	1
2	Assistant Director of Nursing	1,272	1,978	66,671	33.71	2
3	Registered Nurses	30,559	32,743	1,655,082	50.55	3
4	Licensed Practical Nurses	31,115	32,723	1,406,081	42.97	4
5	CNAs & Orderlies	70,816	77,600	2,024,508	26.09	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,894	8,691	247,448	28.47	8
9	Activity Director	2,056	2,080	56,994	27.40	9
10	Activity Assistants	4,624	5,214	98,609	18.91	10
11	Social Service Workers	2,080	2,080	61,459	29.55	11
12	Dietician					12
13	Food Service Supervisor	2,072	2,080	60,889	29.27	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,827	21,762	423,474	19.46	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	70,891	34.08	17
18	Housekeepers	19,067	20,801	431,363	20.74	18
19	Laundry	6,371	6,819	126,012	18.48	19
20	Administrator	2,056	2,080	152,355	73.25	20
21	Assistant Administrator	2,064	2,080	79,912	38.42	21
22	Other Administrative	9,286	9,358	323,944	34.62	22
23	Office Manager					23
24	Clerical	4,230	4,556	88,151	19.35	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified ID Prof (QIDP)					28
29	Resident Services Coordinator	3,208	3,407	162,932	47.82	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Memory Care Acti	6,617	7,076	159,315	22.51	33
34	TOTAL (lines 1 - 33)	229,358	247,288	\$ 7,828,481 *	\$ 31.66	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$3,038 monthl	\$ 36,455	1-3	35
36	Medical Director	\$2,000 monthly	24,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$1,240 monthly	14,880	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant			11-3	44
45	Social Service Consultant			11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 75,335		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	693	\$ 50,869	10-3	50
51	Licensed Practical Nurses	2,611	111,449	10-3	51
52	Certified Nurse Assistants/Aides	12,323	300,835	10-3	52
53	TOTAL (lines 50 - 52)	15,627	\$ 463,153		53

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

** See instructions.

STATE OF ILLINOIS

Facility Name & ID NumberAlden Long Grove Rehab HCC# 0040683Report Period Beginning:01/01/2025Ending:12/31/2025Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
		0	\$
Saldana, Yvette	Administrator	0	152,355
Riggs, Lorena A.	Assistant Administrator	0	79,912
		0	
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 232,267

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	\$ 1,248,699
MIDCAP	Accounting Fees	7,241
Baker Tilly/C. Novotny/P&M	Accounting Fees	13,005
MidCap / Efileillinois, Carden & Tra	Legal Fees-Non Collections	13,658
AMS (Eliminated)	Legal Fees-Non Collections	77,400
SB2 / Stone Pogrund / Sheriff of Lake	Legal Fees-Collections	14,861
Achieve Compliance/People Powered/	Professional Fees	15,940
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 1,390,803

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 123,446
Unemployment Compensation Insurance	22,337
FICA Taxes	587,341
Employee Health Insurance	259,307
Employee Meals	42,341
Illinois Municipal Retirement Fund (IMRF)*	
Dental, Vision & Life Insurance	4,675
Employee Relations/ Tuition Reimbursement	13,808
Misc Payroll Costs/401K Match	11,715
Employee Drug Test/Vaccinations/Special Bonus W	6,998
Related Party-Forum	(5,943)
TOTAL (agree to Schedule V, line 22, col.8)	

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

Description	Line #	Amount
		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$
Advertising: Employee Recruitment	75,406
Health Care Worker Background Check	630
(Indicate # of checks performed 10)	
Patient Background Checks	244
Association Dues (total from pg 22, #4)	25,217
Surety Bond Fee	1,150
Broadcast Music	2,231
Related Party	1,072
Less: Public Relations Expense	()
PAC and Lobbying payments	(12,879)
All non-allowable advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related Party	2,149
Seminar Expense	845
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 2,994

