

		FOR BHF USE					

LL1

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

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

I. IDPH License ID Number: 0038000

Facility Name: Alden Town Manor Rehab HCC

Address: 6120 West Ogden Cicero 60804
Number City Zip Code

County: Cook

Telephone Number: 708-869-0500 Fax # 708-863-4893

HFS ID Number:

Date of Initial License for Current Owners: 09/19/92

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

Partnership

x

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

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

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

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name) Derek Smart

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

Paid Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

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

Facility Name & ID Number Alden Town Manor Rehab HCC # 0038000 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____					
	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>249</u>	Skilled (SNF)	<u>249</u>	<u>90,885</u>	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	<u>249</u>	TOTALS	<u>249</u>	<u>90,885</u>	7

B. Census-For the entire report period.										
	1	2	3	4	5	6	7	8	9	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment								
		Medicaid Fee for Service	Medicaid MLTSS	MMAI		Private Pay	Medicare Part A Only	Other	Total	
				Medicaid Primary	Medicare Primary					
8	SNF	1,074	5,234	98	92	831	1,592	898	9,819	8
9	SNF/PED									9
10	ICF	16,047	31,917	5,463		1,530			54,957	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	17,121	37,151	5,561	92	2,361	1,592	898	64,776	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 71.27%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 6/15/93

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

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter certified beds.
number of certified beds 249

Medicare Intermediary Wellpoint Federal

IV. ACCOUNTING BASIS
ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐
Is your fiscal year identical to your tax year? YES ☒ NO ☐

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

Facility Name & ID Number Alden Town Manor Rehab HCC # 0038000 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	614,761	55,512	50,132	720,405	1,613	722,018	16,827	738,845			1
2	Food Purchase		563,927		563,927	(47,940)	515,987	(52,568)	463,419			2
3	Housekeeping	510,724	58,004		568,728	1,863	570,591	22,135	592,726			3
4	Laundry	123,696	49,566		173,262	182	173,444		173,444			4
5	Heat and Other Utilities			370,582	370,582		370,582	5,981	376,563			5
6	Maintenance	50,459		380,836	431,295	46	431,341	36,555	467,896			6
7	Other (specify):* Medical Waste, Scavenger, Security			34,186	34,186		34,186	16,507	50,693			7
8	TOTAL General Services	1,299,640	727,009	835,736	2,862,385	(44,236)	2,818,149	45,437	2,863,586			8
	B. Health Care and Programs											
9	Medical Director			42,000	42,000		42,000		42,000			9
10	Nursing and Medical Records	7,361,342	326,428	873,737	8,561,507	(51,603)	8,509,904	82,800	8,592,704			10
10a	Therapy	430,519	1,618	24,000	456,137		456,137		456,137			10a
11	Activities	167,239	11,337	3,040	181,616	110	181,726		181,726			11
12	Social Services	93,428		840	94,268		94,268		94,268			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Resident Safety Tech	58,349			58,349		58,349	10,233	68,582			15
16	TOTAL Health Care and Programs	8,110,877	339,383	943,617	9,393,877	(51,493)	9,342,384	93,033	9,435,417			16
	C. General Administration											
17	Administrative	325,302			325,302		325,302	284,324	609,626			17
18	Directors Fees											18
19	Professional Services			1,594,568	1,594,568	(170)	1,594,398	(1,453,081)	141,317			19
20	Dues, Fees, Subscriptions & Promotions			197,893	197,893	170	198,063	(106,643)	91,420			20
21	Clerical & General Office Expenses	281,233	24,275	307,725	613,233	630	613,863	470,837	1,084,700			21
22	Employee Benefits & Payroll Taxes			1,459,600	1,459,600	29,618	1,489,218	(15,631)	1,473,587			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,152	1,152		1,152	2,318	3,470			24
25	Other Admin. Staff Transportation			2,459	2,459		2,459	23,285	25,744			25
26	Insurance-Prop.Liab.Malpractice			665,060	665,060		665,060	33,210	698,270			26
27	Other (specify):* Related Party			350,218	350,218		350,218	(229,804)	120,414			27
28	TOTAL General Administration	606,535	24,275	4,578,675	5,209,485	30,248	5,239,733	(991,185)	4,248,548			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	10,017,052	1,090,667	6,358,028	17,465,747	(65,481)	17,400,266	(852,715)	16,547,551			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			126,983	126,983		126,983	194,206	321,189			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			372,783	372,783		372,783	121,382	494,165			32
33	Real Estate Taxes			702,717	702,717	(702,717)		733,698	733,698			33
34	Rent-Facility & Grounds			732,581	732,581	702,717	1,435,298	(1,435,298)				34
35	Rent-Equipment & Vehicles			40,467	40,467		40,467	53,213	93,680			35
36	Other (specify):* MIP, if any							64,968	64,968			36
37	TOTAL Ownership			1,975,531	1,975,531		1,975,531	(267,831)	1,707,700			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		385,467	503,999	889,466	65,481	954,947	(157,634)	797,313			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			796,465	796,465		796,465		796,465			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		385,467	1,300,464	1,685,931	65,481	1,751,412	(157,634)	1,593,778			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	10,017,052	1,476,134	9,634,023	21,127,209		21,127,209	(1,278,180)	19,849,029			45

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

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

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

From Line	To Line	Amount	Description
2	22	(47,940) (Cr) 47,940	Employee Meals Employee Meals
22	1	(18,322) (Cr) 1,613	Uniform Reclass Uniform Reclass
	3	1,863	Uniform Reclass
	4	182	Uniform Reclass
	6	46	Uniform Reclass
	10	13,878	Uniform Reclass
	11	110	Uniform Reclass
	21	630	Uniform Reclass
10	39	(65,481) (Cr) 65,481	Oxygen Cost Reclass Oxygen Cost Reclass
33	34	(702,717) (Cr) 702,717	Rent - Real Estate Tax on associated landowner (Pg 6) Rent - Real Estate Tax on associated landowner (Pg 6)
19	20	(170) 170	IL State Police background checks IL State Police background checks
		-	Must Net to Zero

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(25,100)	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	(32,864)	30		9
10	Interest and Other Investment Income	(19,898)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,775)	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	(31,427)	21		17
18	Fines and Penalties	(184,923)	32		18
19	Entertainment	(110)	20		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(50,122)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(350,218)	27		24
25	Fund Raising, Advertising and Promotional	(95,716)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (792,153)		\$	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)	(391,398)		34
35	Other- Attach Schedule	(94,629)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (486,027)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,278,180)		37

