

Facility Name & ID Number Norridge Hlthcr & Rehab Centre

0032011 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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	106,872	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	106,872	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	14,876	4,013	19,813	38,702	8
9	SNF/PED					9
10	ICF	47,771	12,755	84	60,610	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	62,647	16,768	19,897	99,312	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.93%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 1-Jan-1987

J. Was the facility purchased or leased after January 1, 1978?

YES Date 1-Jan-1987 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 292 and days of care provided 19,161

Medicare Intermediary CGS Administrators, LLC.

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 31st Dec 2012 Fiscal Year: 31st Dec 2012

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

Facility Name & ID Number

Norridge Hlth & Rehab Centre

0032011

Report Period Beginning:

1-Jan-2012

Ending:

31-Dec-2012

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	815,845	115,277	24,312	955,434		955,434		955,434		1
2	Food Purchase		743,810		743,810	(38,330)	705,480	(1,262)	704,218		2
3	Housekeeping	531,093	139,272		670,365		670,365		670,365		3
4	Laundry	204,099	67,458		271,557		271,557		271,557		4
5	Heat and Other Utilities			264,432	264,432		264,432		264,432		5
6	Maintenance	182,735	161,814	256,373	600,922		600,922	(381)	600,541		6
7	Other (specify):*										7
8	TOTAL General Services	1,733,772	1,227,631	545,117	3,506,520	(38,330)	3,468,190	(1,643)	3,466,547		8
	B. Health Care and Programs										
9	Medical Director			41,000	41,000		41,000		41,000		9
10	Nursing and Medical Records	7,019,582	785,849	51,504	7,856,935		7,856,935		7,856,935		10
10a	Therapy		26,034	166,133	192,167		192,167		192,167		10a
11	Activities	303,057	46,993	10,491	360,541		360,541		360,541		11
12	Social Services	186,988		5,820	192,808		192,808		192,808		12
13	CNA Training			1,700	1,700		1,700		1,700		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	7,509,627	858,876	276,648	8,645,151		8,645,151		8,645,151		16
	C. General Administration										
17	Administrative	173,239		735,840	909,079		909,079	(272,850)	636,229		17
18	Directors Fees										18
19	Professional Services			121,749	121,749		121,749	14,722	136,471		19
20	Dues, Fees, Subscriptions & Promotions			54,120	54,120		54,120	(32,686)	21,434		20
21	Clerical & General Office Expenses	420,970	137,631	185,040	743,641		743,641	130,121	873,762		21
22	Employee Benefits & Payroll Taxes			1,627,327	1,627,327	38,330	1,665,657	29,360	1,695,017		22
23	Inservice Training & Education			3,851	3,851		3,851	19,937	23,788		23
24	Travel and Seminar			9,277	9,277		9,277	4,827	14,104		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			171,454	171,454		171,454		171,454		26
27	Other (specify):* *Payroll Taxes (Sch VII)							60,973	60,973		27
28	TOTAL General Administration	594,209	137,631	2,908,658	3,640,498	38,330	3,678,828	(45,596)	3,633,232		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,837,608	2,224,138	3,730,423	15,792,169		15,792,169	(47,239)	15,744,930		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 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	
	D. Ownership											
30	Depreciation			154,469	154,469	154,469	511,341	665,810				30
31	Amortization of Pre-Op. & Org.											31
32	Interest						1,505,447	1,505,447				32
33	Real Estate Taxes			890,749	890,749	890,749		890,749				33
34	Rent-Facility & Grounds			2,495,911	2,495,911	2,495,911	(2,484,000)	11,911				34
35	Rent-Equipment & Vehicles			7,072	7,072	7,072		7,072				35
36	Other (specify):*											36
37	TOTAL Ownership			3,548,201	3,548,201	3,548,201	(467,212)	3,080,989				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		946,745	1,873,045	2,819,790	2,819,790		2,819,790				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			160,308	160,308	160,308		160,308				42
43	Other (specify):* *Addl.State Fee @\$6.07**			523,678	523,678	523,678		523,678				43
44	TOTAL Special Cost Centers		946,745	2,557,031	3,503,776	3,503,776		3,503,776				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,837,608	3,170,883	9,835,655	22,844,146	22,844,146	(514,451)	22,329,695				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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	333,036	30		9
10	Interest and Other Investment Income	(5,941)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,262)	2		13
14	Non-Care Related Interest	(2,758)	32		14
15	Non-Care Related Owner's Transactions		30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment		24		19
20	Contributions	(600)	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	(93,719)	21		24
25	Fund Raising, Advertising and Promotional	(193,791)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,469)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule	(956)	6		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 31,540		\$	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	2	
		Amount	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)	(545,991)	6,6A&6B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (545,991)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (514,451)		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	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.			\$	38
39					39
40	Gift and Coffee Shops				40
41	Barber and Beauty Shops				41
42	Laboratory and Radiology				42
43	Prescription Drugs				43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$	47

