		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: 0057976

Facility Name: Warren Barr Buffalo Grove

Address: 150 North Weiland (Number) Buffalo Grove (City) 60089 (Zip Code)

County: Lake

Telephone Number: (847) 465-0200 **Fax #** (847) 465-0400

HFS ID Number:

Date of Initial License for Current Owners: 6/1/2023

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: John Epperson **Telephone Number:** (312) 344-2883)
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

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

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

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title) John Epperson, Principal
(Firm Name & Address) Miller Cooper & Co., Ltd., 3 Parkway North, Suite 200, Deerfield IL 60015
(Telephone) (312) 344-2883 Fax # ( )

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 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	200	Skilled (SNF)	200	73,000	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	200	TOTALS	200	73,000	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: 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	
8	SNF				413		4,999	1,679	7,091	8
9	SNF/PED									9
10	ICF	10,756	23,689	5,507		9,753			49,705	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	10,756	23,689	5,507	413	9,753	4,999	1,679	56,796	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 77.80%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 6/1/2023

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 6/1/2023 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter certified beds.
number of certified beds 200

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

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary		58,445	1,225,638	1,284,083		1,284,083	281	1,284,364			1
2	Food Purchase		11,007		11,007		11,007	(2,879)	8,128			2
3	Housekeeping		14,930	426,213	441,143		441,143	635	441,778			3
4	Laundry		12,502	181,675	194,177		194,177		194,177			4
5	Heat and Other Utilities			216,736	216,736		216,736	(37,276)	179,460			5
6	Maintenance	102,756	13,033	273,133	388,922		388,922	12,613	401,535			6
7	Other (specify):*							1,021	1,021			7
8	**TOTAL General Services**	102,756	109,917	2,323,395	2,536,068		2,536,068	(25,605)	2,510,463			8
	B. Health Care and Programs											
9	Medical Director			30,000	30,000		30,000	6,287	36,287			9
10	Nursing and Medical Records	6,013,922	129,573	603,992	6,747,487		6,747,487	106,465	6,853,952			10
10a	Therapy	318,865			318,865		318,865	2,853	321,718			10a
11	Activities	251,929	9,641		261,570		261,570	119	261,689			11
12	Social Services	209,165		37,808	246,973		246,973	2,330	249,303			12
13	CNA Training											13
14	Program Transportation	40,497			40,497		40,497		40,497			14
15	Other (specify):*							17,840	17,840			15
16	**TOTAL Health Care and Programs**	6,834,378	139,214	671,800	7,645,392		7,645,392	135,894	7,781,286			16
	C. General Administration											
17	Administrative	186,697			186,697		186,697	53,305	240,002			17
18	Directors Fees											18
19	Professional Services			143,797	143,797		143,797	62,446	206,243			19
20	Dues, Fees, Subscriptions & Promotion			90,171	90,171		90,171	(57,967)	32,204			20
21	Clerical & General Office Expenses	423,786	3,542	684,243	1,111,571		1,111,571	(185,984)	925,587			21
22	Employee Benefits & Payroll Taxes			922,110	922,110		922,110		922,110			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,676	2,676		2,676	944	3,620			24
25	Other Admin. Staff Transportation							3,583	3,583			25
26	Insurance-Prop.Liab.Malpractice			327,215	327,215		327,215	8,053	335,268			26
27	Other (specify):*							32,690	32,690			27
28	**TOTAL General Administration**	610,483	3,542	2,170,212	2,784,237		2,784,237	(82,930)	2,701,307			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	7,547,617	252,673	5,165,407	12,965,697		12,965,697	27,359	12,993,056			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 reclassificatior

Facility Name & ID Number Warren Barr Buffalo Grove #0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			44,445	44,445		44,445	(266,363)	(221,918)			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			47,691	47,691		47,691	1,079,149	1,126,840			32
33	Real Estate Taxes			190,274	190,274		190,274	1,666	191,940			33
34	Rent-Facility & Grounds			1,852,586	1,852,586		1,852,586	(1,834,794)	17,792			34
35	Rent-Equipment & Vehicles			7,616	7,616		7,616	1,671	9,287			35
36	Other (specify):*											36
37	**TOTAL Ownership**			2,142,612	2,142,612		2,142,612	(1,018,671)	1,123,941			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		558,233	940,623	1,498,856		1,498,856		1,498,856			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee											42
43	Other (specify):*			1,002,208	1,002,208		1,002,208	(1,002,208)				43
44	**TOTAL Special Cost Centers**		558,233	1,942,831	2,501,064		2,501,064	(1,002,208)	1,498,856			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	7,547,617	810,906	9,250,850	17,609,373		17,609,373	(1,993,520)	15,615,853			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 Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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	(38,443)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(610,724)	30		9
10	Interest and Other Investment Income	(2,259)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,879)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,341)	21		18
19	Entertainment	(2,880)	21		19
20	Contributions	(19,000)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(332,111)	21		24
25	Fund Raising, Advertising and Promotiona	(22,219)	20		25
26	Income Taxes and Illinois Persona Property Replacement Tax	(1,222)	20		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Page 5a	(1,537,334)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	$ (2,570,412)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	628,561		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	$ 628,561		36
37	TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))	$ (1,941,851)		37

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

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

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

Warren Barr Buffalo Grove

ID# 0057976

Report Period Beginning: 01/01/2025

Ending: 12/31/2025

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Political Action Committee Payments	$ (17,400)	20	1
2	Other Expenses Related to Lobbying Activities			2
3	Non-Allowable Expense	(1,002,208)	43	3
4	Bank Charges	(57,964)	21	4
5	Patient Personal Items	(378)	10	5
6	Sequestration Expense	(76,588)	21	6
7	Non-Allowable Legal	(6,831)	19	7
8	Building Co. - Filing and Other Fees	(231,879)	21	8
9	Building Co. - Amortization	(144,086)	36	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**	(1,537,334)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 **Report Period Beginning:** 01/01/2025 **Ending:** 12/31/2025

