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: 0053967

Facility Name: Moorings of Arlington Hghts

Address: 761 Old Barn Lane (Number) | Arlington Hts (City) | 60005 (Zip Code)

County: Cook

Telephone Number: (847) 956-4500 **Fax #** (847) 956-4495

HFS ID Number:

Date of Initial License for Current Owners: 10/1/2000

Type of Ownership:

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

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

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II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 4/1/2024 to 3/31/2025 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) Mark Havrilka
(Title) CFO

Paid Preparer

(Signed) P McCormick 12/3/2025 (Date)
(Print Name and Title) Patrick McCormick, CPA, Partner
(Firm Name & Address) Plante & Moran, PLLC, 1111 Superior Ave Suite 1250 Cleveland, OH 44114
(Telephone) (216) 274-6524 Fax # (248) 233-7349

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	84	Skilled (SNF)	84	30,660	1
2	-	Skilled Pediatric (SNF/PED)	-	-	2
3	32	Intermediate (ICF)	32	11,680	3
4	-	Intermediate/DD	-	-	4
5	-	Sheltered Care (SC)	-	-	5
6	-	ICF/DD 16 or Less	-	-	6
7	116	TOTALS	116	42,340	7

B. Census-For the entire report period.

	Level of Care	2 Medicaid Fee for Service	3 Medicaid MLTSS	4 MMAI Medicaid Primary	5 MMAI Medicare Primary	6 Private Pay	7 Medicare Part A Only	8 Other	9 Total	
		Patient Days by Level of Care and Primary Source of Payment								
8	SNF	127				8,039	6,110	2,528	16,804	8
9	SNF/PED									9
10	ICF					10,690			10,690	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	127				18,729	6,110	2,528	27,494	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 64.94%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 10/1/2000

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 10/1/2000 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter certified beds.
number of certified beds 84

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 3/31/2025 Fiscal Year: 3/31/2025

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

STATE OF ILLINOIS

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

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

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY 9	10	
	A. General Services											
1	Dietary	572,250	19,521	184,748	776,519		776,519	-	776,519			1
2	Food Purchase		310,868		310,868		310,868	(266)	310,602			2
3	Housekeeping	312,534	28,372	11,591	352,497		352,497	-	352,497			3
4	Laundry	98,279	31,766	5,908	135,953	-	135,953	-	135,953			4
5	Heat and Other Utilities			141,660	141,660		141,660	-	141,660			5
6	Maintenance	92,784	22,170	203,593	318,547		318,547	-	318,547			6
7	Other (specify):* Security	84,239	313	6,156	90,708		90,708	-	90,708			7
8	**TOTAL General Services**	1,160,086	413,010	553,656	2,126,752	-	2,126,752	(266)	2,126,486			8
	B. Health Care and Programs											
9	Medical Director	-	-	39,000	39,000		39,000	-	39,000			9
10	Nursing and Medical Records	5,420,055	352,322	434,863	6,207,240		6,207,240	(110,609)	6,096,631			10
10a	Therapy	-	1,503	1,084,645	1,086,148		1,086,148	-	1,086,148			10a
11	Activities	331,880	1,665	12,829	346,374		346,374	-	346,374			11
12	Social Services	207,357	285	2,624	210,266		210,266	-	210,266			12
13	CNA Training	-	-	-	-		-	-	-			13
14	Program Transportation	-	-	226	226		226	-	226			14
15	Other (specify):*	-	-	-	-		-	-	-			15
16	**TOTAL Health Care and Programs**	5,959,292	355,775	1,574,187	7,889,254	-	7,889,254	(110,609)	7,778,645			16
	C. General Administration											
17	Administrative	211,449	-	961,128	1,172,577		1,172,577	(124,297)	1,048,280			17
18	Directors Fees			-	-		-	-	-			18
19	Professional Services			393,739	393,739		393,739	(2,901)	390,838			19
20	Dues, Fees, Subscriptions & Promotions			53,345	53,345		53,345	(3,250)	50,095			20
21	Clerical & General Office Expenses	667,336	37,162	263,366	967,864		967,864	(115,510)	852,354			21
22	Employee Benefits & Payroll Taxes			1,726,607	1,726,607		1,726,607	-	1,726,607			22
23	Inservice Training & Education			-	-		-	-	-			23
24	Travel and Seminar			2,831	2,831		2,831	(923)	1,908			24
25	Other Admin. Staff Transportation		-	-	-		-	-	-			25
26	Insurance-Prop.Liab.Malpractice			188,619	188,619		188,619	-	188,619			26
27	Other (specify):* Marketing	12,835	2,079	3,480	18,394		18,394	(18,394)	-			27
28	**TOTAL General Administration**	891,620	39,241	3,593,115	4,523,976	-	4,523,976	(265,274)	4,258,702			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	8,010,998	808,026	5,720,958	14,539,982	-	14,539,982	(376,149)	14,163,833			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000. 0

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

Facility Name & ID Number The Moorings of Arlington Heights 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			885,830	885,830		885,830	(289,520)	596,310			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			4,427	4,427		4,427	(4,427)	-			32
33	Real Estate Taxes			133,339	133,339		133,339	-	133,339			33
34	Rent-Facility & Grounds			-	-		-	-	-			34
35	Rent-Equipment & Vehicles			12,359	12,359		12,359	-	12,359			35
36	Other (specify):* HO Capital			-	-		-	48,927	48,927			36
37	**TOTAL Ownership**			1,035,955	1,035,955	-	1,035,955	(245,020)	790,935			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-	-		-	-	-			38
39	Ancillary Service Centers	-	125,626	21,193	146,819		146,819	-	146,819			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee	-	-	226,408	226,408		226,408	-	226,408			42
43	Other (specify):*	-	-	-	-		-	-	-			43
44	**TOTAL Special Cost Centers**	-	125,626	247,601	373,227	-	373,227	-	373,227			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	8,010,998	933,652	7,004,514	15,949,164	-	15,949,164	(621,169)	15,327,995			45

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: ######

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(289,520)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(4,427)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(3,250)	20		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(66,544)	21		24
25	Fund Raising, Advertising and Promotional	(18,394)	27		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	(163,664)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (545,799)		$ 0	30

