

		FOR BHF USE					

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**2011  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
FOR LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2011)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p><b>I. IDPH License ID Number:</b> <u>8000200</u></p> <p><b>Facility Name:</b> <u>Graham Hospital</u></p> <p><b>Address:</b> <u>210 West Walnut Street</u> <u>Canton</u> <u>61520</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Fulton</u></p> <p><b>Telephone Number:</b> <u>(309)-647-5240</u> <b>Fax #</b> <u>(309)-649-5411</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>7/02/1987</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT  <input checked="" type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code <u>501c</u> </td> <td style="width:33%; border: none;"> <input type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____         </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Melissa Wilson</u> <b>Telephone Number:</b> <u>(309) 649-8445</u>  <b>Email Address:</b> <u>mwilson@grahamhospital.org</u></p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code <u>501c</u>	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>7/1/10</u> to <u>6/30/11</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="width:20%; padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Print Name and Title) _____ (Firm Name &amp; Address) <u>McGladrey &amp; Pullen, LLP</u> <u>201 N. Harrison Str. Davenport, IA 52801</u> (Telephone) <u>(563) 888-4404</u> Fax # <u>(563) 324-6939</u></td> </tr> </table> <p align="right"><b>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</b></p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Print Name and Title) _____ (Firm Name & Address) <u>McGladrey &amp; Pullen, LLP</u> <u>201 N. Harrison Str. Davenport, IA 52801</u> (Telephone) <u>(563) 888-4404</u> Fax # <u>(563) 324-6939</u>
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code <u>501c</u>	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____							
Paid Preparer	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Print Name and Title) _____ (Firm Name & Address) <u>McGladrey &amp; Pullen, LLP</u> <u>201 N. Harrison Str. Davenport, IA 52801</u> (Telephone) <u>(563) 888-4404</u> Fax # <u>(563) 324-6939</u>							

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Graham Hospital

# 8000200 Report Period Beginning: 7/1/10 Ending: 6/30/11

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>18</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>50</u>	TOTALS	<u>50</u>	<u>18,870</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	<u>711</u>	<u>1,583</u>	<u>4,760</u>	<u>7,054</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>4,229</u>	<u>2,703</u>		<u>6,932</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>4,940</u>	<u>4,286</u>	<u>4,760</u>	<u>13,986</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.12%

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 4,760

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 6/30/11 Fiscal Year: 6/30/11

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

Facility Name & ID Number Graham Hospital # 8000200 Report Period Beginning: 7/1/10 Ending: 6/30/11

**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
	<b>A. General Services</b>										
1	Dietary	83,802		83,750	167,552		167,552	167,552			1
2	Food Purchase		444,876		444,876		444,876	444,876			2
3	Housekeeping	167,460		28,432	195,892		195,892	195,892			3
4	Laundry	12,273		100,054	112,327		112,327	112,327			4
5	Heat and Other Utilities										5
6	Maintenance	188,363		302,540	490,903		490,903	490,903			6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	451,898	444,876	514,776	1,411,550		1,411,550	1,411,550			8
	<b>B. Health Care and Programs</b>										
9	Medical Director										9
10	Nursing and Medical Records	1,705,300	2,488	74,104	1,781,892	(96,311)	1,685,581	1,685,581			10
10a	Therapy										10a
11	Activities										11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*	64,226		13,465	77,691		77,691	77,691			15
16	<b>TOTAL Health Care and Programs</b>	1,769,526	2,488	87,569	1,859,583	(96,311)	1,763,272	1,763,272			16
	<b>C. General Administration</b>										
17	Administrative										17
18	Directors Fees										18
19	Professional Services										19
20	Dues, Fees, Subscriptions & Promotions										20
21	Clerical & General Office Expenses	408,227		85,586	493,813	68,936	562,749	562,749			21
22	Employee Benefits & Payroll Taxes			494,301	494,301		494,301	494,301			22
23	Inservice Training & Education										23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			185,581	185,581		185,581	185,581			26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	408,227		765,468	1,173,695	68,936	1,242,631	1,242,631			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,629,651	447,364	1,367,813	4,444,828	(27,375)	4,417,453	4,417,453			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number

Graham Hospital

#8000200

Report Period Beginning:

7/1/10

Ending:

6/30/11

## 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 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			274,858	274,858		274,858	452,748	727,606			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	<b>TOTAL Ownership</b>			274,858	274,858		274,858	452,748	727,606			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
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					27,375	27,375		27,375			42
43	Other (specify):* <b>Non-Allow Costs</b>											43
44	<b>TOTAL Special Cost Centers</b>					27,375	27,375		27,375			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,629,651	447,364	1,642,671	4,719,686		4,719,686	452,748	5,172,434			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Graham Hospital**

# **8000200**

Report Period Beginning:

**7/1/10**

Ending:

**6/30/11**

**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
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				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	<b>452,748</b>			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ 452,748</b>		<b>\$</b>	<b>30</b>

**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	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ 452,748</b>		<b>37</b>

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

<b>BHF USE ONLY</b>							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Graham Hospital

ID# 8000200

Report Period Beginning: 7/1/10

Ending: 6/30/11

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjustment of Allocated Depreciation to actual	\$		1
2	straight line depreciation per page 12&13	452,748	30	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	<b>Total</b>	452,748		49

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Graham Hospital

# 8000200

Report Period Beginning:

7/1/10

Ending:

6/30/11

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Graham Hospital # 8000200 Report Period Beginning: 7/1/10 Ending: 6/30/11

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Graham Hospital

# 8000200

Report Period Beginning:

7/1/10

Ending: 6/30/11

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Graham Hospital

# 8000200

Report Period Beginning:

7/1/10

Ending:

6/30/11

**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			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	N/A									1									
2										2									
3										3									
4										4									
5										5									
<b>Working Capital</b>																			
6										6									
7										7									
8										8									
9	<b>TOTAL Facility Related</b>					\$	\$		\$	9									
<b>B. Non-Facility Related*</b>																			
10										10									
11										11									
12										12									
13										13									
14	<b>TOTAL Non-Facility Related</b>					\$	\$		\$	14									
15	<b>TOTALS (line 9+line14)</b>					\$	\$		\$	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.)

SEE ACCOUNTANTS' COMPILATION REPORT

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



# 2010 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 2010 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 2010.

	(A) <u>Tax Index Number</u>	(B) <u>Property Description</u>	(C) <u>Total Tax</u>	(D) <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>
<b>TOTALS</b>			\$ <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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

Facility Name & ID Number Graham Hospital

# 8000200

Report Period Beginning:

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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:**

A. Land.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Graham Hospital

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Report Period Beginning:

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**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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		1,175,480	8
	<b>Improvement Type**</b>										
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		978,199	13
14		1985 VARIOUS BUILDING IMPROVEMENTS		1985	34,258		various			34,258	14
15		1987 VARIOUS BUILDING IMPROVEMENTS		1987	89,317	109	various	109		88,497	15
16		1988 VARIOUS BUILDING IMPROVEMENTS		1988	52,287	4	various	4		52,127	16
17		1990 VARIOUS BUILDING IMPROVEMENTS		1990	28,254	3	various	3		28,188	17
18		1991 VARIOUS BUILDING IMPROVEMENTS		1991	125,804	1,249	various	1,249		125,804	18
19		1992 VARIOUS BUILDING IMPROVEMENTS		1992	16,693		various			16,651	19
20		1993 VARIOUS BUILDING IMPROVEMENTS		1993	19,686	837	various	837		18,382	20
21		1994 VARIOUS BUILDING IMPROVEMENTS		1994	76,132	1,112	various	1,112		73,902	21
22		1995 VARIOUS BUILDING IMPROVEMENTS		1995	32,594	264	various	264		32,015	22
23		1996 VARIOUS BUILDING IMPROVEMENTS		1996	47,691	117	various	117		47,135	23
24		1994 VARIOUS BUILDING IMPROVEMENTS		1997	24,479	101	various	101		23,863	24
25		1998 VARIOUS BUILDING IMPROVEMENTS		1998	26,173	1,042	various	1,042		25,557	25
26		1999 VARIOUS BUILDING IMPROVEMENTS		1999	11,097	555	various	555		7,442	26
27		2000 VARIOUS BUILDING IMPROVEMENTS		2000	800,069	53,720	various	53,720		619,526	27
28		2001 VARIOUS BUILDING IMPROVEMENTS		2001	112,532	7,755	various	7,755		88,151	28
29		2002 VARIOUS BUILDING IMPROVEMENTS		2002	578,790	37,043	various	37,043		371,195	29
30		2003 VARIOUS BUILDING IMPROVEMENTS		2003	356,376	24,613	various	24,613		217,476	30
31		2004 VARIOUS BUILDING IMPROVEMENTS		2004	466,553	35,708	various	35,708		275,162	31
32		04,09 PHASE II YARD- IDPH FEE		2005	2,090	139	15	139		835	32
33		04,09 PHASE II UTILITY YARD- FREGHT CRANE RIGGING		2005	7,331	489	15	489		2,933	33
34		04,09 PHASE II UTILITY YARD- NFPA TESTING		2005	1,394	93	15	93		558	34
35		04,09 PHASE II UTILITY YARD- FLAD & ASSOC SERVICES		2005	28,278	1,885	15	1,885		11,311	35
36		04,09 PHSAE II UTILITY YARD- INSULATE OUTDOOR AIR		2005	602	30	15	30		180	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