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

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

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Political Action Committee Payments	\$ (12,050)	20	1
2	Other Expenses Related to Lobbying Activities			2
3				3
4	Expense curr yr purchases under threshold	38,595	6	4
5	Late Fees on Utilities	(2,012)	21	5
6				6
7	elim donation to Campagin for J. Botel			7
8	Add back refund for tax year 2021			8
9	rounding adjustment	(1)	33	9
10				10
11	Add any RE tax refunds for non-2022 tax yr (Ref 33)			11
12				12
13				13
14				14
15	adj for ABC related party profits -Pg 12E-depn exp)	56	30	15
16	adjustment on Depreciation exp	(56,370)	30	16
17				17
18	Miscellaneous Income - Miscell	(30)	21	18
19	Miscellaneous Income - Medical Records	(230)	21	19
20	Miscellaneous Income - Jury Duty	(70)	22	20
21	Miscellaneous Income - Unclaimed Property	(85)	10	21
22	Marketing Manager & Aides	(54,370)	21	22
23	Elim employee benef on Marketing Salaries	(7,922)	22	23
24				24
25	Back out LLC Bank Charges	(140)	21	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	(94,629)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehab HCC # 0038000 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	21,468	(4,641)	0	0	0	0	0	0	0	16,827	1
2	Food Purchase	(1,775)	0	0	(50,793)	0	0	0	0	0	0	0	(52,568)	2
3	Housekeeping	0	0	22,135	0	0	0	0	0	0	0	0	22,135	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	5,981	0	0	0	0	0	0	0	0	5,981	5
6	Maintenance	13,495	0	23,659	0	0	0	(551)	(48)	0	0	0	36,555	6
7	Other (specify):*	0	0	16,507	0	0	0	0	0	0	0	0	16,507	7
8	TOTAL General Services	11,720	0	89,750	(55,434)	0	0	(551)	(48)	0	0	0	45,437	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(85)	0	75,681	9,138	(1,934)	0	0	0	0	0	0	82,800	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	10,233	0	0	0	0	0	0	0	0	10,233	15
16	TOTAL Health Care and Programs	(85)	0	85,914	9,138	(1,934)	0	0	0	0	0	0	93,033	16
	C. General Administration													
17	Administrative	0	0	284,324	0	0	0	0	0	0	0	0	284,324	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(50,122)	13,571	(1,416,530)	0	0	0	0	0	0	0	0	(1,453,081)	19
20	Fees, Subscriptions & Promotions	(107,876)	77	1,156	0	0	0	0	0	0	0	0	(106,643)	20
21	Clerical & General Office Expenses	(88,209)	140	558,906	0	0	0	0	0	0	0	0	470,837	21
22	Employee Benefits & Payroll Taxes	(7,992)	0	0	0	(7,639)	0	0	0	0	0	0	(15,631)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,318	0	0	0	0	0	0	0	0	2,318	24
25	Other Admin. Staff Transportation	0	0	23,285	0	0	0	0	0	0	0	0	23,285	25
26	Insurance-Prop.Liab.Malpractice	0	32,054	1,156	0	0	0	0	0	0	0	0	33,210	26
27	Other (specify):*	(350,218)	0	120,414	0	0	0	0	0	0	0	0	(229,804)	27
28	TOTAL General Administration	(604,417)	45,842	(424,971)	0	(7,639)	0	0	0	0	0	0	(991,185)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(592,782)	45,842	(249,307)	(46,296)	(9,573)	0	(551)	(48)	0	0	0	(852,715)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Town Manor Rehab HCC # 0038000 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(89,178)	269,531	13,853	0	0	0	0	0	0	0	0	194,206	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(204,821)	320,404	5,799	0	0	0	0	0	0	0	0	121,382	32
33	Real Estate Taxes	(1)	702,717	2,028	0	0	0	0	0	0	28,954	0	733,698	33
34	Rent-Facility & Grounds	0	(1,435,298)	0	0	0	0	0	0	0	0	0	(1,435,298)	34
35	Rent-Equipment & Vehicles	0	0	53,213	0	0	0	0	0	0	0	0	53,213	35
36	Other (specify):*	0	64,968	0	0	0	0	0	0	0	0	0	64,968	36
37	TOTAL Ownership	(294,000)	(77,678)	74,893	0	0	0	0	0	0	28,954	0	(267,831)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(76,359)	(5,004)	(76,271)	0	0	0	0	0	(157,634)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(76,359)	(5,004)	(76,271)	0	0	0	0	0	(157,634)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(886,782)	(31,836)	(174,414)	(122,655)	(14,577)	(76,271)	(551)	(48)	0	28,954	0	(1,278,180)	45

VII. RELATED PARTIES

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

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

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

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 1,435,298	Town Manor Associates, LLC	0.00%	\$	\$ (1,435,298)	1
2	V	32	Interest Income - RR	13	Town Manor Associates, LLC			(13)	2
3	V	19	Accounting/Professional Fees		Town Manor Associates, LLC		13,571	13,571	3
4	V	33	Real Estate Tax		Town Manor Associates, LLC		702,717	702,717	4
5	V	26	Property and Liability Insurance		Town Manor Associates, LLC		32,054	32,054	5
6	V	32	Interest on Mortgage		Town Manor Associates, LLC		307,139	307,139	6
7	V	19	Legal Fees - Non Collections		Town Manor Associates, LLC				7
8	V	30	Depreciation		Town Manor Associates, LLC		269,531	269,531	8
9	V	32	Amortization		Town Manor Associates, LLC		13,278	13,278	9
10	V	36	Mortgage Insurance Premium		Town Manor Associates, LLC		64,968	64,968	10
11	V	20	Corporate Annual Report Fee		Town Manor Associates, LLC		77	77	11
12	V	21	Bank Charges		Town Manor Associates, LLC		140	140	12
13	V								13
14	Total			\$ 1,435,311			\$ 1,403,475	\$ * (31,836)	14

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

VII. RELATED PARTIES (continued)

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

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 5,981	\$ 5,981	15
16	V	24	Travel and Seminar		Alden Management Services, Inc.		2,318	2,318	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		23,285	23,285	17
18	V	26	Insurance		Alden Management Services, Inc.		1,156	1,156	18
19	V	20	Dues and Subscription		Alden Management Services, Inc.		1,156	1,156	19
20	V	30	Depreciation		Alden Management Services, Inc.		13,853	13,853	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		2,028	2,028	21
22	V	35	Rent - Equipment and Vehicle		Alden Management Services, Inc.		53,213	53,213	22
23	V	32	Interest		Alden Management Services, Inc.		5,799	5,799	23
24	V	1	Dietary		Alden Management Services, Inc.		21,468	21,468	24
25	V	3	Housekeeping		Alden Management Services, Inc.		22,135	22,135	25
26	V	7	Employee Benefit - Gen Services		Alden Management Services, Inc.		16,507	16,507	26
27	V	10	Nurse & Medical Records Salary		Alden Management Services, Inc.		75,681	75,681	27
28	V	15	Employee Benefit - Health Care		Alden Management Services, Inc.		10,233	10,233	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		284,324	284,324	29
30	V	27	Employee Benefit - Admin		Alden Management Services, Inc.		120,414	120,414	30
31	V	19	Professional Fees	1,495,074	Alden Management Services, Inc.		78,544	(1,416,530)	31
32	V	21	General and Administrative	90,000	Alden Management Services, Inc.		648,906	558,906	32
33	V	6	Repairs and Maintenance	101,343	Alden Management Services, Inc.		125,002	23,659	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,686,417			\$ 1,512,003	\$ * (174,414)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consult.	\$ 50,132	Prism Health Care Services, Inc.	0.00%	\$	\$ (50,132)	15
16	V	1	Dietary Salary				26,053	26,053	16
17	V	2	Tube feeding	103,761			19,079	(84,682)	17
18	V	10	Equip. Rental	8,737			9,593	856	18
19	V	39	Ancillary supplies	125,025			16,485	(108,540)	19
20	V	1	Gen'l & Admin & benefits				19,438	19,438	20
21	V	2	Gen'l & Admin & benefits				33,889	33,889	21
22	V	10	Gen'l & Admin & benefits				8,282	8,282	22
23	V	39	Gen'l & Admin & benefits				32,181	32,181	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			\$ 287,655			\$ 165,000	\$ * (122,655)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 210,554	Forum Extended Care II, Inc.	0.00%	\$ 200,558	\$ (9,996)	15
16	V	39	I.V.	19,478			18,554	(924)	16
17	V	39	Wound Care-Product only	28,647			27,287	(1,360)	17
18	V	10	House Stock	25,793			24,568	(1,225)	18
19	V	10	Pharm Consult	14,940			14,231	(709)	19
20	V	22	Employee Vaccinations	7,639				(7,639)	20
21	V	39	Employee Vaccinations				7,276	7,276	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			\$ 307,051			\$ 292,474	\$ * (14,577)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 521,062	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 444,791	\$ (76,271)	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			\$ 521,062			\$ 444,791	\$ * (76,271)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 46,464	Alden Bennett Construction Company, Inc.		\$ 45,913	\$ (551)	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			\$ 46,464			\$ 45,913	\$ * (551)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 11,582	Alden Design Group, Ltd.	0.00%	\$ 11,534	\$ (48)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 11,582			\$ 11,534	\$ * (48)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	33	Real estate taxes-parking lot	\$	The Alden Group, LTD	0.00%	\$ 28,954	\$ 28,954	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			\$			\$ 28,954	\$ * 28,954	39

