

Facility Name & ID Number Misericordia Home-North

0029876 Report Period Beginning: July 1, 2008 Ending: June 30, 2009

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	153	Intermediate/DD	153	55,694	4
5		Sheltered Care (SC)			5
6	140	ICF/DD 16 or Less	140	51,085	6
7	293	TOTALS	293	106,779	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total
		3 Medicaid Recipient	4 Private Pay	Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	52,567	391		52,958	11
12	SC					12
13	DD 16 OR LESS	44,736	730		45,466	13
14	TOTALS	97,303	1,121		98,424	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.18%

D. How many bed-hold days during this year were paid by the Department? 8,355 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
Adult Vocational Training, 6 CILA homes, CLF and CCI

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 various - see schedule

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ NO

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/2009 Fiscal Year: 06/30/2009

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

Facility Name & ID Number Misericordia Home-North # 0029876 Report Period Beginning: July 1, 2008 Ending: June 30, 2009

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	674,340	94,246	44,186	812,772		812,772	(172,975)	639,797		1
2	Food Purchase		1,418,096		1,418,096		1,418,096	(328,808)	1,089,288		2
3	Housekeeping	698,089	221,762	121,722	1,041,574		1,041,574	(472,598)	568,976		3
4	Laundry	126,653	39,609		166,262		166,262	(64,231)	102,031		4
5	Heat and Other Utilities			836,569	836,569		836,569	(478,072)	358,497		5
6	Maintenance	824,451	231,150	1,335,840	2,391,441		2,391,441	(1,167,922)	1,223,519		6
7	Other (specify):*										7
8	TOTAL General Services	2,323,533	2,004,863	2,338,317	6,666,714		6,666,714	(2,684,606)	3,982,108		8
	B. Health Care and Programs										
9	Medical Director	18,334			18,334		18,334	(3,187)	15,147		9
10	Nursing and Medical Records	2,119,902	490,593	47,526	2,658,021		2,658,021	(481,717)	2,176,304		10
10a	Therapy	13,106,181	2,635	101,786	13,210,602		13,210,602	(3,217,426)	9,993,176		10a
11	Activities	464,750	15,071	76,077	555,898		555,898	(213,489)	342,409		11
12	Social Services	284,436	414		284,850		284,850	(83,257)	201,593		12
13	CNA Training	192,966	518		193,484		193,484	(45,409)	148,075		13
14	Program Transportation		105,185		105,185		105,185	(65,354)	39,831		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	16,186,569	614,416	225,389	17,026,374		17,026,374	(4,109,839)	12,916,535		16
	C. General Administration										
17	Administrative	318,359	743	17,487	336,589		336,589	(144,953)	191,636		17
18	Directors Fees										18
19	Professional Services			261,311	261,311		261,311	(110,091)	151,220		19
20	Dues, Fees, Subscriptions & Promotions			102,123	102,123		102,123	(57,640)	44,483		20
21	Clerical & General Office Expenses	1,181,970	123,293	153,928	1,459,191		1,459,191	(689,130)	770,061		21
22	Employee Benefits & Payroll Taxes			5,569,855	5,569,855		5,569,855	(2,155,354)	3,414,501		22
23	Inservice Training & Education			8,654	8,654		8,654	(8,654)			23
24	Travel and Seminar			17,253	17,253		17,253	(7,854)	9,399		24
25	Other Admin. Staff Transportation		406		406		406	(406)			25
26	Insurance-Prop.Liab.Malpractice			263,497	263,497		263,497	(158,872)	104,625		26
27	Other (specify):*										27
28	TOTAL General Administration	1,500,329	124,442	6,394,108	8,018,879		8,018,879	(3,332,954)	4,685,925		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	20,010,431	2,743,721	8,957,814	31,711,967		31,711,967	(10,127,399)	21,584,567		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

Misericordia Home-North

#0029876

Report Period Beginning:

July 1, 2008

Ending:

June 30, 2009

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			3,263,475	3,263,475		3,263,475	(1,796,330)	1,467,145			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			14,866	14,866		14,866	(14,866)				32
33	Real Estate Taxes			1,563	1,563		1,563	(1,563)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			3,279,904	3,279,904		3,279,904	(1,812,759)	1,467,145			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	3,356,890	994,545	454,726	4,806,161		4,806,161	(4,789,883)	16,278			39
40	Barber and Beauty Shops			469	469		469	(45)	424			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee				1,075,977		1,075,977		1,075,977			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	3,356,890	994,545	455,195	5,882,607		5,882,607	(4,789,928)	1,092,679			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	23,367,321	3,738,266	12,692,913	40,874,478		40,874,478	(16,730,086)	24,144,392			45