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

	Operating Expenses	PAGES 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	0	0	281	0	0	0	0	0	0	0	0	281	1
2	Food Purchase	(2,879)	0	0	0	0	0	0	0	0	0	0	(2,879)	2
3	Housekeeping	0	0	635	0	0	0	0	0	0	0	0	635	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(38,443)	0	658	509	0	0	0	0	0	0	0	(37,276)	5
6	Maintenance	0	0	12,054	641	(82)	0	0	0	0	0	0	12,613	6
7	Other (specify):*	0	0	1,021	0	0	0	0	0	0	0	0	1,021	7
8	**TOTAL General Services**	(41,322)	0	14,649	1,150	(82)	0	0	0	0	0	0	(25,605)	8
	B. Health Care and Programs													
9	Medical Director	0	0	6,287	0	0	0	0	0	0	0	0	6,287	9
10	Nursing and Medical Records	(378)	0	108,612	0	0	(1,769)	0	0	0	0	0	106,465	10
10a	Therapy	0	0	2,853	0	0	0	0	0	0	0	0	2,853	10a
11	Activities	0	0	119	0	0	0	0	0	0	0	0	119	11
12	Social Services	0	0	2,330	0	0	0	0	0	0	0	0	2,330	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	17,840	0	0	0	0	0	0	0	0	17,840	15
16	**TOTAL Health Care and Programs**	(378)	0	138,041	0	0	(1,769)	0	0	0	0	0	135,894	16
	C. General Administration													
17	Administrative	0	0	53,305	0	0	0	0	0	0	0	0	53,305	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(6,831)	0	75,738	51	0	0	(6,512)	0	0	0	0	62,446	19
20	Fees, Subscriptions & Promotions	(59,841)	0	1,874	0	0	0	0	0	0	0	0	(57,967)	20
21	Clerical & General Office Expenses	(702,763)	231,879	284,856	44	0	0	0	0	0	0	0	(185,984)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	944	0	0	0	0	0	0	0	0	944	24
25	Other Admin. Staff Transportation	0	0	3,583	0	0	0	0	0	0	0	0	3,583	25
26	Insurance-Prop.Liab.Malpractice	0	0	7,901	152	0	0	0	0	0	0	0	8,053	26
27	Other (specify):*	0	0	32,690	0	0	0	0	0	0	0	0	32,690	27
28	**TOTAL General Administration**	(769,435)	231,879	460,891	247	0	0	(6,512)	0	0	0	0	(82,930)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(811,135)	231,879	613,581	1,397	(82)	(1,769)	(6,512)	0	0	0	0	27,359	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

	Capital Expense	PAGES 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)	
	D. Ownership													
30	Depreciation	(610,724)	342,124	0	2,237	0	0	0	0	0	0	0	(266,363)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,259)	1,082,828	(2,826)	1,406	0	0	0	0	0	0	0	1,079,149	32
33	Real Estate Taxes	0	0	0	1,666	0	0	0	0	0	0	0	1,666	33
34	Rent-Facility & Grounds	0	(1,852,586)	17,792	0	0	0	0	0	0	0	0	(1,834,794)	34
35	Rent-Equipment & Vehicles	0	0	1,671	0	0	0	0	0	0	0	0	1,671	35
36	Other (specify):*	(144,086)	144,086	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(757,069)	(283,548)	16,637	5,309	0	0	0	0	0	0	0	(1,018,671)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(1,002,208)	0	0	0	0	0	0	0	0	0	0	(1,002,208)	43
44	**TOTAL Special Cost Centers**	(1,002,208)	0	0	0	0	0	0	0	0	0	0	(1,002,208)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(2,570,412)	(51,669)	630,218	6,706	(82)	(1,769)	(6,512)	0	0	0	0	(1,993,520)	45

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

VII. RELATED PARTIES

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

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

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 1,852,586	Bufalo Grove Property Holdings, LLC		$	$ (1,852,586)	1
2	V	33	Real Estate Tax	190,274	Bufalo Grove Property Holdings, LLC		190,274		2
3	V	19	Accounting Fees		Bufalo Grove Property Holdings, LLC		0		3
4	V	32	Interest		Bufalo Grove Property Holdings, LLC		1,082,828	1,082,828	4
5	V	30	Depreciation		Bufalo Grove Property Holdings, LLC		342,124	342,124	5
6	V	36	Amortization		Bufalo Grove Property Holdings, LLC		144,086	144,086	6
7	V	21	Fees		Bufalo Grove Property Holdings, LLC		231,879	231,879	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 2,042,860			$ 1,991,191	$ * (51,669)	14

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

VII. RELATED PARTIES

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

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
1	Astoria Place Living and Rehab	Chicago, IL	Bella Terra Streamwood	Streamwood, IL	Wheeling Property Holdings LLC		Building Company	1
2	Avantara Arrowhead	Rapid City, SD	Bella Terra Wheeling	Wheeling, IL	Legacy HC & Financi	Lincolnwood	Home Office/Book	2
3	Avantara Aurora	Aurora, IL	Carlton at the Lake	Chicago, IL	CF St. Louis LLC	Skokie	Building Company	3
4	Avantara Chicago Ridge	Chicago Ridge, IL	Chalet Living and Rehab	Chicago, IL	ML Group Design & I	Skokie	Asset Management	4
5	Avantara Clark City	Clark, SD	Cardinal Grove Independent & Assisted Living	Garner, IA	ReMED Services LLC	Lincolnwood	Nursing Equipment	5
6	Avantara of Elgin	Elgin, IL	Glenview Terrace	Glenview, IL	Propay HR	Evanston	Payroll Processing	6
7	Avantara Evergreen Park	Evergreen Park, IL	Harmony Cedar Rapids	Cedar Rapids, IA				7
8	Avantara Groton	Groton, SD	Harmony Davenport	Davenport, IA				8
9	Avantara Huron	Huron, SD	Harmony Dubuque	Dubuque, IA				9
10	Avantara Lake Norden	Lake Norden, SD	Harmony Marshalltown	Marshalltown, IA				10
11	Avantara Lake Zurich	Lake Zurich, IL	Harmony Healthcare & Rehabilitation Center	Chicago, IL				11
12	Avantara Libertyville	Libertyville, IL	Harmony Palos	Palos Heights, IL				12
13	Avantara Lincoln Park	Chicago, IL	Harmony Utica Ridge	Davenport, IA				13
14	Avantara Long Grove	Long Grove, IL	Harmony Waterloo	Waterloo, IA				14
15	Avantara Milbank	Milbank, SD	Harmony West Des Moines	West Des Moines, IA				15
16	Avantara Mountain View	Rapid City, SD	Lakefront	Chicago, IL				16
17	Avantara North	Rapid City, SD	Peterson Park Health Care Center	Chicago, IL				17
18	Avantara Norton	Rapid City, SD	Grove at the Lake	Zion, IL				18
19	Avantara Palos Heights	Palos Heights, IL	Harmony House Care Center ICF	Waterloo, IA				19
20	Avantara Park Ridge	Park Ridge, IL	The Grove of Elmhurst	Elmhurst, IL				20
21	Avantara Pierre	Pierre, SD	The Grove of Evanston	Evanston, IL				21
22	Avantara Redfield	Redfield, SD	The Grove of Fox Valley	Aurora, IL				22
23	Avantara Saint Cloud	St. Cloud, MN	The Grove of La Grange Park	La Grange Park, IL				23
24	Avantara Watertown	Watertown, SD	The Grove of Northbrook	Northbrook, IL				24
25	Bella Terra Bloomingdale	Bloomingdale, IL	The Grove of Skokie	Skokie, IL				25
26	Bella Terra Elmhurst	Elmhurst, IL	Grove of St. Charles	St. Charles, IL				26
27	Bella Terra La Grange	La Grange, IL	Vistas Fox Valley	Aurora, IL				27
28	Bella Terra Lombard	Lombard, IL	Vistas of Lincoln Park	Chicago, IL				28
29	Bella Terra Morton Grove	Morton Grove, IL	Wellshire Morton Grove	Morton Grove, IL				29
30	Bella Terra Schaumburg	Schaumburg, IL	Warren Barr Buffalo Grove	Buffalo Grove, IL				30

