

		FOR BHF USE					

LL 1

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: <u>0049122</u>			II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																																		
Facility Name: <u>Alden Village North</u>			I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2025</u> to <u>12/31/2025</u> 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.																																																		
Address: <u>7464 N Sheridan Road</u> <u>Chicago</u> <u>60626</u>			Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																																																		
County: <u>Cook</u>																																																					
Telephone Number: <u>(773) 338-0200</u> Fax # <u>(773) 338-5122</u>																																																					
HFS ID Number: _____																																																					
Date of Initial License for Current Owners: <u>1/3/2008</u>																																																					
Type of Ownership:																																																					
<table><tr><td>☐</td><td>VOLUNTARY, NON-PROFIT</td><td>☒</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☐</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code _____</td><td>☒</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td colspan="2"></td><td>☐</td><td>"Sub-S" Corp.</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Limited Liability Co.</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Other _____</td><td colspan="2"></td></tr></table>			☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL	☐	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code _____		☒	Corporation	☐	Other _____			☐	"Sub-S" Corp.					☐	Limited Liability Co.					☐	Trust					☐	Other _____					
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		☐	Trust																																																		
		☐	Other _____																																																		
In the event there are further questions about this report, please contact:																																																					
Name: <u>Joshua S. Banach, CPA</u>			Telephone Number: <u>847-628-8784</u>																																																		
Email Address: _____																																																					
			Officer or Administrator of Provider																																																		
			(Signed) _____ (Date) _____																																																		
			(Type or Print Name) <u>Derek Smart</u>																																																		
			(Title) <u>CFO, Alden Management Services, Inc., as agent</u>																																																		
			(Signed) <u>[Signature]</u> (Date) <u>5/15/2026</u>																																																		
			Paid Preparer																																																		
			(Print Name and Title) <u>Robert F. Long, CPA</u> <u>Partner</u>																																																		
			(Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>3000 Town Center, Suite 100 Southfield MI 48075</u>																																																		
			(Telephone) <u>(248) 223-3738</u> Fax # <u>(248) 233-7349</u>																																																		
			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 Village North # 0049122 Report Period Beginning: 1/1/2025 Ending: #####

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 <u>N/A</u>					
	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	-	Skilled (SNF)	-	-	1
2	150	Skilled Pediatric (SNF/PED)	150	54,750	2
3	-	Intermediate (ICF)	-	-	3
4	-	Intermediate/DD	-	-	4
5	-	Sheltered Care (SC)	-	-	5
6	-	ICF/DD 16 or Less	-	-	6
7	150	TOTALS	150	54,750	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	22,693							22,693	8
9	SNF/PED									9
10	ICF	15,968				12			15,980	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	38,661				12			38,673	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 70.64%

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

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

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

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

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 1/3/2008

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 1/3/2008 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☐ NO ☒ If YES, enter certified beds.
number of certified beds 0

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 Village North				STATE OF ILLINOIS		# 0049122		Report Period Beginning:		1/1/2025		Ending:		Page 3 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	550,483	27,061	35,236	612,780		612,780	29,610	642,390								1
2	Food Purchase		537,915		537,915		537,915	(169,035)	368,880								2
3	Housekeeping	339,547	39,950	-	379,497		379,497	13,215	392,712								3
4	Laundry	236,977	29,642	-	266,619	-	266,619	-	266,619								4
5	Heat and Other Utilities			216,695	216,695		216,695	3,571	220,266								5
6	Maintenance	66,192	-	202,803	268,995		268,995	13,357	282,352								6
7	Other (specify):* See Attached & TB	-	-	19,958	19,958		19,958	9,855	29,813								7
8	TOTAL General Services	1,193,199	634,568	474,692	2,302,459	-	2,302,459	(99,427)	2,203,032								8
	B. Health Care and Programs																
9	Medical Director	-	-	12,000	12,000		12,000	-	12,000								9
10	Nursing and Medical Records	5,278,034	193,528	16,215	5,487,777		5,487,777	59,174	5,546,951								10
10a	Therapy	-	472	73,357	73,829		73,829	-	73,829								10a
11	Activities	277,056	11,004	1,473	289,533		289,533	-	289,533								11
12	Social Services	-	-	-	-		-	-	-								12
13	CNA Training	-	-	-	-		-	-	-								13
14	Program Transportation	-	-	-	-		-	-	-								14
15	Other (specify):* See Attached & TB	-	-	-	-		-	6,109	6,109								15
16	TOTAL Health Care and Programs	5,555,090	205,004	103,045	5,863,139	-	5,863,139	65,283	5,928,422								16
	C. General Administration																
17	Administrative	206,937	-	-	206,937		206,937	169,749	376,686								17
18	Directors Fees			-	-		-	-	-								18
19	Professional Services			1,122,922	1,122,922		1,122,922	(1,046,511)	76,411								19
20	Dues, Fees, Subscriptions & Promotions			48,415	48,415		48,415	(10,500)	37,915								20
21	Clerical & General Office Expenses	223,184	12,451	126,770	362,405		362,405	322,266	684,671								21
22	Employee Benefits & Payroll Taxes			1,048,750	1,048,750		1,048,750	(293)	1,048,457								22
23	Inservice Training & Education			-	-		-	-	-								23
24	Travel and Seminar			1,897	1,897		1,897	1,384	3,281								24
25	Other Admin. Staff Transportation		-	7,541	7,541		7,541	13,902	21,443								25
26	Insurance-Prop.Liab.Malpractice			401,296	401,296		401,296	18,028	419,324								26
27	Other (specify):* See Attached & TB	-	-	45,831	45,831		45,831	26,060	71,891								27
28	TOTAL General Administration	430,121	12,451	2,803,422	3,245,994	-	3,245,994	(505,915)	2,740,079								28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,178,410	852,023	3,381,159	11,411,592	-	11,411,592	(540,059)	10,871,533								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			68,422	68,422		68,422	287,224	355,646			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			9,747	9,747		9,747	302,012	311,759			32
33	Real Estate Taxes			-	-		-	501,991	501,991			33
34	Rent-Facility & Grounds			1,196,467	1,196,467		1,196,467	(1,196,467)	-			34
35	Rent-Equipment & Vehicles			33,482	33,482		33,482	31,770	65,252			35
36	Other (specify):* See Attached & TB			-	-		-	66,555	66,555			36
37	TOTAL Ownership			1,308,118	1,308,118	-	1,308,118	(6,915)	1,301,203			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-	-		-	-	-			38
39	Ancillary Service Centers	-	169,789	23,458	193,247		193,247	(19,690)	173,557			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee	-	-	778,204	778,204		778,204	-	778,204			42
43	Other (specify):* See Attached & TB	-	-	1,950,788	1,950,788		1,950,788	-	1,950,788			43
44	TOTAL Special Cost Centers	-	169,789	2,752,450	2,922,239	-	2,922,239	(19,690)	2,902,549			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	7,178,410	1,021,812	7,441,727	15,641,949	-	15,641,949	(566,664)	15,075,285			45