Norridge Hlthcr & Rehab Centre

ID# 0032011

Report Period Beginning: 1-Jan-2012

Ending: 31-Dec-2012

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Deferred Maintenance Cost (incurred in 2012)	\$ (7,206)	6	1
2	Deferred Maintenance Cost (allocated for 2012)	6,250	6	2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				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		(956)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Norridge Hlthcr & Rehab Centre# 0032011

Report Period Beginning:

1-Jan-2012

Ending:

31-Dec-2012

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	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,262)	0	0	0	0	0	0	0	0	0	0	(1,262)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(956)	575	0	0	0	0	0	0	0	0	0	(381)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,218)	575	0	0	0	0	0	0	0	0	0	(1,643)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	312,986	(585,836)	0	0	0	0	0	0	0	0	(272,850)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	11,747	0	2,975	0	0	0	0	0	0	0	14,722	19
20	Fees, Subscriptions & Promotions	(194,391)	161,705	0	0	0	0	0	0	0	0	0	(32,686)	20
21	Clerical & General Office Expenses	(96,188)	223,840	0	2,469	0	0	0	0	0	0	0	130,121	21
22	Employee Benefits & Payroll Taxes	0	29,360	0	0	0	0	0	0	0	0	0	29,360	22
23	Inservice Training & Education	0	19,937	0	0	0	0	0	0	0	0	0	19,937	23
24	Travel and Seminar	0	4,827	0	0	0	0	0	0	0	0	0	4,827	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	60,973	0	0	0	0	0	0	0	0	60,973	27
28	TOTAL General Administration	(290,579)	764,402	(524,863)	5,444	0	(45,596)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(292,797)	764,977	(524,863)	5,444	0	(47,239)	29						

STATE OF ILLINOIS

Facility Name & ID Number Norridge Hlthcr & Rehab Centre# 0032011

Report Period Beginning:

1-Jan-2012 Ending:

Summary B

31-Dec-2012

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	333,036	8,091	0	170,214	0	0	0	0	0	0	0	511,341	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(8,699)	8,205	18,757	1,487,184	0	0	0	0	0	0	0	1,505,447	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	(2,484,000)	0	0	0	0	0	0	0	(2,484,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	324,337	16,296	18,757	(826,602)	0	(467,212)	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):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	31,540	781,273	(506,106)	(821,158)	0	0	0	0	0	0	0	(514,451)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

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	19 Professional Services	\$	Lancaster, Ltd.	100.00%	\$ 11,747	\$	11,747	1
2	V	21 Clerical Expenses		Lancaster, Ltd.	100.00%	223,840		223,840	2
3	V	22 Employee Benefits		Lancaster, Ltd.	100.00%	29,360		29,360	3
4	V	24 Seminars and Travel		Lancaster, Ltd.	100.00%	4,827		4,827	4
5	V	17 Administrative Consulting		Lancaster, Ltd.	100.00%	312,986		312,986	5
6	V	20 Marketing Fees		Lancaster, Ltd.	100.00%	159,130		159,130	6
7	V	20 Dues, Fees & Subscriptions		Lancaster, Ltd.	100.00%	2,575		2,575	7
8	V	30 Depreciation		Lancaster, Ltd.	100.00%	8,091		8,091	8
9	V	6 Repairs and Maintenance		Lancaster, Ltd.	100.00%	575		575	9
10	V	32 Interest Paid		Lancaster, Ltd.	100.00%	8,205		8,205	10
11	V	23 Education & Inservice		Lancaster, Ltd.	100.00%	19,937		19,937	11
12	V								12
13	V								13
14	Total		\$			\$ 781,273	\$ *	781,273	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fee Income	\$ 735,840	Lancaster, Ltd.	100.00%	\$	\$ (735,840)
16	V	17 Officers' Salaries		Lancaster, Ltd.	100.00%	150,004	150,004
17	V	27 Payroll Taxes-Officers		Lancaster, Ltd.	100.00%	7,588	7,588
18	V	27 Payroll Taxes-Staff		Lancaster, Ltd.	100.00%	53,385	53,385
19	V						
20	V						
21	V	32 **Direct Interest**		Lancaster, Ltd.		18,757	18,757
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 735,840			\$ 229,734	\$ * (506,106)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	34 Rental	\$ 2,484,000	Norridge Associates		\$	\$ (2,484,000)
16	V	32 Interest	12,816	Norridge Associates		1,500,000	1,487,184
17	V	30 Depreciation		Norridge Associates		170,214	170,214
18	V	21 State Replacement Tax		Norridge Associates		2,469	2,469
19	V	19 Professional Fees		Norridge Associates		2,975	2,975
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,496,816			\$ 1,675,658	\$ * (821,158)