BHF USE ONLY									
48		49		50		51		52	

0

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)	(75,370)	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (75,370)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (621,169)		37

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

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

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

STATE OF ILLINOIS

The Moorings of Arlington Heights

ID# 0053967

Report Period Beginning: 4/1/2024

Ending: 3/31/2025

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Political Action Committee Payments	$ -	20	1
2	Other Expenses Related to Lobbying Activities			2
3	Non Allowable Legal Expenses	(2,901)	19	3
4	Non-allowable travel and seminar	(923)	24	4
5	Credit Card Fees	(48,966)	21	5
6	Dietary - Liquor	(266)	2	6
7	COVID Expenses - Nursing	(110,609)	10	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				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**	(163,664)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 **Report Period Beginning:** 4/1/2024 **Ending:** 3/31/2025

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	-	-	-	-	-	-	-	-	-	-	-	-	1
2	Food Purchase	(266)	-	-	-	-	-	-	-	-	-	-	(266)	2
3	Housekeeping	-	-	-	-	-	-	-	-	-	-	-	-	3
4	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	4
5	Heat and Other Utilities	-	-	-	-	-	-	-	-	-	-	-	-	5
6	Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	6
7	Other (specify):*	-	-	-	-	-	-	-	-	-	-	-	-	7
8	**TOTAL General Services**	(266)	-	-	-	-	-	-	-	-	-	-	(266)	8
	B. Health Care and Programs													
9	Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	9
10	Nursing and Medical Records	(110,609)	-	-	-	-	-	-	-	-	-	-	(110,609)	10
10a	Therapy	-	-	-	-	-	-	-	-	-	-	-	-	10a
11	Activities	-	-	-	-	-	-	-	-	-	-	-	-	11
12	Social Services	-	-	-	-	-	-	-	-	-	-	-	-	12
13	CNA Training	-	-	-	-	-	-	-	-	-	-	-	-	13
14	Program Transportation	-	-	-	-	-	-	-	-	-	-	-	-	14
15	Other (specify):*	-	-	-	-	-	-	-	-	-	-	-	-	15
16	**TOTAL Health Care and Programs**	(110,609)	-	-	-	-	-	-	-	-	-	-	(110,609)	16
	C. General Administration													
17	Administrative	-	(124,297)	-	-	-	-	-	-	-	-	-	(124,297)	17
18	Directors Fees	-	-	-	-	-	-	-	-	-	-	-	-	18
19	Professional Services	(2,901)	-	-	-	-	-	-	-	-	-	-	(2,901)	19
20	Fees, Subscriptions & Promotions	(3,250)	-	-	-	-	-	-	-	-	-	-	(3,250)	20
21	Clerical & General Office Expenses	(115,510)	-	-	-	-	-	-	-	-	-	-	(115,510)	21
22	Employee Benefits & Payroll Taxes	-	-	-	-	-	-	-	-	-	-	-	-	22
23	Inservice Training & Education	-	-	-	-	-	-	-	-	-	-	-	-	23
24	Travel and Seminar	(923)	-	-	-	-	-	-	-	-	-	-	(923)	24
25	Other Admin. Staff Transportation	-	-	-	-	-	-	-	-	-	-	-	-	25
26	Insurance-Prop.Liab.Malpractice	-	-	-	-	-	-	-	-	-	-	-	-	26
27	Other (specify):*	(18,394)	-	-	-	-	-	-	-	-	-	-	(18,394)	27
28	**TOTAL General Administration**	(140,977)	(124,297)	-	-	-	-	-	-	-	-	-	(265,274)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(251,852)	(124,297)	-	-	-	-	-	-	-	-	-	(376,149)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Moorings of Arlington Heights **#** 0053967 **Report Period Beginning:** 4/1/2024 **Ending:** 3/31/2025

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	(289,520)	-	-	-	-	-	-	-	-	-	-	(289,520)	30
31	Amortization of Pre-Op. & Org.	-	-	-	-	-	-	-	-	-	-	-	-	31
32	Interest	(4,427)	-	-	-	-	-	-	-	-	-	-	(4,427)	32
33	Real Estate Taxes	-	-	-	-	-	-	-	-	-	-	-	-	33
34	Rent-Facility & Grounds	-	-	-	-	-	-	-	-	-	-	-	-	34
35	Rent-Equipment & Vehicles	-	-	-	-	-	-	-	-	-	-	-	-	35
36	Other (specify):*	-	48,927	-	-	-	-	-	-	-	-	-	48,927	36
37	**TOTAL Ownership**	(293,947)	48,927	-	-	-	-	-	-	-	-	-	(245,020)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	-	-	-	-	-	-	-	-	-	-	-	-	38
39	Ancillary Service Centers	-	-	-	-	-	-	-	-	-	-	-	-	39
40	Barber and Beauty Shops	-	-	-	-	-	-	-	-	-	-	-	-	40
41	Coffee and Gift Shops	-	-	-	-	-	-	-	-	-	-	-	-	41
42	Provider Participation Fee	-	-	-	-	-	-	-	-	-	-	-	-	42
43	Other (specify):*	-	-	-	-	-	-	-	-	-	-	-	-	43
44	**TOTAL Special Cost Centers**	-	-	-	-	-	-	-	-	-	-	-	-	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(545,799)	(75,370)	-	-	-	-	-	-	-	-	-	(621,169)	45

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

VII. RELATED PARTIES

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

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

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	17	Home Office A&G	961,128	Presbyterian Homes Manager	100.00%	836,831	$ (124,297)	1
2	V	36	Home Office Capital		Presbyterian Homes Manager	100.00%	48,927	48,927	2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 961,128			$ 885,758	$ * (75,370)	14

* Total must agree with the amount recorded on line 34 of Schedule VI. 0

STATE OF ILLINOIS **Ownership Listing-1**

The Moorings of Arlington Heights

ID# **0053967**

Report Period Beginning: **4/1/2024**

Ending: **3/31/2025**

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

	First Name	M.I.	Last Name	Place of Residence City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co. /Home Office Ownership Percentage	
1	This schedule is not applicable because the facility and home office are non-profit entities, and no building company exists.								1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
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Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