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## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-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	\$	\$ 322,979	37
38	04.10 PHARMACY RENOVATION	2005	3,339	223	15	223		1,336	38
39	04.12 LIFE SAFETY RENOVATION- CONCRETE, DRYWALL	2005	2,905		5			2,905	39
40	04.12 LIFE SAFETY RENOVATION- SIGNS, FIXTURES, ACC	2005	1,256	126	10	126		754	40
41	04.12 LIFE SAFETY RENOVATION- PJ HOERR SERVICES	2005	50,200	3,347	15	3,347		20,081	41
42	04.12 LIFE SAFETY RENOVATIONS- KIRWAN ASBESTOS RE	2005	1,463	98	15	98		586	42
43	04.12 LIFE SAFETY RENOVATIONS- OUTSIDE STEPS	2005	6,872	458	15	458		2,748	43
44	04.12 LIFE SAFETY RENOVATIONS- RICKARD'S CONSTRU	2005	16,505	1,100	15	1,100		6,601	44
45	04.12 LIFE SAFETY RENOVATIONS- FLAD & ASSOC SERVI	2005	8,506	567	15	567		3,402	45
46	04.12 LIFE SAFETY RENOVATIONS- OAK DOOR	2005	1,376	92	15	92		551	46
47	04.12 LIFE SAFETY RENOVATIONS - DRYWALL, PAINTING	2005	6,882	459	15	459		2,753	47
48	04.15 SON CEILINGS- CARPET & PAINT	2005	1,657		5			1,657	48
49	04.15 SON CEILINGS- TILE,LAMPS,BALLASTS & COVE B	2005	1,755	176	10	176		1,054	49
50	04.15 SON CEILINGS-CEILING TILE & LABOR TO INSTALL	2005	2,492	166	15	166		997	50
51	05.02 OB RENOVATION	2005	739		5			739	51
52	PROJ 04.11 NEW ER- ASBESTOS REMOVAL	2006	5,566	278	40	278		1,762	52
53	PROJ 04.11 NEW ER- SOIL BORING	2006	2,398	120	40	120		759	53
54	PROJ 04.11 NEW ER- AMEREN-REMOVE MRI TRANSFORM	2006	3,503	175	40	175		1,109	54
55	PROJ 04.11 NEW ER- P.J. HOERR CONSTRUCTION	2006	2,386,765	119,338	40	119,338		755,808	55
56	PROJ 04.11 NEW ER- FLAD & ASSOCIATES-PLANS	2006	213,988	10,699	40	10,699		67,762	56
57	PROJ 04.11 NEW ER- BUILDING SUPPLIES	2006	2,231	167	40	167		1,048	57
58	PROJ 04.11 NEW ER- RICKARD CONSTRUCTION	2006	3,135	157	40	157		993	58
59	PROJ 04.11 NEW ER - IDPH PLANS	2006	2,507	125	40	125		793	59
60	PROJ 06.07 OB MEDICAL GAS- PIPING, PLUMBING, LABO	2006	4,866	324	15	324		1,783	60
61	PROJ 06.07 OB MEDICAL GAS - BUILDING SUPPLIES	2006	519	52	5	52		519	61
62	PROJ 05.02 OB RENOVATION - FLOORING & PAINT	2006	6,358	635	5	635		6,358	62
63	PROJ 05.12 ROOF - HOLTHAUS CONSTRUCTION	2006	11,883	792	15	792		4,357	63
64	PROJ 05.06 3RD & 4TH FLOOR SAFE- FLAD & ASSOCIATE	2006	12,510	834	15	834		4,587	64
65	PROJ 05.06 3RD & 4TH FLOOR SAFE- BUILDING MATERIA	2006	708	47	15	47		259	65
66	PROJ 05.06 3RD & 4TH FLOOR SAFE- BUILDING MATERIA	2006	1,915	192	5	192		1,915	66
67	PROJ 05.06 3RD & 4TH FLOOR SAFE- RICKARD CONSTRUC	2006	7,035	704	10	704		3,870	67
68	PROJ 05.06 3RD & 4TH FLOOR SAFE- PJ HOERR CONSTRUC	2006	12,591	839	15	839		4,616	68
69	PROJ 05.06 3RD & 4TH FLOOR SAFE-ASBESTOS REMOVAL	2006	1,124	75	15	75		412	69
70	TOTAL (lines 4 thru 69)		\$ 10,308,545	\$ 407,127		\$ 407,127	\$	\$ 6,818,619	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; 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 and Improvement Costs-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	<b>Totals from Page 12A, Carried Forward</b>		\$ 10,308,545	\$ 407,127		\$ 407,127	\$	\$ 6,818,619	1
2	PROJ 05/13 SON CEILING - FLAD & ASSOCIATES-PLANS	2006	6,428	429	15	429		2,358	2
3	PROJ 05.13 SON CEILING - RICHARD CONSTRUCTION	2006	29,091	1,939	15	1,939		10,666	3
4	PROJ 05.13 CEILING - DRYWALL	2006	2,911	291	5	291		2,911	4
5	PROJ 05.13 SON CEILING - ELECTRICAL SUPPLIES	2006	1,448	145	10	145		797	5
6	PROJ 05.13 SON CEILING - MECHANICAL SERV,INC DUCT	2006	34,876	3,488	10	3,488		19,183	6
7	PROJ 05.13 SON CEILING - ACCESS DOORS	2006	5,498	367	15	367		2,017	7
8	PROJ 05.13 SON CEILING - PAINTING	2006	1,254	84	15	84		461	8
9	PROJ 06.01 PHYS CLINIC RENOVATION - DOORS	2006	1,798	120	15	120		660	9
10	PROJ 06.01 PHYS CLINIC RENOVATION - GM MECHANICA	2006	3,309	221	15	221		1,214	10
11	PROJ 06.01 PHYS CLINIC RENOVATION - CONSTRUCTION	2006	7,525	502	15	502		2,760	11
12	PROJ 06.01 PHYS CLILNIC RENOVATION - CABINETS,FAUC	2006	2,541	254	10	254		1,397	12
13	PROJ 06.01 PHYS CLILNIC RENOVATION - BUILDING SUPP	2006	2,762	285	5	285		2,762	13
14	PROJ 05.08 AHU-2 REPLACEMENT - PJ HOERR CONSTRUC	2006	63,640	4,243	15	4,243		23,335	14
15	PROJ 05.08 AHU-2 REPLACEMENT - ASBESTOS & WASTE	2006	800	53	15	53		293	15
16	PROJ 05.04 LAB REN OVATION - FLAD & ASSOCIATES-PLA	2006	18,477	1,232	15	1,232		6,773	16
17	PROJ 05.04 LAB RENOVATION - RICKARD CONSTRUCTION	2006	44,397	2,960	15	2,960		16,279	17
18	PROJ 05.04 LAB RENOVATION - PJ HOERR & PIPCO CONST	2006	18,831	1,255	15	1,255		6,904	18
19	PROJ 05.04 LAB RENOVATION - MECHANICAL SERVICES	2006	6,237	416	15	416		2,287	19
20	PROJ 05.04 LAB RENOVATION - DOORS & LOCKS	2006	3,100	207	15	207		1,137	20
21	PROJ 05.04 LAB RENOVATION - BUILDING SUPPLIES	2006	11,547	1,155	5	1,155		11,547	21
22	PROJ 05.04 LAB RENOVATION - ELECTRICAL SUPPLIES	2006	4,578	458	10	458		2,518	22
23	PROJ 05.04 LAB RENOVATION - GM MECHANICAL	2006	8,855	590	15	590		3,246	23
24	PROJ 05.04 LAB RENOVATION - COUNTERS & INSTALLATI	2006	17,948	1,197	15	1,197		6,582	24
25	PROJ 05.04 LAB RENOVATION - CRAWFORDS FLOORING	2006	1,790	179	10	179		985	25
26	ROOF AT GRAHAM	2006	14,868	1,487	10	1,487		8,178	26
27	HORTON-SWING PAIR AUTOMATIC LAB DOORS	2007	4,971	497	10	497		2,237	27
28	HORTON-SWING PAIR AUTOMATIC OB DOORS	2007	1,903	190	10	190		856	28
29	PROJ 03.07 - MASTER PLAN RENOVATION-FLAD & ASSOC	2007	93,213	3,729	25	3,729		18,022	29
30	PROJ 03.07 - MASTER PLAN RENOVATION-FINANCIAL AD	2007	8,710	581	15	581		2,614	30
31	PROJ 03.07 - MASTER PLAN RENOVATION - TOPOGRAPHIC	2007	3,136	209	15	209		941	31
32	PROJ 03.07 - MASTER PLAN RENOVATION - ILLINOIS BLU	2007	442	29	15	29		132	32
33	PROJ 03.07 - MASTER PLAN RENOVATION - MASTER PLAN	2007	1,089	73	15	73		327	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,736,518	\$ 435,992		\$ 435,992	\$	\$ 6,980,998	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-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	<b>Totals from Page 12B, Carried Forward</b>		\$ 10,736,518	\$ 435,992		\$ 435,992	\$	\$ 6,980,998	1
2	PROJ 04.16 - PYXIS - PAINT AND BUILDING SUPPLIES	2007	507	101	5	101		456	2
3	PROJ 04.16 - RICKARD'S CONSTRUCTION	2007	775	52	15	52		233	3
4	PROJ 05.05 LAB RENOVATION - CRAWFORD'S FLOORING	2007	1,081	108	10	108		486	4
5	PROJ 05.06 3RD & 4TH FLOOR SAFETY - FLAD & ASSOC	2007	597	40	15	40		180	5
6	PROJ 06.01 PHYS CLINIC RENOVATION - FLAD & ASSOC	2007	2,336	156	15	156		701	6
7	PROJ 06.12 - SON FACELIFT - BUILDING MATERIALS	2007	374	75	5	75		337	7
8	PROJ 06.12 SON FACELIFT - RICKARD'S CONSTRUCTION	2007	674	45	15	45		202	8
9	PROJ 06.12 - SON FACELIFE - FLOOR TILE	2007	595	59	10	59		267	9
10	PROJ 06.14 - ASSOC. MOVES FOR 1ST SOUTH - PAINT/LO	2007	637	127	5	127		573	10
11	PROJ 06.14 - ASSOC. MOVES FOR 1ST SOUTH - SINK & D	2007	944	63	15	63		283	11
12	PROJ 07.02 - CARPET FINANCE/ACCT. CRAWFORD'S FLO	2007	1,779	356	5	356		1,601	12
13	PROJ 07.04 - RELOCATION OF MORGUE COOLER - BUILD	2007	474	95	5	95		427	13
14	PROJ 07.04 - RELOCATION OF MORGUE COOLER - RICKA	2007	3,240	216	15	216		972	14
15	PROJ 07.04 - RELOCATION OF MORGUE COOLER	2007	941	63	15	63		283	15
16	PROJ 07.06 - CT SCAN PROJECT - BUILDING MATERIALS	2007	728	146	5	146		656	16
17	PROJ 07.06 - CT SCAN PROJECT - CRAWFORDS' FLOORING	2007	1,251	125	10	125		563	17
18	PROJ 07.06 - CT SCAN PROJECT - RICKARD'S CONSTRUCT	2007	2,469	165	15	165		742	18
