

Facility Name & ID Number Graham Hospital# 8000200 Report Period Beginning: 7/1/07 Ending: 6/30/08

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>32</u>	Skilled (SNF)	<u>32</u>	<u>11,712</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	<u>22</u>	Intermediate/DD	<u>22</u>	<u>8,052</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>54</u>	TOTALS	<u>54</u>	<u>19,764</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>678</u>	<u>1,743</u>	<u>5,645</u>	<u>8,066</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>2,992</u>	<u>4,481</u>		<u>7,473</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>3,670</u>	<u>6,224</u>	<u>5,645</u>	<u>15,539</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.62%

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

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

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

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

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

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

YES NO

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

YES NO

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

Date started 05/01/1987

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 32 and days of care provided 5,645Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 6/30/08 Fiscal Year: 6/30/08

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

Facility Name & ID Number Graham Hospital # 8000200 Report Period Beginning: 7/1/07 Ending: 6/30/08

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	121,577	138,116		259,693		259,693	259,693				1
2	Food Purchase		537,899		537,899		537,899	537,899				2
3	Housekeeping	13,654	10,570		24,224		24,224	24,224				3
4	Laundry	11,595	131,003		142,598		142,598	142,598				4
5	Heat and Other Utilities											5
6	Maintenance	148,412	396,206		544,618		544,618	544,618				6
7	Other (specify):*											7
8	TOTAL General Services	295,238	1,213,794		1,509,032		1,509,032	1,509,032				8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	1,772,504	122,119		1,894,623		1,894,623	1,894,623				10
10a	Therapy											10a
11	Activities											11
12	Social Services											12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*	37,647	42,431		80,078		80,078	80,078				15
16	TOTAL Health Care and Programs	1,810,151	164,550		1,974,701		1,974,701	1,974,701				16
	C. General Administration											
17	Administrative											17
18	Directors Fees											18
19	Professional Services											19
20	Dues, Fees, Subscriptions & Promotions											20
21	Clerical & General Office Expenses	207,524	248,580		456,104	(73,050)	383,054	383,054				21
22	Employee Benefits & Payroll Taxes			398,011	398,011		398,011	398,011				22
23	Inservice Training & Education											23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			435,674	435,674		435,674	435,674				26
27	Other (specify):*											27
28	TOTAL General Administration	207,524	248,580	833,685	1,289,789	(73,050)	1,216,739	1,216,739				28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,312,913	1,626,924	833,685	4,773,522	(73,050)	4,700,472	4,700,472				29

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

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

Facility Name & ID Number Graham Hospital #8000200 Report Period Beginning: 7/1/07 Ending: 6/30/08

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
	D. Ownership										
30	Depreciation			213,805	213,805		213,805	600,861	814,666		30
31	Amortization of Pre-Op. & Org.										31
32	Interest										32
33	Real Estate Taxes										33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles										35
36	Other (specify):*										36
37	TOTAL Ownership			213,805	213,805		213,805	600,861	814,666		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers										39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee					73,050	73,050		73,050		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers					73,050	73,050		73,050		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,312,913	1,626,924	1,047,490	4,987,327		4,987,327	600,861	5,588,188		45

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning: 7/1/07

Ending: 6/30/08

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				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	600,861	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 600,861		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 600,861		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.			\$	38
39					39
40	Gift and Coffee Shops				40
41	Barber and Beauty Shops				41
42	Laboratory and Radiology				42
43	Prescription Drugs				43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY					
48		49		50	
				51	
					52

Graham Hospital

ID# 8000200
 Report Period Beginning: 7/1/07
 Ending: 6/30/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

STATE OF ILLINOIS

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

Summary B

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	600,861	0	0	0	0	0	0	0	0	0	0	600,861	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	600,861	0	600,861	37									
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	600,861	0	600,861	45									

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

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

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		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

Facility Name & ID Number

Graham Hospital

#

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning: 7/1/07

Ending: 6/30/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Graham Hospital # 8000200 Report Period Beginning: 7/1/07 Ending: 6/30/08

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

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

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

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

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

Facility Name & ID Number Graham Hospital

8000200 Report Period Beginning: 7/1/07

Ending: 6/30/08

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2007 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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 2008 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. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	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. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	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:				
2003	_____	8		
2004	_____	9		
2005	_____	10		
2006	_____	11		
2007	_____	12		
			FOR BHF USE ONLY	
13	FROM R. E. TAX STATEMENT FOR 2007	\$		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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Graham Hospital COUNTY Fulton

FACILITY IDPH LICENSE NUMBER 8000200

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 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 2007.

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

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? 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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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

Facility Name & ID Number Graham Hospital

8000200 Report Period Beginning:

7/1/07 Ending:

6/30/08

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>ECF/SNF</u>	<u>16,668</u>	<u>Various</u>	\$ _____	1
2					2
3	TOTALS	16,668		\$ _____	3