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

Misericordia Home-NorthID# 0029876Report Period Beginning: July 1, 2008Ending: June 30, 2009

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Gain/Loss on disposal/consultant - IDPA portion	\$ (15,173)	6	1
2	Off-site recreational facility/non-care auto	(4,523)	30	2
3	Off-site recreational facility	(11,175)	17	3
4	Bank Fees and other misc fees-IDPA portion	(3,004)	20	4
5	Unallow Admin Fees-IDPA portion	(12,285)	17	5
6	Expenses reimbursed from other sources:			6
7	Dietary wages	(136,846)	1	7
8	Dietary Supplies	(27,162)	1	8
9	Dietary Other	(8,967)	1	9
10	Food Supplies	(328,808)	2	10
11	Housekeeping Wages	(452,163)	3	11
12	Housekeeping Supplies	(77,759)	3	12
13	Housekeeping Other	57,324	3	13
14	Laundry Wages	(45,953)	4	14
15	Laundry Supplies	(18,278)	4	15
16	Heat and Other Utilities	(478,072)	5	16
17	Maintenance Wages	(470,496)	6	17
18	Maintenance Supplies	(129,828)	6	18
19	Maintenance Other	(552,425)	6	19
20	Medical Director	(3,187)	9	20
21	Nursing/Med Records Wages	(370,969)	10	21
22	Nursing/Med Records Supplies	(102,081)	10	22
23	Nursing/Med Records Other	(8,667)	10	23
24	Therapy Wages	(3,070,808)	10a	24
25	Therapy Supplies	(831)	10a	25
26	Therapy Other	(35,643)	10a	26
27	Activities Wages	(158,224)	11	27
28	Activities Supplies	(4,331)	11	28
29	Activities Other	(50,934)	11	29
30	Social Services Wages	-83136	12	30
31	Social Services Supplies/Other	-121	12	31
32	Training	-45409	13	32
33	Program Transportation	-65354	14	33
34	Administrative Wages	-114913	17	34
35	Administrative Other	-6580	17	35
36	Professional Services	-105934	19	36
37	Dues, Fees, Subscriptions & Promotions	-54636	20	37
38	Clerical Wages	-499433	21	38
39	Clerical Supplies	-74891	21	39
40	Clerical Other	-100900	21	40
41	Employee Benefits & Payroll Taxes	-2155354	22	41
42	Inservice Training & Education	-8654	23	42
43	Travel & Seminar	-7854	24	43
44	Other Administrative Staff Transportation	-406	25	44
45	Insurance	-158872	26	45
46	Depreciation	-1928465	30	46
47	Ancillary Service Centers	-4789838	39	47
48	Real estate taxes	-1563	33	48
49	Total	(16,723,581)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Misericordia Home-North# 0029876

Report Period Beginning:

July 1, 2008

Ending:

June 30, 2009

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(172,975)	0	0	0	0	0	0	0	0	0	0	(172,975)	1
2	Food Purchase	(328,808)	0	0	0	0	0	0	0	0	0	0	(328,808)	2
3	Housekeeping	(472,598)	0	0	0	0	0	0	0	0	0	0	(472,598)	3
4	Laundry	(64,231)	0	0	0	0	0	0	0	0	0	0	(64,231)	4
5	Heat and Other Utilities	(478,072)	0	0	0	0	0	0	0	0	0	0	(478,072)	5
6	Maintenance	(1,167,922)	0	0	0	0	0	0	0	0	0	0	(1,167,922)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,684,606)	0	(2,684,606)	8									
	B. Health Care and Programs													
9	Medical Director	(3,187)	0	0	0	0	0	0	0	0	0	0	(3,187)	9
10	Nursing and Medical Records	(481,717)	0	0	0	0	0	0	0	0	0	0	(481,717)	10
10a	Therapy	(3,217,426)	0	0	0	0	0	0	0	0	0	0	(3,217,426)	10a
11	Activities	(213,489)	0	0	0	0	0	0	0	0	0	0	(213,489)	11
12	Social Services	(83,257)	0	0	0	0	0	0	0	0	0	0	(83,257)	12
13	CNA Training	(45,409)	0	0	0	0	0	0	0	0	0	0	(45,409)	13
14	Program Transportation	(65,354)	0	0	0	0	0	0	0	0	0	0	(65,354)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(4,109,839)	0	(4,109,839)	16									
	C. General Administration													
17	Administrative	(144,953)	0	0	0	0	0	0	0	0	0	0	(144,953)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(110,091)	0	0	0	0	0	0	0	0	0	0	(110,091)	19
20	Fees, Subscriptions & Promotions	(57,640)	0	0	0	0	0	0	0	0	0	0	(57,640)	20
21	Clerical & General Office Expenses	(689,130)	0	0	0	0	0	0	0	0	0	0	(689,130)	21
22	Employee Benefits & Payroll Taxes	(2,155,354)	0	0	0	0	0	0	0	0	0	0	(2,155,354)	22
23	Inservice Training & Education	(8,654)	0	0	0	0	0	0	0	0	0	0	(8,654)	23
24	Travel and Seminar	(7,854)	0	0	0	0	0	0	0	0	0	0	(7,854)	24
25	Other Admin. Staff Transportation	(406)	0	0	0	0	0	0	0	0	0	0	(406)	25
26	Insurance-Prop.Liab.Malpractice	(158,872)	0	0	0	0	0	0	0	0	0	0	(158,872)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,332,954)	0	(3,332,954)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(10,127,399)	0	(10,127,399)	29									

