

Facility Name & ID Number Graham Hospital

8000200 Report Period Beginning: 7/1/08 Ending: 6/30/09

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>32</u>	Skilled (SNF)	<u>32</u>	<u>11,680</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	<u>22</u>	Intermediate/DD	<u>22</u>	<u>8,030</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>54</u>	TOTALS	<u>54</u>	<u>19,710</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>478</u>	<u>2,172</u>	<u>5,191</u>	<u>7,841</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>4,121</u>	<u>3,104</u>		<u>7,225</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>4,599</u>	<u>5,276</u>	<u>5,191</u>	<u>15,066</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.44%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

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

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 5/01/1987

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 5,191

Medicare Intermediary NGS

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 6/30/09 Fiscal Year: 6/30/09

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

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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	142,401	111,233		253,634		253,634	253,634			1
2	Food Purchase		439,057		439,057		439,057	439,057			2
3	Housekeeping	63,518	63,845		127,363		127,363	127,363			3
4	Laundry	7,570	148,291		155,861		155,861	155,861			4
5	Heat and Other Utilities										5
6	Maintenance	153,023	442,898		595,921		595,921	595,921			6
7	Other (specify):*										7
8	TOTAL General Services	366,512	1,205,324		1,571,836		1,571,836	1,571,836			8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	1,809,963	69,028		1,878,991		1,878,991	1,878,991			10
10a	Therapy										10a
11	Activities										11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*	35,501	45,903		81,404		81,404	81,404			15
16	TOTAL Health Care and Programs	1,845,464	114,931		1,960,395		1,960,395	1,960,395			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	202,469	376,399		578,868	(69,488)	509,380	509,380			21
22	Employee Benefits & Payroll Taxes			515,214	515,214		515,214	515,214			22
23	Inservice Training & Education										23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			211,398	211,398		211,398	211,398			26
27	Other (specify):*										27
28	TOTAL General Administration	202,469	376,399	726,612	1,305,480	(69,488)	1,235,992	1,235,992			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,414,445	1,696,654	726,612	4,837,711	(69,488)	4,768,223	4,768,223			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			353,044	353,044		353,044	416,124	769,168			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			353,044	353,044		353,044	416,124	769,168			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					69,488	69,488		69,488			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers					69,488	69,488		69,488			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,414,445	1,696,654	1,079,656	5,190,755		5,190,755	416,124	5,606,879			45

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

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	416,124	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)	\$ 416,124		\$	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))	\$ 416,124		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						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	
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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Graham Hospital# 8000200

Report Period Beginning:

7/1/08

Ending:

6/30/09

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)	
	D. Ownership													
30	Depreciation	416,124	0	0	0	0	0	0	0	0	0	0	416,124	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	416,124	0	0	0	0	0	0	0	0	0	0	416,124	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
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	416,124	0	0	0	0	0	0	0	0	0	0	416,124	45

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.

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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

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VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number

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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		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.)

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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:

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

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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				1971	\$ 1,047,221	\$		\$	\$	\$ 1,047,221	4
5				1972	866					866	5
6				1978	187,881					187,881	6
7				1982	3,684					3,684	7
8				1977	1,331,168	27,895	various	27,895		1,119,690	8
	Improvement Type**										
9		1975VARIOUS BUILDING IMPROVEMENTS		1975	30,771		various			30,771	9
10		1976VARIOUS BUILDING IMPROVEMENTS		1976	1,880		various			1,880	10
11		1980VARIOUS BUILDING IMPROVEMENTS		1980	2,093		various			2,093	11
12		1982VARIOUS BUILDING IMPROVEMENTS		1982	1,543		various			1,543	12
13		1984VARIOUS BUILDING IMPROVEMENTS		1984	1,169,963	16,169	various	16,169		945,861	13
14		1985VARIOUS BUILDING IMPROVEMENTS		1985	34,258		various			34,258	14
15		1987VARIOUS BUILDING IMPROVEMENTS		1987	89,317	109	various	109		88,279	15
16		1988VARIOUS BUILDING IMPROVEMENTS		1988	52,287	4	various	4		52,119	16
17		1990VARIOUS BUILDING IMPROVEMENTS		1990	28,254	3	various	3		28,182	17
18		1991VARIOUS BUILDING IMPROVEMENTS		1991	125,804	1,871	various	1,871		122,684	18
19		1992VARIOUS BUILDING IMPROVEMENTS		1992	16,693		various			16,651	19
20		1993VARIOUS BUILDING IMPROVEMENTS		1993	19,686	837	various	837		16,708	20
21		1994VARIOUS BUILDING IMPROVEMENTS		1994	76,132	1,112	various	1,112		71,678	21
22		1995VARIOUS BUILDING IMPROVEMENTS		1995	32,594	264	various	264		31,487	22
23		1996VARIOUS BUILDING IMPROVEMENTS		1996	47,691	117	various	117		46,901	23
24		1997VARIOUS BUILDING IMPROVEMENTS		1997	24,479	101	various	101		23,661	24
25		1998VARIOUS BUILDING IMPROVEMENTS		1998	26,173	1,042	various	1,042		23,473	25
26		1999VARIOUS BUILDING IMPROVEMENTS		1999	11,097	555	various	555		6,332	26
27		2000VARIOUS BUILDING IMPROVEMENTS		2000	800,069	53,720	various	53,720		512,086	27
28		2001VARIOUS BUILDING IMPROVEMENTS		2001	112,532	7,755	various	7,755		72,641	28
29		2002VARIOUS BUILDING IMPROVEMENTS		2002	578,790	37,043	various	37,043		297,109	29
30		2003VARIOUS BUILDING IMPROVEMENTS		2003	356,376	24,613	various	24,613		168,250	30
31		2004VARIOUS BUILDING IMPROVEMENTS		2004	466,553	35,708	various	35,708		203,746	31
32		04.09 PHASE II UTILITY YARD- IDPH FEE		2005	2,090	139	15	139		557	32
33		04.09 PHASE II UTILITY YARD- FREIGHT CRANE RIGGING		2005	7,331	489	15	489		1,955	33
34		04.09 PHASE II UTILITY YARD- NFPA TESTING		2005	1,394	93	15	93		372	34
35		04.09 PHASE II UTILITY YARD- FLAD & ASSOC SERVICES		2005	28,278	1,885	15	1,885		7,541	35
36		04.09 PHASE II UTILITY YARD- INSULATE OUTDOOR AIR		2005	602	30	15	30		120	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

