



Facility Name & ID Number St Benedict Nursing & Rehab

# 0044784 Report Period Beginning: 7/1/2006 Ending: 6/30/2007

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 N/A

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	99	99	36,135	1
2	Skilled (SNF)			2
3	Skilled Pediatric (SNF/PED)			3
4	Intermediate (ICF)			4
5	Intermediate/DD			5
6	Sheltered Care (SC)			6
7	ICF/DD 16 or Less			7
7	99	99	36,135	7
<b>TOTALS</b>				

B. Census-For the entire report period.

1	Level of Care	3			5	
		4				
		Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	5,691	12,643	4,915	23,249	8
9	SNF/PED					9
10	ICF	2,153	9,602	41	11,796	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,844	22,245	4,956	35,045	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.98%

D. How many bed-hold days during this year were paid by the Department? 0 (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  Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

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 03/01/2000

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 03/01/2000 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 99 and days of care provided 4,915

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 06/30/2007 Fiscal Year: 06/30/2007  
\* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **St Benedict Nursing & Rehab** # **0044784** Report Period Beginning: **7/1/2006** Ending: **6/30/2007**

**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
<b>A. General Services</b>											
1	Dietary	435,426	38,325		473,751		473,751	(97,710)	376,041		1
2	Food Purchase		296,375		296,375		296,375	(62,677)	233,698		2
3	Housekeeping	154,422	753		155,175		155,175		155,175		3
4	Laundry	113,419	48,221		161,640		161,640	(33,338)	128,302		4
5	Heat and Other Utilities			247,384	247,384		247,384	(51,022)	196,362		5
6	Maintenance	116,469	5,335	113,677	235,481		235,481	(48,495)	186,986		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	819,736	389,009	361,061	1,569,806		1,569,806	(293,242)	1,276,564		8
<b>B. Health Care and Programs</b>											
9	Medical Director			17,616	17,616		17,616		17,616		9
10	Nursing and Medical Records	2,110,576	121,850	84,381	2,316,807		2,316,807		2,316,807		10
10a	Therapy	88,522	1,157	47,049	136,728		136,728		136,728		10a
11	Activities	99,078	19,376	7,541	125,995		125,995		125,995		11
12	Social Services	131,589	407	2,432	134,428		134,428		134,428		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Assisted Living</b>	97,163			97,163		97,163	(97,163)			15
16	<b>TOTAL Health Care and Programs</b>	2,526,928	142,790	159,019	2,828,737		2,828,737	(97,163)	2,731,574		16
<b>C. General Administration</b>											
17	Administrative	123,617		592,445	716,062		716,062	(592,445)	123,617		17
18	Directors Fees										18
19	Professional Services										19
20	Dues, Fees, Subscriptions & Promotions			7,526	7,526		7,526		7,526		20
21	Clerical & General Office Expenses	267,171	12,707	30,921	310,799		310,799	375,973	686,772		21
22	Employee Benefits & Payroll Taxes			1,339,732	1,339,732		1,339,732	62,536	1,402,268		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,737	6,737		6,737		6,737		24
25	Other Admin. Staff Transportation			2,351	2,351		2,351		2,351		25
26	Insurance-Prop.Liab.Malpractice			199,945	199,945		199,945		199,945		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	390,788	12,707	2,179,657	2,583,152		2,583,152	(153,936)	2,429,216		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,737,452	544,506	2,699,737	6,981,695		6,981,695	(544,341)	6,437,354		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 **St Benedict Nursing & Rehab**

#0044784

Report Period Beginning:

7/1/2006

Ending:

6/30/2007

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
30	D. Ownership											
	Depreciation			227,847	227,847		227,847	7,168	235,015			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			2,302	2,302		2,302		2,302			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			230,149	230,149		230,149	7,168	237,317			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		564,979		564,979		564,979		564,979			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,203	54,203		54,203		54,203			42
43	Other (specify):* <b>Non-allowable Cos</b>			18,581	18,581		18,581	(18,581)				43
44	<b>TOTAL Special Cost Centers</b>		564,979	72,784	637,763		637,763	(18,581)	619,182			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,737,452	1,109,485	3,002,670	7,849,607		7,849,607	(555,754)	7,293,853			45

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

\*\*See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

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	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,551)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1,484)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(7,749)	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				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 See Pg. 5A	(549,174)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (559,958)</b>		<b>\$</b>	<b>30</b>

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	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)	4,204		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ 4,204</b>		<b>36</b>
	(sum of SUBTOTALS)			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	<b>\$ (555,754)</b>		<b>37</b>

\*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.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

SEE ACCOUNTANTS' COMPILATION REPORT

## St Benedict Nursing &amp; Rehab

ID# 0044784

Report Period Beginning: 7/1/2006

Ending: 6/30/2007

## Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Offset miscellaneous revenue against related expense	\$ (12,047)	21	1
2	Disallow Assisted Living wages	(97,163)	15	2
3	Disallow Assisted Living depreciation expense	(45,675)	30	3
4	Disallow non-allowable marketing expense	(14,118)	43	4
5	Disallow employee benefits allocated to Assisted Living	(84,017)	22	5
6	Disallow maintenance salaries allocated to Assisted Living	(48,495)	6	6
7	Disallow utilities allocated to Assisted Living	(51,022)	5	7
8	Disallow dietary salaries allocated to Assisted Living	(97,710)	1	8
9	Disallow food expense allocated to Assisted Living	(61,126)	2	9
10	Disallow laundry salaries allocated to Assisted Living	(33,338)	4	10
11				11
12	Disallow Investment Fee expense	(4,463)	43	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	<b>Total</b>	(549,174)		49

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number St Benedict Nursing & Rehab# 0044784 Report Period Beginning:

7/1/2006

Ending:

6/30/2007

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	(97,710)	0	0	0	0	0	0	0	0	0	0	(97,710)	1
2	Food Purchase	(62,677)	0	0	0	0	0	0	0	0	0	0	(62,677)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(33,338)	0	0	0	0	0	0	0	0	0	0	(33,338)	4
5	Heat and Other Utilities	(51,022)	0	0	0	0	0	0	0	0	0	0	(51,022)	5
6	Maintenance	(48,495)	0	0	0	0	0	0	0	0	0	0	(48,495)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(293,242)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(293,242)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	(97,163)	0	0	0	0	0	0	0	0	0	0	(97,163)	15
16	<b>TOTAL Health Care and Programs</b>	<b>(97,163)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(97,163)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(592,445)	0	0	0	0	0	0	0	0	0	(592,445)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(13,531)	389,504	0	0	0	0	0	0	0	0	0	375,973	21
22	Employee Benefits & Payroll Taxes	(84,017)	146,553	0	0	0	0	0	0	0	0	0	62,536	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(97,548)</b>	<b>(56,388)</b>	<b>0</b>	<b>(153,936)</b>	<b>28</b>								
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(487,953)</b>	<b>(56,388)</b>	<b>0</b>	<b>(544,341)</b>	<b>29</b>								

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number St Benedict Nursing & Rehab# 0044784

Report Period Beginning:

7/1/2006 Ending:

6/30/2007

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(45,675)	52,843	0	0	0	0	0	0	0	0	0	7,168	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,749)	7,749	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	<b>TOTAL Ownership</b>	<b>(53,424)</b>	<b>60,592</b>	<b>0</b>	<b>7,168</b>	<b>37</b>								
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(18,581)	0	0	0	0	0	0	0	0	0	0	(18,581)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(18,581)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(18,581)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(559,958)</b>	<b>4,204</b>	<b>0</b>	<b>(555,754)</b>	<b>45</b>								

**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
<a href="#">Resurrection Health Care</a>	100	<a href="#">See Attached</a>		<a href="#">See Attached</a>		

**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	21 <a href="#">Clerical &amp; data processing</a>	\$	<a href="#">Resurrection Health Care</a>	100.00%	\$ 389,504	\$ 389,504	1
2	V	22 <a href="#">Employee benefits</a>		<a href="#">Resurrection Health Care</a>	100.00%	146,553	146,553	2
3	V	30 <a href="#">Depreciation</a>		<a href="#">Resurrection Health Care</a>	100.00%	52,843	52,843	3
4	V	32 <a href="#">Interest</a>		<a href="#">Resurrection Health Care</a>	100.00%	7,749	7,749	4
5	V							5
6	V							6
7	V	17 <a href="#">Intercompany expense</a>	592,445	<a href="#">Resurrection Health Care</a>	100.00%		(592,445)	7
8	V	39 <a href="#">Intercompany pharmacy</a>	564,979	<a href="#">Resurrection Health Care</a>	100.00%	564,979		8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,157,424			\$ 1,161,628	\$ * 4,204	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

## 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	See attached pg. 7A								\$	1
2										2
3										3
4	Sister Elizabeth Trembczynski	Director	Board of Directors	0.00	93,368	<1 hour	<1%	N/A	N/A	N/A
5										5
6										6
7										7
8	Note: Sister Trembczynski was the administrator of Holy Family Nursing & Rehabilitation Center, a related facility									
9	from July 1, 2006 to April 30, 2007.									
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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number St Benedict Nursing & Rehab # 0044784 Report Period Beginning: 7/1/2006 Ending: 3/30/2007

