

		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: <u>0029876</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																
Facility Name: <u>Misericordia Home-North</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>July 1, 2010</u> to <u>June 30, 2011</u> 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.																																
Address: <u>6300 North Ridge Avenue</u> <u>Chicago</u> <u>60660</u> Number City Zip Code																																		
County: <u>Cook</u>																																		
Telephone Number: <u>773 973-6300</u> Fax # <u>773 743-5439</u>																																		
HFS ID Number: _____																																		
Date of Initial License for Current Owners: <u>Various</u>		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>Kevin Connelly</u></td></tr><tr><td>(Title) <u>CFO</u></td></tr><tr><td>(Date) _____</td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Signed) _____</td></tr><tr><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) _____</td></tr><tr><td>(Telephone) <u>()</u> Fax # <u>()</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Kevin Connelly</u>	(Title) <u>CFO</u>	(Date) _____	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____	(Telephone) <u>()</u> Fax # <u>()</u>																				
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	(Telephone) <u>()</u> Fax # <u>()</u>																																	
Type of Ownership:																																		
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In the event there are further questions about this report, please contact:		MAIL TO: BUREAU OF HEALTH FINANCE																																
Name: <u>Carolyn Sheehan</u>		ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES																																
Telephone Number: <u>773 273-3033</u>		201 S. Grand Avenue East																																
Email Address: _____		Springfield, IL 62763-0001																																
		Phone # (217) 782-1630																																

Facility Name & ID Number Misericordia Home-North

0029876 Report Period Beginning: July 1, 2010 Ending: June 30, 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 10/17/10

	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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	153	Intermediate/DD	153	55,118	4
5		Sheltered Care (SC)			5
6	140	ICF/DD 16 or Less	188	60,186	6
7	293	TOTALS	341	115,304	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	51,819	365		52,184	11
12	SC					12
13	DD 16 OR LESS	52,513	754		53,267	13
14	TOTALS	104,332	1,119		105,451	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.45%

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

9,672 (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)

Adult Vocational Training, 7 CILA homes, CLF and CCI

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

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

YES ☐ NO ☒

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

YES ☒ NO ☐

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

Date started various - see schedule

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

YES ☐ Date _____ NO ☒

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

YES ☐ NO ☒ If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: June 30, 2011 Fiscal Year: June 30, 2011

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

Facility Name & ID Number Misericordia Home-North # 0029876 Report Period Beginning: July 1, 2010 Ending: June 30, 2011

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	514,166	120,505	44,173	678,844		678,844	(217,882)	460,962			1
2	Food Purchase		1,635,659		1,635,659		1,635,659	(593,420)	1,042,239			2
3	Housekeeping	488,022	267,629	309,181	1,064,832		1,064,832	(390,521)	674,311			3
4	Laundry	69,424	33,320		102,744		102,744	(41,280)	61,464			4
5	Heat and Other Utilities			923,264	923,264		923,264	(459,772)	463,492			5
6	Maintenance	808,515	276,501	1,335,589	2,420,605		2,420,605	(802,049)	1,618,556			6
7	Other (specify):*											7
8	TOTAL General Services	1,880,127	2,333,614	2,612,207	6,825,948		6,825,948	(2,504,924)	4,321,024			8
	B. Health Care and Programs											
9	Medical Director	29,663			29,663		29,663	(3,735)	25,928			9
10	Nursing and Medical Records	1,897,026	1,270,813	82,538	3,250,377		3,250,377	(894,796)	2,355,581			10
10a	Therapy	12,901,579	6,687	106,798	13,015,064		13,015,064	(2,842,953)	10,172,111			10a
11	Activities	361,855	27,712	261,842	651,409		651,409	(159,751)	491,658			11
12	Social Services	265,779	138		265,917		265,917	(70,425)	195,492			12
13	CNA Training	164,835	4,780	1,735	171,350		171,350	(34,819)	136,531			13
14	Program Transportation		117,303		117,303		117,303	(67,618)	49,685			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	15,620,737	1,427,433	452,912	17,501,082		17,501,082	(4,074,097)	13,426,985			16
	C. General Administration											
17	Administrative	375,357	4,906	12,647	392,910		392,910	(80,079)	312,831			17
18	Directors Fees											18
19	Professional Services			226,770	226,770		226,770	(55,011)	171,759			19
20	Dues, Fees, Subscriptions & Promotions			177,758	177,758		177,758	(132,230)	45,528			20
21	Clerical & General Office Expenses	1,267,971	180,587	139,611	1,588,169		1,588,169	(608,562)	979,607			21
22	Employee Benefits & Payroll Taxes			5,816,977	5,816,977		5,816,977	(2,023,027)	3,793,950			22
23	Inservice Training & Education											23
24	Travel and Seminar			10,330	10,330		10,330	(4,471)	5,859			24
25	Other Admin. Staff Transportation		1,212		1,212		1,212	(1,212)				25
26	Insurance-Prop.Liab.Malpractice			297,499	297,499		297,499	(172,034)	125,465			26
27	Other (specify):*											27
28	TOTAL General Administration	1,643,328	186,705	6,681,592	8,511,625		8,511,625	(3,076,626)	5,434,999			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	19,144,192	3,947,752	9,746,711	32,838,655		32,838,655	(9,655,647)	23,183,008			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			3,613,726	3,613,726		3,613,726	(1,680,857)	1,932,869			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			19,670	19,670		19,670	(19,670)				32
33	Real Estate Taxes			(3,830)	(3,830)		(3,830)	3,830				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			3,629,566	3,629,566		3,629,566	(1,696,697)	1,932,869			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	2,972,818	494,449	627	3,467,894		3,467,894	(3,455,912)	11,982			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			1,206,820	1,206,820		1,206,820		1,206,820			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	2,972,818	494,449	1,207,447	4,674,714		4,674,714	(3,455,912)	1,218,802			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	22,117,010	4,442,201	14,583,724	41,142,935		41,142,935	(14,808,256)	26,334,679			45

