FOR BHF USE

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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: 34694

Facility Name: Oakbrook Healthcare Centre, Inc.

Address: 2013 Midwest Road (Number) Oak Brook (City) 60523 (Zip Code)

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	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			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-2011 to 31-Dec-2011 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, 2012 (Date)
(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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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 None

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	128	Skilled (SNF)	128	46,720	1
2		Skilled Pediatric (SNF/PED)			2
3	28	Intermediate (ICF)	28	10,220	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	156	TOTALS	156	56,940	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,694	1,198	10,881	15,773	8
9	SNF/PED					9
10	ICF	16,660	17,747	152	34,559	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	20,354	18,945	11,033	50,332	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.39%

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 [X]

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

I. On what date did you start providing long term care at this location?
Date started September 7, 1988

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date October 26, 1988 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 128 and days of care provided 10,103

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 31st Dec 2011 Fiscal Year: 31st Dec 2011

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	499,829	32,095	202,410	734,334		734,334		734,334			1
2	Food Purchase		240,050		240,050	(17,901)	222,149	(771)	221,378			2
3	Housekeeping	489,532	118,320		607,852		607,852		607,852			3
4	Laundry	161,002	34,600		195,602		195,602		195,602			4
5	Heat and Other Utilities			250,984	250,984		250,984		250,984			5
6	Maintenance	75,117	98,064	107,024	280,205		280,205	(2,254)	277,951			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,225,480	523,129	560,418	2,309,027	(17,901)	2,291,126	(3,025)	2,288,101			8
	B. Health Care and Programs											
9	Medical Director			63,815	63,815		63,815		63,815			9
10	Nursing and Medical Records	3,902,037	367,814	16,884	4,286,735		4,286,735		4,286,735			10
10a	Therapy		25,840	35,483	61,323		61,323		61,323			10a
11	Activities	128,607	39,096	3,176	170,879		170,879		170,879			11
12	Social Services	214,490		5,820	220,310		220,310		220,310			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	4,245,134	432,750	125,178	4,803,062		4,803,062		4,803,062			16
	C. General Administration											
17	Administrative	104,623		275,400	380,023		380,023	(60,545)	319,478			17
18	Directors Fees											18
19	Professional Services			51,674	51,674		51,674	20,522	72,196			19
20	Dues, Fees, Subscriptions & Promotions			46,538	46,538		46,538	(13,391)	33,147			20
21	Clerical & General Office Expenses	181,529	67,841	139,480	388,850		388,850	41,546	430,396			21
22	Employee Benefits & Payroll Taxes			855,337	855,337	17,901	873,238	6,824	880,062			22
23	Inservice Training & Education			1,200	1,200		1,200	20,907	22,107			23
24	Travel and Seminar			3,510	3,510		3,510	1,252	4,762			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			4,408	4,408		4,408	36,864	41,272			26
27	Other (specify):* *Payroll Taxes (Sch VII)							28,024	28,024			27
28	**TOTAL General Administration**	286,152	67,841	1,377,547	1,731,540	17,901	1,749,441	82,003	1,831,444			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,756,766	1,023,720	2,063,143	8,843,629		8,843,629	78,978	8,922,607			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.

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. #34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			171,994	171,994		171,994	372,032	544,026			30
31	Amortization of Pre-Op. & Org.							494	494			31
32	Interest			288,000	288,000		288,000	372,752	660,752			32
33	Real Estate Taxes			93,648	93,648		93,648		93,648			33
34	Rent-Facility & Grounds			1,819,311	1,819,311		1,819,311	(1,800,000)	19,311			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			2,372,953	2,372,953		2,372,953	(1,054,722)	1,318,231			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		510,965	1,058,877	1,569,842		1,569,842		1,569,842			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			85,410	85,410		85,410		85,410			42
43	Other (specify):* *Addl.State Fee @$6.07**			168,406	168,406		168,406		168,406			43
44	TOTAL Special Cost Centers		510,965	1,312,693	1,823,658		1,823,658		1,823,658			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,756,766	1,534,685	5,748,789	13,040,240		13,040,240	(975,744)	12,064,496			45

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	132,063	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	(771)	2		13
14	Non-Care Related Interest	(13,143)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(195)	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	(74,929)	21		24
25	Fund Raising, Advertising and Promotional	(84,840)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(4,033)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Page 5A attached	(2,559)	6		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (48,407)		$	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)	(927,337)	6,6A &6B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (927,337)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (975,744)		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, Inc.