19	PROJ 07.06 - CT SCAN PROJECT - WARNER PLUMBING	2007	2,971	198	15	198		892	19
20	PROJ 07.06 - CT SCAN PROJECT - FL OOR VIBRATION STU	2007	589	39	15	39		176	20
21	PROJ 06.06 - CT SCAN PROJECT	2007	1,284	86	15	86		386	21
22	PROJ 07.07 - SOUTH PARKING LOT STAIRS	2007	672	134	5	134		604	22
23	PROJ 07.07 - SOUTH PARKING LOT STAIRS - HANDRAIL	2007	2,550	170	15	170		765	23
24	PROJ 07.09 - DIALYSIS PLUMBING CORRECTION - LABOR	2007	3,791	253	15	253		1,138	24
25	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - BUILDING	2007	1,369	274	5	274		1,233	25
26	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - BRICKAR	2007	7,727	515	15	515		2,318	26
27	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - BUILDING	2007	1,844	123	15	123		553	27
28	PROJ 05.10 - 1ST PHASE MED/SURG - CUBICLE CURTAINS	2007	3,839	576	40	576		2,879	28
29	PROJ 05.10 - 1ST PHASE MED/SURG - 6" BACKSET LATCH	2007	1,033	155	40	155		775	29
30	PROJ 05.10 - 1ST PHASE MED/SURG - BUILDING SUPPLIES	2007	3,581	537	40	537		2,685	30
31	PROJ 05.10 - 1ST PHASE MED/SURG - FLAD & ASSOC PL	2007	185,825	5,575	40	5,575		30,352	31
32	PROJ 05.10 - 1ST PHASE MED/SURG - KIRWAN ENVIRONMI	2007	11,275	564	40	564		2,819	32
33	PROJ 05.10 - 1ST PHASE MED/SURG - KIRWIN ENVIRONME	2007	856,206	25,686	40	25,686		139,847	33
34	TOTAL (lines 1 thru 33)		\$ 11,840,476	\$ 472,869		\$ 472,869	\$	\$ 7,177,382	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; 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 and Improvement Costs-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	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,840,476	\$ 472,869		\$ 472,869	\$	\$ 7,177,382	1
2	PROJ 05.10 1ST PHASE MED/SURG - IDPH PERMITS	2007	4,206	210	40	210		1,051	2
3	PROJ 06.03 - ADMINISTRATION BOARD ROOM - PAINT/PR	2007	4,501	675	25	675		3,375	3
4	PROJ 06.03 - ADMINISTRATION BOARD ROOM - CARPET II	2007	752	113	25	113		565	4
5	PROJ 06.03 - ADMINISTRATION BOARD ROOM - DRYWALL	2007	5,710	857	25	857		4,284	5
6	PROJ 06.03 - ADMINISTRATION BOARD ROOM - WALLCOV	2007	2,323	348	25	348		1,741	6
7	PROJ 06.03 - ADMINISTRATION BOARD ROOM - ELECTRIC	2007	10,792	1,619	25	1,619		8,094	7
8	PROJ 06.03 - ADMINISTRATION BOARD ROOM - BUILDING	2007	9,350	1,403	25	1,403		7,014	8
9	PROJ 06.03 - ADMINISTRATION BOARD ROOM - ROLL-UP I	2007	7,268	545	25	545		2,725	9
10	PROJ 06.03 - ADMINISTRATION BOARD ROOM - BUILDING	2007	15,215	1,141	25	1,141		5,705	10
11	PROJ 06.03 - ADMINISTRATION BOARD ROOM - TRIM & FI	2007	15,523	776	25	776		3,881	11
12	PROJ 06.03 - ADMINISTRATION BOARD ROOM - FLAD & AS	2007	35,377	1,769	25	1,769		8,845	12
13	PROJ 06.03 - ADMINISTRATION BOARD ROOM - KIRWAN E	2007	1,886	94	25	94		471	13
14	PROJ 06.03 - ADMINISTRATION BOARD ROOM - CONCRET	2007	4,743	237	25	237		1,185	14
15	PROJ 06.03 - ADMINISTRATION BOARD ROOM - RICKARD'	2007	76,151	3,808	25	3,808		19,039	15
16	PROJ 06.03 - ADMINISTRATION BOARD ROOM - PAINTING	2007	2,202	110	25	110		550	16
17	PROJ 06.03 - ADMINISTRATION BOARD ROOM - BLDG MA	2007	20,680	1,034	25	1,034		5,170	17
18	PROJ 05.10 - 1ST PHASE MED/SURG - CAPITALIZED INTER	2007	8,352	626	40	626		2,714	18
19	PROJ 06.03 - ADMIN. BOARD ROOM - CAPITALIZED INTER	2007	941	94	10	94		431	19
20	NEW ROOF OVER NURSE ADM AND HR - HOTH AUS CONST	2007	9,118	912	10	912		3,648	20
21	PLUMBING SURGERY RESTROOMS - LABOR	2007	1,425	95	15	95		380	21
22	FLASH IN ROOF OPENINGS AT 68 BLDG	2007	7,015	702	10	702		2,807	22
23	PROJ 06.08-68 INFRASTRUCTURE PROJECT-FLAD & ASSOC	2007	44,515	1,781	25	1,781		7,123	23
24	PROJ 06.08-68 INFRASTRUCTURE PROJECT-P.J. HOERR	2007	425,043	21,252	25	21,252		92,092	24
25	PROJ 06.08-68 INFRASTRUCTURE PROJECT-P.J. HOERR	2007	248,740	9,950	25	9,950		39,799	25
26	BUILDING-ARO ASSET	2007	42,177	1,361	31	1,361		36,735	26
27	OUTSIDE4 SIGN HOME HEALTH AND HOSPICE	2008	2,070	207	10	207		725	27
28	PROJ 07.15 - MAMMO ROOM - BUILDING SUPPLIES & MAT	2008	564	113	5	113		395	28
29	PROJ 07.15 - MAMMO ROOM - BACKSPLASH/FLOORING/B	2008	1,020	102	10	102		357	29
30	PROJ 07.15 - MAMMO ROOM - CONSTRUCTION/CABINETS	2008	1,144	76	15	76		266	30
31	08.02-2ND PHASE MED SURG - BUILDING SUPPLIES AND M	2008	2,454	368	40	368		1,349	31
32	08.02 2ND PHASE OF MED SURG PROJECT - FLAD & ASSOC	2008	10,515	526	40	526		1,928	32
33	08.02-2ND PHASE OF MED SURG - KIRWIN ASBESTOS REM	2008	7,142	357	40	357		1,309	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,869,390	\$ 526,130		\$ 526,130	\$	\$ 7,443,135	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; 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 and Improvement Costs-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	<b>Totals from Page 12D, Carried Forward</b>		\$ 12,869,390	\$ 526,130		\$ 526,130	\$	\$ 7,443,135	1
2	08.02-2ND PHASE OF MED SURG-P.J. HOERR CONSTRUCTI	2008	290,861	14,543	40	14,543		53,324	2
3	08.02-2ND PHASE OF MED SURG - RICKARD'S CONSTRUCTI	2008	591	30	40	30		109	3
4	07.01-HELIPAD PROJECT	2008	303,077	15,154	25	15,154		55,564	4
5	07.01-HELIPAD PROJECT-BUILDING SUPPLIES & MATERIA	2008	805	40	25	40		147	5
6	07.10 HEARTCARE MIDWEST-RICKARD'S CONSTRUCTION	2008	32,109	2,141	15	2,141		7,493	6
7	07.10-HEARTCARE MIDWEST-FLAD & ASSOCIATES-PLAN	2008	11,217	748	15	748		2,618	7
8	07.10-HEARTCARE MIDWEST-BUILDING SUPPLIES	2008	7,485	1,497	5	1,497		5,239	8
9	07.10-HEARTCARE MIDWEST-DOORS	2008	3,404	340	10	340		1,191	9
10	07.11-MRI REMODEL-FLAD & ASSOCIATES-PLANS	2008	15,193	760	25	760		2,786	10
11	07.11-MRI REMODEL-BUILDING SUPPLIES AND MATERIAL	2008	9,005	1,351	25	1,351		4,953	11
12	07.11-MRI REMODEL-RICKARD'S CONSTRUCTION	2008	46,208	2,310	25	2,310		8,471	12
13	07.11-MRI REMODEL-CONCRETE	2008	1,233	49	25	49		178	13
14	07.11-MRI REMODEL-MRI SHIELDING/CLEAR SHIELD WI	2008	19,678	1,476	25	1,476		5,412	14
15	07.11-MRI REMODEL	2008	3,086	154	25	154		565	15
16	07.11-MRI REMODEL-MRI FLOORING/ADHESIVE	2008	1,858	139	25	139		510	16
17	08.05-RESPIRATORY REMODEL-DOORS/ARM CLOSERS	2008	836	56	15	56		196	17
18	08.05-RESPIRATORY REMODEL-BUILDING SUPPLIES & MA	2008	1,168	234	5	234		818	18
19	08.05-RESPIRATORY REMODEL	2008	15,011	1,001	15	1,001		3,503	19
20	08.05-RESPIRATORY REMODEL-CARPET & ADHESIVE	2008	734	147	5	147		514	20
21	08.07-PCU CEILING REPLACEMENT	2008	4,087	409	10	409		1,431	21
22	08.08-FOUNDATION OFFICE-BUILDING SUPPLIES & CARPI	2008	945	189	5	189		662	22
23	08.08-FOUNDATION OFFICE-RICKARD'S CONSTRUCTION	2008	1,250	83	15	83		291	23
24	08.08-FOUNDATION OFFICE-DOOR FRAME & HARDWARE	2008	372	25	15	25		87	24
25	08.04-HR RELOCATION-RICKARD'S CONSTRUCTION	2008	13,775	918	15	918		3,213	25
26	08.04-HR RELOCATION-BUILDING SUPPLIES & MATERIAL	2008	3,437	687	5	687		2,405	26
27	08.04-HR RELOCATION	2008	1,197	80	15	80		280	27
28	08.04-HR RELOCATION-CARPET/PAINT/FLOORING	2008	5,856	1,171	5	1,171		4,099	28
29	08.04-HR RELOCATION-CEILING TILE ITEMS	2008	439	44	10	44		154	29
30	PROJ 08.09-ADMIN. STRATTON-BUILDING SUPPLIES & MA	2008	379	76	5	76		266	30
31	PROJ 08.09-ADMIN. STRATTON-RICKARD'S CONSTRUCTIC	2008	2,035	102	25	102		374	31
32	PROJ 08.09-ADMIN. STRATTON-CHERRY DOOR	2008	595	30	25	30		110	32
33	PROJ 08.09-ADMIN. STRATTON-DRYWALL	2008	178	9	25	9		33	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,667,494	\$ 572,123		\$ 572,123	\$	\$ 7,610,131	34

