

		FOR BHF USE				

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2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2006)

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 Facility ID Number: 8000200

Facility Name: Graham Hospital

Address: 210 West Walnut Street Canton 61520
 Number City Zip Code

County: Fulton

Telephone Number: 309-647-5240 **Fax #** 309-649-5411

HFS ID Number: 37-0673506-004

Date of Initial License for Current Owners: 07/02/87

Type of Ownership:

<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code <u>501c(3)</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:
Name: Melissa Wilson **Telephone Number:** 309-647-5240 ext. 2256

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/2005 to 06/30/2006 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) <u>Melissa Wilson</u>	
	(Title) <u>Director of Accounting</u>	
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 Graham Hospital

8000200 Report Period Beginning: 07/01/2005 Ending: 06/30/2006

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	<u>32</u>	Skilled (SNF)	<u>32</u>	<u>11,680</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	<u>22</u>	Intermediate/DD	<u>22</u>	<u>8,030</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>54</u>	TOTALS	<u>54</u>	<u>19,710</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>585</u>	<u>629</u>	<u>7,252</u>	<u>8,466</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>2,248</u>	<u>4,959</u>	<u>128</u>	<u>7,335</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>2,833</u>	<u>5,588</u>	<u>7,380</u>	<u>15,801</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.17%

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

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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

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

YES NO

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 05/01/87

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 32 and days of care provided 7,252

Medicare Intermediary Admina Star Federal

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/06 Fiscal Year: 06/30/06

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

Facility Name & ID Number Graham Hospital # 8000200 Report Period Beginning: 07/01/2005 Ending: 06/30/2006

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 OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	216,376	166,157		382,533		382,533	382,533			1
2	Food Purchase		223,456		223,456		223,456	223,456			2
3	Housekeeping	2,356	2,044		4,400		4,400	4,400			3
4	Laundry	6,529	129,170		135,699		135,699	135,699			4
5	Heat and Other Utilities										5
6	Maintenance	127,085	303,389		430,474		430,474	430,474			6
7	Other (specify):*										7
8	TOTAL General Services	352,346	824,216		1,176,562		1,176,562	1,176,562			8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	1,596,348	134,150		1,730,498		1,730,498	1,730,498			10
10a	Therapy										10a
11	Activities										11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*	45,959	10,207		56,166		56,166	56,166			15
16	TOTAL Health Care and Programs	1,642,307	144,357		1,786,664		1,786,664	1,786,664			16
	C. General Administration										
17	Administrative										17
18	Directors Fees										18
19	Professional Services										19
20	Dues, Fees, Subscriptions & Promotions										20
21	Clerical & General Office Expenses	241,028	267,909		508,937	(28,968)	479,969	479,969			21
22	Employee Benefits & Payroll Taxes			459,777	459,777		459,777	459,777			22
23	Inservice Training & Education										23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			348,266	348,266		348,266	348,266			25
26	Insurance-Prop.Liab.Malpractice										26
27	Other (specify):*										27
28	TOTAL General Administration	241,028	267,909	808,043	1,316,980	(28,968)	1,288,012	1,288,012			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,235,681	1,236,482	808,043	4,280,206	(28,968)	4,251,238	4,251,238			29

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

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

Facility Name & ID Number Graham Hospital #8000200 Report Period Beginning: 07/01/2005 Ending: 06/30/2006

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			119,018	119,018		119,018	290,203	409,221			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			119,018	119,018		119,018	290,203	409,221			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee						28,968	28,968	28,968			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers						28,968	28,968	28,968			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,235,681	1,236,482	927,061	4,399,224		4,399,224	290,203	4,689,427			45

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning: 07/01/2005

Ending: 06/30/2006

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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	290,203	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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				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)	\$ 290,203		\$	30

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	2	
		Amount	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))	\$ 290,203		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	2	3	4	
		Yes	No	Amount	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	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY					
48		49		50	
				51	
					52

Graham Hospital

ID# 8000200
 Report Period Beginning: 07/01/2005
 Ending: 06/30/2006

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
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
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

STATE OF ILLINOIS

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

07/01/2005 Ending:

Summary B

06/30/2006

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	290,203	0	0	0	0	0	0	0	0	0	0	290,203	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	290,203	0	290,203	37									
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	290,203	0	290,203	45									

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning: 07/01/2005 Ending: 06/30/2006

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Graham Hospital Association	100%	None				

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: Adjustments for Related Organization Costs (7 minus 4)
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	
1	V		\$			\$	\$
2	V						
3	V						
4	V						
5	V						
6	V						
7	V						
8	V						
9	V						
10	V						
11	V						
12	V						
13	V						
14	Total		\$			\$	\$ *

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

Facility Name & ID Number

Graham Hospital

#

8000200

Report Period Beginning:

07/01/2005

Ending:

06/30/2006

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									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		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 Graham Hospital

8000200

Report Period Beginning:

07/01/2005

Ending:

6/30/2006

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

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

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

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	N/A									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.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2006 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Graham Hospital COUNTY Fulton

FACILITY IDPH LICENSE NUMBER 8000200

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 2005 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 2005.

(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. <u>N/A</u>	_____	\$ _____	\$ _____
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 & 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 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

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

Facility Name & ID Number Graham Hospital

8000200 Report Period Beginning:

07/01/2005 Ending:

06/30/2006

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 16,688 B. General Construction Type: Exterior BRICK Frame _____ Number of Stories _____

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

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

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

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	<u>ECF/SNF</u>	<u>16,668</u>	<u>VARIOUS</u>	\$ _____	1
2					2
3	TOTALS	16,668		\$ _____	3

