

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: 0034694 Facility Name: Oakbrook Healthcare Centre Address: 2013 Midwest Rd Oakbrook 60523 County: Dupage Telephone Number: (630)495-0220 Fax #: (630)495-9150 HFS ID Number: Date of Initial License for Current Owners: Sept 7th 1988 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation X "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Christopher Vicere Telephone Number: (773) 604-4416 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-Jan-2012 to 31-Dec-2012 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) 29th March, 2013 (Type or Print Name) Christopher Vicere (Title) Vice President - Finance Paid Preparer (Signed) (Date) (Print Name and Title) (Firm Name & Address) (Telephone) () Fax # () MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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Facility Name & ID Number Oakbrook Healthcare Centre# 0034694 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 bedsNone

	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	<u>128</u>	Skilled (SNF)	<u>128</u>	<u>46,848</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>28</u>	Intermediate (ICF)	<u>28</u>	<u>10,248</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	156	TOTALS	156	57,096	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	<u>2,962</u>	<u>1,677</u>	<u>10,473</u>	<u>15,112</u>	8
9	SNF/PED					9
10	ICF	<u>19,177</u>	<u>15,084</u>	<u>141</u>	<u>34,402</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	22,139	16,761	10,614	49,514	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 86.72%

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?

YesG. 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 September 7, 1988

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

YES ☒Date October 26, 1988NO ☐

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

YES ☒NO ☐If YES, enter number
of beds certified 128 and days of care provided 9,530Medicare Intermediary CGS Administrators, LLC.

IV. ACCOUNTING BASIS

ACCRUAL ☒

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.

	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	525,531	41,492	109,651	676,674		676,674		676,674			1
2	Food Purchase		320,862		320,862	(19,953)	300,909	(1,164)	299,745			2
3	Housekeeping	488,311	89,351		577,662		577,662		577,662			3
4	Laundry	143,615	27,472		171,087		171,087		171,087			4
5	Heat and Other Utilities			246,352	246,352		246,352		246,352			5
6	Maintenance	82,395	196,662	94,219	373,276		373,276	1,548	374,824			6
7	Other (specify):*											7
8	TOTAL General Services	1,239,852	675,839	450,222	2,365,913	(19,953)	2,345,960	384	2,346,344			8
	B. Health Care and Programs											
9	Medical Director			61,842	61,842		61,842		61,842			9
10	Nursing and Medical Records	4,136,727	329,050	16,222	4,481,999		4,481,999		4,481,999			10
10a	Therapy		36,423	50,394	86,817		86,817		86,817			10a
11	Activities	107,364	51,530	8,113	167,007		167,007		167,007			11
12	Social Services	219,411		5,985	225,396		225,396		225,396			12
13	CNA Training		1,081	935	2,016		2,016		2,016			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,463,502	418,084	143,491	5,025,077		5,025,077		5,025,077			16
	C. General Administration											
17	Administrative	145,633		385,560	531,193		531,193	(146,178)	385,015			17
18	Directors Fees											18
19	Professional Services			69,460	69,460		69,460	13,857	83,317			19
20	Dues, Fees, Subscriptions & Promotions			31,526	31,526		31,526	(15,013)	16,513			20
21	Clerical & General Office Expenses	214,925	62,368	120,086	397,379		397,379	87,153	484,532			21
22	Employee Benefits & Payroll Taxes			940,426	940,426	19,953	960,379	14,638	975,017			22
23	Inservice Training & Education			2,069	2,069		2,069	9,940	12,009			23
24	Travel and Seminar			5,364	5,364		5,364	2,407	7,771			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			101,238	101,238		101,238	36,226	137,464			26
27	Other (specify):* *Payroll Taxes (Sch VII)							30,831	30,831			27
28	TOTAL General Administration	360,558	62,368	1,655,729	2,078,655	19,953	2,098,608	33,861	2,132,469			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,063,912	1,156,291	2,249,442	9,469,645		9,469,645	34,245	9,503,890			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			181,666	181,666		181,666	350,887	532,553			30
31	Amortization of Pre-Op. & Org.							494	494			31
32	Interest			288,000	288,000		288,000	366,934	654,934			32
33	Real Estate Taxes			105,572	105,572		105,572		105,572			33
34	Rent-Facility & Grounds			1,821,343	1,821,343		1,821,343	(1,800,000)	21,343			34
35	Rent-Equipment & Vehicles			10,395	10,395		10,395		10,395			35
36	Other (specify):*											36
37	TOTAL Ownership			2,406,976	2,406,976		2,406,976	(1,081,685)	1,325,291			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		508,510	1,028,913	1,537,423		1,537,423		1,537,423			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			85,644	85,644		85,644		85,644			42
43	Other (specify):* *Addl.State Fee @\$6.07**			260,676	260,676		260,676		260,676			43
44	TOTAL Special Cost Centers		508,510	1,375,233	1,883,743		1,883,743		1,883,743			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,063,912	1,664,801	6,031,651	13,760,364		13,760,364	(1,047,440)	12,712,924			45