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4				1971	\$ 1,047,221	\$		\$	\$	\$ 1,047,221	4
5				1972	866					865	5
6				1978	187,881					187,881	6
7				1982	3,684					3,684	7
8				1977	1,331,168	27,895	VARIOUS	27,895		1,064,440	8
		Improvement Type**									
9		VARIOUS BUILDING IMPROVEMENTS		1975	30,771		VARIOUS			30,771	9
10		VARIOUS BUILDING IMPROVEMENTS		1976	1,880		VARIOUS			1,880	10
11		VARIOUS BUILDING IMPROVEMENTS		1980	2,093		VARIOUS			2,093	11
12		VARIOUS BUILDING IMPROVEMENTS		1982	1,543		VARIOUS			1,543	12
13		VARIOUS BUILDING IMPROVEMENTS		1984	1,169,963	16,877	VARIOUS	16,877		929,692	13
14		VARIOUS BUILDING IMPROVEMENTS		1985	34,258		VARIOUS			34,258	14
15		VARIOUS BUILDING IMPROVEMENTS		1987	89,317	109	VARIOUS	109		88,171	15
16		VARIOUS BUILDING IMPROVEMENTS		1988	52,287	37	VARIOUS	37		52,114	16
17		VARIOUS BUILDING IMPROVEMENTS		1990	28,254	3	VARIOUS	3		28,179	17
18		VARIOUS BUILDING IMPROVEMENTS		1991	125,804	2,743	VARIOUS	2,743		120,813	18
19		VARIOUS BUILDING IMPROVEMENTS		1992	16,693	-	VARIOUS			16,651	19
20		VARIOUS BUILDING IMPROVEMENTS		1993	19,686	837	VARIOUS	837		15,871	20
21		VARIOUS BUILDING IMPROVEMENTS		1994	76,132	1,545	VARIOUS	1,545		70,566	21
22		VARIOUS BUILDING IMPROVEMENTS		1995	32,594	264	VARIOUS	264		31,223	22
23		VARIOUS BUILDING IMPROVEMENTS		1996	47,691	117	VARIOUS	117		46,784	23
24		VARIOUS BUILDING IMPROVEMENTS		1997	24,479	101	VARIOUS	101		23,560	24
25		VARIOUS BUILDING IMPROVEMENTS		1998	26,173	1,294	VARIOUS	1,294		22,431	25
26		VARIOUS BUILDING IMPROVEMENTS		1999	11,097	608	VARIOUS	608		5,777	26
27		VARIOUS BUILDING IMPROVEMENTS		2000	800,069	53,829	VARIOUS	53,829		458,366	27
28		VARIOUS BUILDING IMPROVEMENTS		2001	112,532	7,854	VARIOUS	7,854		64,887	28
29		VARIOUS BUILDING IMPROVEMENTS		2002	578,790	37,043	VARIOUS	37,043		260,066	29
30		VARIOUS BUILDING IMPROVEMENTS		2003	356,376	25,440	VARIOUS	25,440		143,637	30
31		VARIOUS BUILDING IMPROVEMENTS		2004	466,553	37,342	VARIOUS	37,342		168,039	31
32		04.09 PHASE II UTILITY YARD- IDPH FEE		2005	2,090	139	15	139		418	32
33		04.09 PHASE II UTILITY YARD- FREIGHT CRANE RIGGING		2005	7,331	489	15	489		1,466	33
34		04.09 PHASE II UTILITY YARD- NFPA TESTING		2005	1,394	93	15	93		279	34
35		04.09 PHASE II UTILITY YARD- FLAD & ASSOC SERVICES		2005	28,278	1,885	15	1,885		5,656	35
36		04.09 PHASE II UTILITY YARD- INSULATE OUTDOOR AIR		2005	602	30	20	30		90	36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	04.09 PHASE II UTILITY YARD- PJ HOERR SERVICES	2005	\$ 807,446	\$ 53,830	15	\$ 53,830	\$	\$ 161,489	37
38	04.10 PHARMACY RENOVATION	2005	3,339	223	15	223		668	38
39	04.12 LIFE SAFETY RENOVATION- CONCRETE, DRYWALL, &	2005	2,905	581	5	581		1,743	39
40	04.12 LIFE SAFETY RENOVATION- SIGNS, FIXTURES, ACC	2005	1,256	126	10	126		377	40
41	04.12 LIFE SAFETY RENOVATION- PJ HOERR SERVICES	2005	50,200	3,347	15	3,347		10,040	41
42	04.12 LIFE SAFETY RENOVATION- KIRWAN ASBESTOS REM	2005	1,463	98	15	98		293	42
43	04.12 LIFE SAFETY RENOVATION- OUTSIDE STEPS	2005	6,872	458	15	458		1,374	43
44	04.12 LIFE SAFETY RENOVATION- RICKARD'S CONSTRUCT	2005	16,505	1,100	15	1,100		3,301	44
45	04.12 LIFE SAFETY RENOVATION- FLAD & ASSOC SERVICE	2005	8,506	567	15	567		1,701	45
46	04.12 LIFE SAFETY RENOVATION- OAK DOOR	2005	1,376	92	15	92		275	46
47	04.12 LIFE SAFETY RENOVATION- DRYWALL, PAINTING &	2005	6,882	459	15	459		1,376	47
48	04.15 SON CEILINGS- CARPET & PAINT	2005	1,657	331	5	331		994	48
49	04.15 SON CEILINGS- TILE, LAMPS, BALLASTS & COVE B	2005	1,755	176	10	176		527	49
50	04.15 SON CEILINGS- CEILING TILE & LABOR TO INSTAL	2005	2,492	166	15	166		498	50
51	05.02 OB RENOVATION	2005	739	148	5	148		443	51
52	PROJ 04.11 NEW ER - ASBESTOS REMOVAL	2006	5,566	371	15	371		928	52
53	PROJ 04.11 NEW ER - SOIL BORING	2006	2,398	160	15	160		400	53
54	PROJ 04.11 NEW ER - AMEREN-REMOVE MRI TRANSFORMI	2006	3,503	234	15	234		584	54
55	PROJ 04.11 NEW ER - P.J. HOERR CONSTRUCTION	2006	2,386,765	159,118	15	159,118		397,794	55
56	PROJ 04.11 NEW ER - FLAD & ASSOCIATES-PLANS	2006	213,988	14,266	15	14,266		35,665	56
57	PROJ 04.11 NEW ER - BUILDING SUPPLIES	2006	2,231	223	10	223		547	57
58	PROJ 04.11 NEW ER - RICKARD CONSTRUCTION	2006	3,135	209	15	209		522	58
59	PROJ 04.11 NEW ER - IDPH PLANS	2006	2,507	167	15	167		418	59
60	PROJ 06.07 OB MEDICAL GAS - PIPING, PLUMBING, LABO	2006	4,866	324	15	324		811	60
61	PROJ 06.07 OB MEDICAL GAS - BUILDING SUPPLIES	2006	519	104	5	104		260	61
62	PROJ 05.02 OB RENOVATION - FLOORING & PAINT	2006	6,358	1,272	5	1,272		3,179	62
63	PROJ 05.12 ROOF - HOLTHAUS CONSTRUCTION	2006	11,883	792	15	792		1,980	63
64	PROJ 05.06 3RD & 4TH FLOOR SAFE - FLAD & ASSOCIATE	2006	12,510	834	15	834		2,085	64
65	PROJ 05.06 3RD & 4TH FLOOR SAFE - BUILDING MATERIA	2006	708	47	15	47		118	65
66	PROJ 05.06 3RD & 4TH FLOOR SAFE - BUILDING MATERIA	2006	1,915	383	5	383		957	66
67	PROJ 05.06 3RD & 4TH FLOOR SAFE - RICKARD CONSTRUC	2006	7,035	704	10	704		1,759	67
68	PROJ 05.06 3RD & 4TH FLOOR SAFE - PJ HOERR CONSTRU	2006	12,591	839	15	839		2,099	68
69	PROJ 05.06 3RD & 4TH FLOOR SAFE - ASBESTOS REMOVAL	2006	1,124	75	15	75		187	69
70	TOTAL (lines 4 thru 69)		\$ 10,308,544	\$ 458,395		\$ 458,395	\$	\$ 5,564,764	70

