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: 0040493

Facility Name: Fairmont Care Centre

Address: 5061 North Pulaski Road (Number) Chicago (City) 60630 (Zip Code)

County: Cook

Telephone Number: (773) 604-8112 Fax # (773) 604-8113

HFS ID Number:

Date of Initial License for Current Owners: 11th May 1995

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	

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 (Date)
	(Type or Print Name)	Christopher Vicere
	(Title)	Vice President - Finance
Paid Preparer	(Signed)	(Date)
	(Print Name and Title)	
	(Firm Name & Address)	
	(Telephone)	( ) Fax # ( )

In the event there are further questions about this report, please contact:
Name: Christopher Vicere Telephone Number: (773) 604-4416
Email Address:

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 Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds None

	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	104	Skilled (SNF)	104	38,064	1
2		Skilled Pediatric (SNF/PED)			2
3	72	Intermediate (ICF)	72	26,352	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	176	TOTALS	176	64,416	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	5,460	15	6,129	11,604	8
9	SNF/PED					9
10	ICF	41,300	3,038	191	44,529	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	46,760	3,053	6,320	56,133	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.14%

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 11th May 1995

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11th May 1995 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 104 and days of care provided 5,825

Medicare Intermediary CGS Administrators, LLC.

IV. ACCOUNTING BASIS

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

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

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

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

Facility Name & ID Number: Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY 9	10	
	A. General Services											
1	Dietary	492,099	81,153	151,928	725,180		725,180		725,180			1
2	Food Purchase		414,612		414,612	(32,059)	382,553	(240)	382,313			2
3	Housekeeping	345,686	60,490		406,176		406,176		406,176			3
4	Laundry	67,395	33,421		100,816		100,816		100,816			4
5	Heat and Other Utilities			228,820	228,820		228,820		228,820			5
6	Maintenance	72,889	110,649	257,099	440,637		440,637	(8,129)	432,508			6
7	Other (specify):*											7
8	**TOTAL General Services**	978,069	700,325	637,847	2,316,241	(32,059)	2,284,182	(8,369)	2,275,813			8
	B. Health Care and Programs											
9	Medical Director			68,200	68,200		68,200		68,200			9
10	Nursing and Medical Records	4,191,743	352,302	14,875	4,558,920		4,558,920		4,558,920			10
10a	Therapy		9,649	47,118	56,767		56,767		56,767			10a
11	Activities	133,481	19,717	4,249	157,447		157,447		157,447			11
12	Social Services	98,474		1,521	99,995		99,995		99,995			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	4,423,698	381,668	135,963	4,941,329		4,941,329		4,941,329			16
	C. General Administration											
17	Administrative	81,237		443,520	524,757		524,757	(183,278)	341,479			17
18	Directors Fees											18
19	Professional Services			99,874	99,874		99,874	8,390	108,264			19
20	Dues, Fees, Subscriptions & Promotions			42,267	42,267		42,267	(27,201)	15,066			20
21	Clerical & General Office Expenses	167,595	59,188	84,933	311,716		311,716	97,306	409,022			21
22	Employee Benefits & Payroll Taxes			894,669	894,669	32,059	926,728	16,595	943,323			22
23	Inservice Training & Education			3,645	3,645		3,645	11,269	14,914			23
24	Travel and Seminar			3,257	3,257		3,257	2,728	5,985			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			80,981	80,981		80,981		80,981			26
27	Other (specify):* *Payroll Taxes (Sch VII)							34,389	34,389			27
28	**TOTAL General Administration**	248,832	59,188	1,653,146	1,961,166	32,059	1,993,225	(39,802)	1,953,423			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,650,599	1,141,181	2,426,956	9,218,736		9,218,736	(48,171)	9,170,565			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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			90,858	90,858		90,858	215,311	306,169			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			4,879	4,879		4,879	798,687	803,566			32
33	Real Estate Taxes			227,727	227,727		227,727		227,727			33
34	Rent-Facility & Grounds			1,320,000	1,320,000		1,320,000	(1,320,000)				34
35	Rent-Equipment & Vehicles			6,345	6,345		6,345		6,345			35
36	Other (specify):*											36
37	TOTAL Ownership			1,649,809	1,649,809		1,649,809	(306,002)	1,343,807			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		334,526	576,531	911,057		911,057		911,057			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			96,624	96,624		96,624		96,624			42
43	Other (specify):* *Addl.State Fee @$6.07**			329,340	329,340		329,340		329,340			43
44	TOTAL Special Cost Centers		334,526	1,002,495	1,337,021		1,337,021		1,337,021			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,650,599	1,475,707	5,079,260	12,205,566		12,205,566	(354,173)	11,851,393			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 Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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	36,465	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	(240)	2		13
14	Non-Care Related Interest	(1,071)	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	(29,213)	21		24
25	Fund Raising, Advertising and Promotional	(118,450)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,021)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule **Sch 5A attached**	(8,454)	6		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (123,134)		$	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)	(231,039)	6,6A &6B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (231,039)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (354,173)		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