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

Facility Name & ID Number Norridge Hlthcr & Rehab Centre # 0032011 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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	Christopher Vicere	VP-Finance	Administrative		see attached	18	37.50	Lancaster	\$ 75,002	17-7	1
2	Cheryl Morris	VP-Operations	Administrative		see attached	18	37.50	Lancaster	75,002	17-7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 150,004		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 Hlthcr & Rehab Centre

0032011 Report Period Beginning: 1-Jan-2012

Ending: -Dec-2012

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

Name of Related Organization Lancaster, Ltd.
 Street Address 5061 N. Pulaski Road
 City / State / Zip Code Chicago, IL 60630
 Phone Number (773)604-4416
 Fax Number (773)478-1192

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

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	17	Christopher Vicere	Hours Worked	48	4	\$ 200,004	\$ 200,004	18	\$ 75,002	1
2	27	Christopher Vicere-payroll tax	Hours Worked	48	4	10,128	18	3,798	2	
3	17	Cheryl Morris	Hours Worked	48	4	200,004	200,004	18	75,002	3
4	27	Cheryl Morris-payroll tax	Hours Worked	48	4	10,106	18	3,790	4	
5									5	
6									6	
7	19	Professional Services	Census Days	246,796	4	29,193	99,312	11,747	7	
8	21	Clerical Expenses	Census Days	246,796	4	556,256	520,039	99,312	223,840	8
9	22	Employee Benefits	Census Days	246,796	4	72,962	99,312	29,360	9	
10	24	Seminars and Travel	Census Days	246,796	4	11,995	99,312	4,827	10	
11	17	Administrative Consulting	Census Days	246,796	4	777,789	777,789	99,312	312,986	11
12	20	Marketing Fees	Census Days	246,796	4	395,447	378,904	99,312	159,130	12
13	20	Dues, Fees and Subscriptions	Census Days	246,796	4	6,400	99,312	2,575	13	
14	30	Depreciation	Census Days	246,796	4	20,107	99,312	8,091	14	
15	6	Repairs and Maintenance	Census Days	246,796	4	1,429	99,312	575	15	
16	27	Payroll Taxes	Census Days	246,796	4	132,664	99,312	53,385	16	
17	32	Interest	Census Days	246,796	4	20,389	99,312	8,205	17	
18	23	Education and Inservice	Census Days	246,796	4	49,545	99,312	19,937	18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 2,494,418	\$ 2,076,740	\$ 992,250	25	

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.		\$	<u>752,000</u>		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.)		\$	<u>802,749</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>50,749</u>		3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>840,000</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>890,749</u>		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2007	<u>535,993</u>	8	FOR BHF USE ONLY	
	2008	<u>564,066</u>	9	13	FROM R. E. TAX STATEMENT FOR 2011 \$ 13
	2009	<u>704,478</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2010	<u>730,568</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2011	<u>802,749</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
** Accrual is based on 2011 Taxes, adjusted for inflation**					

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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Norridge Hlthcr & Rehab Centre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0032011

CONTACT PERSON REGARDING THIS REPORT Christopher Vicere

TELEPHONE (773) 604 - 4416 FAX #: (773) 478 - 1192

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>13-18-318-005-0000</u>	<u>Long-Term Healthcare</u>	\$ <u>205,527.42</u>	\$ <u>205,527.42</u>
2. <u>13-18-318-006-000</u>	<u>Long-Term Healthcare</u>	\$ <u>184,809.23</u>	\$ <u>184,809.23</u>
3. <u>13-18-318-007-0000</u>	<u>Long-Term Healthcare</u>	\$ <u>186,370.89</u>	\$ <u>186,370.89</u>
4. <u>13-18-318-008-0000</u>	<u>Long-Term Healthcare</u>	\$ <u>226,041.66</u>	\$ <u>226,041.66</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>802,749.20</u></u>	\$ <u><u>802,749.20</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,972 B. General Construction Type: Exterior Brick Frame _____ Number of Stories _____

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

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

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

 None

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

1. Total Amount Incurred: None 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing Home Facility		1986	\$ 650,000	1
2	Sect754 basis adj			126,788	2
3	TOTALS			\$ 776,788	3