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,308,544	\$ 458,395		\$ 458,395	\$	\$ 5,564,764	1
2	PROJ 05.13 SON CEILING - FLAD & ASSOCIATES-PLANS	2006	6,428	429	15	429		1,071	2
3	PROJ 05.13 SON CEILING - RICKARD CONSTRUCTION	2006	29,091	1,939	15	1,939		4,848	3
4	PROJ 05.13 SON CEILING - DRYWALL	2006	2,911	582	5	582		1,456	4
5	PROJ 05.13 SON CEILING - ELECTRICAL SUPPLIES	2006	1,448	145	10	145		362	5
6	PROJ 05.13 SON CEILING - MECHANICAL SERV, INC DUCT	2006	34,876	3,488	10	3,488		8,719	6
7	PROJ 05.13 SON CEILING - ACCESS DOORS	2006	5,498	367	15	367		916	7
8	PROJ 05.13 SON CEILING - PAINTING	2006	1,254	84	15	84		209	8
9	PROJ 06.01 PHYS CLINIC RENOVATION - DOORS	2006	1,798	120	15	120		300	9
10	PROJ 06.01 PHYS CLINIC RENOVATION - GM MECHANICAL	2006	3,309	221	15	221		552	10
11	PROJ 06.01 PHYS CLINIC RENOVATION - CONSTRUCTION C	2006	7,525	502	15	502		1,254	11
12	PROJ 06.01 PHYS CLINIC RENOVATION - CABINETS, FAUC	2006	2,541	254	10	254		635	12
13	PROJ 06.01 PHYS CLINIC RENOVATION - BUILDING SUPPL	2006	2,762	552	5	552		1,373	13
14	PROJ 05.08 AHU-2 REPLACEMENT - PJ HOERR CONSTRUCT	2006	63,640	4,243	15	4,243		10,607	14
15	PROJ 05.08 AHU-2 REPLACEMENT - ASBESTOS & WASTE RE	2006	800	53	15	53		133	15
16	PROJ 05.04 LAB RENOVATION - FLAD & ASSOCIATES-PLAN	2006	18,477	1,232	15	1,232		3,077	16
17	PROJ 05.04 LAB RENOVATION - RICKARD CONSTRUCTION	2006	44,397	2,960	15	2,960		7,400	17
18	PROJ 05.04 LAB RENOVATION - PJ HOERR & PIPCO CONST	2006	18,831	1,255	15	1,255		3,139	18
19	PROJ 05.04 LAB RENOVATION - MECHANICAL SERVICES L	2006	6,237	416	15	416		1,040	19
20	PROJ 05.04 LAB RENOVATION - DOORS & LOCKS	2006	3,100	207	15	207		517	20
21	PROJ 05.04 LAB RENOVATION - BUILDING SUPPLIES	2006	11,547	2,309	5	2,309		5,773	21
22	PROJ 05.04 LAB RENOVATION - ELECTRICAL SUPPLIES	2006	4,578	458	10	458		1,144	22
23	PROJ 05.04 LAB RENOVATION - GM MECHANICAL	2006	8,855	590	15	590		1,476	23
24	PROJ 05.04 LAB RENOVATION - COUNTERS & INSTALLATIO	2006	17,948	1,197	15	1,197		2,991	24
25	PROJ 05.04 LAB RENOVATION - CRAWFORDS FLOORING	2006	1,790	179	10	179		448	25
26	ROOF AT GRAHAM	2006	14,868	1,487	10	1,487		3,717	26
27	HORTON-SWING PAIR AUTOMATIC LAB DOORS	2007	4,971	497	10	497		746	27
28	HORTON SWING-PAIR AUTOMATIC OB DOORS	2007	1,903	190	10	190		285	28
29	PROJ 03.07 - MASTER PLAN RENOVATION-FLAD & ASSOC.	2007	93,213	3,729	25	3,729		6,836	29
30	PROJ 03.07 - MASTER PLAN RENOVATION-FINANCIAL ADV	2007	8,710	581	15	581		871	30
31	PROJ 03.07 - MASTER PLAN RENOVATION - TOPOGRAPHIC	2007	3,136	209	15	209		314	31
32	PROJ 03.07 - MASTER PLAN RENOVATION - ILLINOIS BLU	2007	442	29	15	29		44	32
33	PROJ 03.07 - MASTER PLAN RENOVATION - MASTER PLAN	2007	1,089	73	15	73		109	33
34	TOTAL (lines 1 thru 33)		\$ 10,736,515	\$ 488,969		\$ 488,969	\$	\$ 5,637,124	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 10,736,515	\$ 488,969		\$ 488,969	\$	\$ 5,637,124	1
2	PROJ 04.16 - PYXIS - PAINT AND BUILDING SUPPLIES	2007	507	101	5	101		152	2
3	PROJ 04.16 - PYXIS - RICKARD'S CONSTRUCTION	2007	775	52	15	52		78	3
4	PROJ 05.04 LAB RENOVATION - CRAWFORD'S FLOORING	2007	1,081	108	10	108		162	4
5	PROJ 05.06 3RD & 4TH FLOOR SAFETY - FLAD & ASSOC.	2007	597	40	15	40		60	5
6	PROJ 06.01 PHYS CLINIC RENOVATION - FLAD & ASSOC.	2007	2,336	156	15	156		234	6
7	PROJ 06.12 - SON FACELIFT - BUILDING MATERIALS	2007	374	75	5	75		112	7
8	PROJ 06.12 SON FACELIFT - RICKARD'S CONSTRUCTION	2007	674	45	15	45		67	8
9	PROJ 06.12 - SON FACELIFT - FLOOR TILE	2007	595	59	10	59		89	9
10	PROJ 06.14 - ASSOC. MOVES FOR 1ST SOUTH - PAINT/LO	2007	637	127	5	127		191	10
11	PROJ 06.14 - ASSOC. MOVES FOR 1ST SOUTH - SINK & D	2007	944	63	15	63		94	11
12	PROJ 07.02 - CARPET FINANCE/ACCT. - CRAWFORD'S FLO	2007	1,779	356	5	356		534	12
13	PROJ 07.04 - RELOCATION OF MORGUE COOLER - BUILDIN	2007	474	95	5	95		142	13
14	PROJ 07.04 - RELOCATION OF MORGUE COOLER - RICKAR	2007	3,240	216	15	216		324	14
15	PROJ 07.04 - RELOCATION OF MORGUE COOLER	2007	941	63	15	63		94	15
16	PROJ 07.06 - CT SCAN PROJECT - BUILDING MATERIALS	2007	728	146	5	146		218	16
17	PROJ 07.06 - CT SCAN PROJECT - CRAWFORD'S FLOORING	2007	1,251	125	10	125		188	17
18	PROJ 07.06 - CT SCAN PROJECT - RICKARD'S CONSTRUCT	2007	2,469	165	15	165		247	18
19	PROJ 07.06 - CT SCAN PROJECT - WARNER PLUMBING	2007	2,971	198	15	198		297	19
20	PROJ 07.06 - CT SCAN PROJECT - FLOOR VIBRATION STU	2007	589	39	15	39		59	20
21	PROJ 07.06 - CT SCAN PROJECT	2007	1,284	86	15	86		128	21
22	PROJ 07.07 SOUTH PARKING LOT STAIRS	2007	672	134	5	134		202	22
23	PROJ 07.07 SOUTH PARKING LOT STAIRS - HANDRAIL	2007	2,550	170	15	170		255	23
24	PROJ 07.09 - DIALYSIS PLUMBING CORRECTION - LABOR	2007	3,791	253	15	253		379	24
25	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - BUILDING	2007	1,369	274	5	274		411	25
26	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - RICKARD'S	2007	7,727	515	15	515		773	26
27	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - BUILDING	2007	1,844	123	15	123		184	27
28	PROJ 05.10 - 1ST PHASE MED/SURG - CUBICLE CURTAINS	2007	3,839	768	5	768		1,152	28
29	PROJ 05.10 - 1ST PHASE MED/SURG - 6" BACKSET LATCH	2007	1,033	207	5	207		310	29
30	PROJ 05.10 - 1ST PHASE MED/SURG - BUILDING SUPPLIE	2007	3,581	716	5	716		1,074	30
31	PROJ 05.10 - 1ST PHASE MED/SURG - FLAD & ASSOC. PL	2007	185,825	7,433	25	7,433		13,627	31
32	PROJ 05.10 - 1ST PHASE MED/SURG - KIRWAN ENVIRONME	2007	11,275	752	15	752		1,128	32
33	PROJ 05.10 - 1ST PHASE MED/SURG - P.J. HOERR CONST	2007	856,206	34,248	25	34,248		62,788	33
34	TOTAL (lines 1 thru 33)		\$ 11,840,475	\$ 536,876		\$ 536,876	\$	\$ 5,722,877	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