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

Facility Name & ID Number

Alden Town Manor Rehab HCC

0038000

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

VII. RELATED PARTIES

A. (Continued)

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

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

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	Chairman-BOD	Chairman	0.10	190,720	1.856	4.64	Salary	\$ 9,280	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Svcs	Technical Nursing	20.77	101,082	1.856	4.64	Salary	4,918	10-7	2
3	Terry Magnusson	Dir. of Property Man	Building equipmen	0.00	101,082	1.856	4.64	Salary	4,918	6-7	3
4	Ina Schlossberg	Board Member	Events and special	0.00	101,082	1.856	4.64	Salary	4,918	17-7	4
5	Audra Elisco	Medical Records Coo	Medical record ma	20.77	76,523	1.856	4.64	Salary	3,723	21-7	5
6	Randi Schlossberg-Schullo	President	General Oper.	20.77	190,720	1.624	4.64	Salary	9,280	6-7, 17-7	6
7	Joseph Schullo	Project Manager	General Operation	6.26	190,720	1.624	4.64	Salary	9,280	6-7, 17-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 46,319		13

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

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

Ending: 2/31/2025

(773-286-8038

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,397,134	36	\$ 129,003	\$	64,776	\$ 5,981	1
2	24	Trav & Seminar	Patient Days	1,397,134	36	49,988		64,776	2,318	2
3	25	Other Admin Travel	Patient Days	1,397,134	36	502,227		64,776	23,285	3
4	26	Insurance	Patient Days	1,397,134	36	24,931		64,776	1,156	4
5	20	Dues & Subscriptions	Patient Days	1,397,134	36	24,937		64,776	1,156	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		64,776	2,028	7
8	35	Rent-Equip & Vehicle	Patient Days	1,397,134	36	1,147,743		64,776	53,213	8
9	32	Interest	Patient Days	1,397,134	36	125,066		64,776	5,798	9
10	1	Dietary Salary	Patient Days	1,397,134	36	463,044	463,044	64,776	21,468	10
11	3	Housekeeping Salary	Patient Days	1,397,134	36	477,424	477,424	64,776	22,135	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,397,134	36	356,025		64,776	16,507	12
13	10	Nurs & Med Records Salary	Patient Days	1,397,134	36	1,632,344	1,632,344	64,776	75,681	13
14	15	Employee Benefits -Health Care	Patient Days	1,397,134	36	220,704		64,776	10,233	14
15	17	Administrative Salary	Patient Days	1,397,134	36	6,132,499	6,132,499	64,776	284,324	15
16	27	Employee Benefits - Admin	Patient Days	1,397,134	36	2,597,178		64,776	120,414	16
17	19	Professional fees	Patient Days	1,397,134	36	518,567		64,776	24,043	17
18	19	Professional fees	Revenue charged	33,202,232	36	1,210,351	1,210,351	1,495,074	54,501	18
19	21	Gen'I & Admin	Patient Days	1,397,134	36	13,996,050	11,866,101	64,776	648,906	19
20	6	Repair & Maint.	Patient Days	1,397,134	36	559,530		64,776	25,942	20
21	6	Repair & Maint.	Revenue charged	1,731,722	36	1,692,724	1,692,724	101,343	99,061	21
22										22
23										23
24										24
25	TOTALS					\$ 32,402,789	\$ 23,474,487		\$ 1,512,003	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge (GL 7055/2505/2021)		x	Building mortgage	\$46,166.00	2/11	\$ 12,722,300	\$ 11,699,604	8/56	2.6000	\$ 320,417	1	
2			x									2	
3												3	
4												4	
5												5	
	Working Capital												
6	Related party-AMS		x	Working capital							5,799	6	
7	Midcap			Working capital							187,798	7	
8	Financing charge gl 7035										62	8	
9	TOTAL Facility Related				\$46,166.00		\$ 12,722,300	\$ 11,699,604			\$ 514,076	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		x								(13)	10	
11	Interest Income (GL 4975)		x								(19,898)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (19,911)	14	
15	TOTALS (line 9+line14)						\$ 12,722,300	\$ 11,699,604			\$ 494,165	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 64,968 Line # 36

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

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2024 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	675,500	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.)				\$	709,898	2
3. Under or (over) accrual (line 2 minus line 1).				\$	34,398	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	699,300	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.				\$	733,698	7
Assessed Value from Real Estate Tax Bill:	2024	2,021,118	8			
Real Estate Tax Bill for Calendar Year:	2020	657,164	9			
	2021	675,926	10			
	2022	683,871	11			
	2023	697,791	12			
	2024	709,898	13			
The current year accrual is based on an estimated 3% increase of the prior year tax.						