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

		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	106,400	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,164)	2		13
14	Non-Care Related Interest	(7,844)	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	(150)	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	(14,663)	21		24
25	Fund Raising, Advertising and Promotional	(95,484)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(10,778)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule	1,261	6		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (22,422)		\$	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)	(1,025,018)	6,6A&6B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,025,018)		36
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,047,440)		37

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

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

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

Oakbrook Healthcare Centre

Report Period Beginning:
Ending:

ID# 0034694
1-Jan-2012
31-Dec-2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Deferred Maintenance Cost (incurred in 2012)	\$ (2,871)	6	1
2	Deferred Maintenance Cost (allocated for 2012)	4,132	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	1,261		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Oakbrook Healthcare Centre

0034694

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,164)	0	0	0	0	0	0	0	0	0	0	(1,164)	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	1,261	287	0	0	0	0	0	0	0	0	0	1,548	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	97	287	0	0	0	0	0	0	0	0	0	384	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	156,046	(302,224)	0	0	0	0	0	0	0	0	(146,178)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	5,857	0	8,000	0	0	0	0	0	0	0	13,857	19
20	Fees, Subscriptions & Promotions	(95,634)	80,621	0	0	0	0	0	0	0	0	0	(15,013)	20
21	Clerical & General Office Expenses	(25,441)	111,600	0	994	0	0	0	0	0	0	0	87,153	21
22	Employee Benefits & Payroll Taxes	0	14,638	0	0	0	0	0	0	0	0	0	14,638	22
23	Inservice Training & Education	0	9,940	0	0	0	0	0	0	0	0	0	9,940	23
24	Travel and Seminar	0	2,407	0	0	0	0	0	0	0	0	0	2,407	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	36,226	0	0	0	0	0	0	0	36,226	26
27	Other (specify):*	0	0	30,831	0	0	0	0	0	0	0	0	30,831	27
28	TOTAL General Administration	(121,075)	381,109	(271,393)	45,220	0	0	0	0	0	0	0	33,861	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(120,978)	381,396	(271,393)	45,220	0	0	0	0	0	0	0	34,245	29