Facility Name & ID Number Graham Hospital

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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			1971		\$ 1,047,221	\$		\$	\$	\$ 1,047,221	4
5			1972		866					866	5
6			1978		187,881					187,881	6
7			1982		3,684					3,684	7
8			1977		1,331,168	26,796	VARIOUS	26,796		1,357,964	8
		Improvement Type**									
9											9
10		VARIOUS BUILDING IMPROVEMENTS		1980	2,093		VARIOUS			2,093	10
11		VARIOUS BUILDING IMPROVEMENTS		1982	1,543		VARIOUS			1,543	11
12		VARIOUS BUILDING IMPROVEMENTS		1984	1,169,963	15,471	VARIOUS	15,471		1,185,434	12
13		VARIOUS BUILDING IMPROVEMENTS		1985	34,258		VARIOUS			34,258	13
14		VARIOUS BUILDING IMPROVEMENTS		1975	30,771		VARIOUS			30,771	14
15		VARIOUS BUILDING IMPROVEMENTS		1976	1,880		VARIOUS			1,880	15
16		VARIOUS BUILDING IMPROVEMENTS		1987	89,317	1,535	VARIOUS	1,535		90,852	16
17		VARIOUS BUILDING IMPROVEMENTS		1988	52,287	64	VARIOUS	64		52,351	17
18		VARIOUS BUILDING IMPROVEMENTS		1990	28,254	3	VARIOUS	3		28,258	18
19		VARIOUS BUILDING IMPROVEMENTS		1991	125,804	4,688	VARIOUS	4,688		130,492	19
20		VARIOUS BUILDING IMPROVEMENTS		1992	16,693	401	VARIOUS	401		17,093	20
21		VARIOUS BUILDING IMPROVEMENTS		1993	19,686	767	VARIOUS	767		20,453	21
22		VARIOUS BUILDING IMPROVEMENTS		1994	76,132	1,416	VARIOUS	1,416		77,547	22
23		VARIOUS BUILDING IMPROVEMENTS		1995	32,894	242	VARIOUS	242		33,137	23
24		VARIOUS BUILDING IMPROVEMENTS		1996	47,891	2,109	VARIOUS	2,109		50,000	24
25		VARIOUS BUILDING IMPROVEMENTS		1997	24,479	1,630	VARIOUS	1,630		26,110	25
26		VARIOUS BUILDING IMPROVEMENTS		1998	26,173	1,398	VARIOUS	1,398		27,572	26
27		VARIOUS BUILDING IMPROVEMENTS		1999	11,097	557	VARIOUS	557		11,654	27
28		VARIOUS BUILDING IMPROVEMENTS		2000	800,069	49,443	VARIOUS	49,443		849,512	28
29		VARIOUS BUILDING IMPROVEMENTS		2001	112,532	7,847	VARIOUS	7,847		120,379	29
30		VARIOUS BUILDING IMPROVEMENTS		2002	580,999	37,849	VARIOUS	37,849		618,848	30
31		LOADING DOCK DOORS		2003	1,151	105	10	105		1,256	31
32		RE ROOF '59 BUILDING		2003	6,162	565	10	565		6,727	32
33		FIRE RATED DOORD (2)		2003	1,471	67	20	67		1,539	33
34		PROJ 01.04 LOBBY/ATRIUM RENOVATION PROF SERV BISHO		2003	15,752	963	15	963		16,715	34
35		PROJ 01.04 LOBBY/ATRIUM RENOVATION PROF SERV PHILL		2003	6,777	414	15	414		7,191	35
36		PROJ 01.06 ACUTE CARE RENOVATION PAINT, WATER DISP		2003	1,266	232	5	232		1,498	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 Graham Hospital

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Report Period Beginning:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	PROJ 01.06 ACUTE CARE RENOVATION PROF SERV RICKAR	2003	\$ 10,789	\$ 1,236	8	\$ 1,236	\$	\$ 12,025	37
38	PROJ 01.06 ACUTE CARE RENOVATION FLOOR TILES	2003	3,888	356	10	356		4,245	38
39	PROJ 01.06 ACUTE CARE RENOVATION SIGNAGE	2003	1,015	93	10	93		1,108	39
40	PROJ 01.06 ACUTE CARE RENOVATION THERMOSTATS, LIQ	2003	3,320	304	10	304		3,624	40
41	PROJ 01.06 ACUTE CARE RENOVATION BUILDING MATERI	2003	13,366	817	15	817		14,183	41
42	PROJ 01.06 ACUTE CARE RENOVATION PROF SERV RICKAR	2003	46,648	2,851	15	2,851		49,499	42
43	PROJ 01.06 ACUTE CARE RENOVATION PROF SERV SIMPSC	2003	1,002	61	15	61		1,063	43
44	PROJ 01.06 ACUTE CARE RENOVATION PROF SERV BALAG	2003	3,236	198	15	198		3,434	44
45	PROJ 01.06 ACUTE CARE RENOVATION PROF SERV G-M MI	2003	203	12	15	12		215	45
46	PROJ 01.06 ACUTE CARE RENOVATION OAK DOORS	2003	1,711	105	15	105		1,815	46
47	PROJ 01.06 ACUTE CARE RENOVATION PROF SERV J A SEX	2003	3,141	144	20	144		3,285	47
48	PROJ 01.06 ACUTE CARE RENOVATION PROF SERV RKE	2003	13,283	609	20	609		13,892	48
49	PROJ 01.07 MRI PROJECT ADDL SUPPLIES	2003	489	30	15	30		519	49
50	PROJ 02.04 FIRE CAULKING	2003	582	36	15	36		618	50
51	PROJ 02.05 LAB RENOVATION PROF SERV RICKARD'S	2003	303	28	10	28		331	51
52	PROJ 02.14 HOT WATER HEATER ASBESTOS ABATEMENT	2003	2,112	194	10	194		2,306	52
53	PROJ 02.14 HOT WATER HEATER PROF SERV RICKARD'S	2003	750	46	15	46		795	53
54	PROJ 02.15 LOBBY ENTRANCE PROF SERV KEMPER CONST	2003	53,914	3,295	15	3,295		57,209	54
55	PROJ 02.15 LOBBY ENTRANCE PROF SERV PHILLIPS SWAG	2003	362	22	15	22		384	55
56	PROJ 02.15 LOBBY ENTRANCE SIGNAGE	2003	201	18	10	18		220	56
57	PROJ 02.16 RADIOLOGY RENOVATION CARPET	2003	1,607	295	5	295		1,902	57
58	PROJ 02.16 RADIOLOGY RENOVATION PROF SERV RICKAR	2003	3,018	184	15	184		3,202	58
59	PROJ 02.16 RADIOLOGY RENOVATION PAINTING, MATERI	2003	521	32	15	32		553	59
60	PROJ 02.18 DISH ROOM CEILING, WALL WORK	2003	1,662	190	8	190		1,853	60
61	PROJ 01.06 ACUTE CARE RENOVATION PROF SERV AXIA J	2003	115,966	7,087	15	7,087		123,053	61
62	PROJ 01.06 ACUTE CARE RENO IDPH REVIEW FEE	2003	4,181	255	15	255		4,436	62
63	PROJ 01.06 ACUTE CARE RENO PROF SERV PHILLIPS SWAG	2003	10,143	620	15	620		10,763	63
64	PROJ 01.06 ACUTE CARE RENO PROF SERV RICKARD'S	2003	672	41	15	41		714	64
65	PROJ 01.06 ACUTE CARE RENO LINTELS FOR HR MOVE BL	2003	2,069	126	15	126		2,195	65
66	PROJ 01.06 ACUTE CARE RENO CARPET	2003	5,390	988	5	988		6,378	66
67	PROJ 01.06 ACUTE CARE RENO ASBESTOS ABATEMENT	2003	3,776	231	15	231		4,007	67
68	PROJ 01.06 ACUTE CARE RENO CEILING TILE	2003	6,388	732	8	732		7,120	68
69	PROJ 01.06 ACUTE CARE RENO RUBBISH REMOVAL	2003	3,855	236	15	236		4,091	69
70	TOTAL (lines 4 thru 69)		\$ 6,207,778	\$ 176,036		\$ 176,036	\$	\$ 6,383,815	70