STATE OF ILLINOIS

Facility Name & ID Number Misericordia Home-North# 0029876

Report Period Beginning:

July 1, 2008 Ending:

Summary B

June 30, 2009

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	(1,796,330)	0	0	0	0	0	0	0	0	0	0	(1,796,330)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(14,866)	0	0	0	0	0	0	0	0	0	0	(14,866)	32
33	Real Estate Taxes	(1,563)	0	0	0	0	0	0	0	0	0	0	(1,563)	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	(1,812,759)	0	0	0	0	0	0	0	0	0	0	(1,812,759)	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	(4,789,883)	0	0	0	0	0	0	0	0	0	0	(4,789,883)	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	(4,789,883)	0	0	0	0	0	0	0	0	0	0	(4,789,883)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(16,730,041)	0	0	0	0	0	0	0	0	0	0	(16,730,041)	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
See attached schedule of Board of Directors during FY 2009						
Misericordia Home , an equal opportunity employer and provider of service, is separately incorporated and independantly funded.						
The Catholic Bishop of Chicago, through provisions in Misericordia's By-Laws, and Catholic Charities, by virtue of a majority of Board membership, qualify as related organization because each has the ability to influence Misericordia's operating policy.						

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		\$	Certain costs, primarily related to insurance and/or construction, may		\$	\$	1
2	V			be paid to either Catholic Charities or the Archdiocese of Chicago. Such costs are paid to				2
3	V			these organizations on a pass-through basis, as part of our participation in collective purchasing				3
4	V			groups. Our share of costs are ultimately paid to external providers not related to us.				4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

Facility Name & ID Number

Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2008

Ending:

June 30, 2009

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	Sr. Rosemary Connelly	Chief Executive Officer	Oversees Misericordia	N/A	N/A	50+	100.00	Salary	\$	1
2	Margaret Murphy	Co-Director of Development	Grants & Direct M	N/A	N/A	40	100.00	Salary		2
3										3
4	Note that Sr. Rosemary Connelly's salary is allocated between Development & Community Relations and Program MG&A (MG&A portion is further allocated									4
5	between Misericordia North & McAuley). Also Margaret Murphy's salary is incurred to Development & Community Relations and is not reported									5
6	as an allowable expense on any Cost report.									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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0029876

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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

Misericordia Home-North

0029876

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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						\$				\$								
2																		
3																		
4																		
5																		
Working Capital																		
6																		
7																		
8																		
9	TOTAL Facility Related					\$	\$			\$								
B. Non-Facility Related*																		
10																		
11																		
12																		
13																		
14	TOTAL Non-Facility Related					\$	\$			\$								
15	TOTALS (line 9+line14)					\$	\$			\$								

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 Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2008 Ending:

June 30, 2009

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 504,610 B. General Construction Type: Exterior Brick Frame Solid Masonry Number of Stories 1 to 3

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Day Training Facility - approximately 69,164 square feet with 300+ participants.

Shannon Apartments- approximately 68,000 square feet with 51 participants.

6 CILAs - approximately 21,696 square feet with 30 participants.

CCI facilities - approximately 19,859 square feet with 38 residents.