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Political Action Committee Payments	\$ (6,424)	20	1
2	Other Expenses Related to Lobbying Activities			2
3	Late fees on utilities	(166)	21	3
4	Miscellaneous Income-Default	(265)	21	4
5	Miscellaneous Income-ARCHITECTURAL DESIGN	(60)	6	5
6	Miscellaneous Income-INTERIOR DESIGN	(210)	6	6
7	Additional R&M- Improvements	1,491	6	7
8	Depreciation Adjustments- Add. R&M- Imp.	(224)	30	8
9	Additional R&M- Equip/Auto	7,304	6	9
10	Depreciation Adjustments- Add. R&M- Equip/Auto	(450)	30	10
11	Adj for ABC related Party Profit Through 2025	8	30	11
12	Adj for ADG related Party Profit Through 2025	(1)	30	12
13				13
14	Alden Village North Admin Costs	(119)	21	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	884		49

STATE OF ILLINOIS														Summary A	
Facility Name & ID Number		Alden Village North		#	0049122	Report Period Beginning:						1/1/2025	Ending:	12/31/2025	
SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I															
	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)		
1	Dietary	-	-	12,817	16,793	-	-	-	-	-	-	-	29,610	1	
2	Food Purchase	(529)	-	-	(168,506)	-	-	-	-	-	-	-	(169,035)	2	
3	Housekeeping	-	-	13,215	-	-	-	-	-	-	-	-	13,215	3	
4	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	4	
5	Heat and Other Utilities	-	-	3,571	-	-	-	-	-	-	-	-	3,571	5	
6	Maintenance	(859)	-	14,384	-	-	-	(127)	(41)	-	-	-	13,357	6	
7	Other (specify):*	-	-	9,855	-	-	-	-	-	-	-	-	9,855	7	
8	TOTAL General Services	(1,388)	-	53,842	(151,713)	-	-	(127)	(41)	-	-	-	(99,427)	8	
	B. Health Care and Programs														
9	Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	9	
10	Nursing and Medical Records	-	-	45,184	15,221	(1,231)	-	-	-	-	-	-	59,174	10	
10a	Therapy	-	-	-	-	-	-	-	-	-	-	-	-	10a	
11	Activities	-	-	-	-	-	-	-	-	-	-	-	-	11	
12	Social Services	-	-	-	-	-	-	-	-	-	-	-	-	12	
13	CNA Training	-	-	-	-	-	-	-	-	-	-	-	-	13	
14	Program Transportation	-	-	-	-	-	-	-	-	-	-	-	-	14	
15	Other (specify):*	-	-	6,109	-	-	-	-	-	-	-	-	6,109	15	
16	TOTAL Health Care and Programs	-	-	51,293	15,221	(1,231)	-	-	-	-	-	-	65,283	16	
	C. General Administration														
17	Administrative	-	-	169,749	-	-	-	-	-	-	-	-	169,749	17	
18	Directors Fees	-	-	-	-	-	-	-	-	-	-	-	-	18	
19	Professional Services	(184)	11,025	(1,057,352)	-	-	-	-	-	-	-	-	(1,046,511)	19	
20	Fees, Subscriptions & Promotions	(11,191)	-	690	-	-	-	-	-	-	-	-	(10,500)	20	
21	Clerical & General Office Expenses	(587)	119	322,734	-	-	-	-	-	-	-	-	322,266	21	
22	Employee Benefits & Payroll Taxes	-	-	-	-	(293)	-	-	-	-	-	-	(293)	22	
23	Inservice Training & Education	-	-	-	-	-	-	-	-	-	-	-	-	23	
24	Travel and Seminar	-	-	1,384	-	-	-	-	-	-	-	-	1,384	24	
25	Other Admin. Staff Transportation	-	-	13,902	-	-	-	-	-	-	-	-	13,902	25	
26	Insurance-Prop.Liab.Malpractice	-	17,338	690	-	-	-	-	-	-	-	-	18,028	26	
27	Other (specify):*	(45,831)	-	71,891	-	-	-	-	-	-	-	-	26,060	27	
28	TOTAL General Administration	(57,792)	28,482	(476,312)	-	(293)	-	-	-	-	-	-	(505,915)	28	
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(59,180)	28,482	(371,176)	(136,492)	(1,524)	-	(127)	(41)	-	-	-	(540,059)	29	

Summary B

Facility Name & ID Number	Alden Village North	#	0049122	Report Period Beginning:	1/1/2025	Ending:	12/31/2025
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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	(46,979)	320,350	13,853	-	-	-	-	-	-	-	-	287,224
31	Amortization of Pre-Op. & Org.	-	-	-	-	-	-	-	-	-	-	-	-
32	Interest	(9,692)	308,242	3,462	-	-	-	-	-	-	-	-	302,012
33	Real Estate Taxes	-	500,780	1,211	-	-	-	-	-	-	-	-	501,991
34	Rent-Facility & Grounds	-	(1,196,467)	-	-	-	-	-	-	-	-	-	(1,196,467)
35	Rent-Equipment & Vehicles	-	-	31,770	-	-	-	-	-	-	-	-	31,770
36	Other (specify):*	-	66,555	-	-	-	-	-	-	-	-	-	66,555
37	TOTAL Ownership	(56,671)	(540)	50,296	-	-	-	-	-	-	-	-	(6,915)
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	-	-	-	-	-	-	-	-	-	-	-	-
39	Ancillary Service Centers	-	-	-	(39,123)	(2,215)	21,648	-	-	-	-	-	(19,690)
40	Barber and Beauty Shops	-	-	-	-	-	-	-	-	-	-	-	-
41	Coffee and Gift Shops	-	-	-	-	-	-	-	-	-	-	-	-
42	Provider Participation Fee	-	-	-	-	-	-	-	-	-	-	-	-
43	Other (specify):*	-	-	-	-	-	-	-	-	-	-	-	-
44	TOTAL Special Cost Centers	-	-	-	(39,123)	(2,215)	21,648	-	-	-	-	-	(19,690)
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(115,851)	27,942	(320,881)	(175,615)	(3,740)	21,648	(127)	(41)	-	-	-	(566,664)

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.

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

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

☒

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.

