

Facility Name & ID Number Misericordia Home North

0029876 Report Period Beginning: July 1, 2012 Ending: June 30, 2013

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	55,521	4
5		Sheltered Care (SC)			5
6	188	ICF/DD 16 or Less	188	68,403	6
7	341	TOTALS	341	123,924	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	
8	SNF				8
9	SNF/PED				9
10	ICF				10
11	ICF/DD	53,285	365		53,650
12	SC				12
13	DD 16 OR LESS	61,753	730		62,483
14	TOTALS	115,038	1,095		116,133

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.71%

D. How many bed-hold days during this year were paid by the Department?

7,791 (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, 8 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: June 30, 2013 Fiscal Year: June 30, 2013

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

Facility Name & ID Number

Misericordia Home North

0029876

Report Period Beginning:

July 1, 2012

Ending:

June 30, 2013

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	586,769	141,704	42,857	771,330		771,330	(234,328)	537,002		1
2	Food Purchase		1,808,065		1,808,065		1,808,065	(553,652)	1,254,413		2
3	Housekeeping	607,402	238,657	306,688	1,152,747		1,152,747	(613,635)	539,112		3
4	Laundry	205,639	37,516		243,155		243,155	(126,756)	116,399		4
5	Heat and Other Utilities			884,340	884,340		884,340	(415,386)	468,954		5
6	Maintenance	922,088	261,815	1,146,819	2,330,722		2,330,722	(965,489)	1,365,233		6
7	Other (specify):*										7
8	TOTAL General Services	2,321,898	2,487,757	2,380,704	7,190,359		7,190,359	(2,909,247)	4,281,112		8
	B. Health Care and Programs										
9	Medical Director	33,623			33,623		33,623	(4,722)	28,901		9
10	Nursing and Medical Records	2,118,893	514,666	53,207	2,686,766		2,686,766	(355,781)	2,330,985		10
10a	Therapy	14,208,371	32,648	161,928	14,402,947		14,402,947	(3,126,639)	11,276,308		10a
11	Activities	414,682	19,583	40,674	474,939		474,939	(116,719)	358,220		11
12	Social Services	316,704	81	13,442	330,227		330,227	(20,171)	310,055		12
13	CNA Training	122,450	2,354		124,804		124,804	(33,510)	91,294		13
14	Program Transportation		155,898		155,898		155,898	(78,210)	77,688		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	17,214,723	725,230	269,252	18,209,205		18,209,205	(3,735,752)	14,473,452		16
	C. General Administration										
17	Administrative	432,331	2,093		434,423		434,423	(125,795)	308,628		17
18	Directors Fees										18
19	Professional Services			215,304	215,304		215,304	(70,176)	145,128		19
20	Dues, Fees, Subscriptions & Promotions			132,265	132,265		132,265	(78,092)	54,173		20
21	Clerical & General Office Expenses	1,265,197	208,854	153,587	1,627,639		1,627,639	(653,233)	974,406		21
22	Employee Benefits & Payroll Taxes			6,102,214	6,102,214		6,102,214	(2,074,153)	4,028,061		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,665	14,665		14,665	(5,127)	9,538		24
25	Other Admin. Staff Transportation		921		921		921	(921)	(0)		25
26	Insurance-Prop.Liab.Malpractice			325,260	325,260		325,260	(170,841)	154,419		26
27	Other (specify):*										27