ID# 34694

Report Period Beginning: 1-Jan-2011

Ending: 31-Dec-2011

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Actual Expenses incurred in 2011	$ (6,282)	6	1
2	Allocated expenses for 2011 per page 22	3,723	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
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25				25
26				26
27				27
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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**	(2,559)		49

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. **#** 34694 **Report Period Beginning:** 1-Jan-2011 **Ending:** 31-Dec-2011

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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(771)	0	0	0	0	0	0	0	0	0	0	(771)	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	(2,559)	305	0	0	0	0	0	0	0	0	0	(2,254)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(3,330)	305	0	0	0	0	0	0	0	0	0	(3,025)	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	116,904	(177,449)	0	0	0	0	0	0	0	0	(60,545)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	12,522	0	8,000	0	0	0	0	0	0	0	20,522	19
20	Fees, Subscriptions & Promotions	(85,035)	71,644	0	0	0	0	0	0	0	0	0	(13,391)	20
21	Clerical & General Office Expenses	(78,962)	116,475	0	4,033	0	0	0	0	0	0	0	41,546	21
22	Employee Benefits & Payroll Taxes	0	6,824	0	0	0	0	0	0	0	0	0	6,824	22
23	Inservice Training & Education	0	20,907	0	0	0	0	0	0	0	0	0	20,907	23
24	Travel and Seminar	0	1,252	0	0	0	0	0	0	0	0	0	1,252	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	36,864	0	0	0	0	0	0	0	36,864	26
27	Other (specify):*	0	0	28,024	0	0	0	0	0	0	0	0	28,024	27
28	**TOTAL General Administration**	(163,997)	346,528	(149,425)	48,897	0	0	0	0	0	0	0	82,003	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(167,327)	346,833	(149,425)	48,897	0	0	0	0	0	0	0	78,978	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 **Report Period Beginning:** 1-Jan-2011 **Ending:** 31-Dec-2011

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 TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	132,063	6,998	0	232,971	0	0	0	0	0	0	0	372,032	30
31	Amortization of Pre-Op. & Org.	0	0	0	494	0	0	0	0	0	0	0	494	31
32	Interest	(13,143)	3,595	24,331	357,969	0	0	0	0	0	0	0	372,752	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	118,920	10,593	24,331	(1,208,566)	0	0	0	0	0	0	0	(1,054,722)	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)	(48,407)	357,426	(125,094)	(1,159,669)	0	0	0	0	0	0	0	(975,744)	45

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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. [X] YES [ ] NO

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

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Professional Services	$	Lancaster, Ltd.	100.00%	$ 12,522	$ 12,522	1
2	V	21	Clerical Expenses		Lancaster, Ltd.	100.00%	116,475	116,475	2
3	V	22	Employee Benefits		Lancaster, Ltd.	100.00%	6,824	6,824	3
4	V	24	Seminars and Travel		Lancaster, Ltd.	100.00%	1,252	1,252	4
5	V	17	Administrative Consulting		Lancaster, Ltd.	100.00%	116,904	116,904	5
6	V	20	Marketing Fees		Lancaster, Ltd.	100.00%	70,324	70,324	6
7	V	20	Dues, Fees & Subscriptions		Lancaster, Ltd.	100.00%	1,320	1,320	7
8	V	30	Depreciation		Lancaster, Ltd.	100.00%	6,998	6,998	8
9	V	6	Repairs and Maintenance		Lancaster, Ltd.	100.00%	305	305	9
10	V	23	Education & Inservice		Lancaster, Ltd.	100.00%	20,907	20,907	10
11	V	32	Interest Paid		Lancaster, Ltd.	100.00%	3,595	3,595	11
12	V								12
13	V								13
14	Total			$			$ 357,426	$ * 357,426	14

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Management Fee Income	$ 275,400	Lancaster, Ltd.	100.00%	$	$ (275,400)	15
16	V	17	Officers' Salaries		Lancaster, Ltd.	100.00%	97,951	97,951	16
17	V	27	Payroll Taxes-Officers		Lancaster, Ltd.	100.00%	4,342	4,342	17
18	V	27	Payroll Taxes-Staff		Lancaster, Ltd.	100.00%	23,682	23,682	18
19	V								19
20	V								20
21	V	32	**Direct Interest**		Lancaster, Ltd.		24,331	24,331	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			$ 275,400			$ 150,306	$ * (125,094)	39