Fairmont Care Centre

ID# 0040493

Report Period Beginning: 1-Jan-2012

Ending: 31-Dec-2012

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Deferred Maintenance Cost (incurred in 2012)	$ (15,447)	6	1
2	Deferred Maintenance Cost (allocated for 2012)	6,993	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**	(8,454)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(240)	0	0	0	0	0	0	0	0	0	0	(240)	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	(8,454)	325	0	0	0	0	0	0	0	0	0	(8,129)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(8,694)	325	0	0	0	0	0	0	0	0	0	(8,369)	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	176,906	(360,184)	0	0	0	0	0	0	0	0	(183,278)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	6,640	0	1,750	0	0	0	0	0	0	0	8,390	19
20	Fees, Subscriptions & Promotions	(118,600)	91,399	0	0	0	0	0	0	0	0	0	(27,201)	20
21	Clerical & General Office Expenses	(31,234)	126,519	0	2,021	0	0	0	0	0	0	0	97,306	21
22	Employee Benefits & Payroll Taxes	0	16,595	0	0	0	0	0	0	0	0	0	16,595	22
23	Inservice Training & Education	0	11,269	0	0	0	0	0	0	0	0	0	11,269	23
24	Travel and Seminar	0	2,728	0	0	0	0	0	0	0	0	0	2,728	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	34,389	0	0	0	0	0	0	0	0	34,389	27
28	**TOTAL General Administration**	(149,834)	432,056	(325,795)	3,771	0	0	0	0	0	0	0	(39,802)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(158,528)	432,381	(325,795)	3,771	0	0	0	0	0	0	0	(48,171)	29

Facility Name & ID Number Fairmont Care Centre # 0040493 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

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	36,465	4,573	0	174,273	0	0	0	0	0	0	0	215,311	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,071)	4,637	(2,251)	797,372	0	0	0	0	0	0	0	798,687	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	(1,320,000)	0	0	0	0	0	0	0	(1,320,000)	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	35,394	9,210	(2,251)	(348,355)	0	0	0	0	0	0	0	(306,002)	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)	(123,134)	441,591	(328,046)	(344,584)	0	0	0	0	0	0	0	(354,173)	45

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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%	$ 6,640	$ 6,640	1
2	V	21	Clerical Expenses		Lancaster, Ltd.	100.00%	126,519	126,519	2
3	V	22	Employee Benefits		Lancaster, Ltd.	100.00%	16,595	16,595	3
4	V	24	Seminars and Travel		Lancaster, Ltd.	100.00%	2,728	2,728	4
5	V	17	Administrative Consulting		Lancaster, Ltd.	100.00%	176,906	176,906	5
6	V	20	Marketing Fees		Lancaster, Ltd.	100.00%	89,943	89,943	6
7	V	20	Dues, Fees & Subscriptions		Lancaster, Ltd.	100.00%	1,456	1,456	7
8	V	30	Depreciation		Lancaster, Ltd.	100.00%	4,573	4,573	8
9	V	6	Repairs and Maintenance		Lancaster, Ltd.	100.00%	325	325	9
10	V	32	Interest Paid		Lancaster, Ltd.	100.00%	4,637	4,637	10
11	V	23	Education & Inservice		Lancaster, Ltd.	100.00%	11,269	11,269	11
12	V								12
13	V								13
14	Total			$			$ 441,591	$ * 441,591	14