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	292		1986	1976	\$ 9,204,000	\$	30	\$	\$	\$ 9,204,000	4
5				1992	1,315,965	41,777	30	41,777		880,558	5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1987		43,548	1,383	20		(1,383)	43,548	9
10	Various		1988		3,940	125	20		(125)	3,940	10
11	Various		1988		28,574	460	20		(460)	28,574	11
12	Various		1989		1,297	41	20		(41)	1,297	12
13	Various		1990		3,827	121	20		(121)	3,827	13
14	Various		1990		28,644	909	20		(909)	28,644	14
15	Various		1991		72,916	2,315	20		(2,315)	72,916	15
16	Various		1992		36,639	950	20	664	(286)	36,639	16
17	Various		1993		72,513	1,920	20	3,624	1,704	71,162	17
18	Various		1994		116,353	2,936	20	5,727	2,791	107,293	18
19	Various		1995		95,409	2,447	20	4,770	2,323	85,573	19
20	Boiler/Hot Water Heater Improvements		1996		9,417	241	20	470	229	8,004	20
21	Tuckpointing		1999		28,900	741	20	1,445	704	19,628	21
22	Architect Fee 1st Floor		2001		15,052	386	39	386		4,583	22
23	Construction 1st Floor		2001		166,662	4,273	39	4,273		50,746	23
24	Construction Library		2001		12,461	320	39	320		3,795	24
25	Design Fee-1st Floor		2001		5,130	132	39	132		1,563	25
26	Sprinklers-1st Floor		2001		4,531	116	39	116		1,378	26
27	Demolition-1st Floor		2001		5,533	142	39	142		1,685	27
28	Wooden Doors (2)		2001		1,134	29	39	29		345	28
29	Construction Work		2002		4,207	108	39	108		1,218	29
30	Smoking Shelter		2002		3,251	83	10	1	(82)	3,251	30
31	Auto Front Door		2002		2,074	53	10	86	33	2,074	31
32	Fence In Lot		2003		2,972	88	15	198	110	1,832	32
33	Building New-Town Square		2003		281,539	16,638	15	19,508	2,870	178,822	33
34	Roofing		2003		62,440	1,601	39	6,244	4,643	57,237	34
35	Wanderguard		2004		964		10	96	96	850	35
36	Refuse Enclosure		2004		2,395		10	240		1,996	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 Norridge Hlthcr & Rehab Centre# 0032011

Report Period Beginning:

1-Jan-2012 Ending:

31-Dec-2012

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	Fire alarm System	2004	\$ 104,400	\$	7	\$ 1	\$ 1	\$ 104,400	37
38	Patio Concrete	2004	2,500	64	39	250	186	2,229	38
39	Air Ventilation System	2004	26,794	687	39	2,233	1,546	19,165	39
40	Design & Development of Town Square	2004	42,130	1,080	39	4,213	3,133	37,215	40
41	Consultancy Fire Alarm Installation	2004	22,700		7			22,700	41
42	Hand Rail System	2005	6,025	154	10	603	449	4,722	42
43	Duct Detectors	2005	2,061	53	5		(53)	2,061	43
44	20 Ton Roof Top Aircon	2005	17,635	452	5		(452)	17,635	44
45	Elevator Fire Upgrade	2005	46,440	1,191	5		(1,191)	46,440	45
46	Concrete Approach Pad	2005	2,160	55	10	216	161	1,602	46
47	27 Plastic Laminate Doors	2006	6,145	158	10	615	457	4,200	47
48	10T Rooftop A/C W/Exhaust	2006	24,668	632	10	2,467	1,835	16,240	48
49	Wanderguard	2006	1,000	26	10	100	74	617	49
50	Laminate 2x Egress Doors	2007	4,361	112	10	436	324	2,471	50
51	Electrical Fittings, Fixtures & Holders 2nd Floor	2007	6,512	167	39	651	484	3,418	51
52	Construction Cost-2nd Floor & Dementia Unit	2007	294,274	7,546	39	29,427	21,881	154,492	52
53	Architectural Cost-2nd Floor & Dementia Unit	2007	13,657	350	39	1,366	1,016	7,171	53
54	Wallcoverings,Borders,Accent Tiles,Murals-2nd FL	2007	41,777	1,071	39	4,178	3,107	21,935	54
55	Fixtures & Fittings Incl.countertops,Sinks&Blinds	2007	56,845	1,457	39	5,684	4,227	29,841	55
56	Glazed/Unglazed Vinyl/Ceramic Tiles&Floor Coverings	2007	34,919	895	39	3,492	2,597	18,333	56
57	Cabinetry For 2nd Floor & Dementia Unit	2007	96,950	9,288	5	14,542	5,254	96,950	57
58	Bed Annunciator Panel	2009	12,900	743	5	2,580	1,837	9,245	58
59	Islandaire Unit	2009	14,722	377	10	1,472	1,095	5,275	59
60	Replacement of Boilers	2009	97,850	2,509	10	9,785	7,276	31,801	60
61	New Gas Pipe Laid	2009	3,247	83	10	325	242	1,056	61
62	New Door	2009	1,552	40	10	155	115	491	62
63	30 x Signalling Boxes	2009	1,023	59	5	205	146	631	63
64	Architectural & CAD Services, Permit/License Fee-4th Floor	2009	7,010	180	39	701	521	2,454	64
65	Remove & Rebuild walls,Tiles,Plumbing,Lights-4th Floor	2009	157,001	4,026	39	15,700	11,674	54,950	65
66	Cabinet,Counter,Wall/Window treatment-Activity Rm-4th Flr	2009	14,122	813	5	1,412	599	4,942	66
67	Shower Room w/lights,tiles,mirror,vanity,Heat lamps-4th Flr	2009	7,109	182	39	711	529	2,488	67
68	Built-in wooden File cabinet with doors-Nursing Area-4th Flr	2009	13,250	763	5	1,325	562	4,638	68
69	Built-in Display Unit w/molding & Pilasters-Music Area-4th Flr	2009	6,120	353	5	612	259	2,142	69
70	TOTAL (lines 4 thru 69)		\$ 12,822,146	\$ 115,901		\$ 195,813	\$ 79,672	\$ 11,640,928	70