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

VII. RELATED PARTIES

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

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
1	Warren Barr Gold Coast	Chicago, IL	Nora Springs Care Center	Nora Springs, IA				1
2	Warren Barr Lieberman	Skokie, IL	Grandview Care Center	Oelwein, IA				2
3	Warren Barr Lincoln Park	Chicago, IL	Oelwein Healthcare Center	Oelwein, IA				3
4	Warren Barr North Shore	Highland Park, IL	Park View Care Center	Sac City, IA				4
5	Whitehall	Deerfield, IL	Manor House Care Center	Sigourney, IA				5
6	Warren Barr Orland Park	Orland Park, IL	Main Street Manor	Swea City, IA				6
7	Warren Barr South Loop	Chicago, IL	Harmony House Care Center SNF	Waterloo, IA				7
8	Wellshire Huron	Huron, SD	Northgate Care Center	Waukon, IA				8
9	Wellshire Park Place	Milbank, SD	Southfield Wellness Community	Webster City, IA				9
10	Warren Barr Oak Lawn	Oak Lawn, IL	Avantara Joliet	Joliet, IL				10
11	Rehab Center Of Allison	Allison, IA	Harmony Park Ridge	Park Ridge, IL				11
12	Maple Manor Village	Aplington, IA	Mulberry Place Independent & Assisted Living	Bloomfield, IA				12
13	Valley Vue Care Center	Armstrong, IA	Afton Oaks Independent & Assisted Living Apa	Elma, IA				13
14	Willow Dale Wellness Village	Battle Creek, IA	Southfield Wellness Community Independent &	Webster City, IA				14
15	Rehab Center Of Belmond	Belmond, IA	Emerald Oaks Independent & Assisted Living A	Emmetsburg, IA				15
16	Bloomfield Care Center	Bloomfield, IA	Eagle Ridge Assisted Living Apartments	Guttenberg, IA				16
17	Westview Care Center	Britt, IA	Cherry Ridge Independent & Assisted Living Ap	Mount Vernon, IA				17
18	Oakwood Care Center	Clear Lake, IA	Mills Harbor Assisted Living Lake	Lake Mills, IA				18
19	Colonial Manor Of Elma	Elma, IA	Deer View Manor Independent & Assisted Livin	Sigourney, IA				19
20	Emmetsburg Care Center	Emmetsburg, IA	Maple Manor Village Independent & Assisted L	Aplington, IA				20
21	Concord Care Center	Garner, IA	Summit Heights	Nora Springs, IA				21
22	Guttenberg Care Center	Guttenberg, IA	Southcrest Manor II Assisted Living	Waukon, IA				22
23	Rehab Center Of Hampton	Hampton, IA	The Courtyard	West Des Moines, IA				23
24	Rehab Center Of Independence-West	Independence, IA	Park Place Independent & Assisted Living Apar	Sac City, IA				24
25	Westview Of Indianola	Indianola, IA	Elm Springs	Arkansas, IA				25
26	Rehab Center Of Lisbon	Lisbon, IA	Belle Haven Independent & Assisted Living Apa	Blemond, IA				26
27	Lake Mills Care Center	Lake Mills, IA	Leahy Grove Independent & Assisted Living	Hampton, IA				27
28	Heritage Health & Rehab Center	Cedar Rapids, IA	Indian Creek Independent & Assisted Living Ap	Nevada , IA				28
29	Hallmark Care Center	Mt Vernon, IA	Spring Creek Independent & Assisted Living Ap	Armstrong, IA				29
30	Rolling Green Village	Nevada, IA	Clark SNF	Clark St, IL				30

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

VII. RELATED PARTIES

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

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
1	Elmbrook SNF	Elmhurst, IL						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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Legacy Healthcare Financial Services		$ 281	$ 281	15
16	V	3	Housekeeping		Legacy Healthcare Financial Services		635	635	16
17	V	5	Heat and other Utililities		Legacy Healthcare Financial Services		658	658	17
18	V	6	Maintenece		Legacy Healthcare Financial Services		12,054	12,054	18
19	V	7	Other (specify):*Employee Benefits		Legacy Healthcare Financial Services		1,021	1,021	19
20	V	9	Medical Director		Legacy Healthcare Financial Services		6,287	6,287	20
21	V	10	Nursing and Medical Records		Legacy Healthcare Financial Services		108,612	108,612	21
22	V	10A	Therapy		Legacy Healthcare Financial Services		2,853	2,853	22
23	V	11	Activities		Legacy Healthcare Financial Services		119	119	23
24	V	12	Social Services		Legacy Healthcare Financial Services		2,330	2,330	24
25	V	15	Other (specify):*Employee Benefits		Legacy Healthcare Financial Services		17,840	17,840	25
26	V	17	Administrative		Legacy Healthcare Financial Services		53,305	53,305	26
27	V	19	Professional Services		Legacy Healthcare Financial Services		75,738	75,738	27
28	V	20	Dues, Fees, Subscriptions & Promotions		Legacy Healthcare Financial Services		1,874	1,874	28
29	V	21	Clerical & General Office Expenses		Legacy Healthcare Financial Services		284,856	284,856	29
30	V	24	Travel and Seminar		Legacy Healthcare Financial Services		944	944	30
31	V	25	Other Admin. Staff Transportation		Legacy Healthcare Financial Services		3,583	3,583	31
32	V	26	Insurance-Prop.Liab.Malpractice		Legacy Healthcare Financial Services		7,901	7,901	32
33	V	27	Other (specify):* Employee Benefits		Legacy Healthcare Financial Services		32,690	32,690	33
34	V	32	Interest		Legacy Healthcare Financial Services		(2,826)	(2,826)	34
35	V	34	Rent-Facility & Grounds		Legacy Healthcare Financial Services		17,792	17,792	35
36	V	35	Equipment Rental		Legacy Healthcare Financial Services		205	205	36
37	V	35	Auto Rental		Legacy Healthcare Financial Services		1,466	1,466	37
38	V								38
39	Total			$			$ 630,218	$ * 630,218	39