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	Presbyterian Homes	100%	Balmoral Care Center (Lake Forest Place)	Lake Forest, IL	Presbyterian Homes Manager	Skokie, IL	Management	1
2								2
3			McGaw Care Center (Westminster Place)	Evanston, IL	Presbyterian Homes	Evanston, IL	Outpatient Therapy	3
4					Outpatient Rehab			4
5	Board of Directors				Agency, LLC			5
6	JIM BRAULT	Director						6
7	ROBERT DEARBORN	Director			Ten Twenty Grove LLC	Evanston, IL	Senior Ind Living	7
8	CHARLIE DENISON	Director						8
9	ELINOR HITE	Director /Secretary						9
10	VINCE KELLY	Director /Co-Chair						10
11	REV. MICHAEL KIRBY	Director						11
12	MIKE LINCOLN	Director /Treasurer						12
13	DENNIS MARX	Director						13
14	THOMAS MCAFEE	Director						14
15	ERIC MOLLMAN	Director /Co-Chair						15
16	PAULA NOBLE	Director						16
17	SAM REYNOLDS	Director						17
18	MARSHA OBERREIDER	Director						18
19	JULIE SEYMOUR	Director						19
20	JESSICA STRAUSBAUGH	Director						20
21	MARK WETZEL	Director						21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	See board of directors listing on page 6-supplemental								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		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 The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

0

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	**TOTAL Facility Related**						$ -	$ -			$ -	9
	B. Non-Facility Related*											
10	Service Fee-Investments										4,427	10
11	Non-Allowable Service Fees										(4,427)	11
12												12
13												13
14	**TOTAL Non-Facility Related**						$ -	$ -			$ -	14
15	**TOTALS (line 9+line14)**						$ -	$ -			$ -	15

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

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.) 0

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2024 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	99,460	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.)	$	138,046	2
3. Under or (over) accrual (line 2 minus line 1).	$	38,586	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)	$	104,330	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.)**	$	6,562	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 $ 146,716 For 2020/2021 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	(16,139)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	133,339	7

Assessed Value from Real Estate Tax Bill:	2024	Not Available - Oct 2025	8
Real Estate Tax Bill for Calendar Year:	2020	124,799	9
	2021	1,176,201	10
	2022	1,188,048	11
	2023	1,231,222	12
	2024	Not Available - Oct 2025	13

Amounts reported above on line 1 through line 5 reflect the tax proration applicable to the nursing home only (11%)

Line 2 real estate taxes paid during the year include the 2nd installment paid for CY2023 taxes and 1st installment paid for CY2024

2025 Accrual: CY2024 Tax ($1,275,000 (attorney estimates) - $677,172 (1st installment)) x 11% (allocated to H/C) = $65,761, plus CY2025 Tax ($1,275,000 x 1.1 (estimated tax increase) / 12 months * 3 months * 11% (allocated to H/C) = $38,569. Total Accrual is $104,330

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 **The Moorings of Arlington Heights** COUNTY Cook

FACILITY IDPH LICENSE NUMBER **0053967**

CONTACT PERSON REGARDING THIS REPORT Joshua S. Banach, CPA

TELEPHONE 847-628-8784 FAX #:

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

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

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	08-10-113-002-0000	811 E CENTRAL RD, ARLINGTON	$	$
2.	08-10-113-003-0000	800 E CENTRAL RD, ARLINGTON	$	$
3.	08-10-113-004-0000	801 E CENTRAL RD, ARLINGTON	$	$
4.	0	0	$	$
5.	0	0	$	$
6.	0	0	$	$
7.	0	0	$	$
8.	0	0	$	$
9.	0	0	$	$
10.	0	0	$	$
		TOTALS	$ -	$ -

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ 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.

The Moorings of Arlington Heights
53967
3/31/2025
Note on Real Estate Taxes

Please note that Cook County in Illinois has not yet mailed the calendar year 2024 real estate tax bills. (payable in 2025) As posted on the Cook County website, these bills are expected to be sent late November 2025. At this time, submission of these bills is not possible, nor is full completion of Pages 10 and RE_Tax. Moorings will submit revised schedules as soon as the information becomes available from the county.

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 115,857 B. General Construction Type: Exterior Brick Frame Number of Stories 2

C. Does the Operating Entity? [X] (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? [X] (a) Own the Equipment [ ] (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).

Independent Living facility in the Moorings of Arlington Heights contains 192 apartments and 72 villas. Total square forage is 505,692.
Assisted Living facility in the Moorings of Arlington Heights contains 73 apartments. Total square footage is 120,884.
Assisted Living Memory Support facility in the Moorings of Arlington Heights contains 20 private rooms. Total square footage is 29,398.

F. List the bed capacity for the building if it differs from the licensed total. 96
G. Have you properly capitalized all major repairs and equipment purchases? Yes
H. Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
I. Are you presently operating under a sublease agreement? No
J. Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YES NO X If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over.
N/A

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

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

Nature of Costs: 0
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$	1
2					2
3	TOTALS			$ 0	3

0

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	160		2000		$ 1,448,372	$	35	$ -	$	$ -	4
5								-		-	5
6								-		-	6
7								-		-	7
8								-		-	8
	Improvement Type**										
9	Various			2001	2,796		20	-		-	9
10	Emergency Power Connections Shelter Care			2009	19,135		20	-		-	10
11	Shelter Care unit Renov. (Wiring, lightFixtures, Toilets, Sinks)			2009	59,926		20	-		-	11
12	Emergency Power Connections Health Care			2009	27,393		20	-		-	12
13	Renov. Of HCC Lobby and Resident Corridors Flooring, Windows			2009	130,000		20	-		-	13
14	HCC Roof Replacement			2009	187,270		20	-		-	14
15	Door System			2010	4,345		20	-		-	15
16	Door System			2010	4,668		20	-		-	16
17	Walkway: Threshold At Main Entrance			2010	5,729		20	-		-	17
18	HVAC Services			2010	3,854		20	-		-	18
19	Demolition, Carpentry, Framing, Floors, Plumbing, Electrical			2010	30,259		20	-		-	19
20	Architect Fees (Rooms 107 & 119)			2010	5,317		20	-		-	20
21	Resident Cooridor Painting			2010	3,700		20	-		-	21
22	Architect Fees (Hallway & Lobby)			2010	17,437		20	-		-	22
23	Cooridor Carpeting			2010	35,782		20	-		-	23
24	Electrical - Pipe, Wire, Junction Boxes, Fixtures			2010	69,500		20	-		-	24
25	Cooridor Carpentry			2010	35,000		20	-		-	25
26	Cooridor Painting			2010	28,700		20	-		-	26
27	New Condensing Unit With Evaporator			2010	3,598		20	-		-	27
28	Physicail Therapy Office - New Condensing Unit			2010	2,743		20	-		-	28
29	Moorings Masonry			2011	19,000		20	-		-	29
30	Install New Health Center Back-Up Pumps For Heating			2012	34,285		20	-		-	30
31	Mid-Rise Domestic Hot Water Heater Replacement			2012	159,722		20	-		-	31
32	Replace Health Center Hot Water Mixing Value			2012	8,571		20	-		-	32
33	Contingency HC Water Heater			2012	7,387		20	-		-	33
34	Standard Pipe & Supply			2012	7,952		20	-		-	34
35	Replace floor in room 761			2012	1,200		20	-		-	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

