FOR BHF USE

LL1

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

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

I. IDPH License ID Number: 0044909

Facility Name: Alden Park Strathmoor

Address: 5668 Strathmoor Dr (Number) Rockford (City) 61107 (Zip Code)

County: Winnebago

Telephone Number: (815) 229-5200 **Fax #** (815) 229-1411

HFS ID Number:

Date of Initial License for Current Owners: 8/1/2000

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Joshua S. Banach, CPA **Telephone Number:** 847-628-8784
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

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

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

Officer or Administrator of Provider

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

Paid Preparer

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds: N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	189	Skilled (SNF)	189	68,985	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	189	TOTALS	189	68,985	7

B. Census-For the entire report period.

	Level of Care	Patient Days by Level of Care and Primary Source of Payment								
		1 Medicaid Fee for Service	2 Medicaid MLTSS	3 MMAI Medicaid Primary	4 MMAI Medicare Primary	5 Private Pay	6 Medicare Part A Only	7 Other	8 Total	9
8	SNF	974	4,849	1,375	136	846	1,094	2,207	11,481	8
9	SNF/PED									9
10	ICF	10,065	26,473	5,510		2,118			44,166	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	11,039	31,322	6,885	136	2,964	1,094	2,207	55,647	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 80.67%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve days in Section B.)

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

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

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 8/1/2000

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 8/1/2000 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter certified beds.
number of certified beds 189

Medicare Intermediary Wellpoint Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

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

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

STATE OF ILLINOIS

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	557,973	45,026	52,464	655,463		655,463	24,840	680,303			1
2	Food Purchase		559,003		559,003		559,003	(121,798)	437,205			2
3	Housekeeping	419,050	37,784	1,307	458,141		458,141	19,015	477,156			3
4	Laundry	98,811	30,017	726	129,554	-	129,554	-	129,554			4
5	Heat and Other Utilities			258,939	258,939		258,939	5,138	264,077			5
6	Maintenance	69,879	-	273,549	343,428		343,428	20,671	364,099			6
7	Other (specify):* See Attached TB	-	-	35,987	35,987		35,987	14,180	50,167			7
8	**TOTAL General Services**	1,145,713	671,830	622,972	2,440,515	-	2,440,515	(37,954)	2,402,561			8
	B. Health Care and Programs											
9	Medical Director	-	-	51,000	51,000		51,000	-	51,000			9
10	Nursing and Medical Records	5,791,837	257,297	525,945	6,575,079		6,575,079	77,291	6,652,370			10
10a	Therapy	332,419	785	24,000	357,204		357,204	-	357,204			10a
11	Activities	294,798	20,642	1,739	317,179		317,179	-	317,179			11
12	Social Services	66,197	-	840	67,037		67,037	-	67,037			12
13	CNA Training	-	-	-	-		-	-	-			13
14	Program Transportation	-	-	-	-		-	-	-			14
15	Other (specify):* See Attached TB	-	-	-	-		-	8,791	8,791			15
16	**TOTAL Health Care and Programs**	6,485,251	278,724	603,524	7,367,499	-	7,367,499	86,082	7,453,581			16
	C. General Administration											
17	Administrative	157,440	-	-	157,440		157,440	244,254	401,694			17
18	Directors Fees			-	-		-	-	-			18
19	Professional Services			1,432,232	1,432,232		1,432,232	(1,280,305)	151,927			19
20	Dues, Fees, Subscriptions & Promotions			198,056	198,056		198,056	(99,715)	98,341			20
21	Clerical & General Office Expenses	199,046	18,855	268,928	486,829		486,829	454,200	941,029			21
22	Employee Benefits & Payroll Taxes			1,208,818	1,208,818		1,208,818	(3,157)	1,205,661			22
23	Inservice Training & Education			-	-		-	-	-			23
24	Travel and Seminar			2,200	2,200		2,200	1,991	4,191			24
25	Other Admin. Staff Transportation		-	2,432	2,432		2,432	20,003	22,435			25
26	Insurance-Prop.Liab.Malpractice			505,203	505,203		505,203	18,299	523,502			26
27	Other (specify):* See Attached TB	-	-	211,263	211,263		211,263	(107,819)	103,444			27
28	**TOTAL General Administration**	356,486	18,855	3,829,132	4,204,473	-	4,204,473	(752,250)	3,452,223			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	7,987,450	969,409	5,055,628	14,012,487	-	14,012,487	(704,121)	13,308,366			29

0

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

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

Facility Name & ID Number Alden Park Strathmoor 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			136,002	136,002		136,002	223,435	359,437			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			134,854	134,854		134,854	173,354	308,208			32
33	Real Estate Taxes			-	-		-	161,057	161,057			33
34	Rent-Facility & Grounds			717,269	717,269		717,269	(717,269)	-			34
35	Rent-Equipment & Vehicles			37,377	37,377		37,377	45,714	83,091			35
36	Other (specify):* See Attached TB			-	-		-	39,852	39,852			36
37	TOTAL Ownership			1,025,502	1,025,502	-	1,025,502	(73,857)	951,645			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-	-		-	-	-			38
39	Ancillary Service Centers	-	512,342	1,232,063	1,744,405		1,744,405	(99,077)	1,645,328			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee	-	-	920,398	920,398		920,398	-	920,398			42
43	Other (specify):* See Attached TB	-	-	-	-		-	-	-			43
44	TOTAL Special Cost Centers	-	512,342	2,152,461	2,664,803	-	2,664,803	(99,077)	2,565,726			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,987,450	1,481,751	8,233,591	17,702,792	-	17,702,792	(877,055)	16,825,737			45

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: ######

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(18,477)	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	(46,497)	30		9
10	Interest and Other Investment Income	(906)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,478)	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	(28,062)	21		17
18	Fines and Penalties	(2,700)	32		18
19	Entertainment	(660)	20		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(18,219)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(211,263)	27		24
25	Fund Raising, Advertising and Promotional	(90,646)	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	(2,949)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (422,857)		$ 0	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(454,197)	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (454,197)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (877,054)		37

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

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

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

Alden Park Strathmoor

ID# 0044909

Report Period Beginning: 1/1/2025

Ending: 12/31/2025

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Political Action Committee Payments	$ (9,403)	20	1
2	Other Expenses Related to Lobbying Activities			2
3	Additional R&M- Improvements	4,768	06	3
4	Depreciation Adjustments- Add. R&M- Imp.	(452)	30	4
5	Additional R&M- Equip/Auto	15,288	06	5
6	Depreciation Adjustments- Add. R&M- Equip/Auto	(1,458)	30	6
7	Adj for ABC related Party Profit Through 2025	407	30	7
8	Adj for ADG related Party Profit Through 2025	(186)	30	8
9	Late fees on utilities	(2,316)	21	9
10	Miscellaneous Income-ARCHITECTURAL DESIGN	(215)	6	10
11	Miscellaneous Income-INTERIOR DESIGN	(25)	6	11
12	Alden Park Strathmoor Admin Expenses	(481)	21	12
13	Miscellaneous Income	(877)	21	13
14	Rockford Invest. LLC	(8,000)	32	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(2,949)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	-	-	18,443	6,397	-	-	-	-	-	-	-	24,840	1
2	Food Purchase	(2,478)	-	-	(119,320)	-	-	-	-	-	-	-	(121,798)	2
3	Housekeeping	-	-	19,015	-	-	-	-	-	-	-	-	19,015	3
4	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	4
5	Heat and Other Utilities	-	-	5,138	-	-	-	-	-	-	-	-	5,138	5
6	Maintenance	1,339	-	21,420	-	-	-	228	(2,317)	-	-	-	20,671	6
7	Other (specify):*	-	-	14,180	-	-	-	-	-	-	-	-	14,180	7
8	**TOTAL General Services**	(1,139)	-	78,196	(112,923)	-	-	228	(2,317)	-	-	-	(37,954)	8
	B. Health Care and Programs													
9	Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	9
10	Nursing and Medical Records	-	-	65,015	13,840	(1,564)	-	-	-	-	-	-	77,291	10
10a	Therapy	-	-	-	-	-	-	-	-	-	-	-	-	10a
11	Activities	-	-	-	-	-	-	-	-	-	-	-	-	11
12	Social Services	-	-	-	-	-	-	-	-	-	-	-	-	12
13	CNA Training	-	-	-	-	-	-	-	-	-	-	-	-	13
14	Program Transportation	-	-	-	-	-	-	-	-	-	-	-	-	14
15	Other (specify):*	-	-	8,791	-	-	-	-	-	-	-	-	8,791	15
16	**TOTAL Health Care and Programs**	-	-	73,806	13,840	(1,564)	-	-	-	-	-	-	86,082	16
	C. General Administration													
17	Administrative	-	-	244,254	-	-	-	-	-	-	-	-	244,254	17
18	Directors Fees	-	-	-	-	-	-	-	-	-	-	-	-	18
19	Professional Services	(18,219)	11,025	(1,273,111)	-	-	-	-	-	-	-	-	(1,280,305)	19
20	Fees, Subscriptions & Promotions	(100,708)	-	993	-	-	-	-	-	-	-	-	(99,715)	20
21	Clerical & General Office Expenses	(31,736)	481	485,454	-	-	-	-	-	-	-	-	454,200	21
22	Employee Benefits & Payroll Taxes	-	-	-	-	(3,157)	-	-	-	-	-	-	(3,157)	22
23	Inservice Training & Education	-	-	-	-	-	-	-	-	-	-	-	-	23
24	Travel and Seminar	-	-	1,991	-	-	-	-	-	-	-	-	1,991	24
25	Other Admin. Staff Transportation	-	-	20,003	-	-	-	-	-	-	-	-	20,003	25
26	Insurance-Prop.Liab.Malpractice	-	17,306	993	-	-	-	-	-	-	-	-	18,299	26
27	Other (specify):*	(211,263)	-	103,444	-	-	-	-	-	-	-	-	(107,819)	27
28	**TOTAL General Administration**	(361,926)	28,812	(415,979)	-	(3,157)	-	-	-	-	-	-	(752,250)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(363,065)	28,812	(263,976)	(99,083)	(4,721)	-	228	(2,317)	-	-	-	(704,121)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Park Strathmoor # 0044909 **Report Period Beginning:** 1/1/2025 **Ending:** 12/31/2025