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	$	CF St. Louis LLC		$ 509	$ 509	15
16	V	6	Repairs and Maintenance		CF St. Louis LLC		641	641	16
17	V	19	Real Estate Appraisal Fee		CF St. Louis LLC		51	51	17
18	V	21	Office Expense		CF St. Louis LLC		44	44	18
19	V	26	Insurance		CF St. Louis LLC		152	152	19
20	V	30	Depreciation		CF St. Louis LLC		2,237	2,237	20
21	V	32	Interest Expense		CF St. Louis LLC		1,406	1,406	21
22	V	33	Real Estate Taxes		CF St. Louis LLC		1,666	1,666	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			$			$ 6,706	$ * 6,706	39

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	06	Maintenance	$ 6,000	ML Group Design and Development		$ 5,918	$ (82)	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			$ 6,000			$ 5,918	$ * (82)	39

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Medical Supplies	$ 26,137	ReMED Services		$ 24,368	$ (1,769)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 26,137			$ 24,368	$ * (1,769)	39

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Payroll Service	$ 28,588	ProPay HR LLC		$ 22,076	$ (6,512)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 28,588			$ 22,076	$ * (6,512)	39

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

STATE OF ILLINOIS **Ownership Listing-1**

Warren Barr Buffalo Grove

ID# **0057976**

Report Period Beginning: **01/01/2025**

Ending: **12/31/2025**

Legacy Healthcare FS
Bufalo Grove Property Holdings, LLC

-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	GPN Family Trust								1
2	Beneficiary								2
3	Rivka		Rajchenbach	Chicago	IL	14.87500	14.87500		3
4	Bella		Rajchenbach	Chicago	IL	14.87500	14.87500		4
5	Yitzchok		Rajchenbach	Chicago	IL	14.87500	14.87500		5
6	Ziskind		Rajchenbach	Chicago	IL	14.87500	14.87500		6
7									7
8	Oakway Operations LLC								8
9	Daniel		Garden	Chicago	IL	4.90000	4.90000		9
10	Rebecca		Garden	Chicago	IL	2.60000	2.60000		10
11	Mordechay		Ninio	Chicago	IL	4.90000	4.90000		11
12	Sherie		Ninio	Chicago	IL	2.60000	2.60000		12
13									13
14	Doros Generation Trust								14
15	Beneficiary								15
16	Ahuva		Shabat	Lincolnwood	IL	5.10000	5.10000		16
17	Eliana		Shabat	Lincolnwood	IL	5.10000	5.10000		17
18	Ayalet		Shabat	Lincolnwood	IL	5.10000	5.10000		18
19	Ashira		Shabat	Lincolnwood	IL	5.10000	5.10000		19
20	Leora		Shabat	Lincolnwood	IL	5.10000	5.10000		20
21									21
22	Legacy Healthcare Financial Service								22
23	Chaim		Rajchenbach	Chicago	IL			50.00000	23
24	Menachem		Shabat	Lincolnwood	IL			50.00000	24
25									25
26									26
27									27
28									28
29									29
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75									75

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	N/A								$		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 Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 2/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 2/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Legacy Healthcare Financial Services
Street Address: 3450 Oakton Street
City / State / Zip Code: Skokie, IL 60076
Phone Number: ((847) 679-9797
Fax Number: ((847) 683-2900

	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	Dietary	Census Days / Direct Allocation		121	$ 17,417	$ 188,860		$ 281	1
2	3	Housekeeping	Census Days / Direct Allocation		121	39,313			635	2
3	5	Heat and other Utililities	Census Days / Direct Allocation		121	40,732			658	3
4	6	Maintenece	Census Days / Direct Allocation		121	1,086,339			12,054	4
5	7	Other (specify):*Employee Benefi	Census Days / Direct Allocation		121	115,823			1,021	5
6	9	Medical Director	Census Days / Direct Allocation		121	389,400	1,007,031		6,287	6
7	10	Nursing and Medical Records	Census Days / Direct Allocation		121	7,945,861	12,523,114		108,612	7
8	10A	Therapy	Census Days / Direct Allocation		121	176,684	152,483		2,853	8
9	11	Activities	Census Days / Direct Allocation		121	7,371			119	9
10	12	Social Services	Census Days / Direct Allocation		121	144,309	144,309		2,330	10
11	15	Other (specify):*Employee Benefi	Census Days / Direct Allocation		121	1,241,625			17,840	11
12	17	Administrative	Census Days / Direct Allocation		121	5,453,317			53,305	12
13	19	Professional Services	Census Days / Direct Allocation		121	4,691,102	5,453,317		75,738	13
14	20	Dues, Fees, Subscriptions & Prom	Census Days / Direct Allocation		121	116,052			1,874	14
15	21	Clerical & General Office Expens	Census Days / Direct Allocation		121	20,639,396	19,821,678		284,856	15
16	24	Travel and Seminar	Census Days / Direct Allocation		121	58,495			944	16
17	25	Other Admin. Staff Transportatio	Census Days / Direct Allocation		121	221,955			3,583	17
18	26	Insurance-Prop.Liab.Malpractice	Census Days / Direct Allocation		121	489,395			7,901	18
19	27	Other (specify):* Employee Benef	Census Days / Direct Allocation		121	2,646,369			32,690	19
20	32	Interest	Census Days / Direct Allocation		121	(175,042)			(2,826)	20
21	34	Rent-Facility & Grounds	Census Days / Direct Allocation		121	1,102,008			17,792	21
22	35	Equipment Rental	Census Days / Direct Allocation		121	12,712			205	22
23	35	Auto Rental	Census Days / Direct Allocation		121	90,802			1,466	23
24										24
25	TOTALS					$ 46,551,435	$ 39,290,792		$ 630,218	25

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 2/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: CF St. Louis LLC
Street Address: 3450 Oakton Street
City / State / Zip Code: Skokie, IL 60076
Phone Number: (847) 676-5300
Fax Number: (847) 676-5348