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

Misericordia Home-North

ID#	0029876
Report Period Beginning:	July 1, 2010
Ending:	June 30, 2011

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Expenses reimbursed from other sources:	\$		1
2	Dietary Wages, supplies and other	(217,882)	1	2
3	Food Supplies	(593,420)	2	3
4	Housekeeping Wages, Supplies	(390,521)	3	4
5	Laundry supplies	(41,280)	4	5
6	Heat and Other Utilities	(459,772)	5	6
7	Maintenance Wages, Supplies and Other	(802,085)	6	7
8	Medical Director	(3,735)	9	8
9	Nursing/Med Records Wages, Supplies and Other	(890,132)	10	9
10	Therapy Wages, Supplies and Other	(2,613,558)	10a	10
11	Activities Wages, Supplies and Other	(159,751)	11	11
12	Social Services Wages, Supplies and Other	(70,425)	12	12
13	Training	(34,819)	13	13
14	Program Transportation Other	(67,618)	14	14
15	Administrative Wages, Supplies and other	(57,270)	17	15
16	Professional Services	(55,011)	19	16
17	Dues, Fees, Subscriptions & Promotions	(130,348)	20	17
18	Clerical Wages, Supplies and Other	(602,930)	21	18
19	Employee Benefits & Payroll Taxes	(2,023,027)	22	19
20	Travel & Seminar	(4,471)	24	20
21	Other Admin Staff Transportation	(524)	25	21
22	Insurance	(172,034)	26	22
23	Depreciation	(1,777,665)	30	23
24	Ancillary Service Centers Salaries and Supplies	(3,455,912)	39	24
25	Real Estate Taxes	3,830	33	25
26	Depreciation on donated fixed assets	(37,372)	30	26
27	Donated equipment	(4,664)	10	27
28	Subscription	(1,059)	20	28
29	Donated Administrator's salary	(17,681)	17	29
30	Admin transportation	(688)	25	30
31	Off-site recreational facility costs	(5,128)	17	31
32	Off-site recreational facility depreciation	(2,633)	30	32
33	Gain on disposal	36	6	33
34	Investment fees	(823)	20	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		(14,690,372)		49

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	(229,395)	10a		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	136,813	30		9
10	Interest and Other Investment Income	(19,670)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(5,632)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (117,884)		\$	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (117,884)		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

Summary A

June 30, 2011

[illegible]

Summary B

June 30, 2011

													SUMMARY	
Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	
D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)		
Depreciation	(1,680,857)	0	0	0	0	0	0	0	0	0	0	(1,680,857)	30	
Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31	
Interest	(19,670)	0	0	0	0	0	0	0	0	0	0	(19,670)	32	
Real Estate Taxes	3,830	0	0	0	0	0	0	0	0	0	0	3,830	33	
Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34	
Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35	
Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36	
TOTAL Ownership	(1,696,697)	0	0	0	0	0	0	0	0	0	0	(1,696,697)	37	
Ancillary Expense														
E. Special Cost Centers														
Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38	
Ancillary Service Centers	(3,455,912)	0	0	0	0	0	0	0	0	0	0	(3,455,912)	39	
Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40	
Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41	
Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42	
Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43	
TOTAL Special Cost Centers	(3,455,912)	0	0	0	0	0	0	0	0	0	0	(3,455,912)	44	
GRAND TOTAL COST (sum of lines 29, 37 & 44)	(14,808,256)	0	0	0	0	0	0	0	0	0	0	(14,808,256)	45	

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See attached schedule of Board of Directors during FY 2011						
Misericordia Home , an equal opportunity employer and provider of service, is separately incorporated and independantly funded.						
The Catholic Bishop of Chicago, through provisions in Misericordia's By-Laws, and Catholic Charities, by virtue of a majority of						
Board membership, qualify as related organization because each has the ability to influence Misericordia's operating policy.						

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$	Certain costs, primarily related to insurance and/or construction, may		\$	\$	1
2	V				be paid to either Catholic Charities or the Archdiocese of Chicago. Such costs are paid to				2
3	V				these organizations on a pass-through basis, as part of our participation in collective purchasing				3
4	V				groups. Our share of costs are ultimately paid to external providers not related to us.				4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
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24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Misericordia Home-North # 0029876 Report Period Beginning: July 1, 2010 Ending: June 30, 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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sr. Rosemary Connelly	Executive Director	Oversees Misericor	N/A		50	100.00	Salary	\$ 40,371	17	1
2											2
3											3
4	Note that Sr. Rosemary Connelly's salary is allocated between Development & Community Relations and Program MG&A (MG&A portion is further allocated										4
5	between Misericordia North & McAuley).										5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 40,371		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 Misericordia Home-North # 0029876 Report Period Beginning: July 1, 2010 Ending: ne 30, 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 ☐ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
Street Address _____
City / State / Zip Code _____
Phone Number () _____
Fax Number () _____

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										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	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1							\$					\$	1
2													2
3													3
4													4
5													5
	Working Capital												
6													6
7													7
8													8
9	TOTAL Facility Related						\$					\$	9
	B. Non-Facility Related*												
10													10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$					\$	14
15	TOTALS (line 9+line14)						\$					\$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

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

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

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

B. Real Estate Taxes

[illegible]

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.**

FACILITY NAME	<u>Misericordia Home-North</u>	COUNTY	<u>Cook</u>
---------------	--------------------------------	--------	-------------

CONTACT PERSON REGARDING THIS REPORT

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)		(B)		(C)		(D)	
<u>Tax Index Number</u>		<u>Property Description</u>		<u>Total Tax</u>		<u>Tax Applicable to Nursing Home</u>	
1.				\$		\$	
2.				\$		\$	
3.				\$		\$	
4.				\$		\$	
5.				\$		\$	
6.				\$		\$	
7.				\$		\$	
8.				\$		\$	
9.				\$		\$	
10.				\$		\$	
TOTALS				\$		\$	

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?