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

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>CILA property</u>		<u>1997-2007</u>	<u>\$ 401,707</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 401,707	3

Facility Name & ID Number Misericordia Home-North**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					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		HOLBROOK									9
10		Air Conditioning Improvement	2007		23,460	1,564	15	1,564		3,519	10
11		Tile Repairs-Labor	2007		3,850	257	15	257	0	449	11
12		Wall Guards	2008		1,545	309	5	309		361	12
13		Wall Guards	2008		10,871	2,174	5	2,174		2,537	13
14		Install New Boiler-Mat and Labor(Replacement)	2008		27,842	1,856	10	1,856		1,856	14
15		MC GOWAN									15
16		Air Conditioning Improvement	2007		6,563	438	15	438		984	16
17		Rewire Chiller	2008		3,416	342	10	342		342	17
18		Repair due to Lightning Strike-Protecting Panels	2008		387	17	15	17		17	18
19		VILLAGE-BRACH HOME									19
20		Bathroom-Labor	2006		2,188	146	15	146		474	20
21		Repair due to Lightning Strike-Protecting Panels	2008		387	17	15	17		17	21
22		Wiring for Internet Connection-Labor	2009		975	11	15	11		11	22
23		VILLAGE-HESBRITT HOME									23
24		Repair due to Lightning Strike-Protecting Panels	2008		387	17	15	17		17	24
25		Wiring for Internet Connection-Labor	2009		975	11	15	11		11	25
26		VILLAGE-MAHONEY HOME									26
27		Repair due to Lightning Strike-Protecting Panels	2008		387	17	15	17		17	27
28		Wiring for Internet Connection-Labor	2009		975	11	15	11		11	28
29		VILLAGE-MAZZA HOME									29
30		Flooring	2007		4,147	415	10	415		622	30
31		Install Wood Floor	2008		10,558	1,056	10	1,056		1,496	31
32		Repair due to Lightning Strike-Protecting Panels	2008		387	17	15	17		17	32
33		Wiring for Internet Connection-Labor	2009		975	11	15	11		11	33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)**B. Building 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			\$	\$		\$	\$	\$	37
38	VILLAGE-MINIAT HOME								38
39	Bathroom-Material and Labor	2006	3,150	210	15	210		718	39
40	Vinyl Flooring	2006	4,373	437	10	437		1,275	40
41	Repair due to Lightning Strike-Protecting Panels	2008	387	17	15	17		17	41
42	Wiring for Internet Connection-Labor	2009	975	11	15	11		11	42
43	Flooring-Corridor	2009	2,745	2,745	1	2,745		2,745	43
44	VILLAGE-O'DONNELL HOME								44
45	Repair due to Lightning Strike-Protecting Panels	2008	387	17	15	17		17	45
46	Wiring for Internet Connection-Labor	2009	975	11	15	11		11	46
47	VILLAGE-POLK HOME								47
48	Construction	2006	2,538	169	15	169		560	48
49	Repair due to Lightning Strike-Protecting Panels	2008	387	17	15	17		17	49
50	Wiring for Internet Connection-Labor	2009	975	11	15	11		11	50
51	VILLAGE-RICE HOME								51
52	Repair due to Lightning Strike-Protecting Panels	2008	387	17	15	17		17	52
53	Wiring for Internet Connection-Labor	2009	975	975	1	975		975	53
54	Labor and Materials	2009	6,518		10				54
55	VILLAGE-SHANNON HOME								55
56	Bathroom-Material and Labor	2006	1,750	117	15	117		391	56
57	Vinyl Flooring	2006	8,790	879	10	879		2,564	57
58	Floor Wall Base	2006	1,870	187	10	187		499	58
59	Replace Conduit Damage	2007	2,641	132	20	132		253	59
60	Repair due to Lightning Strike-Protecting Panels	2008	387	17	15	17		17	60
61	Wiring for Internet Connection-Labor	2009	975	11	15	11		11	61
62	MARIAN CENTER								62
63	Ductwork	2006	4,635	232	20	232		792	63
64	Ductwork	2006	2,798	140	20	140		478	64
65	Bathroom-Material and Labor	2006	4,463	297	15	297		967	65
66	Labor	2006	2,054	137	15	137		434	66
67	Repair Fire Panel	2006	2,585	103	25	103		319	67
68	Labor	2006	2,520	168	15	168		504	68
69	Labor-MC Renovation	2006	3,360	224	15	224		653	69
70	TOTAL (lines 4 thru 69)		\$ 163,872	\$ 15,967		\$ 15,968	\$ 0	\$ 27,024	70