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	34	Rental	$ 1,800,000	OakBrook Associates		$	$ (1,800,000)	15
16	V	32	Interest Income/Expense	15,913	OakBrook Associates		373,882	357,969	16
17	V	30	Depreciation		OakBrook Associates		232,971	232,971	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		36,864	36,864	20
21	V	21	State Replacement Tax		OakBrook Associates		4,033	4,033	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			$ 1,815,913			$ 656,244	$ * (1,159,669)	39

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Christopher Vicere	VP-Finance	Administrative		see attached	10	20.83	Lancaster	$ 38,559	17-7	1
2	Cheryl Morris	VP-Operations	Administrative		see attached	10	20.83	Lancaster	59,392	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	$ 97,951		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, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: -Dec-2011

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: 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	$ 185,082	$ 185,082	10	$ 38,559	1
2	27	Christopher Vicere-Payroll tax	Hours Worked	48	4	9,705		10	2,022	2
3	17	Cheryl Morris	Hours Worked	48	4	285,082	285,082	10	59,392	3
4	27	Cheryl Morris-Payroll tax	Hours Worked	48	4	11,135		10	2,320	4
5										5
6										6
7	19	Professional Services	Census Days	249,635	4	62,108		50,332	12,522	7
8	21	Clerical Expenses	Census Days	249,635	4	577,688	544,818	50,332	116,475	8
9	22	Employee Benefits	Census Days	249,635	4	33,844		50,332	6,824	9
10	24	Seminars and Travel	Census Days	249,635	4	6,209		50,332	1,252	10
11	17	Administrative Consulting	Census Days	249,635	4	579,818	579,818	50,332	116,904	11
12	20	Marketing Fees	Census Days	249,635	4	348,790	346,861	50,332	70,324	12
13	20	Dues, Fees and Subscriptions	Census Days	249,635	4	6,548		50,332	1,320	13
14	30	Depreciation	Census Days	249,635	4	34,708		50,332	6,998	14
15	6	Repairs and Maintenance	Census Days	249,635	4	1,513		50,332	305	15
16	23	Education and Inservice	Census Days	249,635	4	103,695		50,332	20,907	16
17	32	Interest	Census Days	249,635	4	17,830		50,332	3,595	17
18	27	Payroll Taxes	Census Days	249,635	4	117,455		50,332	23,682	18
19										19
20										20
21										21
22	32	**Direct Interest**							24,331	22
23										23
24										24
25	TOTALS					$ 2,381,211	$ 1,941,661		$ 507,732	25

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Cambridge Reality Capital		X	Mortgage		11/1/98	$ 8,152,700	$	11/30/34		$ 373,882	1
2												2
3	Replacement Reserve		X								(2,030)	3
4												4
5												5
	Working Capital											
6	Harston Investments		X	Working Capital							288,000	6
7	JP Morgan Chase Bank		X	Working Capital							3,595	7
8												8
9	TOTAL Facility Related						$ 8,152,700	$			$ 663,447	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	$			$ 663,447	15
									Less: Interest Income		(2,695)	
											660,752	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 36,864 Line # 26

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.)**

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 **Report Period Beginning:** 1-Jan-2011 **Ending:** 31-Dec-2011

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 90,000	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.)		$ 90,148	2
3. Under or (over) accrual (line 2 minus line 1).		$ 148	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 93,500	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.		$ 93,648	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	72,055	8
	2007	76,948	9
	2008	83,470	10
	2009	87,036	11
	2010	90,148	12

Accrual is based on previous years actuals adjusted for inflation

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

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.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Oakbrook Healthcare Centre, Inc. COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 34694

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 2010 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 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	06-22-303-035	Long-Term Healthcare	$ 90,148.12	$ 90,148.12
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 90,148.12	$ 90,148.12

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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: _____ B. General Construction Type: Exterior _____ Frame _____ Number of Stories _____

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

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

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (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? [X] 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:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Care Facility		1988	$ 830,000	1
2					2
3	TOTALS			$ 830,000	3