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name &amp; ID Number Graham Hospital

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Report Period Beginning:

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**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	<b>Totals from Page 12E, Carried Forward</b>		\$ 13,667,494	\$ 572,123		\$ 572,123	\$	\$ 7,610,131	1
2	PROJ 08.01-2007 SON FACELIFT-BUILDING,SUPPLIES	2008	375	75	5	75		263	2
3	PROJ 08.01-2007 SON FACELIFT-FLOOR TILE & ADH	2008	330	33	10	33		116	3
4	PROJ 08.11-REED/HUFFMAN REMODEL-LOCKS/PAINT	2008	155	31	5	31		108	4
5	ROOFS E&F AND ROOFS G-1 & G-2	2008	47,470	4,747	10	4,747		15,428	5
6	PROJ 06.08-'68 BUILDING INFRASTRUCTURE-BUILDING	2008	1,591	239	25	239		876	6
7	PROJ 06.08-'68 INFRASTRUCTURE-ASBESTOS REMOVAL	2008	16,675	834	25	834		3,058	7
8	PROJ 06.08-'68 INFRASTRUCTURE-P.J. HOERR	2008	165,675	6,627	25	6,627		23,195	8
9	PROJ 06.08-'68 INFRASTRUCTURE-NEW FENCE SUPPORT	2008	11,857	474	25	474		1,659	9
10	PROJ 06.08-'68 INFRASTRUCTURE-CAPITALIZED INTERES	2008	6,937	277	25	277		970	10
11	06.08-'68 INFRASTRUCTURE-GALLON DRUMS FOR	2008	2,844	114	25	114		399	11
12	PROJ 08.10-3RD PHASE MED SURG-BUILDING SUPPLIES &	2008	568	85	40	85		312	12
13	PROJ 08.10-3RD PHASE MED SURG-FLAD & ASSOCIATES	2008	3,848	192	40	192		705	13
14	PROJ 08.10-3RD PHASE MED SURG-P.J. HOERR CONSTRUC	2008	263,851	13,243	40	13,243		48,597	14
15	PROJ 08.10-3RD PHASE MED SURG-KIRWIN MGT-ASBEST	2008	8,492	425	40	425		1,558	15
16	PROJ 08.10-3RD PHASE MED SURG-RICKARD'S CONSTRUC	2008	446	22	40	22		81	16
17	PROJ 07.08-3RD FLOOR ONCOLOGY-CONSTRUCTION &	2008	2,186	146	15	146		511	17
18	PROJ 07.12-OB/PCU/ICU RENOVATIONS-GERE/DISMER	2008	8,655	577	15	577		2,019	18
19	PROJ 07.12-OB/PCU/ICU RENOVATION-FLAD & ASSOCIATI	2008	11,326	755	15	755		2,643	19
20	PROJ 07.12-OB/PCU/ICU RENOVATION-KJWW ENGINEERS	2008	1,225	82	15	82		287	20
21	PROJ 08.12-SON COMPUTER LAB-BUILDING CONSTRUCTI	2008	2,360	157	15	157		550	21
22	PROJ 08.17-PHARMACY CLEAN AIR ROOM-BULDING SUPP	2008	1,088	218	5	218		762	22
23	PROJ 08.17-PHARMACY CLEAN AIR ROOM-RICKARD'S CO	2008	4,819	321	15	321		1,124	23
24	WHEEL STORAGE ROOM	2008	1,518	152	10	152		532	24
25	PROJ 08.10-MED SURG RENOVATION-CAPITALIZED INTEI	2008	6,977	523	40	523		1,918	25
26	PROJ 06-08-'68 BUILDING INFRASTRUCTURE-CAPITALIZE	2008	2,364	177	25	177		649	26
27	PROJ 07.01-HELIPAD PROJECT-CAPITALIZED INTEREST	2008	4,557	342	25	342		1,254	27
28	PROJ 07.11-MRI PROJECT-CAPITALIZED INTEREST	2008	5,209	391	25	391		1,433	28
29	FIRE DOORS-1ST FLOOR	2009	1,887	126	15	126		315	29
30	PCU AUTOMATIC DOORS	2009	1,927	193	10	193		481	30
31	ROOF L	2009	13,668	1,367	10	1,367		3,417	31
32	08.23-GMG BOND EYE AREA REMODEL-RICKARD'S CONS'	2009	7,055	470	15	470		1,176	32
33	08.23-GMG BOND EYE AR EA REMODEL-DRYWALL/SNAP	2009	836	56	15	56		139	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,276,265	\$ 605,593		\$ 605,593	\$	\$ 7,726,666	34