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Resurrection Health Care/Medical Center  
 Street Address 7435 West Talcott  
 City / State / Zip Code Chicago, IL 60631  
 Phone Number ( 773) 774-8000  
 Fax Number ( 773) 594-7888

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	21	Clerical & data processing			\$	\$		\$ 389,504	1
2	22	Employee benefits						146,553	2
3	30	Depreciation						52,843	3
4	32	Interest						7,749	4
5									5
6									6
7	39	Intercompany Pharmacy						564,979	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				\$	\$		\$ 1,161,628	25

SEE ACCOUNTANTS' COMPILATION REPORT

**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										
										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			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	N/A																		
2																			
3																			
4																			
5																			
<b>Working Capital</b>																			
6	N/A																		
7																			
8																			
9	<b>TOTAL Facility Related</b>																		
<b>B. Non-Facility Related*</b>																			
10	N/A																		
11																			
12																			
13																			
14	<b>TOTAL Non-Facility Related</b>																		
15	<b>TOTALS (line 9+line14)</b>																		

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

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

\*\* 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**

<p><b>Important</b>, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2006 report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6		\$	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2002	8	
	2003	9	
	2004	10	
	2005	11	
	2006	N/A	12
<b>Facility is a not-for-profit entity and pays no real estate tax.</b>			
			<b>FOR BHF USE ONLY</b>
	13	FROM R. E. TAX STATEMENT FOR 2006 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION\$	16

**NOTES:**

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

SEE ACCOUNTANTS' COMPILATION REPORT

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 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 2007 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.

**2006 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME St Benedict Nursing & Rehab COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0044784

CONTACT PERSON REGARDING THIS REPORT Thomas W. Groenwald

TELEPHONE (773) 594-7837 FAX #: (773) 594-5867

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2006 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 2006.

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

**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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

**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: 56,961 B. General Construction Type: Exterior Brick Frame Metal Number of Stories 2

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).

Independent Living Units

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	Facility		2000	\$ 3,157,190	1
2					2
3	TOTALS			\$ 3,157,190	3

SEE ACCOUNTANTS' COMPILATION REPORT

## 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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	99		2000	1991	\$ 4,247,413	\$	35	\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Carpet 1st & 2nd floor halls, dining & patient rooms	2000		48,482		10				9
10		Facility sign	2000		7,845		10				10
11		Grease Basin	2000		17,015		7				11
12		Alternator switches	2001		631		10				12
13		Lawn sprinkler system	2001		756		10				13
14		High velocity water jet	2000		322		10				14
15		Catch basin	2000		1,029		10				15
16		Sewer ejector pump repairs	2001		3,194		10				16
17		Sewer ejector pump repairs	2001		2,556		10				17
18		Replacement of hot water systems	2001		11,840		20				18
19		Replacement of hot water systems	2001		11,840		20				19
20		Asbestos removal from boiler	2001		10,156		10				20
21		HVAC	2001		1,523		10				21
22		Carpet	2001		804		7				22
23		HVAC	2001		1,395		10				23
24		Valve	2001		798		10				24
25		Hot water system	2001		11,840		20				25
26		Hot water tank	2001		3,013		20				26
27		Refrigeration lines	2001		1,094		10				27
28		Electrical	2001		3,529		10				28
29		Boiler pipe	2001		1,748		10				29
30		Expansion study	2001		15,503		20				30
31		Voice cables	2001		747		10				31
32		Professional services	2002		9,129		15				32
33		Wreck building	2002		8,804		15				33
34		Antenna	2002		3,917		10				34
35		Circulating pump	2003		2,111		10				35
36		Receivers	2003		18,090		5				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

SEE ACCOUNTANTS' COMPILATION REPORT

## 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	Condensing unit	2003	\$ 4,167	\$	15	\$	\$	\$	37
38	Conduits	2003	2,676		20				38
39	Fire alarm	2001	423		7				39
40	Fire alarm	2001	1,811		7				40
41	Door	2002	603		10				41
42	Pump	2002	989		10				42
43	Power lines	2002	603		10				43
44	Pump catch basin	2002	563		10				44
45	Swing door	2002	708		10				45
46	Fire protection	2002	1,811		7				46
47	Air conditioning	2002	812		10				47
48	Air conditioning	2002	451		10				48
49	Refrigerator ball valves	2002	717		10				49
50	Air conditioning	2002	714		10				50
51	Air conditioning	2002	1,356		10				51
52	Refrigerator ball valves	2002	1,104		10				52
53	Freezer	2002	1,817		10				53
54	Valve	2002	564		10				54
55	Condensor motor	2002	1,162		5				55
56	Compressor	2002	515		10				56
57	Fire protection	2002	1,811		7				57
58	Pump system	2002	1,805		10				58
59	Fire protection	2003	1,811		7				59
60	Fire protection	2003	1,811		7				60
61	Circulating pump	2003	1,401		10				61
62	Fire protection	2003	1,811		7				62
63	Air station	2003	1,897		10				63
64	Fire protection	2003	1,884		7				64
65	Data wiring	2003	804		10				65
66	Hot water circulation pump	2003	860		10				66
67	Fire alarm system power supply	2003	1,433		10				67
68	Boiler tubes	2003	7,312		10				68
69	Pump rayback boiler	2003	1,109		10				69
70	TOTAL (lines 4 thru 69)		\$ 4,496,439	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number St Benedict Nursing &amp; Rehab

# 0044784

Report Period Beginning:

7/1/2006

Ending:

6/30/2007

## 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	<b>Totals from Page 12A, Carried Forward</b>	\$ 4,496,439	\$		\$	\$	\$		1
2	AO Smith 40 gallon	638		10					2
3	Century high ambient motor	781		5					3
4	Boiler repairs	808		10					4
5	Fire protection	2,161		7					5
6	Air compressor	695		5					6
7	Side stream filter system	4,575		10					7
8	Tamper re-wiring	1,296		10					8
9	Air pump handler	1,069		10					9
10	Fire protection	2,161		7					10
11	Exhaust fan	1,158		10					11
12	Fire protection	2,161		7					12
13	Wiring & cabling	641		10					13
14									14
15	Landscaping additions, tree removal, new trees, etc.	8,500		5-15					15
16	Concrete sidewalk	3,600		12					16
17	Reseal & restripe parking lot	6,910							17
18	Roof replacement	104,735		15					18
19	Repair & update east elevator	3,187		10					19
20	Refractory for boiler	3,765		10					20
21	Fire-safe shutoff valve	1,310		8					21
22	Care-watch system	2,075		5					22
23	Von Duprin controls wiring	1,800		8					23
24	Install egress exits systems on 2nd floor	14,540		15					24
25	Carpet	11,946		5					25
26	One-man Genie gated lift	7,565		15					26
27	Fire equipment	1,027		15					27
28	Repair & replace pumps	19,495		15					28
29									29
30	Replace limestone on sign	1,800		15					30
31	Replace valve & actuator, repipe bad piping	2,032		15					31
32	Carpet	12,624		10					32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 4,721,494	\$		\$	\$	\$		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

## 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		\$ 4,721,494	\$		\$	\$	\$	1
2	Replace 4" check valve on sump pump	2006	1,674		8				2
3	Replace power supply for main fire alarm system	2006	3,645		10				3
4	Repair/Replace waste stack for kitchen sink	2006	1,688		10				4
5	Carpeting for resident rooms	2006	10,890		10				5
6	2" x 3/4" pipe replacement	2006	3,645		15				6
7	Carpeting for Chapel	2006	3,184		10				7
8	Lowering of Tabernacle	2006	288		5				8
9									9
10	Cable wiring activities	2006	2,228	74	15	74		74	10
11	Install cable 1st & 2nd floor nurse station	2006	5,791	193	15	193		193	11
12	Carpet for apartments	2006	10,495	749	7	749		749	12
13	Chair	2006	14,946	498	15	498		498	13
14	Carpet for dining room	2006	9,947	711	7	711		711	14
15	Washer	2006	1,708	122	7	122		122	15
16	Carpet for chapel	2006	1,997	143	7	143		143	16
17	Analog station module, cable	2006	1,376	86	8	86		86	17
18	Platinum 5 LX oxygen concentrator	2006	6,385	456	7	456		456	18
19	Alternating pressure pad suntech	2006	8,550	610	7	610		610	19
20	Custom bedside wood edge, dresser	2007	4,613	154	15	154		154	20
21	All purpose riser bed	2007	13,331	667	10	667		667	21
22	Install new cooling coil	2006	16,195	1,025	7	1,025		1,025	22
23	Install new heater for dish machine	2006	2,138	153	7	153		153	23
24	Test and certify Model 709 fire	2006	1,770	126	7	126		126	24
25	Remove and install new 200 gal storage tank	2007	11,345	810	7	810		810	25
26	55-60 lb. Washer	2007	16,780	1,049	8	1,049		1,049	26
27	Clean out cracked sealer around roof	2007	2,115	132	8	132		132	27
28	Sofa & loveseat	2007	2,103	70	15	70		70	28
29	Roof shingles	2007	1,950	98	10	98		98	29
30	Ejector pump in boiler room	2007	5,664	354	8	354		354	30
31	Engineering services	2007	2,259	161	7	161		161	31
32	Install new gasketed fresh air damper for kitchen	2006	4,611	329	7	329		329	32
33	Single deck convection oven	2007	8,798	550	8	550		550	33
34	TOTAL (lines 1 thru 33)		\$ 4,903,603	\$ 9,320		\$ 9,320	\$	\$ 9,320	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**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	\$ 4,903,603	\$ 9,320		\$ 9,320	\$	\$ 9,320	1	1
2	Financial statement depreciation		163,663		163,663		1,142,923	2	2
3	Allocated from Home Office				52,843	52,843		3	3
4								4	4
5								5	5
6								6	6
7								7	7
8								8	8
9								9	9
10								10	10
11								11	11
12								12	12
13								13	13
14								14	14
15								15	15
16								16	16
17								17	17
18								18	18
19								19	19
20								20	20
21								21	21
22								22	22
23								23	23
24								24	24
25								25	25
26								26	26
27								27	27
28								28	28
29								29	29
30								30	30
31								31	31
32								32	32
33								33	33
34	TOTAL (lines 1 thru 33)	\$ 4,903,603	\$ 172,983		\$ 225,826	\$ 52,843	\$ 1,152,243	34	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	\$ 737,195	\$ 8,896	\$ 8,896	\$	5-10	\$ 648,396	71
72	Current Year Purchases	4,915	293	293		7-10	293	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 742,110	\$ 9,189	\$ 9,189	\$		\$ 648,689	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	N/A			\$	\$	\$	\$		\$	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)	\$ 8,802,903	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 182,172	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 235,015	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 52,843	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,800,932	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	Depreciable non-care assets	\$ 1,095,075	\$ 45,675	\$ 404,311	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 1,095,075	\$ 45,675	\$ 404,311	91