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(48,186)	257,768	13,853	-	-	-	-	-	-	-	-	223,435	30
31	Amortization of Pre-Op. & Org.	-	-	-	-	-	-	-	-	-	-	-	-	31
32	Interest	(11,606)	179,979	4,981	-	-	-	-	-	-	-	-	173,354	32
33	Real Estate Taxes	-	159,315	1,742	-	-	-	-	-	-	-	-	161,057	33
34	Rent-Facility & Grounds	-	(717,269)	-	-	-	-	-	-	-	-	-	(717,269)	34
35	Rent-Equipment & Vehicles	-	-	45,714	-	-	-	-	-	-	-	-	45,714	35
36	Other (specify):*	-	39,852	-	-	-	-	-	-	-	-	-	39,852	36
37	**TOTAL Ownership**	(59,792)	(80,355)	66,291	-	-	-	-	-	-	-	-	(73,857)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	-	-	-	-	-	-	-	-	-	-	-	-	38
39	Ancillary Service Centers	-	-	-	(43,422)	(10,292)	(45,363)	-	-	-	-	-	(99,077)	39
40	Barber and Beauty Shops	-	-	-	-	-	-	-	-	-	-	-	-	40
41	Coffee and Gift Shops	-	-	-	-	-	-	-	-	-	-	-	-	41
42	Provider Participation Fee	-	-	-	-	-	-	-	-	-	-	-	-	42
43	Other (specify):*	-	-	-	-	-	-	-	-	-	-	-	-	43
44	**TOTAL Special Cost Centers**	-	-	-	(43,422)	(10,292)	(45,363)	-	-	-	-	-	(99,077)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(422,857)	(51,543)	(197,686)	(142,505)	(15,012)	(45,363)	228	(2,317)	-	-	-	(877,055)	45

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES

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

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

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	717,269	Alden - Park Strathmoor, LLC			$ (717,269)	1
2	V	32	Investment Income - RR	4,580	Alden - Park Strathmoor, LLC			(4,580)	2
3	V	32	Interest Income	33	Alden - Park Strathmoor, LLC			(33)	3
4	V	19	Accounting Fees		Alden - Park Strathmoor, LLC		11,025	11,025	4
5	V	33	Real Estate Tax Expense		Alden - Park Strathmoor, LLC		159,315	159,315	5
6	V	26	General Insurance Expense		Alden - Park Strathmoor, LLC		17,306	17,306	6
7	V	36	Mortgage Insurance Premium		Alden - Park Strathmoor, LLC		39,852	39,852	7
8	V	32	Interest-Mortgage		Alden - Park Strathmoor, LLC		171,736	171,736	8
9	V	30	Depreciation Expense		Alden - Park Strathmoor, LLC		257,768	257,768	9
10	V	32	Amortization Expense		Alden - Park Strathmoor, LLC		4,856	4,856	10
11	V	21	License & Inspections		Alden - Park Strathmoor, LLC		77	77	11
12	V	21	Bank Charges		Alden - Park Strathmoor, LLC		404	404	12
13	V	20	Corporate Annual Report Fee		Alden - Park Strathmoor, LLC				13
14	V	32	Interest-Ani Financing		Alden - Park Strathmoor, LLC		8,000	8,000	14
15	Total			$ 721,882			$ 670,339	$ * (51,543)	15

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		5	Utilities		Alden Management Services, Inc.	0.00%	5,138	$ 5,138	15
16	V		24	Travel and Seminar		Alden Management Services, Inc.		1,991	1,991	16
17	V		25	Other Admin Travel		Alden Management Services, Inc.		20,003	20,003	17
18	V		26	Insurance		Alden Management Services, Inc.		993	993	18
19	V		20	Dues, Subscriptions		Alden Management Services, Inc.		993	993	19
20	V		30	Depreciation		Alden Management Services, Inc.		13,853	13,853	20
21	V		33	Real Estate Taxes		Alden Management Services, Inc.		1,742	1,742	21
22	V		35	Rent- Equip & Vehicles		Alden Management Services, Inc.		45,714	45,714	22
23	V		32	Interest		Alden Management Services, Inc.		4,981	4,981	23
24	V		1	Dietary		Alden Management Services, Inc.		18,443	18,443	24
25	V		3	Housekeeping		Alden Management Services, Inc.		19,015	19,015	25
26	V		7	Employee Benefits		Alden Management Services, Inc.		14,180	14,180	26
27	V		10	Nurse & Med Records Salary		Alden Management Services, Inc.		65,015	65,015	27
28	V		15	Employee Benefits- Healthcare		Alden Management Services, Inc.		8,791	8,791	28
29	V		17	Administrative Salary		Alden Management Services, Inc.		244,254	244,254	29
30	V		27	Employee Benefit- Administrative		Alden Management Services, Inc.		103,444	103,444	30
31	V		19	Professional Fees & Salary	1,342,712	Alden Management Services, Inc.		69,601	(1,273,111)	31
32	V		21	General & Admin	72,000	Alden Management Services, Inc.		557,454	485,454	32
33	V		6	Repair & Maintenance	38,453	Alden Management Services, Inc.		59,872	21,420	33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 1,453,165			$ 1,255,479	$ * (197,686)	39

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		1	Dietary Consulting	50,132	Prism Health Care Services, Inc.	0.00%		$ (50,132)	15
16	V		1	Dietary Salary		Prism Health Care Services, Inc.		26,053	26,053	16
17	V		2	Tube Feed	229,452	Prism Health Care Services, Inc.		56,999	(172,453)	17
18	V		10	Equipment Rental	8,737	Prism Health Care Services, Inc.		9,593	856	18
19	V		39	Ancillary Supplies	162,681	Prism Health Care Services, Inc.		39,208	(123,473)	19
20	V		39	Vent Rent		Prism Health Care Services, Inc.		29,596	29,596	20
21	V		1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		30,476	30,476	21
22	V		2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		53,133	53,133	22
23	V		10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		12,984	12,984	23
24	V		39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		50,455	50,455	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				$ 451,002			$ 308,497	$ * (142,505)	39

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		39	Drugs	219,389	Forum Extended Care II, Inc.	0.00%	208,973	$ (10,416)	15
16	V		39	I.V.	13,514	Forum Extended Care II, Inc.		12,873	(642)	16
17	V		39	Wound Care-Product Only	47,207	Forum Extended Care II, Inc.		44,966	(2,241)	17
18	V		10	House Stock	21,601	Forum Extended Care II, Inc.		20,576	(1,026)	18
19	V		10	Pharm Consult	11,340	Forum Extended Care II, Inc.		10,802	(538)	19
20	V		22	Employee Vaccinations	3,157	Forum Extended Care II, Inc.			(3,157)	20
21	V		39	Employee Vaccinations				3,007	3,007	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				$ 316,208			$ 301,196	$ * (15,012)	39

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	445,565	Community Physical Therapy & Associates, Ltd.	0.00%	400,202	$ (45,363)	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			$ 445,565			$ 400,202	$ * (45,363)	39

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	$ 24,983	Alden Bennett Construction Company, Inc.	0.00%	$ 25,212	$ 228	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			$ 24,983			$ 25,212	$ * 228	39

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	$ 8307	Alden Design Group, Ltd.	0.00%	$ 5,991	$ (2,317)	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			$ 8,307			$ 5,991	$ * (2,317)	39