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

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Report Period Beginning:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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		\$ 6,207,778	\$ 176,036		\$ 176,036	\$	\$ 6,383,815	1
2	PROJ 01.06 ACUTE CARE RENO DRYWALL	2003	4,233	259	15	259		4,492	2
3	BOILER ROOM ROOFS	2004	8,758	803	10	803		9,561	3
4	XRAY ATRIUM ROOF REPAIR	2004	1,271	116	10	116		1,387	4
5	PROJ 02.14 HOT WATER SYSTEM ASBESTOS ABATEMENT	2004	836	51	15	51		887	5
6	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-FLOOR F	2004	886	162	5	162		1,048	6
7	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-CEILING	2004	4,989	572	8	572		5,561	7
8	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-CEILING	2004	16,108	1,846	8	1,846		17,954	8
9	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-CEILING	2004	978	112	8	112		1,090	9
10	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-LIGHT IN	2004	617	57	10	57		673	10
11	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-LIGHTS	2004	3,739	343	10	343		4,081	11
12	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-T-8 LAY	2004	618	38	15	38		656	12
13	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-MATERI	2004	704	43	15	43		747	13
14	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-POUR CC	2004	797	49	15	49		845	14
15	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-CEILING	2004	910	42	20	42		951	15
16	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-ELECTR	2004	974	45	20	45		1,019	16
17	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-REPLAC	2004	111	4	25	4		115	17
18	PROJ 03.02 2E RENO-LOCKS, PAINTING WALLCOVERING	2004	1,279	234	5	234		1,513	18
19	PROJ 03.02 2E RENO-CARPET	2004	862	158	5	158		1,020	19
20	PROJ 03.02 2E RENO-CEILING TILE CROSS T'S	2004	2,018	231	8	231		2,250	20
21	PROJ 03.02 2E RENO-WINDOWS, COVE BASE, FLOOR TILE	2004	1,508	138	10	138		1,646	21
22	PROJ 03.02 2E RENO-REUPHOLSTER FURNITURE	2004	1,203	92	12	92		1,295	22
23	PROJ 03.02 2E RENO-DRYWALL	2004	4,131	252	15	252		4,383	23
24	PROJ 03.02 2E RENO-COUNTER CABINET NURSE'S STATION	2004	2,746	168	15	168		2,913	24
25	PROJ 03.02 2E RENO-CABLE	2004	421	19	20	19		441	25
26	PROJ 03.02 2E RENO-PLUMBING	2004	538	25	20	25		563	26
27	PROJ 03.03 LIFE SAFETY-FIRE CAULKING	2004	1,099	202	5	202		1,301	27
28	PROJ 03.03 LIFE SAFETY-PAINTING, MATERIALS	2004	3,770	691	5	691		4,461	28
29	PROJ 03.03 LIFE SAFETY-CEILING REPLACEMENT	2004	21,677	2,484	8	2,484		24,161	29
30	PROJ 03.03 LIFE SAFETY-LIGHT TENTING	2004	1,783	204	8	204		1,987	30
31	PROJ 03.03 LIFE SAFETY-LIGHTING, FIRE DAMPERS	2004	12,021	1,102	10	1,102		13,123	31
32	PROJ 03.03 LIFE SAFETY-CONSTRUCTION LABOR, MATERIA	2004	70,053	4,281	15	4,281		74,334	32
33	PROJ 03.03 LIFE SAFETY-FIRE RATED DOORS, GATES	2004	4,028	185	20	185		4,213	33
34	TOTAL (lines 1 thru 33)		\$ 6,383,444	\$ 191,043		\$ 191,043	\$	\$ 6,574,487	34