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	106,400	4,034	0	240,453	0	0	0	0	0	0	0	350,887	30
31	Amortization of Pre-Op. & Org.	0	0	0	494	0	0	0	0	0	0	0	494	31
32	Interest	(7,844)	4,091	17,080	353,607	0	0	0	0	0	0	0	366,934	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	(1,800,000)	0	0	0	0	0	0	0	(1,800,000)	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	98,556	8,125	17,080	(1,205,446)	0	0	0	0	0	0	0	(1,081,685)	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
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(22,422)	389,521	(254,313)	(1,160,226)	0	0	0	0	0	0	0	(1,047,440)	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%	\$ 5,857	\$ 5,857	1
2	V	21	Clerical Expenses		Lancaster, Ltd.	100.00%	111,600	111,600	2
3	V	22	Employee Benefits		Lancaster, Ltd.	100.00%	14,638	14,638	3
4	V	24	Seminars and Travel		Lancaster, Ltd.	100.00%	2,407	2,407	4
5	V	17	Administrative Consulting		Lancaster, Ltd.	100.00%	156,046	156,046	5
6	V	20	Marketing Fees		Lancaster, Ltd.	100.00%	79,337	79,337	6
7	V	20	Dues, Fees & Subscriptions		Lancaster, Ltd.	100.00%	1,284	1,284	7
8	V	30	Depreciation		Lancaster, Ltd.	100.00%	4,034	4,034	8
9	V	6	Repairs and Maintenance		Lancaster, Ltd.	100.00%	287	287	9
10	V	32	Interest Paid		Lancaster, Ltd.	100.00%	4,091	4,091	10
11	V	23	Education & Inservice		Lancaster, Ltd.	100.00%	9,940	9,940	11
12	V								12
13	V								13
14	Total			\$			\$ 389,521	\$ * 389,521	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	\$ 385,560	Lancaster, Ltd.	100.00%	\$	(385,560)	15
16	V	17	Officers' Salaries		Lancaster, Ltd.	100.00%	83,336	83,336	16
17	V	27	Payroll Taxes-Officers		Lancaster, Ltd.	100.00%	4,215	4,215	17
18	V	27	Payroll Taxes-Staff		Lancaster, Ltd.	100.00%	26,616	26,616	18
19	V								19
20	V								20
21	V	32	**Direct Interest**		Lancaster, Ltd.		17,080	17,080	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			\$ 385,560			\$ 131,247	\$ * (254,313)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	34	Rental	\$ 1,800,000	OakBrook Associates		\$	(1,800,000)	15
16	V	32	Interest Income/Expense	13,919	OakBrook Associates		367,526	353,607	16
17	V	30	Depreciation		OakBrook Associates		240,453	240,453	17
18	V	31	Amortization		OakBrook Associates		494	494	18
19	V	19	Accounting Charges		OakBrook Associates		8,000	8,000	19
20	V	26	Mortgage Insurance Premium		OakBrook Associates		36,226	36,226	20
21	V	21	State Replacement Tax		OakBrook Associates		994	994	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			\$ 1,813,919			\$ 653,693	\$ * (1,160,226)	39

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

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	10	20.83	Lancaster	\$ 41,668	17-7	1
2	Cheryl Morris	VP-Operations	Administrative		see attached	10	20.83	Lancaster	41,668	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	\$ 83,336		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 Oakbrook Healthcare Centre# 0034694

Report Period Beginning:

1-Jan-2012Ending: -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 ☐

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Christopher Vicere	Hours Worked	48	4	\$ 200,004	\$ 200,004	10	\$ 41,668	1
2	27	Christopher Vicere-payroll tax	Hours Worked	48	4	10,128		10	2,110	2
3	17	Cheryl Morris	Hours Worked	48	4	200,004	200,004	10	41,668	3
4	27	Cheryl Morris-payroll tax	Hours Worked	48	4	10,106		10	2,105	4
5										5
6										6
7	19	Professional Services	Census Days	246,796	4	29,193		49,514	5,857	7
8	21	Clerical Expenses	Census Days	246,796	4	556,256	520,039	49,514	111,600	8
9	22	Employee Benefits	Census Days	246,796	4	72,962		49,514	14,638	9
10	24	Seminars and Travel	Census Days	246,796	4	11,995		49,514	2,407	10
11	17	Administrative Consulting	Census Days	246,796	4	777,789	777,789	49,514	156,046	11
12	20	Marketing Fees	Census Days	246,796	4	395,447	378,904	49,514	79,337	12
13	20	Dues, Fees and Subscriptions	Census Days	246,796	4	6,400		49,514	1,284	13
14	30	Depreciation	Census Days	246,796	4	20,107		49,514	4,034	14
15	6	Repairs and Maintenance	Census Days	246,796	4	1,429		49,514	287	15
16	27	Payroll Taxes	Census Days	246,796	4	132,664		49,514	26,616	16
17	32	Interest	Census Days	246,796	4	20,389		49,514	4,091	17
18	23	Education and Inservice	Census Days	246,796	4	49,545		49,514	9,940	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,494,418	\$ 2,076,740		\$ 503,688	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1	Cambridge Reality Capital		X	Mortgage		11/1/98	\$ 8,152,700	\$	11/30/34		\$ 367,526	1	
2												2	
3	Replacement Reserve		X								(1,535)	3	
4												4	
5												5	
	Working Capital												
6	Harston Investments		X	Working Capital							288,000	6	
7	JP Morgan Chase Bank		X	Working Capital							4,091	7	
8												8	
9	TOTAL Facility Related						\$ 8,152,700	\$			\$ 658,082	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 8,152,700	\$			\$ 658,082	15	