28	TOTAL General Administration	1,697,528	211,868	6,943,296	8,852,692		8,852,692	(3,178,338)	5,674,354		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	21,234,149	3,424,855	9,593,251	34,252,255		34,252,255	(9,823,337)	24,428,919		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 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			3,693,103	3,693,103	3,693,103	(1,487,038)	2,206,065				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			17,546	17,546	17,546	(17,546)	(0)				32
33	Real Estate Taxes			24,282	24,282	24,282	(24,282)	(0)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			3,734,930	3,734,930	3,734,930	(1,528,866)	2,206,064				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	3,046,785	902,032	525	3,949,342	3,949,342	(3,940,297)	9,045				39
40	Barber and Beauty Shops			1,712	1,712	1,712	(68)	1,644				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			1,371,800	1,371,800	1,371,800		1,371,800				42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	3,046,785	902,032	1,374,037	5,322,854	5,322,854	(3,940,365)	1,382,489				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	24,280,934	4,326,887	14,702,219	43,310,040	43,310,040	(15,292,568)	28,017,472				45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs	(345,471)	10a		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	141,704	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,346)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (206,113)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (206,113)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Misericordia Home NorthID# 0029876Report Period Beginning: July 1, 2012Ending: June 30, 2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Expenses reimbursed from other sources:	\$		1
2	Dietary Wages, supplies and other	(234,328)	1	2
3	Food Supplies	(547,924)	2	3
4	Housekeeping Wages, Supplies	(613,635)	3	4
5	Laundry supplies	(126,756)	4	5
6	Heat and Other Utilities	(415,386)	5	6
7	Maintenance Wages, Supplies and Other	(940,113)	6	7
8	Medical Director	(4,722)	9	8
9	Nursing/Med Records Wages, Supplies and Other	(355,781)	10	9
10	Therapy Wages, Supplies and Other	(2,781,168)	10a	10
11	Activities Wages, Supplies and Other	(116,719)	11	11
12	Social Services Wages, Supplies and Other	(20,171)	12	12
13	Training	(33,510)	13	13
14	Program Transportation Other	(78,210)	14	14
15	Administrative Wages, Supplies and other	(116,642)	17	15
16	Professional Services	(64,396)	19	16
17	Dues, Fees, Subscriptions & Promotions	(75,852)	20	17
18	Clerical Wages, Supplies and Other	(650,887)	21	18
19	Employee Benefits & Payroll Taxes	(2,065,241)	22	19
20	Travel & Seminar	(5,127)	24	20
21	Other Admin Staff Transportation	(921)	25	21
22	Insurance	(170,841)	26	22
23	Depreciation	(1,595,690)	30	23
24	Ancillary Service Centers Salaries and Supplies	(3,930,906)	39	24
25	Depreciation on donated fixed assets	(29,805)	30	25
26	Donated other employee benefits	(8,912)	22	26
27	Donated Administrator's salary	(9,153)	17	27
28	Subscription	(1,436)	20	28
29	Off-site recreational facility costs	(9,391)	39	29
30	Off-site recreational facility depreciation	(3,247)	30	30
31	Loss on disposal	(25,376)	6	31
32	Investment fees	(804)	20	32