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

Facility Name & ID Number Misericordia Home-North

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		\$ 163,872	\$ 15,967		\$ 15,968	\$ 0	\$ 27,024	1
2	Labor-MC Renovation	2006	1,400	93	15	93	(0)	264	2
3	Woodflank-Flooring	2006	4,188	419	10	419		1,082	3
4	Facility Management Fees	2007	1,320	88	15	88		198	4
5	Install Floor-Vinyl	2007	3,575	715	5	715		1,549	5
6	Plastering	2007	3,600	300	12	300		650	6
7	Kitchen Cabinets	2007	14,695	980	15	980		2,123	7
8	Counter Tops-Sinks	2007	3,990	266	15	266		576	8
9	Labor	2007	4,760	317	15	317		687	9
10	Kitchen Cabinets	2007	19,495	1,300	15	1,300		2,816	10
11	Labor-Renovation	2007	385	26	15	26		54	11
12	Flooring-Wood	2007	10,953	1,095	10	1,095		2,282	12
13	Electrical Wiring-Remodeling Kitchen	2007	1,780	89	20	89		185	13
14	Chiller	2007	43,672	2,911	15	2,911		6,066	14
15	Vinyl sheets-Flooring	2007	307	21	15	21		41	15
16	Install Chiller	2007	3,982	265	15	265		531	16
17	Kitchen Cabinets	2007	14,695	980	15	980		1,959	17
18	Install Cabinets	2007	200	13	15	13		27	18
19	Install Cabinets	2007	2,479	165	15	165	0	330	19
20	Misc. Labor	2007	5,040	336	15	336		644	20
21	Cabinet Installation-Labor	2007	4,800	320	15	320		613	21
22	Misc. Labor	2007	960	64	15	64		123	22
23	Misc. Labor	2007	960	64	15	64		117	23
24	Install Corian Counter Top	2007	3,990	200	20	200		366	24
25	Install Tile-Labor	2007	1,245	83	15	83		145	25
26	Wiring Trim Power	2007	1,165	58	20	58		102	26
27	Flooring Replacement	2007	14,470	723	20	723		1,266	27
28	2 Hot Water System Temper	2007	39,918	3,992	10	3,992		5,988	28
29	Kitchen Cabinets	2008	14,288	953	15	953		1,191	29
30	Cabinet	2008	14,288	953	15	953		1,111	30
31	New Counter Tops	2008	3,867	258	15	258		279	31
32	New Cabinets	2008	4,800	320	15	320		347	32
33	Electrical Wiring	2008	3,761	188	20	188		204	33
34	TOTAL (lines 1 thru 33)		\$ 412,900	\$ 34,522		\$ 34,522	\$ (0)	\$ 60,940	34

