

		FOR BHF USE					

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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: 0052431

Facility Name: Norridge Gardens

Address: 7001 West Cullom Norridge 60706

County: Cook

Telephone Number: (708) 457-0700 Fax # (708) 457-8852

HFS ID Number:

Date of Initial License for Current Owners: 8/1/2014

Type of Ownership:

VOLUNTARY,NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

X Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

Name: Larry Templin Telephone Number: (630) 361-2868

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

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

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

Officer or Administrator of Provider

(Signed)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) SEE ACCOUNTANTS' COMPILATION REPORT

(Print Name and Title) Larry Templin Partner

(Firm Name & Address) Templin Healthcare Accounting Services, LLP P.O. Box 326, Plainfield, IL 60544-0326

(Telephone) (630) 361-2868 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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Norridge Gardens # 0052431 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____					
	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	292	Skilled (SNF)	292	106,580	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	292	TOTALS	292	106,580	7

B. Census-For the entire report period.										
	1	2	3	4	5	6	7	8	9	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment								
		Medicaid Fee for Service	Medicaid MLTSS	MMAI		Private Pay	Medicare Part A Only	Other	Total	
				Medicaid Primary	Medicare Primary					
8	SNF						5,718	2,901	8,619	8
9	SNF/PED									9
10	ICF	15,020	37,092	10,183		5,200			67,495	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	15,020	37,092	10,183		5,200	5,718	2,901	76,114	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 71.41%

SEE ACCOUNTANTS' PREPARATION REPORT

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

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒ Non-allowable costs have been eliminated in Schedule V, Column

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

I. On what date did you start providing long term care at this location?
Date started 8/1/2013

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 8/1/2013 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of certified beds 292

Medicare Intermediary CGS Administrators, LLC

IV. ACCOUNTING BASIS

MODIFIED
ACCRUAL ☒ CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/25 Fiscal Year: 12/31/25
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Norridge Gardens # 0052431 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	1,024,619	76,437	2,640	1,103,696		1,103,696		1,103,696			1
2	Food Purchase		593,879		593,879		593,879		593,879			2
3	Housekeeping	595,812	134,248		730,060		730,060		730,060			3
4	Laundry	139,458	28,236		167,694		167,694		167,694			4
5	Heat and Other Utilities			241,330	241,330		241,330	3,086	244,416			5
6	Maintenance	142,073	6,840	105,013	253,926		253,926	5,549	259,475			6
7	Other (specify):* Waste Disposal			50,216	50,216		50,216		50,216			7
8	TOTAL General Services	1,901,962	839,640	399,199	3,140,801		3,140,801	8,635	3,149,436			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	8,083,026	497,276	16,429	8,596,731		8,596,731	163,192	8,759,923			10
10a	Therapy	386,650		35,654	422,304		422,304	(35,654)	386,650			10a
11	Activities	184,930	5,157		190,087		190,087		190,087			11
12	Social Services	184,074		6,383	190,457		190,457		190,457			12
13	CNA Training											13
14	Program Transportation	73,517		83,942	157,459		157,459		157,459			14
15	Other (specify):* Mgmt Co Benefits Alloc							42,849	42,849			15
16	TOTAL Health Care and Programs	8,912,197	502,433	154,408	9,569,038		9,569,038	170,387	9,739,425			16
	C. General Administration											
17	Administrative	307,476		1,272,785	1,580,261		1,580,261	(1,042,297)	537,964			17
18	Directors Fees											18
19	Professional Services			512,325	512,325		512,325	(13,588)	498,737			19
20	Dues, Fees, Subscriptions & Promotions			140,615	140,615		140,615	11,237	151,852			20
21	Clerical & General Office Expenses	529,659	38,556	397,510	965,725		965,725	371,807	1,337,532			21
22	Employee Benefits & Payroll Taxes			1,652,471	1,652,471		1,652,471		1,652,471			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,035	1,035		1,035	5,395	6,430			24
25	Other Admin. Staff Transportation			35,583	35,583		35,583	(6,156)	29,427			25
26	Insurance-Prop.Liab.Malpractice			372,461	372,461		372,461	8,375	380,836			26
27	Other (specify):* Mgmt Co Benefits Alloc							170,260	170,260			27
28	TOTAL General Administration	837,135	38,556	4,384,785	5,260,476		5,260,476	(494,967)	4,765,509			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	11,651,294	1,380,629	4,938,392	17,970,315		17,970,315	(315,945)	17,654,370			29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			137,641	137,641		137,641	1,277,757	1,415,398			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			603,568	603,568		603,568	2,865,264	3,468,832			32
33	Real Estate Taxes			825,000	825,000		825,000		825,000			33
34	Rent-Facility & Grounds			2,799,996	2,799,996		2,799,996	(2,768,880)	31,116			34
35	Rent-Equipment & Vehicles			132,752	132,752		132,752	12,420	145,172			35
36	Other (specify):*											36
37	TOTAL Ownership			4,498,957	4,498,957		4,498,957	1,386,561	5,885,518			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		249,009	1,405,424	1,654,433		1,654,433	(260,173)	1,394,260			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			613,430	613,430		613,430		613,430			42
43	Other (specify):* Disallowed Costs	106,344	15,681	1,241,249	1,363,274		1,363,274	(1,363,274)				43
44	TOTAL Special Cost Centers	106,344	264,690	3,260,103	3,631,137		3,631,137	(1,623,447)	2,007,690			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	11,757,638	1,645,319	12,697,452	26,100,409		26,100,409	(552,831)	25,547,578			45