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

\$ 36,226

Line # 26

Less: Interest Income (3,148)

654,934

Page 4, Line 32, Col 8

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

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

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

B. Real Estate Taxes

		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.		\$	93,500	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.)		\$	97,072	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	3,572	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	102,000	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.		\$	105,572	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2007	76,948	8	
		2008	83,470	9	
		2009	87,036	10	
		2010	90,148	11	
		2011	97,072	12	
** Accrual is based on 2011 Taxes, adjusted for inflation**				13	FOR BHF USE ONLY
				13	FROM R. E. TAX STATEMENT FOR 2011 \$
				14	PLUS APPEAL COST FROM LINE 5 \$
				15	LESS REFUND FROM LINE 6 \$
				16	AMOUNT TO USE FOR RATE CALCULATION \$

- 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
Oakbrook Healthcare Centre

COUNTY
Dupage

FACILITY IDPH LICENSE NUMBER
0034694

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)
Tax Index Number		Property Description	Total Tax	Tax Applicable to Nursing Home
1.	06-22-303-035	Long-Term Healthcare	\$ 97,071.82	\$ 97,071.82
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
TOTALS			\$ 97,071.82	\$ 97,071.82

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.**

A. Square Feet:

B. General Construction Type:

Exterior

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:

\$234,464 / \$17,275

2. Number of Years Over Which it is Being Amortized:

35

3. Current Period Amortization:

494

4. Dates Incurred:

Oct 1998 / Jan 2006

Nature of Costs: HUD Application Fees for Mortgage

(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 Care Facility		1988	\$ 830,000	1
2					2
3	TOTALS			\$ 830,000	3

Facility Name & ID Number Oakbrook Healthcare Centre

0034694

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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	156			1992	\$ 1,863,459	\$ 59,157	32	\$ 53,242	\$ (5,915)	\$ 1,069,274	4
5				1994	25,000	641	39	714	73	13,509	5
6				1998	3,586,000	91,949	39	179,300	87,351	2,614,792	6
7											7
8											8
	Improvement Type**										
9	Various			1988	17,497		20			17,497	9
10	Various			1989	94,251	3,426	30	5	(3,421)	94,210	10
11	Various			1990	26,318	595	20	303	(292)	25,641	11
12	Various			1991	12,810	70	20		(70)	12,715	12
13	Various			1992	1,284,603	40,483	20	37,077	(3,406)	1,284,586	13
14	Various			1993	233,429	6,200	15	11,020	4,820	226,049	14
15	Various			1994	56,380	316	15	617	301	55,487	15
16	Various			1995	52,918	473	15	1,928	1,455	46,346	16
17	Room #112 Remodeling			1996	2,285	59	15	114	55	1,940	17
18	Nurses; Call Station			1996	10,545	270	15	527	257	8,610	18
19	Ceramic Tiled Bathroom and Tub Room			1996	15,362	394	20	768	374	12,609	19
20	Rehab Room			1997	31,848	817	15	1,592	775	25,343	20
21	Fire Doors			1997	3,013	77	15	151	74	2,400	21
22	Physical Therapy Room			1997	6,749	173	15	337	164	5,368	22
23	12 Bathrooms Vented			1997	8,670	222	15	434	212	6,795	23
24	Roof Improvements			1997	7,150	183	15	358	175	5,545	24
25	Excelon Vinyl Tiles-1st Floor			1997	15,600	400	15	780	380	11,895	25
26	Excelon Vinyl Tiles-1st Floor			1998	6,204	159	15	310	151	4,652	26
27	New Roof			1998	3,850	99	15	193	94	2,735	27
28	Custom Cabinets			1998	3,285	84	15	164	80	2,330	28
29	Fire Alarm Switch			1998	6,996	179	15	350	171	4,920	29
30	3 Shower rooms Rehab			1999	15,560	399	15	778	379	10,762	30
31	Hot Water Heater			1999	7,269	186	15	363	177	4,874	31
32	Parking Lot Asphalt			1999	28,900	741	15	1,445	704	19,628	32
33	Rehab Resident Rooms			1999	17,825	457	15	891	434	11,956	33
34	Aquarium			2001	4,441	114	15	114		1,334	34
35	Picture Window			2001	14,403	369	15	369		4,293	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Oakbrook Healthcare Centre