1Schedule V		2Line	3Cost Per General LedgerItem	4Amount	5Cost to Related OrganizationName of Related Organization	6Percent of Ownership	7Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	rent income	1,196,467	Alden Village North II, LLC	0.00%		\$ (1,196,467)	1
2	V	32	interest income repl reserve	77	Alden Village North II, LLC			(77)	2
3	V	32	interest amortiz of fin fees		Alden Village North II, LLC		6,988	6,988	3
4	V	6	repairs & maintenance		Alden Village North II, LLC				4
5	V	19	acct fees/legal fees: non-coll/professional		Alden Village North II, LLC		11,025	11,025	5
6	V	21	bank charges		Alden Village North II, LLC		42	42	6
7	V	33	real estate tax expense		Alden Village North II, LLC		500,780	500,780	7
8	V	26	general insurance expense		Alden Village North II, LLC		17,338	17,338	8
9	V	36	mortgage insurance premium		Alden Village North II, LLC		66,555	66,555	9
10	V	32	interest-mortgage		Alden Village North II, LLC		301,331	301,331	10
11	V	30	depreciation expense		Alden Village North II, LLC		320,350	320,350	11
12	V	32	amortization expense		Alden Village North II, LLC				12
13	V	21	license & inspections		Alden Village North II, LLC		77	77	13
14	Total			\$ 1,196,544			\$ 1,224,486	\$ * 27,942	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%	3,571	\$	3,571
16	V	24	Travel and Seminar		Alden Management Services, Inc.		1,384		1,384
17	V	25	Other Admin Travel		Alden Management Services, Inc.		13,902		13,902
18	V	26	Insurance		Alden Management Services, Inc.		690		690
19	V	20	Dues, Subscriptions		Alden Management Services, Inc.		690		690
20	V	30	Depreciation		Alden Management Services, Inc.		13,853		13,853
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		1,211		1,211
22	V	35	Rent- Equip & Vehicles		Alden Management Services, Inc.		31,770		31,770
23	V	32	Interest		Alden Management Services, Inc.		3,462		3,462
24	V	1	Dietary		Alden Management Services, Inc.		12,817		12,817
25	V	3	Housekeeping		Alden Management Services, Inc.		13,215		13,215
26	V	7	Employee Benefits		Alden Management Services, Inc.		9,855		9,855
27	V	10	Nurse & Med Records Salary		Alden Management Services, Inc.		45,184		45,184
28	V	15	Employee Benefits- Healthcare		Alden Management Services, Inc.		6,109		6,109
29	V	17	Administrative Salary		Alden Management Services, Inc.		169,749		169,749
30	V	27	Employee Benefit- Administrative		Alden Management Services, Inc.		71,891		71,891
31	V	19	Professional Fees & Salary	1,112,252	Alden Management Services, Inc.		54,900		(1,057,352)
32	V	21	General & Admin	64,680	Alden Management Services, Inc.		387,414		322,734
33	V	6	Repair & Maintenance	49,038	Alden Management Services, Inc.		63,421		14,384
34	V								
35	V								
36	V								
37	V								
38	V								
39	Total			\$ 1,225,969			\$ 905,089	\$ *	(320,881)

* 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 Consulting	35,236	Prism Health Care Services, Inc.	0.00%		\$ (35,236)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		18,312	18,312	16
17	V	2	Tube Feed	338,615	Prism Health Care Services, Inc.		111,327	(227,288)	17
18	V	10	Equipment Rental	8,737	Prism Health Care Services, Inc.		9,593	856	18
19	V	39	Ancillary Supplies	116,368	Prism Health Care Services, Inc.		21,425	(94,943)	19
20	V	39	Vent Rent		Prism Health Care Services, Inc.				20
21	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		33,717	33,717	21
22	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		58,782	58,782	22
23	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		14,365	14,365	23
24	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		55,820	55,820	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			\$ 498,956			\$ 323,341	\$ * (175,615)	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	22,383	Forum Extended Care II, Inc.	0.00%	21,321	\$ (1,063)	15
16	V	39	I.V.	0	Forum Extended Care II, Inc.		0		16
17	V	39	Wound Care-Product Only	30,155	Forum Extended Care II, Inc.		28,723	(1,432)	17
18	V	10	House Stock	16,934	Forum Extended Care II, Inc.		16,130	(804)	18
19	V	10	Pharm Consult	9,000	Forum Extended Care II, Inc.		8,573	(427)	19
20	V	22	Employee Vaccinations	293	Forum Extended Care II, Inc.			(293)	20
21	V	39	Employee Vaccinations		Forum Extended Care II, Inc.		279	279	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			\$ 78,765			\$ 75,025	\$ * (3,740)	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	73,357	Community Physical Therapy & Associates, Ltd.	0.00%	95,005	\$ 21,648	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			\$ 73,357			\$ 95,005	\$ * 21,648	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	10,738	Alden Bennett Construction Company, Inc.	0.00%	10,611	\$	(127)
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 10,738			\$ 10,611	\$ *	(127)

* 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	9,912	Alden Design Group, Ltd.	0.00%	9,871	\$ (41)	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			\$ 9,912			\$ 9,871	\$ * (41)	39

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

STATE OF ILLINOIS					Ownership Listing-1			
Alden Village North								
ID#		0049122						
Report Period Beginning:		1/1/2025			Alden Management Serv			
Ending:		12/31/2025			Alden Village North II, LLC			
-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)					Management			
-Owners of companies must be listed instead of company names.					Co. /Home Office			
-Names of trust beneficiaries must be listed.					Ownership			
	First Name	M.I.	Last Name	City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Co. /Home Office Ownership Percentage
1	Floyd	A	Schlossberg	Riviera Beach	FL	0.10%	0.10%	0.10%
2	Randi	A	Schullo	Chicago	IL	20.77%	20.77%	20.77%
3	Lauren	H	Magnusson	Elgin	IL	20.77%	20.77%	20.77%
4	Audra	B	Elisco	Wheeling	IL	20.77%	20.77%	20.77%
5	Joseph	R	Schullo	Chicago	IL	6.26%	6.26%	6.26%
6	Nicole	D	Schullo	Chicago	IL	6.26%	6.26%	6.26%
7	Paige	A	Scherer	St. Charles	IL	6.26%	6.26%	6.26%
8	Garrett	E	Magnusson	Elgin	IL	6.26%	6.26%	6.26%
9	Charles	L	Elisco	Wheeling	IL	6.26%	6.26%	6.26%
10	Arin	G	Elisco	Wheeling	IL	6.26%	6.26%	6.26%
11								
12								
13								
14								
15								
16								
17								
18								
19								
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VII. RELATED PARTIES

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

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

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	194,464	1.11	2.77	Salary	\$ 5,536	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Svcs	Technical Nursing S	20.77	103,066	1.11	2.77	Salary	2,934	10-7	2
3	Terry Magnusson	Dir. of Property Mana	Building equipment	0.00	103,066	1.11	2.77	Salary	2,934	6-7	3
4	Ina Schlossberg	Board Member	Events and special p	0.00	103,066	1.11	2.77	Salary	2,934	17-7	4
5	Audra Elisco	Medical Records Coord	Medical record mai	20.77	78,025	1.11	2.77	Salary	2,221	21-7	5
6	Randi Schlossberg-Schullo	President	General Oper.	20.77	194,464	0.97	2.77	Salary	5,536	6-7, 17-7	6
7	Joseph Schullo	Project Manager	General Operations	6.26	194,464	0.97	2.77	Salary	5,536	6-7, 17-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 27,632		13

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

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

Facility Name & ID Number Alden Village North # 0049122 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)

YES

X

NO

0

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

Name of Related Organization

Alden Management Services, Inc.