* Attach copy of IMRF notifications

**See instructions.

Alden Long Grove Rehab HCC Legal Fee Support 12/31/2025		PG 21A
Legal Fees Reported on Pg 21, Section C:		\$ 105,918.54
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(14,861.00)
Non-allowable legal fees, if any, deducted on - AMS Allocated Legal Fees: GL 680600-100-003 + Add Back voided invoice of prior year, if any		(77,400.00)
Allowable Legal Fees		\$ 13,657.54
<u>Invoice listing:</u>		
<u>Allowable Legal Fees:</u>		
Vendor Name	Invoice Date	Amount
Medicare	9/24/2025	1,514.46
Carden & Tracy LLC	9/16/2025	49.00
Carden & Tracy LLC	8/6/2025	140.00
Carden & Tracy LLC	8/6/2025	200.00
Carden & Tracy LLC	8/6/2025	305.00
Carden & Tracy LLC	8/6/2025	105.00
Carden & Tracy LLC	6/11/2025	2,894.00
Carden & Tracy LLC	5/29/2025	20.00
Carden & Tracy LLC	5/29/2025	60.00
Carden & Tracy LLC	2/28/2025	40.00
Carden & Tracy LLC	2/28/2025	40.00
Carden & Tracy LLC	2/12/2025	560.00
Carden & Tracy LLC	2/12/2025	180.00
Carden & Tracy LLC	2/3/2025	260.00
Carden & Tracy LLC	1/14/2025	300.00
Carden & Tracy LLC	1/14/2025	40.00
Carden & Tracy LLC	7/30/2025	67.00
Carden & Tracy LLC	6/11/2025	4,956.00
MidCap	12/9/2025	83.54
MidCap	12/9/2025	336.69
MidCap	6/9/2025	202.94
MidCap	4/8/2025	157.77
MidCap	4/8/2025	284.00
EffieIllinois	1/9/2026	8.21
EffieIllinois	1/9/2026	131.00
EffieIllinois	1/9/2026	3.79
EffieIllinois	1/9/2026	3.79
EffieIllinois	1/9/2026	131.00
EffieIllinois	1/9/2026	284.00
EffieIllinois	12/5/2025	8.21
EffieIllinois	12/5/2025	284.00
EffieIllinois	7/8/2025	8.21
TOTAL ALLOWABLE LEGAL FEES		13,657.61
<u>Non-Allowable Legal Fees:</u>		
Vendor Name	Invoice Date	Amount
SB2 Inc	7/8/2025	204.55
SB2 Inc	6/6/2025	204.55
SB2 Inc	5/7/2025	204.55
SB2 Inc	4/7/2025	204.55
SB2 Inc	3/7/2025	204.55
SB2 Inc	2/7/2025	204.55
Midwest Care Management	11/18/2025	42.00
Midwest Care Management	11/18/2025	546.00
Midwest Care Management	11/18/2025	28.00
Midwest Care Management	11/18/2025	1,180.00
Midwest Care Management	8/29/2025	14.00
Midwest Care Management	8/29/2025	210.00
Midwest Care Management	8/29/2025	14.00
Midwest Care Management	8/29/2025	14.00
Midwest Care Management	8/29/2025	14.00
Midwest Care Management	6/2/2025	434.00
Midwest Care Management	5/15/2025	352.00
Midwest Care Management	3/3/2025	490.00
Midwest Care Management	2/5/2025	70.00
Midwest Care Management	2/5/2025	952.00
Stone Pogrud	1/9/2026	866.56
Stone Pogrud	1/9/2026	700.00
Stone Pogrud	12/5/2025	1,122.08
Stone Pogrud	11/7/2025	700.00
Stone Pogrud	10/7/2025	776.96
Stone Pogrud	9/8/2025	773.00
Stone Pogrud	8/8/2025	713.27
Stone Pogrud	7/8/2025	700.00
Stone Pogrud	6/6/2025	700.00
Stone Pogrud	5/7/2025	702.76
Stone Pogrud	4/7/2025	769.00
Stone Pogrud	2/7/2025	700.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		14,860.93
<u>Allocated Related Party Legal Fees:</u>		
Vendor Name	Invoice Date	Amount
Corporate Legal Fee	Jan	6,450.00
Corporate Legal Fee	Feb	6,450.00
Corporate Legal Fee	Mar	6,450.00
Corporate Legal Fee	Apr	6,450.00
Corporate Legal Fee	May	6,450.00
Corporate Legal Fee	Jun	6,450.00
Corporate Legal Fee	Jul	6,450.00
Corporate Legal Fee	Aug	6,450.00
Corporate Legal Fee	Sep	6,450.00
Corporate Legal Fee	Oct	6,450.00
Corporate Legal Fee	Nov	6,450.00
Corporate Legal Fee	Dec	6,450.00
TOTAL Allocated Legal Fees		77,400.00
Total Legal Cost		105,918.54
		\$

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below. Use the drop down list to identify the association.
- | Association Name | Amount |
|---|---------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>12,338</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| | <u>12,338</u> Total |
- (3) List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.
- | | |
|---|---------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>12,338</u> |
| <u>American Health Care Assox</u> | <u>541</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| | <u>12,879</u> Total |
- (4) EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE (2 and 3 combined)
- | | |
|---|---------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>24,676</u> |
| <u>American Health Care Assox</u> | <u>541</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| | <u>25,217</u> Total |
- (5) Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. \$ 59,853 Line 10
- (6) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (7) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 900,212
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. \$ 42,341 Has any meal income been offset against related costs? Indicate the amount. \$
- (12) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$
- c. What percent of all travel expense relates to transportation of nurses and patients?
- d. Have vehicle usage logs been maintained? No
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$
- (13) Has an audit been performed by an independent certified public accounting firm? No
Firm Name:
- (14) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (15) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.