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

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	(17,030)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	60,670	30		9
10	Interest and Other Investment Income	(10,562)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(5,905)	17		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(79,029)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(60,996)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(509,115)	43		24
25	Fund Raising, Advertising and Promotional	(6,337)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(755,159)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,383,463)		\$	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)	830,632		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 830,632		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (552,831)		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

SEE ACCOUNTANTS' PREPARATION REPORT

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Political Action Committee Payments	\$ 0	20	1
2	Other Expenses Related to Lobbying Activities			2
3	Marketing Salary	(106,344)	43	3
4	Marketing Supplies/Advertising	(15,681)	43	4
5	Disallow Laboratory Expense	(23,699)	43	5
6	Disallow Xray Expense	(14,780)	43	6
7	Disallow Late Fees	(757)	43	7
8	Disallow Nonallowable Travel Exp	(6,219)	25	8
9	Miscellaneous Income offset	(215)	21	9
10	Disallow Prior Year Expense Adjustments	(590,502)	43	10
11	Expense Repairs/Equipment under \$2,500	4,273	6	11
12	Expense Repairs/Equipment under \$2,500	4,339	21	12
13	Capitalize Repair over \$2500	(5,574)	6	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
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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	(755,159)		49

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 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.

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	30	Depreciation		Norrridge PropCo, LLC	100.00%	\$ 1,209,350	\$ 1,209,350	1
2	V	32	Interest		Norrridge PropCo, LLC	100.00%	2,813,483	2,813,483	2
3	V	34	Rent-Facility & Grounds	2,799,996	Norrridge PropCo, LLC	100.00%		(2,799,996)	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 2,799,996			\$ 4,022,833	\$ * 1,222,837	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Premier Healthcare Management, LLC	0.00%	\$ 3,086	\$ 3,086	15
16	V	6	Maintenance		Premier Healthcare Management, LLC	0.00%	6,850	6,850	16
17	V	10	Nursing and Medical Records		Premier Healthcare Management, LLC	0.00%	163,192	163,192	17
18	V	15	Emp Benefit Alloc-Healthcare		Premier Healthcare Management, LLC	0.00%	42,849	42,849	18
19	V	17	Administrative	1,272,785	Premier Healthcare Management, LLC	0.00%	236,393	(1,036,392)	19
20	V	19	Professional Services		Premier Healthcare Management, LLC	0.00%	17,989	17,989	20
21	V	20	Dues, Fees, Subs & Promo		Premier Healthcare Management, LLC	0.00%	2,864	2,864	21
22	V	21	Clerical & Gen Office Expenses		Premier Healthcare Management, LLC	0.00%	403,440	403,440	22
23	V	24	Travel and Seminar		Premier Healthcare Management, LLC	0.00%	564	564	23
24	V	26	Insurance-Prop.Liab.Malpractice		Premier Healthcare Management, LLC	0.00%	3,293	3,293	24
25	V	27	Emp Benefit Alloc-Gen Admin		Premier Healthcare Management, LLC	0.00%	161,851	161,851	25
26	V	30	Depreciation		Premier Healthcare Management, LLC	0.00%	7,075	7,075	26
27	V	34	Rent-Facility & Grounds		Premier Healthcare Management, LLC	0.00%	29,738	29,738	27
28	V	35	Equipment Rental		Premier Healthcare Management, LLC	0.00%	12,420	12,420	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			\$ 1,272,785			\$ 1,091,604	\$ * (181,181)	39

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10A	Therapy	\$ 35,654	REX Therapeutics	0.00%	\$	\$ (35,654)	15
16	V	19	Professional Services		REX Therapeutics	0.00%	29,419	29,419	16
17	V	20	Fees and Subscriptions		REX Therapeutics	0.00%	8,373	8,373	17
18	V	21	Clerical & General Office Exp		REX Therapeutics	0.00%	26,006	26,006	18
19	V	24	Travel and Seminar		REX Therapeutics	0.00%	4,831	4,831	19
20	V	25	Other Admin Staff Transp		REX Therapeutics	0.00%	63	63	20
21	V	26	Insurance-Prop.Liab.Malp		REX Therapeutics	0.00%	5,082	5,082	21
22	V	30	Depreciation		REX Therapeutics	0.00%	662	662	22
23	V	32	Interest Expense		REX Therapeutics	0.00%	62,343	62,343	23
24	V	34	Rent-Facility & Grounds		REX Therapeutics	0.00%	1,378	1,378	24
25	V	39	Therapy Management Wages		REX Therapeutics	0.00%	77,358	77,358	25
26	V	39	Therapy Consultant	1,347,714	REX Therapeutics	0.00%	133	(1,347,581)	26
27	V								27
28	V	39	Therapy Wages		REX Therapeutics	0.00%	886,063	886,063	28
29	V	39	Allocated Employee Benefits		REX Therapeutics	0.00%	123,987	123,987	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			\$ 1,383,368			\$ 1,225,698	\$ * (157,670)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	21	Clerical & General Office Exp	\$ 168,000	Healthcare Solutions Group	50.00%	\$ 106,237	\$ (61,763)	15
16	V	27	Emp Benefit Alloc-Gen Admin		Healthcare Solutions Group	50.00%	8,409	8,409	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			\$ 168,000			\$ 114,646	\$ * (53,354)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