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

Facility Name & ID Number Misericordia Home-North# 0029876

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

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		\$ 412,900	\$ 34,522		\$ 34,522	\$ (0)	\$ 60,940	1
2	Labor	2008	11,659	777	15	777		777	2
3	Flooring Decoria Wood	2008	4,130	413	10	413		413	3
4	Vinyl Flooring	2008	13,567	1,131	10	1,131		1,131	4
5	Cabinets-50% Downpayment	2008	15,000	750	15	750		750	5
6	Cabinets-Apt 101 Final payment	2008	19,845	772	15	772		772	6
7	Mat.&Labor-Countertop; Double Bowl Sink; laundry	2008	4,531	151	15	151		151	7
8	IDPH Marian Ctr Life Safety Consultation	2008	9,300	310	15	310		310	8
9	Flooring-Vinyl-Mat&labor	2009	8,850	369	10	369		369	9
10	Misc.Sheet Metal Repair-Mat&Labor	2009	2,872	48	15	48		48	10
11	Flooring-Vinyl-6 units Mat&labor	2009	33,262	832	10	832		832	11
12	Ditka Hall-Paver Installation	2009	3,465	58	15	58		58	12
13	Labor-Misc. Work	2009	560	16	15	16		16	13
14	Cabinets-Apt 102-50% Downpayment	2009	16,450	183	15	183		183	14
15	Dens-Apt 102-50% Downpayment	2009	1,458	16	15	16		16	15
16	Cabinets-Apt 103-50% Downpayment	2009	15,529	173	15	173		173	16
17	Wallpaper Supplies	2009	3,723	62	5	62		62	17
18	Flooring-MC 102	2009	7,210		10				18
19	Labor-Misc. Worl-MC 102	2009	560	3	15	3		3	19
20	Labor-Misc. Worl-MC 103	2009	1,400		15				20
21	Facility Management Fees-#3662 Renovation	2008	1,500	92	15	92		92	21
22	Facility Management Fees-Renovation	2008	240	13	15	13		13	22
23	Facility Management Fees-Renovation	2008	520	26	15	26		26	23
24	Facility Management Fees-Renovation	2008	455	20	15	20		20	24
25	Facility Management Fees-Renovation	2008	1,820	71	15	71		70	25
26	Facility Management Fees-Renovation	2008	2,080	69	15	69		69	26
27	Facility Management Fees-Renovation	2009	1,430	40	15	40		40	27
28	Facility Management Fees-Renovation	2009	2,340	26	15	26		26	28
29	Facility Management Fees-Renovation	2009	1,820	10	15	10		10	29
30	Electrical Wiring-Mat&Labor-MC Remodelling	2009	3,134	65	20	65		65	30
31	Electrical Wiring-Mat&Labor-MC Remodelling	2009	3,681	31	20	31		31	31
32	Electrical Wiring-Mat&Labor-MC Remodelling	2009	4,084	17	20	17		17	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 609,374	\$ 41,064		\$ 41,064	\$ (0)	\$ 67,482	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 609,374	\$ 41,064		\$ 41,064	\$ (0)	\$ 67,482	1
2	CONNELLY HOME								2
3	Labor	2006	3,360	224	15	224		728	3
4	Plan Review Fees	2006	9,600	640	15	640		1,973	4
5	Carpentry	2006	15,603	1,040	15	1,040		3,381	5
6	Construction	2006	2,406	160	15	160		521	6
7	Labor	2006	1,947	130	15	130		422	7
8	Fire Alarm System Connection	2006	4,370	291	15	291		947	8
9	Fire Alarm System Requirement	2006	17,308	1,731	10	1,731		5,192	9
10	Planning	2006	1,905	127	15	127		381	10
11	Labor	2006	5,164	344	15	344		1,033	11
12	Planning	2006	350	23	15	23		72	12
13	Planning	2006	3,845	256	15	256		641	13
14	Air Condition Improvement	2006	5,660	377	15	377		849	14
15									15
16	Holbrook-Prior to 2006		3,872,062	198,371		198,371		2,287,994	16
17	McGowan-Prior to 2006		1,500,643	76,859		76,859		876,289	17
18	Village Homes-Prior to 2006		4,316,741	186,083		186,083		3,427,847	18
19	Marian Center-Prior to 2006		4,430,430	62,094		169,731	107,637	4,093,777	19
20	Connelly Home-Prior to 2006		1,975,418	100,447		100,447		835,277	20
21									21
22	Connolly Center Laundry allocated based on weight of laund		437,963	11,150		11,150	0	49,920	22
23	Resource Center allocated based on # of residents		429,518	32,066		32,066	0	102,332	23
24	Staff Development allocation based on # of emp trained		104,117	8,609		8,609	0	38,712	24
25	Food Services allocated based on # of meals		709,046	17,648		31,943	14,295	510,176	25
26	Building Operations allocation based on squ feet		6,713,418	239,100		240,775	1,675	3,797,269	26
27	Therapy dept allocation based on staff hours		131,642	6,797		6,797	0	63,020	27
28	MGA alloc based # of employees, direct exp		922,864	58,210		71,259	13,049	507,270	28
29	Housekeeping allocation based on squ feet		76,740	3,245		3,245	0	56,759	29
30	Nursing allocation based on meds passed.		476,099	24,419		24,419	0	319,337	30
31	Pool & Fitness based on # of residents.		1,731,544	90,455		90,455	0	956,281	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 28,509,138	\$ 1,161,960		\$ 1,298,618	\$ 136,658	\$ 18,005,880	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 28,509,138	\$ 1,161,960		\$ 1,298,618	\$ 136,658	\$ 18,005,880	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		\$ 28,509,138	\$ 1,161,960		\$ 1,298,618	\$ 136,658	\$ 18,005,880	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,510,279	\$ 137,694	\$ 137,694	\$	10	\$ 883,745	71
72	Current Year Purchases	76,127	8,663	8,663		10	8,001	72
73	Fully Depreciated Assets	1,770,124					1,770,124	73
74								74
75	TOTALS	\$ 3,356,530	\$ 146,357	\$ 146,357	\$		\$ 2,661,870	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	campus alloc from bldg ops - see attached schedule			\$ 273,340	\$ 22,169	\$ 22,169	\$	3	\$ 216,671	76
77										77
78										78
79										79
80	TOTALS			\$ 273,340	\$ 22,169	\$ 22,169	\$		\$ 216,671	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)	\$ 32,540,715	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,330,486	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,467,144	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 136,658	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 20,884,420	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Furn & Equip alloc to other program	\$ 7,482,410	\$ 460,815	\$ 4,890,973	86
87	Auto alloc to other prog	665,611	57,013	546,889	87
88	Bldg & Improv alloc to other prog	74,557,966	2,378,437	25,575,036	88
89	Land	401,707			89
90					90
91	TOTALS	\$ 83,107,694	\$ 2,896,265	\$ 31,012,898	91

