

		FOR BHF USE					

LL1

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: 0029876

Facility Name: Misericordia Home-North

Address: 6300 North Ridge Avenue Chicago 60660
Number City Zip Code

County: Cook

Telephone Number: 773 273-3033 Fax # 773 743-5439

HFS ID Number:

Date of Initial License for Current Owners: Various

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☒ Charitable Corp.
☐ Trust
IRS Exemption Code 501C3

☐ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other
☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Carolyn Sheehan Telephone Number: 773 273-3033
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from July 1, 2011 to June 30, 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) _____ (Date) _____
(Type or Print Name) Kevin Connolly
(Title) Chief Financial Officer

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Misericordia Home-North# 0029876 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	<u>153</u>	Intermediate/DD	<u>153</u>	<u>55,100</u>	4
5		Sheltered Care (SC)			5
6	<u>188</u>	ICF/DD 16 or Less	<u>188</u>	<u>68,154</u>	6
7	<u>341</u>	TOTALS	<u>341</u>	<u>123,254</u>	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					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>51,875</u>	<u>366</u>		<u>52,241</u>	11
12	SC					12
13	DD 16 OR LESS	<u>58,744</u>	<u>732</u>		<u>59,476</u>	13
14	TOTALS	<u>110,619</u>	<u>1,098</u>		<u>111,717</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 90.64%

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

11,537 (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?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐ NO ☒

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

YES ☒ NO ☐

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

Date started 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

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: June 30, 2012 Fiscal Year: June 30, 2012

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

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	532,524	129,851	33,731	696,106		696,106	(187,372)	508,734		1
2	Food Purchase		1,783,508		1,783,508		1,783,508	(567,758)	1,215,750		2
3	Housekeeping	649,309	286,570	291,517	1,227,396		1,227,396	(532,277)	695,119		3
4	Laundry	112,074	29,860		141,934		141,934	(20,678)	121,256		4
5	Heat and Other Utilities			833,166	833,166		833,166	(383,847)	449,319		5
6	Maintenance	817,245	235,276	1,494,479	2,547,000		2,547,000	(1,173,645)	1,373,355		6
7	Other (specify):*										7
8	TOTAL General Services	2,111,152	2,465,065	2,652,893	7,229,110		7,229,110	(2,865,577)	4,363,533		8
	B. Health Care and Programs										
9	Medical Director	33,519			33,519		33,519	(3,894)	29,625		9
10	Nursing and Medical Records	1,953,852	636,746	52,265	2,642,863		2,642,863	(312,528)	2,330,335		10
10a	Therapy	13,969,829	43,013	176,248	14,189,090		14,189,090	(2,739,131)	11,449,959		10a
11	Activities	449,644	28,140	62,995	540,779		540,779	(146,934)	393,845		11
12	Social Services	275,950	362		276,312		276,312	(69,736)	206,576		12
13	CNA Training	193,353	5,639		198,992		198,992	(146,024)	52,968		13
14	Program Transportation		132,186		132,186		132,186	(65,559)	66,627		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	16,876,147	846,086	291,508	18,013,741		18,013,741	(3,483,806)	14,529,935		16
	C. General Administration										
17	Administrative	389,189	2,557		391,746		391,746	(132,660)	259,086		17
18	Directors Fees										18
19	Professional Services			248,734	248,734		248,734	(76,407)	172,327		19
20	Dues, Fees, Subscriptions & Promotions			132,160	132,160		132,160	(74,493)	57,667		20
21	Clerical & General Office Expenses	1,251,291	211,790	152,479	1,615,560		1,615,560	(640,519)	975,041		21
22	Employee Benefits & Payroll Taxes			5,848,825	5,848,825		5,848,825	(1,891,840)	3,956,985		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,632	14,632		14,632	(4,265)	10,367		24
25	Other Admin. Staff Transportation		913		913		913	(913)			25
26	Insurance-Prop.Liab.Malpractice			289,059	289,059		289,059	(150,114)	138,945		26
27	Other (specify):*										27
28	TOTAL General Administration	1,640,480	215,260	6,685,889	8,541,629		8,541,629	(2,971,210)	5,570,419		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	20,627,779	3,526,411	9,630,290	33,784,480		33,784,480	(9,320,593)	24,463,887		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			3,721,326	3,721,326		3,721,326	(1,525,728)	2,195,598			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			18,698	18,698		18,698	(18,698)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			3,740,024	3,740,024		3,740,024	(1,544,426)	2,195,598			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	3,037,149	659,586	2,596	3,699,331		3,699,331	(3,686,195)	13,136			39
40	Barber and Beauty Shops			2,035	2,035		2,035		2,035			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			1,255,965	1,255,965		1,255,965		1,255,965			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	3,037,149	659,586	1,260,596	4,957,331		4,957,331	(3,686,195)	1,271,136			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	23,664,928	4,185,997	14,630,910	42,481,835		42,481,835	(14,551,215)	27,930,621			45

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs	(113,932)	13		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	140,895	30		9
10	Interest and Other Investment Income	(18,698)	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	(10,175)	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)	\$ (1,910)		\$	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
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,910)		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

Misericordia Home-North

ID# 0029876

Report Period Beginning: July 1, 2011

Ending: June 30, 2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Expenses reimbursed from other sources:	\$		1
2	Dietary Wages, supplies and other	(187,372)	1	2
3	Food Supplies	(567,758)	2	3
4	Housekeeping Wages, Supplies	(532,277)	3	4
5	Laundry supplies	(20,678)	4	5
6	Heat and Other Utilities	(383,847)	5	6
7	Maintenance Wages, Supplies and Other	(1,099,456)	6	7
8	Medical Director	(3,894)	9	8
9	Nursing/Med Records Wages, Supplies and Other	(312,528)	10	9
10	Therapy Wages, Supplies and Other	(2,739,131)	10a	10
11	Activities Wages, Supplies and Other	(146,934)	11	11
12	Social Services Wages, Supplies and Other	(69,736)	12	12
13	Training	(32,092)	13	13
14	Program Transportation Other	(65,559)	14	14
15	Administrative Wages, Supplies and other	(108,574)	17	15
16	Professional Services	(76,407)	19	16
17	Dues, Fees, Subscriptions & Promotions	(71,973)	20	17
18	Clerical Wages, Supplies and Other	(630,344)	21	18
19	Employee Benefits & Payroll Taxes	(1,888,430)	22	19
20	Travel & Seminar	(4,265)	24	20
21	Other Admin Staff Transportation	(254)	25	21
22	Insurance	(150,114)	26	22
23	Depreciation	(1,627,778)	30	23
24	Ancillary Service Centers Salaries and Supplies	(3,676,685)	39	24
25	Depreciation on donated fixed assets	(35,576)	30	25
26	Donated other employee benefits	(3,410)	22	26
27	Donated equip	(802)	6	27
28	Donated Administrator's salary	(24,086)	17	28
29	Subscription	(1,069)	20	29
30	Admin transportation	(659)	25	30
31	Off-site recreational facility costs	(9,510)	39	31
32	Off-site recreational facility depreciation	(3,270)	30	32