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			AHVA Care of Winfield	Winfield, IL	Premier Healthcare	Skokie, IL	Management Co.	1
2			AHVA Care of Stickney	Stickney, IL	Management, LLC			2
3			Gilman Healthcare Center	Gilman, IL	Premier Healthcare	Skokie, IL	Medical Supply	3
4			Premier Healthcare of New Harmony, LLC	New Harmony, IN	Supplies, LLC			4
5			Avondale Estates of Elgin	Elgin, IL	Norridge PropCo, LLC	Norridge, IL	Lessor	5
6					REX Therapeutics	Skokie	Therapy	6
7					Healthcare Solutions			7
8					Group	Skokie	Billing Services	8
9					Staffing Solutions			9
10					Partners	Skokie	Staffing Services	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

SEE ACCOUNTANTS' PREPARATION REPORT

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Barak Bayer	Owner	Administrative	50.00	See Att Sch 7A	13.12	32.78	Alloc Salary	\$ 75,451	17-7	1
2	Sara Bayer	Relative	Clerical	0.00	See Att Sch 7A	0.48	31.99	Alloc Salary	1,678	21-7	2
3	Yocheved Bayer	Relative	Consulting	0.00	See Att Sch 7A	N/A	N/A	Consulting	10,800	19-3	3
4	Chana Bayer	Relative	Administrative	0.00	See Att Sch 7A	5.47	27.35	Alloc Salary	8,273	21-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	\$ 96,202		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 Norridge Gardens # 0052431 Report Period Beginning: 1/1/2025 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 ☐

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

Name of Related Organization Premier Healthcare Management, LLC
Street Address 7836 Frontage Rd
City / State / Zip Code Skokie, IL 60077
Phone Number (847) 674-2800
Fax Number (847) 674-4133

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Weighted Operating Rev	78,891,476	8	\$ 9,406	\$	25,879,828	\$ 3,086	1
2	6	Maintenance	Weighted Operating Rev	78,891,476	8	20,881		25,879,828	6,850	2
3	10	Nursing and Medical Records	Weighted Operating Rev	78,891,476	8	497,470	497,470	25,879,828	163,192	3
4	15	Emp Benefit Alloc-Healthcare	Weighted Operating Rev	78,891,476	8	130,621		25,879,828	42,849	4
5	17	Administrative	Weighted Operating Rev	78,891,476	8	720,615	720,615	25,879,828	236,393	5
6	19	Professional Services	Weighted Operating Rev	78,891,476	8	54,836		25,879,828	17,989	6
7	20	Dues, Fees, Subs & Promo	Weighted Operating Rev	78,891,476	8	8,732		25,879,828	2,864	7
8	21	Clerical & Gen Office Expenses	Weighted Operating Rev	78,891,476	8	1,229,838	1,158,439	25,879,828	403,440	8
9	24	Travel and Seminar	Weighted Operating Rev	78,891,476	8	1,720		25,879,828	564	9
10	26	Insurance-Prop.Liab.Malpractice	Weighted Operating Rev	78,891,476	8	10,039		25,879,828	3,293	10
11	27	Emp Benefit Alloc-Gen Admin	Weighted Operating Rev	78,891,476	8	493,383		25,879,828	161,851	11
12	30	Depreciation	Weighted Operating Rev	78,891,476	8	21,569		25,879,828	7,075	12
13	34	Rent-Facility & Grounds	Weighted Operating Rev	78,891,476	8	90,656		25,879,828	29,738	13
14	35	Equipment Rental	Weighted Operating Rev	78,891,476	8	37,860		25,879,828	12,420	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,327,626	\$ 2,376,524		\$ 1,091,604	25

Ending: 2/31/2025

(847) 674-4133

SEE ACCOUNTANTS' PREPARATION REPORT

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	Atlantic Coast Life Insurance		X	Mortgage		5/17/24	\$ 28,134,833	\$ 28,134,833		0.1000	\$ 2,813,483	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7								Allocated Working Capital Loan Interest				603,568	7
8												8	
9	TOTAL Facility Related						\$ 28,134,833	\$ 28,134,833			\$ 3,417,051	9	
	B. Non-Facility Related*												
10												10	
11								Allocated from REX/Staffing Solutions				62,343	11
12								Offset Interest Income			(10,562)	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ 51,781	14	
15	TOTALS (line 9+line14)						\$ 28,134,833	\$ 28,134,833			\$ 3,468,832	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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.)