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

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

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

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party - Alden Management	\$ 43,747.00	\$ 2,028.00
2.		\$	\$
3. 16-32-115-017-0000	Nursing Home Facility	\$ 6,435.00	\$ 6,435.00
4. 16-32-115-018-0000	Nursing Home Facility	\$ 6,435.00	\$ 6,435.00
5. 16-32-115-019-0000	Nursing Home Facility	\$ 56,305.00	\$ 56,305.00
6. 16-32-115-020-0000	Nursing Home Facility	\$ 77,960.00	\$ 77,960.00
7. 16-32-115-026-0000	Nursing Home Facility	\$ 284,602.00	\$ 284,602.00
8. 16-32-116-020-0000	Nursing Home Facility	\$ 127,596.00	\$ 127,596.00
9. 16-32-116-021-0000	Nursing Home Facility	\$ 53,631.00	\$ 53,631.00
10. 16-32-116-022-0000	Nursing Home Facility	\$ 53,631.00	\$ 53,631.00
TOTALS		\$ 710,342.00	\$ 668,623.00

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

IMPORTANT NOTICE

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

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

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

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

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Alden Town Manor Rehab HCC

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

0038000

CONTACT PERSON REGARDING THIS REPORT

Mark Novotny

TELEPHONE

773-724-6362

FAX #:

872-469-1725

A. Summary of Real Estate Tax Cost

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

	(A)	(B)	(C)	(D)
				Tax
	Tax Index Number	Property Description	Total Tax	Applicable to Nursing Home
1.			\$	\$
2.	16-32-116-023-0000	Nursing Home Facility	\$ 6,327.00	\$ 6,327.00
3.	16-32-116-024-0000	Nursing Home Facility	\$ 5,994.00	\$ 5,994.00
4.	16-32-116-006-0000	Nursing Home Fac - Parking Lot	\$ 4,932.00	\$ 4,932.00
5.	16-32-116-007-0000	Nursing Home Fac - Parking Lot	\$ 4,865.00	\$ 4,865.00
6.	16-32-116-008-0000	Nursing Home Fac - Parking Lot	\$ 5,131.00	\$ 5,131.00
7.	16-32-116-009-0000	Nursing Home Fac - Parking Lot	\$ 5,443.00	\$ 5,443.00
8.	16-32-116-010-0000	Nursing Home Fac - Parking Lot	\$ 5,530.00	\$ 5,530.00
9.	16-32-116-011-0000	Nursing Home Fac - Parking Lot	\$ 3,053.00	\$ 3,053.00
10.			\$	\$
		TOTALS	\$ 41,275.00	\$ 41,275.00

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 94,195 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).
None

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

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

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

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

XI. OWNERSHIP COSTS:

1		2		3		4	
A. Land.		Use	Square Feet	Year Acquired	Cost		
1	SNF		66,775	1991	\$ 1,137,260	1	
2						2	
3	TOTALS		66,775		\$ 1,137,260	3	

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	249		1992	1992	\$ 9,104,204	\$	30	\$	\$	9,104,204
5										
6										
7										
8										
	Improvement Type**									
9	Window glass repair		1992		1,600		10			1,600
10	CSI - boiler repair		1994		3,268		3			3,268
11	Tower cleaners - drapery		1995		1,557		5			1,557
12	Bartlett heating -pipe insulation		1995		3,700		15			3,700
13	CSI - a/c repair		1995		4,093		10			4,093
14	CSI - a/c repair		1995		4,027		10			4,027
15	CSI - pipe insulation		1995		1,981		15			1,981
16	CSI - chiller HVAC		1996		6,042		10			6,042
17	The floor source - carpet installation		1996		5,345		10			5,345
18	Ward door specialist, Inc. - metal door		1996		1,385		15			1,385
19	Shalom landscaping - planting		1996		8,000		10			8,000
20	The floor source - carpet installation		1996		6,049		10			6,049
21	Bartlett heating -pipe insulation		1996		18,526		15			18,526
22	Over charged by Bartlett		1996		(10,500)		15			(10,500)
23	Alden Bennett const. - heating, vent , a/c		1996		69,300		20			69,300
24	Alden Bennett construction - sanitary sewer lift station		1996		23,921		20			23,921
25	Arrigo enterprises, Inc. - heating and cooling sys. Cooridor		1996		10,931		20			10,931
26	Misco shawnee, Inc. - tile		1996		9,232		20			9,232
27	Misco shawnee, Inc. - tile		1996		9,020		20			9,020
28	General parts - repair dishwasher		1997		2,139		5			2,139
29	System Electric - 120 volt circuit installed and replaced		1997		2,085		5			2,085
30	Climate - freeon into a/c		1997		6,221		5			6,221
31	Long elevator - install new eyes on elevator door		1997		3,180		5			3,180
32	A&B cable - outlets installation		1997		11,520		5			11,520
33	Arrigo enterprises, Inc. - corridor renovation		1997		24,366		20			24,366
34	ABC - hvac repairs		1998		39,300		20			39,300
35	ABC - sanitary sewer lift station		1998		1,259		20			1,259
36	Coit drapery		1998		12,976		5			12,976

*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 Town Manor Rehab HCC

0038000

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	CSI - replaced fuse and cleaned ice machine	1998	\$ 3,267	\$	10	\$	\$	\$ 3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071		15			2,071	40
41	Kraft paper - extractor	1999	10,000		10			10,000	41
42	New horizons - phone system	1999	3,332		10			3,332	42
43	Advanced parts & services - replace boiler	1999	2,504		20			2,504	43
44	Chicago cooling corp - cleaned condensor	1999	1,483		10			1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726		15			1,726	46
47	Climater service - repair roooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998		20			6,998	48
49	ABC - excavation work	1999	2,571		10			2,571	49
50	Alden design	2000	9,940		10			9,940	50
51	ABC	2000	8,502		10			8,502	51
52	Fox valley fire & safety	2000	1,887		10			1,887	52
53	Switching sys. - replace ATS	2000	3,343		15			3,343	53
54	ABC reverse accruals	2000	(2,571)		10			(2,571)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806		15			1,806	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109		10			3,109	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529		10			15,529	59
60	Patten (service elevator)	2001	1,547		20			1,547	60
61	Patten (water pump)	2001	2,325		20			2,325	61
62	CSI coker services (speed reduction unit)	2001	3,779		10			3,779	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121		15			2,121	63
64	Simplex time (fire alarm)	2001	3,675		15			3,675	64
65	Simplex time (fire pump)	2001	1,800		20			1,800	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784		10			3,784	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,518,731	\$		\$	\$	\$ 9,518,731	70

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

Facility Name & ID Number Alden Town Manor Rehab HCC

0038000

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,518,731	\$		\$	\$	\$ 9,518,731	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120		15			2,120	3
4	Alden Bennett Construction (carpet material)	2001	6,636		10			6,636	4
5	Alden Bennett Construction (repair cabinets and tip in various arc	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844		10			2,844	11
12	GT Mechincal (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803		10			1,803	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000		20			2,000	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964		10			4,964	17
18	Thybonny Wallcoverings (Design works)	2003	2,098		10			2,098	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220		10			25,220	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709		10			2,709	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222		5			1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958		5			1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000		5			2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703		5			2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579		15			7,579	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs	2004	4,064		5			4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682		5			1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960		5			3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000		15			5,000	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851		15			2,851	33
34	TOTAL (lines 1 thru 33)		\$ 9,631,392	\$		\$	\$	\$ 9,631,392	34