Street Address

4200 W. Peterson

City / State / Zip Code

Chicago, IL 60646

Phone Number

(773-286-3883

Fax Number

(773-286-8038

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,397,134	36	\$ 129,003	\$	38,673	\$ 3,571	1
2	24	Trav & Seminar	Patient Days	1,397,134	36	49,988		38,673	1,384	2
3	25	Other Admin Travel	Patient Days	1,397,134	36	502,227		38,673	13,902	3
4	26	Insurance	Patient Days	1,397,134	36	24,931		38,673	690	4
5	20	Dues & Subscriptions	Patient Days	1,397,134	36	24,937		38,673	690	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		38,673	1,211	7
8	35	Rent-Equip & Vehicle	Patient Days	1,397,134	36	1,147,743		38,673	31,770	8
9	32	Interest	Patient Days	1,397,134	36	125,066		38,673	3,462	9
10	1	Dietary Salary	Patient Days	1,397,134	36	463,044	463,044	38,673	12,817	10
11	3	Housekeeping Salary	Patient Days	1,397,134	36	477,424	477,424	38,673	13,215	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,397,134	36	356,025		38,673	9,855	12
13	10	Nurs & Med Records Salary	Patient Days	1,397,134	36	1,632,344	1,632,344	38,673	45,184	13
14	15	Employee Benefits -Health Care	Patient Days	1,397,134	36	220,704		38,673	6,109	14
15	17	Administrative Salary	Patient Days	1,397,134	36	6,132,499	6,132,499	38,673	169,749	15
16	27	Employee Benefits - Admin	Patient Days	1,397,134	36	2,597,178		38,673	71,891	16
17	19	Professional fees	Patient Days	1,397,134	36	518,567		38,673	14,354	17
18	19	Professional fees	Revenue charged	33,202,232	36	1,210,351	1,210,351	1,112,252	40,546	18
19	21	Gen'I & Admin	Patient Days	1,397,134	36	13,996,050	11,866,101	38,673	387,414	19
20	6	Repair & Maint.	Patient Days	1,397,134	36	559,530		38,673	15,488	20
21	6	Repair & Maint.	Revenue charged	1,731,722	36	1,692,724	1,692,724	49,038	47,934	21
22										22
23										23
24										24
25	TOTALS					\$ 32,402,789	\$ 23,474,487		\$ 905,089	25

Facility Name & ID Number Alden Village North # 0049122 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES X NO 0

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

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

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

Facility Name & ID Number Alden Village North # 0049122 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES X NO 0

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

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

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

Facility Name & ID Number Alden Village North # 0049122 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES X NO 0

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

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

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

Facility Name & ID Number Alden Village North # 0049122 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES X NO 0

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

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

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

Facility Name & ID Number Alden Village North # 0049122 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES X NO 0

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

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

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

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		X	Mortgage	\$44,100.32	6/30/2021	\$ 12,960,000	\$ 11,996,973	5/1/2059	2.4900	\$ 301,331	1
2												2
3	Insurance Interest/Ani Refi (GL 7035/7053)		X	Medical Malpractice							62	3
4	Amort of Fin, Fees (GL7105)		X	Refinancing							6,988	4
5												5
	Working Capital											
6	Related party- AMS		X	Working Capital							3,462	6
7												7
8	Avaya (GL 7030)			Capital Lease							-	8
9	TOTAL Facility Related				\$44,100.32		\$ 12,960,000	\$ 11,996,973			\$ 311,843	9
	B. Non-Facility Related*											
10	Interest Income on R.R		X								(77)	10
11	Interest Income (GL 4975)		X								(7)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$ 0	\$ 0			\$ (84)	14
15	TOTALS (line 9+line14)						\$ 12,960,000	\$ 11,996,973			\$ 311,759	15

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

\$ 66,555

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

[illegible]

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 Village North

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

0049122

CONTACT PERSON REGARDING THIS REPORT

Joshua S. Banach, CPA

TELEPHONE

847-628-8784

FAX #:

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplemental)	Related party - Alden Managemen	\$ 43,747.00	\$ 1,211.00
2. 11-29-307-019-0000	Nursing facility	\$ 102,641.43	\$ 102,641.43
3. 11-29-307-020-0000	Nursing facility	\$ 98,550.10	\$ 98,550.10
4. 11-29-307-022-0000	Nursing facility	\$ 245,888.84	\$ 245,888.84
5. -	-	\$	\$
6. -	-	\$	\$
7. -	-	\$	\$
8. -	-	\$	\$
9. -	-	\$	\$
10. -	-	\$	\$
TOTALS		\$ 490,827.37	\$ 448,291.37

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,814

B. General Construction Type: Exterior Load Bearing CMU, BFrameSteel Stud

Number of Stories3+Basement

C. Does the Operating Entity?

(a) Own the Facility

(b) Rent from a Related Organization.

(c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

(a) Own the Equipment

(b) Rent equipment from a Related Organization.

(c) Rent equipment from Completely Unrelated Organization.

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

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

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?

H. Are you presently operating under a sale and leaseback arrangement?

If YES, give effective date of lease.

I. Are you presently operating under a sublease agreement?

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

YESNO

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?

