

Facility Name & ID Number Graham Hospital

8000200 Report Period Beginning: 7/1/09 Ending: 6/30/10

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<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>18</u>	<u>7,190</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>54</u>	TOTALS	<u>50</u>	<u>18,870</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>342</u>	<u>2,071</u>	<u>4,942</u>	<u>7,355</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>5,150</u>	<u>1,782</u>		<u>6,932</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>5,492</u>	<u>3,853</u>	<u>4,942</u>	<u>14,287</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.71%

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 Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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

I. On what date did you start providing long term care at this location?
Date started 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 4,942

Medicare Intermediary NGS

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 6/30/10 Fiscal Year: 6/30/10

* 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	72,822		72,777	145,599		145,599		145,599		1
2	Food Purchase		436,343		436,343		436,343		436,343		2
3	Housekeeping	164,885		27,995	192,880		192,880		192,880		3
4	Laundry	11,730		95,622	107,352		107,352		107,352		4
5	Heat and Other Utilities										5
6	Maintenance	190,332		305,702	496,034		496,034		496,034		6
7	Other (specify):*										7
8	TOTAL General Services	439,769	436,343	502,096	1,378,208		1,378,208		1,378,208		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	1,764,588		70,033	1,834,621	(113,917)	1,720,704		1,720,704		10
10a	Therapy										10a
11	Activities										11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*	64,227		13,465	77,692		77,692		77,692		15
16	TOTAL Health Care and Programs	1,828,815		83,498	1,912,313	(113,917)	1,798,396		1,798,396		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	390,915		81,956	472,871	84,898	557,769		557,769		21
22	Employee Benefits & Payroll Taxes			482,241	482,241		482,241		482,241		22
23	Inservice Training & Education										23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			194,873	194,873		194,873		194,873		26
27	Other (specify):*										27
28	TOTAL General Administration	390,915		759,070	1,149,985	84,898	1,234,883		1,234,883		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,659,499	436,343	1,344,664	4,440,506	(29,019)	4,411,487		4,411,487		29

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

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

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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			164,468	164,468		164,468	523,178	687,646			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			164,468	164,468		164,468	523,178	687,646			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					29,019	29,019		29,019			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers					29,019	29,019		29,019			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,659,499	436,343	1,509,132	4,604,974		4,604,974	523,178	5,128,152			45

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

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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	523,178	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 See Pg 5A				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 523,178		\$	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)		Fr Pg 8	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 523,178		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

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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
N/A						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	N/A	\$			\$	\$	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	N/A											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 N/A

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	See attached Medicare worksheet B part 1 for allocations from hospital.								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

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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	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
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. \$ N/A Line # N/A

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

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

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Graham Hospital COUNTY Fulton

FACILITY IDPH LICENSE NUMBER 8000200

CONTACT PERSON REGARDING THIS REPORT Melissa Wilson

TELEPHONE (309)-649-8445 FAX #: (309) 649-1843

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2009 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2009.

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

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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

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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).

N/A

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: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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	<u>16,668</u>		\$	<u>3</u>

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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		1,147,585	8
	Improvement Type**										
9		1975 VARIOUS BUILDING IMPROVEMENTS		1975	30,771		various			30,771	9
10		1976 VARIOUS BUILDING IMPROVEMENTS		1976	1,880		various			1,880	10
11		1980 VARIOUS BUILDING IMPROVEMENTS		1980	2,093		various			2,093	11
12		1982 VARIOUS BUILDING IMPROVEMENTS		1982	1,543		various			1,543	12
13		1984 VARIOUS BUILDING IMPROVEMENTS		1984	1,169,963	16,169	various	16,169		962,030	13
14		1985 VARIOUS BUILDING IMPROVEMENTS		1985	34,258		various			34,258	14
15		1987 VARIOUS BUILDING IMPROVEMENTS		1987	89,317	109	various	109		88,388	15
16		1988 VARIOUS BUILDING IMPROVEMENTS		1988	52,287	4	various	4		52,123	16
17		1990 VARIOUS BUILDING IMPROVEMENTS		1990	28,254	3	various	3		28,185	17
18		1991 VARIOUS BUILDING IMPROVEMENTS		1991	125,804	1,871	various	1,871		124,555	18
19		1992 VARIOUS BUILDING IMPROVEMENTS		1992	16,693		various			16,651	19
20		1993 VARIOUS BUILDING IMPROVEMENTS		1993	19,686	837	various	837		17,545	20
21		1994 VARIOUS BUILDING IMPROVEMENTS		1994	76,132	1,112	various	1,112		72,790	21
22		1995 VARIOUS BUILDING IMPROVEMENTS		1995	32,594	264	various	264		31,751	22
23		1996 VARIOUS BUILDING IMPROVEMENTS		1996	47,691	117	various	117		47,018	23
24		1994 VARIOUS BUILDING IMPROVEMENTS		1997	24,479	101	various	101		23,762	24
25		1998 VARIOUS BUILDING IMPROVEMENTS		1998	26,173	1,042	various	1,042		24,515	25
26		1999 VARIOUS BUILDING IMPROVEMENTS		1999	11,097	555	various	555		6,887	26
27		2000 VARIOUS BUILDING IMPROVEMENTS		2000	800,069	53,720	various	53,720		565,806	27
28		2001 VARIOUS BUILDING IMPROVEMENTS		2001	112,532	7,755	various	7,755		80,396	28
29		2002 VARIOUS BUILDING IMPROVEMENTS		2002	578,790	37,043	various	37,043		334,152	29
30		2003 VARIOUS BUILDING IMPROVEMENTS		2003	356,376	24,613	various	24,613		192,863	30
31		2004 VARIOUS BUILDING IMPROVEMENTS		2004	466,553	35,708	various	35,708		239,454	31
32		04,09 PHASE II YARD- IDPH FEE		2005	2,090	139	15	139		696	32
33		04,09 PHASE II UTILITY YARD- FREGHT CRANE RIGGING		2005	7,331	489	15	489		2,444	33
34		04,09 PHASE II UTILITY YARD- NFPA TESTING		2005	1,394	93	15	93		465	34
35		04,09 PHASE II UTILITY YARD- FLAD & ASSOC SERVICES		2005	28,278	1,885	15	1,885		9,426	35
36		04,09 PHSAE II UTILITY YARD- INSULATE OUTDOOR AIR		2005	602	30	15	30		150	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Graham Hospital

8000200

Report Period Beginning:

7/1/09

Ending:

6/30/10

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	\$	\$ 269,149	37
38	04.10 PHARMACY RENOVATION	2005	3,339	223	15	223		1,113	38
39	04.12 LIFE SAFETY RENOVATION- CONCRETE, DRYWALL	2005	2,905	581	5	581		2,905	39
40	04.12 LIFE SAFETY RENOVATION- SIGNS, FIXTURES, ACC	2005	1,256	126	10	126		628	40
41	04.12 LIFE SAFETY RENOVATION- PJ HOERR SERVICES	2005	50,200	3,347	15	3,347		16,734	41
42	04.12 LIFE SAFETY RENOVATIONS- KIRWAN ASBESTOS RE	2005	1,463	98	15	98		488	42
43	04.12 LIFE SAFETY RENOVATIONS- OUTSIDE STEPS	2005	6,872	458	15	458		2,290	43
44	04.12 LIFE SAFETY RENOVATIONS- RICKARD'S CONSTRU	2005	16,505	1,100	15	1,100		5,501	44
45	04.12 LIFE SAFETY RENOVATIONS- FLAD & ASSOC SERVI	2005	8,506	567	15	567		2,835	45
46	04.12 LIFE SAFETY RENOVATIONS- OAK DOOR	2005	1,376	92	15	92		459	46
47	04.12 LIFE SAFETY RENOVATIONS - DRYWALL, PAINTING	2005	6,882	459	15	459		2,294	47
48	04.15 SON CEILINGS- CARPET & PAINT	2005	1,657	331	5	331		1,657	48
49	04.15 SON CEILINGS- TILE,LAMPS,BALLASTS & COVE B	2005	1,755	176	10	176		878	49
50	04.15 SON CEILINGS-CEILING TILE & LABOR TO INSTALL	2005	2,492	166	15	166		831	50
51	05.02 OB RENOVATION	2005	739	148	5	148		739	51
52	PROJ 04.11 NEW ER- ASBESTOS REMOVAL	2006	5,566	278	40	278		1,484	52
53	PROJ 04.11 NEW ER- SOIL BORING	2006	2,398	120	40	120		639	53
54	PROJ 04.11 NEW ER- AMEREN-REMOVE MRI TRANSFORM	2006	3,503	175	40	175		934	54
55	PROJ 04.11 NEW ER- P.J. HOERR CONSTRUCTION	2006	2,386,765	119,338	40	119,338		636,470	55
56	PROJ 04.11 NEW ER- FLAD & ASSOCIATES-PLANS	2006	213,988	10,699	40	10,699		57,063	56
57	PROJ 04.11 NEW ER- BUILDING SUPPLIES	2006	2,231	167	40	167		881	57
58	PROJ 04.11 NEW ER- RICKARD CONSTRUCTION	2006	3,135	157	40	157		836	58
59	PROJ 04.11 NEW ER - IDPH PLANS	2006	2,507	125	40	125		668	59
60	PROJ 06.07 OB MEDICAL GAS- PIPING, PLUMBING, LABO	2006	4,866	324	15	324		1,459	60
61	PROJ 06.07 OB MEDICAL GAS - BUILDING SUPPLIES	2006	519	104	5	104		467	61
62	PROJ 05.02 OB RENOVATION - FLOORING & PAINT	2006	6,358	1,272	5	1,272		5,723	62
63	PROJ 05.12 ROOF - HOLTHAUS CONSTRUCTION	2006	11,883	792	15	792		3,565	63
64	PROJ 05.06 3RD &4TH FLOOR SAFE- FLAD & ASSOCIATE	2006	12,510	834	15	834		3,753	64
65	PROJ 05.06 3RD &4TH FLOOR SAFE- BUILDING MATERIA	2006	708	47	15	47		212	65
66	PROJ 05.06 3RD &4TH FLOOR SAFE- BUILDING MATERIA	2006	1,915	383	5	383		1,723	66
67	PROJ 05.06 3RD &4TH FLOOR SAFE- RICKARD CONSTRUC	2006	7,035	704	10	704		3,166	67
68	PROJ 05.06 3RD &4TH FLOOR SAFE- PJ HOERR CONSTRUC	2006	12,591	839	15	839		3,777	68
69	PROJ 05.06 3RD &4TH FLOOR SAFE-ASBESTOS REMOVAL	2006	1,124	75	15	75		337	69
70	TOTAL (lines 4 thru 69)		\$ 10,308,545	\$ 409,689		\$ 409,689	\$	\$ 6,411,492	70