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

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

VII. RELATED PARTIES (continued)

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

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

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Management Fee Income	$ 443,520	Lancaster, Ltd.	100.00%	$	$ (443,520)	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%	30,174	30,174	18
19	V								19
20	V								20
21	V	32	**Direct Interest**	4,879	Lancaster, Ltd.		2,628	(2,251)	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			$ 448,399			$ 120,353	$ * (328,046)	39

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

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	34	Rental	$ 1,320,000	Fairmont Property LLC		$	$ (1,320,000)	15
16	V	32	Interest	2,628	Fairmont Property LLC		800,000	797,372	16
17	V	30	Depreciation		Fairmont Property LLC		174,273	174,273	17
18	V	21	State Replacement Tax		Fairmont Property LLC		2,021	2,021	18
19	V	19	Professional Fees		Fairmont Property LLC		1,750	1,750	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,322,628			$ 978,044	$ * (344,584)	39

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

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
					Compensation Received From Other	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	
	Name	Title	Function	Ownership Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
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 Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: -Dec-2012

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 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		56,133	6,640	7
8	21	Clerical Expenses	Census Days	246,796	4	556,256	520,039	56,133	126,519	8
9	22	Employee Benefits	Census Days	246,796	4	72,962		56,133	16,595	9
10	24	Seminars and Travel	Census Days	246,796	4	11,995		56,133	2,728	10
11	17	Administrative Consulting	Census Days	246,796	4	777,789	777,789	56,133	176,906	11
12	20	Marketing Fees	Census Days	246,796	4	395,447	378,904	56,133	89,943	12
13	20	Dues, Fees and Subscriptions	Census Days	246,796	4	6,400		56,133	1,456	13
14	30	Depreciation	Census Days	246,796	4	20,107		56,133	4,573	14
15	6	Repairs and Maintenance	Census Days	246,796	4	1,429		56,133	325	15
16	27	Payroll Taxes	Census Days	246,796	4	132,664		56,133	30,174	16
17	32	Interest	Census Days	246,796	4	20,389		56,133	4,637	17
18	23	Education and Inservice	Census Days	246,796	4	49,545		56,133	11,269	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,494,418	$ 2,076,740		$ 559,316	25

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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	Harston Investments		X	Long Term Loan			$	$			$ 800,000	1
2												2
3												3
4												4
5												5
	Working Capital											
6	JP Morgan Chase Bank		X	Working Capital							4,637	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 804,637	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$ 804,637	15
									Set off Interest Income		(1,071)	
											803,566	
											Page 4 Line 32 col. 8	

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

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

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

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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.

Line	Description		Amount	
1	1. Real Estate Tax accrual used on 2011 report.	$	236,000	1
2	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.)	$	227,727	2
3	3. Under or (over) accrual (line 2 minus line 1).	$	(8,273)	3
4	4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)	$	236,000	4
5	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	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	7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	227,727	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:

Year	Amount	Line
2007	178,943	8
2008	180,502	9
2009	221,340	10
2010	229,827	11
2011	227,727	12

FOR BHF USE ONLY

Line	Description		Amount	Line
13	FROM R. E. TAX STATEMENT FOR 2011	$		13
14	PLUS APPEAL COST FROM LINE 5	$		14
15	LESS REFUND FROM LINE 6	$		15
16	AMOUNT TO USE FOR RATE CALCULATION	$		16

** Accrual is based on 2011 Taxes, adjusted for inflation**

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Fairmont Care Centre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040493

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	13-11-300-009-0000	Long-Term Healthcare	$ 227,726.67	$ 227,726.67
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 227,726.67	$ 227,726.67

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.