0

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Evaluate soil conditions	2012	$ 1,396	$	20	$ -	$	$ -	37
38	Remove concrete slabs and replace with new slabs	2012	49,645		20	-		-	38
39	Nursing Facility Allocation of Window Improvements	2013	2,547		20	-		-	39
40	Nursing Facility Allocation of Bldg Improvements	2014	76,064		20	-		-	40
41	New pit ladders in elevator cars	2015	4,954		10	-		-	41
42	Sewer ejector pumps replacement	2015	7,170		10	-		-	42
43	Steel exterior fire door replacement	2015	9,927		10	-		-	43
44	Operator and release device on the roll up fire door	2015	4,875		10	-		-	44
45	Health Center shower rooms renovation - wall tile replacement	2015	31,457		10	-		-	45
46	Floor replacement - first floor health center	2016	17,432		10	-		-	46
47	Patient room renovation - furniture replacement, painting, drapers, win	2016	261,513		10	-		-	47
48	Storm Lift Station submersible pumps replacemen	2017	7,120		20	-		-	48
49	Return plumbing main replacement	2017	18,675		20	-		-	49
50	Compressor replacement in healthcare	2017	8,199		20	-		-	50
51	Entrance canopy repair and recoat paint outside healthcare entrance	2017	5,620		10	-		-	51
52	Activities lockers building construction and renovation	2017	273,480		10	-		-	52
53	Activities lockers painting	2017	4,360		10	-		-	53
54	Activities lockers flooring replacement	2017	18,652		5	-		-	54
55	Rehab renovation - Fees/preconstruction services/ concrete/ demolition/	2017	122,620		10	-		-	55
56	Rehab renovation - General conditions	2017	117,046		10	-		-	56
57	Rehab renovation - HVAC air distribution and equipmen	2017	110,957		10	-		-	57
58	Rehab renovation - Electrical	2017	80,564		10	-		-	58
59	Rehab renovation - Carpentry	2017	62,975		10	-		-	59
60	Rehab renovation - Doors and frames	2017	46,225		10	-		-	60
61	Rehab renovation - Woodwork	2017	42,662		10	-		-	61
62	Rehab renovation - Plumbing	2017	22,285		10	-		-	62
63	Rehab renovation - Wall replacement and painting	2017	10,510		10	-		-	63
64	Rehab renovation - Floor replacement	2017	53,479		5	-		-	64
65	Laundry room cooling unit replacement	2018	44,600		10	-		-	65
66	Dryvit surfaces on HC building	2018	12,335		10	-		-	66
67	Healthcare Center 1st&2nd floor dining area architectural woodwork, g	2019	391,145		20	-		-	67
68	Healthcare Center 1st&2nd floor dining area painting and wall covering	2019	25,266		10	-		-	68
69	Healthcare Center 1st&2nd floor dining area flooring and window treatr	2019	246,746		5	-		-	69
70	TOTAL (lines 4 thru 69)		$ 4,556,141	$ -		$ -	$ -	$ -	70

0

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 4,556,141	$ -		$ -	$ -	$ -	1
2	Healthcare Center lobby and therapy space landscaping	2019	151,443		25	-		-	2
3	Healthcare Center lobby and therapy space painting and wall covering,	2019	1,392,549		10	-		-	3
4	Healthcare Center lobby and therapy space flooring and window treatm	2019	107,780		5	-		-	4
5	Healthcare Center 1st&2nd floor dining area architectural woodwork, g	2019	12,335		10	-		-	5
6	Dryvit surfaces on Healthcare Center building	2019	3,927		20	-		-	6
7	TM HC Room 107 Paint, Floor, & Repairs	2021	4,978		10	-		-	7
8	Tiles for HC bathrooms	2022	4,623		20	-		-	8
9	Replace shower room floor	2023	22,000		10	-		-	9
10	Carpet tile installation	2024	9,873		10	-		-	10
11	Healthcare Center roof replacement	2024	1,246,945		10	-		-	11
12	Electrical installations in healthcare kitchen	2024	10,182		20	-		-	12
13	Healthcare Center second floor carpet and paint replacemen	2025	163,919		10	-		-	13
14	Healthcare Center casement windows replacement	2025	17,700		20	-		-	14
15						-		-	15
16						-		-	16
17						-		-	17
18						-		-	18
19						-		-	19
20						-		-	20
21						-		-	21
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25						-		-	25
26						-		-	26
27						-		-	27
28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32	Financial Statement Depreciation	2025		392,253		392,253		5,140,273	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	34

0

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	1
2						-		-	2
3						-		-	3
4						-		-	4
5						-		-	5
6						-		-	6
7						-		-	7
8						-		-	8
9						-		-	9
10						-		-	10
11						-		-	11
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28						-		-	28
29						-		-	29
30						-		-	30
31						-		-	31
32						-		-	32
33						-		-	33
34	TOTAL (lines 1 thru 33)		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	34

0

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	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)		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	34

0

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	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)		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	34

0

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	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)		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	34

0

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	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)		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	34

0

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	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)		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	34