If so, please complete the following:

YESNO

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		Nursing Home	33,315	2008	\$ 358,296	1
2		-	-	-	-	2
3		TOTALS	33,315		\$ 358,296	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	150		2008	1968	\$ 2,984,341	\$	39	\$ 76,522	\$ 76,522	\$ 1,377,396	4
5				2011	6,830,905		39	175,151	175,151	2,583,478	5
6								-		-	6
7								-		-	7
8				1978	13,669		25	-		13,669	8
	Improvement Type**										
9	ABC-Doors			2008	5,996		10	-		5,996	9
10	ABC-Doors			2008	3,091		10	-		3,091	10
11	A&B Cable-Cable lines			2008	4,230		10	-		4,230	11
12	ABC-Remodel - plumbing			2008	4,635		5	-		4,635	12
13	ABC-Door entry system			2008	2,850		10	-		2,850	13
14	ABC-Hvac- major repair to system			2008	4,583		5	-		4,583	14
15	Capps-Drains - major repairs			2008	3,875		5	-		3,875	15
16	Renovate-gen'l labor AMS			2008	10,664		5	-		10,664	16
17	Renovate-gen'l labor AMS			2008	11,352		5	-		11,352	17
18	Capps-Repipe shower lines			2008	4,585		5	-		4,585	18
19	ABCPlumbing - major repair			2008	4,885		5	-		4,885	19
20	Wire building for cable			2009	6,518		10	-		6,518	20
21	Wire building for cable			2009	6,240		10	-		6,240	21
22	Wire building for cable			2009	2,800		10	-		2,800	22
23	ABCPlumbing - major repair			2009	17,539		20	877	877	13,959	23
24	ABC-Replace elevator shaft			2009	9,794		20	490	490	7,758	24
25	ABC-Replace elevator shaft			2009	39,178		20	1,959	1,959	31,017	25
26	Central States-Replace sprinkler alarm pane			2009	2,650		5	-		2,650	26
27	Patten-Major generator repair			2009	2,992		5	-		2,992	27
28	Patten-Major generator repair			2009	10,604		5	-		10,604	28
29	Fire sprinkler repair & corrections Focus Fire			2010	2,672		5	-		2,672	29
30								-		-	30
31								-		-	31
32	Book Depreciation per Operator					67,748		-	(67,748)	-	32
33	Book Depreciation per Landowner					320,350		-	(320,350)	-	33
34								-		-	34
35								-		-	35
36								-		-	36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	ABC Job 1058-Phone lines new thruout	2011	\$ 9,348	\$	15	\$ 623	\$ 623	\$ 8,997	37
38	ABC Job 1058-Carpet labor-children's exit	2011	2,000		15	133	133	1,921	38
39	ABC Job 1058-Ceramic flooring in kitchen	2011	1,369		15	91	91	1,314	39
40	ABC Job 1058-Structural Steel-exterior railings	2011	7,501		15	500	500	7,221	40
41	ABC Job 1058-Plumbing-kitchen sink and cleanout covers	2011	4,546		15	303	303	4,376	41
42	ABC Job 1058-concrete coring	2011	327		15	22	22	318	42
43	ABC Job 1058-Parking Lot-paving	2011	7,144		15	476	476	6,874	43
44	ABC Job 1058-Kitchen equipment	2011	3,542		15	236	236	3,408	44
45	ABC Job 1058-Finish Hardware-door kickplates, handles	2011	900		15	60	60	867	45
46	ABC Job 1058-Elevator-stainless steel cladding	2011	14,550		15	970	970	14,009	46
47	ABC Job 1058-Millwork cabinets-nurses station / work areas	2011	1,728		15	115	115	1,661	47
48	ABC Job 1058-Countertops-nurses station / work areas	2011	1,344		15	90	90	1,300	48
49	ABC Job 1058-Drywall-lower level	2011	3,398		15	227	227	3,278	49
50	ABC Job 1058-Smoke detectors-lower level	2011	3,365		15	224	224	3,235	50
51						-		-	51
52	Railing Ramp (2)-ALDBEN	2013	3,295		15	220	220	2,768	52
53	Hot water heater-J&EPLU	2013	3,168		5	-		3,168	53
54	Freezer, non-HVAC-TOPNOT	2013	3,049		5	-		3,049	54
55						-		-	55
56	Masonry and concrete work - FOXBUI	2014	4,200		5	-		4,200	56
57	Masonry, brick/tuckpointing (building)-ALDBEN	2015	18,703		25	748	748	7,480	57
58	Van A/C condensor module-AugAMS-WRIEXP-T&M Amoco	2015	3,088		4	-		3,088	58
59						-		-	59
60	Microbial Growth Remediation -DEDRES	2017	10,165		3	-		10,165	60
61	Duct & Pipe Insulation for HVAC - ALDBEN	2017	34,234		10	3,423	3,423	30,237	61
62	Plumbing, Storm structure plumbing -facility ground- TRIPLU	2018	6,180		15	412	412	3,021	62
63	Alarm relocation -building area - AFFCUS	2018	3,365		5	-		3,365	63
64	Roof Top Unit-Replacements -roof top - GTMECH	2019	5,466		5	-		5,466	64
65	Plumbing repairs -kitchen area - TRIPLU	2019	5,888		5	-		5,888	65
66	Pump, vacuum service - building area - DOCOXY	2019	5,650		5	-		5,650	66
67	Motor, other parts -utility area - GTMECH	2019	4,429		5	-		4,429	67
68	Painting -room 303 wall and other parts of building - ALDBEN	2019	3,470		3	-		3,470	68
69	Cooling tower, servicing - utility area - GTMECH	2020	6,736		5	562	562	6,736	69
70	TOTAL (lines 4 thru 69)		\$ 10,172,796	\$ 388,098		\$ 264,434	\$ (123,664)	\$ 4,283,458	70

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,172,796	\$ 388,098		\$ 264,434	\$ (123,664)	\$ 4,283,458	1
2						-		-	2
3	Piping, replace rotted pipe & fittings, kitchen - TRIPLU	2021	13,877		10	1,388	1,388	6,708	3
4	Doors, upgrade 9 stairwell doors - ALDBEN	2021	6,294		10	629	629	3,093	4
5	Motor, Vacuum Pump, utility area - DOCOXY	2021	6,625		10	663	663	2,762	5
6						-		-	6
7	Walkway Installed and Paved - SEBLAN	2022	4,564		15	304	304	685	7
8	Catwalk installed over duct - GTMECH	2022	2,727		10	273	273	409	8
9	Irrigation Installation, front of building - SEBERT	2022	12,440		5	1,037	1,037	4,147	9
10	Insulation for HVAC (basement) - GTMECH	2022	11,870		10	198	198	792	10
11						-		-	11
12	Repair, Clean Cooling Towers (basement) - GTMECH	2023	10,331		5	2,066	2,066	5,509	12
13	Carpentry - ALDBEN (Job 1512-sensory room)	2023	9,793		15	653	653	1,959	13
14	Concrete - ALDBEN (Job 1512-sensory room)	2023	40,027		15	2,668	2,668	8,005	14
15	Custom Milwork - ALDBEN (Job 1512 - sensory room)	2023	28,154		15	1,877	1,877	5,631	15
16	Masonry - FOXBUI (Job 1512 - sensory room)	2023	68,304		25	2,732	2,732	8,196	16
17	Special Construction - ALDBEN (Job 1512 - sensory room)	2023	25,105		15	1,674	1,674	5,022	17
18	Asphalt Paving - ALDBEN (Job 1512 - sensory room)	2023	14,371		10	1,437	1,437	4,311	18
19	Insulation - ALDBEN (Job 1512 - sensory room)	2023	10,282		10	1,028	1,028	3,084	19
20	Ignition Allowance - ALDBEN (Job 1512 - sensory room)	2023	15,228		10	1,523	1,523	4,569	20
21	Landscaping - ALDBEN (Job 1512 - sensory room)	2023	6,076		10	608	608	1,824	21
22	Landscaping Allowance - ALDBEN (Job 1512 - sensory room)	2023	2,802		10	280	280	840	22
23	Tree Trimming - ALDBEN (Job 1512 - sensory room)	2023	3,427		10	343	343	1,029	23
24						-		-	24
25	Engine components, generator - ALTIND	2025	5,701		5	1,140	1,140	1,140	25
26	Chexit device replacement, 2nd floor - ALDBEN	2025	6,789		5	1,358	1,358	1,358	26
27	Ductless split cooling, lobby- GTMECH	2025	6,350		10	635	635	635	27
28	Piping and 5in combo replacement - TRIPLU	2025	3,088		15	206	206	206	28
29	Flow Switch, Bearing assembly, and piping - TRIPLU	2025	4,588		5	918	918	918	29
30	Floor Plank Installation - FLOWAL	2025	4,665		5	933	933	933	30
31	Hot water tank - TRIPLU	2025	9,088		10	909	909	909	31
32	Pipe, discharge for pump room - TRIPLU	2025	11,295		15	753	753	753	32
33	Pipe, sanitary waste, activity room - TRIPLU	2025	2,850		15	190	190	190	33
34	TOTAL (lines 1 thru 33)		\$ 10,519,507	\$ 388,098		\$ 292,856	\$ (95,242)	\$ 4,359,074	34