SEE ACCOUNTANTS' PREPARATION REPORT

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

SEE ACCOUNTANTS' PREPARATION REPORT

FACILITY NAME	Norridge Gardens	COUNTY	Cook
---------------	------------------	--------	------

CONTACT PERSON REGARDING THIS REPORT Larry Templin

A. Summary of Real Estate Tax Cost

[illegible]

B. Real Estate Tax Cost Allocations

C. Tax Bills

Page 10A

X. BUILDING AND GENERAL INFORMATION:

- A. Square Feet: 89,972
- B. General Construction Type: Exterior BrickFrameNumber of Stories 4
- 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 (b) Rent equipment from a Related Organization. (X) (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)
- E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

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

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

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

XI. OWNERSHIP COSTS:

1		2		3		4	
Use		Square Feet		Year Acquired		Cost	
1	Facility			2019	\$	1,497,000	1
2							2
3	TOTALS				\$	1,497,000	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Norridge Gardens

0052431

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	292		2019		\$ 34,717,994	\$	30	\$ 1,157,266	\$ 1,157,266	\$ 6,943,596	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Replace Elevator Door Operator			2013	11,472		20	574	574	6,744	9
10	Replace Pumping Unit			2013	13,952		20	698	698	8,201	10
11	Boiler Repair & Rtu			2013	5,992		20	300	300	5,796	11
12	Build Wood Planters			2013	12,750		20	638	638	7,548	12
13	Sprinkler System Heads & Valves In Parking Lot Foyer & South Dock			2013	3,388		20	169	169	2,001	13
14	Install Awning & Sign			2013	8,944		20	447	447	5,179	14
15	Fire Sprinkler Repair			2014	2,929		20	146	146	1,680	15
16	Re-Doing Wiring And Computer Systems			2014	22,057		20	1,103	1,103	12,592	16
17	Repair Staircases On All 4 Floors			2014	6,600		20	330	330	3,685	17
18	Install Shunt Trip Breaker & Panelboard For Freight Elevator			2014	6,800		20	340	340	3,797	18
19	Hook Up Emergency Power & Fire Service Wiring			2014	5,010		20	251	251	2,781	19
20	Fire Doors			2014	3,000		20	150	150	1,650	20
21	Convert 2 Rms On 2Nd Floor To 2 Single Bedrms & Bathrm			2014	70,300		20	3,515	3,515	38,665	21
22	Fire Doors			2014	3,360		20	168	168	1,848	22
23	Water Heater Surface Ignitor			2014	3,957		20	198	198	3,695	23
24	Hot Water Pump Motor			2014	2,500		20	125	125	1,385	24
25	Install New Elevator Care Doors			2014	2,669		20	133	133	2,309	25
26	Install New Elevator Care Doors			2014	2,669		20	133	133	2,087	26
27	All Areas Carpet & Millwork Cove Base, Bathroom Tile			2014	31,551		20	1,578	1,578	17,357	27
28	Install New Elevator Care Doors			2014	2,669		20	133	133	1,453	28
29	Fire Alarm System			2014	4,270		20	214	214	2,264	29
30	Sprinkler System Repair			2014	2,523		20	126	126	1,344	30
31	Fire Alarm Repair			2014	3,264		20	163	163	1,821	31
32	Replace Packing & Repair Leaking Valves			2014	2,974		20	149	149	1,613	32
33	Hot Water Storage Tank Replacement With Wiring/Piping			2015	7,500		20	375	375	4,125	33
34	Idph Construction Application/Architects/Hvac/Electrical/Sprinkler			2015	8,496		20	425	425	4,675	34
35	Provide/Install New A/C Unit/Electrical Wiring For Lunch Room			2015	5,500		20	275	275	3,025	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

Facility Name & ID Number Norridge Gardens

0052431

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Kitchen Cabinets/Counter Tops For 2Nd/3Rd Floor Dining Rooms	2015	\$ 2,662	\$	20	\$ 133	\$ 133	\$ 1,463	37
38	Install Cabinets/Countertops/Plumbing For 2Nd/3Rd Floor Dining	2015	3,550		20	178	178	1,958	38
39	Structural Engineering/Calculations/Analysis For Floor Addition I	2015	7,500		20	375	375	4,125	39
40	Provide/Install New Circuits Quad Outlets In 2Nd/3Rd Floor Spec	2015	2,680		20	134	134	1,474	40
41	Design Fees For First Floor Remodeling	2015	10,000		20	500	500	5,500	41
42	Replace Relief Device/Leak & Commission Test/Re-Insulate Tank	2015	7,500		20	375	375	4,125	42
43	Amstadter Construction Documents Detailed Architectural Design	2015	10,000		20	500	500	5,500	43
44	First Floor Remodel/Mechanical/Electrical/Plumbing/& Fire Prot	2015	10,000		20	500	500	5,500	44
45	Design Sketches First Floor Plans/Interior Elevations/Ceiling Plan	2015	10,000		20	500	500	5,500	45
46	Remove/Install New Retro Drains/Saddle For Roof/Iso Roofing Co	2015	3,200		20	160	160	1,760	46
47	Test/Replace Drive In Control System Contractor For Elevator	2015	2,932		20	147	147	1,617	47
48	Drilling 0-25'/Patching Of Asphalt/Soil Classification/ Project Rev	2015	4,360		20	218	218	2,398	48
49	Fertilization/Planting Flowers/Shrub & Tree Trimming In Back P	2015	2,730		20	137	137	1,507	49
50	Modify Pit Ladder/Hoistway Doors/Hatch Latch Door Restrictor I	2015	7,358		20	368	368	4,048	50
51	Replace/Repair leaking heat pipes & boiler water lines-2nd & 3rd	2016	4,238		20	212	212	2,014	51
52	Repaired Heat Exchanger	2016	3,528		20	176	176	1,672	52
53	Repair and Paint Walls in Office, Conference Rm & Kitchen	2016	5,425		20	271	271	2,575	53
54	Replace Tiles in Therapy Room	2016	3,900		20	195	195	1,853	54
55	Install Wanderguard Signalling Device	2016	3,454		20	173	173	1,643	55
56	New Refrigeration System with Indoor Remote Condensing	2016	11,399		20	570	570	5,415	56
57	2 9500 BTU Replacement units and 2 PTAC Units	2016	5,805		20	290	290	2,755	57
58	Carpet/Flooring - Lobby, Business Office, Conference Rm & Ente	2016	4,472		20	224	224	2,128	58
59	Replace Damaged Floor Tiles in Kitchen	2016	2,650		20	133	133	931	59
60	Install New Torsion-Spring Counter Balance Assembly	2016	2,650		20	133	133	931	60
61	Six new PTAC Units	2016	8,745		20	437	437	3,059	61
62	Install New 20 Ampere Circuitin Admissions Office	2017	5,000		20	250	250	1,750	62
63	Install 2 New 20 Ampere Circuits in Kitchen and 1 Power Pole	2017	3,500		20	175	175	1,225	63
64	Air Conditioner Repairs	2017	3,047		20	152	152	1,064	64
65	Replace Copper Piping and Strainer for Boiler	2017	3,032		20	152	152	1,064	65
66	Replace Bearing Assembly, Motor and Impeller for Boiler	2017	3,466		20	173	173	1,211	66
67	Six new PTAC Units	2017	8,553		20	428	428	2,996	67
68	Sprinkler System Repairs and Modifications - Maint. Office	2017	5,725		20	286	286	2,002	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 35,148,151	\$		\$ 1,178,777	\$ 1,178,777	\$ 7,175,679	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Norridge Gardens