0034694

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	Wander Guard System	2001	\$ 17,385	\$	15	\$	\$	\$ 17,385	37
38	Carpet-Bookkeeping & Lounge	2001	2,715	70	15	70		811	38
39	Vinyl Tiles Hallway	2001	9,815	252	15	252		2,821	39
40	Auto Door	2002	2,340	60	15	117	57	1,248	40
41	Concrete Patio	2003	10,250	302	15	683	381	6,263	41
42	Tree Concrete Pads W/Rails	2005	12,073	310	15	1,207	897	8,954	42
43	Construction of Town Square	2005	108,391	2,779	15	2,779		21,423	43
44	Fittings & Fixtures for Town Square	2005	83,613	3,729	15	8,361	4,632	64,799	44
45	New PT Room & Therapy Suites	2007	427,549	10,962	15	42,755	31,793	235,152	45
46	Metal Sidings to Roof Vents	2007	11,500		15	1,150	1,150	6,325	46
47	Construction - Alzheimers Unit	2008	379,716	9,736	15	37,972	28,236	167,708	47
48	2-Insulated Hotwater Tanks (175 Gal)	2009	12,058	309	15	1,206	897	4,824	48
49	Carpet, Wallcoverings, Decorative Lighting-Alzheimers Unit	2011	15,431		5	3,086	3,086	3,858	49
50	Roof Top Airconditioner	2011	8,300	213	10	830	617	1,522	50
51	Cabinets & Shutters in Conference Room	2011	4,168		10	417	417	730	51
52	Laminate Floor, Base & Wall Paper - Conference Room	2011	3,086		5	617	617	1,080	52
53	Computer, TV Mounts & Related Cabling - Conference Room	2011	1,113		5	223	223	390	53
54	Laundry Room Water Heater and Booster	2011	4,775		5	955	955	1,671	54
55	Concrete Outdoor Loading Ramp	2011	2,150		15	143	143	227	55
56	4 ft Wide Steel door covering outdoor Ramp	2011	975	25	10	98	73	155	56
57	New Nurses Station next to Alzheimers Unit	2011	8,892		5	1,778	1,778	1,926	57
58	Concrete Slab & Drainage Pipes in Bath	2012	6,480	146	39	594	448	594	58
59	Renovation-6 Resident Rooms-Preconstruction (Demolition)	2012	1,600	36	39	147	111	147	59
60	6 Resident Rms-Framing & Installing Drywalls & Door Frames	2012	4,100	92	39	376	284	376	60
61	6 Resident Rms-Install Drop Ceiling, Doors & Drywall painting	2012	2,500	56	39	229	173	229	61
62	Related electrical work in 6 renovated resident rooms	2012	1,540	924	5	282	(642)	282	62
63	Carpet in Corridor including design fee	2012	14,082	8,449	5	2,112	(6,337)	2,112	63
64	Electric work at Nurses Station	2012	6,857	4,114	5	686	(3,428)	686	64
65	27 pcs Heating/Cooling Wall Units for Rooms	2012	21,700	13,020	5	2,170	(10,850)	2,170	65
66	5 Resident Rms-Laying Vinyl Wood Plank Flooring & Cove	2012	4,969	37	39	166	129	166	66
67	Renovating 5 Resident Rooms-Light Fixtures Hanging Style	2012	603	5	39	20	15	20	67
68	Built in Wardrobes with Drawers & Shelves-5 Resident Rooms	2012	4,026	30	39	134	104	134	68
69	Window treatment,Faux Wood Blinds & Artwork-5 Rooms	2012	2,765	21	39	92	71	92	69
70	TOTAL (lines 4 thru 69)		\$ 8,660,137	\$ 264,369		\$ 405,951	\$ 141,582	\$ 6,164,375	70