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 566,390

B. General Construction Type: Exterior Brick Frame Solid Masonry Number of Stories

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

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

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

Day Training Facility - approximately 69,164 square feet with 300+ participants.

Shannon Apartments- approximately 68,000 square feet with 51 participants.

7 CILAs - approximately 27,196 square feet with 42 participants.

CCI facilities - approximately 13,459 square feet with 18 residents.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

XI. OWNERSHIP COSTS (continued)

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

	1		2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	HOLBROOK										9
10	Wall Guards			2008	1,545	309	5	309	0	979	10
11	Wall Guards			2008	10,871	2,174	5	2,174	0	6,885	11
12	Install New Boiler-Mat and Labor(Replacement)			2008	27,842	2,784	10	2,784	0	7,424	12
13	MC GOWAN										13
14	Rewire Chiller			2008	3,416	342	10	342	0	1,025	14
15	Repair due to Lightning Strike-Protecting Panels			2008	387	26	15	26	0	69	15
16	VILLAGE-BRACH HOME										16
17	Repair due to Lightning Strike-Protecting Panels			2008	387	26	15	26	0	69	17
18	Wiring for Internet Connection-Labor			2009	975	65	15	65	0	141	18
19	VILLAGE-HESBRITT HOME										19
20	Repair due to Lightning Strike-Protecting Panels			2008	387	26	15	26	0	69	20
21	Wiring for Internet Connection-Labor			2009	975	65	15	65	0	141	21
22	VILLAGE-MAHONEY HOME										22
23	Repair due to Lightning Strike-Protecting Panels			2008	387	26	15	26	0	69	23
24	Wiring for Internet Connection-Labor			2009	975	65	15	65	0	141	24
25	VILLAGE-MAZZA HOME										25
26	Install Wood Floor			2008	10,558	1,056	10	1,056	(0)	3,607	26
27	Repair due to Lightning Strike-Protecting Panels			2008	387	26	15	26	0	69	27
28	Wiring for Internet Connection-Labor			2009	975	65	15	65	0	141	28
29	VILLAGE-O'DONNELL HOME										29
30	Repair due to Lightning Strike-Protecting Panels			2008	387	26	15	26	0	69	30
31	Wiring for Internet Connection-Labor			2009	975	65	15	65		141	31
32	VILLAGE-POLK HOME										32
33	Repair due to Lightning Strike-Protecting Panels			2008	387	26	15	26	0	69	33
34	Wiring for Internet Connection-Labor			2009	975	65	15	65		141	34
35											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 Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2010 Ending: June 30, 2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	VILLAGE-RICE HOME		\$	\$		\$	\$	\$	37
38	Repair due to Lightning Strike-Protecting Panels	2008	387	26	15	26	0	69	38
39	Labor and Materials	2009	6,518	652	10	652	0	1,304	39
40	VILLAGE-SHANNON HOME								40
41	Repair due to Lightning Strike-Protecting Panels	2008	387	26	15	26	0	69	41
42	Wiring for Internet Connection-Labor	2009	975	65	15	65	0	141	42
43	Marian Center								43
44	Kitchen Cabinets	2008	14,288	953	15	953		3,096	44
45	Cabinet	2008	14,288	953	15	953		3,017	45
46	New Counter Tops	2008	3,867	258	15	258	(0)	795	46
47	New Cabinets	2008	4,800	320	15	320	0	987	47
48	Electrical Wiring	2008	3,761	188	20	188	0	580	48
49	Labor	2008	11,659	777	15	777	(0)	2,331	49
50	Flooring Decoria Wood	2008	4,130	413	10	413	0	1,239	50
51	Vinyl Flooring	2008	13,567	1,357	10	1,357	0	3,844	51
52	Cabinets-50% Downpayment	2008	15,000	1,000	15	1,000		2,750	52
53	Cabinets-Apt 101 Final payment	2008	19,845	1,323	15	1,323		3,418	53
54	Mat.&Labor-Countertop; Double Bowl Sink; laundry	2008	4,531	302	15	302	(0)	755	54
55	Electrical Wiring-Mat&Labor-MC Remodelling	2009	4,084	204	20	204	(0)	544	55
56	Flooring-Vinyl-Mat&labor	2009	8,850	885	10	885		2,139	56
57	Misc.Sheet Metal Repair-Mat&Labor	2009	2,872	191	15	191	(0)	430	57
58	Flooring-Vinyl-6 units Mat&labor	2009	33,262	3,326	10	3,326	(0)	7,484	58
59	Ditka Hall-Paver Installation	2009	3,465	231	15	231		520	59
60	Labor-Misc. Work	2009	560	37	15	37	(0)	90	60
61	Cabinets-Apt 102-50% Downpayment	2009	16,450	1,097	15	1,097	0	2,376	61
62	Dens-Apt 102-50% Downpayment	2009	1,458	97	15	97	(0)	210	62
63	Cabinets-Apt 103-50% Downpayment	2009	15,529	1,035	15	1,035	(0)	2,243	63
64	Wallpaper Supplies	2009	3,723	745	5	745	0	1,552	64
65	Flooring-MC 102	2009	7,210	721	10	721	(0)	1,442	65
66	Labor-Misc. Worl-MC 102	2009	560	37	15	37	(0)	77	66
67	Labor-Misc. Worl-MC 103	2009	1,400	93	15	93	0	186	67
68	Facility Management Fees-#3662 Renovation	2008	1,500	100	15	100		292	68
69	Facility Management Fees-Renovation	2008	240	16	15	16		45	69
70	TOTAL (lines 4 thru 69)		\$ 281,954	\$ 24,663		\$ 24,664	\$ 1	\$ 65,274	70