33	Interest Expense	(17,546)	32	33
34	Real Estate taxes	(24,282)	33	34
35	Barber	(68)	40	35
36	Govt Sponsored Program-break & lunch.	(5,728)	2	36
37	Legal fees	(5,780)	19	37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(15,086,455)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Misericordia Home North# 0029876

Report Period Beginning:

July 1, 2012

Ending:

June 30, 2013

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	(234,328)	0	0	0	0	0	0	0	0	0	0	(234,328)	1
2	Food Purchase	(553,652)	0	0	0	0	0	0	0	0	0	0	(553,652)	2
3	Housekeeping	(613,635)	0	0	0	0	0	0	0	0	0	0	(613,635)	3
4	Laundry	(126,756)	0	0	0	0	0	0	0	0	0	0	(126,756)	4
5	Heat and Other Utilities	(415,386)	0	0	0	0	0	0	0	0	0	0	(415,386)	5
6	Maintenance	(965,489)	0	0	0	0	0	0	0	0	0	0	(965,489)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,909,247)	0	(2,909,247)	8									
	B. Health Care and Programs													
9	Medical Director	(4,722)	0	0	0	0	0	0	0	0	0	0	(4,722)	9
10	Nursing and Medical Records	(355,781)	0	0	0	0	0	0	0	0	0	0	(355,781)	10
10a	Therapy	(3,126,639)	0	0	0	0	0	0	0	0	0	0	(3,126,639)	10a
11	Activities	(116,719)	0	0	0	0	0	0	0	0	0	0	(116,719)	11
12	Social Services	(20,171)	0	0	0	0	0	0	0	0	0	0	(20,171)	12
13	CNA Training	(33,510)	0	0	0	0	0	0	0	0	0	0	(33,510)	13
14	Program Transportation	(78,210)	0	0	0	0	0	0	0	0	0	0	(78,210)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(3,735,752)	0	(3,735,752)	16									
	C. General Administration													
17	Administrative	(125,795)	0	0	0	0	0	0	0	0	0	0	(125,795)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(70,176)	0	0	0	0	0	0	0	0	0	0	(70,176)	19
20	Fees, Subscriptions & Promotions	(78,092)	0	0	0	0	0	0	0	0	0	0	(78,092)	20
21	Clerical & General Office Expenses	(653,233)	0	0	0	0	0	0	0	0	0	0	(653,233)	21
22	Employee Benefits & Payroll Taxes	(2,074,153)	0	0	0	0	0	0	0	0	0	0	(2,074,153)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(5,127)	0	0	0	0	0	0	0	0	0	0	(5,127)	24
25	Other Admin. Staff Transportation	(921)	0	0	0	0	0	0	0	0	0	0	(921)	25
26	Insurance-Prop.Liab.Malpractice	(170,841)	0	0	0	0	0	0	0	0	0	0	(170,841)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,178,338)	0	(3,178,338)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(9,823,337)	0	(9,823,337)	29									

STATE OF ILLINOIS

Facility Name & ID Number Misericordia Home North# 0029876

Report Period Beginning:

July 1, 2012 Ending:

Summary B

June 30, 2013

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	(1,487,038)	0	0	0	0	0	0	0	0	0	0	(1,487,038)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(17,546)	0	0	0	0	0	0	0	0	0	0	(17,546)	32
33	Real Estate Taxes	(24,282)	0	0	0	0	0	0	0	0	0	0	(24,282)	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	(1,528,866)	0	0	0	0	0	0	0	0	0	0	(1,528,866)	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	(3,940,297)	0	0	0	0	0	0	0	0	0	0	(3,940,297)	39
40	Barber and Beauty Shops	(68)	0	0	0	0	0	0	0	0	0	0	(68)	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	(3,940,365)	0	0	0	0	0	0	0	0	0	0	(3,940,365)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(15,292,568)	0	0	0	0	0	0	0	0	0	0	(15,292,568)	45

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
Monsignor Michael Boland	BOD			The Catholic Bishop of Chicago, through provisions in Misericordia's		
S. Rosemary Connelly	BOD			By-Laws and Catholic Charities, by virtue of a majority of		
Margaret Murphy	BOD			Board membership, qualify as related organization because		
John Dyer	BOD			each has the ability to influence Misericordia's Operating policy.		
Rob Figliulo	BOD			Misericordia Home, an equal opportunity employer and provider		
Daniel Houlihan	BOD			of service, is separately incorporated and independently funded.		
Patrick Mahoney	BOD					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	
1	V		\$	Certain costs, primarily related to insurance and/or construction, may		\$	\$
2	V			be paid to either Catholic Charities or the Archdiocese of Chicago. Such costs are paid to			
3	V			these organizations on a pass-through basis, as part of our participation in collective purchasing			
4	V			groups. Our share of costs are ultimately paid to external providers not related to us.			
5	V						
6	V						
7	V						
8	V						
9	V						
10	V						
11	V						
12	V						
13	V						
14	Total		\$			\$	\$ *

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2	Robert Soudan	BOD						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

Facility Name & ID Number

Misericordia Home North

#

0029876

Report Period Beginning:

July 1, 2012

Ending:

June 30, 2013

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	S. Rosemary Connelly	Executive Director	Oversees Misericor	N/A		50	100.00	Salary	\$ 44,153	17	1
2											2
3											3
4	Note that S. 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	\$ 44,153		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, 2012 Ending: ne 30, 2013

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

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, 2012 Ending:

June 30, 2013

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

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

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

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

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 2012 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 2013 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:		2008	_____	8	
		2009	_____	9	
		2010	_____	10	
		2011	_____	11	
		2012	_____	12	
FOR BHF USE ONLY					
		13	FROM R. E. TAX STATEMENT FOR 2012 \$		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.

2012 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 2012 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 2012.

	(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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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, 2012 Ending:

June 30, 2013

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 571,234 B. General Construction Type: Exterior Brick Frame Masonry Number of Stories various

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.

7 CILAs - approximately 34,240 square feet with 52 participants.

CCI facilities - approximately 13,459 square feet with 12 residents.

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

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

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	48			2010	\$ 10,387,773	\$ 415,694	25	\$ 415,694	\$	\$ 1,106,402	4
5	32			2001	2,993,963	150,266	20	150,266		2,043,599	5
6	53			1998	3,355,398	161,836	20	161,836		2,627,136	6
7	99			1987	3,318,816		20	107,638	107,638	3,318,816	7
8	108			1983	2,947,366	77,060	30	77,060		2,919,433	8
	Improvement Type**										
9	MCGOWAN										
10				1998	38,093	847	10 20	847		34,280	9
11				1999	54,826	2,162	10 15 20 25	2,162		42,386	10
12				2000	138,885	9,102	5 15 25	9,102		123,961	11
13				2001	9,900		10			9,900	12
14				2003	2,584	185	15	185		1,751	13
15				2004	2,098	140	15	140		1,329	14
16				2005	21,731	1,254	10 15 20	1,254		10,658	15
17				2008	387	26	15	26		121	16
18				2009	5,768	270	20 25	270		649	17
19				2010	3,121	125	25	125		446	18
20				2012	166,537	11,103	15	11,103		11,341	19
21				2012	3,730	187	20	187		1,128	20
22				2013	69,000	3,163	15	3,163		3,163	21
23				2013	8,295	138	15	138		138	22
24	CONNELLY										
25				2002	24,720	1,031	10 15 20	1,031		16,852	23
26				2003	35,159	2,081	10 15 20	2,081		22,294	24
27				2004	51,829	3,492	10 15	3,492		33,170	25
28				2005	15,937	1,125	10 15	1,125		9,422	26
29				2006	65,859	4,968	10 15	4,968		35,162	27
30				2007	5,660	377	15	377		2,358	28
31				2012	4,523	226	20	226		283	29
32				2012	12,448	622	20	622		674	30
33				2013	1,895	32	15	32		32	31
34	HOLBROOK										
35				1999	204,093	9,816	10 20	9,816		150,106	32
36				2000	378,110	22,818	10 20	22,818		331,694	33