SEE ACCOUNTANTS' COMPILATION REPORT

**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 12A, Carried Forward		\$ 10,308,545	\$ 409,689		\$ 409,689	\$	\$ 6,411,492	1
2	PROJ 05/13 SON CEILING - FLAD & ASSOCIATES-PLANS	2006	6,428	429	15	429		1,929	2
3	PROJ 05.13 SON CEILING - RICHARD CONSTRUCTION	2006	29,091	1,939	15	1,939		8,727	3
4	PROJ 05.13 CEILING - DRYWALL	2006	2,911	582	5	582		2,620	4
5	PROJ 05.13 SON CEILING - ELECTRICAL SUPPLIES	2006	1,448	145	10	145		652	5
6	PROJ 05.13 SON CEILING - MECHANICAL SERV,INC DUCT	2006	34,876	3,488	10	3,488		15,695	6
7	PROJ 05.13 SON CEILING - ACCESS DOORS	2006	5,498	367	15	367		1,650	7
8	PROJ 05.13 SON CEILING - PAINTING	2006	1,254	84	15	84		377	8
9	PROJ 06.01 PHYS CLINIC RENOVATION - DOORS	2006	1,798	120	15	120		540	9
10	PROJ 06.01 PHYS CLINIC RENOVATION - GM MECHANICA	2006	3,309	221	15	221		993	10
11	PROJ 06.01 PHYS CLINIC RENOVATION - CONSTRUCTION	2006	7,525	502	15	502		2,258	11
12	PROJ 06.01 PHYS CLILNIC RENOVATION - CABINETS,FAUC	2006	2,541	254	10	254		1,143	12
13	PROJ 06.01 PHYS CLILNIC RENOVATION - BUILDING SUPP	2006	2,762	552	5	552		2,477	13
14	PROJ 05.08 AHU-2 REPLACEMENT - PJ HOERR CONSTRUC	2006	63,640	4,243	15	4,243		19,092	14
15	PROJ 05.08 AHU-2 REPLACEMENT - ASBESTOS & WASTE	2006	800	53	15	53		240	15
16	PROJ 05.04 LAB REN OVATION - FLAD & ASSOCIATES-PLA	2006	18,477	1,232	15	1,232		5,541	16
17	PROJ 05.04 LAB RENOVATION - RICKARD CONSTRUCTION	2006	44,397	2,960	15	2,960		13,319	17
18	PROJ 05.04 LAB RENOVATION - PJ HOERR & PIPCO CONST	2006	18,831	1,255	15	1,255		5,649	18
19	PROJ 05.04 LAB RENOVATION - MECHANICAL SERVICES	2006	6,237	416	15	416		1,871	19
20	PROJ 05.04 LAB RENOVATION - DOORS & LOCKS	2006	3,100	207	15	207		930	20
21	PROJ 05.04 LAB RENOVATION - BUILDING SUPPLIES	2006	11,547	2,309	5	2,309		10,392	21
22	PROJ 05.04 LAB RENOVATION - ELECTRICAL SUPPLIES	2006	4,578	458	10	458		2,060	22
23	PROJ 05.04 LAB RENOVATION - GM MECHANICAL	2006	8,855	590	15	590		2,656	23
24	PROJ 05.04 LAB RENOVATION - COUNTERS & INSTALLATI	2006	17,948	1,197	15	1,197		5,385	24
25	PROJ 05.04 LAB RENOVATION - CRAWFORDS FLOORING	2006	1,790	179	10	179		806	25
26	ROOF AT GRAHAM	2006	14,868	1,487	10	1,487		6,691	26
27	HORTON-SWING PAIR AUTOMATIC LAB DOORS	2007	4,971	497	10	497		1,740	27
28	HORTON-SWING PAIR AUTOMATIC OB DOORS	2007	1,903	190	10	190		666	28
29	PROJ 03.07 - MASTER PLAN RENOVATION-FLAD & ASSOC	2007	93,213	3,729	25	3,729		14,293	29
30	PROJ 03.07 - MASTER PLAN RENOVATION-FINANCIAL AD	2007	8,710	581	15	581		2,033	30
31	PROJ 03.07 - MASTER PLAN RENOVATION - TOPOGRAPHIC	2007	3,136	209	15	209		732	31
32	PROJ 03.07 - MASTER PLAN RENOVATION - ILLINOIS BLUI	2007	442	29	15	29		103	32
33	PROJ 03.07 - MASTER PLAN RENOVATION - MASTER PLAN	2007	1,089	73	15	73		254	33
34	TOTAL (lines 1 thru 33)		\$ 10,736,518	\$ 440,266		\$ 440,266	\$	\$ 6,545,006	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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 12B, Carried Forward		\$ 10,736,518	\$ 440,266		\$ 440,266	\$	\$ 6,545,006	1
2	PROJ 04.16 - PYXIS - PAINT AND BUILDING SUPPLIES	2007	507	101	5	101		355	2
3	PROJ 04.16 - RICKARD'S CONSTRUCTION	2007	775	52	15	52		181	3
4	PROJ 05.05 LAB RENOVATION - CRAWFORD'S FLOORING	2007	1,081	108	10	108		378	4
5	PROJ 05.06 3RD & 4TH FLOOR SAFETY - FLAD & ASSOC	2007	597	40	15	40		140	5
6	PROJ 06.01 PHYS CLINIC RENOVATION - FLAD & ASSOC	2007	2,336	156	15	156		545	6
7	PROJ 06.12 - SON FACELIFT - BUILDING MATERIALS	2007	374	75	5	75		262	7
8	PROJ 06.12 SON FACELIFT - RICKARD'S CONSTRUCTION	2007	674	45	15	45		157	8
9	PROJ 06.12 - SON FACELIFE - FLOOR TILE	2007	595	59	10	59		208	9
10	PROJ 06.14 - ASSOC. MOVES FOR 1ST SOUTH - PAINT/LO	2007	637	127	5	127		446	10
11	PROJ 06.14 - ASSOC. MOVES FOR 1ST SOUTH - SINK & D	2007	944	63	15	63		220	11
12	PROJ 07.02 - CARPET FINANCE/ACCT. CRAWFORD'S FLO	2007	1,779	356	5	356		1,245	12
13	PROJ 07.04 - RELOCATION OF MORGUE COOLER - BUILD	2007	474	95	5	95		332	13
14	PROJ 07.04 - RELOCATION OF MORGUE COOLER - RICKA	2007	3,240	216	15	216		756	14
15	PROJ 07.04 - RELOCATION OF MORGUE COOLER	2007	941	63	15	63		220	15
16	PROJ 07.06 - CT SCAN PROJECT - BUILDING MATERIALS	2007	728	146	5	146		510	16
17	PROJ 07.06 - CT SCAN PROJECT - CRAWFORDS' FLOORING	2007	1,251	125	10	125		438	17
18	PROJ 07.06 - CT SCAN PROJECT - RICKARD'S CONSTRUCT	2007	2,469	165	15	165		577	18
19	PROJ 07.06 - CT SCAN PROJECT - WARNER PLUMBING	2007	2,971	198	15	198		694	19
20	PROJ 07.06 - CT SCAN PROJECT - FL OOR VIBRATION STU	2007	589	39	15	39		137	20
21	PROJ 06.06 - CT SCAN PROJECT	2007	1,284	86	15	86		300	21
22	PROJ 07.07 - SOUTH PARKING LOT STAIRS	2007	672	134	5	134		470	22
23	PROJ 07.07 - SOUTH PARKING LOT STAIRS - HANDRAIL	2007	2,550	170	15	170		595	23
24	PROJ 07.09 - DIALYSIS PLUMBING CORRECTION - LABOR	2007	3,791	253	15	253		885	24
25	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - BUILDING	2007	1,369	274	5	274		959	25
26	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - BRICKAR	2007	7,727	515	15	515		1,803	26
27	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - BUILDING	2007	1,844	123	15	123		430	27
28	PROJ 05.10 - 1ST PHASE MED/SURG - CUBICLE CURTAINS	2007	3,839	576	40	576		2,303	28
29	PROJ 05.10 - 1ST PHASE MED/SURG - 6" BACKSET LATCH	2007	1,033	155	40	155		620	29
30	PROJ 05.10 - 1ST PHASE MED/SURG - BUILDING SUPPLIES	2007	3,581	537	40	537		2,148	30
31	PROJ 05.10 - 1ST PHASE MED/SURG - FLAD & ASSOC PL	2007	185,825	5,575	40	5,575		24,777	31
32	PROJ 05.10 - 1ST PHASE MED/SURG - KIRWAN ENVIRONMI	2007	11,275	564	40	564		2,255	32
33	PROJ 05.10 - 1ST PHASE MED/SURG - KIRWIN ENVIRONME	2007	856,206	25,686	40	25,686		114,161	33