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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	40	$ 53,242	$ (5,915)	$ 1,016,032	4
5				1994	25,000	641	35	714	73	12,795	5
6				1998	3,586,000	91,949	35	179,300	87,351	2,435,492	6
7											7
8											8
	Improvement Type**										
9	Various			1988	17,497		20			17,497	9
10	Various			1989	94,251	3,425	30	5	(3,420)	94,205	10
11	Various			1990	26,318	595	20	304	(291)	25,338	11
12	Various			1991	12,810	70	20	74	4	12,715	12
13	Various			1992	1,284,603	40,483	20	63,756	23,273	1,247,509	13
14	Various			1993	233,429	6,201	15	11,020	4,819	215,029	14
15	Various			1994	56,380	317	15	618	301	54,870	15
16	Various			1995	52,918	473	15	2,646	2,173	44,418	16
17	Room #112 Remodeling			1996	2,285	59	15	114	55	1,826	17
18	Nurses; Call Station			1996	10,545	270	15	527	257	8,083	18
19	Ceramic Tiled Bathroom and Tub Room			1996	15,362	394	20	768	374	11,841	19
20	Rehab Room			1997	31,848	817	15	1,592	775	23,751	20
21	Fire Doors			1997	3,013	77	15	151	74	2,249	21
22	Physical Therapy Room			1997	6,749	173	15	337	164	5,031	22
23	12 Bathrooms Vented			1997	8,670	222	15	434	212	6,361	23
24	Roof Improvements			1997	7,150	183	15	358	175	5,187	24
25	Excelon Vinyl Tiles-1st Floor			1997	15,600	400	15	780	380	11,115	25
26	Excelon Vinyl Tiles-1st Floor			1998	6,204	159	15	310	151	4,342	26
27	New Roof			1998	3,850	99	15	193	94	2,542	27
28	Custom Cabinets			1998	3,285	84	15	164	80	2,166	28
29	Fire Alarm Switch			1998	6,996	179	15	350	171	4,570	29
30	3 Shower rooms Rehab			1999	15,560	399	15	778	379	9,984	30
31	Hot Water Heater			1999	7,269	186	15	363	177	4,511	31
32	Parking Lot Asphalt			1999	28,900	741	15	1,445	704	18,183	32
33	Rehab Resident Rooms			1999	17,825	457	15	891	434	11,065	33
34	Aquarium			2001	4,441	114	15	114		1,220	34
35	Picture Window			2001	14,403	369	15	369		3,924	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, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Wander Guard System	2001	$ 17,385	$	15	$	$	$ 17,385	37
38	Carpet-Bookkeeping & Lounge	2001	2,715	70	15	70		741	38
39	Vinyl Tiles Hallway	2001	9,815	252	15	251	(1)	2,569	39
40	Auto Door	2002	2,340	60	15	117	57	1,131	40
41	Concrete Patio	2003	10,250	302	15	683	381	5,580	41
42	Tree Concrete Pads W/Rails	2005	12,073	310	15	1,207	897	7,747	42
43	Construction of Town Square	2005	108,391	2,779	15	2,779		18,644	43
44	Fittings & Fixtures for Town Square	2005	83,613	7,467	15	8,361	894	56,438	44
45	New PT Room & Therapy Suites	2007	427,549	10,962	15	42,755	31,793	192,397	45
46	Metal Sidings to Roof Vents	2007	11,500		15	1,150	1,150	5,175	46
47	Construction - Alzheimers Unit	2008	379,716	9,736	15	37,971	28,235	129,736	47
48	2-Insulated Hotwater Tanks (175 Gal)	2009	12,058	309	15	1,206	897	3,618	48
49	Carpet, Wallcoverings, Decorative Lighting-Alzheimers Unit	2011	15,431	15,431	5	772	(14,659)	772	49
50	Roof Top Airconditioner	2011	8,300	169	10	692	523	692	50
51	Cabinets & Shutters in Conference Room	2011	4,168	4,168	10	313	(3,855)	313	51
52	Laminate Floor, Base & Wall Paper - Conference Room	2011	3,086	3,086	5	463	(2,623)	463	52
53	Computer, TV Mounts & Related Cabling - Conference Room	2011	1,113	1,113	5	167	(946)	167	53
54	Laundry Room Water Heater and Booster	2011	4,775	4,775	5	716	(4,059)	716	54
55	Concrete Outdoor Loading Ramp	2011	2,150	2,150	15	84	(2,066)	84	55
56	4 ft Wide Steel door covering outdoor Ramp	2011	975	14	10	57	43	57	56
57	New Nurses Station next to Alzheimers Unit	2011	8,892	8,892	5	148	(8,744)	148	57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 8,588,915	$ 280,738		$ 421,679	$ 140,941	$ 5,758,424	70