0052431

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 35,148,151	\$		\$ 1,178,777	\$ 1,178,777	\$ 7,175,679	1
2	Replace Sink and Cabinets in Utility Rm/Flooring in Ent Rm	2017	3,682		20	184	184	1,564	2
3	Luna Lights System	2017	4,000		20	200	200	1,700	3
4	Furnace Repairs	2017	4,680		20	234	234	1,989	4
5	Architectural Design Plan Revisions	2017	9,780		20	489	489	3,668	5
6	8 PTAC Units	2018	11,263		20	563	563	4,223	6
7	Rewire items from Emergency to Critical Electrical Panel	2018	2,525		20	126	126	945	7
8	4 PTAC Units	2018	5,631		20	282	282	2,115	8
9	5 PTAC Units	2018	7,039		20	352	352	2,640	9
10	Replace 2 Flue Caps	2018	4,569		20	228	228	1,710	10
11	Elevator Repair	2018	4,303		20	215	215	1,613	11
12	Repair to Boiler	2019	2,731		20	137	137	890	12
13	Re-Piping 7 Front Offices	2019	16,594		20	830	830	5,395	13
14	Repair Pipes due to Freezing	2019	41,484		20	2,074	2,074	13,481	14
15	Install Solid State Soft Starter	2019	3,460		20	173	173	1,125	15
16	Install New Pump Motor on Elevator	2019	5,592		20	280	280	1,820	16
17	Replace Heat Coils-Kitchen, Laundry, Front Lobby	2019	18,887		20	944	944	6,136	17
18	Replace Compressor	2019	4,192		20	210	210	1,365	18
19	Generator Repair	2019	3,059		20	153	153	994	19
20	Replace Hanging Heaters, Connect Thermostat to Heater	2020	2,675		20	134	134	737	20
21	Additions to Emergency Generator-Walk in Cooler	2020	13,475		20	674	674	3,707	21
22	Repair Hot Water Piping and Installed New Pipes	2020	3,096		20	155	155	852	22
23	Remove Corroded Hot Water Piping	2020	6,382		20	319	319	1,755	23
24	Repair Hot Water Piping and Installed New Pipes	2020	3,063		20	153	153	842	24
25	Remove Wall Paper	2020	4,000		20	200	200	1,100	25
26	Pump Replacement	2020	4,000		20	200	200	1,100	26
27	3 New PTAC Units for Resident Rooms	2020	4,223		20	211	211	1,161	27
28	Repair Hot Water Piping and Installed New Pipes	2021	3,063		20	153	153	689	28
29	Boiler Repair-Repair Seal, Temperature Issue	2021	5,661		20	283	283	1,274	29
30	Electrical Work	2021	8,500		20	425	425	1,913	30
31	Furnish and Install Infrared Door Detector	2021	3,330		20	167	167	751	31
32	Install Outlets/Upgrade Panel for Room #243 and #244	2021	7,750		20	388	388	1,746	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 35,370,840	\$		\$ 1,189,913	\$ 1,189,913	\$ 7,246,679	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Norridge Gardens

0052431

Report Period Beginning:

1/1/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 35,370,840	\$		\$ 1,189,913	\$ 1,189,913	\$ 7,246,679	1
2	Repair Broken Hot Water Lines	2022	3,696		20	185	185	647	2
3	Replace 3 Burner Assemblies	2022	3,075		20	154	154	539	3
4	Repair 2 Hot Water Heaters	2022	5,170		20	259	259	906	4
5	Install 5 Eyewash Stations	2022	9,400		20	470	470	1,645	5
6	Elevator Repair	2022	2,667		20	133	133	466	6
7	25 New PTAC Units	2022	41,338		20	2,067	2,067	7,234	7
8	Repair Boiler #1	2022	3,013		20	151	151	528	8
9	Replace 6 Sprinkler System Valves	2022	4,569		20	228	228	798	9
10	Repair Fire System Control Panel	2022	2,988		20	149	149	522	10
11	Repair Water Leak and Replace Piping at Water Heater	2023	5,920		20	296	296	740	11
12	Install New Laars Therm 2 1000 Size 999,000 BTU Roof								12
13	Top Unit with New Transition Water/Gas Piping and Flue Pipe	2023	34,858		20	1,743	1,743	4,357	13
14	Boiler Repair	2023	4,004		20	200	200	500	14
15	Install 2 New 120v 20Amp Circuits at Critical Panel	2023	4,800		20	240	240	600	15
16	Install New Access Control System	2023	14,814		20	741	741	1,852	16
17	Install New GAL Door Operator on Elevator	2023	7,993		20	400	400	1,000	17
18	Install New LVT Flooring/Cove Base-Reception & Dementia Hall	2024	24,850		20	1,243	1,243	1,865	18
19	Fire Pump Repair	2024	4,058		20	203	203	305	19
20	Elevator Repair-Replace Batteries/Vic Seals and Re-adjust Valve	2024	7,527		20	376	376	564	20
21	Install New Elevator Control Valve and Door Belt	2024	18,133		20	907	907	1,361	21
22	Boiler #1 Repair - Replace Motor	2024	5,265		20	263	263	395	22
23	Replace Banyon Sind in Mop Basin Closet	2024	3,601		20	180	180	270	23
24	Condensate Drains-Installed Pump/Piping	2024	3,233		20	162	162	243	24
25	Repair/Add/Relocate Pipes & Drains for Kitchen Chem Feed Supp	2024	8,953		20	448	448	672	25
26	Repair Cooling System on Walk In Cooler	2024	2,952		20	148	148	222	26
27	Various Fire Sprinkler System Repairs Throughout Facility	2025	10,706		20	267	267	267	27
28	Circulation Pump/Ball Valve Replacement	2025	7,992		20	200	200	200	28
29	Elevators - Code Required Upgrades	2025	6,682		20	167	167	167	29
30	Replace Cracked Pump Bearing Assembly	2025	4,173		20	104	104	104	30
31	Install Annunciator Door Panels-Reception/2nd Floor Nurses Stati	2025	6,923		20	173	173	173	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 35,634,193	\$		\$ 1,202,170	\$ 1,202,170	\$ 7,275,821	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$35,634,193	\$		\$1,202,170	\$1,202,170	\$7,275,821	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13	Allocated from Premier Healthcare Management LLC.	2023	13,599		20	681	681	1,700	13
14	Allocated from Premier Healthcare Management LLC.	2024	5,249		20	262	262	393	14
15									15
16				137,641			(137,641)		16
17	Financial Statement Depreciation								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)		\$35,653,041	\$137,641		\$1,203,113	\$1,065,472	\$7,277,914	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$2,049,877	\$	\$204,167	\$204,167	10 yrs	\$1,242,978	71
72	Current Year Purchases	26,473		1,324	1,324	10 yrs	1,324	72
73	Fully Depreciated Assets	340,338					340,338	73
74	Premier Healthcare Mgmt LLC/REX Therapeutics			6,794	6,794			74
75	TOTALS	\$2,416,688	\$	\$212,285	\$212,285		\$1,584,640	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	N/A									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)	\$39,566,729	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$137,641	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$1,415,398	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$1,277,757	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$8,862,554	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ 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 Management Co.				29,738			5
6	Allocated from REX Therapeutics				1,378			6
7	TOTAL				\$ 31,116			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
- N/A
N/A

9. Option to Buy:
- ☐ YES☐ NO
- Terms: N/A
- *

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: \$ 138,962
- Description: See Attached Schedule 14A
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	Allocated from Management Co			6,210	18
19					19
20					20
21	TOTAL		\$	\$ 6,210	21

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	\$

* 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:Norridge Gardens

IDPH License ID Number:0052431

Fiscal Year End:12/31/2025

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	95,686
Office Equipment	34,910
Timeclock	2,156
Allocated from Premier Healthcare Mgmt	6,210
Total - Line 16	138,962

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
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.

SEE ACCOUNTANTS' PREPARATION REPORT

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(7)	8684	hrs	\$ 382,281		\$	8,684	\$ 382,281	1
2	Licensed Speech and Language Development Therapist	39(7)	2919	hrs	128,501			2,919	128,501	2
3	Licensed Recreational Therapist			hrs						3
4	Licensed Physical Therapist	39(7)	10282	hrs	452,639			10,282	452,639	4
5	Physician Care			visits						5
6	Dental Care			visits						6
7	Work Related Program			hrs						7
8	Habilitation			hrs						8
9	Pharmacy	39(2)		# of prescrpts			249,009		249,009	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs						10
11	Academic Education			hrs						11
12	Other (specify): <u>Therapy Mgr-Allocated</u>	39(7)	1074		77,358			1,074	77,358	12
13	Other (specify): <u>Allocated Empl Benefit</u>	39(7)			123,987				123,987	13
14	TOTAL				\$ 1,164,766		\$ 249,009	22,959	\$ 1,413,775	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.