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

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2010 Ending: June 30, 2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 281,954	\$ 24,663		\$ 24,664	\$ 1	\$ 65,274	1
2	Facility Management Fees-Renovation	2008	520	35	15	35	0	96	2
3	Facility Management Fees-Renovation	2008	455	30	15	30	(0)	81	3
4	Facility Management Fees-Renovation	2008	1,820	121	15	121	(0)	313	4
5	Facility Management Fees-Renovation	2008	2,080	139	15	139	0	347	5
6	Facility Management Fees-Renovation	2009	1,430	95	15	95	(0)	230	6
7	Facility Management Fees-Renovation	2009	2,340	156	15	156		338	7
8	Facility Management Fees-Renovation	2009	1,820	121	15	121	(0)	287	8
9	Electrical Wiring-Mat&Labor-MC Remodelling	2009	3,134	157	20	157	0	379	9
10	Electrical Wiring-Mat&Labor-MC Remodelling	2009	3,681	184	20	184	(0)	409	10
11									11
12	VILLAGE HOMES-HERBSTTRITT								12
13	Bathroom Renovation-Vanities; Cabinets	2011	6,120	510	10	510		510	13
14	Floor Renovation	2011	7,700	513	10	513	(0)	513	14
15	Electrical Wiring	2011	686	23	20	23	0	23	15
16	Install Lightings	2011	1,582	33	20	33	0	33	16
17	Bathroom Renovation	2011	10,099	252	10	252	(0)	252	17
18	VILLAGE HOME-MINIAT								18
19	Floor Renovation	2011	3,555	237	10	237		237	19
20	Electrical Wiring	2011	686	23	20	23	0	23	20
21	Electrical Wiring	2011	3,164	79	20	79	(0)	79	21
22	Electrical Feed Wiring	2011	2,337	49	20	49	0	49	22
23	Electrical Wiring	2011	1,977	41	20	41	(0)	41	23
24	Bathroom Renovation	2011	10,542	88	10	88	0	88	24
25	VILLAGE HOMES-POLK								25
26	Floor Renovation	2011	3,675	245	10	245		245	26
27	Electrical Wiring	2011	686	23	20	23	0	23	27
28	Electrical Wiring	2011	2,157	63	20	63	0	63	28
29	Electrical Wiring	2011	3,744	109	20	109	(0)	109	29
30	Misc. Labor	2011	1,015	28	15	28	(0)	28	30
31	Electrical Wiring	2011	1,441	36	20	36		36	31
32	Install Lightings	2011	2,207	55	20	55	(0)	55	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 362,606	\$ 28,109		\$ 28,109	\$ 0	\$ 70,162	34

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

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2010 Ending: June 30, 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	
1	Totals from Page 12B, Carried Forward		\$ 362,606	\$ 28,109		\$ 28,109	\$ 0	\$ 70,162	1
2	VILLAGE HOMES-POLK								2
3	Roof Replacement	2011	10,820	180	10	180		180	3
4	Flooring	2011	2,048	85	10	85		85	4
5	BathroomRenovation	2011	17,453	436	10	436		436	5
6	VILLAGE HOMES-O'DONNELL								6
7	Electrical Wiring	2011	686	23	20	23		23	7
8	Install Lightings	2011	1,582	33	20	33		33	8
9	Replace Roof	2011	10,700	89	10	89		89	9
10	BathroomRenovation	2011	9,489	237	10	237		237	10
11	Flooring	2011	13,340	74	15	74		74	11
12	VILLAGE HOMES-RICE								12
13	Electrical Wiring	2011	686	23	20	23		23	13
14	Vinyl Flooring	2011	5,835	292	10	292		292	14
15	Carpeting-Stairwell	2011	1,865	186	5	186		186	15
16	Electrical Wiring	2011	1,441	36	20	36		36	16
17	Install Lightings	2011	2,207	55	20	55		55	17
18	Roof Replacement	2011	11,050	184	10	184		184	18
19	Flooring	2011	2,718	45	15	45		45	19
20	BathroomRenovation	2011	6,255	156	10	156		156	20
21	VILLAGE HOMES-MAZZA								21
22	Electrical Wiring	2011	3,367	84	20	84		84	22
23	Misc. Labor	2011	1,120	31	15	31		31	23
24	Electrical Wiring	2011	1,977	41	20	41		41	24
25	Electrical Wiring	2011	282	7	20	7		7	25
26	Roof Replacement	2011	15,170	253	10	253		253	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 482,695	\$ 30,662		\$ 30,662	\$ 0	\$ 72,714	34

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

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2010 Ending: June 30, 2011

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 482,695	\$ 30,662		\$ 30,662	\$ 0	\$ 72,714	1
2	Holbrook-Prior to 2008		3,899,372	196,714	5 20	196,714	(0)	2,687,074	2
3	McGowan-Prior to 2008		1,507,206	76,250	5 20	76,250	(0)	1,030,268	3
4	Village Homes-Prior to 2008		4,357,638	178,619	5 25	178,619	(0)	3,799,416	4
5	Marian Center-Prior to 2008		4,663,470	64,903	5 25	172,541	107,638	4,260,673	5
6	Connelly Home-Prior to 2008		2,046,936	105,792	5 25	105,792	(0)	1,063,002	6
7	Support and MGA allocations:								7
8	Connolly Center Laundry allocated based on weight of laund		338,166	8,609	5 25	8,609		55,763	8
9	Resource Center allocated based on # of residents		492,176	37,181	5 25	37,181		191,621	9
10	Staff Development allocation based on # of emp trained		103,382	7,310	5 25	7,310		53,678	10
11	Food Services allocated based on # of meals		710,471	17,380	5 25	30,784	13,404	545,962	11
12	Building Operations allocation based on squ feet		2,274,294	298,580	5 25	300,476	1,896		12
13	Therapy dept allocation based on staff hours		171,029	8,445	5 25	8,445	0	90,546	13
14	MGA alloc based # of employees, direct exp		4,279,013	66,042	5 25	79,917	13,875	821,351	14
15	Housekeeping allocation based on squ feet of areas cleaned		39,179	1,382	5 25	1,382		32,237	15
16	Nursingallocation based on meds passed.		504,638	23,932	5 25	23,932		385,363	16
17	Pool & Fitness based on # of residents.		1,758,588	91,274	5 25	91,274		1,141,544	17
18	Purchasing dept allocated based on # of requisitions		68,152	3,683	5 25	3,683		33,742	18
19	Religious- based on # of residents		3,892,166	135,800	5 25	135,800		421,431	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 31,588,572	\$ 1,352,560		\$ 1,489,371	\$ 136,811	\$ 16,686,384	34