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Census Days	3,517,851	121	$ 31,540	$	56,796	$ 509	1
2	6	Repairs and Maintenance	Census Days	3,517,851	121	39,680		56,796	641	2
3	19	Real Estate Appraisal Fee	Census Days	3,517,851	121	3,155		56,796	51	3
4	21	Office Expense	Census Days	3,517,851	121	2,733		56,796	44	4
5	26	Insurance	Census Days	3,517,851	121	9,443		56,796	152	5
6	30	Depreciation	Census Days	3,517,851	121	138,584		56,796	2,237	6
7	32	Interest Expense	Census Days	3,517,851	121	87,057		56,796	1,406	7
8	33	Real Estate Taxes	Census Days	3,517,851	121	103,201		56,796	1,666	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					$ 415,393	$		$ 6,706	25

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 2/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: CF St. Louis LLC
Street Address: 3450 Oakton Street
City / State / Zip Code: Skokie, IL 60076
Phone Number: (847) 676-5300
Fax Number: (847) 676-5348

	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	6	Maintenance	Direct			$	$		$ 5,918	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					$	$		$ 5,918	25

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 2/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: ReMED Services LLC
Street Address: 3424 Oakton Street, Suite 102
City / State / Zip Code: Skokie, IL
Phone Number: (847) 440-2600
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	10	Medical Supplies	Direct			$	$		$ 24,368	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					$	$		$ 24,368	25

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 2/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: ProPay HR LLC
Street Address: 2201 W. Main St.
City / State / Zip Code: Evanston, IL 60202
Phone Number: (847) 905-3268
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	19	Payroll Services	Direct			$	$		$ 22,076	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					$	$		$ 22,076	25

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		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	HUD		X	Mortgage			$	$			$ 603,976	1
2	CIBC Bank		X	Mortgage				17,620,509			478,852	2
3												3
4												4
5												5
	Working Capital											
6	CIBC Bank		X	Revolving Line of Credit							46,310	6
7	IPFS Corporation		X	Prepaid Insurance - Interest Only							1,381	7
8												8
9	TOTAL Facility Related						$	$ 17,620,509			$ 1,130,519	9
	B. Non-Facility Related*											
10	Interest Income		X								(2,259)	10
11	Allocated from CF St. Louis	X									1,406	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (853)	14
15	TOTALS (line 9+line14)						$	$ 17,620,509			$ 1,129,666	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # N/A

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

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2024 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	194,638	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.)	$	191,940	2
3. Under or (over) accrual (line 2 minus line 1).	$	(2,698)	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)	$	194,638	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru	$	191,940	7

Assessed Value from Real Estate Tax Bill	2024	1,907,449	8
Real Estate Tax Bill for Calendar Year:	2020	192,038	9
	2021	195,888	10
	2022	202,994	11
	2023	185,369	12
	2024	190,274	13

2025 Accrual = Same as PY

Allocated from CF St. Louis: $1,666

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 Warren Barr Buffalo Grove COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0057976

CONTACT PERSON REGARDING THIS REPORT John Epperson

TELEPHONE (312) 344-2883 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.	15-33-404-151	Long Term Care Property	$ 190,274.04	$ 190,274.04
2.	10-23-406-034-0000	Home Office Allocation	$ 758,834.00	$ 1,666.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 949,108.04	$ 191,940.04

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

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

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

Facility Name & ID Numb Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 86,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule 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 groun (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 tota N/A

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

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

If YES, give effective date of lease N/A

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

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

YES NO X If YES, please indicate name of the facility

IDPH license number of this related party and the date the present owners took ove:

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

If so, please complete the following:

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

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		2023	$ 1,294,000	1
2	Allocated from CF St. Lous LLC			1,427	2
3	TOTALS			$ 1,295,427	3

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 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	200		2023	1994	$ 12,511,584	$	35	$ 357,474	$ 357,474	$ 776,648	4
5											5
6											6
7											7
8											8
	Improvement Type**										
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

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 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			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 12,511,584	$		$ 357,474	$ 357,474	$ 776,648	70

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 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		$ 12,511,584	$		$ 357,474	$ 357,474	$ 776,648	1
2	Cut down 7 trees and ground 13 stumps (4950)	2023	4,789		20	239	239	718	2
3	2nd floor shower room tiling/concrete (9800)	2023	9,481		20	474	474	1,422	3
4	Repaired pipes and covers (5472)	2023	5,294		20	265	265	794	4
5	Insulated pipes (3100)	2023	2,999		20	150	150	450	5
6	Chiller fan coil & valve repair (8947)	2023	8,655		20	433	433	1,298	6
7	Heat Change Over (3195)	2023	3,091		20	155	155	464	7
8	Coil Repairs (8013)	2023	7,751		20	388	388	1,163	8
9	Repair heating coil (6324)	2023	6,117		20	306	306	918	9
10	Custom air filters (2651)	2023	2,565		20	128	128	384	10
11	Residents domestic water heater repair (2548)	2023	2,465		20	123	123	363	11
12	Door Sentronic Holder/Closer (2940)	2023	2,844		20	142	142	426	12
13	AHU Heating Control Upgrade	2024	5,455		20	273	273	546	13
14	Bill - Werner-Nugent Plumbing Inc	2024	6,520		20	326	326	652	14
15	Gazebo and Bridge Restoration	2024	8,996		20	450	450	900	15
16	Door and Window Resealing	2024	37,750		20	1,888	1,888	3,776	16
17	Gate Fabrication and Installation	2024	5,340		20	267	267	534	17
18	Concrete Slab Leveling and Stabilization	2024	6,050		20	303	303	606	18
19	Water Heater Replacement	2024	34,482		20	1,724	1,724	3,448	19
20	Unit Heater Replacement and Piping	2024	10,961		20	548	548	1,096	20
21	AHU Heating Pump Repair	2024	6,435		20	322	322	644	21
22	Control System Wiring and Sensor Installation	2024	11,425		20	571	571	1,142	22
23	ADC 44-inch Conveyor	2024	8,027		20	401	401	802	23
24	Motor Drive and Coupling	2024	3,862		20	193	193	386	24
25	Booster Heater and Jacket	2024	5,104		20	255	255	510	25
26	Walk-in Cooler Evaporator Replacement	2024	5,600		20	280	280	560	26
27	6 Gal Booster Heater and Shroud	2024	7,438		20	372	372	744	27
28	Reclass 24-7 Telecom Inv-0001239 to 116400	2024	2,908		20	145	145	290	28
29	RECLASS MZI Building Services Inv-14032 to 116400	2024	3,510		20	176	176	352	29
30	Annunciator and key switch installation	2024	3,413		20	171	171	342	30
31	High pressure 24x24 access door and Fire Smoke Damper installat	2024	4,512		20	226	226	452	31
32	Staff alert panel, new alarm door setup, power supply replacemen	2024	2,810		20	141	141	282	32
33	Actuator replacement wired up.	2024	3,048		20	152	152	304	33
34	TOTAL (lines 1 thru 33)		$ 12,751,281	$		$ 369,459	$ 369,459	$ 803,414	34