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		\$ 11,840,475	\$ 536,876		\$ 536,876	\$	\$ 5,722,877	1
2	PROJ 05.10 - 1ST PHASE MED/SURG - IDPH PERMITS	2007	4,206	280	15	280		421	2
3	PROJ 06.03 - ADMINISTRATION BOARD ROOM - PAINT/PRI	2007	4,501	900	5	900		1,350	3
4	PROJ 06.03 ADMINISTRATION BOARD ROOM - CARPET INS	2007	752	150	5	150		226	4
5	PROJ 06.03 - ADMINISTRATION BOARD ROOM - DRYWALL	2007	5,710	1,142	5	1,142		1,713	5
6	PROJ 06.03 ADMINISTRATION BOARD ROOM - WALLCOVE	2007	2,323	465	5	465		697	6
7	PROJ 06.03 - ADMINISTRATION BOARD ROOM - ELECTRICA	2007	10,792	2,158	5	2,158		3,238	7
8	PROJ 06.03 ADMINISTRATION BOARD ROOM - BUILDING SU	2007	9,350	1,870	5	1,870		2,805	8
9	PROJ 06.03 ADMINISTRATION BOARD ROOM - ROLL-UP DO	2007	7,268	727	10	727		1,090	9
10	PROJ 06.03 ADMINISTRATION BOARD ROOM - BUILDING M	2007	15,215	1,522	10	1,522		2,282	10
11	PROJ 06.03 - ADMINISTRATION BOARD ROOM - TRIM & FL	2007	15,523	1,035	15	1,035		1,552	11
12	PROJ 06.03 - ADMINISTRATION BOARD ROOM - FLAD & AS	2007	35,377	2,358	15	2,358		3,538	12
13	PROJ 06.03 - ADMINISTRATION BOARD ROOM - KIRWAN IN	2007	1,886	126	15	126		189	13
14	PROJ 06.03 - ADMINISTRATION BOARD ROOM - CONCRETE	2007	4,743	316	15	316		474	14
15	PROJ 06.03 ADMINISTRATION BOARD ROOM - RICKARD'S C	2007	76,151	5,077	15	5,077		7,615	15
16	PROJ 06.03 ADMINISTRATION BOARD ROOM - PAINTING L	2007	2,202	147	15	147		220	16
17	PROJ 06.03 ADMINISTRATION BOARD ROOM - BLDG. MATH	2007	20,680	1,379	15	1,379		2,068	17
18	PROJ 05.10 - 1ST PHASE MED/SURG-CAPITALIZED INTERE	2007	8,352	835	10	835		835	18
19	PROJ. 06.03 - ADMIN. BOARD ROOM - CAPITALIZED INTE	2007	1,551	149	10	149		149	19
20	NEW ROOF OVER NURSE ADM. AND HR - HOLTHAUS COM	2007	9,118	912	10	912		912	20
21	PLUMBING SURGERY RESTROOMS - LABOR	2007	1,425	95	15	95		95	21
22	FLASH IN ROOF OPENINGS AT 68 BLDG.	2007	7,015	702	10	702		702	22
23	PROJ. 06.08-68 INFRASTRUCTURE PROJECT-FLAD & ASSOC	2007	44,515	1,781	25	1,781		1,781	23
24	PROJ. 06.08-68 INFRASTRUCTURE PROJECT-P.J. HOERR	2007	425,043	28,336	15	28,336		28,336	24
25	PROJ. 06.08-68 INFRASTRUCTURE PROJECT-P.J. HOERR	2007	248,740	9,950	25	9,950		9,950	25
26	BUILDING - ARO ASSET	2007	42,177	1,361	9	1,361		1,361	26
27	OUTSIDE SIGN HOME HEALTH AND HOSPICE	2008	2,070	104	10	104		104	27
28	PROJ 07.15-MAMMO ROOM - BUILDING SUPPLIES & MATEL	2008	564	56	5	56		56	28
29	PROJ 07.15-MAMMO ROOM - BACKSPLASH/FLOORING/BAL	2008	1,020	51	10	51		51	29
30	PROJ 07.15-MAMMO ROOM - CONSTRUCTION/CABINETS	2008	1,144	38	15	38		38	30
31	08.02-2ND PHASE MED SURG - BUILDING SUPPLIES AND M	2008	2,454	245	5	245		245	31
32	08.02-2ND PHASE OF MED SURG PROJECT - FLAD & ASSOC	2008	10,515	351	15	351		351	32
33	08.02-2ND PHASE OF MED SURG - KIRWAN ASBESTOS REMO	2008	7,142	238	15	238		238	33
34	TOTAL (lines 1 thru 33)		\$ 12,870,001	\$ 601,730		\$ 601,730	\$	\$ 5,797,558	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,870,001	\$ 601,730		\$ 601,730	\$	\$ 5,797,558	1
2	08.02-2ND PHASE OF MED SURG-P.J. HOERR CONSTRUCTIO	2008	290,861	9,695	15	9,695		9,695	2
3	08.02-2ND PHASE OF MED SURG - RICKARD'S CONSTRUCTI	2008	591	20	15	20		20	3
4	07.01-HELIPAD PROJECT	2008	303,077	10,103	15	10,103		10,103	4
5	07.01-HELIPAD PROJECT-BUILDING SUPPLIES & MATERIA	2008	805	27	15	27		27	5