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

STATE OF ILLINOIS **Ownership Listing-1**

Alden Park Strathmoor

ID# 0044909

Report Period Beginning: 1/1/2025

Ending: 12/31/2025

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

	First Name	M.I.	Last Name	Place of Residence City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co. /Home Office Ownership Percentage	
1	Floyd	A	Schlossberg	Riviera Beach	FL	48.00%	43.44%	0.10%	1
2	Ina	L	Schlossberg	Riviera Beach	FL	51.00%	46.16%		2
3	Randi	A	Schullo	Chicago	IL	1.00%	0.91%	20.77%	3
4	Carl	P	Joan	Chicago	IL		4.99%		4
5	Kroll	K	Sue	Chicago	IL		1.50%		5
6	Robert	J	Molitor	Wayne	IL		1.50%		6
7	Ami		Pissetzky	Chicago	IL		1.50%		7
8	Lauren	H	Magnusson	Elgin	IL			20.77%	8
9	Audra	B	Elisco	Wheeling	IL			20.77%	9
10	Joseph	R	Schullo	Chicago	IL			6.26%	10
11	Nicole	D	Schullo	Chicago	IL			6.26%	11
12	Paige	A	Scherer	St. Charles	IL			6.26%	12
13	Garrett	E	Magnusson	Elgin	IL			6.26%	13
14	Charles	L	Elisco	Wheeling	IL			6.26%	14
15	Arin	G	Elisco	Wheeling	IL			6.26%	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34
35									35
36									36
37									37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70									70
71									71
72									72
73									73
74									74
75									75

STATE OF ILLINOIS **Ownership Listing-2**

Alden Park Strathmoor

ID# **0044909**

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

Ending: **12/31/2025**

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

	First Name	M.I.	Last Name	Place of Residence City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co. /Home Office Ownership Percentage	
76	N/A								76
77									77
78									78
79									79
80									80
81									81
82									82
83									83
84									84
85									85
86									86
87									87
88									88
89									89
90									90
91									91
92									92
93									93
94									94
95									95
96									96
97									97
98									98
99									99
100									100
101									101
102									102
103									103
104									104
105									105
106									106
107									107
108									108
109									109
110									110
111									111
112									112
113									113
114									114
115									115
116									116
117									117
118									118
119									119
120									120
121									121
122									122
123									123
124									124
125									125
126									126
127									127
128									128
129									129
130									130
131									131
132									132
133									133
134									134
135									135
136									136
137									137
138									138
139									139
140									140
141									141
142									142
143									143
144									144
145									145
146									146
147									147
148									148
149									149
150									150

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	Chairman-BOD	Chairman	48.00	192,034	1.59	3.98	Salary	$ 7,966	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Svcs	Technical Nursing S	0.00	101,778	1.59	3.98	Salary	4,222	10-7	2
3	Terry Magnusson	Dir. of Property Mana	Building equipment	0.00	101,778	1.59	3.98	Salary	4,222	6-7	3
4	Ina Schlossberg	Board Member	Events and special p	51.00	101,778	1.59	3.98	Salary	4,222	17-7	4
5	Audra Elisco	Medical Records Coor	Medical record mai	0.00	77,050	1.59	3.98	Salary	3,196	21-7	5
6	Randi Schlossberg-Schullo	President	General Oper.	1.00	192,034	1.39	3.98	Salary	7,966	6-7, 17-7	6
7	Joseph Schullo	Project Manager	General Operations	0.00	192,034	1.39	3.98	Salary	7,966	6-7, 17-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 39,759		13

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,397,134	36	$ 129,003	$	55,647	$ 5,138	1
2	24	Trav & Seminar	Patient Days	1,397,134	36	49,988		55,647	1,991	2
3	25	Other Admin Travel	Patient Days	1,397,134	36	502,227		55,647	20,003	3
4	26	Insurance	Patient Days	1,397,134	36	24,931		55,647	993	4
5	20	Dues & Subscriptions	Patient Days	1,397,134	36	24,937		55,647	993	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		55,647	1,742	7
8	35	Rent-Equip & Vehicle	Patient Days	1,397,134	36	1,147,743		55,647	45,714	8
9	32	Interest	Patient Days	1,397,134	36	125,066		55,647	4,981	9
10	1	Dietary Salary	Patient Days	1,397,134	36	463,044	463,044	55,647	18,443	10
11	3	Housekeeping Salary	Patient Days	1,397,134	36	477,424	477,424	55,647	19,016	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,397,134	36	356,025		55,647	14,180	12
13	10	Nurs & Med Records Salary	Patient Days	1,397,134	36	1,632,344	1,632,344	55,647	65,015	13
14	15	Employee Benefits -Health Care	Patient Days	1,397,134	36	220,704		55,647	8,791	14
15	17	Administrative Salary	Patient Days	1,397,134	36	6,132,499	6,132,499	55,647	244,254	15
16	27	Employee Benefits - Admin	Patient Days	1,397,134	36	2,597,178		55,647	103,444	16
17	19	Professional fees	Patient Days	1,397,134	36	518,567		55,647	20,654	17
18	19	Professional fees	Revenue charged	33,202,232	36	1,210,351	1,210,351	1,342,712	48,947	18
19	21	Gen'I & Admin	Patient Days	1,397,134	36	13,996,050	11,866,101	55,647	557,454	19
20	6	Repair & Maint.	Patient Days	1,397,134	36	559,530		55,647	22,286	20
21	6	Repair & Maint.	Revenue charged	1,731,722	36	1,692,724	1,692,724	38,453	37,587	21
22										22
23										23
24										24
25	TOTALS					$ 32,402,789	$ 23,474,487		$ 1,255,479	25

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Capital Funding (GL 2021&2505/7055)		X	Mortgage	$30,955.10	9/21	$ 7,970,000	$ 7,154,491	9/51	2.3700	$ 171,736	1
2												2
3	Midcap Loan (GL 2508/7031&5684)		X	Line of Credit		05/19	841,285	1,824,719	2/28/26	6.5000	129,907	3
4	Amortization of Financing Fees (pg 6 amort + GL 7059)										7,041	4
5	Interest-Ani Financing										8,000	5
	Working Capital											
6	Related party - AMS		X	Working Capital							4,981	6
7												7
8												8
9	TOTAL Facility Related				$30,955.10		$ 8,811,285	$ 8,979,210			$ 321,665	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		X								(4,613)	10
11	Interest Income (GL 4975)		X								(906)	11
12	Intercompany Interest - Rockford Invest		X								(8,000)	12
13	Interest-Non-Mortgage Bank (GL 7035)		X								62	13
14	TOTAL Non-Facility Related						$ 0	$ 0			$ (13,457)	14
15	TOTALS (line 9+line14)						$ 8,811,285	$ 8,979,210			$ 308,208	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 39,852 Line # 36

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2024 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	153,300	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.)	$	155,757	2
3. Under or (over) accrual (line 2 minus line 1).	$	2,457	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)	$	158,600	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.	$	161,057	7

Assessed Value from Real Estate Tax Bill:	2024	1,625,246	8
Real Estate Tax Bill for Calendar Year:	2020	142,769	9
	2021	143,949	10
	2022	146,347	11
	2023	148,801	12
	2024	154,015	13

2025 Accrual: $154,015 X 1.03 = $158,600 (Rounded)

Allocated From Alden Management Services, Inc.: $1,742 (Included in Line 2)

FOR BHF USE ONLY

14	FROM R. E. TAX STATEMENT FOR 2024	$	14
15	PLUS APPEAL COST FROM LINE 5	$	15
16	LESS REFUND FROM LINE 6	$	16
17	AMOUNT TO USE FOR RATE CALCULATION	$	17

NOTES:

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

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

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME **Alden Park Strathmoor** COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER **0044909**

CONTACT PERSON REGARDING THIS REPORT Joshua S. Banach, CPA

TELEPHONE 847-628-8784 FAX #:

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

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

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	See Supplemental Schedule	Related Party - Alden Managemer	$ 43,747.00	$ 1,742.00
2.	12-21-452-007	Nursing Facility	$ 154,014.82	$ 154,014.82
3.	-	-	$	$
4.	-	-	$	$
5.	-	-	$	$
6.	-	-	$	$
7.	-	-	$	$
8.	-	-	$	$
9.	-	-	$	$
10.	-	-	$	$
		TOTALS	$ 197,761.82	$ 155,756.82

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

X. BUILDING AND GENERAL INFORMATION:

A. **Square Feet:** 49,906 **B. General Construction Type:** **Exterior** Brick **Frame** Steel **Number of Stories** 1

C. **Does the Operating Entity?** [ ] **(a) Own the Facility** [X] **(b) Rent from a Related Organization.** [ ] **(c) Rent from Completely Unrelated Organization.**

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

D. **Does the Operating Entity?** [X] **(a) Own the Equipment** [X] **(b) Rent equipment from a Related Organization.** [X] **(c) Rent equipment from Completely Unrelated Organization.**

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None
-
-
-

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

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

H. Are you presently operating under a sale and leaseback arrangement? No

If YES, give effective date of lease. N/A

I. Are you presently operating under a sublease agreement? No

J. Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES [ ] NO [X] If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

N/A

K. **Does this cost report reflect any organization or pre-operating costs which are being amortized?** [ ] **YES** [X] **NO**

If so, please complete the following:

1. Total Amount Incurred: **2. Number of Years Over Which it is Being Amortized:**

3. Current Period Amortization: **4. Dates Incurred:**

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home	221,441	-	$ 569,205	1
2	-	-	-	-	2
3	TOTALS	221,441		$ 569,205	3