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

Facility Name & ID Number Graham Hospital

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Report Period Beginning:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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 12B, Carried Forward		\$ 6,383,444	\$ 191,043		\$ 191,043	\$	\$ 6,574,487	1
2	PROJ 03.03 LIFE SAFETY-DIFFUSERS/DAMPERS	2004	7,458	273	25	273		7,732	2
3	PROJ 03.05 PACS SYSTEM-WIRING SUPPLIES, GIG SWITCH	2004	2,367	108	20	108		2,475	3
4	PROJ 03.06 SLEEP STUDY ROOM CONSTRUCTION-PAINT, C	2004	1,205	221	5	221		1,426	4
5	PROJ 03.06 SLEEP STUDY RM CONSTRUCT-LOCKS	2004	478	44	10	44		522	5
6	PROJ 03.08 LAB RENO	2004	210,886	12,887	15	12,887		223,773	6
7	PROJ 03.08 LAB RENO-FLAD ARCHITECT SERVICES	2004	24,183	1,478	15	1,478		25,661	7
8	PROJ 03.08 LAB RENO-CONSULTATION MARTHA ROBBINS	2004	749	46	15	46		795	8
9	PROJ 03.08 LAB RENO-PLUMBING, DUCTWORK	2004	2,628	120	20	120		2,749	9
10	PROJ 03.08 LAB RENO-INSULATION REPLACE AROUND DU	2004	1,102	40	25	40		1,142	10
11	PROJ 03.08 LAB RENO-REBUILD MOVE VENT LINES	2004	490	30	15	30		519	11
12	PROJ 03.09 PATIENT REGIS RENO-CARPET, PAINT	2004	948	174	5	174		1,122	12
13	PROJ 03.09 PATIENT REGIS RENO-CEILING TILE	2004	2,707	310	8	310		3,017	13
14	PROJ 03.09 PATIENT REGIS RENO-SIGNAGE, LIGHTING, F	2004	1,565	143	10	143		1,709	14
15	PROJ 03.09 PATIENT REGIS RENO-DRYWALL, DOORS, FRA	2004	5,716	349	15	349		6,066	15
16	PROJ 03.10 SON RENO-PAINT, CARPET	2004	2,088	383	5	383		2,470	16
17	PROJ 03.10 SON RENO - CEILING INSTALL	2004	5,057	580	8	580		5,637	17
18	PROJ 04.01 WINDOW '59 BLDG-REPLACE AND INSTALL	2004	14,385	879	15	879		15,264	18
19	PROJ 04.03 HR OFFICE RENO-PAINT, CARPET, DRYWALL,	2004	1,299	79	15	79		1,379	19
20	PROJ 04.06 MEDICAL RECORDS-PAINT, CARPET, BLINDS	2004	4,206	771	5	771		4,977	20
21	PROJ 04.06 MEDICAL RECORDS-CEILING REPLACEMENT	2004	3,824	438	8	438		4,262	21
22	PROJ 04.06 MEDICAL RECORDS-LIGHT FIXTURES, COVE B	2004	989	91	10	91		1,079	22
23	PROJ 04.06 MEDICAL RECORDS-PVC VENT, DUCTS, RETUR	2004	790	36	20	36		826	23
24	04.09 PHASE II UTILITY YARD- IDPH FEE	2005	2,090	134	15	134		2,224	24
25	04.09 PHASE II UTILITY YARD- FREIGHT CRANE RIGGING	2005	7,331	470	15	470		7,802	25
26	04.09 PHASE II UTILITY YARD- NFPA TESTING	2005	1,394	89	15	89		1,483	26
27	04.09 PHASE II UTILITY YARD- FLAD & ASSOC SERVICES	2005	28,278	1,814	15	1,814		30,092	27
28	04.09 PHASE II UTILITY YARD- INSULATE OUTDOOR AIR	2005	602	29	20	29		631	28
29	04.09 PHASE II UTILITY YARD- PJ HOERR SERVICES	2005	807,446	51,791	15	51,791		859,237	29
30	04.10 PHARMACY RENOVATION	2005	3,339	214	15	214		3,553	30
31	04.12 LIFE SAFETY RENOVATION- CONCRETE, DRYWALL,	2005	2,905	559	5	559		3,464	31
32	04.12 LIFE SAFETY RENOVATION- SIGNS, FIXTURES, ACC	2005	1,256	121	10	121		1,377	32
33	04.12 LIFE SAFETY RENOVATION- PJ HOERR SERVICES	2005	50,200	3,220	15	3,220		53,420	33
34	TOTAL (lines 1 thru 33)		\$ 7,583,406	\$ 268,966		\$ 268,966	\$	\$ 7,852,372	34

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

Facility Name & ID Number Graham Hospital

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Report Period Beginning:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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 12C, Carried Forward		\$ 7,583,406	\$ 268,966		\$ 268,966	\$	\$ 7,852,372	1
2	04.12 LIFE SAFETY RENOVATION- KIRWAN ASBESTOS REM	2005	1,463	94	15	94		1,557	2
3	04.12 LIFE SAFETY RENOVATION- OUTSIDE STEPS	2005	6,872	441	15	441		7,313	3
4	04.12 LIFE SAFETY RENOVATION- RICKARD'S CONSTRUCT	2005	16,505	1,059	15	1,059		17,564	4
5	04.12 LIFE SAFETY RENOVATION- FLAD & ASSOC SERVICE	2005	8,506	546	15	546		9,051	5
6	04.12 LIFE SAFETY RENOVATION- OAK DOOR	2005	1,376	88	15	88		1,464	6
7	04.12 LIFE SAFETY RENOVATION- DRYWALL, PAINTING &	2005	6,882	441	15	441		7,323	7
8	04.15 SON CEILINGS- CARPET & PAINT	2005	1,657	319	5	319		1,976	8
9	04.15 SON CEILINGS- TILE, LAMPS, BALLASTS & COVE B	2005	1,755	169	10	169		1,924	9
10	04.15 SON CEILINGS- CEILING TILE & LABOR TO INSTAL	2005	2,492	160	15	160		2,652	10
11	05.02 OB RENOVATION	2005	739	142	5	142		881	11
12	PROJ 04.11 NEW ER - ASBESTOS REMOVAL	2006	5,566		15			5,566	12
13	PROJ 04.11 NEW ER - SOIL BORING	2006	2,398		15			2,398	13
14	PROJ 04.11 NEW ER - AMEREN-REMOVE MRI TRANSFORMI	2006	3,503		15			3,503	14
15	PROJ 04.11 NEW ER - P.J. HOERR CONSTRUCTION	2006	2,386,765		15			2,386,765	15
16	PROJ 04.11 NEW ER - FLAD & ASSOCIATES-PLANS	2006	213,988		15			213,988	16
17	PROJ 04.11 NEW ER - BUILDING SUPPLIES	2006	2,018		10			2,018	17
18	PROJ 04.11 NEW ER - RICKARD CONSTRUCTION	2006	3,135		15			3,135	18
19	PROJ 04.11 NEW ER - IDPH PLANS	2006	2,507		15			2,507	19
20	PROJ 06.07 OB MEDICAL GAS - PIPING, PLUMBING, LABO	2006	4,866		15			4,866	20
21	PROJ 06.07 OB MEDICAL GAS - BUILDING SUPPLIES	2006	519		5			519	21
22	PROJ 05.02 OB RENOVATION - FLOORING & PAINT	2006	6,358		5			6,358	22
23	PROJ 05.12 ROOF - HOLTHAUS CONSTRUCTION	2006	11,883		15			11,883	23
24	PROJ 05.06 3RD & 4TH FLOOR SAFE - FLAD & ASSOCIATE	2006	12,510		15			12,510	24
25	PROJ 05.06 3RD & 4TH FLOOR SAFE - BUILDING MATERIA	2006	708		15			708	25
26	PROJ 05.06 3RD & 4TH FLOOR SAFE - BUILDING MATERIA	2006	1,915		5			1,915	26
27	PROJ 05.06 3RD & 4TH FLOOR SAFE - RICKARD CONSTRUC	2006	7,035		10			7,035	27
28	PROJ 05.06 3RD & 4TH FLOOR SAFE - PJ HOERR CONSTRU	2006	12,591		15			12,591	28
29	PROJ 05.06 3RD & 4TH FLOOR SAFE - ASBESTOS REMOVAL	2006	1,124		15			1,124	29
30	PROJ 05.13 SON CEILING - FLAD & ASSOCIATES-PLANS	2006	6,428		15			6,428	30
31	PROJ 05.13 SON CEILING - RICKARD CONSTRUCTION	2006	29,091		15			29,091	31
32	PROJ 05.13 SON CEILING - DRYWALL	2006	2,911		5			2,911	32
33	PROJ 05.13 SON CEILING - ELECTRICAL SUPPLIES	2006	1,448		10			1,448	33
34	TOTAL (lines 1 thru 33)		\$ 10,350,919	\$ 272,425		\$ 272,425	\$	\$ 10,623,343	34