SEE ACCOUNTANTS' PREPARATION REPORT

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 13,654	\$ 14,182	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 2,016,134)	5,412,749	5,412,749	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	59,002	59,002	6
7	Other Prepaid Expenses	85,872	85,758	7
8	Accounts Receivable (owners or related parties)	11,369,444	12,557,991	8
9	Other(specify): Due from Medicare/Others	3,481,674	3,481,674	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 20,422,395	\$ 21,611,356	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,497,000	13
14	Buildings, at Historical Cost		34,717,994	14
15	Leasehold Improvements, at Historical Cost	955,072	935,047	15
16	Equipment, at Historical Cost	1,106,150	2,416,688	16
17	Accumulated Depreciation (book methods)	(1,650,962)	(8,862,554)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Att Sch 17A	82,110	1,091,110	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 492,370	\$ 31,795,285	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,914,765	\$ 53,406,641	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 4,723,600	\$ 7,448,082	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	611,630	611,630	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	(585)	(585)	31
32	Accrued Real Estate Taxes(Sch.IX-B)	2,059,959	2,059,959	32
33	Accrued Interest Payable		234,457	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Att Sch 17A	2,394,694	2,394,694	36
37	Accrued Rent	7,013,528		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 16,802,826	\$ 12,748,237	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		28,134,833	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Net Long/Short Term Lease Liability	1,373,277	1,373,277	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,373,277	\$ 29,508,110	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 18,176,103	\$ 42,256,347	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,738,662	\$ 11,150,294	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 20,914,765	\$ 53,406,641	48

Facility Name:Norrridge Gardens

IDPH License ID Number:0052431

Fiscal Year End:12/31/2025

Schedule 17A

XV. Balance Sheet

Line 23 Other Assets (specify):

Description	Operating	After Consolidation
Desposits	82,110	91,110
Legal Reserve		1,000,000
Total - Line 23	82,110	1,091,110

Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
Security Deposits	414,140	414,140
Due to HFS	873,000	873,000
Accrued Expenses	882,193	882,193
Accrued Bed Tax	221,875	221,875
Due to Others	271	271
Payroll Withholdings	3,215	3,215
Total - Line 36	2,394,694	2,394,694

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,948,467	1
2	Restatements (describe):		2
3	Rounding	(1)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,948,466	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(209,804)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (209,804)	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)	\$ 2,738,662	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Norridge Gardens

0052431

Report Period Beginning: 1/1/2025

Ending: 12/31/2025

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 25,233,650	1
2	Discounts and Allowances for all Levels	(416,787)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 24,816,863	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	590,760	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 590,760	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	44,386	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,709	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 48,095	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	10,562	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 10,562	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	215	28
28a	CNA/QIP Incentives	424,110	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 424,325	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 25,890,605	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	3,140,801	31
32	Health Care	9,569,038	32
33	General Administration	5,260,476	33
	B. Capital Expense		
34	Ownership	4,498,957	34
	C. Ancillary Expense		
35	Special Cost Centers	3,017,707	35
36	Provider Participation Fee	613,430	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 26,100,409	40
41	Income before Income Taxes (line 30 minus line 40)**	(209,804)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (209,804)	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	\$ 4,117,164.00	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	10,150,100.00	45
46	MMAI-Medicaid is the Primary Payer	2,786,543.00	46
47	MMAI-Medicare is the Primary Payer		47
48	Private Pay	2,041,088.00	48
49	Medicare Part A	4,335,211.00	49
50	Other-(specify) Insurance	700,260.00	50
51	Other-(specify) Managed Medicare A	686,497.00	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)	\$ 24,816,863	56

SEE ACCOUNTANTS' PREPARATION REPORT

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

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,208	\$ 184,249	\$ 83.45	1
2	Assistant Director of Nursing	4,167	4,462	297,169	66.60	2
3	Registered Nurses	41,138	44,467	2,196,844	49.40	3
4	Licensed Practical Nurses	41,939	44,496	2,026,813	45.55	4
5	CNAs & Orderlies	102,805	112,934	3,136,465	27.77	5
6	CNA Trainees					6
7	Licensed Therapist	102	118	5,411	45.86	7
8	Rehab/Therapy Aides	6,350	7,283	191,172	26.25	8
9	Activity Director	1,527	1,648	47,551	28.85	9
10	Activity Assistants	6,467	6,905	137,379	19.90	10
11	Social Service Workers	6,307	6,764	184,074	27.21	11
12	Dietician	1,805	1,989	84,063	42.26	12
13	Food Service Supervisor	3,596	3,900	125,167	32.09	13
14	Head Cook					14
15	Cook Helpers/Assistants	34,612	37,311	815,389	21.85	15
16	Dishwashers					16
17	Maintenance Workers	4,467	4,796	142,073	29.62	17
18	Housekeepers	25,116	27,573	595,812	21.61	18
19	Laundry	5,864	6,612	139,458	21.09	19
20	Administrator	1,864	2,040	220,280	107.98	20
21	Assistant Administrator	1,864	1,945	87,196	44.83	21
22	Other Administrative					22
23	Office Manager	1,712	1,904	69,473	36.49	23
24	Clerical	13,549	14,562	460,186	31.60	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	1,779	1,920	51,212	26.67	31
32	Other Health Care(specify)					32
33	Other(specify) See Pg 20A	11,894	12,883	560,202	43.48	33
34	TOTAL (lines 1 - 33)	321,004	348,720	\$ 11,757,638 *	\$ 33.72	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	48	\$ 2,640	L1, C3	35
36	Medical Director	Monthly	12,000	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	16,429	L10, C3	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	97	6,383	L12,C3	45
46	Other(specify) Rehab Consultant	Monthly	35,654	L10A, C3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	145	\$ 73,106		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