0

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	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)		$ 7,704,395	$ 392,253		$ 392,253	$ -	$ 5,140,273	34

0

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 2,612,574	$	$	$ -		$ 1,907,096	71
72	Current Year Purchases	770,464			-			72
73	Fully Depreciated Assets				-			73
74	See Attached	-	204,058	204,058	-		204,058	74
75	TOTALS	$ 3,383,038	$ 204,058	$ 204,058	$ -		$ 2,111,154	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				$	$	$	$ -		$	76
77							-			77
78							-			78
79							-			79
80	TOTALS			$ -	$ -	$ -	$ -		$ -	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$	11,087,433	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	596,311	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$	596,311	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	-	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	7,251,427	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Assisted Living	$ 69,825,854	$ 2,368,200	$ 18,527,324	86
87	Independent Living	139,107,493	6,282,964	82,603,401	87
88					88
89					89
90					90
91	TOTALS	$ 208,933,347	$ 8,651,164	$ 101,130,725	91

G. Construction-in-Progress

	Description	Cost	
92	CIP	$ 4,608,772	92
93			93
94			94
95		$ 4,608,772	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.

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

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

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

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

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12		$
13		$
14		$

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

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

16. Rental Amount for movable equipment: $ 12,360 Description: Printer/Copier $8,164 ; Postage Meter $1,710 ; Dish Machine $2,486
(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			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

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

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

0

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	V10A/V39	hrs	$ -	4,770	$ 434,948	$ 564	4,770	$ 435,512	1
2	Licensed Speech and Language Development Therapist	V10A/V39	hrs	-	959	38,973	68	959	39,041	2
3	Licensed Recreational Therapist	V10A/V39	hrs	-						3
4	Licensed Physical Therapist	V10A/V39	hrs	-	8,245	610,723	875	8,245	611,598	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	-		-	-			9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	V39								12
13	Other (specify):	V39		-		-	-			13
14	TOTAL			$	13,974	$ 1,084,644	$ 1,507	13,974	$ 1,086,151	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.

STATE OF ILLINOIS

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 3/31/2025 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 3,746,689	$	1
2	Cash-Patient Deposits	-		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 413,619	892,437		3
4	Supply Inventory (priced at)	-		4
5	Short-Term Investments	14,377,487		5
6	Prepaid Insurance	258,661		6
7	Other Prepaid Expenses	176,920		7
8	Accounts Receivable (owners or related parties)	-		8
9	Other(specify): See Attached & TB	903,721		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 20,355,915	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-		11
12	Long-Term Investments	22,136,047		12
13	Land	2,129,329		13
14	Buildings, at Historical Cost	186,634,467		14
15	Leasehold Improvements, at Historical Cost	-		15
16	Equipment, at Historical Cost	31,256,987		16
17	Accumulated Depreciation (book methods)	(108,382,152)		17
18	Deferred Charges	-		18
19	Organization & Pre-Operating Costs	-		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-		20
21	Restricted Funds	2,097,221		21
22	Other Long-Term Assets (sp See Attached & TB	8,589,156		22
23	Other(specify): See Attached & TB	-		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 144,461,055	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 164,816,970	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 2,125,037	$	26
27	Officer's Accounts Payable	-		27
28	Accounts Payable-Patient Deposits	-		28
29	Short-Term Notes Payable	2,002,988		29
30	Accrued Salaries Payable	2,433,500		30
31	Accrued Taxes Payable (excluding real estate taxes)	-		31
32	Accrued Real Estate Taxes(Sch.IX-B)	948,453		32
33	Accrued Interest Payable	93,448		33
34	Deferred Compensation	5,903		34
35	Federal and State Income Taxes	-		35
	Other Current Liabilities(specify):			
36	See Attached & TB	5,584,961		36
37	See Attached & TB	-		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 13,194,290	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	-		39
40	Mortgage Payable	-		40
41	Bonds Payable	56,684,027		41
42	Deferred Compensation	-		42
	Other Long-Term Liabilities(specify):			
43	See Attached & TB	54,792,145		43
44	See Attached & TB	-		44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 111,476,172	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 124,670,462	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 40,146,508	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 164,816,970	$	48

0

*(See instructions.)

The Moorings of Arlington Heights
53967
3/31/2025
Schedule XV - Page 17 Support

PG 17 Line 9 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
70-90-100-10816	1160 - Other Receivables:10816 - Other Receivables	613,478.62
70-90-100-19700	19700 - Due From Related Parties	305,987.67
70-90-100-20860	20860 - Due To Related Parties	(15,745.98)
Total		903,720.31

PG 17 Line 22 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
70-90-100-10600	1800 - Long-term Assets:1840 - Interest Rate Swap (LT Assets):10600 - Swap Valuation-Assets	1,137,243.64
70-90-100-10860	1800 - Long-term Assets:1820 - Entrance Fee Receivable:10860 - Entrance Fee Receivable	1,271,899.00
70-90-100-11376	1200 - Cash On Deposit For Future Contracts:11376 - Accrued Income US Bank 5001645-003	2,439.53
70-90-100-12810	1800 - Long-term Assets:1810 - Other Assets:12810 - Deposit LT	166,023.00
70-90-100-14138	1200 - Cash On Deposit For Future Contracts:14138 - US Bank Expansion Charter 5001645-003	1,402,777.76
70-90-100-15000	1700 - Property and Equipment at Cost:1720 - Construction In Progress:15000 - Fixed Assets Clearing	(13,952,522.07)
70-20-100-15000	1700 - Property and Equipment at Cost:1720 - Construction In Progress:15000 - Fixed Assets Clearing	8,589,669.26
70-10-100-15000	1700 - Property and Equipment at Cost:1720 - Construction In Progress:15000 - Fixed Assets Clearing	3,483,332.83
70-30-100-15000	1700 - Property and Equipment at Cost:1720 - Construction In Progress:15000 - Fixed Assets Clearing	2,501,361.25
70-90-100-15110	1700 - Property and Equipment at Cost:1720 - Construction In Progress:15110 - Construction in Progress	3,986,931.10
Total		8,589,155.30