G. Construction-in-Progress

	Description	Cost	
92	N/A		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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number St Benedict Nursing & Rehab

# 0044784

Report Period Beginning: 7/1/2006

Ending: 6/30/2007

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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				<u>N/A</u>			4
5								5
6								6
7	<b>TOTAL</b>				\$			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.	<u>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</u>	\$ _____

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 N/A.

N/A

N/A

9. Option to Buy:  YES  NO Terms: N/A \*

**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: \$ 2,302 Description: Copiers-2302

(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			<u>N/A</u>		18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

	Facility			
	1	2	3	4
	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)	
<b>TOTAL TRAINED</b>	

- (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.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

1	Service	Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
1	Licensed Occupational Therapist	10A (1,3)	104	hrs	\$ 4,413	134	\$ 8,058	\$		238	\$ 12,471	1
2	Licensed Speech and Language Development Therapist	10A (1,3)	37	hrs	1,140	68	4,078			105	5,218	2
3	Licensed Recreational Therapist			hrs								3
4	Licensed Physical Therapist	10A (1,2,3)	2006	hrs	82,969	582	34,913	1,157		2,588	119,039	4
5	Physician Care			visits								5
6	Dental Care			visits								6
7	Work Related Program			hrs								7
8	Habilitation			hrs								8
9	Pharmacy	39(2)		# of prescripts				564,979			564,979	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	<b>TOTAL</b>				\$ 88,522	784	\$ 47,049	\$ 566,136		2,931	\$ 701,707	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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

	1	2	
	Operating	After Consolidation*	
<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 279,061	\$ 279,061
2	Cash-Patient Deposits		
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 210,952 )	411,512	411,512
4	Supply Inventory (priced at )		
5	Short-Term Investments	33,156	33,156
6	Prepaid Insurance		
7	Other Prepaid Expenses	9,389	9,389
8	Accounts Receivable (owners or related parties)		
9	Other(specify):		
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 733,118	\$ 733,118
<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable		
12	Long-Term Investments	3,900,892	3,900,892
13	Land	3,158,120	3,157,190
14	Buildings, at Historical Cost	5,683,210	4,287,083
15	Leasehold Improvements, at Historical Cos	166,929	616,520
16	Equipment, at Historical Cost	956,635	742,110
17	Accumulated Depreciation (book methods)	(2,146,140)	(1,800,932)
18	Deferred Charges		
19	Organization & Pre-Operating Costs	61,140	61,140
20	Accumulated Amortization - Organization & Pre-Operating Costs	(59,102)	(59,102)
21	Restricted Funds		
22	Other Long-Term Assets (specify) <u>Net Non-Care Assets</u>		690,764
23	Other(specify):		
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 11,721,684	\$ 11,595,665
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 12,454,802	\$ 12,328,783

	1	2	
	Operating	After Consolidation*	
<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 129,265	\$ 129,265
27	Officer's Accounts Payable		
28	Accounts Payable-Patient Deposits		
29	Short-Term Notes Payable		
30	Accrued Salaries Payable		
31	Accrued Taxes Payable (excluding real estate taxes)		
32	Accrued Real Estate Taxes(Sch.IX-B)		
33	Accrued Interest Payable		
34	Deferred Compensation		
35	Federal and State Income Taxes		
<b>Other Current Liabilities(specify):</b>			
36	<u>Due to Related Parties</u>	39,195	39,195
37			
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 168,460	\$ 168,460
<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable		
40	Mortgage Payable		
41	Bonds Payable		
42	Deferred Compensation		
<b>Other Long-Term Liabilities(specify):</b>			
43			
44			
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 168,460	\$ 168,460
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 12,286,342	\$ 12,160,323
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 12,454,802	\$ 12,328,783

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b>	
		<b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>11,693,960</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior period adjustment</b>	<b>(59,316)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>11,634,644</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>651,698</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>651,698</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>12,286,342</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 8,084,437	1
2	Discounts and Allowances for all Levels	(1,188,520)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,895,917	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	463,502	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 463,502	8
<b>C. Other Operating Revenue</b>			
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	1,551	14
15	Telephone, Television and Radic	1,484	15
16	Rental of Facility Space	32,558	16
17	Sale of Drugs	659,532	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,384	19
20	Radiology and X-Ray		20
21	Other Medical Services	203,572	21
22	Laundry	34,904	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 936,985	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	189,624	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 189,624	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Schedule 19A	15,277	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 15,277	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 8,501,305	30

2

Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,569,806	31
32	Health Care	2,828,737	32
33	General Administration	2,583,152	33
<b>B. Capital Expense</b>			
34	Ownership	230,149	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	583,560	35
36	Provider Participation Fee	54,203	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 7,849,607	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	651,698	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 651,698	43

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

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

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

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

**St. Benedict Nursing & Rehabilitation Center**  
**Provider # 0044784**  
**7/1/2005 - 6/30/2006**

**Schedule 19A**

XVII - Income Statement: Line 22 - Laundry

**NOTE:** Laundry revenue is generated from charges to private pay residents located in the facility, therefore it has not been offset against related expenses.

Line 28: Other Revenue

Description	
Other Revenue	15,177
Vending Revenue	100
Total	<u>15,277</u>

**SEE ACCOUNTANTS' COMPILATION REPORT**

**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	1,952	2,080	\$ 74,997	\$ 36.06	1
2	Assistant Director of Nursing					2
3	Registered Nurses	16,863	18,900	631,489	33.41	3
4	Licensed Practical Nurses	9,171	10,518	266,897	25.38	4
5	CNAs & Orderlies	75,694	84,115	1,137,193	13.52	5
6	CNA Trainees					6
7	Licensed Therapist	2,139	2,385	88,522	37.12	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,760	2,096	52,134	24.87	9
10	Activity Assistants	4,137	4,734	46,944	9.92	10
11	Social Service Workers	5,658	6,142	131,589	21.42	11
12	Dietician	752	884	35,573	40.24	12
13	Food Service Supervisor	1,552	1,800	53,304	29.61	13
14	Head Cook	8,643	9,517	128,875	13.54	14
15	Cook Helpers/Assistants	20,151	22,597	217,674	9.63	15
16	Dishwashers					16
17	Maintenance Workers	5,051	5,688	116,469	20.48	17
18	Housekeepers	14,567	16,148	154,422	9.56	18
19	Laundry	10,181	11,527	113,419	9.84	19
20	Administrator	1,862	2,080	123,617	59.43	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,683	12,961	267,171	20.61	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 Assisted Living	8,173	9,089	97,163	10.69	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	199,989	223,261	\$ 3,737,452 *	\$ 16.74	34

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant			35	
36	Medical Director	Monthly	17,616	9(3)	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	48	2,432	12(3)	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	48	\$ 20,048		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	863	\$ 46,302	10(3)	50
51	Licensed Practical Nurses	546	23,172	10(3)	51
52	Certified Nurse Assistants/Aides	401	9,569	10(3)	52
53	TOTAL (lines 50 - 52)	1,810	\$ 79,043		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

\*\* See instructions.

