

Facility Name & ID Number Misericordia Home-North

0029876 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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	55,544	4
5		Sheltered Care (SC)			5
6	140	ICF/DD 16 or Less	140	51,064	6
7	293	TOTALS	293	106,608	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	52,317	365		52,682	11
12	SC					12
13	DD 16 OR LESS	44,860	730		45,590	13
14	TOTALS	97,177	1,095		98,272	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? 8,336 (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, 7 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: 06/30/2010 Fiscal Year: 06/30/2010

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

Facility Name & ID Number Misericordia Home-North # 0029876 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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	596,071	85,214	49,274	730,559		730,559	(187,262)	543,297		1
2	Food Purchase		1,580,438		1,580,438		1,580,438	(554,008)	1,026,430		2
3	Housekeeping	818,478	219,675	218,493	1,256,646		1,256,646	(803,688)	452,958		3
4	Laundry	55,913	45,528		101,441		101,441	(8,767)	92,674		4
5	Heat and Other Utilities			1,031,404	1,031,404		1,031,404	(563,943)	467,461		5
6	Maintenance	807,490	231,309	1,413,713	2,452,512		2,452,512	(1,217,301)	1,235,211		6
7	Other (specify):*										7
8	TOTAL General Services	2,277,952	2,162,164	2,712,884	7,153,000		7,153,000	(3,334,969)	3,818,031		8
	B. Health Care and Programs										
9	Medical Director	22,508			22,508		22,508	(3,905)	18,603		9
10	Nursing and Medical Records	1,961,889	576,751	42,607	2,581,247		2,581,247	(444,499)	2,136,748		10
10a	Therapy	12,574,651	3,209	80,045	12,657,905		12,657,905	(3,077,472)	9,580,433		10a
11	Activities	408,346	20,862	41,759	470,967		470,967	(191,571)	279,396		11
12	Social Services	323,295	356		323,651		323,651	(113,149)	210,502		12
13	CNA Training	186,896	3,215	27,023	217,134		217,134	(57,588)	159,546		13
14	Program Transportation		100,942		100,942		100,942	(58,283)	42,659		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	15,477,585	705,335	191,434	16,374,354		16,374,354	(3,946,467)	12,427,887		16
	C. General Administration										
17	Administrative	336,976	4,827	22,643	364,446		364,446	(172,384)	192,062		17
18	Directors Fees										18
19	Professional Services			223,350	223,350		223,350	(69,048)	154,302		19
20	Dues, Fees, Subscriptions & Promotions			155,715	155,715		155,715	(121,597)	34,118		20
21	Clerical & General Office Expenses	1,249,838	118,541	136,367	1,504,746		1,504,746	(596,179)	908,567		21
22	Employee Benefits & Payroll Taxes			5,825,678	5,825,678		5,825,678	(2,241,489)	3,584,189		22
23	Inservice Training & Education										23
24	Travel and Seminar			10,625	10,625		10,625	(4,322)	6,303		24
25	Other Admin. Staff Transportation		303		303		303	(303)			25
26	Insurance-Prop.Liab.Malpractice			2,882	2,882		2,882	(1,581)	1,301		26
27	Other (specify):*										27
28	TOTAL General Administration	1,586,814	123,671	6,377,260	8,087,745		8,087,745	(3,206,903)	4,880,842		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	19,342,351	2,991,170	9,281,578	31,615,099		31,615,099	(10,488,339)	21,126,760		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, 2009

Ending:

June 30, 2010

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			3,450,588	3,450,588		3,450,588	(1,949,170)	1,501,418			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			16,165	16,165		16,165	(16,165)				32
33	Real Estate Taxes			1,675	1,675		1,675	(1,675)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			3,468,428	3,468,428		3,468,428	(1,967,010)	1,501,418			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	3,065,200	342,559	(490,776)	2,916,983		2,916,983	(2,906,140)	10,843			39
40	Barber and Beauty Shops			47	47		47		47			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			1,090,027	1,090,027		1,090,027		1,090,027			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	3,065,200	342,559	599,298	4,007,057		4,007,057	(2,906,140)	1,100,917			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	22,407,551	3,333,729	13,349,304	39,090,584		39,090,584	(15,361,489)	23,729,095			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, 2009Ending: June 30, 2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Gain/Loss on disposal/consultant - IDPA portion	\$ 278	6	1
2	Off-site recreational facility/non-care auto	(4,908)	30	2
3	Off-site recreational facility	(14,358)	17	3
4	Investment Fees and other misc fees-IDPA portion	(2,086)	20	4
5	Donated services and equipment	(1,946)	6	5
6	Donated services and equipment	(1,325)	22	6
7	Donated services and equipment	(23,873)	17	7
8	Donated services and equipment	(964)	10	8
9	Non-care autot	(191)	25	9
10	Expenses reimbursed from other sources:			10
11	Dietarty wages	(117,105)	1	11
12	Dietary Supplies	(60,477)	1	12
13	Dietary Other	(9,680)	1	13
14	Food Supplies	(554,008)	2	14
15	Housekeeping Wages	(611,037)	3	15
16	Housekeeping Supplies	(73,436)	3	16
17	Housekeeping Other	(119,215)	3	17
18	Laundry Wages	(7,532)	4	18
19	Laundry Supplies	(1,235)	4	19
20	Heat and Other Utilities	(563,943)	5	20
21	Maintenance Wages	(458,786)	6	21
22	Maintenance Supplies	(108,386)	6	22
23	Maintenance Other	(648,461)	6	23
24	Medical Director	(3,905)	9	24
25	Nursing/Med Records Wages	(340,445)	10	25
26	Nursing/Med Records Supplies	(96,761)	10	26
27	Nursing/Med Records Other	(6,329)	10	27
28	Therapy Wages	(2,957,693)	10a	28
29	Therapy supplies	(1,372)	10a	29
30	Theray other	(16,185)	10a	30
31	Activities Wages	(145,010)	11	31
32	Activities Supplies	(8,334)	11	32
33	Activities Other	(38,227)	11	33
34	Social Services Wages	(113,047)	12	34
35	Social Services Supplies/Other	(102)	12	35
36	Training	(57,588)	13	36
37	Program Transportation	(58,283)	14	37
38	Administrative Wages/Other	(134,153)	17	38
39	Professional Services	(69,048)	19	39
40	Dues, Fees, Subscriptions & Promotions	(119,511)	20	40
41	Clerical Wages, supplies and other	(587,046)	21	41
42	Employee Benefits & Payroll Taxes	(2,240,164)	22	42
43	Travel & Seminar	(4,322)	24	43
44	Other Administrative Staff Transportation	(112)	25	44
45	Insurance	(1,581)	26	45
46	Depreciation	(2,082,170)	30	46
47	Ancillary Service Centers	(2,906,140)	39	47
48	Real estate taxes	(1,675)	33	48
49	Total	(15,371,877)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Misericordia Home-North# 0029876

Report Period Beginning:

July 1, 2009

Ending:

June 30, 2010

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	(187,262)	0	0	0	0	0	0	0	0	0	0	(187,262)	1
2	Food Purchase	(554,008)	0	0	0	0	0	0	0	0	0	0	(554,008)	2
3	Housekeeping	(803,688)	0	0	0	0	0	0	0	0	0	0	(803,688)	3
4	Laundry	(8,767)	0	0	0	0	0	0	0	0	0	0	(8,767)	4
5	Heat and Other Utilities	(563,943)	0	0	0	0	0	0	0	0	0	0	(563,943)	5
6	Maintenance	(1,217,301)	0	0	0	0	0	0	0	0	0	0	(1,217,301)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,334,969)	0	(3,334,969)	8									
	B. Health Care and Programs													
9	Medical Director	(3,905)	0	0	0	0	0	0	0	0	0	0	(3,905)	9
10	Nursing and Medical Records	(444,499)	0	0	0	0	0	0	0	0	0	0	(444,499)	10
10a	Therapy	(3,077,472)	0	0	0	0	0	0	0	0	0	0	(3,077,472)	10a
11	Activities	(191,571)	0	0	0	0	0	0	0	0	0	0	(191,571)	11
12	Social Services	(113,149)	0	0	0	0	0	0	0	0	0	0	(113,149)	12
13	CNA Training	(57,588)	0	0	0	0	0	0	0	0	0	0	(57,588)	13
14	Program Transportation	(58,283)	0	0	0	0	0	0	0	0	0	0	(58,283)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(3,946,467)	0	(3,946,467)	16									
	C. General Administration													
17	Administrative	(172,384)	0	0	0	0	0	0	0	0	0	0	(172,384)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(69,048)	0	0	0	0	0	0	0	0	0	0	(69,048)	19
20	Fees, Subscriptions & Promotions	(121,597)	0	0	0	0	0	0	0	0	0	0	(121,597)	20
21	Clerical & General Office Expenses	(596,179)	0	0	0	0	0	0	0	0	0	0	(596,179)	21
22	Employee Benefits & Payroll Taxes	(2,241,489)	0	0	0	0	0	0	0	0	0	0	(2,241,489)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(4,322)	0	0	0	0	0	0	0	0	0	0	(4,322)	24
25	Other Admin. Staff Transportation	(303)	0	0	0	0	0	0	0	0	0	0	(303)	25
26	Insurance-Prop.Liab.Malpractice	(1,581)	0	0	0	0	0	0	0	0	0	0	(1,581)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,206,903)	0	(3,206,903)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(10,488,339)	0	(10,488,339)	29									

STATE OF ILLINOIS

Facility Name & ID Number Misericordia Home-North# 0029876

Report Period Beginning:

July 1, 2009 Ending:

Summary B

June 30, 2010

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	(1,949,170)	0	0	0	0	0	0	0	0	0	0	(1,949,170)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(16,165)	0	0	0	0	0	0	0	0	0	0	(16,165)	32
33	Real Estate Taxes	(1,675)	0	0	0	0	0	0	0	0	0	0	(1,675)	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	(1,967,010)	0	0	0	0	0	0	0	0	0	0	(1,967,010)	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	(2,906,140)	0	0	0	0	0	0	0	0	0	0	(2,906,140)	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	(2,906,140)	0	0	0	0	0	0	0	0	0	0	(2,906,140)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(15,361,489)	0	0	0	0	0	0	0	0	0	0	(15,361,489)	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 2010						
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	\$			\$	\$	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, 2009

Ending:

June 30, 2010

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	Executive Director	Oversees Misericor	N/A	N/A	50+	100.00	Salary	\$	1
2										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).									5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2009

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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

Report Period Beginning:

July 1, 2009 Ending:

June 30, 2010

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

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1. Real Estate Tax accrual used on 2009 report.		\$		1		
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$		2		
3. Under or (over) accrual (line 2 minus line 1).		\$		3		
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$		4		
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5		
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6		
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$		7		
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2005	_____	8	FOR BHF USE ONLY		
	2006	_____	9			
	2007	_____	10			
	2008	_____	11			
	2009	_____	12			
				13	FROM R. E. TAX STATEMENT FOR 2009 \$	13
				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Misericordia Home-North COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0029876

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

If YES, attach an explanation 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.**

Facility Name & ID Number Misericordia Home-North

0029876

Report Period Beginning:

July 1, 2009 Ending:

June 30, 2010

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 504,610 B. General Construction Type: Exterior Brick Frame Solid Masonry 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).
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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	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		5,083	10
11		Tile Repairs-Labor	2007		3,850	257	15	257		705	11
12		Wall Guards	2008		1,545	309	5	309		670	12
13		Wall Guards	2008		10,871	2,174	5	2,174		4,711	13
14		Install New Boiler-Mat and Labor(Replacement)	2008		27,842	2,784	10	2,784		4,640	14
15		MC GOWAN									15
16		Air Conditioning Improvement	2007		6,563	438	15	438		1,422	16
17		Rewire Chiller	2008		3,416	342	10	342		683	17
18		Repair due to Lightning Strike-Protecting Panels	2008		387	17	15	17		43	18
19											19
20		VILLAGE-BRACH HOME									20
21		Repair due to Lightning Strike-Protecting Panels	2008		387	17	15	17		43	21
22		Wiring for Internet Connection-Labor	2009		975	11	15	11		76	22
23		VILLAGE-HESBRITT HOME									23
24		Repair due to Lightning Strike-Protecting Panels	2008		387	17	15	17		43	24
25		Wiring for Internet Connection-Labor	2009		975	11	15	11		76	25
26		VILLAGE-MAHONEY HOME									26
27		Repair due to Lightning Strike-Protecting Panels	2008		387	17	15	17		43	27
28		Wiring for Internet Connection-Labor	2009		975	11	15	11		76	28
29		VILLAGE-MAZZA HOME									29
30		Flooring	2007		4,147	415	10	415		1,037	30
31		Install Wood Floor	2008		10,558	1,056	10	1,056		2,551	31
32		Repair due to Lightning Strike-Protecting Panels	2008		387	17	15	17		43	32
33		Wiring for Internet Connection-Labor	2009		975	11	15	11		76	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	<u>VILLAGE-MINIAT HOME</u>		\$	\$		\$	\$	\$	37
38									38
39	<u>Vinyl Flooring</u>	2006	4,373	437	10	437		1,713	39
40	<u>Repair due to Lightning Strike-Protecting Panels</u>	2008	387	17	15	17		43	40
41	<u>Wiring for Internet Connection-Labor</u>	2009	975	11	15	11		76	41
42	<u>Flooring-Corridor</u>	2009	2,745		1				42
43	<u>VILLAGE-O'DONNELL HOME</u>								43
44	<u>Repair due to Lightning Strike-Protecting Panels</u>	2008	387	17	15	17		43	44
45	<u>Wiring for Internet Connection-Labor</u>	2009	975	11	15	11		76	45
46									46
47	<u>VILLAGE-POLK HOME</u>								47
48	<u>Repair due to Lightning Strike-Protecting Panels</u>	2008	387	17	15	17		43	48
49	<u>Wiring for Internet Connection-Labor</u>	2009	975	11	15	11		76	49
50	<u>VILLAGE-RICE HOME</u>								50
51	<u>Repair due to Lightning Strike-Protecting Panels</u>	2008	387	17	15	17		43	51
52	<u>Wiring for Internet Connection-Labor</u>	2009	975		1				52
53	<u>Labor and Materials</u>	2009	6,518		10			652	53
54									54
55	<u>VILLAGE-SHANNON HOME</u>								55
56	<u>Vinyl Flooring</u>	2006	8,790	879	10	879		3,443	56
57	<u>Floor Wall Base</u>	2006	1,870	187	10	187		686	57
58	<u>Replace Conduit Damage</u>	2007	2,641	132	20	132		385	58
59	<u>Repair due to Lightning Strike-Protecting Panels</u>	2008	387	17	15	17		43	59
60	<u>Wiring for Internet Connection-Labor</u>	2009	975	11	15	11		76	60
61	<u>MARIAN CENTER</u>								61
62	<u>Ductwork</u>	2006	4,635	232	20	232		1,023	62
63	<u>Ductwork</u>	2006	2,798	140	20	140		618	63
64	<u>Bathroom-Material and Labor</u>	2006	4,463	297	15	297		1,264	64
65	<u>Labor</u>	2006	2,054	137	15	137		571	65
66	<u>Repair Fire Panel</u>	2006	2,585	103	25	103		422	66
67	<u>Labor</u>	2006	2,520	168	15	168		672	67
68	<u>Labor-MC Renovation</u>	2006	3,360	224	15	224		877	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 154,247	\$ 12,533		\$ 12,533	\$	\$ 34,865	70