34	TOTAL (lines 1 thru 33)		\$ 11,840,476	\$ 477,143		\$ 477,143	\$	\$ 6,704,513	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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		\$ 11,840,476	\$ 477,143		\$ 477,143	\$	\$ 6,704,513	1
2	PROJ 05.10 1ST PHASE MED/SURG - IDPH PERMITS	2007	4,206	210	40	210		841	2
3	PROJ 06.03 - ADMINISTRATION BOARD ROOM - PAINT/PR	2007	4,501	675	25	675		2,700	3
4	PROJ 06.03 - ADMINISTRATION BOARD ROOM - CARPET II	2007	752	113	25	113		452	4
5	PROJ 06.03 - ADMINISTRATION BOARD ROOM - DRYWALL	2007	5,710	857	25	857		3,427	5
6	PROJ 06.03 - ADMINISTRATION BOARD ROOM - WALLCOV	2007	2,323	348	25	348		1,393	6
7	PROJ 06.03 - ADMINISTRATION BOARD ROOM - ELECTRIC	2007	10,792	1,619	25	1,619		6,475	7
8	PROJ 06.03 - ADMINISTRATION BOARD ROOM - BUILDING	2007	9,350	1,403	25	1,403		5,611	8
9	PROJ 06.03 - ADMINISTRATION BOARD ROOM - ROLL-UP I	2007	7,268	545	25	545		2,180	9
10	PROJ 06.03 - ADMINISTRATION BOARD ROOM - BUILDING	2007	15,215	1,141	25	1,141		4,564	10
11	PROJ 06.03 - ADMINISTRATION BOARD ROOM - TRIM & FI	2007	15,523	776	25	776		3,105	11
12	PROJ 06.03 - ADMINISTRATION BOARD ROOM - FLAD & AS	2007	35,377	1,769	25	1,769		7,076	12
13	PROJ 06.03 - ADMINISTRATION BOARD ROOM - KIRWAN E	2007	1,886	94	25	94		377	13
14	PROJ 06.03 - ADMINISTRATION BOARD ROOM - CONCRET	2007	4,743	237	25	237		948	14
15	PROJ 06.03 - ADMINISTRATION BOARD ROOM - RICKARD'	2007	76,151	3,808	25	3,808		15,231	15
16	PROJ 06.03 - ADMINISTRATION BOARD ROOM - PAINTING	2007	2,202	110	25	110		440	16
17	PROJ 06.03 - ADMINISTRATION BOARD ROOM - BLDG MA	2007	20,680	1,034	25	1,034		4,136	17
18	PROJ 05.10 - 1ST PHASE MED/SURG - CAPITALIZED INTER	2007	8,352	626	40	626		2,088	18
19	PROJ 06.03 - ADMIN. BOARD ROOM - CAPITALIZED INTER	2007	941	94	10	94		337	19
20	NEW ROOF OVER NURSE ADM AND HR - HOTH AUS CONST	2007	9,118	912	10	912		2,736	20
21	PLUMBING SURGERY RESTROOMS - LABOR	2007	1,425	95	15	95		285	21
22	FLASH IN ROOF OPENINGS AT 68 BLDG	2007	7,015	702	10	702		2,105	22
23	PROJ 06.08-68 INFRASTRUCTURE PROJECT-FLAD & ASSOC	2007	44,515	1,781	25	1,781		5,342	23
24	PROJ 06.08-68 INFRASTRUCTURE PROJECT-P.J. HOERR	2007	425,043	21,252	25	21,252		70,840	24
25	PROJ 06.08-68 INFRASTRUCTURE PROJECT-P.J. HOERR	2007	248,740	9,950	25	9,950		29,849	25
26	BUILDING-ARO ASSET	2007	42,177	1,361	31	1,361		35,374	26
27	OUTSIDE4 SIGN HOME HEALTH AND HOSPICE	2008	2,070	207	10	207		518	27
28	PROJ 07.15 - MAMMO ROOM - BUILDING SUPPLIES & MAT	2008	564	113	5	113		282	28
29	PROJ 07.15 - MAMMO ROOM - BACKSPLASH/FLOORING/B	2008	1,020	102	10	102		255	29
30	PROJ 07.15 - MAMMO ROOM - CONSTRUCTION/CABINETS	2008	1,144	76	15	76		190	30
31	08.02-2ND PHASE MED SURG - BUILDING SUPPLIES AND M	2008	2,454	368	40	368		981	31
32	08.02 2ND PHASE OF MED SURG PROJECT - FLAD & ASSOC	2008	10,515	526	40	526		1,402	32
33	08.02-2ND PHASE OF MED SURG - KIRWIN ASBESTOS REM	2008	7,142	357	40	357		952	33
34	TOTAL (lines 1 thru 33)		\$ 12,869,390	\$ 530,404		\$ 530,404	\$	\$ 6,917,005	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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 12D, Carried Forward		\$ 12,869,390	\$ 530,404		\$ 530,404	\$	\$ 6,917,005	1
2	08.02-2ND PHASE OF MED SURG-P.J. HOERR CONSTRUCTI	2008	290,861	14,543	40	14,543		38,781	2
3	08.02-2ND PHASE OF MED SURG - RICKARD'S CONSTRUCTI	2008	591	30	40	30		79	3
4	07.01-HELIPAD PROJECT	2008	303,077	15,154	25	15,154		40,410	4
5	07.01-HELIPAD PROJECT-BUILDING SUPPLIES & MATERIA	2008	805	40	25	40		107	5
6	07.10 HEARTCARE MIDWEST-RICKARD'S CONSTRUCTION	2008	32,109	2,141	15	2,141		5,352	6
7	07.10-HEARTCARE MIDWEST-FLAD & ASSOCIATES-PLAN	2008	11,217	748	15	748		1,870	7
8	07.10-HEARTCARE MIDWEST-BUILDING SUPPLIES	2008	7,485	1,497	5	1,497		3,742	8
9	07.10-HEARTCARE MIDWEST-DOORS	2008	3,404	340	10	340		851	9
10	07.11-MRI REMODEL-FLAD & ASSOCIATES-PLANS	2008	15,193	760	25	760		2,026	10
11	07.11-MRI REMODEL-BUILDING SUPPLIES AND MATERIAL	2008	9,005	1,351	25	1,351		3,602	11
12	07.11-MRI REMODEL-RICKARD'S CONSTRUCTION	2008	46,208	2,310	25	2,310		6,161	12
13	07.11-MRI REMODEL-CONCRETE	2008	1,233	49	25	49		129	13
14	07.11-MRI REMODEL-MRI SHIELDING/CLEAR SHIELD WI	2008	19,678	1,476	25	1,476		3,936	14
15	07.11-MRI REMODEL	2008	3,086	154	25	154		411	15
16	07.11-MRI REMODEL-MRI FLOORING/ADHESIVE	2008	1,858	139	25	139		371	16
17	08.05-RESPIRATORY REMODEL-DOORS/ARM CLOSERS	2008	836	56	15	56		140	17
18	08.05-RESPIRATORY REMODEL-BUILDING SUPPLIES & MA	2008	1,168	234	5	234		584	18
19	08.05-RESPIRATORY REMODEL	2008	15,011	1,001	15	1,001		2,502	19
20	08.05-RESPIRATORY REMODEL-CARPET & ADHESIVE	2008	734	147	5	147		367	20
21	08.07-PCU CEILING REPLACEMENT	2008	4,087	409	10	409		1,022	21
22	08.08-FOUNDATION OFFICE-BUILDING SUPPLIES & CARPI	2008	945	189	5	189		473	22
23	08.08-FOUNDATION OFFICE-RICKARD'S CONSTRUCTION	2008	1,250	83	15	83		208	23
24	08.08-FOUNDATION OFFICE-DOOR FRAME & HARDWARE	2008	372	25	15	25		62	24
25	08.04-HR RELOCATION-RICKARD'S CONSTRUCTION	2008	13,775	918	15	918		2,295	25
26	08.04-HR RELOCATION-BUILDING SUPPLIES & MATERIAL	2008	3,437	687	5	687		1,718	26
27	08.04-HR RELOCATION	2008	1,197	80	15	80		200	27
28	08.04-HR RELOCATION-CARPET/PAINT/FLOORING	2008	5,856	1,171	5	1,171		2,928	28
29	08.04-HR RELOCATION-CEILING TILE ITEMS	2008	439	44	10	44		110	29
30	PROJ 08.09-ADMIN. STRATTON-BUILDING SUPPLIES & MA	2008	379	76	5	76		190	30
31	PROJ 08.09-ADMIN. STRATTON-RICKARD'S CONSTRUCTIC	2008	2,035	102	25	102		272	31
32	PROJ 08.09-ADMIN. STRATTON-CHERRY DOOR	2008	595	30	25	30		80	32
33	PROJ 08.09-ADMIN. STRATTON-DRYWALL	2008	178	9	25	9		24	33
34	TOTAL (lines 1 thru 33)		\$ 13,667,494	\$ 576,397		\$ 576,397	\$	\$ 7,038,008	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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:

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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 12E, Carried Forward		\$ 13,667,494	\$ 576,397		\$ 576,397	\$	\$ 7,038,008	1
2	PROJ 08.01-2007 SON FACELIFT-BUILDING,SUPPLIES	2008	375	75	5	75		188	2
3	PROJ 08.01-2007 SON FACELIFT-FLOOR TILE & ADH	2008	330	33	10	33		83	3
4	PROJ 08.11-REED/HUFFMAN REMODEL-LOCKS/PAINT	2008	155	31	5	31		77	4
5	ROOFS E&F AND ROOFS G-1 & G-2	2008	47,470	4,747	10	4,747		10,681	5
6	PROJ 06.08-'68 BUILDING INFRASTRUCTURE-BUILDING	2008	1,591	239	25	239		637	6
7	PROJ 06.08-'68 INFRASTRUCTURE-ASBESTOS REMOVAL	2008	16,675	834	25	834		2,224	7
8	PROJ 06.08-'68 INFRASTRUCTURE-P.J. HOERR	2008	165,675	6,627	25	6,627		16,568	8
9	PROJ 06.08-'68 INFRASTRUCTURE-NEW FENCE SUPPORT	2008	11,857	474	25	474		1,185	9
10	PROJ 06.08-'68 INFRASTRUCTURE-CAPITALIZED INTERES	2008	6,937	277	25	277		693	10
11	06.08-'68 INFRASTRUCTURE-GALLON DRUMS FOR	2008	2,844	114	25	114		285	11
12	PROJ 08.10-3RD PHASE MED SURG-BUILDING SUPPLIES &	2008	568	85	40	85		227	12
13	PROJ 08.10-3RD PHASE MED SURG-FLAD & ASSOCIATES	2008	3,848	192	40	192		513	13
14	PROJ 08.10-3RD PHASE MED SURG-P.J. HOERR CONSTRUC	2008	263,851	13,243	40	13,243		35,354	14
15	PROJ 08.10-3RD PHASE MED SURG-KIRWIN MGT-ASBEST	2008	8,492	425	40	425		1,133	15
16	PROJ 08.10-3RD PHASE MED SURG-RICKARD'S CONSTRUC	2008	446	22	40	22		59	16
17	PROJ 07.08-3RD FLOOR ONCOLOGY-CONSTRUCTION &	2008	2,186	146	15	146		365	17
18	PROJ 07.12-OB/PCU/ICU RENOVATIONS-GERE/DISMER	2008	8,655	577	15	577		1,442	18
19	PROJ 07.12-OB/PCU/ICU RENOVATION-FLAD & ASSOCIATI	2008	11,326	755	15	755		1,888	19
20	PROJ 07.12-OB/PCU/ICU RENOVATION-KJWW ENGINEERS	2008	1,225	82	15	82		205	20
21	PROJ 08.12-SON COMPUTER LAB-BUILDING CONSTRUCTI	2008	2,360	157	15	157		393	21
22	PROJ 08.17-PHARMACY CLEAN AIR ROOM-BULDING SUPP	2008	1,088	218	5	218		544	22
23	PROJ 08.17-PHARMACY CLEAN AIR ROOM-RICKARD'S CO	2008	4,819	321	15	321		803	23
24	WHEEL STORAGE ROOM	2008	1,518	152	10	152		380	24
25	PROJ 08.10-MED SURG RENOVATION-CAPITALIZED INTEI	2008	6,977	523	40	523		1,395	25
26	PROJ 06-08-'68 BUILDING INFRASTRUCTURE-CAPITALIZE	2008	2,364	177	25	177		472	26
27	PROJ 07.01-HELIPAD PROJECT-CAPITALIZED INTEREST	2008	4,557	342	25	342		912	27
28	PROJ 07.11-MRI PROJECT-CAPITALIZED INTEREST	2008	5,209	391	25	391		1,042	28
29	FIRE DOORS-1ST FLOOR	2009	1,887	126	15	126		189	29
30	PCU AUTOMATIC DOORS	2009	1,927	193	10	193		289	30
31	ROOF L	2009	13,668	1,367	10	1,367		2,050	31
32	08.23-GMG BOND EYE AREA REMODEL-RICKARD'S CONS'	2009	7,055	470	15	470		705	32
33	08.23-GMG BOND EYE AR EA REMODEL-DRYWALL/SNAP	2009	836	56	15	56		84	33
34	TOTAL (lines 1 thru 33)		\$ 14,276,265	\$ 609,867		\$ 609,867	\$	\$ 7,121,072	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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 12F, Carried Forward		\$ 14,276,265	\$ 609,867		\$ 609,867	\$	\$ 7,121,072	1
2	PROJ 08.23-GMG BOND EYE AREA REMODEL-DOORS/TILE	2009	767	77	10	77		115	2
3	PROJ 09.01 - COPY ROOM/CLASS ROOM SON-RICKARD'S CON	2009	2,106	140	15	140		210	3
4	PROJ 09.02-RISK ASSESSMENT MODEL-RICKARD'S CONSTRU	2009	1,823	122	15	122		183	4
5	PROJ 09.02-RISK ASSESSMENT REMODEL-PAINT/CARPET	2009	3,002	600	5	600		900	5
6	PROJ 09.03-GMG EXAM ROOM FLOOR-TILE/ADHESIVES	2009	449	45	10	45		67	6
7	PROJ 09.03-GMG EXAM ROOM FLOOR-BLADES/KNOVES/D	2009	606	152	4	152		213	7
8	PROJ 09.06-RUSHFORD BUILDING-WIND DAMAGE/CONSTRU	2009	2,540	169	15	169		254	8
9	PROJ 09.08-ACCOUNTING RENOVATION-RICKARD'S CONSTR	2009	5,357	357	15	357		536	9
10	PROJ 09.08-ACCOUNTING RENOVATION-PAINT/CARPET/	2009	1,892	315	6	315		504	10
11	PROJ 08.22-REMODEL PATIENT REGISTRATION-MISC	2009	325	65	5	65		98	11
12	PROJ 08.22-REMODEL PATIENT REGISTRATION-CEILING	2009	351	35	10	35		53	12
13	PROJ 08.22-REMODEL PATIENT REGISTRATION-RICKARD'S C	2009	8,730	582	15	582		873	13
14	PROJ 08.22-REMODEL PATIENT REGISTRATION-PAINT/	2009	1,102	73	15	73		110	14
15	PROJ 09.04-DIETARY REMODEL - RICKARD'S CONSTRUCTION	2009	2,663	178	15	178		267	15