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

Facility Name & ID Number Graham Hospital

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Report Period Beginning:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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		\$ 10,350,919	\$ 272,425		\$ 272,425	\$	\$ 10,623,343	1
2	PROJ 05.13 SON CEILING - MECHANICAL SERV, INC DUCT	2006	34,876		10			34,876	2
3	PROJ 05.13 SON CEILING - ACCESS DOORS	2006	5,498		15			5,498	3
4	PROJ 05.13 SON CEILING - PAINTING	2006	1,254		15			1,254	4
5	PROJ 06.01 PHYS CLINIC RENOVATION - DOORS	2006	1,798		15			1,798	5
6	PROJ 06.01 PHYS CLINIC RENOVATION - GM MECHANICAL	2006	3,309		15			3,309	6
7	PROJ 06.01 PHYS CLINIC RENOVATION - CONSTRUCTION C	2006	7,525		15			7,525	7
8	PROJ 06.01 PHYS CLINIC RENOVATION - CABINETS, FAUC	2006	2,541		10			2,541	8
9	PROJ 06.01 PHYS CLINIC RENOVATION - BUILDING SUPPL	2006	2,678		5			2,678	9
10	PROJ 05.08 AHU-2 REPLACEMENT - PJ HOERR CONSTRUCT	2006	63,640		15			63,640	10
11	PROJ 05.08 AHU-2 REPLACEMENT - ASBESTOS & WASTE RE	2006	800		15			800	11
12	PROJ 05.04 LAB RENOVATION - FLAD & ASSOCIATES-PLAN	2006	18,406		15			18,406	12
13	PROJ 05.04 LAB RENOVATION - RICKARD CONSTRUCTION	2006	44,397		15			44,397	13
14	PROJ 05.04 LAB RENOVATION - PJ HOERR & PIPCO CONST	2006	18,831		15			18,831	14
15	PROJ 05.04 LAB RENOVATION - MECHANICAL SERVICES L	2006	6,237		15			6,237	15
16	PROJ 05.04 LAB RENOVATION - DOORS & LOCKS	2006	3,100		15			3,100	16
17	PROJ 05.04 LAB RENOVATION - BUILDING SUPPLIES	2006	11,547		5			11,547	17
18	PROJ 05.04 LAB RENOVATION - ELECTRICAL SUPPLIES	2006	4,578		10			4,578	18
19	PROJ 05.04 LAB RENOVATION - GM MECHANICAL	2006	8,855		15			8,855	19
20	PROJ 05.04 LAB RENOVATION - COUNTERS & INSTALLATIO	2006	17,948		15			17,948	20
21	PROJ 05.04 LAB RENOVATION - CRAWFORDS FLOORING	2006	1,790		10			1,790	21
22	ROOF AT GRAHAM	2006	14,868		10			14,868	22
23	Building Service Equipment	1971	631,573		VARIOUS			631,573	23
24	Building Service Equipment	1983	114,728		VARIOUS			114,728	24
25	Building Service Equipment	1977	1,416,541		VARIOUS			1,416,541	25
26	Building Service Equipment	1984	1,502,306	1,234	VARIOUS	1,234		1,503,540	26
27	Building Service Equipment	1986	2,699	68	VARIOUS	68		2,766	27
28	Building Service Equipment	1987	286,485	8,061	VARIOUS	8,061		294,546	28
29	Building Service Equipment	1988	13,067	420	VARIOUS	420		13,487	29
30	Building Service Equipment	1989	11,786		VARIOUS			11,786	30
31	Building Service Equipment	1990	13,887		VARIOUS			13,887	31
32	Building Service Equipment	1991	6,731	164	VARIOUS	164		6,895	32
33	Building Service Equipment	1992	23,032	352	VARIOUS	352		23,384	33
34	TOTAL (lines 1 thru 33)		\$ 14,648,231	\$ 282,721		\$ 282,721	\$	\$ 14,930,952	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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		\$ 14,648,231	\$ 282,721		\$ 282,721	\$	\$ 14,930,952	1
2	Building Service Equipment	1993	21,263	619	VARIOUS	619		21,882	2
3	Building Service Equipment	1994	91,510	3,282	VARIOUS	3,282		94,792	3
4	Building Service Equipment	1995	8,871	338	VARIOUS	338		9,209	4
5	Building Service Equipment	1996	29,760	1,480	VARIOUS	1,480		31,239	5
6	Building Service Equipment	1997	91,231	8,184	VARIOUS	8,184		99,415	6
7	Building Service Equipment	1998	50,894	3,317	VARIOUS	3,317		54,211	7
8	Building Service Equipment	1999	43,420	3,286	VARIOUS	3,286		46,706	8
9	Building Service Equipment	2000	17,185	1,347	VARIOUS	1,347		18,532	9
10	Building Service Equipment	2001	360,658	21,528	VARIOUS	21,528		382,186	10
11	Building Service Equipment	2002	14,611	1,928	VARIOUS	1,928		16,539	11
12	INFRARED DETECTORS FOR #2 ELEVATORS	2003	1,446	66	20	66		1,513	12
13	COMPRESSOR FOR 400 TON CHILLER	2003	3,194	195	15	195		3,389	13
14	HOIST ROPES FOR ELEVATOR 2	2003	1,439	66	20	66		1,505	14
15	NEW PIT CHANNELS AND BUFFERS FOR ELEVATOR 2	2003	1,273	58	20	58		1,331	15
16	PHONE SYSTEM SOFTWARE	2003	1,968	180	10	180		2,148	16
17	ELEVATOR 3 UPGRADE	2003	1,243	57	20	57		1,300	17
18	PAGING SYSTEM	2003	1,248	57	20	57		1,305	18
19	UPGRADE ELEVATORS 5 & 6	2003	64,842	2,972	20	2,972		67,814	19