**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 12A, Carried Forward		\$ 154,247	\$ 12,533		\$ 12,533		\$ 34,865	1
2	Labor-MC Renovation	2006	1,400	93	15	93	(0)	358	2
3	Woodflank-Flooring	2006	4,188	419	10	419		1,501	3
4	Facility Management Fees	2007	1,320	88	15	88		286	4
5	Install Floor-Vinyl	2007	3,575	715	5	715		2,264	5
6	Plastering	2007	3,600	300	12	300		950	6
7	Kitchen Cabinets	2007	14,695	980	15	980		3,102	7
8	Counter Tops-Sinks	2007	3,990	266	15	266		842	8
9	Labor	2007	4,760	317	15	317		1,005	9
10	Kitchen Cabinets	2007	19,495	1,300	15	1,300		4,116	10
11	Labor-Renovation	2007	385	26	15	26		79	11
12	Flooding-Wood	2007	10,953	1,095	10	1,095		3,377	12
13	Electrical Wiring-Remodeling Kitchen	2007	1,780	89	20	89		275	13
14	Chiller	2007	43,672	2,911	15	2,911		8,977	14
15	Vinyl sheets-Flooring	2007	307	21	15	21		62	15
16	Install Chiller	2007	3,982	265	15	265		796	16
17	Kitchen Cabinets	2007	14,695	980	15	980		2,939	17
18	Install Cabinets	2007	200	13	15	13		40	18
19	Install Cabinets	2007	2,479	165	15	165	0	496	19
20	Misc. Labor	2007	5,040	336	15	336		980	20
21	Cabinet Installation-Labor	2007	4,800	320	15	320		933	21
22	Misc. Labor	2007	960	64	15	64		187	22
23	Misc. Labor	2007	960	64	15	64		181	23
24	Install Corian Counter Top	2007	3,990	200	20	200		565	24
25	Install Tile-Labor	2007	1,245	83	15	83		228	25
26	Wiring Trim Power	2007	1,165	58	20	58		160	26
27	Flooring Replacement	2007	14,470	723	20	723		1,990	27
28	2 Hot Water System Temper	2007	39,918	3,992	10	3,992		9,980	28
29	Kitchen Cabinets	2008	14,288	953	15	953		2,143	29
30	Cabinet	2008	14,288	953	15	953		2,064	30
31	New Counter Tops	2008	3,867	258	15	258		537	31
32	New Cabinets	2008	4,800	320	15	320		667	32
33	Electrical Wiring	2008	3,761	188	20	188		392	33
34	TOTAL (lines 1 thru 33)		\$ 403,275	\$ 31,088		\$ 31,087	\$ (0)	\$ 87,336	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 12B, Carried Forward		\$ 403,275	\$ 31,088		\$ 31,087	\$ (0)	\$ 87,336	1
2	Labor	2008	11,659	777	15	777		1,554	2
3	Flooring Decoria Wood	2008	4,130	413	10	413		826	3
4	Vinyl Flooring	2008	13,567	1,131	10	1,131		2,487	4
5	Cabinets-50% Downpayment	2008	15,000	750	15	750		1,750	5
6	Cabinets-Apt 101 Final payment	2008	19,845	772	15	772		2,095	6
7	Mat.&Labor-Countertop; Double Bowl Sink; laundry	2008	4,531	151	15	151		453	7
8	IDPH Marian Ctr Life Safety Consultation	2008	9,300	310	15	310		930	8
9	Flooring-Vinyl-Mat&labor	2009	8,850	369	10	369		1,254	9
10	Misc.Sheet Metal Repair-Mat&Labor	2009	2,872	48	15	48		239	10
11	Flooring-Vinyl-6 units Mat&labor	2009	33,262	832	10	832		4,158	11
12	Ditka Hall-Paver Installation	2009	3,465	58	15	58		289	12
13	Labor-Misc. Work	2009	560	16	15	16		53	13
14	Cabinets-Apt 102-50% Downpayment	2009	16,450	183	15	183		1,279	14
15	Dens-Apt 102-50% Downpayment	2009	1,458	16	15	16		113	15
16	Cabinets-Apt 103-50% Downpayment	2009	15,529	173	15	173		1,208	16
17	Wallpaper Supplies	2009	3,723	62	5	62		807	17
18	Flooring-MC 102	2009	7,210	721	10	721		721	18
19	Labor-Misc. Worl-MC 102	2009	560	3	15	3		40	19
20	Labor-Misc. Worl-MC 103	2009	1,400	93	15	93		93	20
21	Facility Management Fees-#3662 Renovation	2008	1,500	92	15	92		192	21
22	Facility Management Fees-Renovation	2008	240	13	15	13		29	22
23	Facility Management Fees-Renovation	2008	520	26	15	26		61	23
24	Facility Management Fees-Renovation	2008	455	20	15	20		51	24
25	Facility Management Fees-Renovation	2008	1,820	71	15	71		192	25
26	Facility Management Fees-Renovation	2008	2,080	69	15	69		208	26
27	Facility Management Fees-Renovation	2009	1,430	40	15	40		135	27