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

Facility Name & ID Number Norridge Hlthcr & Rehab Centre# 0032011

Report Period Beginning:

1-Jan-2012

Ending:

31-Dec-2012

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		\$ 12,822,146	\$ 115,901		\$ 195,813	\$ 79,912	\$ 11,640,928	1
2	Acoustical Ceiling Tiles on 4th Floor	2009	24,998	641	39	2,500	1,859	8,750	2
3	Light Fixtures for Central Area on 4th Floor	2009	14,447	370	39	1,445	1,075	5,057	3
4	Corner Guards, rails, Carpets,Cabinets-Central Area-4th Flr	2009	36,047	2,076	5	3,605	1,529	12,617	4
5	Tiles, Counter Tops, Corner Guards,Sink, cabinets-4th Floor	2009	21,854	1,259	5	4,371	3,112	15,298	5
6	Wall Protection Material & Adhesive - 4th Floor	2009	21,860	1,259	5	4,372	3,113	15,302	6
7	Architectural/Structural Srvcs,Alarm & Permit fees-PT Room	2010	43,732	1,121	39	4,373	3,252	12,755	7
8	Construction,Fire Alarm,Ceiling,Plumbing-New PT Room	2010	455,459	11,678	39	45,546	33,868	132,842	8
9	Steel Stairs & Hand rails Installed in New PT Room	2010	7,245	186	39	725	539	2,114	9
10	RPZ, Sprinkler & Fire Alarm System Installed in PT Room	2010	31,766	814	39	3,177	2,363	9,265	10
11	Glass Installed on Walls of PT Room	2010	30,180	774	39	3,018	2,244	8,803	11
12	Heating/Cooling Installation & Exterior Insulation-PT Room	2010	74,470	1,909	39	7,447	5,538	21,720	12
13	Floor Tiles,Painting,Mural,Molding,Ceiling Lights-PT Room	2010	72,811	1,867	39	7,281	5,414	21,236	13
14	Electrical Lines to Laundry Section	2010	23,166	2,224	5	4,633	2,409	12,741	14
15	Physical Therapy Room Wall cabinets	2010	5,700	547	5	1,140	593	2,945	15
16	Counter Fire Steel Reinforced Doors	2010	8,140	209	10	814	605	2,035	16
17	Laundry Room Air Conditioning System	2010	10,900	1,046	5	2,180	1,134	5,268	17
18	Kitchen Refrigeration System	2010	13,560	1,302	5	2,712	1,410	6,328	18
19	Architectural/Structural Services & Alarm-Alzheimer's Unit	2011	35,904	921	39	3,590	2,669	4,787	19
20	Structural Strengthening & Construction - Alzheimer's Unit	2011	615,852	15,790	39	61,585	45,795	82,113	20
21	Wallpaper,Vinyl flooring,Carpet,Cabinets-Alzheimer's Unit	2011	192,466		5	38,492	38,492	51,323	21
22	Acoustical Tiled Ceiling & Grid - Alzheimer's Unit (3rd Flr)	2011	5,000	128	39	500	372	667	22
23	Constructing RoofTop Patio with Safety Bumpers & Railings	2011	26,824	688	39	2,682	1,994	3,576	23
24	Water Fountain,Swing Bench,Artificial Plants-Rooftop Patio	2011	17,381		5	3,476	3,476	4,635	24
25	5 Digital Telephones for Exiting System	2011	1,102		5	220	220	404	25
26	Fire Alarm System	2011	7,900	203	39	790	587	1,448	26
27	Washer/Drver & Cooktop with Hood for 3rd Floor	2011	3,778		5	755	755	1,385	27
28	Sprinkler System for Elevator Room & Cooler room	2011	15,534	398	39	1,553	1,155	2,718	28
29	Sprinkler System for 3rd Floor Bath Rooms	2011	15,475	397	39	1,547	1,150	2,450	29
30	Exterior Masonary work,Caulking & Painting whole Building	2011	93,000		39	9,300	9,300	13,175	30
31	Wall Cabinets & Closet for 3rd Floor Activity Room	2011	2,508		5	501	501	668	31
32	Install Fire Command Box & KeyPads on 3rd Floor	2011	8,765	225	39	876	651	1,022	32
33	Continued on page 12 C								33
34	TOTAL (lines 1 thru 33)		\$ 14,759,970	\$ 163,933		\$ 421,019	\$ 257,086	\$ 12,106,375	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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	\$ 14,759,970	\$ 163,933		\$ 421,019	\$ 257,086	\$ 12,106,375		1
2	Conversion of 2 Four Bed Rooms to 4 Single Rooms	52,096	279	39	1,302	1,023	1,302		2
3	Accent wallPaper & Decorative Lighting for the 4 Rooms	33,645	17,664	5	1,682	(15,982)	1,682		3
4	4 Bathrooms-Wall & Floor Tiles, Light & Other Fixtures	6,719	36	39	168	132	168		4
5	2 New Pumping Units on 2 Elevators	24,738	503	10	2,062	1,559	2,062		5
6	Install Fire Sprinkler System in Elevator & Elevator Lobby	57,463	1,168	10	4,789	3,621	4,789		6
7	Change ductless airconditioner system to feed Elevator Room	2,800	33	10	140	107	140		7
8	2 Split Airconditioner Units for Laundry Room	18,900	11,340	5	1,575	(9,765)	1,575		8
9	Airconditioning System branched to HR Department	1,800	13	10	60	47	60		9
10	Ceiling Mounted Patient Hoyer Lift System	6,280	3,768	5	419	(3,349)	419		10
11	Upgrade done on Passenger Elevators	26,000	139	10	650	511	650		11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 14,990,411	\$ 198,876		\$ 433,866	\$ 234,990	\$ 12,119,222		34