33	Loss on disposal	(73,387)	6	33
34	Investment fees	(1,451)	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	Total	(14,549,305)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2011

Ending:

June 30, 2012

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(187,372)	0	0	0	0	0	0	0	0	0	0	(187,372)	1
2	Food Purchase	(567,758)	0	0	0	0	0	0	0	0	0	0	(567,758)	2
3	Housekeeping	(532,277)	0	0	0	0	0	0	0	0	0	0	(532,277)	3
4	Laundry	(20,678)	0	0	0	0	0	0	0	0	0	0	(20,678)	4
5	Heat and Other Utilities	(383,847)	0	0	0	0	0	0	0	0	0	0	(383,847)	5
6	Maintenance	(1,173,645)	0	0	0	0	0	0	0	0	0	0	(1,173,645)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,865,577)	0	0	0	0	0	0	0	0	0	0	(2,865,577)	8
	B. Health Care and Programs													
9	Medical Director	(3,894)	0	0	0	0	0	0	0	0	0	0	(3,894)	9
10	Nursing and Medical Records	(312,528)	0	0	0	0	0	0	0	0	0	0	(312,528)	10
10a	Therapy	(2,739,131)	0	0	0	0	0	0	0	0	0	0	(2,739,131)	10a
11	Activities	(146,934)	0	0	0	0	0	0	0	0	0	0	(146,934)	11
12	Social Services	(69,736)	0	0	0	0	0	0	0	0	0	0	(69,736)	12
13	CNA Training	(146,024)	0	0	0	0	0	0	0	0	0	0	(146,024)	13
14	Program Transportation	(65,559)	0	0	0	0	0	0	0	0	0	0	(65,559)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(3,483,806)	0	0	0	0	0	0	0	0	0	0	(3,483,806)	16
	C. General Administration													
17	Administrative	(132,660)	0	0	0	0	0	0	0	0	0	0	(132,660)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(76,407)	0	0	0	0	0	0	0	0	0	0	(76,407)	19
20	Fees, Subscriptions & Promotions	(74,493)	0	0	0	0	0	0	0	0	0	0	(74,493)	20
21	Clerical & General Office Expenses	(640,519)	0	0	0	0	0	0	0	0	0	0	(640,519)	21
22	Employee Benefits & Payroll Taxes	(1,891,840)	0	0	0	0	0	0	0	0	0	0	(1,891,840)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(4,265)	0	0	0	0	0	0	0	0	0	0	(4,265)	24
25	Other Admin. Staff Transportation	(913)	0	0	0	0	0	0	0	0	0	0	(913)	25
26	Insurance-Prop.Liab.Malpractice	(150,114)	0	0	0	0	0	0	0	0	0	0	(150,114)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(2,971,210)	0	0	0	0	0	0	0	0	0	0	(2,971,210)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(9,320,593)	0	0	0	0	0	0	0	0	0	0	(9,320,593)	29

STATE OF ILLINOIS		Summary B	
Facility Name & ID Number	Misericordia Home-North	# 0029876	Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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

[illegible]

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
Monsignor Michael Boland	BOD			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 influesn Misericordia's Operating policy.		
S. Rosemary Connelly	BOD					
Margaret Murphy	BOD					
John Dyer	BOD					
Rob Figliulo	BOD					
Daniel Houlihan	BOD					

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 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			\$	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 (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								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			\$			\$ 0	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☒ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								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			\$			\$ 0	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								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			\$			\$ 0	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☒ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								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			\$			\$ 0	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☒ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								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			\$			\$ 0	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								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			\$			\$ 0	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☒ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								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			\$			\$ 0	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☒ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								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			\$			\$ 0	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☒ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								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			\$			\$ 0	\$ *	39

* 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	Patrick Mahoney	BOD						2
3	Robert Soudan	BOD						3
4	Dan Walsh	BOD						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

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
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

Facility Name & ID Number Misericordia Home-North # 0029876 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	S. Rosemary Connelly	Executive Director	Oversees Misericordia	N/A		50	100.00	Salary	\$ 41,757	17	1
2											2
3											3
4	Note that S. 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	\$ 41,757		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

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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME
Misericordia Home-North

COUNTY
Cook

FACILITY IDPH LICENSE NUMBER
0029876

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ()

FAX #: ()

A.
Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1.		\$	\$
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? YES NO

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

C. **Tax Bills**

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:	567,590	B. General Construction Type:	Exterior Brick	Frame 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 44 participants.

CCI facilities - approximately 13,459 square feet with 16 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

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2011 Ending: June 30, 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	48			2010	\$ 10,387,773	\$ 415,694	25	\$ 415,694	\$	\$ 690,709	4
5	32			2001	3,023,963	153,896	20	153,896		1,915,208	5
6	53			1998	3,355,398	161,836	20	161,836		2,465,300	6
7	99			1987	3,318,816		20	107,638	107,638	3,318,816	7
8	108			1983	2,947,366	98,255	30	98,255		2,842,373	8
	Improvement Type**										
9	MCGOWAN										9
10	Drapes Signs HVAC Mirror Fire Protection			1998	38,093	847	10 20	847		33,433	10
11	Caulking Water Htr Insulation Labor Fire Sys			1999	54,826	2,162	10 15 20 25	2,162		40,224	11
12	Carpentry Lockers Wallguard Countertops Therapy Tubs			2000	138,885	9,301	5 15 25	9,301		114,859	12
13	Install New Spa Tub			2001	9,900		10			9,900	13
14	Sprinkler Recall			2003	2,584	185	15	185		1,566	14
15	State Defficiencies Sprinkler Repairs			2004	2,098	140	15	140		1,189	15
16	Flooring Vinyl Tile Installation Labor			2005	21,731	1,655	10 15 20	1,655		9,404	16
17	Repair due to Lightning Strike-Protecting Panels			2008	387	26	15	26		95	17
18	Mat&Labor Sprinkler Fire Alarm			2009	3,281	146	20 25	146	0	379	18
19	Life Safety			2009	2,487	124	20	124	(0)	321	19
20	Replace Deteriorated Soil Piping			2010	3,121	125	25	125	0	239	20
21	20 Ton Chiller Pump			2012	166,537	925	15	925	(0)	925	21
22	Install two Steel Doors			2012	3,730	16	20	16		16	22
23	CONNELLY										23
24	Build Bsmnt Install Fire Alarm Door Painting Flooring Labor			2002	24,720	1,173	10 15 20	1,173		15,821	24
25	Labor Door Frames Ceiling tiles Sprinkler Revision			2003	35,159	2,128	10 15 20	2,128		20,213	25
26	IDPH Insp Prep Sprinkler Study			2004	51,829	3,492	10 15	3,492		29,678	26
27	Sprinkler Study Door Exterior/Interior Door Labor			2005	15,937	1,125	10 15	1,125		8,297	27
28	Fire Alarm Planning Carpentry Labor			2006	65,859	4,968	10 15	4,968		30,194	28
29	Air Conditioning Improvement			2007	5,660	377	15	377		1,981	29
30	Electrical Wiring Conduit Pull Wire			2012	4,523	57	20	57		57	30
31	Wanderguard Security System			2012	12,448	52	20	52		52	31
32	HOLBROOK										32
33	Wallguard Smoke Detector Locker Paging System			1999	204,093	9,816	10 20	9,816		140,290	33
34	Carpentry Elevator Fire Alrm Whirlpool Boiler Plmbg			2000	378,110	22,818	10 20	22,818		308,878	34
35	Top Soil Seed Straw Rotate Fire Hydrant			2001	3,439	125	10 15	125		3,002	35
36	Wall Partitions Door Wallguard Replace Sel Priming			2002	4,846	305	15 20	305		3,205	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