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name &amp; 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 and Improvement Costs-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	<b>Totals from Page 12F, Carried Forward</b>		\$ 14,276,265	\$ 605,593		\$ 605,593	\$	\$ 7,726,666	1
2	PROJ 08.23-GMG BOND EYE AREA REMODEL-DOORS/TILE	2009	767	77	10	77		191	2
3	PROJ 09.01 - COPY ROOM/CLASS ROOM SON-RICKARD'S CON	2009	2,106	140	15	140		351	3
4	PROJ 09.02-RISK ASSESSMENT MODEL-RICKARD'S CONSTRU	2009	1,823	122	15	122		304	4
5	PROJ 09.02-RISK ASSESSMENT REMODEL-PAINT/CARPET	2009	3,002	600	5	600		1,501	5
6	PROJ 09.03-GMG EXAM ROOM FLOOR-TILE/ADHESIVES	2009	449	45	10	45		112	6
7	PROJ 09.03-GMG EXAM ROOM FLOOR-BLADES/KNOVES/D	2009	606	152	4	152		364	7
8	PROJ 09.06-RUSHFORD BUILDING-WIND DAMAGE/CONSTRU	2009	2,540	169	15	169		424	8
9	PROJ 09.08-ACCOUNTING RENOVATION-RICKARD'S CONSTR	2009	5,357	357	15	357		893	9
10	PROJ 09.08-ACCOUNTING RENOVATION-PAINT/CARPET/	2009	1,892	315	6	315		820	10
11	PROJ 08.22-REMODEL PATIENT REGISTRATION-MISC	2009	325	65	5	65		163	11
12	PROJ 08.22-REMODEL PATIENT REGISTRATION-CEILING	2009	351	35	10	35		88	12
13	PROJ 08.22-REMODEL PATIENT REGISTRATION-RICKARD'S C	2009	8,730	582	15	582		1,455	13
14	PROJ 08.22-REMODEL PATIENT REGISTRATION-PAINT/	2009	1,102	73	15	73		184	14
15	PROJ 09.04-DIETARY REMODEL - RICKARD'S CONSTRUCTION	2009	2,663	178	15	178		444	15
16	PROJ 09.04-DIETARY REMODEL-MISC. BUILDING SUP	2009	1,171	78	15	78		195	16
17	PROJ 09.04-DIETARY REMODEL-CASHIER'S STATION	2009	3,424	228	15	228		571	17
18	PROJ 09.04-DIETARY REMODEL-MISC. BUILDING SUP	2009	264	53	5	53		132	18
19	PROJ 09.11-GROUND FLOOR CLINIC-BUILDING SUPPLIES	2009	539	108	5	108		270	19
20	PROJ 09.11-GROUND FLOOR CLINIC-RICKARD'S LABOR	2009	2,841	189	15	189		474	20
21	PROJ 08.06-SPRINKLER WORK-VARIOUS SUPPLIES FOR P	2009	513	103	5	103		256	21
22	PROJ 08.06-SPRINKLER WORK-REPLACEMENT CEILING	2009	6,420	803	8	803		2,006	22
23	PROJ 09.09-DR. LOUNGE REMODEL-CARPETING AND VAR	2009	1,636	327	5	327		818	23
24	PROJ 09.09-DR. LOUNGE REMODEL-HOLTHAUS CO. ROO	2009	1,518	152	10	152		380	24
25	PROJ 09.09-DR. LOUNGE REMODEL-RICKARD'S CONSTRUCTI	2009	4,802	320	15	320		800	25
26	PROJ 09.09-DR. LOUNGE REMODEL-CONST. SUPPLIES/DR	2009	4,584	306	15	306		764	26
27	PROJ 09.13-CMS LIFE SAFETY-RICKARD'S	2009	3,769	251	15	251		629	27
28	PROJ 09.13-CMS LIFE SAFETY-VARIOUS CONST SUPPLIES	2009	1,363	91	15	91		227	28
29	1973FIXSED EQUIPMENT	1972	5,755	VARIOUS	VARIOUS	VARIOUS	#VALUE!	5,755	29
30	1973 FIXED EQUIPMENT	1972	4,926	VARIOUS	VARIOUS	VARIOUS	#VALUE!	4,926	30
31	1975 FIXED EQUIPMENT	1975	989	VARIOUS	VARIOUS	VARIOUS	#VALUE!	989	31
32	1980 FIXED EQUIPMENT	1980	599	VARIOUS	VARIOUS	VARIOUS	#VALUE!	599	32
33	1981 FISED EQUIPMENT	1981	1,188	VARIOUS	VARIOUS	VARIOUS	#VALUE!	1,188	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,354,279	\$ 611,512		\$ 611,512	\$ #VALUE!	\$ 7,754,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name &amp; 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 and Improvement Costs-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	<b>Totals from Page 12G, Carried Forward</b>		\$ 14,354,279	\$ 611,512		\$ 611,512	\$	\$ 7,754,937	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		6,337	6
7	1996 FIXED EQUIPMENT	1996	1,422		VARIOUS			1,422	7
8	1998 FIXED EQUIPMENT	1998	2,006	92	VARIOUS	92		1,862	8
9	1999 FIXED EQUIPMENT	1999	2,891		VARIOUS			2,891	9
10	2001 FIXED EQUIPMENT	2001	20,918	1,550	VARIOUS	1,550		16,277	10
11	2002 FIXED EQUIPMENT	2002	920		VARIOUS			920	11
12	2003 FIXED EQUIPMENT	2003	30,047	1,631	VARIOUS	1,631		21,678	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		12,101	14
15	PROJ 04.11 NEW ER - FIRE & SECURITY SYSTEM	2006	12,357	1,236	10	1,236		6,797	15
16	PROJ 04.11 NEW ER - WALLSLIDE & SUCTION UNITS	2006	5,999	600	10	600		3,300	16
17	PROJ 04.11 NEW ER - SHELVES, DOORS, DIVIDERS	2006	11,707	1,171	10	1,171		6,440	17
18	PROJ 05.04 LAB RENOVATION - DATA CABLING	2006	2,251	225	10	225		1,238	18
19	PROJ 05.10 - 1ST PHASE MED/SURG-PERSONAL PROTECTI	2007	1,364	273	5	273		1,228	19
20	PROJ 06.03 - ADMINISTRATION BOARDROOM - COUNTER	2007	4,359	436	10	436		1,962	20
21	PROJ 06.03 - ADMIN. BOARD RM-LAMINATED CASEWORK	2007	15,097	1,006	15	1,006		4,528	21
22	PROJ 04.16 - PYXIS - CABINETS	2007	442	29	15	29		132	22
23	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - CABINET	2007	2,406	241	10	241		1,084	23
24	PROJ 06.03 - ADMINISTRATION BOARDROOM - DROP-IN S	2007	1,539	154	10	154		693	24
25	07.10-HEARTCARE MIDWEST-CABINETS & COUNTERTOP	2008	5,545	370	15	370		1,294	25
26	07.11-MRI REMODEL-CABINETS & COUNTERTOPS	2008	387	26	15	26		91	26
27	08.05-RESPIRATORY REMODEL-CABINETS&COUNTERTO	2008	367	24	15	24		85	27
28	08.04-HR RELOCATION-SINK	2008	304	15	20	15		53	28
29	08.04-HR RELOCATION-INSTALL CABINETS & COUNTERT	2008	1,317	88	15	88		308	29
30	PROJ 08.11-REED/HUFFMAN OFFICE REMODEL-CABINETS	2008	1,126	75	15	75		263	30
31	PROJ 07.08-3RD FLOOR ONCOLOGY ROOM - COUNTERTO	2008	366	24	15	24		85	31
32	PROJ 08.17-PHARMACY CLEAN AIR ROOM-CABINETS&CC	2008	401	27	15	27		94	32
33	PROJ 08.23-GMG BOND EYE AREA REMODEL-CABINETS/	2009	1,424	95	15	95		230	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,569,688	\$ 623,484		\$ 623,484	\$	\$ 7,907,073	34

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Facility Name &amp; 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 and Improvement Costs-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	<b>Totals from Page 12H, Carried Forward</b>		\$ 14,569,688	\$ 623,484		\$ 623,484	\$	\$ 7,907,073	1
2	PROJ 09.11-GROUND FLOOR CLINIC-SINK	2009	215	43	5	43		108	2
3	PROJ 09.11-GROUND FLOOR CLINIC-ROOM DARKENING	2009	3,134	157	20	157		420	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		VARIOUS			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		396	15
16	2001 LAND IMPROVEMENTS	2001	6,453	323	VARIOUS	323		6,453	16
17	2002 LAND IMPROVEMENTS	2002	11,727	775	VARIOUS	775		8,526	17
18	2003 LAND IMPROVEMENTS	2003	36,978	4,248	VARIOUS	4,248		36,589	18
19	2004 LAND IMPROVEMENTS	2004	83,693	5,580	VARIOUS	5,580		41,843	19
20	2005 LAND IMPROVEMENTS	2005	84,686	5,687	VARIOUS	5,687		34,124	20
21	PROJ 07.03 - SOUTH PARKING LOT	2007	9,186	1,148	8	1,148		5,167	21
22	PROJ 07.07 - SOUTH PARKING LOT STAIRS-RICKARD'S/CC	2007	9,465	631	15	631		2,840	22
23	PROJ 07.07 - SOUTH PARKING LOT STAIRS - GRAVEL	2007	141	28	5	28		126	23
24	PROJ 06.09-HOME HEALTH MOVE-DEMO OF HOUSE IN SC	2007	3,528	235	15	235		1,058	24
25	SOUTH PATIO IMPROVEMENTS	2008	1,603	107	15	107		374	25
26	PAVING OF CLINIC PARKING LOT	2008	4,353	544	8	544		1,904	26
27	2010 Land Impr - Paving, Rock, Resurface, etc..	2010	15,449	515	30	515		1,538	27
28	PROJ. 08.15 SURGERY RENOVATION-CURTAINS/TRACKS	2010	1,082	54	20	54		162	28
29	PROJ. 08.06 - SPRINKLER WORK - CAPITALIZED INTERES	2010	2,939	118	25	118		177	29
30	PROJ. 08.05-RESPIRATORY REMODEL - CAPITALIZED INT	2010	385	10	40	10		15	30
31	PROJ. 08.04-HR RELOCATION - CAPITALIZED INTEREST	2010	723	29	25	29		43	31
32	PROJ. 08.15-SURGERY RENOVATION-RICKARD'S	2010	29,257	731	40	731		1,097	32
33	PROJ. 08.15-SURGERY RENOVATION-FLAD & ASSOCIATES	2010	12,889	322	40	322		483	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,186,273	\$ 644,798		\$ 644,798	\$	\$ 8,348,773	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