PG 17 Line 23 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
Total		-

PG 17 Line 36 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
70-90-100-20515	2050 - Accrued Expense:20515 - Provider Tax Liability	36,044.00
70-90-100-22020	2150 - Safekeeping Accounts:22020 - Health Care Deposits	580,815.00
70-90-100-22030	2200 - Entrance Fees Deposits:2210 - Deposits-Entrance Fees:22030 - Marketing Club Deposit	787,500.00
70-90-100-23510	2200 - Entrance Fees Deposits:2210 - Deposits-Entrance Fees:23510 - Deposits & Found Fee Adv	1,280,601.83
70-90-100-23519	2250 - Refundable Entrance Fees Payable:23519 - Refundable Entrance Fees	2,900,000.00
Total		5,584,960.83

PG 17 Line 37 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
Total		-

PG 17 Line 43 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
70-90-100-20561	2600 - Long-term Liabilities:2605 - Other Long Term Liabilities:20561 - Accretion Liability-Asbestos	75,477.36
70-90-100-23010	2700 - Entrance Fees:2705 - Deferred Revenue from Entrance Fees:23010 - Unamortized Entrance Fees	42,229,629.10
70-90-100-23050	2700 - Entrance Fees:2710 - Long Term Portion-Refundable Entrance Fee:23050 - Long Term Refundable Entr Fees	12,487,039.01
70-90-100-23055	2700 - Entrance Fees:2710 - Long Term Portion-Refundable Entrance Fee:23055 - Advance Refund To Resident (AR)	0.16
Total		54,792,145.63

PG 17 Line 44 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
Total		-

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 32,877,871	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 32,877,871	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	442,890	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)**	$ 442,890	17
	B. Transfers (Itemize):		
18	**Net ALU, ILU, & Non-Care Income**	6,825,747	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 6,825,747	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 40,146,508	24 *

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

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 15,291,336	1
2	Discounts and Allowances for all Levels	(809,398)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 14,481,938	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	1,505,309	6
7	Oxygen	-	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,505,309	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	-	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	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	(21,186)	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	-	19
20	Radiology and X-Ray	-	20
21	Other Medical Services	115,725	21
22	Laundry	-	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 94,539	23
	D. Non-Operating Revenue		
24	Contributions	189,018	24
25	Interest and Other Investment Income***	1	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 189,019	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	See Attached & TB	121,249	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 121,249	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 16,392,054	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,126,752	31
32	Health Care	7,889,254	32
33	General Administration	4,523,976	33
	B. Capital Expense		
34	Ownership	1,035,955	34
	C. Ancillary Expense		
35	Special Cost Centers	146,819	35
36	Provider Participation Fee	226,408	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 15,949,164	40
41	**Income before Income Taxes (line 30 minus line 40)****	442,890	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 442,890	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	$ 31,788	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	10,001,122	48
49	Medicare Part A	3,497,101	49
50	Other-(specify) Managed Care	951,927	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)	$ 14,481,938	56

0

The Moorings of Arlington Heights
53967
3/31/2025
Schedule XVII - Page 19 Support

PG 19 Line 28 Detail

CLIENT ACCOUNT	ACCOUNT DESCRIPTION	BALANCE
70-30-100-42930	4450 - Dietary and Food Revenue:42930 - Resident Catering	286.92
70-30-640-48030	4500 - Other Revenue:48030 - Miscellaneous Revenue	383.65
70-30-100-48030	4500 - Other Revenue:48030 - Miscellaneous Revenue	11,927.23
70-30-100-48034	4500 - Other Revenue:48034 - FEMA Grant	110,609.46
70-30-670-48060	4500 - Other Revenue:48060 - Event Revenue	1,482.62
70-30-560-48080	4500 - Other Revenue:48080 - Transportation Revenue	570.00
70-30-100-48095	4500 - Other Revenue:48095 - Lease Revenue	1,683.54
70-30-100-50350	4500 - Other Revenue:50350 - Revenue Late Fees	668.41
70-30-930-53640	4500 - Other Revenue:53640 - Unrestricted Contributions	6,345.00
70-30-100-55750	6500 - Other Non-Operating Income (Expense):55750 - Captive Memberâ€™s Saving Allocation	10,639.71
ADJ	Other Specify:	(6,728.65)
ADJ	Other Income- Administrative	(14,566.10)
ADJ	Other Income-Activities	(1,482.62)
ADJ	Other Income-Transportation	(570.00)
Total		121,249.17

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,763	1,972	$ 159,528	$ 80.90	1
2	Assistant Director of Nursing	-	-	-		2
3	Registered Nurses	43,499	48,923	2,599,934	53.14	3
4	Licensed Practical Nurses	2,808	3,135	135,021	43.07	4
5	CNAs & Orderlies	81,554	90,684	2,486,122	27.42	5
6	CNA Trainees	-	-	-		6
7	Licensed Therapist	-	-	-		7
8	Rehab/Therapy Aides	-	-	-		8
9	Activity Director	1,733	1,961	72,914	37.18	9
10	Activity Assistants	10,753	12,026	258,967	21.53	10
11	Social Service Workers	5,399	6,048	207,358	34.29	11
12	Dietician	-	-	-		12
13	Food Service Supervisor	1,254	1,430	35,773	25.02	13
14	Head Cook	4,056	4,488	100,606	22.42	14
15	Cook Helpers/Assistants	17,632	19,639	397,412	20.24	15
16	Dishwashers	1,700	1,906	38,458	20.18	16
17	Maintenance Workers	2,651	2,974	92,784	31.20	17
18	Housekeepers	12,402	13,923	312,533	22.45	18
19	Laundry	3,916	4,458	98,279	22.05	19
20	Administrator	1,770	2,006	211,449	105.41	20
21	Assistant Administrator	-	-	-		21
22	Other Administrative	10,912	12,306	612,087	49.74	22
23	Office Manager	-	-	-		23
24	Clerical	2,640	2,908	55,248	19.00	24
25	Vocational Instruction	-	-	-		25
26	Academic Instruction	-	-	-		26
27	Medical Director	-	-	-		27
28	Qualified ID Prof (QIDP)	-	-	-		28
29	Resident Services Coordinator	-	-	-		29
30	Habilitation Aides (DD Homes)	-	-	-		30
31	Medical Records	1,496	1,673	39,450	23.58	31
32	Security Services	2,990	3,344	84,238	25.19	32
33	Other(specify) Marketing	445	482	12,837	26.63	33
34	TOTAL (lines 1 - 33)	211,373	236,286	$ 8,010,998 *	$ 33.90	34