28	Facility Management Fees-Renovation	2009	2,340	26	15	26		182	28
29	Facility Management Fees-Renovation	2009	1,820	10	15	10		131	29
30	Electrical Wiring-Mat&Labor-MC Remodelling	2009	3,134	65	20	65		222	30
31	Electrical Wiring-Mat&Labor-MC Remodelling	2009	3,681	31	20	31		215	31
32	Electrical Wiring-Mat&Labor-MC Remodelling	2009	4,084	17	20	17		221	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 599,749	\$ 38,444		\$ 38,444	\$ (0)	\$ 109,525	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		\$ 599,749	\$ 38,444		\$ 38,444	\$ (0)	\$ 109,525	1
2	CONNELLY HOME								2
3	Labor	2006	3,360	224	15	224		952	3
4	Plan Review Fees	2006	9,600	640	15	640		2,613	4
5	Carpentry	2006	15,603	1,040	15	1,040		4,421	5
6	Construction	2006	2,406	160	15	160		682	6
7	Labor	2006	1,947	130	15	130		552	7
8	Fire Alarm System Connection	2006	4,370	291	15	291		1,238	8
9	Fire Alarm System Requirement	2006	17,308	1,731	10	1,731		6,923	9
10	Planning	2006	1,905	127	15	127		508	10
11	Labor	2006	5,164	344	15	344		1,377	11
12	Planning	2006	350	23	15	23		85	12
13	Planning	2006	3,845	256	15	256		1,226	13
14	Air Condition Improvement	2006	5,660	377	15	377		898	14
15									15
16	Holbrook-Prior to 2006		3,872,062	196,578		196,578		2,484,572	16
17	McGowan-Prior to 2006		1,500,643	76,316		76,316		952,595	17
18	Village Homes-Prior to 2006		4,326,366	180,868		180,868	0	3,613,415	18
19	Marian Center-Prior to 2006		4,433,030	58,280		165,917	107,637	4,143,765	19
20	Connelly Home-Prior to 2006		1,975,418	100,447		100,447		935,735	20
21	Support and MGA allocations:								21
22	Connolly Center Laundry allocated based on weight of laund		206,853	9,541		9,541		28,844	22
23	Resource Center allocated based on # of residents		406,699	48,172		48,172		127,619	23
24	Staff Development allocation based on # of emp trained		97,921	9,785		9,785		43,918	24
25	Food Services allocated based on # of meals		748,581	23,456		38,548	15,092	556,935	25
26	Building Operations allocation based on squ feet		6,268,026	238,296		240,047	1,751	3,587,693	26
27	Therapy dept allocation based on staff hours		150,825	14,017		14,017		105,090	27
28	MGA alloc based # of employees, direct exp		1,256,248	39,482		52,910	13,428	739,166	28
29	Housekeeping allocation based on squ feet		44,101	1,237		1,237		34,731	29
30	Nursing allocation based on meds passed.		477,147	41,007		41,007		341,741	30
31	Pool & Fitness based on # of residents.		1,675,617	111,760		111,760		1,009,064	31
32	Purchasing dept allocated based on # of requisitions		118,616	3,263		3,263	0	52,319	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 28,229,420	\$ 1,196,293		\$ 1,334,202	\$ 137,908	\$ 18,888,202	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 12D, Carried Forward		\$ 28,229,420	\$ 1,196,293		\$ 1,334,202	\$ 137,908	\$ 18,888,202	1
2	<u>MARIAN CENTER</u>								2
3									3
4	<u>Renovation Work-Balance for Cabinets</u>	2009	1,458	97	15	97		97	4
5	<u>Materials and Labor-Wall Base</u>	2009	8,552	475	15	475		475	5
6	<u>Countertops and Sink</u>	2009	3,976	221	15	221		221	6
7	<u>Cabinetry-MC Apt103</u>	2009	16,598	1,014	15	1,014		1,014	7
8	<u>Facility Management Fees</u>	2009	1,560	87	15	87		87	8
9	<u>Facility Management Fees-Renovation</u>	2009	1,950	97	15	97		97	9
10	<u>Misc.Hardwares (Carpentry)-MC Apt104</u>	2009	1,446	72	15	72		72	10
11	<u>Cabinetry-50%Downpayment-MC-Apt202</u>	2009	17,215	861	15	861		861	11
12	<u>Labor-Electrical Wiring-MC-Apt103</u>	2009	1,448	88	15	88		88	12
13	<u>Labor-Electrical Wiring-MC-Apt103</u>	2009	2,509	153	15	153		153	13
14	<u>Materials and Labor-Electrical Wiring-MC Apt102</u>	2009	2,758	169	15	169		169	14