Norridge Gardens

Period Beginning 1/1/2025
Period End 12/31/2025

Schedule 20A

XVIII. Staffing and Salary Costs

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
MDS / Care Plan Coordinator	3,461	3,757	190,274	50.65
Transportation	2,962	3,177	73,517	23.14
Restorative Nurse	3,663	4,025	190,067	47.22
Marketing	1,808	1,924	106,344	55.27
TOTAL	11,894	12,883	560,202	

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount		
Amy Saltzman	Administrator	0	\$ 220,280	Workers' Compensation Insurance	\$ 219,725	IDPH License Fee	\$ 1,990		
Augusta Hillman	Asst. Admin	0	15,573	Unemployment Compensation Insurance	80,736	Advertising: Employee Recruitment	99,633		
Gladys Velegas	Asst. Admin	0	71,623	FICA Taxes	868,238	Health Care Worker Background Check			
				Employee Health Insurance	345,719	(Indicate # of checks performed 62)	2,295		
				Employee Meals	49,944	Patient Background Checks 184	2,995		
				Illinois Municipal Retirement Fund (IMRF)*		Association Dues (total from pg 22, #4)			
				Pension Contributions	71,178	The Joint Commission	11,647		
				Other Employee Benefits	16,931	Licenses & Permits	2,370		
						Dues & Subscriptions	19,685		
						Allocated from Mgmt Co./REX	11,237		
						Less: Public Relations Expense	()		
						PAC and Lobbying payments	()		
						All non-allowable advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				\$ 307,476		TOTAL (agree to Sch. V, line 20, col. 8)		\$ 151,852	
B. Administrative - Other							G. Schedule of Travel and Seminar**		
Description			Amount	Description			Amount		
Management Fees-See Page 6, Eliminated on P 3, C 7			\$ 1,272,785						
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,272,785	TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,652,471		
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees					
Vendor/Payee	Type	Amount		Description	Line #	Amount			
See Attached	Legal	\$ 100,196							
Templin Healthcare Accounting	Accounting	6,636							
Roth & Company LLP	Accounting	23,484							
Ability Network Inc./Wellsky	Data Processing	20,767							
Change Healthcare	Data Processing	370							
Claimex LLC	Billing Consultant	17,375							
Collaborative Healthcare Urgency Gr	Healthcare Emergency Prepared	1,321							
See Attached Schedule 21A		342,176							
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 512,325	TOTAL			\$		

*** Attach copy of IMRF notifications
SEE ACCOUNTANTS' PREPARATION REPORT**

****See instructions.**

Facility Name:

Norridge Gardens

IDPH License ID Number:

0052431

Fiscal Year End:

12/31/2025

Schedule 21A

XIX. Support Schedules

C. Professional Services

Vendor/Payee	Type	Amount
Dyatech, LLC	Data Processing	675
eSolutions, Inc	Data Processing	4,683
Experian Health Inc.	Revenue Cycle Management	314
GCHMO, Inc	Managed Care Contracting Services	32,287
IPR Tech Group	Data Processing	45,401
MatrixCare	Data Processing	16,418
Pax8	Data Processing	16,138
Paycom/Paycor	Payroll Processing	41,364
Personnel Planners	Unemployment Consultants	1,893
PointClickCare Technologies Inc	Accounting Software/Data Processing	142,635
Sage Intacct, Inc	Data Processing	9,302
SNF Metrics LLC	Data Processing	6,791
Stout Risius Ross, Inc	Appraisal	6,292
Wellsky	Data Processing	7,183
Yocheved Bayer	Website Services	10,800
Total		342,176

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

Yes
- (2)

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

Association Name	Amount
	Total
- (3)

List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.

The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.

	Total
- (4)

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

	Total
- (5)

Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V.

\$ 120,248 Line 10
- (6)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (7)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 613,430

This amount is to be recorded on line 42 of Schedule V.
- (8)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

- (9)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (10)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (11)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ 49,944

Has any meal income been offset against related costs?

N/A

Indicate the amount.

\$ N/A
- (12)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$ N/A

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

100% Line 14

d. Have vehicle usage logs been maintained?

Yes

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

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

N/A

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$ N/A
- (13)

Has an audit been performed by an independent certified public accounting firm?

Firm Name: N/A
- (14)

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

Yes
- (15)

Has a schedule for the legal fees reported on the cost report been provided by the facility?

See page 39 of the instructions for details.

Yes

Attach invoices and a summary of services for all architect and appraisal fees.