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,660,137	\$ 264,369		\$ 405,951	\$ 141,582	\$ 6,164,375	1
2	Fire equipment & Sprinklers for all rooms	2012	62,602	201	39	1,043	842	1,043	2
3	Vinyl Flooring at Elevator Lobby	2012	4,984	2,990	5	249	(2,741)	249	3
4	Patient Hoyer Lift affixed to Ceiling	2012	6,280	3,768	5	419	(3,349)	419	4
5	16 DTV Receivers/Modulators/Switches & Dish Antenna	2012	5,036	3,022	5	923	(2,099)	923	5
6	Light Fixtures for New Dining Room	2012	3,349	11	39	56	45	56	6
7	Vinyl Floor,Cove Bases,Crown Molding,Cabinets-Dining Rm	2012	77,676	40,780	5	2,589	(38,191)	2,589	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
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,820,064	\$ 315,141		\$ 411,230	\$ 96,089	\$ 6,169,654	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$590,497	\$34,597	\$93,088	\$58,491	7	\$393,166	71
72	Current Year Purchases	110,190	64,667	12,662	(52,005)	7	12,662	72
73	Fully Depreciated Assets	983,310	7,714	11,539	3,825	7	983,310	73
74	**Lancaster Allocation**		4,034	4,034			30,932	74
75	TOTALS	\$1,683,997	\$111,012	\$121,323	\$10,311		\$1,420,070	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$11,334,061	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$426,153	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$532,553	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$106,400	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$7,589,724	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:***Oakbrook 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:	**Leased from Related Party**			\$			3
4	Additions							4
5		***Off-site Public Storage Space***			4,843			5
6		***Off-site Vehicle Parking Space***			16,500			6
7	TOTAL				\$ 21,343			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 leaseNone
N/A
9. Option to Buy:☐ YES☒ NOTerms: 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: \$ 10,395Description: Rehab.Equip. @\$1,420 p.m for 1 mnth & @\$1,795 for 5 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	None				19
20					20
21	TOTAL		\$	\$	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.	/2013	\$
13.	/2014	\$
14.	/2015	\$

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☒ YES

☐ NO

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

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☒

☐

☐

96

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☒

☐

48

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$ 935	\$	\$ 935
2	Books and Supplies		1,081		1,081
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	\$	\$ 2,016	\$	\$ 2,016
10	SUM OF line 9, col. 1 and 2 (e)	\$	2,016		

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.

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	39-3	hrs	\$		\$ 436,218	\$		\$ 436,218	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			69,833			69,833	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			519,014			519,014	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation **Inhalation Therapy*	39-3	hrs			3,848			3,848	8
9	Pharmacy	39-2	# of prescrpts				422,204		422,204	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): **Medical Supplies**	39-2					39,071		39,071	12
13	Other (specify): **Speciality Beds**	39-2					47,235		47,235	13
14	TOTAL			\$		\$ 1,028,913	\$ 508,510		\$ 1,537,423	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.