15	<u>Labor-MC Apt 103</u>	2009	2,800	156	15	156		156	15
16	<u>Carpentry Material-MC Apt 104</u>	2009	1,446	108	15	108		108	16
17	<u>Facility Management Fees-Renovation</u>	2009	1,950	87	15	87		87	17
18	<u>Furnish and Install Vinyl Flooring-MC Apt 103</u>	2009	7,405	555	10	555		555	18
19	<u>Facility Management Fees-Renovation</u>	2009	1,950	130	15	130		130	19
20	<u>Misc Bathroom Works-Tiles MC Apt 202-Labor</u>	2009	280	9	15	9		9	20
21	<u>Cabinetry-Final Payment-MC-Apt202</u>	2009	17,215	669	15	669		669	21
22	<u>Misc. Renovation Supplies-MC Apt202</u>	2009	6,008	350	10	350		350	22
23	<u>Mat.and Labor-Mosaic Floor Tile-MC Apt105</u>	2009	3,232	94	20	94		94	23
24	<u>Facility Management Fees-Renovation</u>	2009	2,340	78	15	78		78	24
25	<u>Cabinetry-50%Downpayment-MC-Apt203</u>	2010	15,526	518	15	518		518	25
26	<u>Facility Management Fees-Renovation</u>	2009	2,210	86	15	86		86	26
27	<u>Mat.and Labor-Electrical Wirings</u>	2009	3,088	90	20	90		90	27
28	<u>Mat.and Labor-Electrical Wirings-MC Apt 202</u>	2009	772	23	20	23		23	28
29	<u>Mat.and Labor-Electrical MC Apt202</u>	2009	4,374	109	20	109		109	29
30	<u>Faucet-MC Apt202</u>	2010	179	5	20	5		5	30
31	<u>Labor-Misc Work-MC Apt202</u>	2009	4,200	163	15	163		163	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 28,363,865	\$ 1,202,859		\$ 1,340,768	\$ 137,908	\$ 18,894,768	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 12E, Carried Forward		\$ 28,363,865	\$ 1,202,859		\$ 1,340,768	\$ 137,908	\$ 18,894,768	1
2	MARIAN CENTER								2
3	Mat. And Labor-MC Apt102	2010	1,013	28	15	28		28	3
4	Labor-MC Apt102	2010	772	21	15	21		21	4
5	Facility Management Fees	2010	780	22	15	22		22	5
6	Chopped Out Hallway and Bathroom Wall-Plaster	2010	1,200	33	12	33		33	6
7	Mat.and Labor-Install Countertops in Kitchen	2010	4,195	87	20	87		87	7
8	Bath Tile Flooring-Mat.and Labor-MC Apt202	2010	3,625	76	20	76		76	8
9	Mat.and Labor-Flooring-Vinyl-MC Apt 202	2010	7,750	323	10	323		323	9
10	Misc. Hardware and Supplies-Remodel-MC Apt102	2010	360	8	15	8		8	10
11	Misc. Labor-MC Remodelling-Apt 203	2010	3,080	68	15	68		68	11
12	Facility Management Fees	2010	1,300	29	15	29		29	12
13	Kitchen and Laundry Room Countertops	2010	3,979	66	15	66		66	13
14	Final Payment-Cabinetry	2010	15,526	345	15	345		345	14
15	Labor-Electrical Work-MC Apt203	2010	965	16	20	16		16	15
16	Mat.and Labor-Electrical Work-MC Apt203	2010	1,964	33	20	33		33	16
17	Misc. Supples-MC Apt203	2010	772	26	10	26		26	17
18	Labor-Electrical Wirings-	2010	3,860	48	20	48		48	18
19	Facility Management Fees-MC Renovation-Planning	2010	2,470	41	15	41		41	19
20	New Vinyl Flooring-MC Apt203	2010	7,690	192	10	192		192	20
21	Misc. Labor-Flooring Prep-MC Apt203	2010	1,015	17	15	17		17	21
22	Facility Management Fees	2010	1,820	20	15	20		20	22
23	Facility Management Fees-MC Renovation	2010	1,950	11	15	11		11	23
24	Facility Management Fees-Senior Consultant	2010	2,210		15				24
25	MCGOWAN								25
26	Mat. And Labor-Fire Alarm Sprinkler	2009	1,737	41	25	41		41	26
27	Mat. And Labor-Fire Alarm Sprinkler	2009	1,544	45	20	45		45	27
28	Mat.and Labor-Electrical -Life Safety	2009	2,487	73	20	73		73	28
29	VILLAGE-BRACH HOME								29
30	Flooring-Stairwell Carpet	2010	1,645	137	5	137		137	30
31	Vinyl Flooring-Living Room and Dining Room	2010	7,256	363	10	363		363	31
32	Facility Management Fees	2009	278	9	15	9		9	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 28,447,109	\$ 1,205,038		\$ 1,342,946	\$ 137,908	\$ 18,896,947	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, 2009 Ending: June 30, 2010