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: ______ B. General Construction Type: Exterior Brick Frame ______ Number of Stories One

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? [ ] YES [X] NO
If so, please complete the following:

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

3. Current Period Amortization: N/A 4. Dates Incurred: ______

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing Care Facility		1995	$ 685,000	1
2	Addition to Land - Reclaimed on Demolition		2007	46,500	2
3	TOTALS			$ 731,500	3

Facility Name & ID Number Fairmont Care Centre # 0040493 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	176		1995		$ 2,240,980	$ 55,916	20	$ 55,916	$	$ 990,623	4
5			2007		(60,256)						5
6											6
7											7
8											8
	Improvement Type**										
9	Canopy and Awning			1995	3,300	85	20	85		1,495	9
10	Intercom System			1995	1,844	47	20	47		816	10
11	Roof Exhausters			1996	2,136	55	20	55		894	11
12	Permanent Signage			1997	16,625	491	15	491		16,255	12
13	Fire Alarm			1997	68,600	1,759	20	1,759		26,751	13
14	Parking Lot Excavation			1997	45,000	1,329	15	1,329		43,995	14
15	Parking Lot Asphalt			1997	68,000	2,008	15	2,008		66,480	15
16	Concrete Curbs			1997	18,000	531	15	531		17,599	16
17	Phase I Expansion-Landscaping			1997	41,000	1,211	15	1,211		40,085	17
18	Site Sewer			1997	28,500	841	15	841		27,863	18
19	Phase I Expansion-Building			1997	1,218,394	27,835	20		(27,835)	1,085,619	19
20	Ceramic Tiled Hallway			1998	10,603	272	15	272		3,977	20
21	Electrical Enhancements			1998	6,210	159	15	159		2,327	21
22	Phase II-Landscape			1999	15,000	886	15	886		13,672	22
23	Site Sewer			1999	40,376	2,384	15	2,384		36,800	23
24	Fire Protection			1999	43,440	1,114	20	1,114		14,806	24
25	Excavation			1999	49,650	2,932	15	2,932		45,253	25
26	Phase II Expansion			1999	2,281,933	55,008	20		(55,008)	2,145,407	26
27	Electrical-Courtyard			2001	6,520	167	15	167		1,997	27
28	Building Roofing			2001	21,919	562	20	562		6,299	28
29	Garage Roofing			2001	7,500	192	20	192		2,155	29
30	Heating System			2001	17,965	461	15	461		5,164	30
31	Addition to Heating System			2002	8,561		20	641	641	8,560	31
32	Improvement to Heating System			2002	11,688		20	974	974	11,689	32
33	Parking Lot Expansion			2002	31,500	1,303	20	2,625	1,322	31,500	33
34	Garden Pond			2003	5,000	147	20	332	185	3,164	34
35	Installation of Boiler & Heating Pipes			2003	54,886	1,407	20	4,574	3,167	42,308	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 Fairmont Care Centre # 0040493 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	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Fire Rated Wooden Door	2006	$ 1,440	$ 37	15	$ 144	$ 107	$ 900	37
38	3rd floor Renovation Framework & ceiling	2007	11,500	295	20	1,150	855	6,804	38
39	3rd floor Renovation Electrical Installations	2007	3,000	77	20	300	223	1,775	39
40	3rd floor Renovation Carpeting	2007	2,500	144	20	42	(102)	2,500	40
41	Improvements to Dining Room	2007	97,863	5,637	20	8,155	2,518	97,863	41
42	Cabinets, Installation & Decorations for Dining Room	2007	97,862	2,509	20	9,786	7,277	54,639	42
43	Asphalt Coated Parking Lot	2007	61,905	3,857	20	4,127	270	24,074	43
44	Electrical Installations	2007	11,100		20	1,110	1,110	6,105	44
45	Town Square Construction - Interior & Exterior	2008	472,376	12,453	20	46,309	33,856	208,391	45
46	Corner Parking Lot Construction	2008	22,350	774	20	1,490	716	6,705	46
47	Electronic Telephone exchange	2008	21,165	1,219	10	4,233	3,014	21,165	47
48	Main Entrance Brickwork	2009	2,180	84	15	144	60	555	48
49	Building Roofing	2009	41,000	1,051	10	4,100	3,049	15,717	49
50	Condensing Unit	2009	16,882	433	10	1,688	1,255	6,612	50
51	Reconstruction of Resident Baths	2009	19,625	503	10	1,963	1,460	7,524	51
52	Stone/Brick Entrance Sign	2009	4,500	173	15	300	127	1,125	52
53	Concrete walkaway at Reception Exit	2009	4,300	166	15	287	121	956	53
54	Replace windows for 16 Resident Rooms	2009	25,000	641	10	2,500	1,859	7,917	54
55	Security Alarm System for Reception Area	2010	11,960	307	10	1,196	889	3,588	55
56	Digital Paging System	2010	4,940	504	5	988	484	2,388	56
57	High Wattage Berkay Heater	2010	7,325	188	10	733	545	2,076	57
58	Windows changed for whole facility	2010	94,900	2,433	10	9,490	7,057	20,562	58
59	Renovate 8 Resident Rooms-Tiles,Flooring,Ceiling,Lighting	2010	122,641	3,145	10	12,264	9,119	26,572	59
60	2 Carrier Roof Top Air conditioning Units for 8 Rooms	2010	24,970	640	10	2,497	1,857	5,202	60
61	Roofing Replacement south end Roof	2011	44,232		10	4,423	4,423	8,109	61
62	Overhead Electric Service Feeder for Kitchen	2011	6,830		5	1,366	1,366	2,163	62
63	Underground Hot Water Pipe & Return Pipe for Radiators	2011	33,738	865	10	3,374	2,509	4,217	63
64	Security Camera Network System, in & around Facility	2012	19,754	11,852	5	2,305	(9,547)	2,305	64
65	Airconditioning roof top unit (3 Ton Capacity)	2012	3,036	36	39	152	116	152	65
66	Patient Hoyer Lift, installed in ceiling	2012	6,280	3,768	5	419	(3,349)	419	66
67	Hot Water Pump & Piping for Laundry Room	2012	5,796	19	39	97	78	97	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 7,607,824	$ 212,912		$ 209,680	$ (3,232)	$ 5,242,730	70