16	PROJ 09.04-DIETARY REMODEL-MISC. BUILDING SUP	2009	1,171	78	15	78		117	16
17	PROJ 09.04-DIETARY REMODEL-CASHIER'S STATION	2009	3,424	228	15	228		342	17
18	PROJ 09.04-DIETARY REMODEL-MISC. BUILDING SUP	2009	264	53	5	53		79	18
19	PROJ 09.11-GROUND FLOOR CLINIC-BUILDING SUPPLIES	2009	539	108	5	108		162	19
20	PROJ 09.11-GROUND FLOOR CLINIC-RICKARD'S LABOR	2009	2,841	189	15	189		284	20
21	PROJ 08.06-SPRINKLER WORK-VARIOUS SUPPLIES FOR P	2009	513	103	5	103		154	21
22	PROJ 08.06-SPRINKLER WORK-REPLACEMENT CEILING	2009	6,420	803	8	803		1,204	22
23	PROJ 09.09-DR. LOUNGE REMODEL-CARPETING AND VAR	2009	1,636	327	5	327		491	23
24	PROJ 09.09-DR. LOUNGE REMODEL-HOLTHAUS CO. ROO	2009	1,518	152	10	152		228	24
25	PROJ 09.09-DR. LOUNGE REMODEL-RICKARD'S CONSTRUCTI	2009	4,802	320	15	320		480	25
26	PROJ 09.09-DR. LOUNGE REMODEL-CONST. SUPPLIES/DR	2009	4,584	306	15	306		459	26
27	PROJ 09.13-CMS LIFE SAFETY-RICKARD'S	2009	3,769	251	15	251		377	27
28	PROJ 09.13-CMS LIFE SAFETY-VARIOUS CONST SUPPLIES	2009	1,363	91	15	91		136	28
29	1973FIXSED EQUIPMENT	1972	5,755	VARIOUS	VARIOUS	VARIOUS		5,755	29
30	1973 FIXED EQUIPMENT	1972	4,926	VARIOUS	VARIOUS	VARIOUS		4,926	30
31	1975 FIXED EQUIPMENT	1975	989	VARIOUS	VARIOUS	VARIOUS		989	31
32	1980 FIXED EQUIPMENT	1980	599	VARIOUS	VARIOUS	VARIOUS		599	32
33	1981 FISED EQUIPMENT	1981	1,188	VARIOUS	VARIOUS	VARIOUS		1,188	33
34	TOTAL (lines 1 thru 33)		\$ 14,354,279	\$ 615,786		\$ 615,786	\$	\$ 7,143,425	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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 12G, Carried Forward		\$ 14,354,279	\$ 615,786		\$ 615,786	\$	\$ 7,143,425	1
2	1987 FIXED EQUIPMENT	1987	37,780		VARIOUS			37,780	2
3	1988 FIXED EQUIPMENT	1988	1,439		VARIOUS			1,439	3
4	1992 FIXED EQUIPMENT	1992	3,936		VARIOUS			3,936	4
5	1994 FIXED EQUIPMENT	1994	4,732		VARIOUS			4,732	5
6	1995 FIXED EQUIPMENT	1995	7,700	384	VARIOUS	384		5,953	6
7	1996 FIXED EQUIPMENT	1996	1,422		VARIOUS			1,422	7
8	1998 FIXED EQUIPMENT	1998	2,006	92	VARIOUS	92		1,770	8
9	1999 FIXED EQUIPMENT	1999	2,891		VARIOUS			2,891	9
10	2001 FIXED EQUIPMENT	2001	20,918	1,550	VARIOUS	1,550		14,727	10
11	2002 FIXED EQUIPMENT	2002	920		VARIOUS			920	11
12	2003 FIXED EQUIPMENT	2003	30,047	1,631	VARIOUS	1,631		20,047	12
13	2005 FIXED EQUIPMENT	2005	10,856		VARIOUS			10,856	13
14	PROJ 04.11 NEW ER - CABLING & DUCTWORK	2006	22,004	2,200	10	2,200		9,901	14
15	PROJ 04.11 NEW ER - FIRE & SECURITY SYSTEM	2006	12,357	1,236	10	1,236		5,561	15
16	PROJ 04.11 NEW ER - WALLSLIDE & SUCTION UNITS	2006	5,999	600	10	600		2,700	16
17	PROJ 04.11 NEW ER - SHELVES, DOORS, DIVIDERS	2006	11,707	1,171	10	1,171		5,269	17
18	PROJ 05.04 LAB RENOVATION - DATA CABLING	2006	2,251	225	10	225		1,013	18
19	PROJ 05.10 - 1ST PHASE MED/SURG-PERSONAL PROTECTI	2007	1,364	273	5	273		955	19
20	PROJ 06.03 - ADMINISTRATION BOARDROOM - COUNTER	2007	4,359	436	10	436		1,526	20
21	PROJ 06.03 - ADMIN. BOARD RM-LAMINATED CASEWORK	2007	15,097	1,006	15	1,006		3,522	21
22	PROJ 04.16 - PYXIS - CABINETS	2007	442	29	15	29		103	22
23	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - CABINET	2007	2,406	241	10	241		843	23
24	PROJ 06.03 - ADMINISTRATION BOARDROOM - DROP-IN S	2007	1,539	154	10	154		539	24
25	07.10-HEARTCARE MIDWEST-CABINETS & COUNTERTOP	2008	5,545	370	15	370		924	25
26	07.11-MRI REMODEL-CABINETS & COUNTERTOPS	2008	387	26	15	26		65	26
27	08.05-RESPIRATORY REMODEL-CABINETS&COUNTERTO	2008	367	24	15	24		61	27
28	08.04-HR RELOCATION-SINK	2008	304	15	20	15		38	28
29	08.04-HR RELOCATION-INSTALL CABINETS & COUNTERT	2008	1,317	88	15	88		220	29
30	PROJ 08.11-REED/HUFFMAN OFFICE REMODEL-CABINETS	2008	1,126	75	15	75		188	30
31	PROJ 07.08-3RD FLOOR ONCOLOGY ROOM - COUNTERTO	2008	366	24	15	24		61	31
32	PROJ 08.17-PHARMACY CLEAN AIR ROOM-CABINETS&CC	2008	401	27	15	27		67	32
33	PROJ 08.23-GMG BOND EYE AREA REMODEL-CABINETS/	2009	1,424	95	15	95		135	33
34	TOTAL (lines 1 thru 33)		\$ 14,569,688	\$ 627,758		\$ 627,758	\$	\$ 7,283,589	34