0

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ -		35
36	Medical Director	156	39,000	V09-3	36
37	Medical Records Consultant		-		37
38	Nurse Consultant		-		38
39	Pharmacist Consultant		-		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)	156	$ 39,000		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	19	$ 1,251	V10-3	50
51	Licensed Practical Nurses		-		51
52	Certified Nurse Assistants/Aides		-		52
53	TOTAL (lines 50 - 52)	19	$ 1,251		53

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jonathan Kaspar	Health Care Administrator		$ 211,449
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 211,449

B. Administrative - Other

Description	Amount
Management Fees - Presbyterian Homes Manager	$ 961,128
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 961,128

C. Professional Services

Vendor/Payee	Type	Amount
A V POWELL & ASSOCIATES LLC	Actuarial Valuation	$ 3,297
ACCUSHIELD, LLC	Data Processing	4,383
ALKU TECHNOLOGIES, LLC	Data Processing	1,130
APPRIZE TECHNOLOGY SOLUTIO	Data Processing	3,982
ASCEND TECHNOLOGIES, LLC	Data Processing	6,251
BACKUPIFY, INC.	Data Processing	2,587
BRIGHTLY SOFTWARE, INC.	Data Processing	8,562
CDW GOVERNMENT INC	Data Processing	19,828
CONTINUANT, INC.	Data Processing	2,054
DAVID M BRONSON	Data Processing	1,191
DJURISIC PC	Legal	7,035
See Supplemental Page 21		333,439
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 393,739

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 204,177
Unemployment Compensation Insurance	4,710
FICA Taxes	598,881
Employee Health Insurance	539,125
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Education Allowance	13,035
Life Insurance	4,579
Long-Term Disability Insurance	16,225
Retirement	328,482
Short-Term Disability Insurance	17,393
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,726,607

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

Description	Line #	Amount
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	32,488
Health Care Worker Background Check	825
(Indicate # of checks performed 26)	
Patient Background Checks	
Association Dues (total from pg 22, #4)	-
License Fees	760
Membership & Publications	16,022
Less: Public Relations Expense	( )
PAC and Lobbying payments	(-)
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 50,095

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	179
Seminar Expense	1,729
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,908

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$

TOTAL (agree to Schedule V, line 17, col. 1) $
(List each licensed administrator separately.)

B. Administrative - Other

Description	Amount
	$

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

C. Professional Services

Vendor/Payee	Type	Amount
DOCU SIGN INC.	Data Processing	$ 4,262
GOULD & RATNER	Legal	4,388
GREAT EXPECTATIONS CONSULTI	Data Processing	23,960
HINSHAW & CULBERTSON LLP	Legal	2,063
HIPP LAW OFFICE	Legal	954
HYBRENT, INC.	Data Processing	2,095
ICE MILLER LLP	Legal	3,945
ICON	Data Processing	6,845
JOHNSON & BELL, LTD	Legal	6,714
LAURA CROSSA	Data Processing	59
LEWIS BRISBOIS BISGAARD & SMI	Legal	12,952
See Supplemental Page 21 (3)		265,202
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 333,439

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
TOTAL (agree to Schedule V, line 22, col.8)	$

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
Association Dues (total from pg 22, #4)	
Less: Public Relations Expense	( )
PAC and Lobbying payments	( )
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

**See instructions.

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$

TOTAL (agree to Schedule V, line 17, col. 1) $
(List each licensed administrator separately.)

B. Administrative - Other

Description	Amount
	$

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

C. Professional Services

Vendor/Payee	Type	Amount
LIFELOOP	Data Processing	$ 2,549
LYDIA PROCTOR	Data Processing	879
MALKO COMMUNICATION SERVI(	Data Processing	3,118
MERIDIAN IT INC.	Data Processing	5,306
MIMECAST NORTH AMERICA, INC	Data Processing	4,849
MIRAMAX CREATIVE SOLUTIONS,	Data Processing	1,483
N-ABLE INTERNATIONAL LTD	Data Processing	3,453
NETSMART TECHNOLOGIES	Data Processing	16,791
NEXUM, INC.	Data Processing	38,191
OKTA, INC.	Data Processing	6,490
ONSHIFT, INC.	Data Processing	2,032
See Supplemental Page 21 (4)		180,061
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 265,202

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
TOTAL (agree to Schedule V, line 22, col.8)	$

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
Association Dues (total from pg 22, #4)	
Less: Public Relations Expense	( )
PAC and Lobbying payments	( )
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

**See instructions.

0

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$

TOTAL (agree to Schedule V, line 17, col. 1) $
(List each licensed administrator separately.)

B. Administrative - Other

Description	Amount
	$

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

C. Professional Services

Vendor/Payee	Type	Amount
PACE CONSULTING GROUP LLC	Data Processing	$ 322
PAYCHEX OF NEW YORK, LLC	Data Processing	2,331
PINNACLE SERVICES, INC.	Data Processing	2,464
PLANTE & MORAN, PLLC	Auditing, Tax Return and Cost Re	16,563
POINTCLICKCARE TECHNOLOGIE	Data Processing	67,107
POLSINELLI	Legal	16,163
PRELUDE SYSTEMS INC.	Data Processing	5,224
PROVINET SOLUTIONS	Data Processing	2,458
STATUS SOLUTIONS	Data Processing	7,721
SYMPLR	Data Processing	8,509
THINK ANEW LLC	Data Processing	8,778
See Supplemental Page 21 (5)		42,421
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 180,061

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
TOTAL (agree to Schedule V, line 22, col.8)	$

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
Association Dues (total from pg 22, #4)	
Less: Public Relations Expense	( )
PAC and Lobbying payments	( )
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

**See instructions.

0

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$

TOTAL (agree to Schedule V, line 17, col. 1) $
(List each licensed administrator separately.)