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

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 694,322	$ 14,611	$ 79,713	$ 65,102	5	$ 250,731	71
72	Current Year Purchases	58,503	35,102	8,226	(26,876)	5	8,226	72
73	Fully Depreciated Assets	1,485,478	2,506	3,977	1,471	5	1,485,478	73
74	**Lancaster Allocation**		4,573	4,573			35,408	74
75	TOTALS	$ 2,238,303	$ 56,792	$ 96,489	$ 39,697		$ 1,779,843	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)	$ 10,577,627	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 269,704	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 306,169	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 36,465	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 7,022,573	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: *** Fairmont Property, LLC (a related entity)***

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								5
6								6
7	TOTAL				$ **			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.	/2013	$
13.	/2014	$
14.	/2015	$

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: $ 6,345 Description: Rehabilitation Equipment @$1,300 p.m for 3.5 months & @$1,795 for 1 month
(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

* 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 Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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?

   [X] YES
   [ ] NO

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

2. CLASSROOM PORTION:

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

3. CLINICAL PORTION:

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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	$		$ 197,697	$		$ 197,697	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			112,861			112,861	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			264,063			264,063	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation **Inhalation Therapy*	39-3	hrs			1,910			1,910	8
9	Pharmacy	39-2	# of prescrpts				259,750		259,750	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): **Medical Supplies**	39-2					28,745		28,745	12
13	Other (specify): **Speciality Beds**	39-2					46,031		46,031	13
14	TOTAL			$		$ 576,531	$ 334,526		$ 911,057	14