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		\$ 28,447,109	\$ 1,205,038		\$ 1,342,946	\$ 137,908	\$ 18,896,947	1
2	VILLAGE-BRACH HOME								2
3	Facility Management Fees-Village Floor Plan	2010	389	11	15	11		11	3
4	Facility Management Fees-Village Floor Plan Replacement	2010	389	9	15	9		9	4
5	Facility Management Fees-Village Floor Plan Replacement	2010	667	11	15	11		11	5
6	VILLAGE-MINIAT								6
7	Vinyl-Flooring-Living Room and Dining Room	2010	5,606	280	10	280		280	7
8	Facility Management Fees	2009	175	6	15	6		6	8
9	Facility Management Fees-Floor Plan	2010	245	7	15	7		7	9
10	Facility Management Fees-Floor Replacement	2010	245	5	15	5		5	10
11	Facility Management Fees-Floor Replacement	2010	420	7	15	7		7	11
12	Shower Wall Covering	2010	3,120	260	5	260		260	12
13	VILLAGE-POLK								13
14	Vinyl Flooring-Living Room and Bedroom	2010	6,325	316	10	316		316	14
15	Facility Management Fees	2009	197	7	15	7		7	15
16	Facility Management Fees-Floor Plan	2010	276	8	15	8		8	16
17	Facility Management Fees-Floor Replacement	2010	276	6	15	6		6	17
18	Facility Management Fees-Floor Replacement	2010	474	8	15	8		8	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)		\$ 28,465,912	\$ 1,205,978		\$ 1,343,887	\$ 137,908	\$ 18,897,887	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	\$ 1,448,452	\$ 128,001	\$ 128,001	\$	10	\$ 846,429	71
72	Current Year Purchases	103,407	508	508		10	508	72
73	Fully Depreciated Assets	1,764,523					1,764,523	73
74								74
75	TOTALS	\$ 3,316,382	\$ 128,509	\$ 128,509	\$		\$ 2,611,460	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			\$ 291,961	\$ 29,022	\$ 29,022	\$	3	\$ 224,248	76
77										77
78										78
79										79
80	TOTALS			\$ 291,961	\$ 29,022	\$ 29,022	\$		\$ 224,248	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)	\$ 32,074,255	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,363,509	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,501,418	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 137,908	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 21,733,595	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	\$ 7,647,993	\$ 446,727	\$ 5,513,656	86
87	Auto alloc to other prog	862,917	77,276	641,299	87
88	Bldg & Improv alloc to other prog	77,029,274	2,441,507	28,359,258	88
89	Land	801,804			89
90					90
91	TOTALS	\$ 86,341,988	\$ 2,965,510	\$ 34,514,213	91