0

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$10,519,507	\$388,098		\$292,856	\$(95,242)	\$4,359,074	1
2	Adj for ABC related party profit	2008	(173)					(173)	2
3	Adj for ABC related party profit	2009	(878)	(38)		(38)		(646)	3
4	Adj for ABC related party profit	2010				-		-	4
5	Adj for ABC related party profit	2011	475	28		28		406	5
6	Adj for ABC related party profit	2013	44	-		-		44	6
7	Adj for ABC related party profit	2014				-		-	7
8	Adj for ABC related party profit	2015	(35)	(1)		(1)		(13)	8
9	Adj for ABC related party profit	2017	(46)					(46)	9
10	Adj for ABC related party profit	2019	244			-		244	10
11	Adj for ABC related party profit	2021	126	23		23		104	11
12	Adj for ABC related party profit	2025	(81)	(4)		(4)		(4)	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17	Adj for ADG related party profit	2025	(16)	(1)		(1)		(1)	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$10,519,167	\$388,105		\$292,863	\$(95,242)	\$4,358,989	34

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

****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		\$10,690,383	\$393,964		\$298,722	\$(95,242)	\$4,494,105	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$10,690,383	\$393,964		\$298,722	\$(95,242)	\$4,494,105	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$10,690,383	\$393,964		\$298,722	\$(95,242)	\$4,494,105	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$10,690,383	\$393,964		\$298,722	\$(95,242)	\$4,494,105	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$10,690,383	\$393,964		\$298,722	\$(95,242)	\$4,494,105	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$10,690,383	\$393,964		\$298,722	\$(95,242)	\$4,494,105	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$10,690,383	\$393,964		\$298,722	\$(95,242)	\$4,494,105	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$10,690,383	\$393,964		\$298,722	\$(95,242)	\$4,494,105	34

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

XI. OWNERSHIP COSTS (continued)

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

1		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		\$10,690,383	\$393,964		\$298,722	\$ (95,242)	\$4,494,105	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
12						-		-	12
13						-		-	13
14						-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
22						-		-	22
23						-		-	23
24						-		-	24
25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		\$10,690,383	\$393,964		\$298,722	\$ (95,242)	\$4,494,105	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	\$508,632	\$	\$54,028	\$54,028	Various	\$210,324	71
72	Current Year Purchases	30,570		2,895	2,895	Various	#2,895	72
73	Fully Depreciated Assets	1,475,891			0	Various	1,475,891	73
74	See Attached	169,463	7,654		(7,654)	Various	137,598	74
75	TOTALS	\$2,184,556	\$7,654	\$56,923	\$49,269		\$1,826,708	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	Alloc From Alden Mgmt	Various	1998-2023	\$6,329	\$340	\$	\$(340)	5-Mar	\$4,527	76
77							0			77
78							0			78
79							0			79
80	TOTALS			\$6,329	\$340	\$0	\$(340)		\$4,527	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$13,239,56481
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$401,95782
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$355,64583
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(46,312)84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$6,325,34085

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	Leasehold Improvement-ADG-2018	\$757,218	\$19,416	\$135,912	86
87					87
88					88
89					89
90					90
91	TOTALS	\$757,218	\$19,416	\$135,912	91

G. Construction-in-Progress

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

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

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

Alden Village North

49122

12/31/2025

Supplemental Schedule of Related Party Equipment

Current Year Purchases	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	3,873	390	390
Less: < \$2,500	(552)	(47)	(47)
	3,321	343	343
Prior Year Purchases	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	62,354	7,116	33,660
Less: < \$2,500	(2,297)	(321)	(1,462)
Forum Prof Center	7,937	492	6,910
-			
-			
	67,995	7,288	39,108
Fully Depreciated Equipment	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	101,711	57	101,711
Less: < \$2,500	(3,564)	(34)	(3,564)
-			
-			
-			
	98,147	23	98,147
Total Equipment	Cost	Book Depreciation	Accumulated Depreciation
Alden Management Services	175,875	8,055	142,671
Less: < \$2,500	(6,413)	(401)	(5,073)
-	-	-	-
	169,463	7,654	137,598

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A - Related Party
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES

XNO

		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

XNO

Terms: *

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: \$53,133

Description: \$16,999.60 Copy Machine; \$16,481.65 Equipment Lease; Allocated from AMS \$19,652
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related party-PG 6A	various	1,009.92	12,119	17
18					18
19					19
20					20
21	TOTAL		\$1,009.92	\$12,119	21

10. Effective dates of current rental agreement:

Beginning12/31/2021

Ending12/31/2031

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

Fiscal Year Ending	Annual Rent
1212/31/2025	\$1,161,358
1312/31/2026	\$1,161,358
1412/31/2027	\$1,161,358

* 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.