Team - After all known Adjustments and data entry are in, please verify the following for each of your homes (prior to notifying me your report is final)

Home: **Adam Long Grove Rehab HCD** **do not print**

Note: "Done" when **WFO completed**

done 1. Review the single entry TB for each of your homes. Please that the under each of your home's HCD support folder and:

- Verify that the total expenses on the new trial balance equal the total expenses on Page 4, Line 45, Col. 4.
- If there are any variances due to exceptions for a particular home, those should be entered on your real trial balance in the support folder. These would typically only be for salary allocations between different homes (DP, DPL, ODs, etc.).

Total Balance Total Expenses: **17,877,486.00** updated for late JLA, if any
Total Expenses per Page 4, Row 45, Col. 4: **17,877,486.00**
Variance (should be zero): **0.00** If not zero, only Salary re-allocations should make up the variance.
Salary re-allocations, if any: **0.00**

done 2. Check to make sure that your Page 10 Income statement net income/loss is equal to your new trial balance.

- Some homes may have exceptions (see 1. Immediately above).

Run a new Trial Balance as last step: Net Income/Loss: **379,379.00** updated for late JLA, if any **Note:** you should re-run, at time of finalization process, a new TB for this purpose.
Net Income/Loss from Page 10: **379,379.00**
Variance (should be zero): **0.00** If not zero, only Salary re-allocations should make up the variance.
Salary re-allocations, if any: **0.00**

3. Check to make sure the following are true: see Difference column. Data should flow through automatically

	Page 10A	Difference	
done	Line 17, Col 1	332,367	232,367.00 Pg 21, A, Total
done	Line 22, Col 8	1,068,026	0 #####Pg 21, D, Total
done	Line 26, Col 8	95,370	0 95,370.00 Pg 21, F, Total
done	Line 19, Col 3	1,380,803	0 #####Pg 21, C, Total
done	Line 33, Col 8	2,364	2,364.00 Pg 21, G, Total
done	Line 36, Col 8	251,618	(0) 251,617.77 Pg 13, Line 81. See "Pg 13" Note below if you are out of balance.
done	Line 32, Col 8	115,862	(0) 115,862.00 Pg 9, Line 16, Col 20. If not, it often has to do with Pg 5 SA Interest/Interest income adj. Pg 10, Line 16.
done	Line 36, Col 8, if used for MF only	200,623.80	0 200,623.80 Pg 10, repeat row 24 (per row 7)
done	Line 34, Col 8	1,046,240	(0) #####Pg 14, Line 7, Col 1 (for 70 homes avg)
done	Line 38, Col 8	1,031,445	#####Pg 16, Line 14 & Pg 16A Total. See Pg 16 Note below if you are out of balance.
done	Line 43, Col 1	1,038,445	#####Pg 16, Total Line 14. Pg 20 Note below for each entry, if variance.

Other Checks

done Pg 2: Total Census in section 8 is equal to your support census worksheet. Remember, this number on Pg. 2 does not include Bedlocks & Daycare days. Be sure to be to your final trial balance census. Census Pg 2: **60,983.00**
Census per TB: **60,983.00** (don't ind BH or Daycare days, if any) - BS col.

done Pg 3 & 4: Compare to prior year's report. This will give you an indication of what has changed from the previous year. **Be able to explain any extreme variance in amounts from the prior year.** Send this info in an email to Mark when each report is final.

done Pg 5 & 5A: 1. Compare the adjustments to last year's reports. The types and amounts of adjustments should be similar to the prior year report. Be able to explain any significant variances. depr. Adj around 12K K.R. 41726

N/A 2. Pg 5A. If you have bank charges on your LLP/Partnership trial balance, these need to be backed out on Pg 5A.

done 3. Pg 5, Ln 37 must equal Pg 4, Ln 45, Col 7 (Total Adjustments) Total Per Pg 5: (021,176.69)
Total Per Pg 4, Col. 7, Row 45: **(021,176.69)** c. Should be zero.