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			\$	\$		\$	\$	\$	37
38	Replace Roof-Downpayment Sprinkler	2003	20,029	1,832	10 15	1,832		16,954	38
39	Roof Replacement-Final Pyt Sprinkler Recall Cabinets	2004	58,578	5,469	10 15	5,469		46,482	39
40	Tile Saniglaze Planning Carpeting Labor	2005	41,270	2,250	5 10 15 20	2,250		18,806	40
41	Air Conditioning Improvement Tile Repairs	2007	27,310	1,821	15	1,821		9,430	41
42	Wallguards Install New Boiler-Replacement	2008	40,258	5,267	5 10	5,267		20,556	42
43	Vinyl Flooring Entrance Mat & Labor	2011	2,767	277	10	277		300	43
44	Flooring Lobby Mat & Labor	2011	560	37	15	37		40	44
45	Concrete Patio Mat & Labor	2011	3,000	200	15	200		200	45
46	MARIAN CENTER								46
47	Storm Screens Electrical Work Elevator Infirmary Renov	1988	43,957		20			43,957	47
48	Repairs Changes to Fire Protection	1991	17,102	542	20 25	542		15,205	48
49	Plumbing and Mechanical Renovation	1992	32,910	768	15 20	768		32,910	49
50	Plumbing and Mechanical Renovation	1993	11,890	595	20	595		11,593	50
51	Plumbing and Mechanical Renovation Insulation Work	1994	23,898	1,140	20 25	1,140		21,092	51
52	Insulation Work Wallpaper Painting Upholstery	1995	29,280	123	10 25	123		28,360	52
53	Insulation Work Heat Repair HVAC Shade Valance Camera	1996	16,882	305	10 20 25	305		15,066	53
54	Construction Clean Duct Fire Protection Elevator	1997	20,215	905	20 25	905		14,032	54
55	Roof Repair Air Handler Wood Door Construction Mngt	1998	40,865	1,410	15 20	1,410		33,887	55
56	Flooring Hand Rail Wallcovering Construction Salaries	1999	232,174	500	10 20	500		228,924	56
57	Carpentry State Deficiencies Constr Boiler Repair	2000	314,439	20,546	5 10 15 20	20,546		259,189	57
58	Shower Boiler Repair Overhaul Fire Door Med Cart Cabinets	2001	35,077	1,301	10 15 20	1,301		26,637	58
59	Ejection Pump Repair State Deficiencies Renovation	2002	102,867	6,858	15	6,858		72,007	59
60	State Deficiencies Repairs	2003	7,536	502	15	502		4,773	60
61	Skylights Windows Wall Pads Door Rep Smk Detector	2004	40,378	2,989	5 10 15 20	2,989		27,097	61
62	Drywall Cabinets Vinyl Flooring Shower Install Plaster Labor	2005	39,430	2,998	5 10 15	2,998		30,549	62
63	Ductwork Plaster Repair Fire Panel Labor Woodplank Flooring	2006	28,002	1,814	10 15 20	1,814		10,934	63
64	Flooring Cabinets Kitchen Counter Tops Plastering Chiller H2O Syster	2007	260,802	19,143	10 15 20	19,143		95,943	64
65	Cabinets Countertops Vinyl Flooring Electrical Wiring Labor	2008	116,350	8,284	10 15 20	8,284		32,268	65
66	Flooring Vinyl-Mat&Labor	2009	8,850	885	10	885		3,024	66
67	Misc. Sheet Metal Repair Mat&Labor	2009	2,872	191	15	191		622	67
68	Flooring Vinyl-Mat&Labor	2009	33,262	3,326	10	3,326		10,810	68
69	Ditka Hall Paver Installation	2009	3,465	231	15	231		751	69
70	TOTAL (lines 4 thru 69)		\$ 25,943,873	\$ 984,276		\$ 1,091,914	\$ 107,638	\$ 13,139,018	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, 2011 Ending: June 30, 2012