20	ELEVATOR 3 UPGRADE	2003	2,763	127	20	127		2,889	20
21	ELEVATOR 2 UPGRADE	2003	460	21	20	21		481	21
22	PROJ 01.06 ACUTE CARE RENOVATION (26) VAV UCM'S SU	2003	505	23	20	23		528	22
23	PROJ 01.06 ACUTE CARE RENOVATION PIPE/INSULATION I	2003	11,951	548	20	548		12,499	23
24	PROJ 01.06 ACUTE CARE RENOVATION ELECTRICAL/DUCT	2003	13,501	619	20	619		14,119	24
25	PROJ 01.06 ACUTE CARE RENOVATION AUTOMATIC SPRIN	2003	2,547	93	25	93		2,640	25
26	PROJ 02.01 225 TON A/C REPLACEMENT WATER METER	2003	627	57	10	57		684	26
27	PROJ 02.01 225 TON A/C REPLACEMENT 120V STARTER, K	2003	786	72	10	72		858	27
28	PROJ 02.01 225 TON A/C REPLACEMENT PROF SERV PHILL	2003	30,987	1,894	15	1,894		32,880	28
29	PROJ 02.01 225 TON A/C REPLACEMENT HVAC SYSTEM (CH	2003	161,717	9,883	15	9,883		171,600	29
30	PROJ 02.01 225 TON A/C REPLACEMENT REPAIR PUMP	2003	874	80	10	80		954	30
31	PROJ 02.14 HOT WATER HEATER	2003	7,187	659	10	659		7,846	31
32	PROJ 01.16 RADIOLOGY RENOVATION AUTOMATIC SPRIN	2003	545	20	25	20		565	32
33	PROJ 01.06 ACUTE CARE RENO AIR BALANCING	2003	784	48	15	48		832	33
34	TOTAL (lines 1 thru 33)		\$ 15,689,520	\$ 345,825		\$ 345,825	\$	\$ 16,035,345	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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		\$ 15,689,520	\$ 345,825		\$ 345,825	\$	\$ 16,035,345	1
2	PROJ 01.06 ACUTE CARE RENO PHILLIPS HVAC STUDY	2003	1,925	118	15	118		2,042	2
3	PROJ 01.06 ACUTE CARE RENO HVAC/PLUMBING	2003	28,485	1,306	20	1,306		29,791	3
4	PROJ 01.06 ACUTE CARE RENO HOT WATER MAINS/DUCT WO	2003	36,409	1,335	25	1,335		37,744	4
5	PROJ 02.01 225 TON A/C REPLACE--SUPPLIES	2003	1,197	55	20	55		1,251	5
6	PROJ 02.01 225 TON A/C REPLACE REMOVE/INSTALL TANK	2003	3,637	133	25	133		3,771	6
7	PROJ 02.01 225 TON A/C REPLACE STARTER W/FACT MODI	2003	1,620	59	25	59		1,679	7
8	ELEVATOR UPGRADE	2004	20,695	949	20	949		21,644	8
9	A/C FOR PHONE ROOM	2004	3,702	226	15	226		3,928	9
10	HOT WATER PUMP	2004	807	49	15	49		856	10
11	PROJ 02.12 FIRE/SECURITY SYS-INSTALLATION	2004	51,550	4,725	10	4,725		56,276	11
12	PROJ 02.12 FIRE/SECURITY SYS-OBERLANDER	2004	69,848	6,403	10	6,403		76,251	12
13	PROJ 02.12 FIRE/SECURITY SYS-ARCHITECT	2004	3,152	289	10	289		3,441	13
14	PROJ 02.12 FIRE/SECURITY SYS-MATERIALS	2004	433	40	10	40		473	14
15	PROJ 02.12 FIRE/SECURITY SYS-ASBESTOS ABATEMENT	2004	934	57	15	57		991	15
16	PROJ 02.12 FIRE/SECURITY SYS-CITY OF CANTON	2004	647	59	10	59		706	16
17	PROJ 02.12 FIRE/SECURITY SYS-FITTER LABOR	2004	1,141	70	15	70		1,211	17
18	PROJ 03.08 LAB RENO-LIGHT FIXTURES, BALLASTS, SUPP	2004	1,003	92	10	92		1,095	18
19	INSTALL 20 TON COMPRESSOR	2004	2,602	159	15	159		2,761	19
20	A/C FOR 1ST FLOOR CONFERENCE ROOM	2005	49	553	10	553		601	20
21	EMERGENCY RADIO BACKUP SYSTEM	2005	61	1,015	15	1,015		1,077	21
22	MARLO CHILLED WATER COOLER	2005	78	888	10	888		966	22
23	GARBAGE DISPOSAL SN271140079	2005	284	1,759	5	1,759		2,043	23
24	04.16 PYXIS	2005	106	1,213	10	1,213		1,320	24
25	05.11 WIRELESS NETWORK	2005	3,084	35,144	10	35,144		38,228	25
26	PROJ 04.11 NEW ER - LIGHTING & ELECTRICAL SUPPLIES	2006	24,347		10			24,347	26
27	PROJ 06.02 ELEVATOR UPGRADE - KONE ELEVATOR UPGRAD	2006	57,232		15			57,232	27
28	PROJ 02.12 FIRE SYSTEM - FIRE DETECTION & VOICE EV	2006	5,123		15			5,123	28
29	PROJ 05.06 3RD & 4TH FLOOR SAFE - FIXTURES & SUPPL	2006	2,247		10			2,247	29
30	PROJ 05.06 3RD & 4TH FLOOR SAFE - DETECTORS	2006	2,412		5			2,412	30
31	PROJ 05.13 SON CEILING PROJECT - BUILDING MATERIAL	2006	7,315		5			7,315	31
32	PRESSURE REDUCING VALVE	2006	654		10			654	32
33	PRESSURE REDUCING VALVE	2006	469		10			469	33
34	TOTAL (lines 1 thru 33)		\$ 16,022,768	\$ 402,522		\$ 402,522	\$	\$ 16,425,290	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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		\$ 16,022,768	\$ 402,522		\$ 402,522	\$	\$ 16,425,290	1
2	AIR CONDITIONING UNIT	2006	636		15			636	2
3	FLOORING FOR BIO HAZARD ROOM IN DIALYSIS	2006	666		5			666	3
4	FLOORING FOR ATRIUM STAIRS	2006	502		5			502	4
5	PARTS FOR AIR HANDLER IN ADMINISTRATION	2006	546		10			546	5
6	FIXED EQUIPMENT	1972	5,755		VARIOUS			5,755	6