## STATE OF ILLINOIS

Page 12J

Facility Name & ID Number Graham Hospital# 8000200

Report Period Beginning:

7/1/10

Ending:

6/30/11

## 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	<b>Totals from Page 12H, Carried Forward</b>		\$ 15,186,273	\$ 644,798		\$ 644,798	\$	\$ 7,907,073	1
2	PROJ. 08.15 SURGERY RENOVATION-CAPITALIZED INTERI	2010	2,576	64	40	64		97	2
3	PROJ. 08.15 SURGERY RENOVATION-DOORS/FRAMES/CLOS	2010	6,806	681	10	681		1,021	3
4	PROJ. 08.15 SURGERY RENOVATION-MAURER STUTZ ENGI	2010	1,510	38	40	38		57	4
5	PROJ. 08.15 SURGERY RENOVATION-MISC. BUILDING SUPP	2010	7,453	186	40	186		279	5
6	AMBULANCE BUILDING - WALNUT ST.	2010	1,089	27	40	27		41	6
7	PROJ. 10.02-PCU RAILING/CEILING-CEILING TILES AND	2010	4,602	460	10	460		690	7
8	PROJ. 10.02 - PCU RAILING/CEILING-NEW HAND RAIL EL	2010	1,963	131	15	131		196	8
9	PROJ. 08.16 - 2ND SOUTH REMODEL - HANDRAIL/END CAP	2010	2,301	153	15	153		230	9
10	DUROLAST ROOFING SYSTEM ON ROOFS P & R	2010	17,061	1,706	10	1,706		2,559	10
11	ROOF M REPLACEMENT - MRI ROOF	2010	6,935	694	10	694		1,040	11
12	PROJ. 10.07-GIFT SHOP REMODEL-RICKARD'S LABOR & CO	2010	4,786	319	15	319		479	12
13	PROJ. 10.07-GIFT SHOP REMODEL - ELLSWORTH GLASS &	2010	2,943	196	15	196		294	13
14	PROJ. 10.07-GIFT SHOP REMODEL-MISC. BUILDING SUPPL	2010	2,485	166	15	166		249	14
15	PROJ. 10.04-EXT. CARE RENOVATIONS-RICKARD'S LABOR	2010	15,761	394	40	394		591	15
16	PROJ. 10.04 EXT. CARE RENOVATIONS-FLAD & ASSOCIATE	2010	2,340	58	40	58		88	16
17	PROJ. 10.04-EXT. CARE RENOVATIONS-KIRWAN ENVIRONI	2010	183	5	40	5		7	17
18	PROJ. 10.04-EXT. CARE RENOVATIONS-FLOOR TILING	2010	2,730	137	20	137		205	18
19	PROJ. 10.04-EXT. CARE RENOVATIONS-PAINT/TRIM/WALL	2010	1,576	315	5	315		473	19
20	PROJ. 10.04 - EXT. CARE RENOVATIONS-HANDRAILS/COUN	2010	1,663	111	15	111		166	20
21	PROJ. 10.04 - EXT. CARE RENOVATIONS- WASTE	2010	368	9	40	9		14	21
22	PROJ. 09.07-OB RENOVATION-1ST PHASE - PJ HOERR CON	2010	638,751	15,969	40	15,969		23,953	22
23	PROJ. 09.07-OB RENOVATION 1ST PHASE-FLAD & ASSOCIA	2010	21,283	532	40	532		798	23
24	PROJ. 09.07-OB RENOVATION 1ST PHASE - CAPITALIZED	2010	53,739	1,343	40	1,343		2,015	24
25	PROJ. 09.07-OB RENOVATION 1ST PHASE-KIRWAN ENVIRO	2010	1,006	25	40	25		38	25
26	PROJ. 09.07-OB RENOVATION 1ST PHASE-MISC. BUILDING	2010	2,973	595	5	595		892	26
27	PROJ. 09.07-OB RENOVATION 1ST PHASE-DOORS	2010	1,927	193	10	193		289	27
28	PROJ. 09.07-OB RENOVATION 1ST PHASE-RICKARD'S LABO	2010	770	19	40	19		29	28
29	PROJ. 08.19-40 TON CHILLER - CAPITALIZED INTEREST	2010	617	62	10	62		93	29
30	PROJ. 08.15 SURGERY RENOVATION-ELECTRICAL SUPPLI	2010	16,751	838	20	838		1,256	30
31	PROJ. 08.15 SURGERY RENOVATION-TANNOCK ELECTRIC	2010	21,083	1,054	20	1,054		1,581	31
32	PROJ. 08.15 SURGERY RENOVATION-MECHANICAL SERVIC	2010	38,130	2,542	15	2,542		3,813	32
33	PROJ. 08.16-2ND SOUTH REMODEL-MECHANICAL SERVICE	2010	34,111	1,364	25	1,364		2,047	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,104,542	\$ 675,184		\$ 675,184	\$ 0	\$ 7,952,652	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:

7/1/10

Ending:

6/30/11**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	<b>Totals from Page 12H, Carried Forward</b>		\$ 16,104,542	\$ 675,184		\$ 675,184	\$	\$ 7,952,652	1
2	PROJ. 08.16 2ND SOUTH REMODEL-ELECTRICAL LABOR AND	2010	2,487	124	20	124		187	2
3	PROJ. 08.16-2ND SOUTH REMODEL-RICKARD'S LABOR AND	2010	4,482	179	25	179		269	3
4	PROJ. 08.16-2ND SOUTH REMODEL-MISC. MAT. & ENGINEE	2010	2,571	103	25	103		154	4
5	PROJ. 10.04-EXT. CARE RENOVATIONS - MECHANICAL SER	2010	2,274	91	25	91		136	5
6	PROJ. 10.04-EXT. CARE RENOVATIONS-ELECTRICAL SUPPL	2010	1,085	108	10	108		163	6
7	PROJ. 10.04-EXT. CARE RENOVATIONS-MED GAS OUTLETS	2010	653	44	15	44		65	7
8	PROJ. 10.11-2ND EAST SPRINKLER SYSTEM-MECHANICAL S	2010	27,126	1,085	25	1,085		1,628	8
9	PROJ. 10.11-2ND EAST SPRINKLER SYSTEM-RICKARD'S LA	2010	2,530	101	25	101		152	9
10	PROJ. 10.11-2ND EAST SPRINKLER SYSTEM-MISC. MAT'L	2010	637	25	25	25		38	10
11	PROJ. 09.07-OB RENOVATION 1ST PHASE-PUSH TO SET RE	2010	2,010	101	20	101		151	11
12	TABLES - (5)	2011	4,431	148	15	148		148	12
13	VALANCES/RODS/CUBICLE CURTAINS	2011	12,494	1,249	5	1,249		1,249	13
14	FACE COVERING OF EAST RECEIVING SIDE HOSPITAL BUIL	2011	6,920	692	5	692		692	14
15	PROJ. 09.07 OB RENOVATION 2ND PHASE-PJ HOERR CONTR	2011	1,053,994	13,175	40	13,175		13,175	15
16	PROJ. 09.07 OB RENOVATION 2ND PHASE-CAPITALIZED IN	2011	26,269	328	40	328		328	16
17	PROJ. 09.07 OB RENOVATION 2ND PHASE-MISC. BUILDING	2011	1,063	13	40	13		13	17
18	PROJ. 10.09 ENDO SUITE DESIGN-PJ HOERR/FLAD DESIGN	2011	40,897	511	40	511		511	18
19	PROJ. 11.02-'77 AND '59 BUILDING TUCKPOINTING-RICK	2011	8,750	109	40	109		109	19
20	PROJ. 11.02-'77 AND '59 BUILDING TUCKPOINTING - SU	2011	1,310	16	40	16		16	20
21	PROJ. 09.07 OB REN 3RD PHASE-PJ HOERR CONSTRUCTION	2011	635,931	7,949	40	7,949		7,949	21
22	PROJ. 09.07 OB REN 3RD PHASE-CAPITALIZED INTEREST	2011	1,472	18	40	18		18	22
23	PROJ 07.13-NEW CLINIC - RESURFACE ALICE INGERSOLL	2011	11,750	734	8	734		734	23
24	PROJ. 09.07 - OB RENOVATION 2ND PHASE - WARNER PLU	2011	3,364	84	20	84		84	24
25	PROJ.11.03-PROCEDURE ROOM SURGERY-WARNER PLUMBING	2011	8,120	203	20	203		203	25
26	PROJ. 11.03-PROCEDURE ROOM SURGERY-RICKARD'S AND M	2011	1,609	40	20	40		40	26
27	PROJ. 10-16-SIX SIGMA ELECTRICITY PROJECT-ELECTRIC	2011	33,624	1,681	10	1,681		1,681	27
28									28
29									29
30	ALLOCATED DEPRECIATION								30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 18,002,394	\$ 704,098		\$ 704,098	\$ 0	\$ 7,982,544	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:

7/1/10

Ending:

6/30/11

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$ 405,837	\$ 22,111	\$ 22,111	\$	5-10	\$ 321,602	71
72	Current Year Purchases	16,926	1,397	1,397		5-15	1,397	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 422,763	\$ 23,508	\$ 23,508	\$		\$ 322,999	75

D. Vehicle Costs. (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)	\$ 18,425,157	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 727,606	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 727,606	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)	\$ 8,305,543	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	<b>TOTAL</b>				\$ _____			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			\$ <u>N/A</u>	\$ _____	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$ _____	\$ _____	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. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

\* 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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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	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
					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	<b>TOTAL</b>			\$		\$	\$		\$	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: **7/1/10**

Ending: **6/30/11**

**XV. BALANCE SHEET - Unrestricted Operating Fund.**

As of **6/30/11** (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 2,320,251	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	12,486,254		3
4	Supply Inventory (priced at )	1,515,291		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	1,707,196		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>Other Current</b>	2,604,097		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 20,633,089	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,862,587		13
14	Buildings, at Historical Cost	76,051,746		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	23,956,632		16
17	Accumulated Depreciation (book methods)	(49,029,365)		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 <b>Assest Limited to Use</b> )	46,962,737		22
23	Other(specify): <b>Trust Fund</b>	8,535,044		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 108,339,381	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 128,972,470	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,832,287	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	4,171,904		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
<b>Other Current Liabilities(specify):</b>				
36	<b>Current Portion of LTD</b>	700,000		36
37	<b>See Sch 17A</b>	7,343,942		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 14,048,133	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	29,085,000		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 29,085,000	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 43,133,133	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 85,669,109	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 128,802,242	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**Graham Hospital**

**Provider #: 8000200**  
**7/1/2010 to 6/30/2011**

**Schedule 17A**

XV. Balance Sheet

	<u>Operating</u>
Other Liabilities - Line 37	
-Estimated amounts due to third-pa	828,535
-Estimated Self-Insurance Costs	2,950,000
-Other Liabilities	3,565,407
	<u>7,343,942</u>

**SEE ACCOUNTANTS' COMPILATION REPORT**

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b>	
		<b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>72,529,537</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>72,529,537</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>12,033,042</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Restricted Net Assets</b>	<b>1,093,515</b>	<b>15</b>
<b>16</b>	Other (describe) <b>Decrease in Temp. Resticted Assets</b>	<b>13,015</b>	<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>13,139,572</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>85,669,109</b>	<b>24</b> *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Graham Hospital# 8000200Report Period Beginning: 7/1/10Ending: 6/30/11

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 3,658,215	1
2	Discounts and Allowances for all Levels	(	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 3,658,215	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
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	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	750	24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 750	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Hospital Misc Rev</u>	<u>10,522,528</u>	28
28a	<u>Hospital Rev</u>	<u>70,553,049</u>	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 81,075,577	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 84,734,542	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,411,550	31
32	Health Care	1,859,583	32
33	General Administration	1,173,695	33
<b>B. Capital Expense</b>			
34	Ownership	274,858	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers		35
36	Provider Participation Fee		36
<b>D. Other Expenses (specify):</b>			
37	<u>Hospital Exp</u>	<u>67,981,814</u>	37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 72,701,500	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	12,033,042	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 12,033,042	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.

\*\*\* 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:

**7/1/10**

Ending:

**6/30/11**

**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

**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	
<u>N/A</u>			\$ _____	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	_____	<u>Patient Background Checks</u>	_____	
			_____	Illinois Municipal Retirement Fund (IMRF)*	_____	_____	_____	
			_____	_____	_____	_____	_____	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ _____	_____	_____	_____	_____	
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
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)			\$ _____				_____	
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
_____	_____		\$ _____	<u>N/A</u>		\$ _____	Out-of-State Travel	\$ _____
_____	_____		_____	_____		_____	_____	_____
_____	_____		_____	_____		_____	In-State Travel	_____
_____	_____		_____	_____		_____	_____	_____
_____	_____		_____	_____		_____	Seminar Expense	_____
_____	_____		_____	_____		_____	_____	_____
_____	_____		_____	_____		_____	_____	_____
_____	_____		_____	_____		_____	_____	_____
_____	_____		_____	_____		_____	_____	_____
_____	_____		_____	_____		_____	_____	_____
_____	_____		_____	_____		_____	_____	_____
_____	_____		_____	_____		_____	_____	_____
_____	_____		_____	_____		_____	_____	_____
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ _____	TOTAL		\$ _____	Entertainment Expense ( _____ )	_____
							(agree to Sch. V, line 24, col. 8)	_____
							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	<b>TOTALS</b>		\$		\$	\$	\$	\$	\$	\$	\$	\$								

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Graham Hospital# 8000200Report Period Beginning: 7/1/10Ending: 6/30/11**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No  
If YES, give association name and amount. No
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 5-15 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ None Line N/A
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- 
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 27,375  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? N/A
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? N/A For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ None Has any meal income been offset against related costs? N/A Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? N/A If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? N/A  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?  
**g. Does the facility transport residents to and from day training? N/A**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: McGladrey & Pullen, LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.

**SEE ACCOUNTANTS' COMPILATION REPORT**