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 25,943,873	\$ 984,276		\$ 1,091,914	\$ 107,638	\$ 13,139,018	1
2	Labor Misc. Work	2009	560	37	15	37		128	2
3	Cabinets Apt 102,103,104 Labor Carpentry Countertops Sink Wall Bas	2009	84,128	5,657	15	5,657		16,763	3
4	Wallpaper Supplies	2009	3,723	745	5	745		2,296	4
5	Flooring Apr 102,202 Misc Labor F Mgmt Fees-Renovation Electrical	2009	62,168	4,066	10 15 20	4,066		11,768	5
6	Furnish Install Vinyl Flooring Apt 103	2009	7,405	741	10	741		2,036	6
7	Misc Bathroom Works Tiles Labor Apt 105,202	2009	3,512	180	15 20	180		464	7
8	Cabinetry Apt 202 Misc Renov Supplies	2009	23,223	1,749	10 15	1,749		4,517	8
9	Cabinetry Apt 203 Faucet Countertops Kitchen Laundry	2010	39,405	2,554	15 20	2,554		6,129	9
10	Mat&Labor Apt 202-205 F Mgmt Fees Electrical Misc Sup	2010	21,106	1,319	15 10 20	1,319		3,010	10
11	Chopped Out Hallway and Bedroom Wall Plaster	2010	1,200	100	12	100		233	11
12	Bath Tile Flooring Mat&Labor Apt 202	2010	3,625	181	20	181		438	12
13	Vinyl Flooring Apt 202, 203 Labor Flooring Prep	2010	16,455	1,612	10 15	1,612		3,755	13
14	Cabinetry Apt 204 Kitchen Vanity Top Replacement	2010	34,746	2,236	15 20	2,236		4,412	14
15	F Mgmt Fees Elec Wiring Apt 104-5, 204 Labor Flooring Door F Guar	2010	37,452	2,679	5 10 15 20	2,679		4,688	15
16	Chamoise Drywall Vinyl Flooring Apt 104 1st Flr Office Labor Floor I	2011	11,446	1,438	5 15	1,438		2,051	16
17	Facility Management Fees-Renovation Labor	2011	12,945	863	15	863		953	17
18	Cabinetry Apt 205 Electrical Work Mat & Labor	2011	37,314	2,468	15	2,468		2,657	18
19	Mat&Labor Electrical Kitchen Sink Ceiling Tiles Apt 204	2011	16,785	819	15 20	819		819	19
20	F Mgmt Fees Renovation Fire Alarm Misc Labor Demolition Work	2011	17,515	950	10 15	950		950	20
21	Vinyl Flooring Mat&Labor Apt 204 Floor Extension in Hallway	2011	14,654	1,161	10	1,161		1,161	21
22	Facility Management Fees Renovation	2012	1,754	73	10	73		73	22
23	Additional Roofs Mat&Labor	2012	45,000	1,125	10	1,125		1,125	23
24	Install Conduit Apt 105&205	2012	3,955	33	20	33		33	24
25	Two Fire Ratef Steel Door Mat&Labor	2012	4,284		20				25
26	Cooling Upgrades and Delta Control Pumps	2012	117,106	976	10	976		976	26
27	VILLAGE HOMES								27
28	Misc. Additions	1984	5,297	183	29	183		5,205	28
29	Misc. Additions	1985	1,222	44	28	44		1,200	29
30	Fire Sprinklers	1989	1,709	68	25	68		1,607	30
31	Alluminum Siding Fascua DownSpouts	1991	3,827		20			3,827	31
32	Alluminum Siding	1992	398	10	20	10		398	32
33	Redecoration	1995	13,014		10			13,014	33
34	TOTAL (lines 1 thru 33)		\$ 26,590,805	\$ 1,018,341		\$ 1,125,979	\$ 107,638	\$ 13,235,703	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, 2011 Ending: June 30, 2012

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		\$ 26,590,805	\$ 1,018,341		\$ 1,125,979	\$ 107,638	\$ 13,235,703	1
2	Reupholstery	1997	895		10			895	2
3	Roofing Repairs Flooring Entrance	1999	4,182		10			4,182	3
4	Carpentry	2000	1,622	108	15	108		1,351	4
5	Install Remove Vanities Planning Cooktops Cabinets	2002	16,520	957	10 15	957		14,161	5
6	Cabinets Install Door/Frames Vinyl Flooring Countertops	2004	40,167	2,786	10 15	2,786		23,683	6
7	Install Vinyl Shutter Fiber Gls Door Carpet Kitchen Bath Rehab	2005	20,111	524	5 15 20	524		14,485	7
8	Bathroom Repair Labor	2006	2,188	146	15	146		911	8
9	Repair due to lightning Strike-Protecting Panel	2008	387	26	15	26		95	9
10	Wiring Internet Connection Labor	2009	975	65	15	65		206	10
11	Facility Management Fees	2009	278	18	15	18		46	11
12	Flooring Stairwell Carpet Vinyl Living Dining 2nd Flr	2010	8,901	1,055	5 10	1,055		2,609	12
13	Facility Management Fees Floor Plan Replacement	2010	1,444	96	15	96		223	13
14	Bathroom Renovation Vanities Cabinet	2010	7,964	796	10	796		1,460	14
15	Electrical Wiring	2010	5,364	268	20	268		428	15
16	Electrical Wiring	2011	791	40	20	40		53	16
17	Replace Roof Mat & Labor	2011	10,700	1,070	10	1,070		1,159	17
18	Flooring	2011	7,640	509	15	509		637	18
19	Bathroom Renovation	2011	15,905	1,590	10	1,590		1,590	19
20	Facility Management Fees	2011	124	6	15	6		6	20
21	Remodel Bathroom Replace Trim Electric Wiring	2012	7,550	189	10	189		189	21
22	Wardrobe Cabinets in 4 bedrooms	2012	11,541	128	15	128		128	22
23	Misc Additions	1985	4,007	131	29	131		3,811	23
24	Fire Sprinklers	1989	1,709	68	25	68		1,607	24
25	Alluminim Siding Fascia Downspout	1991	3,827		20			3,827	25
26	Balance Siding	1992	398	10	20	10		398	26
27	Redecoration	1995	16,162		10			16,162	27
28	Repair Wood Post	1996	400		8			400	28
29	Flooring Cabinets	1999	8,709	490	10 15	490		7,975	29
30	Replace Flooring Roof Cooktops Fireproof Planning	2002	46,173	2,432	10 15	2,432		43,961	30
31	Install Countertops Doors/Frames Flooring Recon Sink	2004	21,249	1,439	10 15 20	1,439		12,228	31
32	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	24,671	1,194	5 15 20	1,194		14,490	32
33	Repair Due to Lightning Strike Protecting Panels	2008	387	26	15	26		95	33
34	TOTAL (lines 1 thru 33)		\$ 26,883,744	\$ 1,034,508		\$ 1,142,146	\$ 107,638	\$ 13,409,152	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, 2011 Ending: June 30, 2012