7	FIXED EQUIPMENT	1973	4,926		VARIOUS			4,926	7
8	FIXED EQUIPMENT	1975	989		VARIOUS			989	8
9	FIXED EQUIPMENT	1980	599		VARIOUS			599	9
10	FIXED EQUIPMENT	1981	1,188		VARIOUS			1,188	10
11	FIXED EQUIPMENT	1987	37,779	1,637	VARIOUS	1,637		39,416	11
12	FIXED EQUIPMENT	1988	1,439	66	VARIOUS	66		1,505	12
13	FIXED EQUIPMENT	1992	3,936	146	VARIOUS	146		4,082	13
14	FIXED EQUIPMENT	1994	4,732		VARIOUS			4,732	14
15	FIXED EQUIPMENT	1995	7,700		VARIOUS			7,700	15
16	FIXED EQUIPMENT	1996	1,422		VARIOUS			1,422	16
17	FIXED EQUIPMENT	1998	2,006	104	VARIOUS	104		2,110	17
18	FIXED EQUIPMENT	1999	2,891	208	VARIOUS	208		3,099	18
19	FIXED EQUIPMENT	2001	20,918	1,421	VARIOUS	1,421		22,339	19
20	FIXED EQUIPMENT	2002	920	169	VARIOUS	169		1,089	20
21	PROJ 01.06 ACUTE CARE RENOVATION CARPET SURGERY	2003	3,651	669	5	669		4,320	21
22	PROJ 01.06 ACUTE CARE RENOVATION BED STATION INTE	2003	1,025	94	10	94		1,119	22
23	PROJ 01.06 ACUTE CARE RENOVATION FIRE DETECTORS.	2003	3,782	347	10	347		4,128	23
24	PROJ 01.06 ACUTE CARE RENOVATION WASTE DISPOSAL	2003	754	46	15	46		800	24
25	PROJ 02.13 PHARMACY SECURITY WINDOW COUNTER SHU	2003	1,432	88	15	88		1,519	25
26	PROJ 02.13 PHARMACY SECURITY LOCKS, MATERIALS	2003	538	99	5	99		636	26
27	PROJ 02.13 PHARMACY SECURIT WINDOW PROF SERV RIC	2003	1,102	67	15	67		1,170	27
28	PROJ 02.16 RADIOLOGY RENOVATION SHELVING	2003	1,697	104	15	104		1,801	28
29	PROJ 01.06 ACUTE CARE RENO WIRING/CABLE FOR NETW	2003	3,625	665	5	665		4,290	29
30	PROJ 01.06 ACUTE CARE RENO WALK IN COOLER	2003	2,393	146	15	146		2,539	30
31	PROJ 01.06 ACUTE CARE RENO FIBERGLASS SOUND CONT	2003	695	53	12	53		748	31
32	PROJ 01.06 ACUTE CARE RENO LAMINATE CASEWORK/CO	2003	8,495	519	15	519		9,014	32
33	PROJ 01.06 ACUTE CARE RENO SPRINKLER SYSTEM W/TIM	2003	859	32	25	32		891	33
34	TOTAL (lines 1 thru 33)		\$ 16,152,368	\$ 409,199		\$ 409,199	\$	\$ 16,561,567	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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 12H, Carried Forward		\$ 16,152,368	\$ 409,199		\$ 409,199	\$	\$ 16,561,567	1
2	04.08 MAIN STREET PROJECT- RELOCATE FIBER OPTIC	2005	2,803	180	15	180		2,982	2
3	04.09 PHASE II UTILITY YARD- HEATERS FOR NITROUS T	2005	1,089	105	10	105		1,194	3
4	04.09 PHASE II UTILITY YARD- TEST SPRINKLER SYSTEM	2005	990	95	10	95		1,085	4
5	04.09 PHASE II UTILITY YARD- GENERATOR REPAIRS & P	2005	1,710	165	10	165		1,875	5
6	04.09 PHASE II UTILITY YARD- ELECTRICAL SUPPLIES &	2005	1,226	118	10	118		1,343	6
7	04.09 PHASE II UTILITY YARD- CHILLER & WATER LINES	2005	2,465	158	15	158		2,623	7
8	04.09 PHASE II UTILITY YARD- ASBESTOS REMOVAL	2005	575	37	15	37		612	8
9	PROJ 04.11 NEW ER - CABLING & DUCTWORK	2006	22,004		10			22,004	9
10	PROJ 04.11 NEW ER - FIRE & SECURITY SYSTEM	2006	12,357		10			12,357	10
11	PROJ 04.11 NEW ER - WALLSLIDE & SUCTION UNITS	2006	5,999		10			5,999	11
12	PROJ 04.11 NEW ER - SHELVES, DOORS, DIVIDERS	2006	11,707		10			11,707	12
13	PROJ 05.04 LAB RENOVATION - DATA CABLING	2006	2,251		10			2,251	13
14	LAND IMPROVEMENTS	1971	32,917		VARIOUS			32,917	14
15	LAND IMPROVEMENTS	1976	82,444		VARIOUS			82,444	15
16	LAND IMPROVEMENTS	1979	30,208		VARIOUS			30,208	16
17	LAND IMPROVEMENTS	1981	65,066		VARIOUS			65,066	17
18	LAND IMPROVEMENTS	1984	61,686	1,478	VARIOUS	1,478		63,163	18
19	LAND IMPROVEMENTS	1991	13,023	11	VARIOUS	11		13,033	19
20	LAND IMPROVEMENTS	1992	656		VARIOUS			656	20
21	LAND IMPROVEMENTS	1993	3,134	38	VARIOUS	38		3,172	21
22	LAND IMPROVEMENTS	1994	3,983	224	VARIOUS	224		4,206	22
23	LAND IMPROVEMENTS	1995	1,178		VARIOUS			1,178	23
24	LAND IMPROVEMENTS	1996	3,963		VARIOUS			3,963	24
25	LAND IMPROVEMENTS	1998	442	27	VARIOUS	27		469	25
26	LAND IMPROVEMENTS	2001	6,453	592	VARIOUS	592		7,044	26
27	LAND IMPROVEMENTS	2002	11,727	924	VARIOUS	924		12,650	27
28	SEE ATTACHED FOR 2003 LAND IMPROVEMENTS	2003	39,978	3,982	VARIOUS	3,982		43,960	28
29	SEE ATTACHED FOR 2004 LAND IMPROVEMENTS	2004	83,963	5,115	VARIOUS	5,115		89,078	29
30	SEE ATTACHED FOR 2005 LAND IMPROVEMENTS	2005	84,686	5,472	VARIOUS	5,472		90,158	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,743,048	\$ 427,918		\$ 427,918	\$	\$ 17,170,966	34