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

Facility Name & ID Number Norridge Hlthcr & Rehab Centre

0032011

Report Period Beginning:

1-Jan-2012

Ending:

31-Dec-2012

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	\$ 836,213	\$ 61,283	\$ 187,250	\$ 125,967	7	\$ 592,630	71
72	Current Year Purchases	82,828	48,213	6,861	(41,352)	7	6,861	72
73	Fully Depreciated Assets	2,456,544	16,311	29,742	13,431	7	2,456,544	73
74	**Lancaster Allocation**		8,091	8,091			63,160	74
75	TOTALS	\$ 3,375,585	\$ 133,898	\$ 231,944	\$ 98,046		\$ 3,119,195	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)	\$ 19,142,784	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 332,774	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 665,810	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 333,036	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 15,238,417	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: ***Lease held by Norridge Property Associates-a Related Party***

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES 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:	<u>***Leased from a Related Party***</u>			\$			3
4	Additions							4
5		<u>***Off-site Public Storage***</u>			<u>11,911</u>			5
6								6
7	TOTAL				\$ <u>11,911</u>			7

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. _____ /2013 \$ _____

13. _____ /2014 \$ _____

14. _____ /2015 \$ _____

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.

None

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: \$ 7,072 Description: Rehab.Equip. @\$1,300 p.m for 2.67 mnths & @\$1,795 for 2 mnths.

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19	<u>None</u>				19
20					20
21	TOTAL		\$	\$	21

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

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

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>96</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>48</u></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$ 1,700	\$	\$ 1,700
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	\$	\$ 1,700	\$	\$ 1,700
10	SUM OF line 9, col. 1 and 2 (e)	\$	1,700		

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	<u>50</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	<u>9</u>
2. From other facilities (f)	
TOTAL TRAINED	59

- (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.