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 12C, Carried Forward		\$ 26,883,744	\$ 1,034,508		\$ 1,142,146	\$ 107,638	\$ 13,409,152	1
2	Wiring Internet Connection	2009	975	65	15	65		206	2
3	Bathroom Renovation Vanities Cabinet	2010	6,120	612	10	612		1,122	3
4	Floor Renovation	2010	7,700	770	10	770		1,283	4
5	Electrical Wirings	2010	686	34	20	34		57	5
6	Install Lightings	2011	1,582	79	20	79		112	6
7	Bathroom Renovation Vanities Cabinet	2011	10,099	1,010	10	1,010		1,262	7
8	Bathroom Remodelling	2012	4,360	182	10	182		182	8
9	Wardrobe Cabinets	2012	8,655	96	15	96		96	9
10	Misc. Additions	1985	4,007	131	29	131		3,811	10
11	Fire Sprinklers	1989	1,709	68	25	68		1,607	11
12	Alluminim Siding Fascia Downspout	1991	3,827		20			3,827	12
13	Balance Siding	1992	398	10	20	10		398	13
14	Redecoration	1995	14,846		10			14,846	14
15	Repair Wood Post	1996	400		8			400	15
16	Drapes Repair Heater Plumbing Install Lights	1999	6,023	50	10 20	50		5,699	16
17	Carpentry	2000	1,622	108	15	108		1,351	17
18	Replace Flooring Roof Install/Remove Vanities Planning	2002	50,444	2,710	10 15	2,710		47,059	18
19	Replace Flooring Kitchen Cabinet Sink Countertops	2003	32,254	2,208	10 15 20	2,208		20,974	19
20	Kitchen Back Splashes Install Door/Frames	2004	17,942	1,196	15	1,196		10,167	20
21	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	17,392	755	5 10 15 20	755		11,193	21
22	Repair Due to Lightning Strike Protecting Panels	2008	387	26	15	26		95	22
23	Wiring Internet Connection	2009	975	65	15	65		206	23
24	Bathroom Renovation Vanities Cabinet	2010	5,136	514	10	514		942	24
25	Electrical Feed Wiring	2011	2,337	117	20	117		166	25
26	Flooring	2011	13,650	910	15	910		986	26
27	Bathroom Renovation F Mgmt Fees	2011	13,228	1,081	10 15	1,081		1,081	27
28	Bathroom Remodelling	2012	4,410	184	10	184		184	28
29	Wardrobe Cabinets	2012	8,655	96	15	96		96	29
30	Misc. Additions	1985	4,007	131	29	131		3,811	30
31	Misc. Additions	1985	73,264	2,526	29	2,526		69,474	31
32	Misc. Additions	1987	3,000	105	27	105		2,842	32
33	Fire Sprinklers	1989	1,709	68	25	68		1,607	33
34	TOTAL (lines 1 thru 33)		\$ 27,205,541	\$ 1,050,415		\$ 1,158,053	\$ 107,638	\$ 13,616,293	34

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

Facility Name & ID Number Misericordia Home-North

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Report Period Beginning:

July 1, 2011 Ending: June 30, 2012

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 12D, Carried Forward		\$ 27,205,541	\$ 1,050,415		\$ 1,158,053	\$ 107,638	\$ 13,616,293	1
2	Fire Sprinklers	1989	1,709	68	25	68		1,607	2
3	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	3
4	Balance Siding	1992	398	10	20	10		398	4
5	Redecoration	1995	15,048		10			15,048	5
6	Repair Wood Post	1996	400		8			400	6
7	Roofing Repairs Water Heater	1999	5,572		10			5,572	7
8	Carpentry	2000	1,622	108	15	108		1,351	8
9	Flooring Install/Remove Vanities Cooktops Planning	2002	32,545	1,751	10 15	1,751		30,325	9
10	Kitchen Cabinet Flooring Install Door/Frames Countertops	2004	42,792	3,180	10 15	3,180		27,031	10
11	Vinyl Shutter Install Fiber Gls Door Kitchen Bath Rehab	2005	10,021	316	5 15 20	316		6,430	11
12	Repair Due to Lightning Strike Protecting Panels	2008	387	26	15	26		95	12
13	Wiring Internet Connection	2009	975	65	15	65		206	13
14	Electrical Wirings	2010	686	34	20	34		57	14
15	Install Lightings	2011	1,582	79	20	79		112	15
16	Replace Roof Mat&Labor	2011	10,700	1,070	10	1,070		1,159	16
17	Bathroom Renovation	2011	9,489	949	10	949		1,186	17
18	Flooring	2011	13,340	889	15	889		963	18
19	Bathroom Remodelling	2012	3,825	159	10	159		159	19
20	Wardrobe Cabinets in 3 bedrooms	2012	8,655	96	15	96		96	20
21	Heating Mech Repair Alluminum Siding Facia Downspouts	1991	5,630					5,630	21
22	Balance Siding	1992	398	10	20	10		398	22
23	Redecoration Admin Office Installation	1995	21,503	296	10 20	296		20,763	23
24	Repair Wood Post	1996	400		8			400	24
25	Roof Repairs	1998	3,775		10			3,775	25
26	Flooring Fire Dampers Repairs Boiler	1999	5,732		10			5,732	26
27	Carpentry Install Sprinklers Heads	2000	2,907	160	15	160		1,994	27
28	Floor Repl Water Dam Rep Carpet Construction	2001	21,629		10			21,629	28
29	Replace Flooring Install Cooktops Fireproof Bathroom Rep	2002	45,916	2,444	10 15	2,444		43,244	29
30	Install Remove Vanities Cooktops Fire Proof Planning	2002	5,498	367	15	367		3,849	30
31	Replace Roof	2002	10,500	525	10	525		10,500	31
32	Install/Remove Kitchen Cabinet Tile	2003	25,543	1,654	15 20	1,654		15,710	32
33	Plaster Dining Rm Ceiling Install Door Frames/Doors Drapes&Ro	2004	19,761	1,127	5 10 15	1,127		12,433	33
34	TOTAL (lines 1 thru 33)		\$ 27,538,304	\$ 1,065,798		\$ 1,173,436	\$ 107,638	\$ 13,858,372	34

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

Facility Name & ID Number Misericordia Home-North

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Report Period Beginning:

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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 12E, Carried Forward		\$ 27,538,304	\$ 1,065,798		\$ 1,173,436	\$ 107,638	\$ 13,858,372	1
2	Vanity Base Cabinet	2003	975	65	15	65		618	2
3	Vinyl Flooring Window Rep Kitchen Cabinets	2004	31,413	2,193	10 15	2,193		18,644	3
4	Fiber Glass Door Kitchen Cabinets Tiles Plumbing V Shutters	2005	44,471	2,361	5 10 15 20 25	2,361		24,349	4
5	Bathroom Renov Labor Vinyl Flooring Floor Wall Base	2006	12,410	1,183	10 15	1,183		7,003	5
6	Replace Conduit Damage	2007	2,641	132	20	132		649	6
7	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		95	7
8	Wiring Internet Connection	2009	975	65	15	65		206	8
9	Bathroom Renovation Vanities Cabinet	2010	7,426	743	10	743		1,361	9
10	Misc. Labor	2011	560	37	15	37		53	10
11	Roof Replacement Mat&Labor	2011	15,080	1,508	10	1,508		1,759	11
12	Bathroom Renovation	2011	4,370		10			4,370	12
13	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	128	15	128		128	13
14	VILLAGE-RICE HOME								14
15	Additions	1984	6,572	227	29	227		6,459	15
16	Additions	1985	1,222	44	28	44		1,200	16
17	Fire Sprinklers	1989	1,709	68	25	68		1,607	17
18	Alluminum Siding Fascia Downspouts	1991	3,827		20			3,827	18
19	Alluminum Siding	1992	398	10	20	10		398	19
20	Redecoration	1995	13,018		10			13,018	20
21	Flooring-Post Closing Entr	1999	525		10			525	21
22	Vinyl Flooring Planning Carpentry Install Cooktops Fireproof	2002	14,989	810	10 15	810		13,891	22
23	Cabinets Ins Door Frame Flooring Kitchen Island Countertops	2004	43,076	2,978	10 15	2,978		25,315	23
24	Decoria Vinyl Wall Shutters Kitchen Bath Rehab Labor Door Fibe	2005	22,641	1,682	5 10 15 20	1,682		14,687	24
25	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		95	25
26	Wiring Internet Connection Mat and Labor	2009	7,493	652	10	652	(0)	2,930	26
27	Electrical Wiring	2010	686	34	20	34		57	27
28	Vinyl Flooring Carpet Stairwell F Mgmt Fees	2011	20,317	2,020	5 10 15 20	2,020		2,543	28
29	Electrical Wiring Install Lightings	2011	3,648	182	20	182		274	29
30	Roof Replacement Mat&Labor	2011	11,050	1,105	10	1,105		1,289	30
31	Bathroom Renovation	2011	6,255	625	10	625		782	31
32	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	128	15	128		128	32
33	Replace Vinyl Flooring	2002	22,931	1,147	10	1,147		22,931	33
34	TOTAL (lines 1 thru 33)		\$ 27,862,836	\$ 1,085,978		\$ 1,193,616	\$ 107,638	\$ 14,029,564	34