*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

Facility Name & ID Number Misericordia Home North

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	Top Soil Seed Straw Rotate Fire Hydrant	2001	\$ 3,439	\$ 125	10 15	\$ 125	\$	\$ 3,127	37
38	Wall Partitions Door Wallguard Replace Sel Priming	2002	4,846	305	15 20	305		3,510	38
39	Replace Roof-Downpayment Sprinkler	2003	20,029	1,132	10 15	1,132		18,086	39
40	Roof Replacement-Final Pyt Sprinkler Recall Cabinets	2004	58,578	5,469	10 15	5,469		51,952	40
41	Tile Saniglaze Planning Carpeting Labor	2005	41,270	2,250	5 10 15 20	2,250		21,056	41
42	Air Conditioning Improvement Tile Repairs	2007	27,310	1,821	15	1,821		11,251	42
43	Wallguards Install New Boiler-Replacement	2008	40,258	4,854	5 10	4,854		25,409	43
44	Vinyl Flooring Entrance Mat & Labor	2011	2,767	277	10	277		577	44
45	Flooring Lobby Mat & Labor	2011	560	37	15	37		78	45
46	Concrete Patio Mat & Labor	2011	3,000	200	15	200		400	46
47	MARIAN CENTER								47
48	Storm Screens Electrical Work Elevator Infirmary Renov	1988	43,957					43,957	48
49	Repairs Changes to Fire Protection	1991	17,102	542		542		15,747	49
50	Plumbing and Mechanical Renovation	1992	32,910					32,910	50
51	Plumbing and Mechanical Renovation	1993	11,890	297		297		11,890	51
52	Plumbing and Mechanical Renovation Insulation Work	1994	23,898	1,140		1,140		22,232	52
53	Insulation Work Wallpaper Painting Upholstery	1995	29,280	123		123		28,483	53
54	Insulation Work Heat Repair HVAC Shade Valance Camera	1996	16,882	305		305		15,371	54
55	Construction Clean Duct Fire Protection Elevator	1997	20,215	905		905		14,937	55
56	Wood Door Construction Mngt	1998	27,429	1,332		1,332		21,784	56
57	Flooring Hand Rail Wallcovering Construction Salaries	1999	232,174	500		500		229,424	57
58	Carpentry State Deficiencies Constr Boiler Repair	2000	314,439	19,138		19,138		278,326	58
59	Shower Boiler Repair Overhaul Fire Door Med Cart Cabinets	2001	35,077	1,301		1,301		27,938	59
60	Ejection Pump Repair State Deficiencies Renovation	2002	102,867	6,858		6,858		78,865	60
61	State Deficiencies Repairs	2003	7,536	502		502		5,275	61
62	Skylights Windows Wall Pads Door Rep Smk Detector	2004	40,378	2,989		2,989		30,086	62
63	Drywall Cabinets Vinyl Flooring Shower Install Plaster Labor	2005	39,430	2,899		2,899		33,448	63
64	Ductwork Plaster Repair Fire Panel Labor Woodplank Flooring	2006	28,002	1,814		1,814		12,748	64
65	Flooring Cabinets Kitchen Counter Tops Plastering Chiller H2O System	2007	260,802	18,547		18,547		114,491	65
66	Cabinets Countertops Vinyl Flooring Electrical Wiring Labor	2008	116,350	8,284		8,284		40,552	66
67	Flooring Mat&Labor, install paver, cabinetry	2009	233,168	17,808		17,808		70,986	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 26,164,346	\$ 981,898		\$ 1,089,536	\$ 107,638	\$ 14,123,577	70