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

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2010 Ending: June 30, 2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 31,588,572	\$ 1,352,560		\$ 1,489,371	\$ 136,811	\$ 16,686,384	1
2	MARIAN CENTER								2
3									3
4	Renovation Work-Balance for Cabinets	2009	1,458	97	15	97		194	4
5	Materials and Labor-Wall Base	2009	8,552	570	15	570	(0)	995	5
6	Countertops and Sink	2009	3,976	265	15	265	(0)	486	6
7	Cabinetry-MC Apt103	2009	16,598	1,107	15	1,107	0	2,121	7
8	Facility Management Fees	2009	1,560	104	15	104		191	8
9	Facility Management Fees-Renovation	2009	1,950	130	15	130		227	9
10	Misc.Hardwares (Carpentry)-MC Apt104	2009	1,446	96	15	96	(0)	168	10
11	Cabinetry-50%Downpayment-MC-Apt202	2009	17,215	1,148	15	1,148	0	2,009	11
12	Labor-Electrical Wiring-MC-Apt103	2009	1,448	97	15	97	1	185	12
13	Labor-Electrical Wiring-MC-Apt103	2009	2,509	167	15	167	(0)	320	13
14	Materials and Labor-Elecrical Wiring-MC Apt102	2009	2,758	184	15	184	0	353	14
15	Labor-MC Apt 103	2009	2,800	187	15	187	0	343	15
16	Carpentry Material-MC Apt 104	2009	1,446	96	15	96	(0)	204	16
17	Facility Management Fees-Renovation	2009	1,950	130	15	130		217	17
18	Furnish and Install Vinyl Flooring-MC Apt 103	2009	7,405	741	10	741	1	1,296	18
19	Facility Management Fees-Renovation	2009	1,950	130	15	130		260	19
20	Misc Bathroom Works-Tiles MC Apt 202-Labor	2009	280	19	15	19	0	28	20
21	Cabinetry-Final Payment-MC-Apt202	2009	17,215	1,148	15	1,148	0	1,817	21
22	Misc. Renovation Supplies-MC Apt202	2009	6,008	601	10	601	0	951	22
23	Mat.and Labor-Mosaic Floor Tile-MC Apt105	2009	3,232	162	20	162	0	256	23
24	Facility Management Fees-Renovation	2009	2,340	156	15	156		234	24
25	Cabinetry-50%Downpayment-MC-Apt203	2010	15,526	1,035	15	1,035	(0)	1,553	25
26	Facility Management Fees-Renovation	2009	2,210	147	15	147	(0)	233	26
27	Mat.and Labor-Electrical Wirings	2009	3,088	154	20	154	(0)	244	27
28	Mat.and Labor-Electrical Wirings-MC Apt 202	2009	772	39	20	39	0	62	28
29	Mat.and Labor-Electrical MC Apt202	2009	4,374	219	20	219	0	328	29
30	Faucet-MC Apt202	2010	179	9	20	9	0	14	30
31	Labor-Misc Work-MC Apt202	2009	4,200	280	15	280		443	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 31,723,017	\$ 1,361,776		\$ 1,498,590	\$ 136,813	\$ 16,702,118	34

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

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2010 Ending: June 30, 2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 31,723,017	\$ 1,361,776		\$ 1,498,590	\$ 136,813	\$ 16,702,118	1
2	MARIAN CENTER								2
3	Mat. And Labor-MC Apt102	2010	1,013	68	15	68	0	96	3
4	Labor-MC Apt102	2010	772	51	15	51	(0)	72	4
5	Facility Management Fees	2010	780	52	15	52		74	5
6	Chopped Out Hallway and Bathroom Wall-Plaster	2010	1,200	100	12	100		133	6
7	Mat.and Labor-Install Countertops in Kitchen	2010	4,195	210	20	210	0	297	7
8	Bath Tile Flooring-Mat.and Labor-MC Apt202	2010	3,625	181	20	181	(0)	257	8
9	Mat.and Labor-Flooring-Vinyl-MC Apt 202	2010	7,750	775	10	775		1,098	9
10	Misc. Hardware and Supplies-Remodel-MC Apt102	2010	360	24	15	24	(0)	32	10
11	Misc. Labor-MC Remodelling-Apt 203	2010	3,080	205	15	205	(0)	273	11
12	Facility Management Fees	2010	1,300	87	15	87	0	116	12
13	Kitchen and Laundry Room Countertops	2010	3,979	265	15	265	(0)	331	13
14	Final Payment-Cabinetry	2010	15,526	1,035	15	1,035	(0)	1,380	14
15	Labor-Electrical Work-MC Apt203	2010	965	48	20	48	(0)	64	15
16	Mat.and Labor-Electrical Work-MC Apt203	2010	1,964	98	20	98	(0)	131	16
17	Misc. Supples-MC Apt203	2010	772	77	10	77	(0)	103	17
18	Labor-Electrical Wirings-	2010	3,860	193	20	193		241	18
19	Facility Management Fees-MC Renovation-Planning	2010	2,470	165	15	165	0	206	19
20	New Vinyl Flooring-MC Apt203	2010	7,690	769	10	769		961	20
21	Misc. Labor-Flooring Prep-MC Apt203	2010	1,015	68	15	68	0	85	21
22	Facility Management Fees	2010	1,820	121	15	121	(0)	141	22
23	Facility Management Fees-MC Renovation	2010	1,950	130	15	130		141	23
24	Facility Management Fees-Senior Consultant	2010	2,210	147	15	147	(0)	147	24
25	MCGOWAN								25
26	Mat. And Labor-Fire Alarm Sprinkler	2009	1,737	69	25	69	(0)	110	26
27	Mat. And Labor-Fire Alarm Sprinkler	2009	1,544	77	20	77	(0)	122	27
28	Mat.and Labor-Electrical -Life Safety	2009	2,487	124	20	124	(0)	197	28
29	VILLAGE-BRACH HOME								29
30	Flooring-Stairwell Carpet	2010	1,645	329	5	329		466	30
31	Vinyl Flooring-Living Room and Dining Room	2010	7,256	726	10	726	0	1,089	31
32	Facility Management Fees	2009	278	19	15	19	0	28	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 31,806,260	\$ 1,367,991		\$ 1,504,803	\$ 136,812	\$ 16,710,509	34