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6/30/09

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	04.09 PHASE II UTILITY YARD- PJ HOERR SERVICES	2005	\$ 807,446	\$ 53,830	15	\$ 53,830	\$	\$ 215,319	37
38	04.10 PHARMACY RENOVATION	2005	3,339	223	15	223		890	38
39	04.12 LIFE SAFETY RENOVATION- CONCRETE, DRYWALL	2005	2,905	581	5	581		2,324	39
40	04.12 LIFE SAFETY RENOVATION- SIGNS, FIXTURES, ACC	2005	1,256	126	10	126		502	40
41	04.12 LIFE SAFETY RENOVATION- PJ HOERR SERVICES	2005	50,200	3,347	15	3,347		13,387	41
42	04.12 LIFE SAFETY RENOVATION- KIRWAN ASBESTOS RE	2005	1,463	98	15	98		390	42
43	04.12 LIFE SAFETY RENOVATION- OUTSIDE STEPS	2005	6,872	458	15	458		1,832	43
44	04.12 LIFE SAFETY RENOVATION- RICKARD'S CONSTRUC	2005	16,505	1,100	15	1,100		4,401	44
45	04.12 LIFE SAFETY RENOVATION- FLAD & ASSOC SERVIC	2005	8,506	567	15	567		2,268	45
46	04.12 LIFE SAFETY RENOVATION- OAK DOOR	2005	1,376	92	15	92		367	46
47	04.12 LIFE SAFETY RENOVATION- DRYWALL, PAINTING &	2005	6,882	459	15	459		1,835	47
48	04.15 SON CEILINGS- CARPET & PAINT	2005	1,657	331	5	331		1,326	48
49	04.15 SON CEILINGS- TILE, LAMPS, BALLASTS & COVE B	2005	1,755	176	10	176		702	49
50	04.15 SON CEILINGS- CEILING TILE & LABOR TO INSTAL	2005	2,492	166	15	166		665	50
51	05.02 OB RENOVATION	2005	739	148	5	148		591	51
52	PROJ 04.11 NEW ER - ASBESTOS REMOVAL	2006	5,566	278	40	278		1,206	52
53	PROJ 04.11 NEW ER - SOIL BORING	2006	2,398	120	40	120		519	53
54	PROJ 04.11 NEW ER - AMEREN-REMOVE MRI TRANSFORM	2006	3,503	175	40	175		759	54
55	PROJ 04.11 NEW ER - P.J. HOERR CONSTRUCTION	2006	2,386,765	119,338	40	119,338		517,132	55
56	PROJ 04.11 NEW ER - FLAD & ASSOCIATES-PLANS	2006	213,988	10,699	40	10,699		46,364	56
57	PROJ 04.11 NEW ER - BUILDING SUPPLIES	2006	2,231	167	40	167		714	57
58	PROJ 04.11 NEW ER - RICKARD CONSTRUCTION	2006	3,135	157	40	157		679	58
59	PROJ 04.11 NEW ER - IDPH PLANS	2006	2,507	125	40	125		543	59
60	PROJ 06.07 OB MEDICAL GAS - PIPING, PLUMBING, LABO	2006	4,866	324	15	324		1,135	60
61	PROJ 06.07 OB MEDICAL GAS - BUILDING SUPPLIES	2006	519	104	5	104		363	61
62	PROJ 05.02 OB RENOVATION - FLOORING & PAINT	2006	6,358	1,272	5	1,272		4,451	62
63	PROJ 05.12 ROOF - HOLTHAUS CONSTRUCTION	2006	11,883	792	15	792		2,773	63
64	PROJ 05.06 3RD & 4TH FLOOR SAFE - FLAD & ASSOCIATE	2006	12,510	834	15	834		2,919	64
65	PROJ 05.06 3RD & 4TH FLOOR SAFE - BUILDING MATERIA	2006	708	47	15	47		165	65
66	PROJ 05.06 3RD & 4TH FLOOR SAFE - BUILDING MATERIA	2006	1,915	383	5	383		1,340	66
67	PROJ 05.06 3RD & 4TH FLOOR SAFE - RICKARD CONSTRUC	2006	7,035	704	10	704		2,462	67
68	PROJ 05.06 3RD & 4TH FLOOR SAFE - PJ HOERR CONSTRU	2006	12,591	839	15	839		2,938	68
69	PROJ 05.06 3RD & 4TH FLOOR SAFE - ASBESTOS REMOVAI	2006	1,124	75	15	75		262	69
70	TOTAL (lines 4 thru 69)		\$ 10,308,544	\$ 409,689		\$ 409,689	\$	\$ 6,001,807	70

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

Facility Name & ID Number Graham Hospital

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Report Period Beginning:

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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	\$ 409,689		\$ 409,689	\$	\$ 6,001,807	1
2	PROJ 05.13 SON CEILING - FLAD & ASSOCIATES-PLANS	2006	6,428	429	15	429		1,500	2
3	PROJ 05.13 SON CEILING - RICKARD CONSTRUCTION	2006	29,091	1,939	15	1,939		6,788	3
4	PROJ 05.13 SON CEILING - DRYWALL	2006	2,911	582	5	582		2,038	4
5	PROJ 05.13 SON CEILING - ELECTRICAL SUPPLIES	2006	1,448	145	10	145		507	5
6	PROJ 05.13 SON CEILING - MECHANICAL SERV, INC DUCT	2006	34,876	3,488	10	3,488		12,207	6
7	PROJ 05.13 SON CEILING - ACCESS DOORS	2006	5,498	367	15	367		1,283	7
8	PROJ 05.13 SON CEILING - PAINTING	2006	1,254	84	15	84		293	8
9	PROJ 06.01 PHYS CLINIC RENOVATION - DOORS	2006	1,798	120	15	120		420	9
10	PROJ 06.01 PHYS CLINIC RENOVATION - GM MECHANICA	2006	3,309	221	15	221		772	10
11	PROJ 06.01 PHYS CLINIC RENOVATION - CONSTRUCTION	2006	7,525	502	15	502		1,756	11
12	PROJ 06.01 PHYS CLINIC RENOVATION - CABINETS, FAUC	2006	2,541	254	10	254		889	12
13	PROJ 06.01 PHYS CLINIC RENOVATION - BUILDING SUPPL	2006	2,762	552	5	552		1,925	13
14	PROJ 05.08 AHU-2 REPLACEMENT - PJ HOERR CONSTRUC	2006	63,640	4,243	15	4,243		14,849	14
15	PROJ 05.08 AHU-2 REPLACEMENT - ASBESTOS & WASTE R	2006	800	53	15	53		187	15
16	PROJ 05.04 LAB RENOVATION - FLAD & ASSOCIATES-PLA	2006	18,477	1,232	15	1,232		4,309	16
17	PROJ 05.04 LAB RENOVATION - RICKARD CONSTRUCTION	2006	44,397	2,960	15	2,960		10,359	17
18	PROJ 05.04 LAB RENOVATION - PJ HOERR & PIPCO CONST	2006	18,831	1,255	15	1,255		4,394	18
19	PROJ 05.04 LAB RENOVATION - MECHANICAL SERVICES I	2006	6,237	416	15	416		1,455	19
20	PROJ 05.04 LAB RENOVATION - DOORS & LOCKS	2006	3,100	207	15	207		723	20
21	PROJ 05.04 LAB RENOVATION - BUILDING SUPPLIES	2006	11,547	2,309	5	2,309		8,083	21
22	PROJ 05.04 LAB RENOVATION - ELECTRICAL SUPPLIES	2006	4,578	458	10	458		1,602	22
23	PROJ 05.04 LAB RENOVATION - GM MECHANICAL	2006	8,855	590	15	590		2,066	23
24	PROJ 05.04 LAB RENOVATION - COUNTERS & INSTALLATI	2006	17,948	1,197	15	1,197		4,188	24
25	PROJ 05.04 LAB RENOVATION - CRAWFORDS FLOORING	2006	1,790	179	10	179		627	25
26	ROOF AT GRAHAM	2006	14,868	1,487	10	1,487		5,204	26
27	HORTON-SWING PAIR AUTOMATIC LAB DOORS	2007	4,971	497	10	497		1,243	27
28	HORTON SWING-PAIR AUTOMATIC OB DOORS	2007	1,903	190	10	190		476	28
29	PROJ 03.07 - MASTER PLAN RENOVATION-FLAD & ASSOC.	2007	93,213	3,729	25	3,729		10,564	29
30	PROJ 03.07 - MASTER PLAN RENOVATION-FINANCIAL AD	2007	8,710	581	15	581		1,452	30
31	PROJ 03.07 - MASTER PLAN RENOVATION - TOPOGRAPHIC	2007	3,136	209	15	209		523	31
32	PROJ 03.07 - MASTER PLAN RENOVATION - ILLINOIS BLU	2007	442	29	15	29		74	32
33	PROJ 03.07 - MASTER PLAN RENOVATION - MASTER PLAN	2007	1,089	73	15	73		181	33
34	TOTAL (lines 1 thru 33)		\$ 10,736,515	\$ 440,263		\$ 440,263	\$	\$ 6,104,741	34

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

Facility Name & ID Number Graham Hospital

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Report Period Beginning:

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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		\$ 10,736,515	\$ 440,263		\$ 440,263	\$	\$ 6,104,741	1
2	PROJ 04.16 - PYXIS - PAINT AND BUILDING SUPPLIES	2007	507	101	5	101		254	2
3	PROJ 04.16 - PYXIS - RICKARD'S CONSTRUCTION	2007	775	52	15	52		129	3
4	PROJ 05.04 LAB RENOVATION - CRAWFORD'S FLOORING	2007	1,081	108	10	108		270	4
5	PROJ 05.06 3RD & 4TH FLOOR SAFETY - FLAD & ASSOC.	2007	597	40	15	40		100	5
6	PROJ 06.01 PHYS CLINIC RENOVATION - FLAD & ASSOC.	2007	2,336	156	15	156		389	6
7	PROJ 06.12 - SON FACELIFT - BUILDING MATERIALS	2007	374	75	5	75		187	7
8	PROJ 06.12 SON FACELIFT - RICKARD'S CONSTRUCTION	2007	674	45	15	45		112	8
9	PROJ 06.12 - SON FACELIFT - FLOOR TILE	2007	595	59	10	59		149	9
10	PROJ 06.14 - ASSOC. MOVES FOR 1ST SOUTH - PAINT/LO	2007	637	127	5	127		319	10
11	PROJ 06.14 - ASSOC. MOVES FOR 1ST SOUTH - SINK & D	2007	944	63	15	63		157	11
12	PROJ 07.02 - CARPET FINANCE/ACCT. - CRAWFORD'S FLO	2007	1,779	356	5	356		889	12
13	PROJ 07.04 - RELOCATION OF MORGUE COOLER - BUILDI	2007	474	95	5	95		237	13
14	PROJ 07.04 - RELOCATION OF MORGUE COOLER - RICKA	2007	3,240	216	15	216		540	14
15	PROJ 07.04 - RELOCATION OF MORGUE COOLER	2007	941	63	15	63		157	15
16	PROJ 07.06 - CT SCAN PROJECT - BUILDING MATERIALS	2007	728	146	5	146		364	16
17	PROJ 07.06 - CT SCAN PROJECT - CRAWFORD'S FLOORING	2007	1,251	125	10	125		313	17
18	PROJ 07.06 - CT SCAN PROJECT - RICKARD'S CONSTRUCT	2007	2,469	165	15	165		412	18
19	PROJ 07.06 - CT SCAN PROJECT - WARNER PLUMBING	2007	2,971	198	15	198		495	19
20	PROJ 07.06 - CT SCAN PROJECT - FLOOR VIBRATION STU	2007	589	39	15	39		98	20
21	PROJ 07.06 - CT SCAN PROJECT	2007	1,284	86	15	86		214	21
22	PROJ 07.07 SOUTH PARKING LOT STAIRS	2007	672	134	5	134		336	22
23	PROJ 07.07 SOUTH PARKING LOT STAIRS - HANDRAIL	2007	2,550	170	15	170		425	23
24	PROJ 07.09 - DIALYSIS PLUMBING CORRECTION - LABOR	2007	3,791	253	15	253		632	24
25	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - BUILDING	2007	1,369	274	5	274		685	25
26	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - RICKARD	2007	7,727	515	15	515		1,288	26
27	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - BUILDING	2007	1,844	123	15	123		307	27
28	PROJ 05.10 - 1ST PHASE MED/SURG - CUBICLE CURTAINS	2007	3,839	576	40	576		1,727	28
29	PROJ 05.10 - 1ST PHASE MED/SURG - 6" BACKSET LATCH	2007	1,033	155	40	155		465	29
30	PROJ 05.10 - 1ST PHASE MED/SURG - BUILDING SUPPLIE	2007	3,581	537	40	537		1,611	30
31	PROJ 05.10 - 1ST PHASE MED/SURG - FLAD & ASSOC. PL	2007	185,825	5,575	40	5,575		19,202	31
32	PROJ 05.10 - 1ST PHASE MED/SURG - KIRWAN ENVIRONMI	2007	11,275	564	40	564		1,691	32
33	PROJ 05.10 - 1ST PHASE MED/SURG - KIRWAN ENVIRONMI	2007	856,206	25,686	40	25,686		88,475	33
34	TOTAL (lines 1 thru 33)		\$ 11,840,475	\$ 477,139		\$ 477,139	\$	\$ 6,227,370	34