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

Facility Name & ID Number Misericordia Home-North

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Report Period Beginning:

July 1, 2011 Ending: June 30, 2012

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 12F, Carried Forward		\$ 27,862,836	\$ 1,085,978		\$ 1,193,616	\$ 107,638	\$ 14,029,564	1
2	<u>Additions</u>	1984	5,397	186	29	186		5,304	2
3	<u>Additions</u>	1985	1,222	44	28	44		1,200	3
4	<u>Fire Sprinklers</u>	1989	1,709	68	25	68		1,607	4
5	<u>Alluminum Siding Fascia Downspouts</u>	1991	3,827		20			3,827	5
6	<u>Alluminum Siding</u>	1992	398	10	20	10		398	6
7	<u>Redecoration</u>	1995	12,817		10			12,817	7
8	<u>Flooring-Post Closing Roofing</u>	1999	3,873		5 10			3,873	8
9	<u>Carpeting Dining Rm Carpentry</u>	2000	8,167	108	5 10 15	108		7,897	9
10	<u>Install/Remove Vanities Planning Cooktops Fireproof</u>	2002	10,382	692	15	692		7,268	10
11	<u>Replace Flooring Vinyl</u>	2002	13,262	663	10	663		13,262	11
12	<u>Replace Flooring Vinyl Kitchen Floor Tiles</u>	2003	12,182	1,071	10	1,071		10,172	12
13	<u>Removal/Ins Kitchen CabinetsSink Faucets</u>	2003	27,519	1,773	15 20	1,773		16,839	13
14	<u>Faucets Drains Back Splashes</u>	2004	3,877	187	15 25	187		1,593	14
15	<u>Install Door Frames Drape Sheers</u>	2004	20,076	1,112	5 15	1,112		12,845	15
16	<u>Vinyl Shutters Fiber Glass Door Vinyl Wall Labor</u>	2005	11,753	530	10 15	530		6,546	16
17	<u>Construction</u>	2006	2,538	169	15	169		1,068	17
18	<u>Repair due to LightningStrike-Protecting Panel</u>	2008	387	26	15	26		95	18
19	<u>Wiring Internet Connection Labor</u>	2009	975	65	15	65		206	19
20	<u>Vinyl Flooring Bedroom Living Room</u>	2010	6,325	633	10	633		1,581	20
21	<u>Facility Management Fees Floor Plan Renovation</u>	2010	4,899	449	10 15	449		804	21
22	<u>Electrical Wiring</u>	2010	6,586	329	20	329		524	22
23	<u>Electrical Wiring Install Lightings Misc. Labor</u>	2011	4,663	250	15 20	250		369	23
24	<u>Roof Replacement</u>	2011	10,820	1,082	10	1,082		1,262	24
25	<u>Flooring</u>	2011	2,048	205	10	205		290	25
26	<u>Bathroom Renovation</u>	2011	17,453	1,745	10	1,745		2,182	26
27	<u>Bathroom Renovation</u>	2012	4,270	178	10	178		178	27
28	<u>Wardrobe Cabinets in 4 Bedrooms</u>	2012	11,541	128	15	128		128	28
29	<u>Fully Depreciated Assets</u>	1980	6,973		20			6,973	29
30	<u>Additions</u>	1984	4,615	150	29	150		4,540	30
31	<u>Additions</u>	1985	1,222	44	28	44		1,200	31
32	<u>Fire Sprinklers</u>	1989	1,709	68	25	68		1,607	32
33	<u>Carpentry Dining Room Chairs Carpet Underlayment</u>	2000	12,733	108	5 10 15	108		12,463	33
34	TOTAL (lines 1 thru 33)		\$ 28,099,054	\$ 1,098,051		\$ 1,205,689	\$ 107,638	\$ 14,170,481	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, 2011 Ending: June 30, 2012

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 12G, Carried Forward		\$ 28,099,054	\$ 1,098,051		\$ 1,205,689	\$ 107,638	\$ 14,170,481	1
2	Alluminum Siding Fascia Downspouts	1991	4,224		20			4,224	2
3	Repairs (Audit)	1992	2,114	56	20	56		2,114	3
4	Mechanical Plumbing Repair	1993	7,003	350	20	350		6,828	4
5	Mechanical Plumbing Repair	1994	4,533	227	20	227		4,193	5
6	Redecoration	1995	13,006		10			13,006	6
7	Roof Repairs	1998	3,775		5			3,775	7
8	Flooring Drapes Fire Damp Counter Tops	1999	13,355	121	10 15	121		13,174	8
9	Install New Shower Carpentry	2000	3,851	221	15 20	221		2,766	9
10	Remove Flooring	2002	240		5			240	10
11	Install Vanities Cabinets Cooktops Fire Proof Planning Carpentry	2002	12,754	850	15	850		8,928	11
12	Install Door Frames Blinds Drapes Rods Kitchen Cabinets	2004	23,999	1,294	5 15	1,294		15,588	12
13	Flooring Repair Labor	2004	1,250	125	10	125		1,063	13
14	Entry Door Fiber Glass	2005	7,140	352	20	352		2,734	14
15	Kitchen Cabinets Tiles Plumbing Demo Labor	2005	32,350	2,260	10 15 20	2,260		16,949	15
16	Vinyl Shutters Flooring Labor Wall Panel Lavatory Bowl	2005	7,865	431	5 10 15	431		5,757	16
17	Flooring	2007	4,147	415	10	415		1,866	17
18	Install Wood Floor	2008	10,558	1,056	10	1,056		4,663	18
19	Repair dur to Lightning Strike-Protecting Panel	2008	387	26	15	26		95	19
20	Wiring for Internet Connection Labor	2009	975	65	15	65		206	20
21	Electrical Lightning Damage Repair	2010	3,367	168	20	168		253	21
22	Electrical Wiring Misc. Labor	2011	3,379	188	15 20	188		267	22
23	Roof Replacement Mat&Labor	2011	15,170	1,517	10	1,517		1,770	23
24	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	128	15	128		128	24
25	Additions	1985	4,007	131	29	131		3,811	25
26	Fire Sprinklers	1989	1,709	68	25	68		1,607	26
27	Alluminum Siding Fascia Downspouts	1991	3,827		20			3,827	27
28	Balance for Siding	1994	398	16	20	16		374	28
29	Redecoration	1995	13,021		10			13,021	29
30	Repair Wood Post	1996	600		8			600	30
31	Wall Furnace	1997	635	21	15	21		635	31
32	Flooring-Post Closing Entrance	1998	666		5			666	32
33	Drapes	1999	1,013		10			1,013	33
34	TOTAL (lines 1 thru 33)		\$ 28,311,913	\$ 1,108,137		\$ 1,215,775	\$ 107,638	\$ 14,306,620	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, 2011 Ending: June 30, 2012