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

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 31-Dec-2012 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,100	$ 1,100	1
2	Cash-Patient Deposits	68,493	68,493	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	5,238,402	5,238,402	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	19,340	19,340	6
7	Other Prepaid Expenses	48	48	7
8	Accounts Receivable (owners or related parties)	3,200	3,200	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 5,330,583	$ 5,330,583	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		731,500	13
14	Buildings, at Historical Cost		2,180,724	14
15	Leasehold Improvements, at Historical Cost	821,688	5,102,466	15
16	Equipment, at Historical Cost	1,760,970	1,975,478	16
17	Accumulated Depreciation (book methods)	(2,215,846)	(4,576,238)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	67,109	67,109	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(67,109)	(67,109)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): **Construction in Progress**		215,816	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 366,812	$ 5,629,746	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,697,395	$ 10,960,329	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 481,919	$ 481,919	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	68,493	68,493	28
29	Short-Term Notes Payable	1,322,390	1,286,438	29
30	Accrued Salaries Payable	701,371	701,371	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,995	14,995	31
32	Accrued Real Estate Taxes(Sch.IX-B)	236,000	236,000	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)**	$ 2,825,168	$ 2,789,216	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,850,000	11,850,000	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 3,850,000	$ 11,850,000	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 6,675,168	$ 14,639,216	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (977,773)	$ (3,678,887)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,697,395	$ 10,960,329	48

*(See instructions.)

Facility Name & ID Number **Fairmont Care Centre** **#** **0040493** **Report Period Beginning: 1-Jan-2012** **Ending: 31-Dec-2012**

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (1,576,377)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,576,377)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(618,054)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock	10,000	9
10	Stock Options Exercised		10
11	Contributions and Grants	1,206,658	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 598,604	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)**	$ (977,773)	24 *

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

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

XVI. STATEMENT OF CHANGES IN EQUITY

		Total after consolidation	
1	**Balance at Beginning of Year, as Previously Reported**	$ (4,022,075)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (4,022,075)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(273,470)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock	10,000	9
10	Stock Options Exercised		10
11	Contributions and Grants	1,206,658	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(600,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 343,188	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)**	$ (3,678,887)	24 *

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

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 12,689,904	1
2	Discounts and Allowances for all Levels	(2,919,863)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,770,041	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,360,322	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,360,322	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	246,027	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	4,929	19
20	Radiology and X-Ray	7,137	20
21	Other Medical Services	38,585	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 296,678	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,071	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,071	26
	E. Other Revenue (specify):****		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	****Rental Income****	159,400	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 159,400	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,587,512	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,316,241	31
32	Health Care	4,941,329	32
33	General Administration	1,961,166	33
	B. Capital Expense		
34	Ownership	1,649,809	34
	C. Ancillary Expense		
35	Special Cost Centers	911,057	35
36	Provider Participation Fee	96,624	36
	D. Other Expenses (specify):		
37			37
38	**** Additional State fee @6.07 ****	329,340	38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 12,205,566	40
41	**Income before Income Taxes (line 30 minus line 40)****	(618,054)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (618,054)	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 - Pg 9 & 5**

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

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,041	2,091	$ 97,161	$ 46.47	1
2	Assistant Director of Nursing	1,971	2,134	86,873	40.71	2
3	Registered Nurses	60,355	64,961	1,840,835	28.34	3
4	Licensed Practical Nurses	22,506	23,873	554,798	23.24	4
5	CNAs & Orderlies	120,701	131,250	1,520,017	11.58	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,013	2,179	31,288	14.36	9
10	Activity Assistants	8,065	9,153	102,193	11.16	10
11	Social Service Workers	5,598	6,185	98,474	15.92	11
12	Dietician					12
13	Food Service Supervisor	1,483	1,511	32,704	21.64	13
14	Head Cook					14
15	Cook Helpers/Assistants	36,201	39,452	459,395	11.64	15
16	Dishwashers					16
17	Maintenance Workers	3,916	4,097	72,889	17.79	17
18	Housekeepers	27,054	30,212	345,686	11.44	18
19	Laundry	4,577	5,553	67,395	12.14	19
20	Administrator	2,041	2,091	81,237	38.85	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,309	9,330	167,595	17.96	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	3,775	4,331	92,059	21.26	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	310,606	338,403	$ 5,650,599 *	$ 16.70	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	1,056	$ 31,697	1-3	35
36	Medical Director	2,130	68,200	9-3	36
37	Medical Records Consultant	161	4,512	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	432	10,363	10-3	39
40	Physical Therapy Consultant	870	21,737	10a-3	40
41	Occupational Therapy Consultant	622	15,560	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	328	9,821	10a-3	43
44	Activity Consultant	185	4,249	11-3	44
45	Social Service Consultant	60	1,521	12-3	45
46	Other(specify)				46
47	**Part Year Outsourced Fine Dining Program**		120,231	1-3	47
48					48
49	TOTAL (lines 35 - 48)	5,844	$ 287,891		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: Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Joanne Ventrella	Administrator	N/A	$ 81,237
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 81,237