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 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		$ 12,751,281	$		$ 369,459	$ 369,459	$ 803,414	1
2	HVAC wiring panels and sensors	2024	2,543		20	127	127	254	2
3	Fan coil unit	2024	3,510		20	176	176	352	3
4	Brass Kick Plate	2025	2,878		20	144	144	144	4
5	Galvannealed Steel Insulated Door	2025	3,258		20	163	163	163	5
6	Repairs of Lift Station Pump System	2025	4,425		20	221	221	221	6
7	Reclass Doors Done Right, Inc. #14681, 14881 and 14881-2 to GL 11	2025	2,378		20	119	119	119	7
8	Reclass Doors Done Right, Inc. #14681, 14881 and 14881-2 to GL 11	2025	844		20	42	42	42	8
9	Reclass Doors Done Right, Inc. #14681, 14881 and 14881-2 to GL 11	2025	844		20	42	42	42	9
10	Reclass Doors Done Right, Inc. # 14984 to GL 116200	2025	3,104		20	155	155	155	10
11	Boiler tube leak repairs, pressure testing, and system restoration.	2025	9,980		20	499	499	499	11
12	Elevator - repairs and maintenance services	2025	6,000		20	300	300	300	12
13	Elevator - repairs and maintenance services	2025	9,300		20	465	465	465	13
14				11,096			(11,096)		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)		$ 12,800,345	$ 11,096		$ 371,912	$ 360,816	$ 806,170	34

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 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		$ 12,800,345	$ 11,096		$ 371,912	$ 360,816	$ 806,170	1
2									2
3	Related Party								3
4	Buildings:								4
5	Allocated from CF St. Louis, LLC	2016	7,685	152	35	220	68	2,196	5
6									6
7									7
8	Building Improvements:								8
9	Allocated from CF St. Louis, LLC	2016	106,521	733	20	5,326	4,593	53,260	9
10	Allocated from CF St. Louis, LLC	2017	2,472	63	20	124	61	1,113	10
11	Allocated from CF St. Louis, LLC	2019	22,409	575	20	1,120	545	7,843	11
12	Allocated from CF St. Louis, LLC	2020	1,179	30	20	59	29	354	12
13	Allocated from CF St. Louis, LLC	2021	4,184	107	20	209	102	1,046	13
14	Allocated from CF St. Louis, LLC	2022	6,917	178	20	346	168	1,383	14
15	Allocated from CF St. Louis, LLC	2023	964	25	20	48	23	145	15
16									16
17	Allocated from Legacy HC	2018	127		20	6	6	51	17
18	Allocated from Legacy HC	2020	96		20	5	5	29	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)		$ 12,952,899	$ 12,959		$ 379,375	$ 366,416	$ 873,590	34

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 2,732,974	$ 28,134	$ 273,297	$ 245,163		$ 748,478	71
72	Current Year Purchases	47,203	5,576	4,720	(856)		4,720	72
73	Fully Depreciated Assets	4,279					4,279	73
74								74
75	TOTALS	$ 2,784,456	$ 33,710	$ 278,018	$ 244,308		$ 757,477	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)	$ 17,032,782	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 46,669	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 657,393	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 610,724	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,631,067	85	

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

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

G. Construction-in-Progress

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

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

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

Warren Barr Buffalo Grove
0057976
Moveable Equipment Schedule
01/01/2025
12/31/2025

Company Name	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Accumulated Straight Line Depreciation
Line 28: Prior Years					
Warren Barr Buffalo Grove	131,472	27,773	13,147	(14,626)	67,734
Buffalo Grove Property Holdings, LLC	2,594,415	-	259,442	259,442	676,468
Allocated from Legacy HC	53	-	5	5	16
Allocated from CF St. Louis, LLC	7,034	361	703	342	4,260
Total	2,732,974	28,134	273,297	245,163	748,478
Line 29: Current Year					
Warren Barr Buffalo Grove	47,203	5,576	4,720	(856)	4,720
Buffalo Grove Property Holdings, LLC	-	-	-	-	
Allocated from Legacy HC	-	-	-	-	-
Allocated from CF St. Louis, LLC	-	-	-	-	-
Total	47,203	5,576	4,720	(856)	4,720
Line 30: Fully Depreciated					
Warren Barr Buffalo Grove	-	-	-	-	-
Buffalo Grove Property Holdings, LLC	-	-	-	-	
Allocated from Legacy HC	4,279	-	-	-	4,279
Allocated from CF St. Louis, LLC	-	-	-	-	
Total	4,279	-	-	-	4,279
Total (Should tie to page 13)					
Warren Barr Buffalo Grove	178,675	33,349	17,868	(15,482)	72,455
Buffalo Grove Property Holdings, LLC	2,594,415	-	259,442	259,442	676,468
Allocated from Legacy HC	4,332	-	5	5	4,295
Allocated from CF St. Louis, LLC	7,034	361	703	342	4,260
Total	2,784,456	33,710	278,018	244,308	757,477

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5	Allocated from Legacy HC				17,792			5
6								6
7	TOTAL				$ 17,792 **			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.	/2026	$
13.	/2027	$
14.	/2028	$

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: $ 7,821 Description: See Supplemental Schedule Attached
(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	Allocated from Legacy HC		$	$ 1,466	17
18					18
19					19
20					20
21	TOTAL		$	$ 1,466	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 **Warren Barr Buffalo Grove** **#** **0057976** **Report Period Beginning:** **1/1/2025** **Ending:** **12/31/2025**

Supplemental Schedule of Equipment Rental **12/31/2025**

	Description	Amount
16A	Office equipment rental	7,616
16B	Allocation from Legacy HC	205
16C		
16D		
16E		
16F		
16G		
16 H		
16I		
16J		
		7,821

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 204,496	$		$ 204,496	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			74,534			74,534	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			474,607			474,607	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				382,066		382,066	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):	See Attached				186,986	176,167		363,153	13
14	TOTAL			$		$ 940,623	$ 558,233		$ 1,498,856	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.