SEE ACCOUNTANTS' COMPILATION REPORT

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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 12H, Carried Forward		\$ 14,569,688	\$ 627,758		\$ 627,758	\$	\$ 7,283,589	1
2	PROJ 09.11-GROUND FLOOR CLINIC-SINK	2009	215	43	5	43		65	2
3	PROJ 09.11-GROUND FLOOR CLINIC-ROOM DARKENING	2009	3,134	157	20	157		263	3
4	1971 LAND IMPROVEMENTS	1971	32,916		VARIOUS			32,916	4
5	1976 LAND IMPROVEMENT	1976	82,444		VARIOUS			82,444	5
6	1979 LAND IMPROVEMENTS	1979	30,208		VARIOUS			30,208	6
7	1981 LAND IMPROVEMENTS	1981	65,066		VARIOUS			65,066	7
8	1984 LAND IMPROVEMENTS	1984	61,686		VARIOUS			61,686	8
9	1991 LAND IMPROVEMENTS	1991	13,023		VARIOUS			13,023	9
10	1992 LAND IMPROVEMENTS	1992	656		VARIOUS			656	10
11	1993 LAND IMPROVEMENTS	1993	3,134		VARIOUS			3,134	11
12	1994 LAND IMPROVEMENTS	1994	3,983	11	VARIOUS	11		3,983	12
13	1995 LAND IMPROVEMENTS	1995	1,178		VARIOUS			1,178	13
14	1996 LAND IMPROVEMENTS	1996	3,963		VARIOUS			3,963	14
15	1998 LAND IMPROVEMENTS	1998	442	29	VARIOUS	29		367	15
16	2001 LAND IMPROVEMENTS	2001	6,453	645	VARIOUS	645		6,130	16
17	2002 LAND IMPROVEMENTS	2002	11,727	775	VARIOUS	775		7,751	17
18	2003 LAND IMPROVEMENTS	2003	36,978	4,248	VARIOUS	4,248		32,341	18
19	2004 LAND IMPROVEMENTS	2004	83,693	5,580	VARIOUS	5,580		36,263	19
20	2005 LAND IMPROVEMENTS	2005	84,686	5,687	VARIOUS	5,687		28,437	20
21	PROJ 07.03 - SOUTH PARKING LOT	2007	9,186	1,148	8	1,148		4,019	21
22	PROJ 07.07 - SOUTH PARKING LOT STAIRS-RICKARD'S/CC	2007	9,465	631	15	631		2,209	22
23	PROJ 07.07 - SOUTH PARKING LOT STAIRS - GRAVEL	2007	141	28	5	28		98	23
24	PROJ 06.09-HOME HEALTH MOVE-DEMO OF HOUSE IN SC	2007	3,528	235	15	235		823	24
25	SOUTH PATIO IMPROVEMENTS	2008	1,603	107	15	107		267	25
26	PAVING OF CLINIC PARKING LOT	2008	4,353	544	8	544		1,360	26
27	2010 Land Impr - Paving, Rock, Resurface, etc..	2010	15,449	1,023	30	1,023		1,023	27
28	PROJ. 08.15 SURGERY RENOVATION-CURTAINS/TRACKS	2010	1,082	108	20	108		108	28
29	PROJ. 08.06 - SPRINKLER WORK - CAPITALIZED INTERES	2010	2,939	59	25	59		59	29
30	PROJ. 08.05-RESPIRATORY REMODEL - CAPITALIZED INT	2010	385	5	40	5		5	30
31	PROJ. 08.04-HR RELOCATION - CAPITALIZED INTEREST	2010	723	14	25	14		14	31
32	PROJ. 08.15-SURGERY RENOVATION-RICKARD'S	2010	29,257	366	40	366		366	32
33	PROJ. 08.15-SURGERY RENOVATION-FLAD & ASSOCIATES	2010	12,889	161	40	161		161	33
34	TOTAL (lines 1 thru 33)		\$ 15,186,273	\$ 649,362		\$ 649,362	\$	\$ 7,703,975	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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Page 12J

Facility Name & ID Number Graham Hospital# 8000200

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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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 15,186,273	\$ 649,362		\$ 649,362	\$	\$ 7,703,975	1
2	PROJ. 08.15 SURGERY RENOVATION-CAPITALIZED INTERI	2010	2,576	32	40	32		44	2
3	PROJ. 08.15 SURGERY RENOVATION-DOORS/FRAMES/CLOS	2010	6,806	340	10	340		212	3
4	PROJ. 08.15 SURGERY RENOVATION-MAURER STUTZ ENGI	2010	1,510	19	40	19		32,916	4
5	PROJ. 08.15 SURGERY RENOVATION-MISC. BUILDING SUPP	2010	7,453	93	40	93		82,444	5
6	AMBULANCE BUILDING - WALNUT ST.	2010	1,089	14	40	14		30,208	6
7	PROJ. 10.02-PCU RAILING/CEILING-CEILING TILES AND	2010	4,602	230	10	230		65,066	7
8	PROJ. 10.02 - PCU RAILING/CEILING-NEW HAND RAIL EL	2010	1,963	65	15	65		61,686	8
9	PROJ. 08.16 - 2ND SOUTH REMODEL - HANDRAIL/END CAP	2010	2,301	77	15	77		13,023	9
10	DUROLAST ROOFING SYSTEM ON ROOFS P & R	2010	17,061	853	10	853		656	10
11	ROOF M REPLACEMENT - MRI ROOF	2010	6,935	347	10	347		3,134	11
12	PROJ. 10.07-GIFT SHOP REMODEL-RICKARD'S LABOR & CO	2010	4,786	160	15	160		3,983	12
13	PROJ. 10.07-GIFT SHOP REMODEL - ELLSWORTH GLASS &	2010	2,943	98	15	98		1,178	13
14	PROJ. 10.07-GIFT SHOP REMODEL-MISC. BUILDING SUPPL	2010	2,485	83	15	83		3,963	14
15	PROJ. 10.04-EXT. CARE RENOVATIONS-RICKARD'S LABOR	2010	15,761	197	40	197		367	15
16	PROJ. 10.04 EXT. CARE RENOVATIONS-FLAD & ASSOCIATE	2010	2,340	29	40	29		6,130	16
17	PROJ. 10.04-EXT. CARE RENOVATIONS-KIRWAN ENVIRONI	2010	183	2	40	2		7,751	17
18	PROJ. 10.04-EXT. CARE RENOVATIONS-FLOOR TILING	2010	2,730	68	20	68		32,341	18
19	PROJ. 10.04-EXT. CARE RENOVATIONS-PAINT/TRIM/WALL	2010	1,576	158	5	158		36,263	19
20	PROJ. 10.04 - EXT. CARE RENOVATIONS-HANDRAILS/COUN	2010	1,663	55	15	55		28,437	20
21	PROJ. 10.04 - EXT. CARE RENOVATIONS- WASTE	2010	368	5	40	5		4,019	21
22	PROJ. 09.07-OB RENOVATION-1ST PHASE - PJ HOERR CON	2010	638,751	7,984	40	7,984		2,209	22
23	PROJ. 09.07-OB RENOVATION 1ST PHASE-FLAD & ASSOCIA	2010	21,283	266	40	266		98	23
24	PROJ. 09.07-OB RENOVATION 1ST PHASE - CAPITALIZED	2010	53,739	672	40	672		823	24
25	PROJ. 09.07-OB RENOVATION 1ST PHASE-KIRWAN ENVIRO	2010	1,006	13	40	13		267	25
26	PROJ. 09.07-OB RENOVATION 1ST PHASE-MISC. BUILDING	2010	2,973	297	5	297		1,360	26
27	PROJ. 09.07-OB RENOVATION 1ST PHASE-DOORS	2010	1,927	96	10	96		1,023	27
28	PROJ. 09.07-OB RENOVATION 1ST PHASE-RICKARD'S LABO	2010	770	10	40	10		108	28
29	PROJ. 08.19-40 TON CHILLER - CAPITALIZED INTEREST	2010	617	31	10	31		31	29
30	PROJ. 08.15 SURGERY RENOVATION-ELECTRICAL SUPPLI	2010	16,751	419	20	419		419	30
31	PROJ. 08.15 SURGERY RENOVATION-TANNOCK ELECTRIC	2010	21,083	527	20	527		527	31
32	PROJ. 08.15 SURGERY RENOVATION-MECHANICAL SERVIC	2010	38,130	1,271	15	1,271		1,271	32
33	PROJ. 08.16-2ND SOUTH REMODEL-MECHANICAL SERVICE	2010	34,111	682	25	682		682	33
34	TOTAL (lines 1 thru 33)		\$ 16,104,542	\$ 664,554		\$ 664,554	\$ 0	\$ 8,126,614	34