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

	Service	1 Schedule V Line & Column Reference	2		4	5	6	7	8						
			Staff								Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)
			Units of Service	Cost							Units	Cost			
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 700,050	\$		\$ 700,050	1					
2	Licensed Speech and Language Development Therapist	39-3	hrs			230,832			230,832	2					
3	Licensed Recreational Therapist		hrs							3					
4	Licensed Physical Therapist	39-3	hrs			936,560			936,560	4					
5	Physician Care		visits							5					
6	Dental Care		visits							6					
7	Work Related Program		hrs							7					
8	Habilitation **Inhalation Therapy*	39-3	hrs			5,603			5,603	8					
9	Pharmacy	39-2	# of prescripts				719,478		719,478	9					
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10					
11	Academic Education		hrs							11					
12	Other (specify): **Medical Supplies**	39-2					127,652		127,652	12					
13	Other (specify): **Speciality Beds**	39-2					99,615		99,615	13					
14	TOTAL			\$		\$ 1,873,045	\$ 946,745		\$ 2,819,790	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 **Norridge Hlthcr & Rehab Centre**

0032011

Report Period Beginning: **1-Jan-2012**

Ending:

31-Dec-2012

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **31-Dec-2012** (last day of reporting year)

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	\$ 85,359	\$ 85,359	1
2	Cash-Patient Deposits	125,623	125,623	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	7,507,869	7,507,869	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,741	23,741	6
7	Other Prepaid Expenses	182	182	7
8	Accounts Receivable (owners or related parties)	1,077,892	3,763,052	8
9	Other(specify): **Refundable Deposits**	4,100	4,100	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,824,766	\$ 11,509,926	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		776,788	13
14	Buildings, at Historical Cost		10,519,965	14
15	Leasehold Improvements, at Historical Cost	1,264,642	4,377,446	15
16	Equipment, at Historical Cost	2,657,265	3,375,587	16
17	Accumulated Depreciation (book methods)	(3,097,272)	(14,805,422)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		165,278	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(165,278)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): **Goodwill**	100,000	100,000	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 924,635	\$ 4,344,364	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,749,401	\$ 15,854,290	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 895,071	\$ 895,071	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	130,080	130,080	28
29	Short-Term Notes Payable	248,849	248,849	29
30	Accrued Salaries Payable	893,898	893,898	30
31	Accrued Taxes Payable (excluding real estate taxes)	74,312	74,312	31
32	Accrued Real Estate Taxes(Sch.IX-B)	840,000	840,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,082,210	\$ 3,082,210	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		15,000,000	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 15,000,000	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,082,210	\$ 18,082,210	46
47	TOTAL EQUITY(page 18, line 24)	\$ 6,667,191	\$ (2,227,920)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,749,401	\$ 15,854,290	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,916,415	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,916,415	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,138,023	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) ***Treasury Stock***	(387,247)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 750,776	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)	\$ 6,667,191	24 *

* This must agree with page 17, line 47.

XVI. STATEMENT OF CHANGES IN EQUITY

		Total after consolidation	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,399,853)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,399,853)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,959,180	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	(400,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) ***Treasury Stock***	(387,247)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,171,933	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)	\$ (2,227,920)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 27,968,245	1
2	Discounts and Allowances for all Levels	(9,598,223)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,370,022	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,556,852	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,556,852	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	64,675	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	725,382	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	12,843	19
20	Radiology and X-Ray	63,830	20
21	Other Medical Services	177,866	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,044,596	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	8,699	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 8,699	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	** Vending Commissions **	2,000	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,000	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 23,982,169	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,506,520	31
32	Health Care	8,645,151	32
33	General Administration	3,640,498	33
B. Capital Expense			
34	Ownership	3,548,201	34
C. Ancillary Expense			
35	Special Cost Centers	2,819,790	35
36	Provider Participation Fee	160,308	36
D. Other Expenses (specify):			
37			37
38	**Additional State Fee @\$6.07**	523,678	38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 22,844,146	40
41	Income before Income Taxes (line 30 minus line 40)**	1,138,023	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,138,023	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	49

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

** Does this agree with taxable income (loss) per Federal Income

Tax Return? No If not, please attach a reconciliation. **Cash Basis Taxpayer

*** See the instructions. If this total amount has not been offset against interest

expense on Schedule V, line 32, please include a detailed explanation. **Set off on Pg 9 & 5**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Norridge Hlthcr & Rehab Centre

0032011

Report Period Beginning:

1-Jan-2012

Ending:

31-Dec-2012

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	1,670	1,847	\$ 119,632	\$ 64.77	1
2	Assistant Director of Nursing	5,933	6,417	247,051	38.50	2
3	Registered Nurses	91,807	98,166	2,819,157	28.72	3
4	Licensed Practical Nurses	34,934	36,811	898,753	24.42	4
5	CNAs & Orderlies	235,666	254,491	2,814,357	11.06	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,998	2,291	52,902	23.09	9
10	Activity Assistants	21,767	23,396	250,155	10.69	10
11	Social Service Workers	11,514	12,522	186,988	14.93	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	57,231	64,375	815,845	12.67	15
16	Dishwashers					16
17	Maintenance Workers	8,371	9,051	182,735	20.19	17
18	Housekeepers	41,753	46,276	531,093	11.48	18
19	Laundry	17,059	19,371	204,099	10.54	19
20	Administrator	1,925	2,066	122,602	59.34	20
21	Assistant Administrator	1,846	2,133	50,637	23.74	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	22,992	24,990	420,970	16.85	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	9,230	10,078	120,632	11.97	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	565,696	614,281	\$ 9,837,608 *	\$ 16.01	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	801	\$ 24,312	1-3	35
36	Medical Director	1,000	41,000	9-3	36
37	Medical Records Consultant	167	4,512	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	568	18,867	10-3	39
40	Physical Therapy Consultant	5,515	165,441	10a-3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	403	10,491	11-3	44
45	Social Service Consultant	207	5,820	12-3	45
46	Other(specify)				46
47	**Dementia Consultant**	3	80	10a-3	47
48	**Psychologist**	16	612	10a-3	48
49	TOTAL (lines 35 - 48)	8,680	\$ 271,135		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	625	\$ 28,125	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	625	\$ 28,125		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Safet Keljalic	Administrator	N/A	\$ 122,602	Workers' Compensation Insurance	\$ 92,290	IDPH License Fee	\$ 1,990	
Jina Lebert-Davies (upto 5/13/12)	Asst. Administrator	N/A	23,443	Unemployment Compensation Insurance	137,205	Advertising: Employee Recruitment	3,214	
Julie Manchester (eff. 5/13/12)	Asst. Administrator	N/A	27,194	FICA Taxes	708,297	Health Care Worker Background Check		
				Employee Health Insurance	509,023	(Indicate # of checks performed <u>216</u>)	6,480	
				Employee Meals	38,330	Patient Background Checks	234	
				Illinois Municipal Retirement Fund (IMRF)*		**Licenses & Fees**	2,998	
				Miscellaneous Employee Benefits	28,701	**Promotional Advertising**	34,661	
				Uniform Allowance	15,426	**Dues & Subscriptions**	1,267	
				Retirement Plan Contribution	92,349			
				Dental Insurance	23,140	**Lancaster Allocation**	161,705	
				Employment Fees	20,896	Less: Public Relations Expense	(159,130)	
				Lancaster Allocation	29,360	Non-allowable advertising	(35,261)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 173,239	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,695,017	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 21,434	
(List each licensed administrator separately.)								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees - Lancaster, Ltd.			\$ 735,840				Out-of-State Travel	\$
							In-State Travel	993
							Lancaster Allocation	3,121
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 735,840				Seminar Expense	8,284
(Attach a copy of any management service agreement)							**Lancaster Allocation**	1,706
							Entertainment Expense	()
C. Professional Services								
Vendor/Payee	Type		Amount					
Health Data Systems, Inc.	Data Processing		\$ 7,260					
Medifax-EDI, LLC	Data Processing		1,527					
E-Health Solutions Inc	Data Processing		73,836					
Sprint Plc & Providigm, LLC.	Data Processing		3,686					
Towerstream Corporation	Data Processing		500					
Richard Peelo & Associates	Accounting		2,250					
Frost Ruttenberg & Rothblatt	Accounting		3,715					
Personnel Planners, Inc.	Payroll Tax Consultant		1,868					
Korey, Cotter, Heather & Rich	Legal		11,098					
Korey Law, LLC	Legal		13,392					
Laner, Muchin, Dombrow, Becker	Legal		1,260					
Louis A Reiff	Legal		1,357					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 121,749	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 14,104
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Painting & Decorating	July-2007	\$ 320	3	\$ 27	\$ 53	\$ 53	\$ 27				
2	Painting & Decorating	2008	900	3	27	75	150	150	75			
3	Painting & Decorating	2009	1,535	3			256	511	511	256		
4	Painting & Decorating	Feb-2010	3,288	3				1,096	1,096	1,096		
5	Painting & Decorating	Oct-2010	2,745	3				457	915	915	458	
6	Painting & Decorating	Mar-2011	2,270	3					757	756	757	
7	Painting & Decorating	Nov-2011	2,475	3					412	825	825	413
8	Painting & Decorating	2012	7,206	3						2,402	2,402	2,402
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 20,739		\$ 54	\$ 128	\$ 459	\$ 2,241	\$ 3,766	\$ 6,250	\$ 4,442	\$ 2,815

Facility Name & ID Number Norridge Hlthcr & Rehab Centre# 0032011Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 12 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 118,493 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 160,308
This amount is to be recorded on line 42 of Schedule V.
- (12) 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.
- (13) 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
- (14) 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? N/A 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.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 38,330 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) 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? None
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? 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
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.