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

Facility Name & ID Number Alden Town Manor Rehab HCC

0038000

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,631,392	\$		\$	\$	\$ 9,631,392	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946		5			23,946	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146		5			3,146	4
5	CSI Coker (Booster heater, Boiler,Steamer, Dishwasher, Platewar	2005	6,931		5			6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508		15			4,508	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320		5			1,320	7
8	TOPNOT (replace tank heat)	2005	2,298		5			2,298	8
9	TOPNOT (replace motor)	2005	1,935		5			1,935	9
10	Oak Fire and Security (Replace nurses call station)	2005	750		5			750	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925		5			9,925	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856		5			4,856	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509		5			1,509	13
14	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186		5			5,186	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277		5			2,277	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086		10			6,086	16
17	ABC - Tarkett vinyl sheeting	2006	17,176		10			17,176	17
18	ABC - exhaust fan	2006	5,662		10			5,662	18
19	ABC - paints and repairs	2006	5,171		5			5,171	19
20	ABC - insulation	2006	5,880		10			5,880	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072		5			5,072	22
23	Topnotch - new motor, speed reducer	2007	3,613		10			3,613	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592		5			9,592	24
25	GT - Mechanical, new tower pump and seal	2007	4,573		10			4,573	25
26	ABC - New HVAC motor	2007	3,188		5			3,188	26
27	ABC - new ceiling tiles	2007	4,289		5			4,289	27
28	ABC - new plumbing faucet	2007	6,344		5			6,344	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,778,511	\$		\$	\$	\$ 9,778,512	34

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

Facility Name & ID Number Alden Town Manor Rehab HCC

0038000

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,778,511	\$		\$	\$	\$ 9,778,512	1
2	Forum Prof Ctr: Remodeling 1979-1995	1979	64,367		20			64,367	2
3	Forum Prof Ctr: Asphalt/Design/etc.	2000	2,120		10			2,120	3
4	Forum Prof Ctr: Remodel/electrical	2001	826		7			826	4
5	Forum Prof Ctr: bathroom remodel	2002	731		5			731	5
6	Forum Prof Ctr: remodel suites/etc.	2003	939		9			939	6
7	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,891		7			2,891	7
8	Forum Prof Ctr: Suite renovation	2005	2,788		10			2,788	8
9	Forum Prof Ctr: Superior installations, etc.	2006	139		4			139	9
10	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	561		7			561	10
11	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	482		7			482	11
12	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	981		10			981	12
13	Forum Prof Ctr: Building Renovations	2010	1,669		5			1,669	13
14	Forum Prof Ctr: Building Renovations	2011	5,242	43	10	43		5,200	14
15	Forum Prof Ctr: Building Renovations	2012	319	2	15	2		317	15
16	Forum Prof Ctr: Building Renovations	2013	477		10			477	16
17	Forum Prof Ctr: Elect Install/sewer excavation	2014	486		10			486	17
18	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	395	5	10	5		374	18
19	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	1,114	124	13	124		1,072	19
20	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	24,135	1,540	15	1,540		12,245	20
21	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,450	149	10	149		992	21
22	Forum Prof Ctr: PktLot,door frames,windows	2020	633	33	3-10	33		480	22
23	Forum Prof Ctr:water tank suite 140	2021	70	7	7	7		29	23
24	Forum Prof Ctr: Water tank & 102 suite expansion	2022	1,518	308	7	308		898	24
25	Forum Prof Ctr: Catch basin, IT & Legal suite buildout	2023	1,465	249	7	249		942	25
26	Forum Prof Ctr: Suite 101 renov: walls, elect, etc.	2024	609	122	5	122		122	26
27	Forum Prof Ctr: CarpetHallways,Suite 101 improvements	2025	3,764	670	13	670		670	27
28	Alden Mgt Servs: Remodel suites 1993 & 2002	2002	6,851		13			6,851	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81		15			81	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		19,335	31
32	Alden Mgt Servs: Building IT network cabling	2023	412	27		27		105	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,949,727	\$ 5,859		\$ 5,859	\$	\$ 9,913,628	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$9,949,727	\$5,859		\$5,859	\$	\$9,913,628	1
2	Adjust for ABC Related Party Profit	2008	(111)					(111)	2
3	Adjust for ABC Related Party Profit	2009	(139)	(6)		(6)		(96)	3
4	Adjust for ABC Related Party Profit	2010	(157)	(5)		(5)		(85)	4
5	Adjust for ABC Related Party Profit	2011	294	2		2		29	5
6	Adjust for ABC Related Party Profit	2012	1,362	24		24		324	6
7	Adjust for ABC Related Party Profit	2013	582	64		64		800	7
8	Adjust for ABC Related Party Profit	2014	174	12		12		138	8
9	Adjust for ABC Related Party Profit	2015	20	2		2		19	9
10	Adjust for ABC Related Party Profit	2016	5					5	10
11	Adjust for ABC Related Party Profit	2017	98	10		10		65	11
12	Adjust for ABC Related Party Profit	2018	277	27		27		166	12
13	Adjust for ABC Related Party Profit	2019	127	12		12		76	13
14	Adjust for ABC Related Party Profit	2020	100	10		10		52	14
15	Adjust for ABC Related Party Profit	2021	(968)	(96)		(96)		(432)	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)		\$9,951,391	\$5,915		\$5,915	\$	\$9,914,578	34

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

Facility Name & ID Number Alden Town Manor Rehab HCC

0038000

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 9,951,391	\$ 5,915		\$ 5,915		\$ 9,914,578	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785		20	139	139	2,479	2
3	GT Mech - repaired cooling tower	2008	12,812		10			12,812	3
4	ABC - new tiles	2008	4,802		10			4,802	4
5	Oak Fire - fire alarm fuseable links	2009	7,561		10			7,561	5
6	ABC - masonry work for patio piers	2009	5,256		10			5,256	6
7	ABC - replaced patio door	2009	2,852		10			2,852	7
8	ABC - receiving door	2009	6,451		10			6,451	8
9									9
10	In-patient hospice unit (12 beds decertified)	2009	(1,066)					(1,066)	10
11	ABC - Asphalt	2010	12,834		8			12,834	11
12	In-patient hospice unit (12 beds decertified)	2010	(618)					(618)	12
13	In-patient hospice unit (12 beds decertified)	2011	(4,883)					(4,883)	13
14	In-patient hospice unit (12 beds decertified)	2012	(1,727)					(1,727)	14
15	In-patient hospice unit (12 beds decertified)	2013	(2,578)					(2,578)	15
16	ABC - emergency repair HVAC	2011	4,794		15	320	320	4,720	16
17	ABC - Fire exit devices	2011	24,417		25	977	977	13,922	17
18	ABC - handrail for the patio	2011	5,560		10			5,560	18
19	ABC - damaged hardware repair	2011	2,989		5			2,989	19
20	ADG - furniture fabrics	2011	3,933		10			3,933	20
21	ABC - thermal units/lights repairs	2011	6,624		5			6,624	21
22	GT Mechanical - laundry room repair	2011	8,341		5			8,341	22
23	ABC - plumbing repairs	2011	5,800		5			5,800	23
24	TopNotch - motor assembly	2011	2,600		5			2,600	24
25	ABC - handrail for the patio	2011	7,740		5			7,740	25
26	ABC - motor for the A/C unit	2011	25,424		10			25,424	26
27	US Fire Protection - fire pump contactor repairs	2011	3,100		5			3,100	27
28	Oak Fire - fire security master switchboard	2012	2,950		10			2,950	28
29	ABC - sprinkler system fire protection	2012	5,585		25	223	223	3,029	29
30	ABC - boiler repair	2012	16,491		20	825	825	10,794	30
31	GT Mechanical - laundry room damper repair	2012	7,273		10			7,273	31
32	Des Plaines Glass - flexiglass tabletops	2012	3,546		10			3,546	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,133,039	\$ 5,915		\$ 8,399	\$ 2,484	\$ 10,077,098	34