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 **Report Period Beginning:** 1/1/2025 **Ending:** 12/31/2025

SPECIAL SERVICES - SUPPLEMENTAL SCHEDULE

	Special Services - Supplies (Column 6 - Other)		Amount
13A	Supplies - Medical	39-2	132,612
13B	Supplies - G-Tube	39-2	8,195
13C	Oxygen	39-2	35,360
13D			
13E			
13F			
13G			
13 H			
13I			
13J			
			176,167
	Special Services - Outside (Column 5 - Other)		
13K	Durable Medical Equipment	39-3	92,354
13L	Oxygen Equipment Rental	39-3	5,034
13M	Radiology	39-3	15,853
13N	Laboratory	39-3	40,831
13O	Longevity Therapy	39-3	32,914
13P			
13Q			
13R			
13S			
13T			
			186,986.00

	Special Services - Salary (Column 3 - Staff)	Amount
13U		
13V		
13W		
13X		
13Y		
13Z		
		-

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2025 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 499,958	$ 736,740	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable Patients (less allowance)	2,067,688	2,067,688	3
4	Supply Inventory (priced a)			4
5	Short-Term Investments			5
6	Prepaid Insurance	(137,374)	(137,374)	6
7	Other Prepaid Expenses	121,938	121,938	7
8	Accounts Receivable (owners or related parties			8
9	Other(specify): See attached	305,560	305,560	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,857,770	$ 3,094,552	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	4,950	1,298,950	13
14	Buildings, at Historical Cost		14,106,000	14
15	Leasehold Improvements, at Historical Cos	131,494	131,494	15
16	Equipment, at Historical Cost	178,675	1,178,675	16
17	Accumulated Depreciation (book methods	(70,539)	(1,341,286)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify)			22
23	Other(specify): See attached	17,655,126	19,242,889	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 17,899,706	$ 34,616,722	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 20,757,476	$ 37,711,274	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 809,241	$ 809,241	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	(505,000)	(505,000)	29
30	Accrued Salaries Payable	608,902	608,902	30
31	Accrued Taxes Payable (excluding real estate taxes)	29,196	29,196	31
32	Accrued Real Estate Taxes(Sch.IX-B)		194,638	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See attached	95,550	152,680	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,037,889	$ 1,289,657	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		17,620,509	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See attached	19,951,567	19,951,567	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 19,951,567	$ 37,572,076	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 20,989,456	$ 38,861,733	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (231,980)	$ (1,150,459)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 20,757,476	$ 37,711,274	48

*(See instructions.)

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 **Report Period Beginning:** 01/01/2025 **Ending:** 12/31/2025

Supplemental Schedule Of Other Assets And Liabilities As of 12/31/2025

	Other Current Assets	Amount	Amount
09A	Refund	(64,926)	(64,926)
09B	Exchange	(975)	(975)
09C	Insurance Refund Exchange	(10,479)	(10,479)
09D	Accounts Receivable - Quality Incentive	(217,799)	(217,799)
09E	C.N.A. Tenure Program	599,739	599,739
09F			
09G			
09H			
09I			
09J			
		305,560	305,560

	Other Current Liabilities	Amount	Amount
36A	Accrued Accounting Fees	9,633	9,633
36B	Accrued Monthly Assessment Fee	(49,258)	(49,258)
36C	Due To/From Medicaid	(498)	(498)
36D	Due To/From Medicare	(19,614)	(19,614)
36E	Due To BCBS	20,287	20,287
36F	Due To / From Larkin Properties	-	26,297
36G	Due from Propco	-	30,833
36H	Prepaid Legal	135,000	135,000
36I			
36J			
		95,550	152,680

	Other Non-Current Assets:	Amount	Amount
23A	Right Of Use Asset	17,986,977	17,986,977
23B	Due To/From Prior Owner	(196,352)	(196,352)
23C	Due To/From Others	78,000	78,000
23D	Due from Affilates	-	1,109,460
23E	Option/Rent Deposit	125,000	125,000
23F	Due To/From - Warren Barr Buffalo Grove & Manageme	(358,499)	(358,499)
23G	Due To/From - 3 Pack CIBC Interco	20,000	20,000
23H	Financing Fees	-	255,509
23I	Building Acquisition Costs		124,751
23J	Due To/From Cascade	-	98,043
		17,655,126	19,242,889

	Other Non-Current Liabilities	Amount	Amount
43A	Right Of Use Lease Liability	19,951,567	19,951,567
43B			
43C			
43D			
43E			
43F			
43G			
43H			
43I			
43J			
		19,951,567	19,951,567

Facility Name & ID Numbe: Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (1,360,157)	1
2	Restatements (describe)		2
3	**Prior year- reclassification**	(964,219)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (2,324,376)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43	2,087,396	7
8	Aquisitions of Pooled Companie:		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	5,000	11
12	Expenditures for Specific Purpose:		12
13	Dividends Paid or Other Distributions to Owner:	( )	13
14	Donated Property, Plant, and Equipmen		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 2,092,396	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)**	$ (231,980)	24 *

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

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 24,109,589	1
2	Discounts and Allowances for all Levels	(7,444,372)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 16,665,217	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,855,543	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,855,543	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	1,839	16
17	Sale of Drugs	307,148	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	57,239	19
20	Radiology and X-Ray	13,820	20
21	Other Medical Services	183,542	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 563,588	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income**	2,259	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 2,259	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	Quality Incentive	493,189	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 493,189	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 20,579,796	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,536,068	31
32	Health Care	7,645,392	32
33	General Administration	2,784,237	33
	B. Capital Expense		
34	Ownership	2,142,612	34
	C. Ancillary Expense		
35	Special Cost Centers	2,501,064	35
36	Provider Participation Fee	883,027	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 18,492,400	40
41	**Income before Income Taxes (line 30 minus line 40)****	2,087,396	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 2,087,396	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	$ 2,989,217.00	44
45	Medicaid Managed Long Term Services and Supports (MLTSS	6,583,448.00	45
46	MMAI-Medicaid is the Primary Paye	1,530,459.00	46
47	MMAI-Medicare is the Primary Paye	136,495.00	47
48	Private Pay	3,086,577.00	48
49	Medicare Part A	1,652,152.00	49
50	Other-(specify) Insurance	686,869.00	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	$ 16,665,217	56