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	189		2000		$ 3,524,779	$	31.5	$ 111,602	$ 111,602	$ 2,848,599	4
5								-		-	5
6								-		-	6
7								-		-	7
8								-		-	8
	Improvement Type**										
9	Alden Design-laundry room remodeling			2000	3,922		10	-		3,922	9
10	Alden Design-laundry room remodeling			2000	2,098		10	-		2,098	10
11	Alden Design-laundry room remodeling			2000	4,533		10	-		4,533	11
12	ABC - misc const. Work			2000	1,561		5	-		1,561	12
13	Pro Com Systems - add new ypasske to alarmystem			2000	1,754		5	-		1,754	13
14	ABC - misc const. Work			2001	10,528		20	-		10,528	14
15	ABC - misc const. Work			2001	38,850		20	-		38,850	15
16	Rockford stem B			2001	5,035		15	-		5,035	16
17	FE Moran - Repair and Upgrade fire alarmystem			2002	7,645		15	-		7,645	17
18	Patten - Repair Water System			2002	2,245		15	-		2,245	18
19	Capps - Repair water yss in Kitchen			2002	2,845		15	-		2,845	19
20	ABC - Repair Water heater			2002	7,113		15	-		7,113	20
21	ABC -			2002	4,256		15	-		4,256	21
22	ABC (misc construction work			2002	4,233		10	-		4,233	22
23	ABC - Carpe			2002	1,078		10	-		1,078	23
24	ABC - Chimne y			2002	758		20	-		758	24
25	ABC - Chimne y 2			2002	3,032		20	-		3,032	25
26	GT Mech - Repair Cooler			2003	4,586		5	-		4,586	26
27	CSI Coker - Repair Freeze			2003	1,645		5	-		1,645	27
28	GT Mech - Repair AC			2003	1,648		10	-		1,648	28
29	GT Mech - Repair Refrigerato			2003	1,860		5	-		1,860	29
30	Simplex - Fire & Security System Repair			2003	1,986		15	-		1,986	30
31	Simplex - Fire & Security System Repair			2003	896		15	-		896	31
32	ABC - Repairs to Dining room			2003	5,177		10	-		5,177	32
33	ABC - Repair Boiler			2003	4,311		10	-		4,311	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 Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	GT Mechanical-a/c repair	2004	$ 2,996	$	10	$ -	$	$ 2,996	37
38	GT Mechanical-repair hot water tank	2004	3,325		10	-		3,325	38
39	P&M Mercury-chiller repair	2004	2,118		10	-		2,118	39
40	ABC-electrical & plumbing repairs	2004	2,112		10	-		2,112	40
41	ABC-electronic locks	2005	762		5	-		762	41
42	ABC-new flooring	2005	1,666		10	-		1,666	42
43	ABC-lock sets	2005	5,538		10	-		5,538	43
44	ABC-lock sets	2005	1,246		10	-		1,246	44
45	ABC-lock sets	2005	1,888		10	-		1,888	45
46	ABC-parking lot repairs	2005	9,095		10	-		9,095	46
47	ABC-door install and wireless alarm	2005	4,652		10	-		4,652	47
48	Oak Fire-replace fire alarm system	2005	6,800		10	-		6,800	48
49	A&B Custom Cable-wiring and install	2005	3,250		10	-		3,250	49
50	Top Notch-repair freezer door	2005	2,435		10	-		2,435	50
51	CSI-freezer repair	2005	1,553		10	-		1,553	51
52	GT Mechanical-freezer repairs	2005	2,825		10	-		2,825	52
53	GT Mech-kitchen repairs	2005	2,364		10	-		2,364	53
54	Patten-generator repairs	2005	3,560		10	-		3,560	54
55	ABC-faucet replacements	2005	2,518		10	-		2,518	55
56	Top Notch-repair freezer	2005	7,186		10	-		7,186	56
57	ABC-drywall	2005	655		10	-		655	57
58	Patten-generator repairs	2005	1,856		10	-		1,856	58
59	Patten-generator repairs	2005	3,429		10	-		3,429	59
60	Insurance check received for A/C replacement	2005	(6,221)		5	-		(6,221)	60
61	Top Notch - boiler replacement	2006	6,200		20	310	310	6,071	61
62	ABC-install smoke alarms	2006	3,265		10	-		3,265	62
63	Patten-generator repairs	2006	24,100		10	-		24,100	63
64	GT Mechanical-replace pump motor	2006	3,162		10	-		3,162	64
65	ABC-New AC and ductwork	2006	26,034		10	-		26,034	65
66	ABC-HVAC-life code imprvmt-carpentry	2007	13,179		15	-		13,179	66
67	ABC-life code Imprvmt-carpetry firealrm & Elect.	2007	62,381		15	-		62,381	67
68	ABC-fire protection	2007	22,921		15	-		22,921	68
69	ABC-fire proofing	2007	18,549		15	-		18,549	69
70	TOTAL (lines 4 thru 69)		$ 3,895,773	$ 0		$ 111,912	$ 111,912	$ 3,219,464	70

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,895,773	$ 0		$ 111,912	$ 111,912	$ 3,219,464	1
2	Gt Mechanical, Inc.- HVAC repairs	2007	3,674		10	-		3,674	2
3	ABC -install new gasketing mtrl around doors	2007	2,679		10	-		2,679	3
4	ABC -elevator pump	2007	7,462		10	-		7,462	4
5	ABC -locksets	2007	5,404		10	-		5,404	5
6	ABC -intall new smoke damper	2007	2,671		5	-		2,671	6
7	Gt Mechanical Inc. -water heater replaced	2007	5,728		15	-		5,728	7
8	Abc-instl. New elevetor pump	2007	13,180		15	-		13,180	8
9	ABC - new wall contruction	2007	11,466		10	-		11,466	9
10	ABC - replace entrance door	2007	4,352		10	-		4,352	10
11	ABC -boiler ashpalt paving	2007	28,352		10	-		28,352	11
12	ABC -boiler repair & replace boiler valves	2007	15,917		10	-		15,917	12
13	ABC - install new boiler	2007	3,542		10	-		3,542	13
14	MI unit-ABC -HVAC electric & security	2007	17,297		15	-		17,297	14
15	MI unit -ABC -misc hard costs & labor	2007	31,854		4	-		31,854	15
16	MI unit -allocated carpenter labor -fireproofing	2007	8,032		15	-		8,032	16
17	MI unit -various labor allocted by AMS	2007	3,435		4	-		3,435	17
18	MI unit -ABC -metal doors & hardware	2007	9,978		10	-		9,978	18
19	ABC- Fire Alarm & proofing upgrade	2008	26,612		10	-		26,612	19
20	ABC - New tile Install Proj # 2725/2712	2008	2,825		10	-		2,825	20
21	ABC- Install new carpeting & Seal & Srip Parking lot	2008	6,053		5	-		6,053	21
22	ABC-Install new guter, oxygen sorage a label door	2008	2,863		10	-		2,863	22
23	ABC - Install new smoke dampers & sprinkler pipping	2008	11,094		25	444	444	7,400	23
24	ABC- Istall new exhaust Fan	2008	3,619		10	-		3,619	24
25	GT Mechanical, Inc- repair cooler, water pump	2008	2,627		5	-		2,627	25
26	GT Mechanica, Inc - Rep. Refreigerant Relief valve, leaks	2008	2,701		10	-		2,701	26
27	ALDBEN-HVAC Composite system repairs	2009	9,548		15	578	578	9,548	27
28	ABC-Instll newBoiler tubes&crcltg pump/Jb#6032	2009	13,472		10	-		13,472	28
29	GTMECH -rps AC leak pump	2009	3,950		5	-		3,950	29
30	Gt Mechanical Inc.-repair leaking tubes in water cool	2009	3,785		5	-		3,785	30
31	GT Mechanical -Rprs Air condition bundle	2009	2,966		5	-		2,966	31
32	Top Notch -Install Evaporator, Refrigerant filter	2009	7,401		5	-		7,401	32
33	TOPNOT- AC Compressor and CondenseFreezer	2009	18,080		10	-		18,080	33
34	TOTAL (lines 1 thru 33)		$ 4,188,392	$ 0		$ 112,934	$ 112,934	$ 3,508,389	34