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

Facility Name & ID Number Graham Hospital

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Report Period Beginning:

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Ending:

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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	\$ 477,139		\$ 477,139	\$	\$ 6,227,370	1
2	PROJ 05.10 - 1ST PHASE MED/SURG - IDPH PERMITS	2007	4,206	210	40	210		631	2
3	PROJ 06.03 - ADMINISTRATION BOARD ROOM - PAINT/PRI	2007	4,501	675	25	675		2,025	3
4	PROJ 06.03 ADMINISTRATION BOARD ROOM - CARPET IN	2007	752	113	25	113		339	4
5	PROJ 06.03 - ADMINISTRATION BOARD ROOM - DRYWALL	2007	5,710	857	25	857		2,570	5
6	PROJ 06.03 ADMINISTRATION BOARD ROOM - WALLCOVI	2007	2,323	348	25	348		1,045	6
7	PROJ 06.03 - ADMINISTRATION BOARD ROOM - ELECTRIC	2007	10,792	1,619	25	1,619		4,856	7
8	PROJ 06.03 ADMINISTRATION BOARD ROOM - BUILDING S	2007	9,350	1,403	25	1,403		4,208	8
9	PROJ 06.03 ADMINISTRATION BOARD ROOM - ROLL-UP D	2007	7,268	545	25	545		1,635	9
10	PROJ 06.03 ADMINISTRATION BOARD ROOM - BUILDING M	2007	15,215	1,141	25	1,141		3,423	10
11	PROJ 06.03 - ADMINISTRATION BOARD ROOM - TRIM & FI	2007	15,523	776	25	776		2,329	11
12	PROJ 06.03 - ADMINISTRATION BOARD ROOM - FLAD & AS	2007	35,377	1,769	25	1,769		5,307	12
13	PROJ 06.03 - ADMINISTRATION BOARD ROOM - KIRWAN I	2007	1,886	94	25	94		283	13
14	PROJ 06.03 - ADMINISTRATION BOARD ROOM - CONCRET	2007	4,743	237	25	237		711	14
15	PROJ 06.03 ADMINISTRATION BOARD ROOM - RICKARD'S	2007	76,151	3,808	25	3,808		11,423	15
16	PROJ 06.03 ADMINISTRATION BOARD ROOM - PAINTING I	2007	2,202	110	25	110		330	16
17	PROJ 06.03 ADMINISTRATION BOARD ROOM - BLDG. MAT	2007	20,680	1,034	25	1,034		3,102	17
18	PROJ 05.10 - 1ST PHASE MED/SURG-CAPITALIZED INTERE	2007	8,352	626	40	626		1,462	18
19	PROJ. 06.03 - ADMIN. BOARD ROOM - CAPITALIZED INTE	2007	941	94	10	94		243	19
20	NEW ROOF OVER NURSE ADM. AND HR - HOLTHAUS COM	2007	9,118	912	10	912		1,824	20
21	PLUMBING SURGERY RESTROOMS - LABOR	2007	1,425	95	15	95		190	21
22	FLASH IN ROOF OPENINGS AT 68 BLDG.	2007	7,015	702	10	702		1,403	22
23	PROJ. 06.08-68 INFRASTRUCTURE PROJECT-FLAD & ASSO	2007	44,515	1,781	25	1,781		3,561	23
24	PROJ. 06.08-68 INFRASTRUCTURE PROJECT-P.J. HOERR	2007	425,043	21,252	25	21,252		49,588	24
25	PROJ. 06.08-68 INFRASTRUCTURE PROJECT-P.J. HOERR	2007	248,740	9,950	25	9,950		19,899	25
26	BUILDING - ARO ASSET	2007	42,177	1,361	31	1,361		34,013	26
27	OUTSIDE SIGN HOME HEALTH AND HOSPICE	2008	2,070	207	10	207		311	27
28	PROJ 07.15-MAMMO ROOM - BUILDING SUPPLIES & MATH	2008	564	113	5	113		169	28
29	PROJ 07.15-MAMMO ROOM - BACKSPLASH/FLOORING/BA	2008	1,020	102	10	102		153	29
30	PROJ 07.15-MAMMO ROOM - CONSTRUCTION/CABINETS	2008	1,144	76	15	76		114	30
31	08.02-2ND PHASE MED SURG - BUILDING SUPPLIES AND M	2008	2,454	368	40	368		613	31
32	08.02-2ND PHASE OF MED SURG PROJECT - FLAD & ASSO	2008	10,515	526	40	526		876	32
33	08.02-2ND PHASE OF MED SURG - KIRWAN ASBESTOS REM	2008	7,142	357	40	357		595	33
34	TOTAL (lines 1 thru 33)		\$ 12,869,392	\$ 530,398		\$ 530,398	\$	\$ 6,386,602	34