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

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2010 Ending: June 30, 2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 31,806,260	\$ 1,367,991		\$ 1,504,803	\$ 136,812	\$ 16,710,509	1
2	VILLAGE-BRACH HOME								2
3	Facility Management Fees-Village Floor Plan	2010	389	26	15	26	0	37	3
4	Facility Management Fees-Village Floor Plan Replacement	2010	389	26	15	26	0	35	4
5	Facility Management Fees-Village Floor Plan Replacement	2010	667	44	15	44	(0)	55	5
6	VILLAGE-MINIAT								6
7	Vinyl-Flooring-Living Room and Dining Room	2010	5,606	561	10	561	0	841	7
8	Facility Management Fees	2009	175	12	15	12	0	18	8
9	Facility Management Fees-Floor Plan	2010	245	16	15	16	(0)	23	9
10	Facility Management Fees-Floor Replacement	2010	245	16	15	16	(0)	21	10
11	Facility Management Fees-Floor Replacement	2010	420	28	15	28	0	35	11
12	Shower Wall Covering	2010	3,120	624	5	624		884	12
13	VILLAGE-POLK								13
14	Vinyl Flooring-Living Room and Bedroom	2010	6,325	633	10	633	1	949	14
15	Facility Management Fees	2009	197	13	15	13	(0)	20	15
16	Facility Management Fees-Floor Plan	2010	276	18	15	18	(0)	26	16
17	Facility Management Fees-Floor Replacement	2010	276	18	15	18	(0)	24	17
18	Facility Management Fees-Floor Replacement	2010	474	32	15	32	0	40	18
19	MARIAN CENTER								19
20	Cabinetry-50% downpayment-Apt 104	2011	14,965	998	15	998		998	20
21	Cabinetry-50% Final payment-Apt 104	2011	14,965	998	15	998		998	21
22	Facility Management Fees-MC Renovation	2011	2,470	151	15	151		151	22
23	Facility Management Fees-MC Renovation	2011	2,600	144	15	144		144	23
24	Electrical Wiring-MC Renovation	2011	4,270	178	20	178		178	24
25	Door Frame Guard-Apt204	2011	874	146	5	146		146	25
26	Kitchen and Laundry Vanity Top Replacement-MC Apt	2011	4,816	181	20	181		181	26
27	Electrical Wiring-MC Apt104	2011	791	33	20	33		33	27
28	Electrical Wiring-MC Apt104	2011	3,322	138	20	138		138	28
29	Facility Management Fees-MC Renovation	2011	2,600	130	15	130		130	29
30	Misc Labor-Renovation Apt104	2011	385	19	15	19		19	30
31	Electrical Wiring-MC Apt104	2011	3,065	115	20	115		115	31
32	Misc Labor-Renovation Apt104	2011	1,260	56	15	56		56	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 31,881,446	\$ 1,373,345		\$ 1,510,157	\$ 136,812	\$ 16,716,804	34

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

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2010 Ending: June 30, 2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 31,881,446	\$ 1,373,345		\$ 1,510,157	\$ 136,812	\$ 16,716,804	1
2	MARIAN CENTER								2
3	Facility Management Fees-MC Renovation	2011	2,600	116	15	116		116	3
4	Flooring-Mat and Labor-MC Apt 104	2011	7,690	513	10	513		513	4
5	Facility Management Fees-MC Renovation	2011	2,275	88	15	88		88	5
6	Facility Management Fees-MC Renovation	2011	1,040	35	15	35		35	6
7	Chamoise Drywall-MC Renovation	2011	5,061	506	5	506		506	7
8	Facility Management Fees-MC Renovation	2011	520	12	15	12		12	8
9	Facility Management Fees-MC Renovation	2011	390	9	15	9		9	9
10	Facility Management Fees-MC Renovation	2011	1,170	20	15	20		20	10
11	Labor-Flor Prep-MC Renovation	2011	2,205	37	15	37		37	11
12	Vinyl Flooring-MC Office-1sr Floor	2011	3,010	50	15	50		50	12
13	Vinyl Flooring-MC Apt 104 Hallway Extension	2011	1,170	20	15	20		20	13
14	Cabinets-50% Downpayment-Apt 204	2011	16,937	188	15	188		188	14
15	Facility Management Fees-MC Renovation	2011	3,250	36	15	36		36	15
16	Facility Management Fees-MC Renovation	2011	2,600	14	15	14		14	16
17	Facility Management Fees-MC Renovation	2011	3,055		15				17
18	Labor-MC Renovation	2011	1,960		15				18
19	HOLBROOK								19
20	Vinyl Flooring-Mat&Labor-Holbrook Entrance	2011	2,767	23	10	23	(0)	23	20
21	Flooring-Labor-Holbrook Lobby	2011	560	3	15	3	(0)	3	21
22	MCGOWAN								22
23	Replaced Deteriorated Soil Piping-McGowan	2011	3,121	114	25	114		114	23
24	PETERMAN HOUSE								24
25	Peterman House Construction	2011	2,653,247	78,493	25	78,493	0	78,493	25
26	Facility Management Fees	2011	416	14	15	14		14	26
27	Install Fire Alarm System-Peterman Bldg	2011	714	54	10	54		54	27
28									28
29									29
30	CONRAD HOUSE								30
31	Conrad House Construction	2011	2,508,535	66,387	25	66,387	(0)	66,387	31
32	Facility Management Fees	2011	416	8	15	8		8	32
33	Install Fire Alarm	2011	714	54	10	54		54	33
34	TOTAL (lines 1 thru 33)		\$ 37,106,870	\$ 1,520,139		\$ 1,656,951	\$ 136,812	\$ 16,863,597	34