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 4,188,392	$ 0		$ 112,934	$ 112,934	$ 3,508,389	1
2	BOUDEV- Demolition,Dumpsters, Doors,Frames&hardware,VCT	2010	63,192		15	4,213	4,213	61,439	2
3	BOUDEV- Finish Drywall (2), Instll PatchFloor & VCT tile, Fire r	2010	8,532		15	569	569	8,298	3
4	EQUINT -Washer repairs	2010	2,869		5	-		2,869	4
5	TOPNOT-Rels Compressor, Filter,CoolerWarmer	2010	2,652		5	-		2,652	5
6	TOPNOT-Boiler repair	2010	5,278		5	-		5,278	6
7	GTMECH -Chiller leak repair	2010	4,986		5	-		4,986	7
8	ALDBEN-WindowShelf, Rprs ValveWaterExistingLine, -per Bldg	2010	15,099		15	1,007	1,007	14,517	8
9	Nov AMS-AMX/Hrld-Patten-Install rental Genset	2010	6,159		5	-		6,159	9
10	AFFCUS- Sprinkler System Reconfiguration	2010	3,275		5	-		3,275	10
11	ABC-Install Fire Dampers(HVAC,Sprinkler system, Fire protectio	2010	258,600		25	10,344	10,344	148,264	11
12	ALDBEN -Install Sprinker System,HVAC & Concrete	2010	71,490		20	3,575	3,575	50,944	12
13	ASPMAI - Parking lot pavement of all dirt and clean crack	2011	38,900		15	2,593	2,593	34,573	13
14	ABC - Steel Railings (1)	2011	16,003		15	1,067	1,067	14,138	14
15	Jun AMS-AMEEXP Floyd-Patten CAT -Install new batteries and	2011	6,610		5	-		6,610	15
16	ALDBEN-Install Aluminum Windows(2)	2011	3,121		10	-		3,121	16
17	ABC -Leaking boiler repairs (2)	2011	5,678		5	-		5,678	17
18	ABC -Electrical cable install for booster	2012	13,340		15	889	889	10,668	18
19	ABC -Install PhasePump-Heating/Vent, Fire Alarm	2012	4,468		10	-		4,468	19
20	ABC-HVAC Boiler Leakage Repair	2012	7,405		10	-		7,405	20
21	ABC-repair HVAC boiler leakage tubes	2012	7,140		10	-		7,140	21
22	Oct AMS-AMX-Floyd-Patten-Install Cable wire & repairs Ceiling	2012	5,926		5	-		5,926	22
23	Oct AMS-AMX-Floyd-Patten-Repairs Drywall, ceiling tiles & plu	2012	5,902		10	-		5,902	23
24	ABC- Install Thermostatic water mixing valve	2012	3,019		5	-		3,019	24
25	ABC - Repair damaged corner brick wall in Lobby	2012	2,732		5	-		2,732	25
26	ABC -'Boiler#2 leaking rprs	2012	5,968		10	-		5,968	26
27	Roof installation, Emergency -JD&SON	2013	7,000		10	-		7,000	27
28	Boiler Retubing-ABC	2013	25,370		15	1,691	1,691	19,165	28
29	Boiler #1 tube replace- ABC	2013	6,083		15	406	406	4,466	29
30	Boiler #2 leakage repairs-ABC	2013	4,656		15	310	310	3,410	30
31	Brick rebuild outside wall -AMS	2013	3,600		20	180	180	2,130	31
32	Concrete & Scrape & Paint exterior-ALDMAN	2014	2,750		10	115	115	2,750	32
33	Asphalt & Facia repairs -ALDBEN	2014	39,575		8	-		39,575	33
34	TOTAL (lines 1 thru 33)		$ 4,845,770	$ 0		$ 139,893	$ 139,893	$ 4,012,914	34

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 4,845,770	$ -		$ 139,893	$ 139,893	$ 4,012,914	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,ducts,ele	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	10-Mar	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)		$ 5,016,986	$ 5,859		$ 145,752	$ 139,893	$ 4,148,030	34

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 5,016,986	$ 5,859		$ 145,752	$ 139,893	$ 4,148,030	1
2	Asphalt & Facia repairs -ALDBEN	2014	9,495		15	633	633	7,121	2
3	Boiler Retube # 1 -ALDBEN	2014	13,907		15	927	927	10,892	3
4	Boiler lekage repair -ABC	2014	5,962		5	-		5,962	4
5	Roofwork completed -JDROOF	2014	3,500		5	-		3,500	5
6	Elevator upgrade 2of2 -SUBELE (telephone connect to equipment	2015	3,354		5	-		3,354	6
7	Motor (1) for dishmachine-TOPNOT	2016	2,751		5	-		2,751	7
8	Motor (1) for pump-GTMECH	2016	3,101		5	-		3,101	8
9	Chiller piping repair -GTMECH	2016	17,821		15	1,188	1,188	11,682	9
10	Storage tank leak repair -ALDBEN	2016	6,793		5	-		6,793	10
11	Plumbing Reprs per States of IL -ALDBEN	2016	12,324		15	822	822	7,672	11
12	Soda shop/Food Pentry -ALDBEN	2016	99,490		25	3,980	3,980	38,141	12
13	Demolition-ABC	2016	8,359		20	418	418	3,971	13
14	Carpentry-ABC	2016	27,044		15	1,803	1,803	17,128	14
15	Fire Caulking-ABC	2016	3,073		25	123	123	1,168	15
16	Roofing-ABC	2016	4,302		15	287	287	2,726	16
17	Windows -Tinting-ABC	2016	6,146		10	615	615	5,842	17
18	Door Automatic Openers/Vestibule-ABC	2016	18,439		15	1,229	1,229	11,676	18
19	Countertops -ABC	2016	18,439		20	922	922	8,759	19
20	Acoustical-ABC	2016	16,595		15	1,106	1,106	10,369	20
21	Painting & Decorating-ABC	2016	34,420		39	2,294	2,294	21,793	21
22	Wall Covering-ABC	2016	7,376		25	295	295	2,750	22
23	Fire Alarm-ABC	2016	11,678		39	299	299	2,925	23
24	Heating & Cooling system upgrade with Exiting System-ABC	2016	677,328		25	17,367	17,367	164,987	24
25	Fire Protection/Sprinkler-ABC	2016	9,342		20	467	467	4,390	25
26	Plumbing Floor Saw Cutting/Patching/Concrete-ABC	2016	4,302		20	215	215	2,043	26
27	Plumbing pipes install for pantry room, two public bathroom, acvi	2016	34,420		39	1,721	1,721	16,349	27
28	Electrical for HVAC work-ABC	2016	49,171		39	1,261	1,261	11,979	28
29	Interior Design Fees-ABC	2016	24,585		39	630	630	5,985	29
30	Prelim Review--ILLDPR	2016	5,700		39	146	146	1,387	30
31	PERMIT FEE-CITROC	2016	4,564		25	183	183	1,706	31
32	Soda Shop -INTCON	2016	30,600		25	1,224	1,224	11,628	32
33	Soda shop/Food Pentry -ALDBEN	2016	15,210		25	608	608	5,776	33
34	TOTAL (lines 1 thru 33)		$ 6,206,577	$ 5,859		$ 186,515	$ 180,656	$ 4,564,336	34

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 6,206,577	$ 5,859		$ 186,515	$ 180,656	$ 4,564,336	1
2	Soda shop/Food Pentry -FOXBUI	2016	2,900		25	116	116	1,092	2
3	Soda shop/Food Pentry -FLOWAL	2016	5,800		25	232	232	2,185	3
4	Windows/Framing -INTCON	2016	34,500		25	1,380	1,380	12,765	4
5	Motor (1) for dishmachine-TOPNOT	2016	2,751		5	-		2,751	5
6	Motor (1) for pump-GTMECH	2016	3,101		5	-		3,101	6
7	Pipe install in chiller -GTMECh	2017	8,110		5	-		8,110	7
8	Roof Repairs-JDROOF	2017	5,750		5	-		5,750	8
9	Storage tank leak repair -ALDBEN	2017	6,793		5	-		6,793	9
10	Chiller piping repair -GTMECH	2017	17,821		15	1,188	1,188	10,296	10
11	Repair Pipe leak on Hydronics system -NORMEC	2018	5,557		5	-		5,557	11
12	Replace Roof on Garage - JDROOF	2019	4,320		10	432	432	2,628	12
13	Dishmachine repair -NORMEC	2019	8,629		5	-		8,629	13
14	Generator repairs -Apr-AMS-Patten	2019	6,142		5	-		6,142	14
15	Generator repair -Patten -Jun AMS-CITI	2019	2,716		5	-		2,716	15
16	Generator Repair-Altorfer Ind-Jul AMS-CITI Citi Bank-	2019	7,733		5	-		7,733	16
17	Motor, Combination Starter - ALDBEN	2019	5,880		5	-		5,880	17
18	Repair Sewer Basin - ALDBEN	2019	3,503		5	-		3,503	18
19	Oxygen system, Building - FREEVA	2020	3,498		20	175	175	1,050	19
20	Oxygen System (Not Covered by RR), Building - FREEVA	2020	123,619		20	6,181	6,181	36,512	20
21	Roof Pavillion, Ambulance Bay - JDROOF	2020	4,700		10	470	470	2,624	21
22	Dishmachine work, kichen -NORMEC	2020	3,531		5	1	1	3,531	22
23	Roof Rebuild/partial, Ambulance Bay-JDROOF	2020	3,840		5	320	320	3,840	23
24	Roof Rebuild/partial, Ambulance Bay-JDROOF	2020	6,200		5	1,033	1,033	6,200	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)		$ 6,483,971	$ 5,859		$ 198,043	$ 192,184	$ 4,713,724	34