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 441,270	\$ 2,383,951	1
2	Cash-Patient Deposits	36,440	36,440	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,537,681	2,537,681	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,578	23,888	6
7	Other Prepaid Expenses	5,763	503,058	7
8	Accounts Receivable (owners or related parties)	513,480	513,480	8
9	Other(specify): **Refundable Deposits**			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,551,212	\$ 5,998,498	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		830,000	13
14	Buildings, at Historical Cost		3,586,000	14
15	Leasehold Improvements, at Historical Cost	2,152,147	5,136,332	15
16	Equipment, at Historical Cost	1,268,645	1,640,044	16
17	Accumulated Depreciation (book methods)	(2,458,173)	(5,792,107)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		276,197	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(263,368)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): **Construction in Progress**	26,000	66,000	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 988,619	\$ 5,479,098	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,539,831	\$ 11,477,596	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 518,433	\$ 518,433	26
27	Officer's Accounts Payable	36,440	36,440	27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	44,328	180,360	29
30	Accrued Salaries Payable	871,207	871,207	30
31	Accrued Taxes Payable (excluding real estate taxes)	45,112	45,112	31
32	Accrued Real Estate Taxes(Sch.IX-B)	102,000	102,000	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)	\$ 1,617,520	\$ 1,753,552	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,400,000	2,400,000	39
40	Mortgage Payable		7,071,096	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)	\$ 2,400,000	\$ 9,471,096	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,017,520	\$ 11,224,648	46
47	TOTAL EQUITY(page 18, line 24)	\$ 522,311	\$ 252,948	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,539,831	\$ 11,477,596	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 733,049	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 733,049	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(713,738)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock	502,000	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) Capital Stock	1,000	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (210,738)	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)	\$ 522,311	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	\$ 303,460	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 303,460	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	446,488	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock	502,000	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	(1,000,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Capital Stock	1,000	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (50,512)	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)	\$ 252,948	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Oakbrook Healthcare Centre# 0034694Report Period Beginning: 1-Jan-2012Ending: 31-Dec-2012**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		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 14,896,417	1
2	Discounts and Allowances for all Levels	(4,975,750)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,920,667	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,570,118	6
7	Oxygen	19,992	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,590,110	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	399,650	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	8,608	19
20	Radiology and X-Ray	25,379	20
21	Other Medical Services	93,368	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 527,005	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	7,844	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 7,844	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	**Vending Commissions**	1,000	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,000	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,046,626	30

	1		2
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,365,913	31
32	Health Care	5,025,077	32
33	General Administration	2,078,655	33
	B. Capital Expense		
34	Ownership	2,406,976	34
	C. Ancillary Expense		
35	Special Cost Centers	1,537,423	35
36	Provider Participation Fee	85,644	36
	D. Other Expenses (specify):		
37			37
38	**Additional State Fee @\$6.07**	260,676	38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,760,364	40
41	Income before Income Taxes (line 30 minus line 40)**	(713,738)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (713,738)	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.