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

Facility Name & ID Number Alden Town Manor Rehab HCC

0038000

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 10,133,039	\$ 5,915		\$ 8,399	\$ 2,484	\$ 10,077,098	1
2	ABC - railing stairwell	2013	43,240		15	2,883	2,883	36,998	2
3	Topnotch - freezer compressor	2013	5,525		5			5,525	3
4	Topnotch - motor dishwasher	2013	4,727		5			4,727	4
5									5
6									6
7	TM - Parking Lot	1994	334,637		25			334,637	7
8	ABC - motor pump	2014	3,640		5			3,640	8
9	ABC - heating and vent	2014	7,503		5			7,503	9
10	ABC - asphalt	2014	63,275		8			63,275	10
11	ABC - asphalt	2014	5,934		8			5,934	11
12	ABC - radiation dampers	2014	11,537		10			11,537	12
13	OakFire - damper	2014	10,160		5			10,160	13
14	ADG - window	2014	13,742		10			13,742	14
15									15
16	Belec Electric - Repair kitchen for Osha	2015	3,659		5			3,659	16
17	JD & Sons - Roof repair	2015	2,850		5			2,850	17
18	ABC - paving, asphalt	2015	5,276		8			5,276	18
19	ABC - pump repair	2015	5,233		5			5,233	19
20	GT Mech - reinsulate piping & repair	2015	3,500		5			3,500	20
21									21
22	Suburban Elevator - elevator repair	2016	6,907		5			6,907	22
23	Topnotch - kitchen, motor assembly	2016	3,723		5			3,723	23
24	GT Mech - Fire Dampers	2016	4,241		10	424	424	4,028	24
25	GT Mech - pump and valve at water tower leakage	2016	6,369		5			6,369	25
26	JD Sons - roof repair	2016	2,955		5			2,955	26
27	GT Mech - HVAC repair leak, piping materials	2016	5,384		5			5,384	27
28	ABC - fence/gate repair	2016	2,805		10	281	281	2,739	28
29									29
30	Valley Fire - sprinkler system, new area	2017	2,550		25	102	102	884	30
31	FoxBuild - Masonry Bricks, North Elevation	2017	6,100		5			6,100	31
32	ABC - Firestopper for the HVAC system	2017	16,170		15	1,078	1,078	9,073	32
33	JD & Sons - Roof repair	2017	4,500		5			4,500	33
34	TOTAL (lines 1 thru 33)		\$ 10,719,181	\$ 5,915		\$ 13,167	\$ 7,252	\$ 10,647,956	34

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

Facility Name & ID Number Alden Town Manor Rehab HCC

0038000

Report Period Beginning:

01/01/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 10,719,181	\$ 5,915		\$ 13,167	\$ 7,252	\$ 10,647,956	1
2	ABC - Demolition, Dialysis rooms	2019	7,625		15	508	508	3,217	2
3	ABC - Carpentry/framing, Dialysis rooms	2019	20,741		15	1,383	1,383	8,759	3
4	ABC - Constructions, Dialysis rooms	2019	5,454		15	364	364	2,305	4
5	ABC - Plumbing, Dialysis rooms	2019	30,623		15	2,042	2,042	12,933	5
6	ABC - Fire protection, Dialysis rooms	2019	3,561		15	237	237	1,501	6
7	ABC - Boiler tubes, Boiler room	2019	5,099		15	340	340	2,351	7
8	Triton Plumbing - Backflow motor system, Building	2019	9,400		5			9,400	8
9	Fox Build LLC - Concrete repair, Building	2019	8,375		10	838	838	5,587	9
10	ABC - Boiler maintenance, Boiler room	2019	6,151		5			6,151	10
11	Belec Electrical - Chiller motor, Bioler room	2019	8,210		5			8,210	11
12	ABC - Chiller works, Boiler room	2019	4,694		5			4,694	12
13	ABC - Chiller repair, Boiler room	2019	6,065		15	404	404	2,592	13
14	GT Mech - Engineering work, cooling requirement - Boiler room	2019	5,800		5			5,800	14
15	GT Mech - Tower pump seal, Boiler room	2020	6,886		5	460	460	6,886	15
16	GT Mech - Damper/Actuator, Boiler room	2020	10,845		10	1,085	1,085	6,148	16
17	ABC - Fire alarm, Dialysis rooms	2020	3,994		10	399	399	2,261	17
18	Boiler, Kitchen hot water, Boiler room - ABC	2021	15,360		10	1,536	1,536	7,168	18
19	Plumbing-\$76,921DialysisRem-ABC	2021	46,823		15	3,122	3,122	13,529	19
20	Exhaust fan repair, Kitchen - GT Mechanical	2021	5,768		5	1,154	1,154	5,577	20
21	Boiler repair, HVAC area - ABC	2021	8,524		10	852	852	4,118	21
22	HVAC tower repair, Boiler room - GT Mech	2021	4,922		10	492	492	2,337	22
23	Paving, asphalt, pkg lot-ABC	2021	41,982		15	2,799	2,799	11,896	23
24	Repair water leak, Boiler room - GT Mech	2022	3,277		5	655	655	2,511	24
25	Boiler tubes, boiler room - ABC	2022	4,852		15	323	323	1,212	25
26	Ceiling tile & Carpet base, activity & common room - ALDBEN	2022	3,448		5	690	690	2,472	26
27	HVAC maj rep, HVAC area - ALDBEN	2022	5,993		5	1,199	1,199	4,296	27
28	Dialysis\$76,921-Electrical, Dialysis rooms-ABC	2022	9,776		15	652	652	2,445	28
29	Dialysis\$76,921-Plumbing, Dialysis rooms-ABC	2022	46,823		15	3,122	3,122	11,707	29
30	Dampers, air, combust, Boiler room-GTMECH	2022	8,399		10	840	840	3,150	30
31	Boiler tubes, HVAC area, Boiler room - ABC	2022	8,524		15	568	568	2,130	31
32	Paving, Asphalt, Parking lot-ABC-\$24,482of\$41,982	2022	24,482		8	3,060	3,060	11,475	32
33	Architect & Design Fees, Building-ALDDDES Job 1565	2023	3,560		15	237	237	553	33
34	TOTAL (lines 1 thru 33)		\$ 11,105,217	\$ 5,915		\$ 42,528	\$ 36,613	\$ 10,823,327	34