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 6,483,971	$ 5,859		$ 198,043	$ 192,184	$ 4,713,724	1
2	Adjust for ABC Related Party Profit	2008	(303)			-		(303)	2
3	Adjust for ABC Related Party Profit	2009	(178)					(178)	3
4	Adjust for ABC Related Party Profit	2010	(4,224)					(4,224)	4
5	Adjust for ABC Related Party Profit	2011	193	8		8		108	5
6	Adjust for ABC Related Party Profit	2012	2,721			-		2,721	6
7	Adjust for ABC Related Party Profit	2013	486	15		15		188	7
8	Adjust for ABC Related Party Profit	2014	(193)			-		(193)	8
9	Adjust for ABC Related Party Profit	2015	0			-		-	9
10	Adjust for ABC Related Party Profit	2016	(6,864)			-		(6,864)	10
11	Adjust for ABC Related Party Profit	2017	(43)			-		(43)	11
12	Adjust for ABC Related Party Profit	2021	789	38		38		152	12
13	Adjust for ABC Related Party Profit	2022	(61)			-		(61)	13
14	Adjust for ABC Related Party Profit	2024	5,096	335		335		670	14
15	Adjust for ABC Related Party Profit	2025	118	11		11		11	15
16	Adjust for ADG Related Party Profit	2025	(4,726)	(186)		(186)		(186)	16
17						-		-	17
18	Painting - DANPAI, (Rooms A3-A8)	2021	2,800		3	-		2,800	18
19	Roof Repairs - JDROOF(roof)	2021	3,315		15	221	221	939	19
20	PCB Main Board - GTMECH(Basement)	2021	3,352		10	335	335	1,647	20
21	Valve, Boiler - NORMEC(Basement)	2021	3,530		5	706	706	3,118	21
22	Over Pressure Switch - NORMEC(Kitchen)	2021	3,595		5	719	719	3,355	22
23	Bearing Assy, Boiler - NORMEC(Basement)	2021	3,915		5	783	783	3,654	23
24	Repair sink compartment valves - NORMEC(Kitchen)	2021	4,948		15	330	330	1,595	24
25	Steamer, burner motor - NORMEC(Kitchen)	2021	5,128		5	1,026	1,026	4,531	25
26	Door, Metal and frame installed, Back Bulding - ALDBEN(Lower le	2021	5,677		15	378	378	1,607	26
27	Control Panel, Fire Alarm - AFFCUS(1st Floor)	2021	5,778		10	578	578	2,842	27
28	Door, Metal and frame installed - ALDBEN(Lower Level entranceot	2021	5,917		15	394	394	1,642	28
29	Condenser, Walk-In Freezer - NORMEC(Kitchen)	2021	8,108		5	1,622	1,622	6,758	29
30	Paving Asphalt Parking Lot - ALDBEN	2022	27,814		8	3,477	3,477	15,646	30
31	Roof Replaced, Gazeebo - JDROOF	2022	4,200		10	420	420	1,505	31
32	Motor, Boiler(Basement) - ALDBEN	2022	4,656		5	931	931	3,569	32
33	Compressor repair - GTMECH(Basement)	2022	9,200		5	1,840	1,840	7,053	33
34	TOTAL (lines 1 thru 33)		$ 6,578,715	$ 6,079		$ 212,023	$ 205,944	$ 4,767,783	34

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 6,578,715	$ 6,079		$ 212,023	$ 205,944	$ 4,767,783	1
2	Compressor Contactors replaced on Chiller (Basement)- PRESTA	2023	4,819		5	964	964	2,892	2
3	Stain Furniture (residents rooms) - AMS Maintenance Allocation	2023	8,800		5	1,467	1,467	4,401	3
4	Concrete and manhole repair (front of building) - ALDBEN	2023	7,098		10	355	355	1,065	4
5	Repair Leak in freezer (Kitchen) - PRESTA	2023	2,734		5	228	228	684	5
6	Repair Steamer, fan and fuses (Kitchen)- PRESTA	2023	5,724		5	382	382	1,146	6
7	Repair Roof - JDROOF	2023	3,900		5	195	195	585	7
8						-		-	8
9	Column and Masonry repairs - FOXBUI	2024	5,370		10	537	537	1,074	9
10	Speaker and Cables - XCLSER	2024	2,765		5	553	553	1,106	10
11	Heat piping&regisers-wgA&D-ALDBEN	2024	540,962		15	36,064	36,064	72,128	11
12	Electical Work & Rewiring - BELELC	2024	7,756		10	776	776	1,551	12
13	Roof repair - JDROOF	2024	9,500		5	1,900	1,900	3,800	13
14	Gas Boiler - PARTOW (WRIEXP)	2024	3,098		5	620	620	1,239	14
15	Motor and fan blade, RTU - PRESTA	2024	5,532		5	1,106	1,106	2,213	15
16	Valve, mixing - PRESTA	2024	5,783		10	578	578	1,157	16
17	Motor & Coupler Pump, Kitchen MUA - PRESTA	2024	7,243		10	724	724	1,449	17
18	Fan, Exhaust, kitchen - ALDBEN	2024	7,230		10	723	723	1,446	18
19	Door (metal) and frame, B-Wing - ALDBEN	2024	6,034		10	603	603	1,207	19
20	Pump, Circulation - PRESTA	2024	10,296		10	1,030	1,030	2,059	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 Operator			134,092		-	(134,092)	-	31
32	Book Depreciation per Landowner			257,768		-	(257,768)	-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		$ 7,223,359	$ 397,939		$ 260,829	$ (137,111)	$ 4,868,985	34

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 7,223,359	$ 397,939		$ 260,829	$ (137,111)	$ 4,868,985	1
2						-		-	2
3	Gutter, foam ALDBEN	2025	6,520		5	1,304	1,304	1,304	3
4	Repair boiler HELSER	2025	7,703		5	1,541	1,541	1,541	4
5	Blinds, mini (70) - ALDBEN	2025	6,424		5	1,285	1,285	1,285	5
6	Steamer, boilerless, kitch cook - DIRSUP	2025	14,414		10	1,441	1,441	1,441	6
7	Valves, isolation for gas pipe line replaced - PRESTA	2025	17,834		10	1,783	1,783	1,783	7
8	Heat exchanger - PRESTA	2025	10,246		10	1,025	1,025	1,025	8
9	Valves, isolation for gas pipe line replaced - PRESTA	2025	3,589		10	359	359	359	9
10	Gauge, liquid oxyg - AIRGAS	2025	3,549		5	710	710	710	10
11	Pipe, hot water tank - PRESTA	2025	2,569		15	171	171	171	11
12	Pipe, water softener tank - PRESTA	2025	3,895		15	260	260	260	12
13	Valve, MAU linkage-PRESTA	2025	6,915		10	691	691	691	13
14	Blower housing assembly replaced in MUA - PRESTA	2025	6,250		5	1,250	1,250	1,250	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)		$ 7,313,269	$ 397,939		$ 272,649	$ (125,291)	$ 4,880,805	34

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 229,088	$	$ 84,544	$ 84,544	Various	$ 229,088	71
72	Current Year Purchases	44,023		1,903	1,903	Various	1,903	72
73	Fully Depreciated Assets	1,949,284			0	Various	1,949,284	73
74	See Attached	169,463	7,654		(7,654)	Various	137,598	74
75	TOTALS	$ 2,391,858	$ 7,654	$ 86,447	$ 78,793		$ 2,317,873	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated From Alden Mgmt	Various	1998-2023	6,329	340		0	Various	4,527	76
77	MIDTRA-Van Purchased		2010	43,244			-	3	43,244	77
78							0			78
79							0			79
80	TOTALS			$ 49,573	$ 340	$ 0	$ 0		$ 47,771	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)	$ 10,323,904	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 405,933	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 359,096	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (46,497)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 7,246,449	85

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

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

G. Construction-in-Progress

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

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

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

Alden Park Strathmoor

44909

12/31/2025

Supplemental Schedule of Related Party Equipment

Current Year Purchases	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	3,873	390	390
Less: < $2,500	(552)	(47)	(47)
	3,321	343	343

Prior Year Purchases	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	62,354	7,116	33,660
Less: < $2,500	(2,297)	(321)	(1,462)
Forum Prof Center	7,937	492	6,910
-			
-			
	67,995	7,288	39,108

Fully Depreciated Equipment	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	101,711	57	101,711
Less: < $2,500	(3,564)	(34)	(3,564)
-			
-			
-			
	98,147	23	98,147

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A - Related Party

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [X] NO

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

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

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 01/01/2021
Ending 12/31/2030

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

	Fiscal Year Ending	Annual Rent
12	12/31/2026	$ 698,940
13	12/31/2027	$ 698,940
14	12/31/2028	$ 698,940

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 65,653 Description: copy machine ac 6861 - $25,371.47 and equipment lease ac 6859 - $12,005.97; Allocated from AMS - $28,276
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related party-PG 6A	various	1,453	17,438	17
18					18
19					19
20					20
21	TOTAL		$ 1,453.17	$ 17,438	21

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

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	V10A/V39	hrs	$ -	2,772	$ 207,906	$ -	2,772	$ 207,906	1
2	Licensed Speech and Language Development Therapist	V10A/V39	hrs	-	889	66,676	-	889	66,676	2
3	Licensed Recreational Therapist	V10A/V39	hrs	-		-	-			3
4	Licensed Physical Therapist	V10A/V39	hrs	-	1,960	146,983	-	1,960	146,983	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	V39	# of prescrpts	-		-	208,973		208,973	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	V39								12
13	Other (specify):	V39		-		810,501	204,289		1,014,790	13
14	TOTAL			$	5,621	$ 1,232,066	$ 413,262	5,621	$ 1,645,328	14

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

ALDEN ESTATES OF SKOKIE, INC.
Skokie
For the Thirteen Months Ending Wednesday, December 31, 2025

				TB
				2,025.00

PA Cost Report - Page 16A Supporting Worksheet.