G. Construction-in-Progress

	Description	Cost	
92	4 new homes on campus	\$ 10,540,905	92
93	various renovations on campus	1,245,674	93
94			94
95		\$ 11,786,579	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. _____ /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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input 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		2,362		2,362
3	Classroom Wages (a)		137,313		137,313
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		19,871		19,871
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 159,546	\$	\$ 159,546
10	SUM OF line 9, col. 1 and 2 (e)	\$	159,546		

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	39	2142 hrs	10,843				2,142	10,843	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): <u>Hair dresser</u>	40		47					47	12
13	Other (specify):									13
14	TOTAL			\$ 10,890		\$	\$	2,142	\$ 10,890	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, 2009Ending: June 30, 2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2010 (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	\$ 13,221,571	\$	1
2	Cash-Patient Deposits	344,926		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>35,000</u>)	12,433,244		3
4	Supply Inventory (priced at)	254,007		4
5	Short-Term Investments	3,507,908		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	41,796		7
8	Accounts Receivable (owners or related parties)	1,870,136		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 31,673,588	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	801,804		13
14	Buildings, at Historical Cost	105,495,186		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	12,119,253		16
17	Accumulated Depreciation (book methods)	(56,247,808)		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 (specify):			22
23	Other(specify): <u>CIP</u>	11,786,579		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 73,955,014	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 105,628,602	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,368,137	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	329,768		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	2,845,808		30
31	Accrued Taxes Payable (excluding real estate taxes)	85,019		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>	582,967		36
37	<u>Other Liabilities and ARO</u>	753,427		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,965,126	\$	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)	\$ 5,965,126	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 99,663,476	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 105,628,602	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 94,916,134	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 94,916,134	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(6,985,590)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	18,010,203	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) <u>Net Loss from McAuley</u>	(4,060,871)	15
16	Other (describe) <u>Development & Community Relations</u>	(1,923,205)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 5,040,537	17
	B. Transfers (Itemize):		
18	<u>Investment activity/insurance proceeds</u>	357,443	18
19	<u>Net Asset Reclassification</u>	(650,638)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (293,195)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 99,663,476	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Misericordia Home-North# 0029876Report Period Beginning: July 1, 2009Ending: June 30, 2010

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	\$ 24,933,888	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 24,933,888	3
B. Ancillary Revenue			
4	Day Care	7,171,106	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 7,171,106	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)	\$ 32,104,994	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	7,153,000	31
32	Health Care	16,374,354	32
33	General Administration	8,087,745	33
B. Capital Expense			
34	Ownership	3,468,428	34
C. Ancillary Expense			
35	Special Cost Centers	2,917,030	35
36	Provider Participation Fee	1,090,027	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 39,090,584	40
41	Income before Income Taxes (line 30 minus line 40)**	(6,985,590)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (6,985,590)	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, 2009

Ending:

June 30, 2010

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	1,957	2,080	\$ 80,588	\$ 38.74	1
2	Assistant Director of Nursing					2
3	Registered Nurses	32,656	37,614	1,134,005	30.15	3
4	Licensed Practical Nurses	20,865	23,300	603,341	25.89	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	9,821	11,026	353,351	32.05	7
8	Rehab/Therapy Aides	13,054	14,895	284,075	19.07	8
9	Activity Director	2,022	2,198	59,174	26.92	9
10	Activity Assistants	28,577	30,443	349,172	11.47	10
11	Social Service Workers	10,797	12,217	280,256	22.94	11
12	Dietician	1,649	1,764	58,659	33.25	12
13	Food Service Supervisor	704	1,244	49,890	40.10	13
14	Head Cook	15,825	17,570	301,844	17.18	14
15	Cook Helpers/Assistants	14,787	16,033	185,678	11.58	15
16	Dishwashers					16
17	Maintenance Workers	34,427	37,749	807,490	21.39	17
18	Housekeepers	52,256	58,749	818,478	13.93	18
19	Laundry		4,417	55,913	12.66	19
20	Administrator	6,179	6,958	336,976	48.43	20
21	Assistant Administrator					21
22	Other Administrative	30,670	34,653	899,972	25.97	22
23	Office Manager	3,758	4,180	75,416	18.04	23
24	Clerical	18,698	20,968	349,866	16.69	24
25	Vocational Instruction	138,690	156,906	3,065,200	19.54	25
26	Academic Instruction	6,561	7,412	186,896	25.22	26
27	Medical Director	251	263	22,508	85.58	27
28	Qualified MR Prof. (QMRP)	90,650	99,650	1,942,502	19.49	28
29	Resident Services Coordinator	60,761	68,948	1,422,180	20.63	29
30	Habilitation Aides (DD Homes)	567,719	640,937	8,544,058	13.33	30
31	Medical Records	4,757	5,354	82,100	15.33	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Nurse Practitioner</u>	1,451	1,601	57,962	36.20	33
34	TOTAL (lines 1 - 33)	1,169,542	1,319,129	\$ 22,407,551 *	\$ 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	1,408	\$ 49,274	1	35
36	Medical Director				36
37	Medical Records Consultant		8,171	10	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	591	33,761	10a	41
42	Respiratory Therapy Consultant	41	1,634	10a	42
43	Speech Therapy Consultant	409	21,397	10a	43
44	Activity Consultant		19,564	11	44
45	Social Service Consultant				45
46	Other(specify) <u>Academic Inst</u>		27,023	13	46
47	<u>Psych/Behaviorsal Therapist</u>		23,253	10a	47
48	<u>Doctor/Dentist</u>	679	34,436	10	48
49	TOTAL (lines 35 - 48)	3,128	\$ 218,513		49

C. CONTRACT NURSES

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

Facility Name & ID Number Misericordia Home-North# 0029876Report Period Beginning: July 1, 2009 Ending: June 30, 201**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. \$ 67,735 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. \$ 0 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? Yes, minimum
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? Yes
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.