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	Amount	
Peter Goschy	Administrator	0	\$ 123,617	Workers' Compensation Insurance	\$ 53,095	IDPH License Fee	\$ 1,013		
				Unemployment Compensation Insurance	8,802	Advertising: Employee Recruitment			
				FICA Taxes	266,782	Health Care Worker Background Check			
				Employee Health Insurance	678,168	(Indicate # of checks performed <u>4</u> )	208		
				Employee Meals		Patient Background Checks	43	688	
				Illinois Municipal Retirement Fund (IMRF)*		Life Services Network of Illinois Dues		5,167	
				Employee Life Insurance	16,584	Miscellaneous Dues & Subscriptions		450	
				Employee Disability Insurance	20,121				
				Employee Dental Insurance	22,239				
				Employee Retirement	258,815	Less: Public Relations Expense	( )		
				Employee Morale & Other Benefits	15,126	Non-allowable advertising	( )		
				Allocated from Home Office	146,553	Yellow page advertising	( )		
				Less: Disallowed Assisted Living Costs	(84,017)				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 123,617				\$ 1,402,268			\$ 7,526		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Management Fees			\$ 592,445	N/A			Out-of-State Travel	\$	
(Eliminated on Sch. V, Line 17, Col. 3)									
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense		
\$ 592,445				\$			See Attached Schedule		
							6,737		
C. Professional Services							Entertainment Expense		
Vendor/Payee	Type		Amount				( )		
N/A			\$				(agree to Sch. V, line 24, col. 8)		
							TOTAL		
							\$ 6,737		
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)									
\$									

\* Attach copy of IMRF notifications  
 SEE ACCOUNTANTS' COMPILATION REPORT

\*\*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	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012
1	N/A	\$		\$	\$	\$	\$ N/A	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number St Benedict Nursing &amp; Rehab

# 0044784

Report Period Beginning: 7/1/2006

Ending: 6/30/2007

**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? Yes  
If YES, give association name and amount. Life Services Network - \$5,167
- (3) Did the nursing home make political contributions or payments to a political organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 6.5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 12,467 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 54,203  
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes-Assisted Living 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 benefit on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,551
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? Adequate records have been maintained.  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: KPMG LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Audit not yet completed.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of service performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.

**SEE ACCOUNTANTS' COMPILATION REPORT**

RECONCILIATION REPORT

St Benedict Nursing & R

12:06 PM 12/27/2007

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-555,754	equal to	-555,754	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	0	equal to	0	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	0	equal to	0	0	O.K.	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	235,015	equal to	235,015	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	2,302	equal to	2,302	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages	88,522	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	136,728	equal to	136,728	0	O.K.	Pg16 Z12+Z14..	N/A,B	1-4,40-43	8:2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	566,136	equal to	566,136	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,569,806	equal to	1,569,806	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	2,828,737	equal to	2,828,737	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	2,583,152	equal to	2,583,152	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	230,149	equal to	230,149	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	583,560	equal to	583,560	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+	N/A	38to41+43	4
Income Stat. Prov. Partic.	54,203	equal to	54,203	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	2,110,576	equal to	2,110,576	0	O.K.	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	88,522	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	99,078	equal to	99,078	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	131,589	equal to	131,589	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	435,426	equal to	435,426	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	116,469	equal to	116,469	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	154,422	equal to	154,422	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	113,419	equal to	113,419	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	123,617	equal to	123,617	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	267,171	equal to	267,171	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	3,737,452	equal to	3,737,452	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to	0	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	17,616	< or = to	17,616	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	79,043	< or = to	84,381	-5,338	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to55:	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	7,541	-7,541	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	2,432	< or = to	2,432	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	123,617	equal to	123,617	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	592,445	equal to	592,445	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	0	equal to	0	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	1,402,268	equal to	1,402,268	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	7,526	equal to	7,526	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	6,737	equal to	6,737	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	54,203	equal to	54,203	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	62,536	-62,536	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	4,915	equal to	4,915	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	4,204	equal to	4,204	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4(	B.	14	8
Total loan balance	0	equal to	0	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	0	equal to	0	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	3,157,190	equal to	3,157,190	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	4,903,603	equal to	4,903,603	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	742,110	equal to	742,110	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	1,800,932	equal to	1,800,932	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	12,286,342	equal to	12,286,342	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	651,698	equal to	651,698	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..E	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	12,454,802	equal to	12,454,802	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1



Capital Base Data	YOU HAVE EXCEEDED THE CAPITAL CALC. THAT IS LIMITED TO THE COST BASIS	12/31/2007
Client Name	12/31/2007	12/31/2007
2. Number Name & Address	12/31/2007	12/31/2007
3. Date of Birth	12/31/2007	12/31/2007
4. Date of Death	12/31/2007	12/31/2007
5. Date of Divorce	12/31/2007	12/31/2007
6. Date of Separation	12/31/2007	12/31/2007
7. Date of Remarriage	12/31/2007	12/31/2007
8. Date of Re-Annulment	12/31/2007	12/31/2007
9. Date of Remarriage	12/31/2007	12/31/2007
10. Date of Re-Annulment	12/31/2007	12/31/2007
11. Date of Remarriage	12/31/2007	12/31/2007
12. Date of Re-Annulment	12/31/2007	12/31/2007
13. Date of Remarriage	12/31/2007	12/31/2007
14. Date of Re-Annulment	12/31/2007	12/31/2007
15. Date of Remarriage	12/31/2007	12/31/2007
16. Date of Re-Annulment	12/31/2007	12/31/2007
17. Date of Remarriage	12/31/2007	12/31/2007
18. Date of Re-Annulment	12/31/2007	12/31/2007
19. Date of Remarriage	12/31/2007	12/31/2007
20. Date of Re-Annulment	12/31/2007	12/31/2007
21. Date of Remarriage	12/31/2007	12/31/2007
22. Date of Re-Annulment	12/31/2007	12/31/2007
23. Date of Remarriage	12/31/2007	12/31/2007
24. Date of Re-Annulment	12/31/2007	12/31/2007
25. Date of Remarriage	12/31/2007	12/31/2007
26. Date of Re-Annulment	12/31/2007	12/31/2007
27. Date of Remarriage	12/31/2007	12/31/2007
28. Date of Re-Annulment	12/31/2007	12/31/2007
29. Date of Remarriage	12/31/2007	12/31/2007
30. Date of Re-Annulment	12/31/2007	12/31/2007
31. Date of Remarriage	12/31/2007	12/31/2007
32. Date of Re-Annulment	12/31/2007	12/31/2007
33. Date of Remarriage	12/31/2007	12/31/2007
34. Date of Re-Annulment	12/31/2007	12/31/2007
35. Date of Remarriage	12/31/2007	12/31/2007
36. Date of Re-Annulment	12/31/2007	12/31/2007
37. Date of Remarriage	12/31/2007	12/31/2007
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39. Date of Remarriage	12/31/2007	12/31/2007
40. Date of Re-Annulment	12/31/2007	12/31/2007
41. Date of Remarriage	12/31/2007	12/31/2007
42. Date of Re-Annulment	12/31/2007	12/31/2007
43. Date of Remarriage	12/31/2007	12/31/2007
44. Date of Re-Annulment	12/31/2007	12/31/2007
45. Date of Remarriage	12/31/2007	12/31/2007
46. Date of Re-Annulment	12/31/2007	12/31/2007
47. Date of Remarriage	12/31/2007	12/31/2007
48. Date of Re-Annulment	12/31/2007	12/31/2007
49. Date of Remarriage	12/31/2007	12/31/2007
50. Date of Re-Annulment	12/31/2007	12/31/2007
51. Date of Remarriage	12/31/2007	12/31/2007
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53. Date of Remarriage	12/31/2007	12/31/2007
54. Date of Re-Annulment	12/31/2007	12/31/2007
55. Date of Remarriage	12/31/2007	12/31/2007
56. Date of Re-Annulment	12/31/2007	12/31/2007
57. Date of Remarriage	12/31/2007	12/31/2007
58. Date of Re-Annulment	12/31/2007	12/31/2007
59. Date of Remarriage	12/31/2007	12/31/2007
60. Date of Re-Annulment	12/31/2007	12/31/2007
61. Date of Remarriage	12/31/2007	12/31/2007
62. Date of Re-Annulment	12/31/2007	12/31/2007
63. Date of Remarriage	12/31/2007	12/31/2007
64. Date of Re-Annulment	12/31/2007	12/31/2007
65. Date of Remarriage	12/31/2007	12/31/2007
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67. Date of Remarriage	12/31/2007	12/31/2007
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69. Date of Remarriage	12/31/2007	12/31/2007
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71. Date of Remarriage	12/31/2007	12/31/2007
72. Date of Re-Annulment	12/31/2007	12/31/2007
73. Date of Remarriage	12/31/2007	12/31/2007
74. Date of Re-Annulment	12/31/2007	12/31/2007
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76. Date of Re-Annulment	12/31/2007	12/31/2007
77. Date of Remarriage	12/31/2007	12/31/2007
78. Date of Re-Annulment	12/31/2007	12/31/2007
79. Date of Remarriage	12/31/2007	12/31/2007
80. Date of Re-Annulment	12/31/2007	12/31/2007
81. Date of Remarriage	12/31/2007	12/31/2007
82. Date of Re-Annulment	12/31/2007	12/31/2007
83. Date of Remarriage	12/31/2007	12/31/2007
84. Date of Re-Annulment	12/31/2007	12/31/2007
85. Date of Remarriage	12/31/2007	12/31/2007
86. Date of Re-Annulment	12/31/2007	12/31/2007
87. Date of Remarriage	12/31/2007	12/31/2007
88. Date of Re-Annulment	12/31/2007	12/31/2007
89. Date of Remarriage	12/31/2007	12/31/2007
90. Date of Re-Annulment	12/31/2007	12/31/2007
91. Date of Remarriage	12/31/2007	12/31/2007
92. Date of Re-Annulment	12/31/2007	12/31/2007
93. Date of Remarriage	12/31/2007	12/31/2007
94. Date of Re-Annulment	12/31/2007	12/31/2007
95. Date of Remarriage	12/31/2007	12/31/2007
96. Date of Re-Annulment	12/31/2007	12/31/2007