G. Construction-in-Progress

	Description	Cost	
92	CILA	\$ 799,229	92
93	4 new homes on campus	3,418,581	93
94	various renovations on campus	295,693	94
95		\$ 4,513,503	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.	<u>/2010</u>	\$ _____
13.	<u>/2011</u>	\$ _____
14.	<u>/2012</u>	\$ _____

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>However other staff were trained</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 checked="" 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		397		397
3	Classroom Wages (a)		147,678		147,678
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 148,075	\$	\$ 148,075
10	SUM OF line 9, col. 1 and 2 (e)	\$	148,075		

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 Misericordia Home-North# 0029876Report Period Beginning: July 1, 2008Ending: June 30, 2009

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2009 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 10,873,353	\$	1
2	Cash-Patient Deposits	425,258		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>35,000</u>)	10,589,969		3
4	Supply Inventory (priced at)	251,270		4
5	Short-Term Investments	7,260,486		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	53,314		7
8	Accounts Receivable (owners or related parties)	3,113,201		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 32,566,851	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	401,707		13
14	Buildings, at Historical Cost	103,468,809		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	11,777,892		16
17	Accumulated Depreciation (book methods)	(51,897,318)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>CIP</u>)	4,513,504		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 68,264,594	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 100,831,445	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 815,084	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	409,964		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	2,533,758		30
31	Accrued Taxes Payable (excluding real estate taxes)	158,975		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Deferred Revenue</u>	181,068		36
37	<u>Other Liabilities & ARO</u>	1,816,462		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,915,311	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,915,311	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 94,916,134	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 100,831,445	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 92,453,897	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 92,453,897	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(8,703,709)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	14,408,467	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Net Loss from McAuley	(4,661,400)	15
16	Other (describe) Development & Community Relations	(1,959,956)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (916,598)	17
	B. Transfers (Itemize):		
18	Changes in Temp Restricted Net Assets	(13,220,334)	18
19	Released from Restrictions	16,499,210	19
20	Investment activity/insurance proceeds	325,255	20
21	Net Asset Reclassification	(225,296)	21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 3,378,835	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 94,916,134	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Misericordia Home-North# 0029876Report Period Beginning: July 1, 2008Ending: June 30, 2009

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	\$ 24,984,117	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 24,984,117	3
B. Ancillary Revenue			
4	Day Care	7,186,652	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 7,186,652	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		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)	\$ 32,170,769	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	6,666,714	31
32	Health Care	17,026,374	32
33	General Administration	8,018,879	33
B. Capital Expense			
34	Ownership	3,279,904	34
C. Ancillary Expense			
35	Special Cost Centers	4,806,630	35
36	Provider Participation Fee	1,075,977	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 40,874,478	40
41	Income before Income Taxes (line 30 minus line 40)**	(8,703,709)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (8,703,709)	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 **Misericordia Home-North**

0029876

Report Period Beginning: **July 1, 2008**

Ending:

June 30, 2009

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	1,840	2,080	\$ 81,607	\$ 39.23	1
2	Assistant Director of Nursing					2
3	Registered Nurses	37,475	42,951	1,316,299	30.65	3
4	Licensed Practical Nurses	19,248	21,168	559,087	26.41	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	8,027	9,295	315,092	33.90	7
8	Rehab/Therapy Aides	12,654	14,398	247,293	17.18	8
9	Activity Director	2,212	2,700	75,813	28.08	9
10	Activity Assistants	22,082	24,293	388,937	16.01	10
11	Social Service Workers	10,918	12,397	284,436	22.94	11
12	Dietician	1,232	1,289	42,622	33.07	12
13	Food Service Supervisor	1,335	1,500	66,441	44.29	13
14	Head Cook	4,791	5,429	144,500	26.62	14
15	Cook Helpers/Assistants	18,012	19,528	305,786	15.66	15
16	Dishwashers	9,782	10,406	114,990	11.05	16
17	Maintenance Workers	33,261	36,981	824,451	22.29	17
18	Housekeepers	50,357	58,473	698,089	11.94	18
19	Laundry	9,419	10,796	126,653	11.73	19
20	Administrator	5,755	6,500	318,359	48.98	20
21	Assistant Administrator					21
22	Other Administrative	27,947	31,657	842,009	26.60	22
23	Office Manager	3,423	4,154	87,673	21.11	23
24	Clerical	19,790	21,975	339,961	15.47	24
25	Vocational Instruction	169,945	194,244	3,356,890	17.28	25
26	Academic Instruction	6,823	7,875	192,966	24.50	26
27	Medical Director	214	214	18,334	85.67	27
28	Qualified MR Prof. (QMRP)	89,517	98,900	1,995,895	20.18	28
29	Resident Services Coordinator	65,849	75,172	1,545,387	20.56	29
30	Habilitation Aides (DD Homes)	584,860	655,714	8,956,709	13.66	30
31	Medical Records	3,264	3,698	60,102	16.25	31
32	Other Health Care: <u>Nurse Practitioner</u>	1,500	1,680	60,939	36.27	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	1,221,531	1,375,467	\$ 23,367,321 *	\$ 16.99	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	1,313	\$ 44,186	1	35
36	Medical Director				36
37	Medical Records Consultant		5,413	10	37
38	Nurse Consultant				38
39	Pharmacist Consultant		8,230	10	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	774	31,108	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	836	42,615	10a	43
44	Activity Consultant		13,359	11	44
45	Social Service Consultant				45
46	Other(specify) <u>Dental/Eye</u>		1,355	10	46
47	<u>Doctor</u>	670	32,528	10	47
48	<u>Psych</u>		28,063	10a	48
49	TOTAL (lines 35 - 48)	3,593	\$ 206,857		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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Sr. Rosemary Connelly	Executive Director	N/A	\$ 40,403	Workers' Compensation Insurance	\$ 230,678	IDPH License Fee	\$	
Mary Pat O'Brien	Asst. Executive Director	N/A	44,806	Unemployment Compensation Insurance	42,610	Advertising: Employee Recruitment		
Denise Tigges	Administrato	N/A	44,043	FICA Taxes	1,104,984	Health Care Worker Background Check		
Michael Diaz	Administrato	N/A	19,872	Employee Health Insurance	1,154,326	(Indicate # of checks performed <u>428</u>)	14,980	
Lois Gates	Asst. Executive Director	N/A	44,715	Employee Meals		Recruiting Expense	4,951	
Chris Hegg/Joe Ferrera	Administrator	N/A	46,047	Illinois Municipal Retirement Fund (IMRF)*		Membership Dues	1,449	
Kevin Connelly/Fr. Jack Clair	CFO/Asst Exe Dir	N/A	78,473	Emp Tuition Reimbursement/Other	52,315	Subscription	629	
TOTAL (agree to Schedule V, line 17, col. 1)				Dental Insurance	82,058	Dept of Public Health/CLIA license	674	
(List each licensed administrator separately.)			\$ 318,359	401K Match	643,838	Computer licensing	12,487	
B. Administrative - Other				Long-Term Disability and Life Insurance	103,693	Bank fees	9,313	
Description			Amount	TOTAL (agree to Schedule V, line 22, col.8)			\$ 3,414,501	
Off-Site Recreational Facility-100% is unallowable and is adjuste			\$ 17,487	TOTAL (agree to Sch. V, line 20, col. 8)			\$ 44,483	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 17,487	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
(Attach a copy of any management service agreement)				Description	Line #	Amount	G. Schedule of Travel and Seminar**	
C. Professional Services							Description	Amount
Vendor/Payee	Type		Amount				Out-of-State Travel	\$
Deloitte & Touche	Audit		\$ 111,340				In-State Travel	
ADP Processing	Payroll Service		98,453				Seminar Expense	
Burke, Warren, MacKay & Serr	Legal		9,201				See schedule	9,399
Ellison, Neilson, Zehe	Legal -Unallowable		10,512				Entertainment Expense	()
Revere Group	Account Software Consultant		9,139				(agree to Sch. V, line 24, col. 8)	
Correll	Admin for 401K plan		22,666				TOTAL	\$ 9,399
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL				
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 261,311					

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Misericordia Home-North# 0029876Report Period Beginning: July 1, 2008 Ending: June 30, 2008**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. _____
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 81,055 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ #####
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
- c. What percent of all travel expense relates to transportation of nurses and patients? N/A
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes, program vehicles
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? _____**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A unallow
- (17) Has an audit been performed by an independent certified public accounting firm? _____
Firm Name: Deloitte and Touche
- (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? Yes
Attach invoices and a summary of services for all architect and appraisal fees.