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

Facility Name & ID Number Alden Town Manor Rehab HCC

0038000

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 11,105,217	\$ 5,915		\$ 42,528	\$ 36,613	\$ 10,823,327	1
2	Carpenter,HVAC,& General Labor,Building-AMS Job 1565	2023	15,910		15	1,061	1,061	2,476	2
3	Cleaning & Maintenance, cooling tower,Boilder Room-GTMECH	2023	6,671		5	1,334	1,334	3,669	3
4	Repairs, Fire system,Building-VALFIR	2023	2,675		5	535	535	1,427	4
5	Roof Repairs,Roof-JDROOF	2023	3,900		5	780	780	1,885	5
6	Repair ground lighting fixtures,Building-BELELC	2023	3,676		5	735	735	1,776	6
7	Roof Repairs,Roof-JDROOF	2023	2,520		5	504	504	1,134	7
8	Rodded kitchen/mech room drain,Mech room-TOPNOT	2023	16,605		5	3,321	3,321	7,472	8
9	Demolition, Building-ALDBEN (Job 1565)	2023	68,884		15	4,592	4,592	10,715	9
10	Caulking, Exterior Building-ALDBEN (Job 1565)	2023	57,403		15	3,827	3,827	8,930	10
11	Masonry,Building-ALDBEN (Job 1565)	2023	65,325		15	4,355	4,355	10,162	11
12	Foundation Walls,Building-ALDBEN (Job 1565)	2023	29,850		15	1,990	1,990	4,643	12
13	Drywall,Building-ALDBEN (Job 1565)	2023	4,879		15	325	325	758	13
14	Millwork,building-ALDBEN (Job 1565)	2023	47,071		15	3,138	3,138	7,322	14
15	Walloverings, Wall Protections & Signs, Building-ALDBEN (Job 1565)	2023	56,895		15	3,793	3,793	8,850	15
16	Plumbing, building-ALDBEN (Job 1565)	2023	12,313		15	821	821	1,916	16
17	Electrical, Building-ALDBEN (Job 1565)	2023	41,330		20	2,067	2,067	4,823	17
18	Electrical, Fire Alarm, Building-ALDBEN (Job 1565)	2023	19,982		20	999	999	2,331	18
19	Electrical, Nurse Station-ALDBEN (Job 1565)	2023	6,888		20	344	344	803	19
20	Tree Trimming, Outdoor-ALDBEN (Job 1565)	2023	5,511		10	551	551	1,286	20
21	Landscaping, Outdoor-ALDBEN (Job 1565)	2023	9,814		10	981	981	2,289	21
22	Repair, Relief valve, Mech Room - SKIMEC	2024	5,527		5	1,105	1,105	2,118	22
23	Repair, Pipes, Mech Room - GTMECH	2024	5,321		5	1,064	1,064	2,040	23
24	Repairs, Irrigation landsc., Outdoor - SEBLAN	2024	3,790		5	758	758	1,200	24
25	AC for Van, Vehicle - BILAUT	2024	4,196		5	839	839	1,189	25
26	Boiler tubes, # Bryan biler, Boiler Room - ALDBEN	2024	6,078		15	405	405	506	26
27	Boiler tubes (2), Boiler Room - ALDBEN	2025	3,629		15	181	181	181	27
28	HVAC-purge pot, mechan room-ABC	2025	11,943		5	796	796	796	28
29	Reset hvac purge unit, mech rm-ABC	2025	16,141		5	538	538	538	29
30									30
31	Book Depreciation per GL - 7101 & 7103 per Operator - Col 5----->			126,983			(126,983)		31
32	Book Depreciation per GL - 7101 & 7103 per Landowner - Col 5----->			213,162			(213,162)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,639,944	\$ 346,059		\$ 84,267	\$ (261,792)	\$ 10,916,563	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$2,645,916	\$	\$218,750	\$218,750	various	\$1,118,949	71
72	Current Year Purchases	135,325		6,838	6,838	various	6,838	72
73	Fully Depreciated Assets	2,320,678		3,340	3,340	various	2,320,678	73
74	See Attached 13-Supp	169,463	7,654	7,654		various	137,598	74
75	TOTALS	\$5,271,382	\$7,654	\$236,582	\$228,928		\$3,584,063	75

D. Vehicle Costs. (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76	Allocated from Alden Mgmt Servs.		1998-2026	\$6,329	\$340	\$340		3-5	\$4,527
77									
78	Midwest Transit	bus/passenger	2001	49,967				5	49,967
79	Van	2000 Ford Super Duty	2003	2,829				5	2,829
80	TOTALS			\$59,125	\$340	\$340			\$57,323

E. Summary of Care-Related Assets					1	2
		Reference			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$	18,107,711
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	354,053
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	321,189
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	(32,864)
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	14,557,949

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		\$	\$	
87				
88				
89				
90				
91	TOTALS	\$	\$	

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
95		\$

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

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

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

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

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

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

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

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

Forum Prof Center	7,937	492	6,910
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Total Equipment			
Alden Management Services	175,875	8,055	142,671
Less: < \$2,500 (AMS)	(6,413)	(401)	(5,073)
	169,463	7,654	137,598

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

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

Data automatically transfers to Pg 13, Ln 76.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

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

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

15. Is Movable equipment rental included in building rental?☐ YES☒ NO
16. Rental Amount for movable equipment: \$45,801Description: copy machine ac 6861 - \$24,562 and equipment lease ac 6859 - \$21,239
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Auto lease-a/c no. 6890	various	\$82.75	\$993	17
18					18
19	Related party-PG 6A	various	#####	20,298	19
20					20
21	TOTAL		\$#####	\$21,291	21

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

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

10. Effective dates of current rental agreement:
Beginning01/01/23
Ending12/31/31

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2026	\$1,431,987
13.	12/31/2027	\$1,431,987
14.	12/31/2028	\$1,431,987

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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

Skilled nursing on site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

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

- (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.

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	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 218,738	\$		\$ 218,738	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			69,509			69,509	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			208,815			208,815	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG16A	# of prescrpts				207,834		207,834	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>			0			581		581	12
13	Other (specify): <u>See PG16A</u>	39-1, 39-3, if any		0		(76,271)	168,107		91,836	13
14	TOTAL			\$		\$ 420,791	\$ 376,522		\$ 797,313	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.

+ 'PG15'!H4
0038000
12/31/2025

PA Cost Report - Page 16A Supporting Worksheet.

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT		39-3	To Col. 5	\$218,738.00
2.	ST		39-3	To Col. 5	69,509.00
4.	PT		39-2	To Col. 5	208,815.00
	Pharmacy Supplies Per GL				210,554.00
	Manual Input From Related Party - FECSII - DRUGS	(From Page 6C, Ln 39/Drug items)			-2720
9.	Pharmacy		To Pg 16	To Col. 6	207,834.00
12.	Exceptional Care-Salaries		To Pg 16	To Col. 3	
12.	Exceptional Care- Supplies		To Pg 16	To Col. 6	581.00
	12. Total Exceptional Care Check (Line 12, Col. 8)				581.00
13.	Other				
13.	Col. 3: Transportation Specialist				
13.	Col 5: Manual Input: From Related Party - CPT WS	(From Page 6D, Col 8)		To Col. 5	-76271
	Other (various GL accounts)				181,269.00
	Manual Input: Related Party - Prism WS	(From Page 6B, Ln39 items, Col 8)			-76358
	Manual Input: Related Party - FECII - I.V.	(From Page 6C, Ln 39 items for IV, Col 8)			-925
	Manual Input: Related Party - FECII - Wound Care Products	(From Page 6C, Ln 39 items, Col 8 WC)			-1360
	Oxygen - From Reclass WP	(FromPg 4A)			65,481.00
13.	Col. 6: Supplies Total			To Col. 6	168,107.00
13.	Total Line 13, Column 8 Check				91,836.00
14.	Total				\$797,313.00