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col.	$207,905.94
2.	ST	39-3	To Col.	66,676.24
4.	PT	39-2	To Col.	146,983.17
	Pharmacy Supplies Per GL			219,389.08
	Manual Input From Related Party - FECSII - DRUGS	(From Page 6C, Ln 39/Drug items)		(10,415.99)
9.	Pharmacy	See Pg 16A	To Col.	208,973.09
12.	Exceptional Care-Salaries	See Pg 16A	To Col. 3	
12.	Exceptional Care- Supplies	See Pg 16A	To Col. 6	53,023.79
	12. Total Exceptional Care Check (Line 12, Col. 8)			53,023.79
13.	Other	See Pg 16		
13.	Col 5: Manual Input: From Related Party - CPT WS	(From Page 6D, Col 8)	To Col. 5	(45,363.00)
	Other (various GL accounts)			920,166.02
	Manual Input: Related Party - Prism WS	(From Page 6B, Ln39 items, Col 8)		(43,422.00)
	Manual Input: Related Party - FECII - I.V.	(From Page 6C, Ln 39 items for IV, Col 8)		(641.62)
	Manual Input: Related Party - FECII - EE Vaccinations	(From Page 6C, Ln 39 items, Col 8)		3,007.00
	Manual Input: Related Party - FECII - Wound Care Products	(From Page 6C, Ln 39 items, Col 8 WC)		(2,241.25)
	Oxygen - From Reclass WP	(FromPg 4A)		130,262.00
13.	Col. 6: Supplies Total		To Col.	1,007,130.15
13.	Total Line 13, Column 8 Check			961,767.15
14.	Total			1,645,329.38

Notes:

1. Compare to prior year worksheet. A few homes have exceptions to the normal input noted above;
   For example, Barr & Park Strathmoor. There may be others, as well.
2. Make sure there are no links to any other worksheets. Break links, if any, once you copy/paste into cost report Pg 16A.

STATE OF ILLINOIS

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,675	$ 50,714	1
2	Cash-Patient Deposits	-	-	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (195,000)	3,253,609	4,172,553	3
4	Supply Inventory (priced at)	4,107	4,107	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	-	52,867	6
7	Other Prepaid Expenses	20,211	20,211	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): See Attached TB	198,380	198,380	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,477,982	$ 4,498,832	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	611,909	13
14	Buildings, at Historical Cost	-	3,524,779	14
15	Leasehold Improvements, at Historical Cost	1,338,277	3,171,599	15
16	Equipment, at Historical Cost	1,422,959	3,352,614	16
17	Accumulated Depreciation (book methods)	(2,166,471)	(6,930,107)	17
18	Deferred Charges	-	-	18
19	Organization & Pre-Operating Costs	-	89,554	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-	(21,546)	20
21	Restricted Funds	-	125,594	21
22	Other Long-Term Assets (sp See Attached TB	77,734	1,077,546	22
23	Other(specify): See Attached TB	4,683,323	4,683,323	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,355,822	$ 9,685,265	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,833,804	$ 14,184,097	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,112,090	$ 1,117,684	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	492,506	492,506	28
29	Short-Term Notes Payable	37,587	241,694	29
30	Accrued Salaries Payable	846,289	846,289	30
31	Accrued Taxes Payable (excluding real estate taxes)	287,783	287,783	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	158,600	32
33	Accrued Interest Payable	-	73,787	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Attached TB	458,286	458,286	36
37	See Attached TB	1,240,151	1,240,151	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 4,474,692	$ 4,916,780	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,787,133	8,737,516	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43	See Attached TB	-	-	43
44	See Attached TB	-	-	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,787,133	$ 8,737,516	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 6,261,825	$ 13,654,296	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,571,979	$ 529,801	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 8,833,804	$ 14,184,097	48

*(See instructions.)

Alden Park Strathmoor
44909
12/31/2025
Schedule XV - Page 17 Support

PG 17 Line 9 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
116400-100000	Miscell Non-Patient Receivable	11,737.82
116400-100041	Miscell Non-Patient Receivable	186,642.46
Total		198,380.28

PG 17 Line 22 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
172700-100000	ROU Asset-Finance	74,366.00
172800-100000	ROU Asset-Operating	3,003.00
191700-100000	Refinancing Fee	4,188.67
191800-100000	Accum Amortiz - Refinancing Fe	(3,824.31)
194100-100000	Replacement Reserve	999,811.63
Total		1,077,544.99

PG 17 Line 23 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
120100-101000	Intercompany Receivable	571,944.15
120100-104000	Intercompany Receivable	81.99
120100-108000	Intercompany Receivable	(404,114.73)
120100-110000	Intercompany Receivable	(288,572.31)
120100-111000	Intercompany Receivable	(809,676.00)
120100-116000	Intercompany Receivable	25,000.00
120100-118000	Intercompany Receivable	(972,825.91)
120100-120000	Intercompany Receivable	3,144.22
120100-124000	Intercompany Receivable	186,284.00
120100-125000	Intercompany Receivable	112,517.00
120100-126000	Intercompany Receivable	307,734.00
120100-130000	Intercompany Receivable	(941,554.06)
120100-131000	Intercompany Receivable	1,671,378.03
120100-133000	Intercompany Receivable	143,500.00
120100-160000	Intercompany Receivable	0.04
120100-165000	Intercompany Receivable	(1,419,317.29)
120100-167000	Intercompany Receivable	(0.05)
120100-184000	Intercompany Receivable	1.96
120100-191000	Intercompany Receivable	(416,118.62)
120100-200000	Intercompany Receivable	(1,134,384.18)
121000-101000	AMS Clearing Account	3,072,697.37
121000-108000	AMS Clearing Account	1,175,293.57
121000-131000	AMS Clearing Account	3,545,265.39
121000-133000	AMS Clearing Account	5,000.00
121000-200000	AMS Clearing Account	77,241.23
200100-101000	Accounts Payable	(376,375.88)
200100-130000	Accounts Payable	(62,066.85)
200100-167000	Accounts Payable	(17,184.65)
120100-101000	Intercompany Receivable	628,432.37
Total		4,683,324.79

PG 17 Line 36 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
205100-100000	Accrued Insurance	26,922.34
230100-100000	Accrued Expenses	(62,930.06)
230100-100005	Accrued Expenses	(342,419.47)
230100-100401	Accrued Expenses	(4,580.12)
230300-100000	Sales Tax Payable	(304.00)
239100-100000	Due To Idpa For License Fees	(77,318.00)
239300-100000	Due To Idpa For Audits	2,342.51
Total		(458,286.80)

PG 17 Line 37 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
200100-160000	Accounts Payable	(228,773.82)
200100-174000	Accounts Payable	(2,087.50)
200100-175000	Accounts Payable	(80,408.31)
200100-184000	Accounts Payable	(797,681.92)
200100-194000	Accounts Payable	(5,454.72)
230100-160000	Accrued Expenses	(40,578.36)
230100-167000	Accrued Expenses	(1,786.40)
230100-175000	Accrued Expenses	(42,640.82)
230100-184000	Accrued Expenses	(40,738.67)
Total		(1,240,150.52)

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,059,322	1
2	Restatements (describe):		2
3	**Prior Year Adjustments**	(3,733)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,055,589	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,516,390	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(0)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 1,516,390	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 0	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,571,979	24 *

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

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 17,570,290	1
2	Discounts and Allowances for all Levels	(35,485)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 17,534,805	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	1,099,846	5
6	Therapy	184,412	6
7	Oxygen	59,343	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,343,601	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	2,446	21
22	Laundry	-	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 2,446	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	43,668	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 43,668	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached & TB	294,662	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 294,662	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 19,219,182	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,440,515	31
32	Health Care	7,367,499	32
33	General Administration	4,204,473	33
	B. Capital Expense		
34	Ownership	1,025,502	34
	C. Ancillary Expense		
35	Special Cost Centers	1,744,405	35
36	Provider Participation Fee	920,398	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 17,702,792	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,516,390	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,516,390	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	$ 3,143,726.41	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	8,951,358.96	45
46	MMAI-Medicaid is the Primary Payer	2,066,619.36	46
47	MMAI-Medicare is the Primary Payer	59,185.81	47
48	Private Pay	957,642.54	48
49	Medicare Part A	823,701.58	49
50	Other-(specify) MAP	691,142.71	50
51	Other-(specify) Veterans	490,924.94	51
52	Other-(specify) SNP		52
53	Other-(specify) HMO/Hospice		53
54	Other-(specify) CNA Incentives	350,502.60	54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 17,534,805	56