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,869	2,080	$ 139,736	$ 67.18	1
2	Assistant Director of Nursing	1,657	1,911	95,191	49.81	2
3	Registered Nurses	27,303	32,001	1,234,451	38.58	3
4	Licensed Practical Nurses	38,707	46,128	1,924,437	41.72	4
5	CNAs & Orderlies	86,946	99,591	2,571,441	25.82	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,648	9,402	318,865	33.91	8
9	Activity Director	1,947	2,080	62,576	30.08	9
10	Activity Assistants	9,940	10,661	189,353	17.76	10
11	Social Service Workers	5,957	6,240	209,165	33.52	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	3,884	4,233	102,756	24.27	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,871	2,074	186,697	90.02	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,834	2,007	66,534	33.15	23
24	Clerical	12,751	13,818	357,252	25.85	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	1,982	2,080	48,666	23.40	31
32	Other Health Care(specify)					32
33	Other(specify) Program Transpor	2,015	2,186	40,497	18.53	33
34	TOTAL (lines 1 - 33)	207,311	236,492	$ 7,547,617 *	$ 31.91	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 32,416	01-03	35
36	Medical Director	Monthly	30,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	2,339	10-03	38
39	Pharmacist Consultant	Monthly	27,237	10-03	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	Monthly	5,984	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 97,976		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	3,713	$ 205,805	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	10,819	250,914	10-03	52
53	TOTAL (lines 50 - 52)	14,532	$ 456,719		53

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Melissa Dominowski	Administrator	0	$ 186,697
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 186,697

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
See Attached	Legal	$ 7,432
Propay HR LLC	Payroll Processing	28,588
Legacy Healthcare Financial Services	Accounting	35,600
Onyx Procurement Solutions	Procurement Services	6,000
Achieve Accreditation LLC	Accreditation Services	8,733
Apploi Corp	Labor Management Consultant	4,422
People Powered Nursing	Labor Management Consultant	16,677
Language Line Services	Translation Services	2,188
HCCI	Data Analytics	15,957
AR Proactive Workflows	Billing Consultant	4,917
Compliagent	Compliance	2,654
See Supplemental Schedule		10,629
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 143,797

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 110,031
Unemployment Compensation Insurance	31,402
FICA Taxes	557,598
Employee Health Insurance	140,909
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401K Expense	28,184
Employee Benefits	23,505
Voluntary Benefit Contribution	27,738
Employee Physical Exams	2,743
TOTAL (agree to Schedule V, line 22, col.8)	$ 922,110

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	$ 1,990
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 874)	874
Patient Background Checks 1842	1,842
Association Dues (total from pg 22, #4)	34,800
Other Dues & Subscriptions	5,505
Licenses & Permits	2,719
Consultant - Purchasing	
Allocation from Legacy Healthcare Financial	1,874
Less: Public Relations Expense	( )
PAC and Lobbying payments	(17,400)
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 32,204

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,676
Allocation from Legacy Healthcare Financial	944
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,620

**See instructions.

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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
CertiSurv, LLC	Survey Services	$ 400
Prospect Resources Inc.	Energy procurement manageme	1,000
Optum	Claims Management	517
Sogolytics, LLC	Data Analytics	670
Collaborative Healthcare Urgency G	Restore Services	314
Legacy Healthcare Financial Service	Consulting Services	5,319
TAP Innovations, LLC	Data Analytics	66
Personnel Planners	Unemployment Consultant	1,344
Huron Consulting Group	Strategy Consultant	504
Aida Healthcare	Placement Solution	496
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 10,629

D. Employee Benefits and Payroll Taxes

Description	Amount
	$

Warren Barr Buffalo Grove
0057976
Legal Schedule
01/01/2025 - 12/31/2025

Date	G/L Account No.	Payee/Vendor	Type of Service Provided	Amount	Adjustment	Adjusted Amount
1/31/2025	580063	Stone Pogrund & Korey LLC	Collections and Guardianship	345	345	-
2/8/2025	580063	Corporation Service Company	Statutory Representation	104	-	103.62
2/12/2025	580063	Corporation Service Company	Statutory Representation	198	-	197.64
2/28/2025	580063	Stone Pogrund & Korey LLC	Collections and Guardianship	30	30	-
3/31/2025	580063	Stone Pogrund & Korey LLC	Collections and Guardianship	300	300	-
4/30/2025	580063	Stone Pogrund & Korey LLC	Collections and Guardianship	71	71	-
4/30/2025	580063	Meyer Magence	General Counsel	88	-	87.50
5/31/2025	580063	Stone Pogrund & Korey LLC	Collections and Guardianship	545	545	-
6/30/2025	580063	Stone Pogrund & Korey LLC	Collections and Guardianship	331	331	-
7/31/2025	580063	Stone Pogrund & Korey LLC	Collections and Guardianship	451	451	-
8/25/2025	580063	Law Hesselbaum LLP	General Counsel	85	-	85.10
8/31/2025	580063	Stone Pogrund & Korey LLC	Collections and Guardianship	503	503	-
9/30/2025	580063	Stone Pogrund & Korey LLC	Collections and Guardianship	223	223	-
11/21/2025	580063	Neal, Gerber, & Eisenberg LLP	General Counsel	38	-	37.50
11/30/2025	580063	Stone Pogrund & Korey LLC	Collections and Guardianship	28	28	-
12/17/2025	580063	Neal, Gerber, & Eisenberg LLP	General Counsel	90	-	89.82
12/31/2025	580063	Forbright Bank	RLOC - retainage fee	1,500	1,500	-
12/31/2025	580063	Forbright Bank	RLOC - retainage fee	2,505	2,505	-
Total				7,432	6,831	601

Facility Name & ID Number Warren Barr Buffalo Grove # 0057976 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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 belov
Use the drop down list to identify the associatior

Association Name	Amount
HEALTH CARE COUNCIL OF IL (HCCI)	17,400
	17,400 Total

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

HEALTH CARE COUNCIL OF IL (HCCI)	17,400
	17,400 Total

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

HEALTH CARE COUNCIL OF IL (HCCI)	34,800
	34,800 Total

(5) Indicate the total amount of both disposable and non-disposable incontinent expens
and the location of this expense on Sch. V. $ 62,396 Line 10

(6) Have all costs reported on this form been determined using accounting procedure
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 Departmei
during this cost report period. $ 883,027
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
for an individual employee? No If YES, attach an explanation of the allocatior

(9) Have costs for all supplies and services which are of the type that can be billed t
the Department, in addition to the daily rate, been properly classifie
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. $ None Has any meal income been offset agains
related costs? N/A Indicate the amount $

(12) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for
residents? No If YES, please indicate the amount of income earned from such
program during this reporting period. $ N/A
c. What percent of all travel expense relates to transportation of nurses and patients 100% LN1
d. Have vehicle usage logs been maintained N/A
e. Are all vehicles stored at the nursing home during the night and all othe
times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjuste
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 sucl
transportation during this reporting period. $ N/A

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

(14) Have all costs which do not relate to the provision of long term care been adjusted o
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 fee