Capital Calculations	Column
1. Determine the base year for your building from Work Table A	1882
2. Determine the Building Specific historical cost per bed	1
3. Work Tables A, Line 24, Column B	488513
4. Total historical basis from cost report Page 2, Line 7, column	88
5. Line 7 divided by Line 3	1,226
6. Building specific historical cost per bed Line 4 * Line 4, round to even	1,226
7. Building specific historical cost per bed Line 4 * Line 4, round to even	1,226
8. Check the Uniform Building Value from Table	1,226
9. Cost Report Fee	30,000
10. Loaned Basis	30,000
11. Loaned Basis	30,000
12. Loaned Basis	30,000
13. Loaned Basis	30,000
14. Loaned Basis	30,000
15. Loaned Basis	30,000
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95. Loaned Basis	30,000
96. Loaned Basis	30,000

WORK TABLE A	Year	Column	Year	Column	Table 1	Table 2	Table 3	Table 4
1	1882	1	1882	1	1	1	1	1
2	1883	2	1883	2	2	2	2	2
3	1884	3	1884	3	3	3	3	3
4	1885	4	1885	4	4	4	4	4
5	1886	5	1886	5	5	5	5	5
6	1887	6	1887	6	6	6	6	6
7	1888	7	1888	7	7	7	7	7
8	1889	8	1889	8	8	8	8	8
9	1890	9	1890	9	9	9	9	9
10	1891	10	1891	10	10	10	10	10
11	1892	11	1892	11	11	11	11	11
12	1893	12	1893	12	12	12	12	12
13	1894	13	1894	13	13	13	13	13
14	1895	14	1895	14	14	14	14	14
15	1896	15	1896	15	15	15	15	15
16	1897	16	1897	16	16	16	16	16
17	1898	17	1898	17	17	17	17	17
18	1899	18	1899	18	18	18	18	18
19	1900	19	1900	19	19	19	19	19
20	1901	20	1901	20	20	20	20	20
21	1902	21	1902	21	21	21	21	21
22	1903	22	1903	22	22	22	22	22
23	1904	23	1904	23	23	23	23	23
24	1905	24	1905	24	24	24	24	24
25	1906	25	1906	25	25	25	25	25
26	1907	26	1907	26	26	26	26	26
27	1908	27	1908	27	27	27	27	27
28	1909	28	1909	28	28	28	28	28
29	1910	29	1910	29	29	29	29	29
30	1911	30	1911	30	30	30	30	30
31	1912	31	1912	31	31	31	31	31
32	1913	32	1913	32	32	32	32	32
33	1914	33	1914	33	33	33	33	33
34	1915	34	1915	34	34	34	34	34
35	1916	35	1916	35	35	35	35	35
36	1917	36	1917	36	36	36	36	36
37	1918	37	1918	37	37	37	37	37
38	1919	38	1919	38	38	38	38	38
39	1920	39	1920	39	39	39	39	39
40	1921	40	1921	40	40	40	40	40
41	1922	41	1922	41	41	41	41	41
42	1923	42	1923	42	42	42	42	42
43	1924	43	1924	43	43	43	43	43
44	1925	44	1925	44	44	44	44	44
45	1926	45	1926	45	45	45	45	45
46	1927	46	1927	46	46	46	46	46
47	1928	47	1928	47	47	47	47	47
48	1929	48	1929	48	48			

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	435,426	38,325	0	473,751	0	473,751	-97,710	376,041
2. Food Purchase	0	296,375	0	296,375	0	296,375	-62,677	233,698
3. Housekeeping	154,422	753	0	155,175	0	155,175	0	155,175
4. Laundry	113,419	48,221	0	161,640	0	161,640	-33,338	128,302
5. Heat and Other Utilities	0	0	247,384	247,384	0	247,384	-51,022	196,362
6. Maintenance	116,469	5,335	113,677	235,481	0	235,481	-48,495	186,986
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	819,736	389,009	361,061	1,569,806	0	1,569,806	-293,242	1,276,564
9. Medical Director	0	0	17,616	17,616	0	17,616	0	17,616
10. Nursing & Medical Records	2,110,576	121,850	84,381	2,316,807	0	2,316,807	0	2,316,807
10a. Therapy	88,522	1,157	47,049	136,728	0	136,728	0	136,728
11. Activities	99,078	19,376	7,541	125,995	0	125,995	0	125,995
12. Social Services	131,589	407	2,432	134,428	0	134,428	0	134,428
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	97,163	0	0	97,163	0	97,163	-97,163	0
16. Total Health Care & Programs	2,526,928	142,790	159,019	2,828,737	0	2,828,737	-97,163	2,731,574
17. Administrative	123,617	0	592,445	716,062	0	716,062	-592,445	123,617
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	0	0	0	0	0	0
20. Fees, Subscriptions & Promotion	0	0	7,526	7,526	0	7,526	0	7,526
21. Clerical & General Office	267,171	12,707	30,921	310,799	0	310,799	375,973	686,772
22. Employee Benefits & Payroll	0	0	1,339,732	1,339,732	0	1,339,732	62,536	1,402,268
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	6,737	6,737	0	6,737	0	6,737
25. Other Admin. Staff Trans	0	0	2,351	2,351	0	2,351	0	2,351
26. Insurance-Prop.Liab.Malpractice	0	0	199,945	199,945	0	199,945	0	199,945
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	390,788	12,707	2,179,657	2,583,152	0	2,583,152	-153,936	2,429,216
29. Total General Administrative	3,737,452	544,506	2,699,737	6,981,695	0	6,981,695	-544,341	6,437,354
30. Depreciation	0	0	227,847	227,847	0	227,847	7,168	235,015
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	0	0	0	0	0	0
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	2,302	2,302	0	2,302	0	2,302
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	230,149	230,149	0	230,149	7,168	237,317
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	564,979	0	564,979	0	564,979	0	564,979
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	54,203	54,203	0	54,203	0	54,203
43. Other (specify):*	0	0	18,581	18,581	0	18,581	-18,581	0
44. Total Special Cost Ce	0	564,979	72,784	637,763	0	637,763	-18,581	619,182
45. Grand Total	3,737,452	1,109,485	3,002,670	7,849,607	0	7,849,607	-555,754	7,293,853

	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	279,061	279,061
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	411,512	411,512
4. Supply Inventory	0	0
5. Short-Term Investments	33,156	33,156
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	9,389	9,389
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	733,118	733,118
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	3,900,892	3,900,892
13. Land	3,158,120	3,157,190
14. Buildings, at Historical Cost	5,683,210	4,287,083
15. Leasehold Improvements, Historical Cost	166,929	616,520
16. Equipment, at Historical Cost	956,635	742,110
17. Accumulated Depreciation (book methods)	-2,146,140	-1,800,932
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	61,140	61,140
20. Accum Amort - Org/Pre-Op Costs	-59,102	-59,102
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	690,764
23. other (specify):	0	0
24. Total Long-Term Assets	11,721,684	11,595,665
25. Total Assets	12,454,802	12,328,783
CURRENT LIABILITIES		
26. Accounts Payable	129,265	129,265
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	0	0
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	39,195	39,195
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	168,460	168,460
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	0
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	0	0
46. Total Liabilities	168,460	168,460
47. Total Equity	12,286,342	12,160,323
48. Total Liabilities and Equity	12,454,802	12,328,783

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	8,084,437
2. Discounts and Allowances for all Levels	-1,188,520
Subtotal - Inpatient Care	6,895,917
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	463,502
7. Oxygen	0
Subtotal - Ancillary Revenue	463,502
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	1,551
15. Telephone, Television, and Radio	1,484
16. Rental of Facility Space	32,558
17. Sale of Drugs	659,532
18. Sale of Supplies to Non-Patients	0
19. Laboratory	3,384
20. Radiology and X-Ray	0
21. Other Medical Services	203,572
22. Laundry	34,904
Subtotal - Other Operating Revenue	936,985
24. Contributions	0
25. Interest and Other Investments Income	189,624
Subtotal - Non-Operating Revenue	189,624
27. Other Revenue (specify):	15,277
28. Other Revenue (specify):	0
Subtotal - Other Revenue	15,277
30. Total Revenue	8,501,305
31. General Services	1,569,806
32. Health Care	2,828,737
33. General Administration	2,583,152
34. Ownership	230,149
35. Special Cost Centers	583,560
35. Provider Participation Fee	54,203
37. Other	0
40. Total Expenses	7,849,607
41. Income Before Income Taxes	651,698
42. Income Taxes	0
43. Net Income or Loss for the Year	651,698

St Benedict Nursing & Rehab  
 IDPA Comparative Data - Per Resident Day Cost  
 Year Ending

Enter your HSA # in next column =====>   
 Census (Pulls from Page 2)