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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	$ 535,942	$ 57,313	$ 106,149	$ 48,836		$ 292,106	71
72	Current Year Purchases	64,006	64,006	5,884	(58,122)		5,884	72
73	Fully Depreciated Assets	973,859	2,908	3,316	408		973,859	73
74	**Lancaster Allocation**		6,998	6,998			26,898	74
75	TOTALS	$ 1,573,807	$ 131,225	$ 122,347	$ (8,878)		$ 1,298,747	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)	$ 10,992,722	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 411,963	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 544,026	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 132,063	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 7,057,171	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.

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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. [X] 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***			15,900			5
6		***Off-site Vehicle Parking Space***			3,411			6
7	TOTAL				$ 19,311 **			7

8. List separately any amortization of lease expense included on page 4, line 34. None
   This amount was calculated by dividing the total amount to be amortized N/A
   by the length of the lease N/A .

9. Option to Buy: [ ] YES [X] NO Terms: N/A *

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.	/2012	$
13.	/2013	$
14.	/2014	$

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ None Description: N/A
    (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	None				18
19					19
20					20
21	TOTAL		$	$	21

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

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

[ ] YES
[X] NO

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

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM [ ]
IN OTHER FACILITY [ ]
COMMUNITY COLLEGE [ ]
HOURS PER CNA ____

3. CLINICAL PORTION:

IN-HOUSE PROGRAM [ ]
IN OTHER FACILITY [ ]
HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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	$		$ 479,221	$		$ 479,221	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			96,768			96,768	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			482,888			482,888	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	39-3	hrs							8
9	Pharmacy	39-2	# of prescrpts				432,016		432,016	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): **Medical Supplies**	39-2					40,056		40,056	12
13	Other (specify): **Speciality Beds**	39-2					38,893		38,893	13
14	TOTAL			$		$ 1,058,877	$ 510,965		$ 1,569,842	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 31-Dec-2011 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 323,897	$ 2,165,195	1
2	Cash-Patient Deposits	32,662	32,662	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,257,534	2,257,534	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	44,146	44,146	6
7	Other Prepaid Expenses	17,323	491,818	7
8	Accounts Receivable (owners or related parties)	1,651,168	1,651,168	8
9	Other(specify): **Refundable Deposits**	30,358	30,358	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,357,088	$ 6,672,881	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	2,002,022	4,905,181	15
16	Equipment, at Historical Cost	1,177,763	1,529,855	16
17	Accumulated Depreciation (book methods)	(2,276,507)	(5,369,988)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		276,197	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(262,874)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 903,278	$ 5,494,371	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,260,366	$ 12,167,252	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 487,542	$ 487,542	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	32,662	32,662	28
29	Short-Term Notes Payable	4,873	134,220	29
30	Accrued Salaries Payable	974,001	974,001	30
31	Accrued Taxes Payable (excluding real estate taxes)	31,738	31,738	31
32	Accrued Real Estate Taxes(Sch.IX-B)	93,500	93,500	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)**	$ 1,624,316	$ 1,753,663	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,400,000	2,400,000	39
40	Mortgage Payable		7,207,128	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	$ 9,607,128	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,024,316	$ 11,360,791	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,236,050	$ 806,461	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,260,366	$ 12,167,252	48

***(See instructions.)**

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,615,034	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,615,034	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,118,016	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	(2,000,000)	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)**	$ (378,984)	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)**	$ 1,236,050	24 *

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 **Report Period Beginning:** 1-Jan-2011 **Ending:** 31-Dec-2011

XVI. STATEMENT OF CHANGES IN EQUITY

		Total after consolidation	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,494,384	1
2	Restatements (describe):		2
3	****Adjustment for prior period expenses reversed****	31,392	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,525,776	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	2,277,685	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	(3,500,000)	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)**	$ (719,315)	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)**	$ 806,461	24 *