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,577,708	\$ 4,645,229	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 460,000)	3,684,254	3,684,254	3
4	Supply Inventory (priced at)	5,695	5,695	4
5	Short-Term Investments		343,883	5
6	Prepaid Insurance		73,717	6
7	Other Prepaid Expenses	34,549	34,549	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	269,975	269,975	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,572,181	\$ 9,057,303	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,137,260	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	1,127,645	2,289,292	15
16	Equipment, at Historical Cost	1,832,915	5,730,885	16
17	Accumulated Depreciation (book methods)	(2,225,036)	(14,683,339)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds		126,383	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Refi Fees, net		228,282	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 735,524	\$ 3,932,968	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,307,705	\$ 12,990,270	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 620,276	\$ 625,526	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	414,340	414,340	28
29	Short-Term Notes Payable		252,805	29
30	Accrued Salaries Payable	1,157,515	1,157,515	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	480,386	480,386	31
32	Accrued Real Estate Taxes(Sch.IX-B)		699,300	32
33	Accrued Interest Payable		25,349	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins, due to IDPA, SalesTax	1,493,649	1,493,649	36
37	Due to Affiliates - current	937,046	812,963	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,103,212	\$ 5,961,833	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,446,799	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	17,142,470	17,142,470	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 17,142,470	\$ 28,589,269	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 22,245,682	\$ 34,551,102	46
47	TOTAL EQUITY (page 18, line 24)	\$ (12,937,977)	\$ (21,560,832)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,307,705	\$ 12,990,270	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,791,942)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,791,942)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,146,035)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,146,035)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (12,937,977)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Town Manor Rehab HCC

0038000

Report Period Beginning: 01/01/2025

Ending: 12/31/2025

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

1			
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 19,868,897	1
2	Discounts and Allowances for all Levels	(40,226)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 19,828,671	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	(649,113)	5
6	Therapy	223,093	6
7	Oxygen	13,313	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ (412,707)	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	140	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	2,810	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,950	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	91,841	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 91,841	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	3,985	28
28a	ERC received	466,434	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 470,419	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,981,174	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,862,385	31
32	Health Care	9,393,877	32
33	General Administration	5,209,485	33
	B. Capital Expense		
34	Ownership	1,975,531	34
	C. Ancillary Expense		
35	Special Cost Centers	889,466	35
36	Provider Participation Fee	796,465	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 21,127,209	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,146,035)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,146,035)	43

III. Net Inpatient Revenue detailed by Payer Source for each line			
44	Medicaid Fee for Service	\$ 5,171,285.06	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	10,087,201.35	45
46	MMAI-Medicaid is the Primary Payer	1,508,211.30	46
47	MMAI-Medicare is the Primary Payer	55,450.20	47
48	Private Pay	875,724.12	48
49	Medicare Part A	1,145,583.73	49
50	Other-(specify) M'care Adv. Plans (MAP)	428,669.89	50
51	Other-(specify)		51
52	Other-(specify)		52
53	Other-(specify)		53
54	Other-(specify) CNA Incentives	556,545.30	54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 19,828,671	56

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Call pendant (private only, not offset on Schedl V)	
Wellness fee (private only, not offset on Schedl V)	
Telephone rental (private only, not offset on Schedl V)	
Room service (private only, not offset on Schedl V)	
Miscellaneous Income (private only, not offset on Schedl V)	415
Day training income (private only, not offset on Schedl V)	
Vendor discounts (private only, not offset on Schedl V)	
Gain on Sale of Assets (private only, not offset on Schedl V)	3,570
Line 28 Total:	<u><u>3,985</u></u>

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

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,038	2,084	\$ 147,979	\$ 71.01	1
2	Assistant Director of Nursing	2,552	2,620	126,699	48.36	2
3	Registered Nurses	23,148	24,802	1,179,024	47.54	3
4	Licensed Practical Nurses	31,672	34,112	1,444,847	42.36	4
5	CNAs & Orderlies	115,741	127,506	3,978,021	31.20	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,695	8,397	280,409	33.39	8
9	Activity Director	2,080	2,080	51,723	24.87	9
10	Activity Assistants	5,090	5,663	115,516	20.40	10
11	Social Service Workers	3,404	3,474	93,428	26.89	11
12	Dietician					12
13	Food Service Supervisor	2,048	2,080	59,043	28.39	13
14	Head Cook	4,080	4,160	88,224	21.21	14
15	Cook Helpers/Assistants	19,447	21,412	467,494	21.83	15
16	Dishwashers					16
17	Maintenance Workers	1,560	1,667	50,459	30.27	17
18	Housekeepers	21,549	23,919	510,724	21.35	18
19	Laundry	4,960	5,463	123,696	22.64	19
20	Administrator	2,080	2,276	158,175	69.50	20
21	Assistant Administrator	4,088	4,160	167,127	40.17	21
22	Other Administrative	11,356	12,082	431,082	35.68	22
23	Office Manager					23
24	Clerical	4,489	4,779	92,492	19.35	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified ID Prof (QIDP)					28
29	Resident Services Coordinator	4,559	4,770	207,864	43.58	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Memory Care	7,784	8,836	243,026	27.50	33
34	TOTAL (lines 1 - 33)	281,420	306,342	\$ 10,017,052 *	\$ 32.70	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 50,132	1-3	35
36	Medical Director		42,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant		14,940	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant		2,240	11-3	44
45	Social Service Consultant		840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 110,152		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	12,926	\$ 742,644	10-3	50
51	Licensed Practical Nurses	2,846	118,167	10-3	51
52	Certified Nurse Assistants/Aides	12	259	10-3	52
53	TOTAL (lines 50 - 52)	15,784	\$ 861,070		53

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

** See instructions.

Alden Town Manor Rehab HCC	PG 21A
Legal Fee Support	
12/31/2025	
Legal Fees Reported on Pg 21, Section C:	\$ 146,502.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(50,122.00)
Non-allowable legal fees, if any, deducted on - AMS Allocated Legal Fees: GL 680600-100-003	(77,400.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	\$ 18,980.00

Invoice listing:

Allowable Legal Fees:

Vendor Name	Invoice Date	Amount
Midcap	1/01/2025-12/31/2025	1,287.00
Carden & Tracey	1/01/2025-12/31/2025	8,769.00
Law Offices of Laurie E. Leader	1/01/2025-12/31/2025	2,125.00
O'Hagan Meyer LLC	1/01/2025-12/31/2025	741.00
Sulaiman Law Group Ltd	1/01/2025-12/31/2025	2,485.00
Tarick Louff & Associates	1/01/2025-12/31/2025	3,573.00

TOTAL ALLOWABLE LEGAL FEES 18,980.00

Non-Allowable Legal Fees:

Vendor Name	Invoice Date	Amount
Various - collection services	1/01/2025-12/31/2025	50,122.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 50,122.00

Allocated Related Party Legal Fees:

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

TOTAL Allocated Legal Fees 77,400.00

Total Legal Cost 146,502.00

\$ -

- (9) Have costs for materials and 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. \$ 47,940 Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (12) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
- c. What percent of all travel expense relates to transportation of nurses and patients? _____
- d. Have vehicle usage logs been maintained? No
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
- g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (13) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (14) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (15) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.