Cost Report Line	Description	2006 Average Median Cost Per Day		
		Your Facility	State	HSA
1	Dietary	10.73	-	#N/A
2	Food Purchase	6.67	-	#N/A
3	Housekeeping	4.43	-	#N/A
4	Laundry	3.66	-	#N/A
5	Heat & Other Utilities	5.60	-	#N/A
6	Maintenance	5.34	-	#N/A
8	Total General Services	36.43	-	#N/A
10	Nursing & Medical Records	66.11	-	#N/A
10A	Therapy	3.90	-	#N/A
11	Activities	3.60	-	#N/A
12	Social Services	3.84	-	#N/A
16	Total Health Care & Programs	77.94	-	#N/A
17	Administration	3.53	-	#N/A
19	Professional Services	-	-	#N/A
21	Clerical & Gen. Office Expense	19.60	-	#N/A
22	Employee Benefits & PR Taxes	40.01	-	#N/A
24	Travel & Seminar	0.19	-	#N/A
26	Insurance-Property, Liability & Malpractice	5.71	-	#N/A
28	Total General Administrative	69.32	-	#N/A
29	Total Operating Expenses	183.69	-	#N/A
30	Depreciation	6.71	-	#N/A
32	Interest	-	-	#N/A
33	Real Estate Taxes	-	-	#N/A
37	Total Ownership	6.77	-	#N/A
	Total Operating and Ownership Cost	190.46	-	#N/A

Notes:  
 Your Facility data is from page 3, column 8 of your 2007 Medicaid cost report, divided by your annual census.

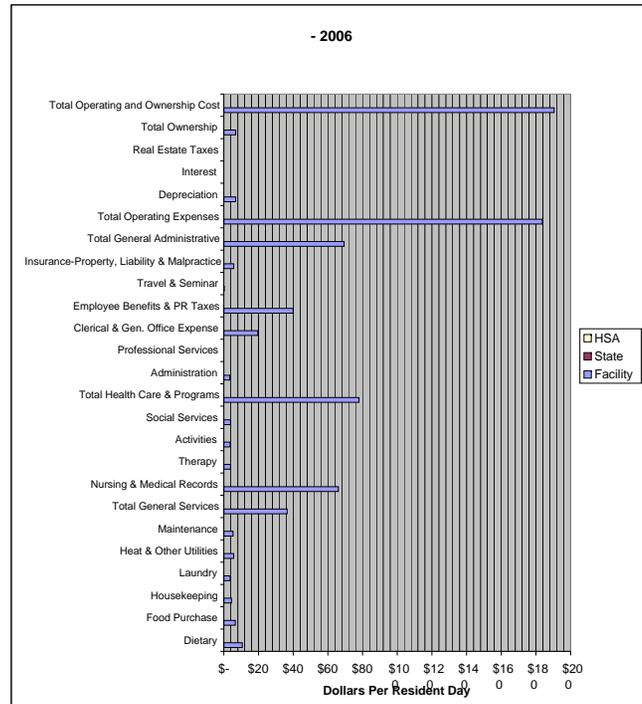
The Average Median Cost Per Day for the State and your HSA is taken from the most recent data available from the Illinois Department of Health Care and Family Services and corresponds with the respective cost report data after final adjustments.

IDPA LTC Profiles

LTC Median Per Diem Cost by HSA - 2005 Cost Reports  
 2005 (Run August 15, 2006)

UN-INFLATED

Cost Report Line	Description	State-Wide	HSA											10th %	90th %
			1	2	3	4	5	6	7	8	9	10	11		
1	Dietary														
2	Food Purchase														
3	Housekeeping														
4	Laundry														
5	Heat & Other Utilities														
6	Maintenance														
8	TOTAL GENERAL SERVICES														
10	Nursing & Medical Records														
10A	Therapy														
11	Activities														
12	Social Services														
16	TOTAL HEALTH CARE & PROGRAMS														
17	Administration														
19	Professional Services														
21	Clerical & Gen. Office Expense														
22	Employee Benefits & PR Taxes														
24	Travel & Seminar														
26	Insurance-Property, liability & Malpractice														
28	TOTAL GENERAL ADMINISTRATIVE														
29	TOTAL OPERATING EXPENSES														
30	Depreciation														
32	Interest														
33	Real Estate Taxes														
37	TOTAL OWNERSHIP														
	TOTAL OPERATING & OWNERSHIP COST														

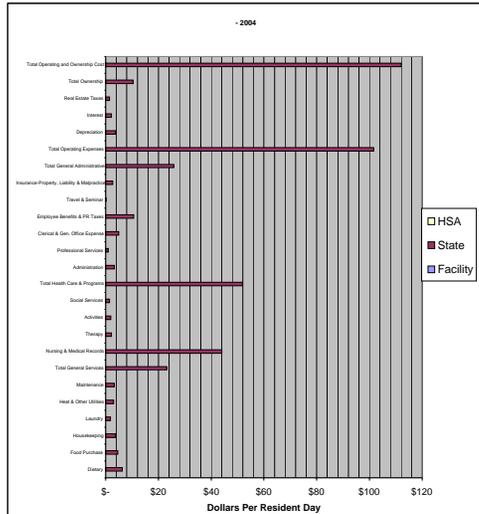
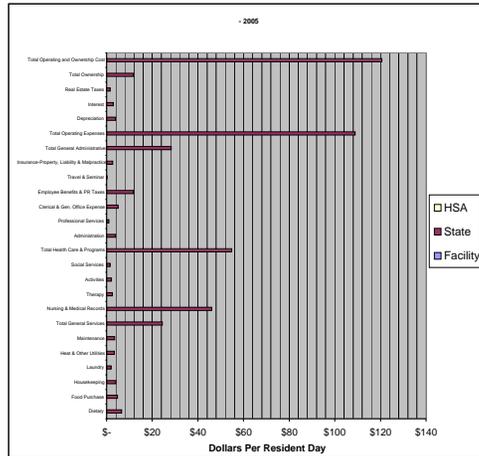


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Report Line	Description	2007			2006			2005		
		Per Diem	2006 Median	2006	Per Diem	2006 Median	2005	Per Diem	2005 Median	
Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	
Facility	State	HSA	Facility	State	HSA	Facility	State	HSA	Facility	
1	Dietary	10.73021256	6.52	IN/A	INVALID	6.52	IN/A	HEV/05	6.23	IN/A
2	Food Purchase	6.60831913	4.68	IN/A	INVALID	4.68	IN/A	HEV/05	4.53	IN/A
3	Housekeeping	4.42787842	4.02	IN/A	INVALID	4.02	IN/A	HEV/05	3.77	IN/A
4	Laundry	3.66106346	1.96	IN/A	INVALID	1.96	IN/A	HEV/05	1.86	IN/A
5	Heat & Other Utilities	5.60119822	3.31	IN/A	INVALID	3.31	IN/A	HEV/05	3.02	IN/A
6	Maintenance	5.33597089	3.51	IN/A	INVALID	3.51	IN/A	HEV/05	3.21	IN/A
8	Total General Services	36.42642317	24.43	IN/A	INVALID	24.43	IN/A	HEV/05	23.12	IN/A
10	Nursing & Medical Records	66.1998878	45.97	IN/A	INVALID	45.97	IN/A	HEV/05	44.05	IN/A
10A	Therapy	3.901499074	2.45	IN/A	INVALID	2.45	IN/A	HEV/05	2.16	IN/A
11	Activities	3.59234699	2.06	IN/A	INVALID	2.06	IN/A	HEV/05	1.95	IN/A
12	Social Services	3.835868169	1.58	IN/A	INVALID	1.58	IN/A	HEV/05	1.48	IN/A
16	Total Health Care & Programs	77.9477074	54.85	IN/A	INVALID	54.85	IN/A	HEV/05	51.90	IN/A
17	Administration	3.527376084	3.90	IN/A	INVALID	3.90	IN/A	HEV/05	3.24	IN/A
19	Professional Services	0	1.01	IN/A	INVALID	1.01	IN/A	HEV/05	0.97	IN/A
21	Contract & Gen. Office Expense	19.59688118	5.05	IN/A	INVALID	5.05	IN/A	HEV/05	4.89	IN/A
22	Employee Benefits & PR Taxes	40.01334426	11.77	IN/A	INVALID	11.77	IN/A	HEV/05	10.66	IN/A
24	Tiret & Seminar	0.1922885	0.09	IN/A	INVALID	0.09	IN/A	HEV/05	0.09	IN/A
26	Insurance-Property, Liability & Malpractice	5.70578799	2.69	IN/A	INVALID	2.69	IN/A	HEV/05	2.67	IN/A
28	Total General Administrative	69.31706951	28.30	IN/A	INVALID	28.30	IN/A	HEV/05	25.82	IN/A
29	Total Operating Expenses	183.082294	108.93	IN/A	INVALID	108.93	IN/A	HEV/05	101.59	IN/A
30	Depreciation	6.70692167	3.95	IN/A	INVALID	3.95	IN/A	HEV/05	3.74	IN/A
32	Interest	0	2.87	IN/A	INVALID	2.87	IN/A	HEV/05	3.22	IN/A
33	Real Estate Taxes	0	1.51	IN/A	INVALID	1.51	IN/A	HEV/05	1.40	IN/A
37	Total Ownership	6.71770141	11.75	IN/A	INVALID	11.75	IN/A	HEV/05	10.62	IN/A
	Total Operating and Ownership Cost	190.46	120.68	IN/A	INVALID	120.68	IN/A	HEV/05	112.01	IN/A

Note: User Facility data is from page 3, column 9 of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2005, 2004, 2003 Median Cost Per Day for the State and your HSA is taken from data available from the Illinois Department of Health Care and Family Services and corresponds with the respective cost report data after final adjustments.