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.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3 CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	\$			\$ 0
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	V10A/V39	hrs	\$ -	-	\$ -	\$ -		\$	1	
2	Licensed Speech and Language Development Therapist	V10A/V39	hrs	-	-	-	-			2	
3	Licensed Recreational Therapist	V10A/V39	hrs	-		-	-			3	
4	Licensed Physical Therapist	V10A/V39	hrs	-	-	-	-			4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	V39	# of prescrpts	-		-	21,320		21,320	9	
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)										
10			hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):	V39								12	
13	Other (specify):	V39		-		23,458	128,778		152,236	13	
14	TOTAL			\$		\$ 23,458	\$ 150,098		\$ 173,556	14	

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

ALDEN VILLAGE NORTH, INC.
Village North
For the Thirteen Months Ending Wednesday, December 31, 2025

TB
2,025.00

PA Cost Report - Page 16A Supporting Worksheet.

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col.	
2.	ST	39-3	To Col.	
4.	PT	39-2	To Col.	
	Pharmacy Supplies Per GL			22,383.40
	Manual Input From Related Party - FECSII - DRUGS (From Page 6C, Ln 39/Drug items)			(1,063.00)
9.	Pharmacy	See Pg 16A	To Col. 6	21,320.40
12.	Exceptional Care-Salaries	See Pg 16A	To Col. 6	
12.	Exceptional Care- Supplies	See Pg 16A	To Col. 6	882.35
	12. Total Exceptional Care Check (Line 12, Col. 8)			882.35
13.	Other	See Pg 16A		
13.	Col 5: Manual Input: From Related Party - CPT WS (From Page 6D, Col 8)		To Col. 5	21,648.00
	Other (various GL accounts)			146,523.51
	Manual Input: Related Party - Prism WS (From Page 6B, Ln39 items, Col 8)			(39,123.00)
	Manual Input: Related Party - FECII - EE Vaccinations (From Page 6C, Ln 39 items, Col 8)			279.00
	Manual Input: Related Party - FECII - Wound Care Products (From Page 6C, Ln 39 items, Col 8 WC)			(1,432.00)
	Oxygen - From Reclass WP (FromPg 4A)			23,458.00
13.	Col. 6: Supplies Total		To Col. 6	129,705.51
13.	Total Line 13, Column 8 Check			151,353.51
14.	Total			173,556.26

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,619	\$ 53,695	1
2	Cash-Patient Deposits	-	-	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (55,000))	1,896,108	2,527,721	3
4	Supply Inventory (priced at)	1,749	1,749	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	-	54,854	6
7	Other Prepaid Expenses	25,356	25,356	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): <u>See Attached & TB</u>	(911)	(911)	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,923,921	\$ 2,662,464	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	358,296	13
14	Buildings, at Historical Cost	-	9,815,246	14
15	Leasehold Improvements, at Historical Cost	1,161,025	1,575,934	15
16	Equipment, at Historical Cost	498,084	2,281,365	16
17	Accumulated Depreciation (book methods)	(796,439)	(6,527,297)	17
18	Deferred Charges	94,600	94,600	18
19	Organization & Pre-Operating Costs	-	163,527	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-	(31,842)	20
21	Restricted Funds	-	195,129	21
22	Other Long-Term Assets (see <u>See Attached & TB</u>)	-	769,300	22
23	Other(specify): <u>See Attached & TB</u>	-	-	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 957,270	\$ 8,694,258	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,881,191	\$ 11,356,722	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 879,989	\$ 885,238	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	49,245	49,245	28
29	Short-Term Notes Payable	-	233,128	29
30	Accrued Salaries Payable	751,887	751,887	30
31	Accrued Taxes Payable (excluding real estate taxes)	269,777	269,777	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	460,500	32
33	Accrued Interest Payable	-	24,894	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	<u>See Attached & TB</u>	468,578	468,578	36
37	<u>See Attached & TB</u>	923,763	923,763	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,343,239	\$ 4,067,010	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	-	11,763,845	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached & TB</u>	8,237,013	8,237,013	43
44	<u>See Attached & TB</u>	-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 8,237,013	\$ 20,000,858	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,580,252	\$ 24,067,868	46
47	TOTAL EQUITY(page 18, line 24)	\$ (8,699,061)	\$ (12,711,146)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,881,191	\$ 11,356,722	48

PG 17 Line 9 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
116100-100000	Employee Advances	(51.54)
116400-100000	Miscell Non-Patient Receivable	(858.89)
Total		(910.43)

PG 17 Line 22 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
194100-100000	Replacement Reserve	769,300.00
Total		769,300.00

PG 17 Line 36 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
205100-100000	Accrued Insurance	53,386.78
230100-100000	Accrued Expenses	(19,915.21)
230100-100001	Accrued Expenses	(4,641.61)
230100-100005	Accrued Expenses	(271,761.51)
230100-100401	Accrued Expenses	(2,880.00)
230300-100000	Sales Tax Payable	14.00
239100-100000	Due To Idpa For License Fees	(210,312.00)
	Due to Village	(12,468.00)
Total		(468,577.55)

PG 17 Line 37 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
200100-160000	Accounts Payable	(37,099.65)
200100-174000	Accounts Payable	(925.00)
200100-175000	Accounts Payable	(18,912.41)
200100-184000	Accounts Payable	(800,546.06)
200100-194000	Accounts Payable	(6,274.62)
230100-160000	Accrued Expenses	(5,410.25)
230100-175000	Accrued Expenses	(7,795.00)
230100-184000	Accrued Expenses	(46,800.40)
Total		(923,763.39)

PG 17 Line 43 Detail		
CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
120100-101000	Intercompany Receivable	(10,116,381.87)
120100-160000	Intercompany Receivable	(0.01)
120100-200000	Intercompany Receivable	64,447,120.27
120100-502000	Intercompany Receivable	(631,613.01)
121000-101000	AMS Clearing Account	(1,096,612.66)
121000-200000	AMS Clearing Account	(60,637,104.27)
200100-101000	Accounts Payable	(202,421.03)
Total		(8,237,012.58)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (9,959,459)	1
2	Restatements (describe):		2
3	Prior period adjustment	11,975	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (9,947,484)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,248,423	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(0)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,248,423	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)	\$ (8,699,061)	24 *

* This must agree with page 17, line 47.