6	07.10-HEARTCARE MIDWEST-RICKARD'S CONSTRUCTION	2008	32,109	1,070	15	1,070		1,070	6
7	07.10-HEARTCARE MIDWEST-FLAD & ASSOCIATES-PLANS	2008	11,217	374	15	374		374	7
8	07.10-HEARTCARE MIDWEST-BUILDING SUPPLIES	2008	7,485	748	5	748		748	8
9	07.10-HEARTCARE MIDWEST-DOORS	2008	3,404	170	10	170		170	9
10	07.11-MRI REMODEL-FLAD & ASSOCIATES-PLANS	2008	15,193	506	15	506		506	10
11	07.11-MRI REMODEL-BUILDING SUPPLIES AND MATERIAL	2008	9,005	901	5	901		901	11
12	07.11-MRI REMODEL-RICKARD'S CONSTRUCTION	2008	46,208	1,540	15	1,540		1,540	12
13	07.11-MRI REMODEL-CONCRETE	2008	1,233	31	20	31		31	13
14	07.11-MRI REMODEL-MRI SHIELDING/CLEAR SHIELD WIN	2008	19,678	984	10	984		984	14
15	07.11-MRI REMODEL	2008	3,086	103	15	103		103	15
16	07.11-MRI REMODEL-MRI FLOORING/ADHESIVE/BASE	2008	1,858	93	10	93		93	16
17	08.05-RESPIRATORY REMODEL-DOORS/ARM CLOSERS	2008	836	28	15	28		28	17
18	08.05-RESPIRATORY REMODEL-BUILDING SUPPLIES & MA	2008	1,168	117	5	117		117	18
19	08.05-RESPIRATORY REMODEL	2008	15,011	500	15	500		500	19
20	08.05-RESPIRATORY REMODEL-CARPET & ADHESIVE	2008	734	73	5	73		73	20
21	08.07-PCU CEILING REPLACEMENT	2008	4,087	204	10	204		204	21
22	08.08-FOUNDATION OFFICE-BUILDING SUPPLIES & CARPE	2008	945	95	5	95		95	22
23	08.08-FOUNDATION OFFICE-RICKARD'S CONSTRUCTION	2008	1,250	42	15	42		42	23
24	08.08-FOUNDATION OFFICE-DOOR FRAME & HARDWARE	2008	372	12	15	12		12	24
25	08.04-HR RELOCATION-RICKARD'S CONSTRUCTION	2008	13,775	459	15	459		459	25
26	08.04-HR RELOCATION-BUILDING SUPPLIES & MATERIALS	2008	3,437	344	5	344		344	26
27	08.04-HR RELOCATION	2008	1,197	40	15	40		40	27
28	08.04-HR RELOCATION-CARPET/PAINT/FLOORING	2008	5,856	586	5	586		586	28
29	08.04-HR RELOCATION-CEILING TILE ITEMS	2008	439	22	10	22		22	29
30	PROJ 08.09 - ADMIN. STRATTON-BUILDING SUPPLIES AND	2008	379	38	5	38		38	30
31	PROJ. 08.09-ADMIN. STRATTON - RICKARD'S CONSTRUCTI	2008	2,035	68	15	68		68	31
32	PROJ. 08.09 - ADMIN. STRATTON - CHERRY DOOR	2008	595	20	15	20		20	32
33	PROJ. 08.09 - ADMIN. STRATTON - DRYWALL	2008	178	6	15	6		6	33
34	TOTAL (lines 1 thru 33)		\$ 13,668,104	\$ 630,748		\$ 630,748	\$	\$ 5,826,576	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,668,104	\$ 630,748		\$ 630,748	\$	\$ 5,826,576	1
2	PROJ. 08.01 - 2007 SON FACELIFT - BUILDING SUPPLIE	2008	375	38	5	38		38	2
3	PROJ. 08.01 - 2007 SON FACELIFT - FLOOR TILE & ADH	2008	330	17	10	17		17	3
4	PROJ. 08.11 - REED/HUFFMAN REMODEL-LOCKS/PAINT	2008	155	15	5	15		15	4
5	ROOFS E&F AND ROOFS G-1 & G-2	2008	23,735	1,187	10	1,187		1,187	5
6	PROJ 06.08 - '68 BUILDING INFRASTRUCTURE-BUILDING	2008	1,591	159	5	159		159	6
7	PROJ 06.08 - '68 INFRASTRUCTURE-ASBESTOS REMOVAL O	2008	16,675	556	15	556		556	7
8	PROJ. 06.08-'68 INFRASTRUCTURE-P.J. HOERR	2008	165,675	3,314	25	3,314		3,314	8
9	PROJ. 06.08-'68 INFRASTRUCTURE - NEW FENCE SUPPORT	2008	11,857	237	25	237		237	9
10	PROJ. 06.08 - '68 INFRASTRUCTURE - CAPITALIZED INT	2008	6,937	139	25	139		139	10
11	PROJ. 06.08-'68 INFRASTRUCTURE-GALLON DRUMS FOR C	2008	2,844	57	25	57		57	11
12	PROJ. 08-10-3RD PHASE MED SURG-BUILDING SUPPLIES &	2008	568	57	5	57		57	12
13	PROJ. 08-10-3RD PHASE MED SURG-FLAD & ASSOCIATES-P	2008	3,848	128	15	128		128	13
14	PROJ. 08-10-3RD PHASE MED SURG-P.J. HOERR CONSTRUC	2008	266,029	8,868	15	8,868		8,868	14