SEE ACCOUNTANTS' COMPILATION REPORT

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STATE OF ILLINOIS

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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 16,104,542	\$ 664,554		\$ 664,554	\$	\$ 8,126,614	1
2	PROJ. 08.16 2ND SOUTH REMODEL-ELECTRICAL LABOR AN	2010	2,487	62	20	62		62	2
3	PROJ. 08.16-2ND SOUTH REMODEL-RICKARD'S LABOR ANI	2010	4,482	90	25	90		90	3
4	PROJ. 08.16-2ND SOUTH REMODEL-MISC. MAT. & ENGINEE	2010	2,571	51	25	51		51	4
5	PROJ. 10.04-EXT. CARE RENOVATIONS - MECHANICAL SER	2010	2,274	45	25	45		45	5
6	PROJ. 10.04-EXT. CARE RENOVATIONS-ELECTRICAL SUPPI	2010	1,085	54	10	54		54	6
7	PROJ. 10.04-EXT. CARE RENOVATIONS-MED GAS OUTLETS	2010	653	22	15	22		22	7
8	PROJ. 10.11-2ND EAST SPRINKLER SYSTEM-MECHANICAL	2010	27,126	543	25	543		543	8
9	PROJ. 10.11-2ND EAST SPRINKLER SYSTEM-RICKARD'S LA	2010	2,530	51	25	51		51	9
10	PROJ. 10.11-2ND EAST SPRINKLER SYSTEM-MISC. MAT'L	2010	637	13	25	13		13	10
11	PROJ. 09.07-OB RENOVATION 1ST PHASE-PUSH TO SET RE	2010	2,010	50	20	50		50	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,150,396	\$ 665,535		\$ 665,535	\$ 0	\$ 8,127,595	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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:

7/1/09

Ending:

6/30/10

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	\$ 365,912	\$ 20,503	\$ 20,503		5-10	\$ 297,883	71
72	Current Year Purchases	39,925	1,608	1,608		5-10	1,608	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 405,837	\$ 22,111	\$ 22,111			\$ 299,491	75

D. Vehicle Depreciation (See instructions.)*

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

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 16,556,233	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 687,646	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 687,646	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)	\$ 8,427,086	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>N/A</u>			\$			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: \$ N/A Description: N/A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18			<u>N/A</u>		18
19					19
20					20
21	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. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

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

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

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

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

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

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	N/A	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Graham Hospital**

8000200

Report Period Beginning: **7/1/09**

Ending: **6/30/10**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **6/30/10** (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 1,919,028	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	8,992,110		3
4	Supply Inventory (priced at)	1,496,488		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	1,022,988		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Other Current	2,357,751		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 15,788,365	\$	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	68,870,374		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	22,034,618		16
17	Accumulated Depreciation (book methods)	(47,774,433)		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 Assest Limited to Use)	49,496,460		22
23	Other(specify): Trust Fund	7,426,977		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 101,916,583	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 117,704,948	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,016,916	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	3,562,039		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Current Portion of LTD	665,000		36
37	See Sch 17A	9,146,456		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 15,390,411	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	29,785,000		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)	\$ 29,785,000	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 45,175,411	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 72,529,537	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 117,704,948	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

Graham Hospital

Provider #: 8000200
7/1/2009 to 6/30/2010

Schedule 17A

XV. Balance Sheet

	<u>Operating</u>
Other Liabilities - Line 37	
-Construction Payable	1,534,781
-Estimated amounts due to third-party	580,600
-Estimated Self-Insurance Costs	2,749,330
-Other Liabilities	4,281,745
	<u>9,146,456</u>

SEE ACCOUNTANTS' COMPILATION REPORT

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 69,843,428	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 69,843,428	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	2,553,654	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) Restricted Net Assets	375,430	15
16	Other (describe) Decrease in Temp. Resticted Assets	(242,975)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 2,686,109	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)	\$ 72,529,537	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Graham Hospital# 8000200Report Period Beginning: 7/1/09Ending: 6/30/10

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	\$ 3,507,650	1
2	Discounts and Allowances for all Levels		2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,507,650	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	370	24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 370	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Rev	102	28
28a	Hospital Rev	69,089,746	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 69,089,848	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 72,597,868	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,378,208	31
32	Health Care	1,912,313	32
33	General Administration	1,149,985	33
B. Capital Expense			
34	Ownership	164,468	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37	Hospital Exp	65,439,240	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 70,044,214	40
41	Income before Income Taxes (line 30 minus line 40)**	2,553,654	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,553,654	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.
Not for Profit

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

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

Facility Name & ID Number **Graham Hospital**

8000200

Report Period Beginning:

7/1/09

Ending:

6/30/10

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Graham Hospital

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	
N/A			\$	Workers' Compensation Insurance	\$	IDPH License Fee	\$	
				Unemployment Compensation Insurance		Advertising: Employee Recruitment		
				FICA Taxes		Health Care Worker Background Check		
				Employee Health Insurance		(Indicate # of checks performed _____)		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$					
B. Administrative - Other								
Description			Amount			Less: Public Relations Expense	()	
			\$			Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$	TOTAL (agree to Sch. V, line 20, col. 8)	\$	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
			\$	N/A		\$	Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$	TOTAL		\$	TOTAL	\$

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13								
													Amount of Expense Amortized Per Year							
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$								
2																				
3							N/A													
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20	TOTALS		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$								

SEE ACCOUNTANTS' COMPILATION REPORT