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

Facility Name & ID Number Graham Hospital

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Report Period Beginning:

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Ending:

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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		\$ 12,869,392	\$ 530,398		\$ 530,398	\$	\$ 6,386,602	1
2	08.02-2ND PHASE OF MED SURG-P.J. HOERR CONSTRUCTI	2008	290,861	14,543	40	14,543		24,238	2
3	08.02-2ND PHASE OF MED SURG - RICKARD'S CONSTRUCT	2008	591	30	40	30		49	3
4	07.01-HELIPAD PROJECT	2008	303,077	15,154	25	15,154		25,256	4
5	07.01-HELIPAD PROJECT-BUILDING SUPPLIES & MATERIA	2008	805	40	25	40		67	5
6	07.10-HEARTCARE MIDWEST-RICKARD'S CONSTRUCTION	2008	32,109	2,141	15	2,141		3,211	6
7	07.10-HEARTCARE MIDWEST-FLAD & ASSOCIATES-PLANS	2008	11,217	748	15	748		1,122	7
8	07.10-HEARTCARE MIDWEST-BUILDING SUPPLIES	2008	7,485	1,497	5	1,497		2,245	8
9	07.10-HEARTCARE MIDWEST-DOORS	2008	3,404	340	10	340		511	9
10	07.11-MRI REMODEL-FLAD & ASSOCIATES-PLANS	2008	15,193	760	25	760		1,266	10
11	07.11-MRI REMODEL-BUILDING SUPPLIES AND MATERIA	2008	9,005	1,351	25	1,351		2,251	11
12	07.11-MRI REMODEL-RICKARD'S CONSTRUCTION	2008	46,208	2,310	25	2,310		3,851	12
13	07.11-MRI REMODEL-CONCRETE	2008	1,233	49	25	49		80	13
14	07.11-MRI REMODEL-MRI SHIELDING/CLEAR SHIELD WIN	2008	19,678	1,476	25	1,476		2,460	14
15	07.11-MRI REMODEL	2008	3,086	154	25	154		257	15
16	07.11-MRI REMODEL-MRI FLOORING/ADHESIVE/BASE	2008	1,858	139	25	139		232	16
17	08.05-RESPIRATORY REMODEL-DOORS/ARM CLOSERS	2008	836	56	15	56		84	17
18	08.05-RESPIRATORY REMODEL-BUILDING SUPPLIES & MA	2008	1,168	234	5	234		350	18
19	08.05-RESPIRATORY REMODEL	2008	15,011	1,001	15	1,001		1,501	19
20	08.05-RESPIRATORY REMODEL-CARPET & ADHESIVE	2008	734	147	5	147		220	20
21	08.07-PCU CEILING REPLACEMENT	2008	4,087	409	10	409		613	21
22	08.08-FOUNDATION OFFICE-BUILDING SUPPLIES & CARPI	2008	945	189	5	189		284	22
23	08.08-FOUNDATION OFFICE-RICKARD'S CONSTRUCTION	2008	1,250	83	15	83		125	23
24	08.08-FOUNDATION OFFICE-DOOR FRAME & HARDWARE	2008	372	25	15	25		37	24
25	08.04-HR RELOCATION-RICKARD'S CONSTRUCTION	2008	13,775	918	15	918		1,377	25
26	08.04-HR RELOCATION-BUILDING SUPPLIES & MATERIAL	2008	3,437	687	5	687		1,031	26
27	08.04-HR RELOCATION	2008	1,197	80	15	80		120	27
28	08.04-HR RELOCATION-CARPET/PAINT/FLOORING	2008	5,856	1,171	5	1,171		1,757	28
29	08.04-HR RELOCATION-CEILING TILE ITEMS	2008	439	44	10	44		66	29
30	PROJ 08.09 - ADMIN. STRATTON-BUILDING SUPPLIES AND	2008	379	76	5	76		114	30
31	PROJ. 08.09-ADMIN. STRATTON- RICKARD'S CONSTRUCTI	2008	2,035	102	25	102		170	31
32	PROJ. 08.09 - ADMIN. STRATTON - CHERRY DOOR	2008	595	30	25	30		50	32
33	PROJ. 08.09 - ADMIN. STRATTON - DRYWALL	2008	178	9	25	9		15	33
34	TOTAL (lines 1 thru 33)		\$ 13,667,495	\$ 576,390		\$ 576,390	\$	\$ 6,461,612	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:

7/1/08

Ending:

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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		\$ 13,667,495	\$ 576,390		\$ 576,390	\$	\$ 6,461,612	1
2	PROJ. 08.01 - 2007 SON FACELIFT - BUILDING SUPPLIE	2008	375	75	5	75		113	2
3	PROJ. 08.01 - 2007 SON FACELIFT - FLOOR TILE & ADH	2008	330	33	10	33		50	3
4	PROJ. 08.11 - REED/HUFFMAN REMODEL-LOCKS/PAINT	2008	155	31	5	31		46	4
5	ROOFS E&F AND ROOFS G-1 & G-2	2008	47,470	4,747	10	4,747		5,934	5
6	PROJ 06.08 - '68 BUILDING INFRASTRUCTURE-BUILDING	2008	1,591	239	25	239		398	6
7	PROJ 06.08 - '68 INFRASTRUCTURE-ASBESTOS REMOVAL	2008	16,675	834	25	834		1,390	7
8	PROJ. 06.08-'68 INFRASTRUCTURE-P.J. HOERR	2008	165,675	6,627	25	6,627		9,941	8
9	PROJ. 06-08-'68 INFRASTRUCTURE - NEW FENCE SUPPORT	2008	11,857	474	25	474		711	9
10	PROJ. 06-08 - '68 INFRASTRUCTURE - CAPITALIZED INT	2008	6,937	277	25	277		416	10
11	PROJ. 06-08-'68 INFRASTRUCTURE-GALLON DRUMS FOR C	2008	2,844	114	25	114		171	11
12	PROJ. 08-10-3RD PHASE MED SURG-BUILDING SUPPLIES &	2008	568	85	40	85		142	12
13	PROJ. 08-10-3RD PHASE MED SURG-FLAD & ASSOCIATES-I	2008	3,848	192	40	192		321	13
14	PROJ. 08-10-3RD PHASE MED SURG-P.J. HOERR CONSTRU	2008	263,851	13,243	40	13,243		22,111	14
15	PROJ. 08-10-3RD PHASE MED SURG-KIRWAN MGT.-ASBEST	2008	8,492	425	40	425		708	15
16	PROJ. 08-10-3RD PHASE MED SURG-RICKARD'S CONSTRU	2008	446	22	40	22		37	16
17	PROJ. 07.08-3RD FLOOR ONCOLOGY - CONSTRUCTION & S	2008	2,186	146	15	146		219	17
18	PROJ 07.12-OB/PCU/ICU RENOVATIONS-GERE/DISMER	2008	8,655	577	15	577		865	18
19	PROJ 07.12-OB/PCU/ICU RENOVATION-FLAD & ASSOCIATI	2008	11,326	755	15	755		1,133	19
20	PROJ 07.12-OB/PCU/ICU RENOVATION-KJWW ENGINEERS	2008	1,225	82	15	82		123	20
21	PROJ 08.12-SON COMPUTER LAB-BUILDING CONSTRUCTI	2008	2,360	157	15	157		236	21
22	PROJ 08.17-PHARMACY CLEAN AIR ROOM-BUILDING SUP	2008	1,088	218	5	218		326	22
23	PROJ 08.17-PHARMACY CLEAN AIR ROOM-RICKARD'S CO	2008	4,819	321	15	321		482	23
24	WHEEL STORAGE ROOF	2008	1,518	152	10	152		228	24
25	PROJ. 08.10 - MED SURG RENOVATION - CAPITALIZED IN	2008	6,977	523	40	523		872	25
26	PROJ 06.08-'68 BUILDING INFRASTRUCTURE - CAPITALIZ	2008	2,364	177	25	177		295	26
27	PROJ. 07.01-HELIPAD PROJECT - CAPITALIZED INTEREST	2008	4,557	342	25	342		570	27
28	PROJ. 07.11-MRI PROJECT - CAPITALIZED INTEREST	2008	5,209	391	25	391		651	28
29	FIRE DOORS - 1ST FLOOR	2009	1,887	63	15	63		63	29
30	PCU AUTOMATIC DOORS	2009	1,927	96	10	96		96	30
31	ROOF L	2009	13,668	683	10	683		683	31
32	08.23 - GMG BOND EYE AREA REMODEL-RICKARD'S CONS	2009	7,055	235	15	235		235	32
33	08.23-GMG BOND EYE AREA REMODEL-DRYWALL/SNAP T	2009	836	28	15	28		28	33
34	TOTAL (lines 1 thru 33)		\$ 14,276,264	\$ 608,755		\$ 608,755	\$	\$ 6,511,204	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:

7/1/08

Ending:

6/30/09

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		\$ 14,276,264	\$ 608,755		\$ 608,755	\$	\$ 6,511,204	1
2	PROJ 08.23-GMG BOND EYE AREA REMODEL-DOORS/TILE	2009	767	38	10	38		38	2
3	PROJ. 09.01 - COPY ROOM/CLASS ROOM SON-RICKARD'S C	2009	2,106	70	15	70		70	3
4	PROJ. 09.02-RISK ASSESSMENT MODEL - RICKARD'S CONS	2009	1,823	61	15	61		61	4
5	PROJ. 09.02-RISK ASSESSMENT REMODEL-PAINT/CARPET	2009	3,002	300	5	300		300	5
6	PROJ. 09.03-GMG EXAM ROOM FLOOR-TILE/ADHESIVE/SN	2009	449	22	10	22		22	6
7	PROJ. 09.03-GMG EXAM ROOM FLOOR-BLADES/KNIFES/DI	2009	606	61	5	61		61	7
8	PROJ. 09.06-RUSHFORD BUILDING-WIND DAMAGE-CONST	2009	2,540	85	15	85		85	8
9	PROJ. 09.08 - ACCOUNTING RENOVATION-RICKARD'S CO	2009	5,357	179	15	179		179	9
10	PROJ. 09.08-ACCOUNTING RENOVATION-PAINT/CARPET/A	2009	1,892	189	5	189		189	10
11	PROJ. 08.22 - REMODEL PATIENT REGISTRATION-MISC. B	2009	325	33	5	33		33	11
12	PROJ. 08.22-REMODEL PATIENT REGISTRATION-CEILING	2009	351	18	10	18		18	12
13	PROJ. 08.22-REMODEL PATIENT REGISTRATION-RICKARI	2009	8,730	291	15	291		291	13
14	PROJ. 08.22 - REMODEL PATIENT REGISTRATION-PAINT/I	2009	1,102	37	15	37		37	14
15	PROJ. 09.04 - DIETARY REMODEL - RICKARD'S CONSTRUC	2009	2,663	89	15	89		89	15
16	PROJ. 09.04 - DIETARY REMODEL - MISC. BUILDING SUP	2009	1,171	39	15	39		39	16
17	PROJ. 09.04 - DIETARY REMODEL - CASHIER'S STATION	2009	3,424	114	15	114		114	17
18	PROJ. 09.04 - DIETARY REMODEL - MISC. BUILDING SUP	2009	264	26	5	26		26	18
19	PROJ. 09.11-GROUND FLOOR CLINIC-BUILDING SUPPLIES	2009	539	54	5	54		54	19
20	PROJ. 09.11-GROUND FLOOR CLINIC-RICKARD'S LABOR A	2009	2,841	95	15	95		95	20
21	PROJ 08.06-SPRINKLER WORK-VARIOUS SUPPLIES FOR PI	2009	513	51	5	51		51	21
22	PROJ 08.06-SPRINKLER WORK-REPLACEMENT CEILING I	2009	6,420	401	8	401		401	22
23	PROJ. 09.09-DR. LOUNGE REMODEL-CARPETING AND VAF	2009	1,636	164	5	164		164	23
24	PROJ. 09.09-DR. LOUNGE REMODEL-HOLTHAUS CO. ROOF	2009	1,518	76	10	76		76	24
25	PROJ. 09.09-DR. LOUNGE REMODEL-RICKARD'S CONSTRU	2009	4,802	160	15	160		160	25
26	PROJ. 09.09-DR. LOUNGE REMODEL-CONST. SUPPLIES/DR	2009	4,584	153	15	153		153	26
27	PROJ. 09.13-CMS LIFE SAFETY-RICKARD'S	2009	3,769	126	15	126		126	27
28	PROJ. 09.13-CMS LIFE SAFETY-VARIOUS CONST. SUPPLIE	2009	1,363	45	15	45		45	28
29	1972FIXED EQUIPMENT	1972	5,755		various			5,755	29
30	1973FIXED EQUIPMENT	1973	4,926		various			4,926	30
31	1975FIXED EQUIPMENT	1975	989		various			989	31
32	1980FIXED EQUIPMENT	1980	599		various			599	32
33	1981FIXED EQUIPMENT	1981	1,188		various			1,188	33
34	TOTAL (lines 1 thru 33)		\$ 14,354,278	\$ 611,730		\$ 611,730	\$	\$ 6,527,637	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:

7/1/08

Ending:

6/30/09

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		\$ 14,354,278	\$ 611,730		\$ 611,730	\$	\$ 6,527,637	1
2	1987FIXED EQUIPMENT	1987	37,780		various			37,780	2
3	1988FIXED EQUIPMENT	1988	1,439		various			1,439	3
4	1992FIXED EQUIPMENT	1992	3,936		various			3,936	4
5	1994FIXED EQUIPMENT	1994	4,732		various			4,732	5
6	1995FIXED EQUIPMENT	1995	7,700	384	various	384		5,569	6
7	1996FIXED EQUIPMENT	1996	1,422		various			1,422	7
8	1998FIXED EQUIPMENT	1998	2,006	92	various	92		1,678	8
9	1999FIXED EQUIPMENT	1999	2,891	113	various	113		2,891	9
10	2001FIXED EQUIPMENT	2001	20,918	1,550	various	1,550		13,177	10
11	2002FIXED EQUIPMENT	2002	920		various			920	11
12	2003FIXED EQUIPMENT	2003	30,047	1,631	various	1,631		18,416	12
13	2005 FIXED EQUIPMENT	2005	10,856	891	various	891		10,856	13
14	PROJ 04.11 NEW ER - CABLING & DUCTWORK	2006	22,004	2,200	10	2,200		7,701	14
15	PROJ 04.11 NEW ER - FIRE & SECURITY SYSTEM	2006	12,357	1,236	10	1,236		4,325	15
16	PROJ 04.11 NEW ER - WALLSLIDE & SUCTION UNITS	2006	5,999	600	10	600		2,100	16
17	PROJ 04.11 NEW ER - SHELVES, DOORS, DIVIDERS	2006	11,707	1,171	10	1,171		4,098	17
18	PROJ 05.04 LAB RENOVATION - DATA CABLING	2006	2,251	225	10	225		788	18
19	PROJ 05.10 - 1ST PHASE MED/SURG - PERSONAL PROTECT	2007	1,364	273	5	273		682	19
20	PROJ 06.03 - ADMINISTRATION BOARD ROOM - COUNTER	2007	4,359	436	10	436		1,090	20
21	PROJ 06.03-ADMIN. BOARD RM.-LAMINATED CASEWORK	2007	15,097	1,006	15	1,006		2,516	21
22	PROJ 04.16 - PYXIS - CABINETS	2007	442	29	15	29		74	22
23	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - CABINETS	2007	2,406	241	10	241		602	23
24	PROJ 06.03 - ADMINISTRATION BOARD ROOM - DROP-IN S	2007	1,539	154	10	154		385	24
25	07.10-HEARTCARE MIDWEST-CABINETS & COUNTERTOPS	2008	5,545	370	15	370		554	25
26	07.11-MRI REMODEL-CABINETS & COUNTERTOPS	2008	387	26	15	26		39	26
27	08.05-RESPIRATORY REMODEL-CABINETS & COUNTERTOP	2008	367	24	15	24		37	27
28	08.04-HR RELOCATION-SINK	2008	304	15	20	15		23	28
29	08.04-HR RELOCATION-INSTALL CABINETS & COUNTERT	2008	1,317	88	15	88		132	29
30	PROJ. 08.11-REED/HUFFMAN OFFICE REMODEL-CABINET	2008	1,126	75	15	75		113	30
31	PROJ 07.08-3RD FLOOR ONCOLOGY ROOM-COUNTERTOP	2008	366	24	15	24		37	31
32	PROJ 08.17-PHARMACY CLEAN AIR ROOM-CABINETS & C	2008	401	27	15	27		40	32
33	PROJ. 08.23-GMG BOND EYE AREA REMODEL-CABINETS/I	2009	1,424	47	15	47		40	33
34	TOTAL (lines 1 thru 33)		\$ 14,569,688	\$ 624,659		\$ 624,659	\$	\$ 6,655,827	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:

7/1/08

Ending:

6/30/09

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		\$ 14,569,688	\$ 624,659		\$ 624,659	\$	\$ 6,655,827	1
2	PROJ. 09.11-GROUND FLOOR CLINIC-SINK	2009	215	22	20	22		22	2
3	PROJ. 09.11-GROUND FLOOR CLINIC-ROOM DARKENING	2009	3,134	106	5	106		106	3
4	1971LAND IMPROVEMENTS	1971	32,917		various			32,917	4
5	1976LAND IMPROVEMENTS	1976	82,444		various			82,444	5
6	1979LAND IMPROVEMENTS	1979	30,208		various			30,208	6
7	1981LAND IMPROVEMENTS	1981	65,066		various			65,066	7
8	1984LAND IMPROVEMENTS	1984	61,686	772	various	772		61,686	8
9	1991LAND IMPROVEMENTS	1991	13,023		various			13,023	9
10	1992LAND IMPROVEMENTS	1992	656		various			656	10
11	1993LAND IMPROVEMENTS	1993	3,134		various			3,134	11
12	1994LAND IMPROVEMENTS	1994	3,983	122	various	122		3,972	12
13	1995LAND IMPROVEMENTS	1995	1,178		various			1,178	13
14	1996LAND IMPROVEMENTS	1996	3,963		various			3,963	14
15	1998LAND IMPROVEMENTS	1998	442	29	various	29		338	15
16	2001LAND IMPROVEMENTS	2001	6,453	645	various	645		5,485	16
17	2002LAND IMPROVEMENTS	2002	11,727	775	various	775		6,976	17
18	2003LAND IMPROVEMENTS	2003	36,978	4,248	various	4,248		28,093	18
19	2004LAND IMPROVEMENTS	2004	83,693	5,580	various	5,580		30,688	19
20	2005LAND IMPROVEMENTS	2005	84,686	5,687	various	5,687		22,750	20
21	PROJ 07.03 - SOUTH PARKING LOT	2007	9,186	1,148		1,148		2,871	21
22	PROJ 07.07 - SOUTH PARKING LOT STAIRS-RICKARD'S/CO	2007	9,465	631		631		1,578	22
23	PROJ 07.07 - SOUTH PARKING LOT STAIRS - GRAVEL	2007	141	28		28		70	23
24	PROJ 06.09-HOME HEALTH MOVE-DEMO OF HOUSE IN SO	2007	3,528	235		235		588	24
25	SOUTH PATIO IMPROVEMENTS	2008	1,603	107		107		160	25
26	PAVING OF CLINIC PARKING LOT	2008	4,353	544		544		816	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,123,549	\$ 645,339		\$ 645,339	\$	\$ 7,054,613	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:

7/1/08

Ending:

6/30/09

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	\$ 314,597	\$ 19,268	\$ 19,268	\$		\$ 238,168	71
72	Current Year Purchases	12,931	924	924			924	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 327,528	\$ 20,192	\$ 20,192	\$		\$ 239,092	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)	\$ 15,451,077	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 665,531	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 665,531	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)	\$ 7,293,705	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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

If NO, see instructions. YES NO

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

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

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

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

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

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

YES NO

16. Rental Amount for movable equipment: \$ _____ Description: _____
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2010 \$ _____

13. _____ /2011 \$ _____

14. _____ /2012 \$ _____

* 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.

Facility Name & ID Number Graham Hospital # 8000200 Report Period Beginning: 7/1/08 Ending: 6/30/09
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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			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**

8000200

Report Period Beginning: **7/1/08**

Ending: **6/30/09**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **6/30/09** (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	\$ 2,128,474	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	10,346,854		3
4	Supply Inventory (priced at)	1,863,250		4
5	Short-Term Investments	2,280,330		5
6	Prepaid Insurance	96,295		6
7	Other Prepaid Expenses	958,180		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Assets Limited to Use			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 17,673,383	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,862,587		13
14	Buildings, at Historical Cost	58,873,029		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	21,127,074		16
17	Accumulated Depreciation (book methods)	(45,606,806)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	80,217		21
22	Other Long-Term Assets (spe Beneficial Interest in 1)	7,263,082		22
23	Other(specify): Assets Limited to Use and Other	50,595,343		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 94,194,526	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 111,867,909	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,400,585	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	653,036		30
31	Accrued Taxes Payable (excluding real estate taxes)	74,470		31
32	Accrued Real Estate Taxes(Sch.IX-B)	44,328		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Current portion of LTD	635,000		36
37	Other Accrued Expenses	3,496,484		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,303,903	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	30,450,000		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Accrued Self Insurance	2,599,330		43
44	FMV of Swap Option & ARO	1,671,247		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 34,720,577	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 42,024,480	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 69,843,429	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 111,867,909	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 71,483,353	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 71,483,353	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,639,924)	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)	\$ (1,639,924)	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)	\$ 69,843,429	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning: 7/1/08

Ending: 6/30/09

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	\$ 3,550,606	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,550,606	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		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions	225	24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 225	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)	\$ 3,550,831	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,571,836	31
32	Health Care	1,960,395	32
33	General Administration	1,305,480	33
B. Capital Expense			
34	Ownership	353,044	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)*	\$ 5,190,755	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,639,924)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,639,924)	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:

7/1/08

Ending:

6/30/09

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

Facility Name & ID Number Graham Hospital# 8000200Report Period Beginning: 7/1/08Ending: 6/30/09**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. No
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? 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? 5-10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ None Line N/A
- (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.
-
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 69,488
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? N/A
- (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? N/A For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ None Has any meal income been offset against related costs? N/A Indicate the amount. \$ N/A
- (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? N/A 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? N/A
- d. Have vehicle usage logs been maintained? N/A
- 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? N/A**
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: BKD, LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.