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 28,311,913	\$ 1,108,137		\$ 1,215,775	\$ 107,638	\$ 14,306,620	1
2	Replace Flooring Kitchen Back Splashes	2004	2,512	231	5 15	231		1,962	2
3	Install Vinyl Shutters Doors	2005	11,000	443	5 15	443		7,678	3
4	Demo Bathroom Flooring Tile Kitchen Bath Rehab Vinyl Sheets L	2005	25,523	1,704	5 10 15 20	1,704		12,734	4
5	Wall Panel Mosaic Floor Tile Sealant Mt&Labor	2005	8,142		5			8,142	5
6	Bathroom Vinly Flooring Mat&Labor	2006	7,523	647	10 15	647		3,935	6
7	Reair due to Lightning Strike-Protecting Panels	2008	387	26	15	26		95	7
8	Wiring for Internet Connection	2009	975	65	15	65		206	8
9	Counter Tops Sinks	2009	4,603	230	20	230		690	9
10	Flooring Corridor	2009	2,745		1			2,745	10
11	Vinyl Flooring Living Ding Room F Mgmt Fees Floor Plan Renov	2010	10,246	988	5 10 15	988		2,164	11
12	Shower Wall Covering	2010	3,120	624	5	624		1,508	12
13	Electrical Wiring	2010	3,849	192	20	192		294	13
14	Electrical Wiring Bedroom 1st Floor	2011	4,315	216	20	216		306	14
15	Bathroom Renovation F Mgmt Fees	2011	10,632	1,058	10 15	1,058		1,146	15
16	Remodell Bathroom Replace Trim	2012	6,293	157	10	157		157	16
17	Wardrobe Cabinets in 3 Bedrooms	2012	8,655	96	15	96		96	17
18	MGA alloc- IT Dept alloc based on direct exp		43,083	1,354		1,354		34,458	18
19	Connolly Center Laundry allocated based on weight of laund		397,903	10,130		10,130		75,743	19
20	Resource Center allocated based on # of residents		511,124	38,971		38,971		235,069	20
21	Staff Development allocation based on # of emp trained		6,863					6,863	21
22	Food Services allocated based on # of meals		789,308	19,260		35,220	15,960	620,644	22
23	Building Operations allocation based on squ feet		9,689,125	357,989		360,202	2,213	5,860,300	23
24	Therapy dept allocation based on staff hours		234,235	7,930		7,930		132,543	24
25	Housekeeping allocation based on squ feet of areas cleaned		11,599	105		105		11,289	25
26	Nursingallocation based on meds passed.		491,670	21,538		21,538		5,860,300	26
27	Pool & Fitness based on # of residents.		1,958,745	91,970		91,970		1,360,565	27
28	Purchasing dept allocated based on # of requisitions		64,867	3,504		3,504		35,620	28
29	Religious- based on # of residents & Driskill based on volunteers		4,541,324	126,286		126,286		528,071	29
30	MGA alloc- Finance Dept alloc based on direct exp		375,221	9,920		9,920		73,584	30
31	MGA alloc HR based # of employees		148,456	7,435		7,435		98,789	31
32	MGA Alloc Admin Dept alloc based on # of employees		3,629,768	75,675		88,862	13,187	1,182,050	32
33	MGA alloc- Reception based on # of employees		131,494	2,454		4,351	1,897	112,987	33
34	TOTAL (lines 1 thru 33)		\$ 51,447,216	\$ 1,889,336		\$ 2,030,231	\$ 140,895	\$ 30,579,352	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	\$ 1,424,203	\$ 143,346	\$ 143,346	\$ 0	10	\$ 817,256	71
72	Current Year Purchases	42,739	1,653	1,653		10	1,653	72
73	Fully Depreciated Assets	1,448,761					1,448,761	73
74								74
75	TOTALS	\$ 2,915,704	\$ 144,999	\$ 144,999	\$ 0		\$ 2,267,669	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			\$ 501,553	\$ 20,368	\$ 20,368	\$	3	\$ 428,720	76
77										77
78										78
79										79
80	TOTALS			\$ 501,553	\$ 20,368	\$ 20,368	\$		\$ 428,720	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)	\$ 54,864,473	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 2,054,703	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 2,195,598	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 140,895	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 33,275,741	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	\$ 7,919,136	\$ 306,458	\$ 6,324,567	86
87	Auto alloc to other prog	762,613	111,388	667,907	87
88	Bldg & Improv alloc to other prog	68,680,282	2,316,602	24,362,262	88
89	Land	1,205,104			89
90					90
91	TOTALS	\$ 78,567,135	\$ 2,734,448	\$ 31,354,736	91

G. Construction-in-Progress

	Description	Cost	
92	New CILAs	\$ 1,304,489	92
93	Campus expansions	152,764	93
94	HVAC upgrade	197,651	94
95		\$ 1,654,904	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? ☐ YES ☐ NO
- If NO, see instructions.