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

Facility Name & ID Number Graham Hospital # 8000200 Report Period Beginning: 07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 199,425	\$ 17,860	\$ 17,860	\$		\$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	110,491						73
74								74
75	TOTALS	\$ 309,916	\$ 17,860	\$ 17,860	\$		\$	75

D. Vehicle Depreciation (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 17,052,964	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 445,779	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 445,779	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 17,170,966	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning: 07/01/2005

Ending: 06/30/2006

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

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.	_____ /2007	\$ _____
13.	_____ /2008	\$ _____
14.	_____ /2009	\$ _____

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

* 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.

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
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B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	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	4					
					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		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$		\$	14

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

Facility Name & ID Number Graham Hospital# 8000200Report Period Beginning: 07/01/2005

Ending:

06/30/2006

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2006

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,040,834	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	6,001,803		3
4	Supply Inventory (priced at)	1,324,039		4
5	Short-Term Investments			5
6	Prepaid Insurance	117,869		6
7	Other Prepaid Expenses	458,779		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	2,004,482		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,947,806	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	20,872,660		12
13	Land	1,433,560		13
14	Buildings, at Historical Cost	46,406,306		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	20,179,834		16
17	Accumulated Depreciation (book methods)	(39,971,336)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	48,732		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	10,141,297		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 59,111,053	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 70,058,859	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,225,082	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	273,139		30
31	Accrued Taxes Payable (excluding real estate taxes)			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	<u>Accrued Expenses</u>	3,245,061		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,743,282	\$	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	<u>Accrued Self-Insurance</u>	1,194,577		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,194,577	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,937,859	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 64,121,000	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 70,058,859	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 63,905,397	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 63,905,397	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	2,597,254	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	63,098	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) <u>Change in unreal loss on investments and</u>	(44,753)	15
16	Other (describe) <u>Increase in interest in perpetual trusts</u>	77,849	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 2,693,448	17
B. Transfers (Itemize):			
18	<u>Transfer to affiliate</u>	(2,477,845)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (2,477,845)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 64,121,000	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Graham Hospital# 8000200Report Period Beginning: 07/01/2005Ending: 06/30/2006**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	\$ 90,185,812	1
2	Discounts and Allowances for all Levels	(46,371,507)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 43,814,305	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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	332,278	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	227,311	16
17	Sale of Drugs	345,726	17
18	Sale of Supplies to Non-Patients	626,499	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	640,882	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,172,696	23
D. Non-Operating Revenue			
24	Contributions	119,840	24
25	Interest and Other Investment Income***	1,369,106	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,488,946	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	School of Nursing	475,661	28
28a	Kelley Home and Gain on Disposal	62,362	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 538,023	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 48,013,970	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	4,180,633	31
32	Health Care	30,059,879	32
33	General Administration	11,176,204	33
B. Capital Expense			
34	Ownership		34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 45,416,716	40
41	Income before Income Taxes (line 30 minus line 40)**	2,597,254	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,597,254	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.

Facility Name & ID Number Graham Hospital

800200

Report Period Beginning: 07/01/2005

Ending:

06/30/2006

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
2	Assistant Director of Nursing				2
3	Registered Nurses				3
4	Licensed Practical Nurses				4
5	CNAs & Orderlies				5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director				9
10	Activity Assistants				10
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor				13
14	Head Cook				14
15	Cook Helpers/Assistants				15
16	Dishwashers				16
17	Maintenance Workers				17
18	Housekeepers				18
19	Laundry				19
20	Administrator				20
21	Assistant Administrator				21
22	Other Administrative				22
23	Office Manager				23
24	Clerical				24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator				29
30	Habilitation Aides (DD Homes)				30
31	Medical Records				31
32	Other Health Care(specify)				32
33	Other(specify)				33
34	TOTAL (lines 1 - 33)		\$ *	\$	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	\$		35
36	Medical Director			36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$		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