B. Administrative - Other

Description	Amount
	$

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

C. Professional Services

Vendor/Payee	Type	Amount
TOPDESK USA, INC.	Data Processing	$ 633
UKG KRONOS SYSTEMS LLC	Data Processing	22,699
UNIDINE CORPORATION	Data Processing	2,284
VISUAL TOUCH POS SOLUTIONS L	Data Processing	15,834
WELLSKY CORPORATION	Data Processing	971

TOTAL (agree to Schedule V, line 19, column 3)
(For legal fee disclosure, see page 39 of instructions) $ 42,421

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	

TOTAL (agree to Schedule V, line 22, col.8) $

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

Description	Line #	Amount
		$

TOTAL $

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
Association Dues (total from pg 22, #4)	
Less: Public Relations Expense	( )
PAC and Lobbying payments	( )
All non-allowable advertising	( )

TOTAL (agree to Sch. V, line 20, col. 8) $

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )

TOTAL (agree to Sch. V, line 24, col. 8) $

**See instructions.

The Moorings of Arlington Heights
53967
45747
Detail of Legal Expense

Legal Service Invoice Details

Law Firm Name	Service Description	Invoice Date	Invoice Num.	Invoice Amount	Allocated to Health Care
DJURISIC PC	Legal services related to a r	5/3/2024	277	1,803	1,803
		6/3/2024	287	1,170	1,170
		8/1/2024	299	390	390
		9/3/2024	303	660	660
		11/2/2024	306	1,530	1,530
		12/2/2024	318	1,482	1,482
Subtotal	**DJURISIC PC**				**$ 7,035**
GOULD & RATN	Legal services rendered for	10/22/2024	429892	2,903	1,306
		11/6/2024	431360	1,278	575
		12/9/2024	432873	1,244	560
	Legal services rendered for	5/20/2024	419161	8,765	1,607
		6/20/2024	424065	699	128
		7/22/2024	424288	699	128
		8/19/2024	425647	466	84
Subtotal	**GOULD & RATNER**				**$ 4,388**
HINSHAW & CU	Legal services rendered for	9/30/2024	12435758	633	633
		10/13/2024	12441459	330	330
		11/20/2024	12454611	550	550
		12/12/2024	12463959	550	550
Subtotal	**HINSHAW & CULBERTSON LLP**				**$ 2,063**
HIPP LAW OFFI	Legal services rendered for	5/31/2024	5/31/2024	3,470	636
		10/31/2024	10/31/2024	108	20
		3/5/2025	3/5/2025	1,625	298
Subtotal	**HIPP LAW OFFICE**				**$ 954**
ICE MILLER LLP	Legal services rendered reg	7/16/2024	01-2275223	3,600	3,600
	Legal services rendered for	11/7/2024	01-2295888	150	150
	Legal services addressing ID	3/7/2025	01-2511201	195	195
Subtotal	**ICE MILLER LLP**				**$ 3,945**
JOHNSON & BE	Legal services rendered for lawsuit filed by HC resident CORMIER, LORRAINE against the Moorings				
		3/8/2024	658440	6,714	6,714
Subtotal	**JOHNSON & BELL, LTD**				**$ 6,714**
LEWIS BRISBOI	Legal services rendered for	8/23/2024	4147385	233	43
		9/19/2024	4172233	270	49
		9/19/2024	4172234	4,978	4,978
		10/11/2024	4190978	4,373	4,373
		11/11/2024	4218367	2,255	2,255
		4/8/2025	4364364	6,844	1,254
Subtotal	**BRISBOIS BISGAARD & SMITH, LLP**				**$ 12,952**
POLSINELLI	Legal services rendered for	5/30/2024	2457975	1,305	1,305
		6/21/2024	2469231	2,610	2,610
		6/21/2024	2469232	435	435
		7/30/2024	2486133	1,305	1,305
		8/28/2024	2501443	696	696
	Legal services rendered in c	11/30/2024	2549705	1,456	1,456
		12/31/2024	2564499	2,805	2,805
		3/31/2025	2609834	5,551	5,551
Subtotal	**POLSINELLI**				**$ 16,163**
	Total Legal Services			**$ 76,127**	**$ 54,214**
Less: Non-allow	Legal services rendered for appeal of FEMA grant funding denial				$ (1,947)
	Legal services rendered for the collection of overdue payments				$ (954)
					$ 51,313

The Moorings of Arlington Heights
53967
45747
Seminar Expense Detail

Date	General Ledger Accounts	Description of Expense	Employee	Employee Function	Location of Seminar	Net Cost	Adjustments& Reclassifications	Final Expense
7/31/2024	70-30-640-62510	2024 LeadingAge Illinois Annual Conference	Karia McHugh	Nursing Manager	Illinois	399.00	-	399.00
1/31/2025	70-30-640-62510	LeadingAge Illinois Leadership Academy	Ewa Rejniak	Director of Nursing	Illinois	491.00		491.00
7/31/2024	70-30-640-62510	2024 LeadingAge Illinois Annual Conference	Ewa Rejniak	Director of Nursing	Illinois	399.00		399.00
7/31/2024	70-30-640-62510	2024 LeadingAge Illinois Annual Conference	Jonathan Kaspar	Health Care Administrator	Illinois	219.85		219.85
7/31/2024	70-30-640-62510	2024 LeadingAge Illinois Annual Conference	Kelly Zgiani	Admissions Coordinator	Illinois	219.85		219.85
3/31/2025	70-30-100-76010	Travel expense – non conference related	N/A	N/A	N/A	1,102.00	(923.00)	179.00
								-
								-
								-
								-
								-
								-
Total						2,830.70	(923.00)	1,907.70

Facility Name & ID Number The Moorings of Arlington Heights # 0053967 Report Period Beginning: 4/1/2024 Ending: 3/31/2025

XX. GENERAL INFORMATION:

-1 Are nursing employees (RN,LPN,NA) represented by a union? **No**

-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
N/A	
-	
-	
	- 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.

N/A	
-	
- -	
	- Total

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

N/A	0
-	-
- -	-
	-
	- Total

-5 Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. $ 41,813 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. $ 226,408
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. $ - Has any meal income been offset against related costs? No Indicate the amount. $ N/A

-12 Travel and Transportation

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

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

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

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? Yes

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A

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

-13 Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Plante & Moran PLLC

-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.