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	\$ 14,643,711	1
2	Discounts and Allowances for all Levels	(-)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,643,711	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	-	6
7	Oxygen	16,716	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 16,716	8
C. Other Operating Revenue			
9	Payments for Education	-	9
10	Other Government Grants	-	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	-	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	-	19
20	Radiology and X-Ray	-	20
21	Other Medical Services	-	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ -	23
D. Non-Operating Revenue			
24	Contributions	-	24
25	Interest and Other Investment Income***	38,320	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 38,320	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached & TB	2,191,625	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,191,625	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,890,372	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,302,459	31
32	Health Care	5,863,139	32
33	General Administration	3,245,994	33
B. Capital Expense			
34	Ownership	1,308,118	34
C. Ancillary Expense			
35	Special Cost Centers	2,144,035	35
36	Provider Participation Fee	778,204	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,641,949	40
41	Income before Income Taxes (line 30 minus line 40)**	1,248,423	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,248,423	43

III. Net Inpatient Revenue detailed by Payer Source for each line			
44	Medicaid Fee for Service	\$ 14,639,945	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)		45
46	MMAI-Medicaid is the Primary Payer		46
47	MMAI-Medicare is the Primary Payer		47
48	Private Pay	3,766	48
49	Medicare Part A		49
50	Other-(specify) -		50
51	Other-(specify) -		51
52	Other-(specify) -		52
53	Other-(specify) -		53
54	Other-(specify) -		54
55	Other-(specify) -		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,643,711	56

PG 19 Line 28 Detail		
CLIENT ACCOUNT	ACCOUNT DESCRIPTION	BALANCE
432100-100PA	Mattress Revenues	(9,288.00)
432200-100PA	Mattress- Contractual Allowanc	9,288.00
461500-100000	Day Training Income	(1,950,787.73)
497700-100000	Miscellaneous Income	(265.00)
497700-100001	Miscellaneous Income	(60.00)
497700-100002	Miscellaneous Income	(210.00)
498300-100000	Write Off Old A/P	(4,222.89)
498500-100000	Gain On Sale Of Assets	(2,617.12)
497600-100001	ERC Other Income	(233,462.08)
Total		(2,191,624.82)

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	4,443	4,506	\$258,193	\$57.31	1
2	Assistant Director of Nursing	1,992	2,040	104,325	51.13	2
3	Registered Nurses	16,551	17,467	840,229	48.10	3
4	Licensed Practical Nurses	20,455	21,964	893,628	40.69	4
5	CNAs & Orderlies	7,788	8,549	255,503	29.89	5
6	CNA Trainees			-		6
7	Licensed Therapist			-		7
8	Rehab/Therapy Aides			-		8
9	Activity Director	1,994	2,076	42,368	20.41	9
10	Activity Assistants	10,043	10,988	222,220	20.22	10
11	Social Service Workers			-		11
12	Dietician			-		12
13	Food Service Supervisor	2,056	2,080	55,217	26.55	13
14	Head Cook			-		14
15	Cook Helpers/Assistants	18,839	21,026	495,266	23.55	15
16	Dishwashers			-		16
17	Maintenance Workers	2,064	2,080	66,192	31.82	17
18	Housekeepers	13,883	15,684	339,547	21.65	18
19	Laundry	10,362	11,381	236,977	20.82	19
20	Administrator	2,056	2,080	152,519	73.33	20
21	Assistant Administrator	1,392	1,392	54,418	39.09	21
22	Other Administrative	2,056	2,080	67,094	32.26	22
23	Office Manager			-		23
24	Clerical	4,246	4,509	88,933	19.72	24
25	Vocational Instruction			-		25
26	Academic Instruction			-		26
27	Medical Director			-		27
28	Qualified ID Prof (QIDP)	8,102	8,244	184,010	22.32	28
29	Resident Services Coordinator			-		29
30	Habilitation Aides (DD Homes)	94,488	102,445	2,742,146	26.77	30
31	Medical Records			-		31
32	Other Health Care(DD Behavioral Specialist)	345	347	12,468	35.93	32
33	Other(specify)Res Svcs Dir DD	2,072	2,080	67,157	32.29	33
34	TOTAL (lines 1 - 33)	225,226	243,018	\$7,178,410	\$29.54	34

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

** See instructions.

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	2936/month	\$35,236	V01-3	35
36	Medical Director	1000/month	12,000	V09-3	36
37	Medical Records Consultant		-		37
38	Nurse Consultant		-		38
39	Pharmacist Consultant	750/month	9,000	V10-3	39
40	Physical Therapy Consultant		-		40
41	Occupational Therapy Consultant		-		41
42	Respiratory Therapy Consultant		-		42
43	Speech Therapy Consultant		-		43
44	Activity Consultant		-		44
45	Social Service Consultant		-		45
46	Other(specify)		-		46
47			-		47
48			-		48
49	TOTAL (lines 35 - 48)		\$56,236		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1	\$375	V10-3	50
51	Licensed Practical Nurses	-	-		51
52	Certified Nurse Assistants/Aides	-	-		52
53	TOTAL (lines 50 - 52)	1	\$375		53

Alden Village North
Legal Fee Support

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$77,173.23
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(183.78)
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	<u>(\$410.55)</u>

In Detail:

Vendor Name	Invoice Date	Amount
Urbanski Reporting Company	1/21/2025	(410.55)

TOTAL ALLOWABLE LEGAL FEES

(410.55)

Vendor Name	Invoice Date	Amount
Mary Chelotti	2/13/2025	183.78

TOTAL Collection-NOT ALLOWABLE LEGAL FEES

183.78

Vendor Name	Invoice Date	Amount
AMS Legal Allocation	1/1/2022-12/31/2022	77,400.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES

77,400.00

XX. GENERAL INFORMATION:

- 1 Are nursing employees (RN,LPN,NA) represented by a union? Yes
- 2 Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below.
Use the drop down list to identify the association.
- | Association Name | Amount |
|--|--------------------|
| <u>THE CENTER FOR DEVELOPMENTAL DISABILITIES</u> | <u>6,424</u> |
| <u>-</u> | <u></u> |
| <u>-</u> | <u></u> |
| | <u>6,424</u> Total |
- 3 List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.
- | | |
|--|--------------------|
| <u>THE CENTER FOR DEVELOPMENTAL DISABILITIES</u> | <u>6,424</u> |
| <u>-</u> | <u></u> |
| <u>-</u> | <u>-</u> |
| | <u>6,424</u> Total |
- 4 EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE
(2 and 3 combined)
- | | |
|--|---------------------|
| <u>THE CENTER FOR DEVELOPMENTAL DISABILITIES</u> | <u>12,848</u> |
| <u>-</u> | <u>-</u> |
| <u>-</u> | <u>-</u> |
| | <u>12,848</u> Total |
- 5 Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. \$ 53,548 Line 10-2
- 6 Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- 7 Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 778,204
This amount is to be recorded on line 42 of Schedule V.
- 8 Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- 9 Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- 10 Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- 11 Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 35,146 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- 12 Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 0
- c. What percent of all travel expense relates to transportation of nurses and patients? 0
- d. Have vehicle usage logs been maintained? No
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- 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?
Indicate the amount of income earned from providing such transportation during this reporting period.** \$ N/A No
- 13 Has an audit been performed by an independent certified public accounting firm? Firm Name: 0 No
- 14 Have all costs which do not relate to the provision of long term care been adjusted out 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.