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

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2010 Ending: June 30, 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	
1	Totals from Page 12H, Carried Forward		\$ 37,106,870	\$ 1,520,139		\$ 1,656,951	\$ 136,812	\$ 16,863,597	1
2									2
3									3
4									4
5	MCNERNEY HOUSE								5
6	McNerney House Construction	2011	2,655,395	61,959	25	61,959	(0)	61,959	6
7	Facility Management Fees	2011	416	8	25	8		8	7
8	Install Fire Alarm	2011	714	54	10	54		54	8
9	COLEMAN HOUSE								9
10	Coleman House Construction	2011	2,566,075	67,922	25	67,922	0	67,922	10
11	Facility Management Fees	2011	416	8	25	8		8	11
12	Install Fire Alarm	2011	714	54	10	54		54	12
13									13
14	VILLAGE HOMES-MAHONEY								14
15	Bathroom Renovation-Vanities; Cabinet	2011	5,136	428	10	428		428	15
16	Electrical Feed Wiring-Bedroom and 1sr Flr	2011	2,337	49	20	49		49	16
17	Flooring	2011	13,650	76	15	76		76	17
18	VILLAGE HOMES-BRACH								18
19	Bathroom Renovation-Vanities; Cabinet	2011	7,964	664	10	664		664	19
20	Electrical Wiring	2011	686	23	20	23		23	20
21	Electrical Wiring	2011	2,157	63	20	63		63	21
22	Electrical Wiring	2011	2,522	74	20	74		74	22
23	Electrical Wiring	2011	791	13	20	13		13	23
24	Roof Replacement	2011	10,700	89	10	89		89	24
25	Flooring	2011	7,640	127	15	127		127	25
26	Bathroom Renovation	2011	15,905		10				26
27	VILLAGE HOMES-SHANNON								27
28	Bathroom Renovation-Vanities; Cabinet	2011	7,426	619	10	619		619	28
29	Misc. Labor	2011	560	16	15	16		16	29
30	Roof Replacement	2011	15,080	251	10	251		251	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 42,423,154	\$ 1,652,636		\$ 1,789,448	\$ 136,812	\$ 16,996,092	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 793,824	\$ 123,852	\$ 123,852	\$ (0)		\$ 480,650	71
72	Current Year Purchases	7,306	3,774	3,774			3,774	72
73	Fully Depreciated Assets	1,129,999					1,129,999	73
74								74
75	TOTALS	\$ 1,931,129	\$ 127,626	\$ 127,626	\$ (0)		\$ 1,614,423	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	campus alloc from bldg operations			\$ 283,611	\$ 15,795	\$ 15,795	\$ 0	3	\$ 246,460	76
77										77
78										78
79										79
80	TOTALS			\$ 283,611	\$ 15,795	\$ 15,795	\$ 0		\$ 246,460	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)	\$ 44,637,894	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,796,057	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,932,869	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 136,812	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 18,856,975	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	Furn & Equip alloc to other program	\$ 9,280,786	\$ 373,667	\$ 7,007,232	86
87	Auto alloc to other prog	924,931	133,115	751,027	87
88	Bldg & Improv alloc to other prog	76,687,683	2,383,970	34,293,772	88
89	Land	1,014,943			89
90					90
91	TOTALS	\$ 87,908,343	\$ 2,890,752	\$ 42,052,031	91

G. Construction-in-Progress

	Description	Cost	
92	New CILA	\$ 77,420	92
93	Campus expansions	120,963	93
94			94
95		\$ 198,383	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: _____
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease _____.

9. Option to Buy: ☐ YES ☐ NO Terms: _____*

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

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: \$ _____ Description: _____

(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					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	_____/2012	\$ _____
13.	_____/2013	\$ _____
14.	_____/2014	\$ _____

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☒

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF CNAs TRAINED

ALLOCATION OF COSTS (d)

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

		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		4,780		4,780
3	Classroom Wages (a)		164,835		164,835
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		1,735		1,735
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 171,350	\$	\$ 171,350
10	SUM OF line 9, col. 1 and 2 (e)	\$	171,350		

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		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		2873 hrs	11,982				2,873	11,982	7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$ 11,982		\$	\$	2,873	\$ 11,982	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.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 11,641,416	\$	1
2	Cash-Patient Deposits	322,499		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 35,000)	12,885,420		3
4	Supply Inventory (priced at cost)	251,955		4
5	Short-Term Investments	9,008,628		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	57,424		7
8	Accounts Receivable (owners or related parties)	1,724,328		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 35,891,670	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,014,943		13
14	Buildings, at Historical Cost	119,110,838		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	12,420,457		16
17	Accumulated Depreciation (book methods)	(60,909,005)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CIP	198,383		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 71,835,616	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 107,727,286	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 979,111	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	304,772		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	2,781,742		30
31	Accrued Taxes Payable (excluding real estate taxes)	116,509		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Deferred Revenue	636,143		36
37	Other Liabilities and ARO	973,435		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,791,712	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			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)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,791,712	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 101,935,574	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 107,727,286	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 99,663,476	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 99,663,476	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(6,674,673)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	31,987,228	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) Net Loss from McAuley	(3,644,650)	15
16	Other (describe) Development & Community Relations	(2,045,546)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 19,622,359	17
	B. Transfers (Itemize):		
18	Investment activity/insurance proceeds	55,739	18
19	Net Asset Reclassification	(17,406,000)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (17,350,261)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 101,935,574	24 *

* This must agree with page 17, line 47.