N/A Pg 6: Be sure to list the associated landowner entity's legal name as shown on the HCD report.

done Pg 8: PG 8A - Total Expense: 1,393,111.00
PG 8 - Total: **0.00** c. Should be zero.

done Pg 10: Pg 10A- For the final printout version, insert the real estate tax bills for the home **AND** the supplemental document for related party taxes (may not be ready until support for Pg 10A is distributed) in the final printed out version.

done Pg 10: - Save a PDF version of the operator or landowner's real estate tax 990s on the network. 990s: Cost Report/Last (Date) YEAR. Instructions, forms, audits, etc/RE tax bills 2nd installments

done Pg 12: Did you add the new current year fixed asset purchases for B, MR, B, L1 (from both Oper & Land) to your page 12 notes? Be sure you don't duplicate, as well. For example, you may have added a new asset from the Operator last year, then the Landowner purchased/RE the asset this year. **Make sure, you don't add an asset that was already added last year.** **This step must be 100% accurate. Please be certain you are picking up all new PG12 Type Assets in the year we picked them up on the GL.**

done Pg 12: Review any very large equipment or FF purchases made during the year. Some of these may belong on the Page 12 series. For example, a new roof top chiller unit may qualify for Pg 12 series. Inquire with MN if you run into any large EOCFF purchases.

done Pg 13: Pg 13, Ln 82 must equal Pg 4, Ln 39, Col 8. If you're already recorded Line 39 in No. 3 above, no need to review this section.

If Depreciation Expense does not reconcile, you may want to double-check the following:

- a. Did you post any Vehicle Depreciation or the Related Party Vehicle Depreciation to Pg 13, Sec. D7?
- b. If you have a balance on Pg 13, Ln 84, did you transfer that to Pg 5, Ln 97? This should be done automatically, unless a formula was overwritten.
- c. Do you have any Pg 5A adjustments incorrectly Referencing Ln 39?

done Pg 13: Accumulated Depreciation reasonableness test. This is an important check. It will list any gross errors or catch if any newly added assets in the current year are not listed on the cost report.

Test for each home: Prior Year AD (from Prior Yr Report, Pg 13, Ln 85) + **1,106,191** ← Input Here
Plus: CY Deprec Exp (from Curr Yr Report, Pg 13, Ln 83) + **232,618**
Total: **1,338,809**
Total from Pg 13, Line 85: **1,413,547**
Material variance may indicate an issue (missing current year add's, incorrectly calculated AD, etc.) **1,1977** Should be 0 - or immaterial amount.

done Pg 16: Pg 16, Row 14, Col 8 must equal Pg 4, Ln 39, Col 8. If it does not, you may want to check: s/b -0 -> **00**
a. Did you input everything into your Support Pg 16A correctly (CPT, Prism, PEC)?
b. Did you transfer the Support Pg 16A numbers to Pg 16 correctly?
c. Did you input your Pg 6B, 6C, & 6D info correctly, per these pages instructions?
d. If applicable for your home/home, did you receive Van/Emerg Care salaries and supplies to Ln 39?

done Pg 17: a. Verify that your balance sheet is reasonable. You should not have credits in the asset asset section or debits in the liabilities (there may be some cash exceptions). Variance checks: 0 should be zero BS col 1
b. The Ln 47 Equity should equal Pg 19 - should be zero BS col 2
c. If your home had any late trial balance adjustments (last report adjustments only), you may need to adjust your balance sheet, as well. For example, if your home shared salaries w/another home. Equity - should be zero

done PG 19: Compare Row 3 to Row 56 Detail. Should be -0- **0**

done Pg 20: Pg 20, Ln 34, Col 3 must equal Pg 4, Ln 45, Col 1. s/b -0- **0**

done Verify that your Pg 20, Ln 34, Col 3 & 2 equal your Productive Hours report from Payroll. Verify that your Pg 20 wage rates are reasonable. Do this by comparing them to last year's reports. You should have already done this prior to inputting to Pg 20.

done Pg 21A: Legal Fee Invoice Rec. must be completed.

done Review: Review any exceptions, worksheets, etc. that may have existed for any of your homes on last year's reports which may apply this year. There may have been late adjustments made, of which, the same type of adjustment may be needed this year.

done Links: The cost report file should not have any links to outside worksheets. Check this. Go to Data tab / Workbook Links - there should be none. Correct, if any.

done Final: When completed and all items above are marked 'Done' in left Column A, send email to Mark that the home is ready for review.

END

Notes for MN Only:

Mark to do: When setting up for Cur Yr (per): Check for external links and correct. If any Mark to do: any other last-minute items from my latest eMail I can add before your notes tab apply?

Additional Details for MN Use Only:

This will be a last run for 2024 & you:

Additional Details for MN Use Only:

Additional Details for MN Use Only:

Additional Details for MN Use Only:

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Or, Copy/Paste

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