Alden Park Strathmoor
44909
12/31/2025
Schedule XVII - Page 19 Support

PG 19 Line 28 Detail

CLIENT ACCOUNT	ACCOUNT DESCRIPTION	BALANCE
497700-100000	Miscellaneous Income	(150.00)
497700-100001	Miscellaneous Income	(215.00)
497700-100002	Miscellaneous Income	(25.00)
497700-100010	Miscellaneous Income	(727.19)
498300-100000	Write Off Old A/P	(19,761.61)
498500-100000	Gain On Sale Of Assets	(6,816.22)
497600-100001	ERC Other Income	(266,966.75)
Total		(294,661.77)

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,580	1,617	$ 98,373	$ 60.83	1
2	Assistant Director of Nursing	2,526	2,608	136,757	52.44	2
3	Registered Nurses	20,539	22,291	1,093,355	49.05	3
4	Licensed Practical Nurses	28,688	30,571	1,391,463	45.52	4
5	CNAs & Orderlies	99,635	108,043	2,736,095	25.32	5
6	CNA Trainees			-		6
7	Licensed Therapist			-		7
8	Rehab/Therapy Aides	5,300	5,817	178,219	30.64	8
9	Activity Director	2,212	2,220	60,499	27.26	9
10	Activity Assistants	5,767	6,238	141,113	22.62	10
11	Social Service Workers	2,053	2,127	66,197	31.12	11
12	Dietician			-		12
13	Food Service Supervisor	2,064	2,080	58,542	28.15	13
14	Head Cook			-		14
15	Cook Helpers/Assistants	19,973	22,345	499,431	22.35	15
16	Dishwashers			-		16
17	Maintenance Workers	2,040	2,080	69,879	33.60	17
18	Housekeepers	17,203	19,427	419,050	21.57	18
19	Laundry	3,925	4,461	98,811	22.15	19
20	Administrator	2,168	2,191	142,945	65.23	20
21	Assistant Administrator	431	432	14,495	33.55	21
22	Other Administrative	6,551	6,852	261,012	38.09	22
23	Office Manager			-		23
24	Clerical	4,365	4,754	92,234	19.40	24
25	Vocational Instruction			-		25
26	Academic Instruction			-		26
27	Medical Director			-		27
28	Qualified ID Prof (QIDP)			-		28
29	Resident Services Coordinator	2,072	2,080	104,298	50.14	29
30	Habilitation Aides (DD Homes)			-		30
31	Medical Records			-		31
32	Other Health Care(specify)	4,304	4,685	93,186	19.89	32
33	Other(specify)	6,617	7,087	231,496	32.66	33
34	TOTAL (lines 1 - 33)	240,009	260,006	$ 7,987,450 *	$ 30.72	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	$4,177/month	$ 50,132	V01-3	35
36	Medical Director	$4,250/month	51,000	V09-3	36
37	Medical Records Consultant		-		37
38	Nurse Consultant		-		38
39	Pharmacist Consultant	$945/month	11,340	V10-3	39
40	Physical Therapy Consultant		-		40
41	Occupational Therapy Consultant		-		41
42	Respiratory Therapy Consultant		-		42
43	Speech Therapy Consultant		-		43
44	Activity Consultant	$70/month	840	V11-3	44
45	Social Service Consultant	$70/month	840	V12-3	45
46	Other(specify)		-		46
47			-		47
48			-		48
49	TOTAL (lines 35 - 48)		$ 114,152		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	2,491	$ 192,783	V10-3	50
51	Licensed Practical Nurses	1,682	69,958	V10-3	51
52	Certified Nurse Assistants/Aides	8,875	218,990	V10-3	52
53	TOTAL (lines 50 - 52)	13,048	$ 481,731		53

Alden Park Strathmoor
44909
12/31/2025
Supplemental Schedule of Schedule XVIII - A
Line 33 Detail

CLIENT ACCOUNT	ACCOUNT DESCRIPTION	Number of Hours Actually Worked	Number of Hours Paid & Accrued	Reporting Period Total Salary & Wages	Average Hourly Wage
600100-100-004	Memory Care Activity Aide	3,828	4,298	106,108	24.69
600100-100-003	Memory Care Director_LPN	2,789	2,789	125,388	44.95
Total		6,617	7,087	231,496	32.66

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Blanco, Flora	Admin	0	$ 27,757
Campbell, Nicholas D.	Admin	0	70,088
Oladoja, Sierra M.	Admin	0	45,100
Hawkins, Krystal L.	Asst Admin	0	14,495
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 157,440

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	$ 1,265,312
Mid-Cap - Allocated Legal Fees	Legal Fees - Non Collections	308
Mid-Cap - Allocated Accounting Fees	Accounting Fees	18,745
Baker Tilly/ Plante Moran	Accounting Fees	35,694
HealthFinSyst/C. Novotny	Medicare reporting	211
Joint Commission, People Powered, and	Professional Services	16,343
Alden Management Services, Inc.	Alden Management Services, Inc.	77,400
SB2,Stone Pogr.& Korey, Mary Chelloti	Legal Fees - Collections	18,219
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 1,432,233

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	143,294
Unemployment Compensation Insurance	41,230
FICA Taxes	611,040
Employee Health Insurance	303,940
Employee Meals	34,774
Illinois Municipal Retirement Fund (IMRF)*	
401K Expenses	4,852
Other employee benefits/Alloc Forum	(3,160)
Employee Testing and Vaccines	4,725
Life Insurance	1,476
Pension Expense	48,378
Misc Payroll Costs	14,107
Dental Insurance	1,005
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,205,661

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	33,213
Health Care Worker Background Check	864
(Indicate # of checks performed)	
Patient Background Checks 281	2,819
Association Dues (total from pg 22, #4)	18,806
Surety Bond/Annual Report Fee	800
Align Executive Search LLC, Collaborative Healt	48,989
Broadcast Music	1,262
Related Party AMS	993
Less: Public Relations Expense	( )
PAC and Lobbying payments	(9,403)
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 98,341

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Related Party AMS	1,991
Seminar Expense	
Nursing & Dietary Seminars	746
Illinois Nursing Academy	1,454
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,191

**See instructions.

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

Legal Fees Reported on Pg 21, Section C:	$95,927.45
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(18,219.12)
Non-allowable legal fees, if any, deducted on	
- AMS Allocated Legal Fees: GL 680600-100-003	(77,400.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	$308.33

Invoice listing:

Allowable Legal Fees: 680600-100-000

Vendor Name	Invoice Date	Amount
MidCap Legal (through Alden Group)		308.33

TOTAL ALLOWABLE LEGAL FEES **308.33**

Non-Allowable Legal Fees: 696600-100-000

Vendor Name	Invoice Date	Amount
Stone, Pogrund & Korey LLC [through AMS]	1/1/2025-12/31/2025	6,068.71
SB2 Inc (through AMS)	1/1/2025-12/31/2025	1,227.30
Midwest Care Management Services, Inc	1/1/2025-12/31/2025	8,890.00
Law Offices of Amanda Adams Martinez LLC	1/1/2025-12/31/2025	2,178.00
Stern McQuiston, LLC	1/1/2025-12/31/2025	201.25
Mary Chelotti [through AMS]	1/1/2025-12/31/2025	988.82
Strategic Health	1/1/2025-12/31/2025	385.00
Sharon R. Ruby P.C	1/1/2025-12/31/2025	666.00
PCC Cash Import		(2,385.96)

TOTAL Collection-NOT ALLOWABLE LEGAL FEES **18,219.12** 6966 Lgl collect

Allocated Related Party Legal Fees: 680600-100-003

Vendor Name	Invoice Date	Amount
Corporate Legal Fee	Jan	6,450.00
Corporate Legal Fee	Feb	6,450.00
Corporate Legal Fee	Mar	6,450.00
Corporate Legal Fee	Apr	6,450.00
Corporate Legal Fee	May	6,450.00
Corporate Legal Fee	Jun	6,450.00
Corporate Legal Fee	Jul	6,450.00
Corporate Legal Fee	Aug	6,450.00
Corporate Legal Fee	Sep	6,450.00
Corporate Legal Fee	Oct	6,450.00
Corporate Legal Fee	Nov	6,450.00
Corporate Legal Fee	Dec	6,450.00

TOTAL Allocated Legal Fees **77,400.00** 6806-100-003 Lgl non coll

Total Legal Cost **95,927.45**

$0.00

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 1/1/2025 Ending: ######

XX. GENERAL INFORMATION:

-1 Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

-2 Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below. Use the drop down list to identify the association.

Association Name	Amount
HEALTH CARE COUNCIL OF IL (HCCI)	9,403
-	
-	
	9,403 Total

-3 List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.

HEALTH CARE COUNCIL OF IL (HCCI)	9,403
-	
- -	
	9,403 Total

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

HEALTH CARE COUNCIL OF IL (HCCI)	18,806
-	-
- -	-
	-
	18,806 Total

-5 Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. $ 49,050 Line 10-2

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

-7 Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ 920,398
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. $ 34,774 Has any meal income been offset against related costs? No Indicate the amount. $ N/A

-12 Travel and Transportation

a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. $ N/A

c. What percent of all travel expense relates to transportation of nurses and patients? 0

d. Have vehicle usage logs been maintained? No

e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No

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

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

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

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