IDPA LTC Profiles  
 LTC Median Per Diem Cost by HSA - 2006 Cost Reports  
 2006

UN-INFLATED

Cost Report	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	<b>TOTAL GENERAL SERVICES</b>
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	<b>TOTAL HEALTH CARE &amp; PROGRAMS</b>
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	<b>TOTAL GENERAL ADMINISTRATIVE</b>
29	<b>TOTAL OPERATING EXPENSES</b>
30	Depreciation
32	Interest
33	Real Estate Taxes
37	<b>TOTAL OWNERSHIP</b>
	<b>TOTAL OPERATING &amp; OWNERSHIP COST</b>

State-Wide	HSA											
	1	2	3	4	5	6	7	8	9	10	11	

10th % 90th %

2006 Costs

2006 Census

Cost Report	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	<b>TOTAL GENERAL SERVICES</b>
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	<b>TOTAL HEALTH CARE &amp; PROGRAMS</b>
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	<b>TOTAL GENERAL ADMINISTRATIVE</b>
29	<b>TOTAL OPERATING EXPENSES</b>
30	Depreciation
32	Interest
33	Real Estate Taxes
37	<b>TOTAL OWNERSHIP</b>
	<b>TOTAL OPERATING &amp; OWNERSHIP COST</b>

2006 - Average Wage Data Table

Total staff hours including contract nursing per diem  
 Nursing hours including contract nurses per diem  
 RN  
 LPN  
 CNA  
 DON  
 ADON

State-Wide	HSA										
	1	2	3	4	5	6	7	8	9	10	11

2006 - Staffing and Occupancy Data

Average Occupancy  
 Medicaid Utilization  
 Medicare Utilization

State-Wide	HSA										
	1	2	3	4	5	6	7	8	9	10	11

IDPA LTC Profiles  
 LTC Median Per Diem Cost by HSA - 2005 Cost Reports  
 2005 (Run August 14, 2005)

UN-INFLATED

Cost Report Line	Description	State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
1	Dietary	6.52	7.58	7.03	5.79	7.03	5.90	6.71	6.71	6.71	5.80	7.58	5.93
2	Food Purchase	4.68	5.04	4.84	4.80	4.84	4.39	4.63	4.63	4.63	4.53	5.04	4.42
3	Housekeeping	4.02	3.87	3.94	3.30	3.94	3.54	4.32	4.32	4.32	3.98	3.87	4.03
4	Laundry	1.96	2.46	2.10	1.90	2.10	2.21	1.72	1.72	1.72	1.69	2.46	2.14
5	Heat & Other Utilities	3.31	3.38	3.32	3.21	3.32	3.13	3.42	3.42	3.42	3.24	3.38	3.12
6	Maintenance	3.51	3.82	3.35	3.67	3.35	2.86	3.78	3.78	3.78	3.81	3.82	3.16
<b>8</b>	<b>TOTAL GENERAL SERVICES</b>	<b>24.43</b>	<b>27.47</b>	<b>25.20</b>	<b>23.12</b>	<b>25.20</b>	<b>22.78</b>	<b>24.82</b>	<b>24.82</b>	<b>24.82</b>	<b>23.43</b>	<b>27.47</b>	<b>22.87</b>
10	Nursing & Medical Records	45.97	45.83	46.44	41.66	46.44	37.83	50.69	50.69	50.69	52.51	45.83	45.69
10A	Therapy	2.45	2.26	3.82	5.54	3.82	4.16	1.89	1.89	1.89	2.84	2.26	3.35
11	Activities	2.06	2.38	2.03	1.68	2.03	1.52	2.36	2.36	2.36	2.32	2.38	1.63
12	Social Services	1.58	1.62	1.57	1.20	1.57	1.29	1.75	1.75	1.75	1.84	1.62	1.33
<b>16</b>	<b>TOTAL HEALTH CARE &amp; PROGRAMS</b>	<b>54.85</b>	<b>55.73</b>	<b>55.31</b>	<b>52.55</b>	<b>55.31</b>	<b>47.07</b>	<b>59.53</b>	<b>59.53</b>	<b>59.53</b>	<b>60.16</b>	<b>55.73</b>	<b>54.84</b>
17	Administration	3.90	4.12	3.65	4.04	3.65	3.71	3.83	3.83	3.83	4.79	4.12	4.35
19	Professional Services	1.01	1.19	0.72	0.62	0.72	0.83	1.19	1.19	1.19	1.34	1.19	0.76
21	Clerical & Gen. Office Expense	5.05	4.24	5.20	4.31	5.20	4.08	5.76	5.76	5.76	5.87	4.24	4.59
22	Employee Benefits & PR Taxes	11.77	12.04	13.06	10.21	13.06	9.33	11.99	11.99	11.99	13.18	12.04	10.61
24	Travel & Seminar	0.09	0.09	0.08	0.11	0.08	0.11	0.09	0.09	0.09	0.05	0.09	0.10
26	Insurance-Property, liability & Malpractice	2.69	2.28	2.46	2.62	2.46	2.09	3.16	3.16	3.16	2.48	2.28	2.23
<b>28</b>	<b>TOTAL GENERAL ADMINISTRATIVE</b>	<b>28.30</b>	<b>29.23</b>	<b>28.92</b>	<b>25.65</b>	<b>28.92</b>	<b>23.18</b>	<b>29.90</b>	<b>29.90</b>	<b>29.90</b>	<b>28.77</b>	<b>29.23</b>	<b>25.94</b>
<b>29</b>	<b>TOTAL OPERATING EXPENSES</b>	<b>108.93</b>	<b>111.08</b>	<b>111.61</b>	<b>101.87</b>	<b>111.61</b>	<b>97.70</b>	<b>115.22</b>	<b>115.22</b>	<b>115.22</b>	<b>111.07</b>	<b>111.08</b>	<b>107.29</b>
30	Depreciation	3.95	3.90	4.12	3.39	4.12	2.39	4.72	4.72	4.72	3.81	3.90	3.39
32	Interest	2.87	3.17	1.83	2.62	1.83	0.89	4.51	4.51	4.51	2.48	3.17	0.92
33	Real Estate Taxes	1.51	1.06	1.17	0.96	1.17	1.03	3.30	3.30	3.30	1.47	1.06	1.32
<b>37</b>	<b>TOTAL OWNERSHIP</b>	<b>11.75</b>	<b>9.33</b>	<b>10.60</b>	<b>8.38</b>	<b>10.60</b>	<b>6.80</b>	<b>15.78</b>	<b>15.78</b>	<b>15.78</b>	<b>12.26</b>	<b>9.33</b>	<b>9.73</b>
	<b>TOTAL OPERATING &amp; OWNERSHIP COST</b>	<b>120.68</b>	<b>120.41</b>	<b>122.21</b>	<b>110.26</b>	<b>122.21</b>	<b>104.49</b>	<b>131.01</b>	<b>131.01</b>	<b>131.01</b>	<b>123.33</b>	<b>120.41</b>	<b>117.02</b>

10th %	90th %
4.47	10.66
3.58	6.38
2.72	6.08
0.93	3.31
2.35	5.03
2.23	5.95
<b>19.42</b>	<b>34.57</b>
29.62	71.13
-	14.03
1.13	3.67
0.64	3.34
<b>35.95</b>	<b>85.52</b>
1.95	10.19
0.03	3.27
2.41	10.26
7.22	21.71
-	0.42
0.93	4.60
<b>76.77</b>	<b>160.34</b>
1.04	8.69
-	10.80
-	5.78
<b>3.99</b>	<b>24.06</b>
<b>80.76</b>	<b>184.41</b>

Cost Report Line	Description	2005 Census
1	Dietary	6.38
2	Food Purchase	6.08
3	Housekeeping	3.31
4	Laundry	5.03
5	Heat & Other Utilities	5.95
6	Maintenance	71.13
<b>8</b>	<b>TOTAL GENERAL SERVICES</b>	<b>14.03</b>
10	Nursing & Medical Records	3.67
10A	Therapy	3.34
11	Activities	3.34
12	Social Services	3.27
<b>16</b>	<b>TOTAL HEALTH CARE &amp; PROGRAMS</b>	<b>10.19</b>
17	Administration	3.27
19	Professional Services	10.26
21	Clerical & Gen. Office Expense	21.71
22	Employee Benefits & PR Taxes	0.42
24	Travel & Seminar	4.60
26	Insurance-Property, liability & Malpractice	160.34
<b>28</b>	<b>TOTAL GENERAL ADMINISTRATIVE</b>	<b>10.80</b>
<b>29</b>	<b>TOTAL OPERATING EXPENSES</b>	<b>5.78</b>
32	Depreciation	9.73
33	Interest	24.06
37	Real Estate Taxes	24.06
	<b>TOTAL OWNERSHIP</b>	<b>24.06</b>
	<b>TOTAL OPERATING &amp; OWNERSHIP COST</b>	<b>24.06</b>