		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.	/2013	\$
13.	/2014	\$
14.	/2015	\$

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☒

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		5,639		5,639
3	Classroom Wages (a)		193,353		193,353
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 198,992	\$	\$ 198,992
10	SUM OF line 9, col. 1 and 2 (e)	\$	198,992		

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		2460 hrs	13,136				2,460	13,136	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			\$ 13,136		\$	\$	2,460	\$ 13,136	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	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 15,333,806	\$	1
2	Cash-Patient Deposits	334,114		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 35,000)	14,252,635		3
4	Supply Inventory (priced at cost)	333,632		4
5	Short-Term Investments	8,664,060		5
6	Prepaid Insurance	378,926		6
7	Other Prepaid Expenses	58,659		7
8	Accounts Receivable (owners or related parties)	1,057,616		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 40,413,448	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,205,107		13
14	Buildings, at Historical Cost	120,127,495		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	12,099,006		16
17	Accumulated Depreciation (book methods)	(64,630,477)		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	1,654,904		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 70,456,035	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 110,869,483	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 890,333	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	289,891		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	2,553,327		30
31	Accrued Taxes Payable (excluding real estate taxes)	167,736		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	644,766		36
37	Other Liabilities and ARO	964,370		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,510,423	\$	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)	\$ 5,510,423	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 105,359,060	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 110,869,483	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 101,935,574	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 101,935,574	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(6,642,572)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	20,513,599	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	(3,678,985)	15
16	Other (describe) Development & Community Relations	(2,216,425)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 7,975,617	17
	B. Transfers (Itemize):		
18	Investment activity/insurance proceeds	104,050	18
19	Net Asset Reclassification	(4,656,181)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (4,552,131)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 105,359,060	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Misericordia Home-North# 0029876Report Period Beginning: July 1, 2011Ending: June 30, 2012

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 27,600,885	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 27,600,885	3
	B. Ancillary Revenue		
4	Day Care	8,124,447	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 8,124,447	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	113,932	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)	\$ 113,932	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)	\$ 35,839,264	30

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	7,229,110	31
32	Health Care	18,013,741	32
33	General Administration	8,541,630	33
	B. Capital Expense		
34	Ownership	3,740,024	34
	C. Ancillary Expense		
35	Special Cost Centers	3,701,366	35
36	Provider Participation Fee	1,255,965	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 42,481,836	40
41	Income before Income Taxes (line 30 minus line 40)**	(6,642,572)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (6,642,572)	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? _____ 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	1,927	2,160	\$ 80,461	\$ 37.25	1
2	Assistant Director of Nursing					2
3	Registered Nurses	37,863	42,732	1,288,050	30.14	3
4	Licensed Practical Nurses	14,934	17,292	463,392	26.80	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	7,386	8,364	288,829	34.53	7
8	Rehab/Therapy Aides	20,789	23,087	441,334	19.12	8
9	Activity Director	1,788	2,080	60,426	29.05	9
10	Activity Assistants	20,588	22,999	389,218	16.92	10
11	Social Service Workers	10,442	12,040	275,950	22.92	11
12	Dietician	1,460	1,795	61,164	34.07	12
13	Food Service Supervisor	1,954	2,423	55,680	22.98	13
14	Head Cook	6,231	7,128	172,619	24.22	14
15	Cook Helpers/Assistants	20,854	22,663	304,225	13.42	15
16	Dishwashers					16
17	Maintenance Workers	24,729	29,010	817,245	28.17	17
18	Housekeepers	43,027	48,894	349,309	7.14	18
19	Laundry	6,085	6,890	112,074	16.27	19
20	Administrator	6,373	7,146	389,189	54.46	20
21	Assistant Administrator					21
22	Other Administrative	33,098	37,294	950,325	25.48	22
23	Office Manager					23
24	Clerical	16,909	19,170	300,966	15.70	24
25	Vocational Instruction	138,190	174,459	3,037,149	17.41	25
26	Academic Instruction	6,588	7,704	193,353	25.10	26
27	Medical Director	380	380	33,519	88.21	27
28	Qualified MR Prof. (QMRP)	74,584	83,005	1,445,292	17.41	28
29	Resident Services Coordinator	69,120	78,323	1,944,728	24.83	29
30	Habilitation Aides (DD Homes)	651,778	715,314	9,788,482	13.68	30
31	Medical Records	3,197	3,717	61,752	16.61	31
32	Other Health Care Nurse Practitioner	1,421	1,619	60,197	37.18	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	1,221,695	1,377,688	\$ 23,364,928 *	\$ 16.96	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		\$ 33,731	1	35
36	Medical Director				36
37	Medical Records Consultant		142	10	37
38	Nurse Consultant				38
39	Pharmacist Consultant		17,978	10	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant		70,629	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant		44,717	10a	43
44	Activity Consultant		62,995	11	44
45	Social Service Consultant				45
46	Other(specify) <u>Doctor/lab/dental</u>		34,145	10	46
47	<u>Behavior Therapist/hab aide stipend</u>		24,837	10a	47
48	<u>Psych</u>		36,065	10a	48
49	TOTAL (lines 35 - 48)		\$ 325,239		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

STATE OF ILLINOIS

Facility Name & ID Number

Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2011

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Ending:

June 30, 2012

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Sr. Rosemary Connelly	Executive Director	N/A	\$ 41,757	Workers' Compensation Insurance	\$ 279,145	IDPH License Fee	\$	
Mary Pat O'Brien	Asst. Executive Directro	N/A	51,051	Unemployment Compensation Insurance	71,532	Advertising: Employee Recruitment	1,992	
Denise Tigges	Admistrator	N/A	48,816	FICA Taxes	1,172,312	Health Care Worker Background Check		
Michael Diaz	Admistrator	N/A	32,458	Employee Health Insurance	1,485,929	(Indicate # of checks performed)		
Lois Gates	Asst. Executive Directro	N/A	51,423	Employee Meals		Patient Background Checks	11,781	
Chris Hegg/Joe Ferrera	Administrator	N/A	77,880	Illinois Municipal Retirement Fund (IMRF)*		Dept of Financial Regulation	437	
Kevin Connelly/Fr. Jack Clair	CFO/Asst Exe Dir	N/A	85,804	Emp Tuition Reimbursement/Other	60,687	Subscription	2,393	
TOTAL (agree to Schedule V, line 17, col. 1)				Dental Insurance	57,634	Membership Dues	1,482	
(List each licensed administrator separately.)			\$ 389,189	401K Match	738,889	Bank fees	11,252	
B. Administrative - Other				Long-Term Disablility and Life Insurance	90,857	Computer licensing/misc licensing	28,330	
Description			Amount			Less: Public Relations Expense	()	
			\$			Non-allowable advertising	()	
						Yellow page advertising	()	
						TOTAL (agree to Sch. V, line 20, col. 8)		
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 3,956,985	\$ 57,667		
TOTAL (agree to Schedule V, line 17, col. 3)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)								
C. Professional Services								
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Deloitte & Touche	Audit		\$ 70,205	Taxable fringe benefits - gas	22	\$ 8,239	Out-of-State Travel	\$
ADP Processing	Payroll Service		129,693					
Burke, Warren, MacKay & Serr	Legal		20,753					
Correll	Admin for 401K plan		24,875				In-State Travel	
Mahoney, Crowe, & Goldrick	Legal		3,208					
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			\$ 8,239	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 248,734					

* Attach copy of IMRF notifications

**See instructions.

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

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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.

\$ 80,649

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 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.