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

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 26,927,281	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 26,927,281	3
	B. Ancillary Revenue		
4	Day Care	7,502,306	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 7,502,306	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		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 34,429,587	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	6,825,948	31
32	Health Care	17,501,083	32
33	General Administration	8,472,950	33
	B. Capital Expense		
34	Ownership	3,629,566	34
	C. Ancillary Expense		
35	Special Cost Centers	3,467,894	35
36	Provider Participation Fee	1,206,820	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 41,104,260	40
41	Income before Income Taxes (line 30 minus line 40)**	(6,674,673)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (6,674,673)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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.

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

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

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	3,214	3,700	\$ 135,333	\$ 36.58	1
2	Assistant Director of Nursing					2
3	Registered Nurses	32,697	36,754	1,094,014	29.77	3
4	Licensed Practical Nurses	17,883	20,164	522,847	25.93	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	7,076	8,038	328,192	40.83	7
8	Rehab/Therapy Aides	14,158	15,848	251,577	15.87	8
9	Activity Director	1,893	2,080	55,113	26.50	9
10	Activity Assistants	17,148	19,486	306,742	15.74	10
11	Social Service Workers	10,467	11,877	265,779	22.38	11
12	Dietician	1,655	1,783	59,654	33.46	12
13	Food Service Supervisor	900	1,294	62,828	48.55	13
14	Head Cook	4,555	5,349	138,533	25.90	14
15	Cook Helpers/Assistants	21,879	23,961	312,805	13.05	15
16	Dishwashers					16
17	Maintenance Workers	32,499	36,407	808,515	22.21	17
18	Housekeepers	31,023	35,445	488,023	13.77	18
19	Laundry	6,776	7,698	69,424	9.02	19
20	Administrator	6,686	7,337	375,357	51.16	20
21	Assistant Administrator					21
22	Other Administrative	28,670	33,222	900,393	27.10	22
23	Office Manager					23
24	Clerical	20,988	23,656	367,578	15.54	24
25	Vocational Instruction	161,909	179,377	2,972,818	16.57	25
26	Academic Instruction	6,253	7,211	164,831	22.86	26
27	Medical Director	343	343	29,663	86.48	27
28	Qualified MR Prof. (QMRP)	90,095	96,928	2,064,124	21.30	28
29	Resident Services Coordinator	71,864	82,959	1,295,858	15.62	29
30	Habilitation Aides (DD Homes)	591,007	655,000	8,902,176	13.59	30
31	Medical Records	4,676	5,486	85,749	15.63	31
32	Other Health Care Nurse Practitioner	1,465	1,622	59,084	36.43	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	1,187,779	1,323,025	\$ 22,117,010 *	\$ 16.72	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	1,299	\$ 44,173	1	35
36	Medical Director				36
37	Medical Records Consultant		281	10	37
38	Nurse Consultant				38
39	Pharmacist Consultant		12,342	10	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	871	58,138	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	710	36,534	10a	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) Doctor/lab/dental		33,915	10	46
47	Behavior Therapist/hab aide stipend		12,126	10a	47
48	Psych		36,000	10	48
49	TOTAL (lines 35 - 48)	2,880	\$ 233,509		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

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	%	Amount
Sr. Rosemary Connelly	Executive Director	N/A	\$ 40,371
Mary Pat O'Brien	Asst. Executive Directro	N/A	50,043
Denise Tigges	Admistrator	N/A	48,330
Michael Diaz	Admistrator	N/A	31,572
Lois Gates	Asst. Executive Directro	N/A	49,876
Chris Hegg/Joe Ferrera	Administrator	N/A	73,895
Kevin Connelly/Fr. Jack Clair	CFO/Asst Exe Dir	N/A	81,270
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 375,357
B. Administrative - Other			
Description			Amount
Off-Site Recreational Facility-100% is unallowable and is adjuste		\$	12,647
TOTAL (agree to Schedule V, line 17, col. 3)		\$	12,647
(Attach a copy of any management service agreement)			
C. Professional Services			
Vendor/Payee	Type		Amount
Deloitte & Touche	Audit	\$	74,367
ADP Processing	Payroll Service		114,612
Burke, Warren, MacKay & Serr	Legal		9,633
Manual Avila	IT Consultant		4,775
Correll	Admin for 401K plan		23,383
TOTAL (agree to Schedule V, line 19, column 3)		\$	226,770
(If total legal fees exceed \$5,000, attach copy of invoices.)			
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance		\$	243,944
Unemployment Compensation Insurance			42,896
FICA Taxes			1,058,835
Employee Health Insurance			1,564,592
Employee Meals			
Illinois Municipal Retirement Fund (IMRF)*			
Emp Tuition Reimbursement/Other			56,164
Dental Insurance			75,715
401K Match			665,509
Long-Term Disablility and Life Insurance			86,296
TOTAL (agree to Schedule V, line 22, col.8)		\$	3,793,950
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
Taxable fringe benefits - gas	22	\$	5,727
TOTAL		\$	5,727
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee		\$	
Advertising: Employee Recruitment			1,047
Health Care Worker Background Check (Indicate # of checks performed _____)			13,619
Patient Background Checks			
Dept of Public Health/CLIA license			8,249
Subscription			1,362
Membership Dues			1,430
Bank fees/printing fees			10,124
Computer licensing			9,697
Less: Public Relations Expense	(		)
Non-allowable advertising	(		)
Yellow page advertising	(		)
TOTAL (agree to Sch. V, line 20, col. 8)		\$	45,528
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel		\$	
In-State Travel			
Seminar Expense			5,859
Entertainment Expense	(		)
TOTAL (agree to Sch. V, line 24, col. 8)		\$	5,859

*** Attach copy of IMRF notifications**

****See instructions.**

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. _____

(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? _____

(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? _____

(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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 85,976 Line 10

(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. _____

(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.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ #####
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? yes 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? Yes 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. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ _____

(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. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes, program vehicles
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
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. \$ _____

(17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Deloitte

(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.