Average Wage Data Table

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11	
Total staff hours including contract nurses per diem	5.00	5.30	5.30	5.30	5.30	5.10	4.80	4.80	4.80	5.10	5.30	5.20
Nursing hours including contract nurses per diem	3.00	3.20	3.20	3.30	3.20	3.10	2.80	2.80	2.80	3.10	3.20	3.10
RN	22.54	22.05	20.73	19.72	20.73	17.47	25.72	25.72	25.72	23.44	22.05	20.42
LPN	18.4	18.02	17.23	15.4	17.23	13.82	21.06	21.06	21.06	19.09	18.02	17.13
CNA	10.02	10.13	10.03	9.32	10.03	8.4	10.52	10.52	10.52	10.53	10.13	9.84
DON	28.97	27.38	25.17	23.86	25.17	22.23	34.39	34.39	34.39	30.41	27.38	25.97
ADON	25.23	23.95	21.85	19.41	21.85	19.13	28.74	28.74	28.74	26.68	23.95	23.77

2005 - Staffing and Occupancy Data

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
Average Occupancy											
Medicaid Utilization											
Medicare Utilization											

IDPA LTC Profiles  
 LTC Median Per Diem Cost by HSA - 2004 Cost Reports  
 2004 (Run June 1, 2004)

UN-INFLATED

Cost Report	Description	State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
1	Dietary	6.23	7.09	6.81	5.63	6.81	5.56	6.37	6.37	6.37	6.12	7.09	5.94
4.53	Food Purchase	4.79	4.73	4.56	4.73	4.33	4.48	4.48	4.48	4.40	4.79	4.27	3.48
3	Housekeeping	3.77	3.68	3.76	3.10	3.76	3.37	4.12	4.12	4.12	3.93	3.68	3.66
4	Laundry	1.86	2.27	1.99	1.79	1.99	1.97	1.64	1.64	1.62	2.27	2.16	1.00
5	Heat & Other Utilities	3.02	3.13	3.07	3.04	3.07	2.71	3.06	3.06	3.06	2.87	3.13	2.86
6	Maintenance	3.21	3.63	3.33	3.22	3.33	2.45	3.35	3.35	3.35	3.25	3.63	2.88
<b>8</b>	<b>TOTAL GENERAL SERVICES</b>	<b>23.12</b>	<b>25.66</b>	<b>23.97</b>	<b>21.71</b>	<b>23.97</b>	<b>21.28</b>	<b>23.50</b>	<b>23.50</b>	<b>23.50</b>	<b>23.47</b>	<b>25.66</b>	<b>21.76</b>
10	Nursing & Medical Records	44.05	43.48	45.03	40.84	45.03	35.79	47.50	47.50	47.50	47.81	43.48	44.17
10A	Therapy	2.16	2.01	3.55	4.52	3.55	2.05	1.47	1.47	1.47	2.21	2.01	3.40
11	Activities	1.95	2.28	1.95	1.58	1.95	1.34	2.21	2.21	2.21	2.16	2.28	1.54
12	Social Services	1.48	1.44	1.63	1.10	1.63	1.27	1.64	1.64	1.64	1.34	1.44	1.37
<b>16</b>	<b>TOTAL HEALTH CARE &amp; PROGRAMS</b>	<b>51.90</b>	<b>52.55</b>	<b>53.10</b>	<b>49.97</b>	<b>53.10</b>	<b>43.69</b>	<b>53.78</b>	<b>53.78</b>	<b>53.78</b>	<b>56.90</b>	<b>52.55</b>	<b>53.31</b>
17	Administration	3.24	3.47	3.24	3.08	3.24	3.65	3.19	3.19	3.19	3.24	3.47	2.99
19	Professional Services	0.97	1.19	0.70	0.68	0.70	0.77	1.09	1.09	1.09	1.34	1.19	0.70
21	Clerical & Gen. Office Expense	4.89	4.21	5.22	4.23	5.22	4.03	5.31	5.31	5.31	5.13	4.21	4.41
22	Employee Benefits & PR Taxes	10.66	10.98	12.14	9.56	12.14	8.62	11.17	11.17	11.17	11.21	10.98	9.81
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.15	0.08	0.08	0.08	0.04	0.12	0.09
26	Insurance-Property, liability & Malpractice	2.67	2.38	2.53	2.36	2.53	2.33	3.03	3.03	3.03	2.47	2.38	2.16
<b>28</b>	<b>TOTAL GENERAL ADMINISTRATIVE</b>	<b>25.82</b>	<b>26.66</b>	<b>27.48</b>	<b>23.91</b>	<b>27.48</b>	<b>22.08</b>	<b>26.27</b>	<b>26.27</b>	<b>26.27</b>	<b>27.23</b>	<b>26.66</b>	<b>22.86</b>
<b>29</b>	<b>TOTAL OPERATING EXPENSES</b>	<b>101.59</b>	<b>104.24</b>	<b>105.69</b>	<b>96.02</b>	<b>105.69</b>	<b>89.62</b>	<b>103.51</b>	<b>103.51</b>	<b>103.51</b>	<b>106.84</b>	<b>104.24</b>	<b>100.77</b>
30	Depreciation	3.74	3.67	3.95	3.52	3.95	2.64	4.23	4.23	4.23	3.72	3.67	3.20
32	Interest	2.22	2.43	1.42	1.72	1.42	0.55	3.91	3.91	3.91	2.22	2.43	0.94
33	Real Estate Taxes	1.40	1.04	1.00	0.84	1.00	0.87	3.21	3.21	3.21	1.30	1.04	1.14
<b>37</b>	<b>TOTAL OWNERSHIP</b>	<b>10.42</b>	<b>8.95</b>	<b>9.03</b>	<b>7.51</b>	<b>9.03</b>	<b>6.11</b>	<b>14.54</b>	<b>14.54</b>	<b>14.54</b>	<b>10.03</b>	<b>8.95</b>	<b>9.17</b>
	<b>TOTAL OPERATING &amp; OWNERSHIP COST</b>	<b>112.01</b>	<b>113.19</b>	<b>114.72</b>	<b>103.53</b>	<b>114.72</b>	<b>95.73</b>	<b>118.05</b>	<b>118.05</b>	<b>118.05</b>	<b>116.87</b>	<b>113.19</b>	<b>109.94</b>

10th % 90th %

4.27	10.11
3.48	6.23
2.59	5.78
1.00	3.16
2.10	4.39
2.02	5.28
<b>18.27</b>	<b>32.52</b>
28.00	68.18
-	12.21
1.07	3.52
0.62	3.10
<b>33.59</b>	<b>81.45</b>
1.75	8.15
0.05	2.58
2.35	10.74
6.89	20.31
-	0.34
0.85	4.36
<b>17.40</b>	<b>40.90</b>
<b>71.40</b>	<b>151.58</b>
1.00	8.58
-	10.11
-	5.54
<b>3.61</b>	<b>22.83</b>
<b>75.01</b>	<b>174.41</b>

Cost Report

Line	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
<b>8</b>	<b>TOTAL GENERAL SERVICES</b>
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
<b>16</b>	<b>TOTAL HEALTH CARE &amp; PROGRAMS</b>
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
<b>28</b>	<b>TOTAL GENERAL ADMINISTRATIVE</b>
<b>29</b>	<b>TOTAL OPERATING EXPENSES</b>
30	Depreciation
32	Interest
33	Real Estate Taxes
<b>37</b>	<b>TOTAL OWNERSHIP</b>
	<b>TOTAL OPERATING &amp; OWNERSHIP COST</b>

2004 Costs

2004 Census

Average Wage Data Table

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
Total staff hours including contract nurses per diem	5.00	5.30	5.30	5.30	5.30	5.10	4.80	4.80	4.80	5.10	5.30
Nursing hours including contract nurses per diem	3.00	3.20	3.20	3.30	3.20	3.10	2.80	2.80	2.80	3.10	3.10
RN	22.54	22.05	20.73	19.72	20.73	17.47	25.72	25.72	25.72	23.44	22.05
LPN	18.4	18.02	17.23	15.4	17.23	13.82	21.06	21.06	21.06	19.09	18.02
CNA	10.02	10.13	10.03	9.32	10.03	8.4	10.52	10.52	10.52	10.13	9.84
DON	28.97	27.38	25.17	23.86	25.17	22.23	34.39	34.39	34.39	30.41	27.38
ADON	25.23	23.95	21.85	19.41	21.85	19.13	28.74	28.74	28.74	26.68	23.95

2003 - Staffing and Occupancy Data

State-Wide	HSA 1	HSA 2	HSA 3	HSA 4	HSA 5	HSA 6	HSA 7	HSA 8	HSA 9	HSA 10	HSA 11
Average Occupancy	80.50%	80.70%	80.40%	78.10%	80.40%	74.40%	81.80%	81.80%	81.80%	82.90%	80.70%
Medicaid Utilization	65.00%	57.00%	56.70%	58.50%	56.70%	61.80%	70.60%	70.60%	70.60%	64.50%	57.00%
Medicare Utilization	9.40%	7.70%	8.90%	9.30%	8.90%	8.80%	9.90%	9.90%	9.90%	10.30%	8.90%