15	PROJ. 08-10-3RD PHASE MED SURG-KIRWAN MGT.-ASBEST	2008	8,492	283	15	283		283	15
16	PROJ. 08-10-3RD PHASE MED SURG-RICKARD'S CONSTRUC	2008	446	15	15	15		15	16
17	PROJ. 07.08-3RD FLOOR ONCOLOGY - CONSTRUCTION & S	2008	2,186	73	15	73		73	17
18	PROJ 07.12-OB/PCU/ICU RENOVATIONS-GERE/DISMER	2008	8,655	288	15	288		288	18
19	PROJ 07.12-OB/PCU/ICU RENOVATION-FLAD & ASSOCIATE	2008	11,326	378	15	378		378	19
20	PROJ 07.12-OB/PCU/ICU RENOVATION-KJWW ENGINEERS	2008	1,225	41	15	41		41	20
21	PROJ 08.12-SON COMPUTER LAB-BUILDING CONSTRUCTIO	2008	2,360	79	15	79		79	21
22	PROJ 08.17-PHARMACY CLEAN AIR ROOM-BUILDING SUPP	2008	1,088	109	5	109		109	22
23	PROJ 08.17-PHARMACY CLEAN AIR ROOM-RICKARD'S CON	2008	4,819	109	15	109		109	23
24	WHEEL STORAGE ROOF	2008	1,518	109	10	109		109	24
25	PROJ. 08.10 - MED SURG RENOVATION - CAPITALIZED IN	2008	6,977	109	10	109		109	25
26	PROJ 06.08-'68 BUILDING INFRASTRUCTURE - CAPITALIZ	2008	2,364	109	10	109		109	26
27	PROJ. 07.01-HELIPAD PROJECT - CAPITALIZED INTEREST	2008	4,557	109	10	109		109	27
28	PROJ. 07.11-MRI PROJECT - CAPITALIZED INTEREST	2008	5,209	109	10	109		109	28
29	FIXED EQUIPMENT	1972	5,755	5,755	VARIOUS	5,755		5,755	29
30	FIXED EQUIPMENT	1973	4,926	4,926	VARIOUS	4,926		4,926	30
31	FIXED EQUIPMENT	1975	989	989	VARIOUS	989		989	31
32	FIXED EQUIPMENT	1980	599	599	VARIOUS	599		599	32
33	FIXED EQUIPMENT	1981	1,188	1,188	VARIOUS	1,188		1,188	33
34	TOTAL (lines 1 thru 33)		\$ 14,243,400	\$ 660,893		\$ 660,893	\$	\$ 5,856,721	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 14,243,400	\$ 660,893		\$ 660,893	\$	\$ 5,856,721	1
2	<u>FIXED EQUIPMENT</u>	1987	37,780		VARIOUS			37,685	2
3	<u>FIXED EQUIPMENT</u>	1988	1,439	37	VARIOUS	37		1,961	3
4	<u>FIXED EQUIPMENT</u>	1992	3,936		VARIOUS			1,436	4
5	<u>FIXED EQUIPMENT</u>	1994	4,732		VARIOUS			4,720	5
6	<u>FIXED EQUIPMENT</u>	1995	7,700	384	VARIOUS	384		5,185	6
7	<u>FIXED EQUIPMENT</u>	1996	1,422		VARIOUS			1,418	7
8	<u>FIXED EQUIPMENT</u>	1998	2,006	103	VARIOUS	103		1,586	8
9	<u>FIXED EQUIPMENT</u>	1999	2,891	227	VARIOUS	227		2,778	9
10	<u>FIXED EQUIPMENT</u>	2001	20,918	1,550	VARIOUS	1,550		11,627	10
11	<u>FIXED EQUIPMENT</u>	2002	920		VARIOUS			920	11
12	<u>FIXED EQUIPMENT</u>	2003	30,047	2,412	VARIOUS	2,412		16,784	12
13	<u>04.08 MAIN STREET PROJECT- RELOCATE FIBER OPTIC</u>	2005	2,803	187	VARIOUS	187		561	13
14	<u>04.09 PHASE II UTILITY YARD- HEATERS FOR NITROUS T</u>	2005	1,089	109	15	109		327	14
15	<u>04.09 PHASE II UTILITY YARD- TEST SPRINKLER SYSTEM</u>	2005	990	99	10	99		297	15
16	<u>04.09 PHASE II UTILITY YARD- GENERATOR REPAIRS & P</u>	2005	1,710	171	10	171		513	16
17	<u>04.09 PHASE II UTILITY YARD- ELECTRICAL SUPPLIES &</u>	2005	1,226	123	10	123		368	17
18	<u>04.09 PHASE II UTILITY YARD- CHILLER & WATER LINES</u>	2005	2,465	164	10	164		493	18
19	<u>04.09 PHASE II UTILITY YARD- ASBESTOS REMOVAL</u>	2005	575	38	15	38		115	19
20	<u>PROJ 04.11 NEW ER - CABLING & DUCTWORK</u>	2006	22,004	2,200	15	2,200		5,501	20
21	<u>PROJ 04.11 NEW ER - FIRE & SECURITY SYSTEM</u>	2006	12,357	1,236	10	1,236		3,089	21
22	<u>PROJ 04.11 NEW ER - WALLSLIDE & SUCTION UNITS</u>	2006	5,999	600	10	600		1,500	22
23	<u>PROJ 04.11 NEW ER - SHELVES, DOORS, DIVIDERS</u>	2006	11,707	1,171	10	1,171		2,927	23