B. Administrative - Other

Description	Amount
Management Fees - Lancaster, Ltd.	$ 443,520
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 443,520

C. Professional Services

Vendor/Payee	Type	Amount
Health Data Systems, Inc.	Data Processing	$ 6,390
E-Health Solutions Inc	Data Processing	43,940
Personnel Planners, Inc.	Payroll Tax Consultant	1,486
Frost Ruttenberg & Rothblatt	Accounting	2,915
Richard Peelo & Associates	Accounting	2,250
Korey,Cotter & Heather	Legal	7,454
Korey Law, LLC	Legal	10,965
Laner,Muchin,Dombrow,Becker	Legal	1,358
Myers, Carden & Sax LLC	Legal	22,084
Garofalo Law Group	Legal	1,032
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 99,874

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 55,006
Unemployment Compensation Insurance	52,232
FICA Taxes	419,499
Employee Health Insurance	281,886
Employee Meals	32,059
Illinois Municipal Retirement Fund (IMRF)*	
Miscellaneous Employee Benefits	15,746
Uniform Allowance	
Retirement Plan Contribution	57,278
Dental/Vision Insurance	13,022
Lancaster Allocation	16,595
TOTAL (agree to Schedule V, line 22, col.8)	$ 943,323

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	4,200
Health Care Worker Background Check	
(Indicate # of checks performed 110)	3,300
Patient Background Checks 159	2,385
Licenses & Fees	1,375
Promotional Advertising	28,507
Dues & Subscriptions	510
Lancaster Allocation	91,399
Less: Public Relations Expense	(89,943)
Non-allowable advertising	(28,657)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,066

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	867
Lancaster Allocation	1,773
Seminar Expense	2,390
Lancaster Allocation	955
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 5,985

**See instructions.

Facility Name & ID Number Fairmont Care Centre # 0040493 Report Period Beginning: 1-Jan-2012 Ending: 31-Dec-2012

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 and Decorating	Feb-04	$ 2,742	3	$ 457	$	$	$	$	$	$	$	$
2	Painting and Decorating	Sep-04	1,973	3	330								
3	Painting and Decorating	May-05	3,784	3	1,261	631							
4	Painting and Decorating	Aug-05	3,735	3	1,245	623							
5	Painting and Decorating	Oct-06	4,767	3	1,589	1,589	795						
6	Painting and Decorating	Mar 07	350	3	116	118	116						
7	Painting and Decorating	Aug-07	1,200	3	200	400	400	200					
8	Painting and Decorating	Aug-08	3,850	3		642	1,283	1,283	642				
9	Painting and Decorating	Dec-08	1,829	3			610	609	610				
10	Painting and Decorating	May-09	1,550	3			259	516	516	259			
11	Painting and Decorating	Oct-09	1,359	3			226	453	453	227			
12	Painting and Decorating	Jun-10	2,704	3				451	901	901	451		
13	Painting and Decorating	Jul-11	1,493	3					498	497	498		
14	Painting and Decorating	Oct-11	4,590	3					765	1,530	1,530	765	
15	Painting and Decorating	Feb-12	6,027	3						2,009	2,009	2,009	
16	Painting and Decorating	Nov-12	9,420	3						1,570	3,140	3,140	1,570
17													
18													
19													
20	TOTALS		$ 51,373		$ 5,198	$ 4,003	$ 3,689	$ 3,512	$ 4,385	$ 6,993	$ 7,628	$ 5,914	$ 1,570

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. $ **69,394** 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. $ **96,624**
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. $ **32,059** 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.