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

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 15,434,728	1
2	Discounts and Allowances for all Levels	(4,399,091)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 11,035,637	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,547,597	6
7	Oxygen	19,567	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,567,164	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	433,938	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	8,278	19
20	Radiology and X-Ray	19,276	20
21	Other Medical Services	79,620	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 541,112	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	13,143	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 13,143	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	**Vending Commissions**	1,200	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,200	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 14,158,256	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,309,027	31
32	Health Care	4,803,062	32
33	General Administration	1,731,540	33
	B. Capital Expense		
34	Ownership	2,372,953	34
	C. Ancillary Expense		
35	Special Cost Centers	1,569,842	35
36	Provider Participation Fee	85,410	36
	D. Other Expenses (specify):		
37	**Additional State fee @$6.07**	168,406	37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 13,040,240	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,118,016	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,118,016	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **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 Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,037	2,110	$ 101,404	$ 48.06	1
2	Assistant Director of Nursing	1,850	2,142	77,926	36.38	2
3	Registered Nurses	51,751	56,269	1,626,458	28.91	3
4	Licensed Practical Nurses	14,430	15,172	328,750	21.67	4
5	CNAs & Orderlies	118,979	131,345	1,725,599	13.14	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,018	2,102	30,715	14.61	9
10	Activity Assistants	6,528	7,490	97,892	13.07	10
11	Social Service Workers	11,035	12,438	214,490	17.24	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	35,443	39,931	499,829	12.52	15
16	Dishwashers					16
17	Maintenance Workers	3,941	4,278	75,117	17.56	17
18	Housekeepers	33,743	38,459	489,532	12.73	18
19	Laundry	11,078	12,533	161,002	12.85	19
20	Administrator	1,885	2,153	104,623	48.59	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,555	12,878	181,529	14.10	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	1,941	2,102	41,900	19.93	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	308,214	341,402	$ 5,756,766 *	$ 16.86	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	332	$ 9,952	1-3	35
36	Medical Director	1,680	63,815	9-3	36
37	Medical Records Consultant	170	4,512	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	286	9,152	10-3	39
40	Physical Therapy Consultant	363	11,250	10a-3	40
41	Occupational Therapy Consultant	389	12,053	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	451	12,180	10a-3	43
44	Activity Consultant	113	3,176	11-3	44
45	Social Service Consultant	194	5,820	12-3	45
46	Other(specify)				46
47	**Outsourced Fine Dining Program**		192,458	1-3	47
48	**Infection Control Consultant**	97	3,220	10-3	48
49	TOTAL (lines 35 - 48)	4,075	$ 327,588		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Joanne Bedrosian	Administrator	N/A	$ 104,623
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 104,623

B. Administrative - Other

Description	Amount
Management Fees - Lancaster, Ltd.	$ 275,400
TOTAL (agree to Schedule V, line 17, col. 3)	$ 275,400
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Health Data Systems, Inc.	Data Processing	$ 7,135
E-Health Solutions Inc	Data Processing	19,548
Richard Peelo & Associates	Accounting	2,250
Frost Ruttenberg & Rothblatt	Accounting	6,725
Personnel Planners, Inc.	Payroll Tax Consultant	1,474
Law Office of Carter Korey	Legal	10,953
Polsinelli Shughart PC	Legal	3,589
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 51,674

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 70,696
Unemployment Compensation Insurance	57,827
FICA Taxes	426,494
Employee Health Insurance	263,177
Employee Meals	17,901
Illinois Municipal Retirement Fund (IMRF)*	
Miscellaneous Employee Benefits	7,593
Uniform Allowance	3,960
Retirement Plan Contribution	20,867
Employment Fees	4,723
Lancaster Allocation	6,824
TOTAL (agree to Schedule V, line 22, col.8)	$ 880,062

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

Description	Line #	Amount
		$
N/A		
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 174)	3,720
Patient Background Checks 235	2,350
Licenses & Fees	22,930
Promotional Advertising	14,711
Dues & Subscriptions	837
Lancaster Allocation	71,644
Less: Public Relations Expense	(1,794)
Non-allowable advertising	(83,241)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 33,147

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	1,287
Lancaster Allocation	147
Seminar Expense	2,223
Lancaster Allocation	1,105
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,762

**See instructions.

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 Report Period Beginning: 1-Jan-2011 Ending: 31-Dec-2011

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													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 13,774		$	$ 333	$ 1,416	$ 2,045	$ 3,723	$ 3,175	$ 2,548	$ 533	$

Facility Name & ID Number Oakbrook Healthcare Centre, Inc. # 34694 **Report Period Beginning:** 1-Jan-2011 **Ending:** 31-Dec-2011

XX. GENERAL INFORMATION:

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

(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? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **80,706** 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 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. $ **85,410**
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. $ **17,901** 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.