24	<u>PROJ 05.04 LAB RENOVATION - DATA CABLING</u>	2006	2,251	225	10	225		563	24
25	<u>PROJ 05.10 - 1ST PHASE MED/SURG - PERSONAL PROTECT</u>	2007	1,364	273	10	273		409	25
26	<u>PROJ 06.03 - ADMINISTRATION BOARD ROOM - COUNTERT</u>	2007	4,359	436	5	436		654	26
27	<u>PROJ 06.03-ADMIN. BOARD RM.-LAMINATED CASEWORK &</u>	2007	15,097	1,006	10	1,006		1,510	27
28	<u>PROJ 04.16 - PYXIS - CABINETS</u>	2007	442	29	15	29		44	28
29	<u>PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - CABINETS</u>	2007	2,406	241	15	241		361	29
30	<u>PROJ 06.03 - ADMINISTRATION BOARD ROOM - DROP-IN S</u>	2007	1,539	154	10	154		231	30
31	<u>07.10-HEARTCARE MIDWEST-CABINETS & COUNTERTOPS</u>	2008	5,545	185	10	185		185	31
32	<u>07.11-MRI REMODEL-CABINETS & COUNTERTOPS</u>	2008	387	13	15	13		13	32
33	<u>08.05-RESPIRATORY REMODEL-CABINETS & COUNTERTOP</u>	2008	367	12	15	12		12	33
34	TOTAL (lines 1 thru 33)		\$ 14,453,874	\$ 674,278		\$ 674,278	\$	\$ 5,962,492	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 14,453,874	\$ 674,278		\$ 674,278	\$	\$ 5,962,492	1
2	08.04-HR RELOCATION-SINK	2008	304	7	20	7		7	2
3	08.04-HR RELOCATION-INSTALL CABINETS & COUNTERTOPS	2008	1,317	44	15	44		44	3
4	PROJ. 08.11-REED/HUFFMAN OFFICE REMODEL-CABINETS	2008	1,126	38	15	38		38	4
5	PROJ 07.08-3RD FLOOR ONCOLOGY ROOM-COUNTERTOPS	2008	366	12	15	12		12	5
6	PROJ 08.17-PHARMACY CLEAN AIR ROOM-CABINETS & CO	2008	401	13	15	13		13	6
7	LAND IMPROVEMENTS	1971	32,917		VARIOUS			-	7
8	LAND IMPROVEMENTS	1976	82,444	-	VARIOUS			82,444	8
9	LAND IMPROVEMENTS	1979	30,208	-	VARIOUS			30,208	9
10	LAND IMPROVEMENTS	1981	65,066	-	VARIOUS			-	10
11	LAND IMPROVEMENTS	1984	61,686	1,612	VARIOUS	1,612		60,914	11
12	LAND IMPROVEMENTS	1991	13,023	-	VARIOUS			12,990	12
13	LAND IMPROVEMENTS	1992	656	-	VARIOUS			654	13
14	LAND IMPROVEMENTS	1993	3,134	21	VARIOUS	21		3,126	14
15	LAND IMPROVEMENTS	1994	3,983	244	VARIOUS	244		3,850	15
16	LAND IMPROVEMENTS	1995	1,178	-	VARIOUS			1,175	16
17	LAND IMPROVEMENTS	1996	3,963	-	VARIOUS			3,953	17
18	LAND IMPROVEMENTS	1998	442	29	VARIOUS	29		308	18
19	LAND IMPROVEMENTS	2001	6,453	645	VARIOUS	645		4,840	19
20	LAND IMPROVEMENTS	2002	11,727	775	VARIOUS	775		6,201	20
21	LAND IMPROVEMENTS	2003	36,978	4,296	VARIOUS	4,296		23,845	21
22	LAND IMPROVEMENTS	2004	83,693	5,580	VARIOUS	5,580		25,108	22
23	04.08 MAIN STREET PROJECT-MAURER STUTZ FEASIBILIT	2005	2,718	181	15	181		544	23
24	04.08 MAIN STREET PROJECT- LANDSCAPING, CONCRETE	2005	1,033	69	15	69		207	24
25	04.08 MAIN STREET PROJECT- PJ HOERR	2005	54,594	3,640	15	3,640		10,919	25
26	04.08 MAIN STREET PROJECT - MOVE TELEPHONE POLES	2005	4,019	268	15	268		804	26
27	04.08 MAIN STREET PROJECT- KINSEL EXCAVATION	2005	1,633	82	20	82		245	27
28	04.09 PHASE II UTILITY YARD - SUPPLIES	2005	1,113	223	5	223		668	28
29	PROJECT 04.09- PHASE II UTILITY YARD- VALVES, HOSE	2005	2,727	273	10	273		818	29
30	PROJECT 04.09-PHASE II UTILITY YARD- LOWER GAS MAI	2005	10,221	511	20	511		1,533	30
31	05.01 SIDEWALK REPLACEMENT- SAND, CONCRETE & LAB	2005	6,627	442	15	442		1,325	31
32	PROJ 07.03 - SOUTH PARKING LOT	2007	9,186	1,148	8	1,148		1,722	32
33	PROJ 07.07 - SOUTH PARKING LOT STAIRS-RICKARD'S/CO	2007	9,465	631	15	631		947	33
34	TOTAL (lines 1 thru 33)		\$ 14,998,275	\$ 695,061		\$ 695,061	\$	\$ 6,241,952	34