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	1,990	2,107	\$ 104,337	\$ 49.52	1
2	Assistant Director of Nursing	1,982	2,107	78,880	37.44	2
3	Registered Nurses	56,106	60,148	1,731,088	28.78	3
4	Licensed Practical Nurses	15,581	16,806	358,756	21.35	4
5	CNAs & Orderlies	127,179	138,607	1,820,778	13.14	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,873	2,108	31,434	14.91	9
10	Activity Assistants	5,122	5,723	75,930	13.27	10
11	Social Service Workers	11,106	12,488	219,411	17.57	11
12	Dietician					12
13	Food Service Supervisor	1,800	1,875	47,435	25.30	13
14	Head Cook					14
15	Cook Helpers/Assistants	36,476	39,856	478,096	12.00	15
16	Dishwashers					16
17	Maintenance Workers	4,038	4,524	82,395	18.21	17
18	Housekeepers	32,993	37,539	488,311	13.01	18
19	Laundry	9,479	10,818	143,615	13.28	19
20	Administrator	2,062	2,638	120,383	45.63	20
21	Assistant Administrator	688	800	25,250	31.56	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,814	14,620	214,925	14.70	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	1,834	2,108	42,888	20.35	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	324,123	354,872	\$ 6,063,912 *	\$ 17.09	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	985	\$ 27,590	1-3	35
36	Medical Director	1,585	61,842	9-3	36
37	Medical Records Consultant	170	4,512	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	286	9,190	10-3	39
40	Physical Therapy Consultant	670	18,094	10a-3	40
41	Occupational Therapy Consultant	614	17,804	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	536	14,496	10a-3	43
44	Activity Consultant	338	8,113	11-3	44
45	Social Service Consultant	195	5,985	12-3	45
46	Other(specify)				46
47	**Outsourced Fine Dining Program**		82,061	1-3	47
48	**Infection Control Consultant**	81	2,520	10-3	48
49	TOTAL (lines 35 - 48)	5,460	\$ 252,207		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				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name & ID Number		Oakbrook Healthcare Centre		STATE OF ILLINOIS		# 0034694		Report Period Beginning:		1-Jan-2012		Ending: 31-Dec-2012		Page 21				
XIX. SUPPORT SCHEDULES																		
A. Administrative Salaries				Ownership		D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions								
Name		Function		%		Amount		Description		Amount		Description		Amount				
Joanne Bedrosian		Administrator		N/A		\$ 101,873		Workers' Compensation Insurance		\$ 62,809		IDPH License Fee		\$ 1,990				
Jina Lebert-Davies		Asst Administrator		N/A		25,250		Unemployment Compensation Insurance		70,191		Advertising: Employee Recruitment		961				
(from 5/14/12 to 10/1/12)								FICA Taxes		430,331		Health Care Worker Background Check						
Jina Lebert-Davies		Administrator		N/A		18,510		Employee Health Insurance		313,233		(Indicate # of checks performed 123)		3,620				
(effective 10/2/12)								Employee Meals		19,953		Patient Background Checks		238 2,380				
								Illinois Municipal Retirement Fund (IMRF)*				**Licenses & Fees**		5,333				
								Miscellaneous Employee Benefits		15,402		**Promotional Advertising**		16,147				
								Uniform Allowance		8,619		**Dues & Subscriptions**		1,095				
								Retirement Plan Contribution		29,131								
								Dental Insurance		3,848		**Lancaster Allocation**		80,621				
								Employment Fees		6,862		Less: Public Relations Expense		(79,337)				
								Lancaster Allocation		14,638		Non-allowable advertising		(16,297)				
												Yellow page advertising		()				
TOTAL (agree to Schedule V, line 17, col. 1)		(List each licensed administrator separately.)				\$ 145,633		TOTAL (agree to Schedule V, line 22, col.8)		\$ 975,017		TOTAL (agree to Sch. V, line 20, col. 8)		\$ 16,513				
B. Administrative - Other						Amount		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.						\$ 385,560								Out-of-State Travel		\$		
														In-State Travel		53		
														Lancaster Allocation		1,565		
														Seminar Expense		5,311		
														Lancaster Allocation		842		
														Entertainment Expense		()		
TOTAL (agree to Schedule V, line 17, col. 3)		(Attach a copy of any management service agreement)				\$ 385,560		TOTAL		\$				(agree to Sch. V, line 24, col. 8)		\$ 7,771		
C. Professional Services						Amount												
Vendor/Payee		Type				Amount												
Health Data Systems, Inc.		Data Processing				\$ 6,928												
E-Health Solutions Inc		Data Processing				39,096												
Richard Peelo & Associates		Accounting				2,250												
Frost Ruttenberg & Rothblatt		Accounting				2,725												
Personnel Planners, Inc.		Payroll Tax Consultant				2,051												
Korey, Cotter, Heather & Richardson		Legal				4,801												
Korey Law, LLC		Legal				10,020												
Laner,Muchin,Dombrow,Becker																		
Levin & Tominberg, Ltd.		Legal				1,050												
Polsinelli Shughart, PC		Legal				539												
TOTAL (agree to Schedule V, line 19, column 3)		(If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 69,460												
															* Attach copy of IMRF notifications		**See instructions.	

* 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	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Painting & Decorating	2008	\$ 2,000	3	\$	\$ 333	\$ 667	\$ 667	\$ 333	\$	\$	\$	\$
2	Painting & Decorating	2009	1,722	3			574	574	574				
3	Painting & Decorating	2009	1,050	3			175	350	350	175			
4	Painting & Decorating	2010	2,720	3				454	906	906	454		
5	Painting & Decorating	Jun-2011	3,082	3					1,027	1,027	1,027		
6	Painting & Decorating	Oct-2011	3,200	3					533	1,067	1,067	533	
7	Painting & Decorating	2012	2,871	3						957	957	957	
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 16,645		\$	\$ 333	\$ 1,416	\$ 2,045	\$ 3,723	\$ 4,132	\$ 3,505	\$ 1,490	\$

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.

\$ 80,939

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.

\$ 85,644

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.

\$ 19,953

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 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.