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 14,998,275	\$ 695,061		\$ 695,061	\$	\$ 6,241,952	1
2	PROJ 07.07 - SOUTH PARKING LOT STAIRS - GRAVEL	2007	141	28	5	28		42	2
3	PROJ 06.09-HOME HEALTH MOVE-DEMO OF HOUSE IN SOU	2007	3,528	235	15	235		353	3
4	SOUTH PATIO IMPROVEMENTS	2008	1,603	53		53		53	4
5	PAVING OF CLINIC PARKING LOT	2008	4,353	272		272		272	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,007,900	\$ 695,649		\$ 695,649	\$	\$ 6,242,672	34

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

Facility Name & ID Number Graham Hospital # 8000200 Report Period Beginning: 7/1/07 Ending: 6/30/08

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	\$ 5,660,809	\$ 106,565	\$ 106,565	\$		\$ 4,757,108	71
72	Current Year Purchases	398,752	12,452	12,452			12,452	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 6,059,561	\$ 119,017	\$ 119,017	\$		\$ 4,769,560	75

D. Vehicle Depreciation (See instructions.)*

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

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 21,067,461	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 814,666	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 814,666	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,012,232	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning: 7/1/07

Ending: 6/30/08

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

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

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

15. Is Movable equipment rental included in building rental? _____

YES NO

16. Rental Amount for movable equipment: \$ _____ Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ _____	\$ _____	17
18			_____	_____	18
19			_____	_____	19
20			_____	_____	20
21	TOTAL		\$ _____	\$ _____	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$ _____

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$		\$	14

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

Facility Name & ID Number Graham Hospital# 8000200Report Period Beginning: 7/1/07

Ending:

6/30/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,737,709	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	11,562,985		3
4	Supply Inventory (priced at)	1,970,198		4
5	Short-Term Investments	2,202,453		5
6	Prepaid Insurance	83,477		6
7	Other Prepaid Expenses	716,437		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Other AR</u>	598,834		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 18,872,093	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	34,210,773		12
13	Land	1,680,691		13
14	Buildings, at Historical Cost	55,735,285		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	20,731,125		16
17	Accumulated Depreciation (book methods)	(42,958,118)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	49,201		21
22	Other Long-Term Assets (specify):	(255,552)		22
23	Other(specify):	10,075,660		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 79,269,065	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 98,141,158	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,666,523	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	415,000		29
30	Accrued Salaries Payable	958,183		30
31	Accrued Taxes Payable (excluding real estate taxes)	53,630		31
32	Accrued Real Estate Taxes(Sch.IX-B)	41,909		32
33	Accrued Interest Payable	3,614		33
34	Deferred Compensation	23,500		34
35	Federal and State Income Taxes	3,305,994		35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,468,353	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	15,085,000		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Accrued Self Insurance</u>	1,900,000		43
44	<u>Asset Retirement Obligation</u>	294,973		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 17,279,973	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 23,748,326	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 74,392,832	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 98,141,158	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 74,719,003	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 74,719,003	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(326,171)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (326,171)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 74,392,832	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Graham Hospital# 8000200Report Period Beginning: 7/1/07Ending: 6/30/08**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 3,530,062	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,530,062	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	358,764	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	365,853	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 724,617	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,254,679	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,129,555	31
32	Health Care	1,947,701	32
33	General Administration	1,289,789	33
B. Capital Expense			
34	Ownership	213,805	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,580,850	40
41	Income before Income Taxes (line 30 minus line 40)**	(326,171)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (326,171)	43

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

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

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

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

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/07

Ending:

6/30/08

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4	
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing		\$	\$	1
2	Assistant Director of Nursing				2
3	Registered Nurses				3
4	Licensed Practical Nurses				4
5	CNAs & Orderlies				5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director				9
10	Activity Assistants				10
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor				13
14	Head Cook				14
15	Cook Helpers/Assistants				15
16	Dishwashers				16
17	Maintenance Workers				17
18	Housekeepers				18
19	Laundry				19
20	Administrator				20
21	Assistant Administrator				21
22	Other Administrative				22
23	Office Manager				23
24	Clerical				24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator				29
30	Habilitation Aides (DD Homes)				30
31	Medical Records				31
32	Other Health Care(specify)				32
33	Other(specify)				33
34	TOTAL (lines 1 - 33)		\$ *	\$	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director			36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$		50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	\$		53