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

Facility Name & ID Number Misericordia Home North**XI. OWNERSHIP COSTS (continued)****B. Building 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	Totals from Page 12A, Carried Forward		\$ 26,164,346	\$ 981,898		\$ 1,089,536	\$ 107,638	\$ 14,123,577	1
2	Cabinetry Apt 203 Faucet Countertops Kitchen Laundry	2010	39,405	2,554	15 20	2,554		8,683	2
3	Mat&Labor Apt 202-205 F Mgmt Fees Electrical Misc Sup	2010	21,106	1,319	15 10 20	1,319		4,329	3
4	Chopped Out Hallway and Bedroom Wall Plaster	2010	1,200	100	12	100		333	4
5	Bath Tile Flooring Mat&Labor Apt 202	2010	3,625	181	20	181		619	5
6	Vinyl Flooring Apt 202, 203 Labor Flooring Prep	2010	16,455	1,612	10 15	1,612		5,367	6
7	Cabinetry Apt 204 Kitchen Vanity Top Replacement	2010	34,746	2,236	15 20	2,236		6,648	7
8	F Mgmt Fees Elec Wiring Apt 104-5, 204 Labor Flooring Door F Guar	2010	37,452	2,679	5 10 15 20	2,679		7,367	8
9	Chamoise Drywall Vinyl Flooring Apt 104 1st Flr Office Labor Floor I	2011	11,446	1,438	5 15	1,438		3,489	9
10	Facility Management Fees-Renovation Labor	2011	12,945	863	15	863		1,816	10
11	Cabinetry Apt 205 Electrical Work Mat & Labor	2011	37,314	2,488	15	2,488		5,144	11
12	Mat&Labor Electrical Kitchen Sink Ceiling Tiles Apt 204	2011	16,785	905	15 20	905		1,724	12
13	F Mgmt Fees Renovation Fire Alarm Misc Labor Demolition Work	2011	17,515	1,190	10 15	1,190		2,140	13
14	Vinyl Flooring Mat&Labor Apt 204 Floor Extension in Hallway	2011	14,654	1,465	10	1,465		2,626	14
15	Facility Management Fees Renovation	2012	1,754	175	10	175		249	15
16	Additional Roofs Mat&Labor	2012	45,000	4,500	10	4,500		5,625	16
17	Install Conduit Apt 105&205	2012	3,955	198	20	198		231	17
18	Two Fire Ratef Steel Door Mat&Labor	2012	4,284	214	20	214		214	18
19	Cooling Upgrades and Delta Control Pumps	2012	117,106	11,711	10	11,711		12,686	19
20	MED CARTCABINETS MODIFICATION-MC (10 APT)	2013	2,900	290	10	290		290	20
21	Install Flooring	2013	27,335	1,644	10	1,644		1,644	21
22	New Window project	2013	283,791	9,460	15	9,460		9,460	22
23	Install vanity cabinets	2013	5,695	221	15	221		221	23
24	Fire Upgrade- Smoke Compartment	2013	54,702	2,248	10	2,248		2,248	24
25	BRACH VILLAGE HOME								25
26	Misc. Additions	1984	5,297	91	29	91		5,297	26
27	Misc. Additions	1985	1,222	22	28	22		1,222	27
28	Fire Sprinklers	1989	1,709	68	25	68		1,675	28
29	Alluminum Siding Fascua DownSpouts	1991	3,827		20			3,827	29
30	Alluminum Siding	1992	398		20			398	30
31	Redecoration	1995	13,014		10			13,014	31
32	Reupholstery	1997	895		10			895	32
33	Roofing Repairs Flooring Entrance	1999	4,182		10			4,182	33
34	TOTAL (lines 1 thru 33)		\$ 27,006,060	\$ 1,031,771		\$ 1,139,409	\$ 107,638	\$ 14,237,240	34

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

Facility Name & ID Number Misericordia Home North

XI. OWNERSHIP COSTS (continued)**B. Building 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	Totals from Page 12B, Carried Forward		\$ 27,006,060	\$ 1,031,771		\$ 1,139,409	\$ 107,638	\$ 14,237,240	1
2	Carpentry	2000	1,622	108	10	108		1,460	2
3	Install Remove Vanities Planning Cooktops Cabinets	2002	16,520	524	10 15	524		14,685	3
4	Cabinets Install Door/Frames Vinyl Flooring Countertops	2004	40,167	2,786	10 15	2,786		26,469	4
5	Install Vinyl Shutter Fiber Gls Door Carpet Kitchen Bath Rehab	2005	20,111	524	10 15	524		15,009	5
6	Bathroom Repair Labor	2006	2,188	146	10 15	146		1,057	6
7	Repair due to lightning Strike-Protecting Panel	2008	387	26	15	26		120	7
8	Computer wiring	2009	1,253	83	15	83		336	8
9	Flooring Stairwell Carpet Vinyl Living Dining 2nd Flr	2010	8,901	1,055	5 10	1,055		3,664	9
10	Facility Management Fees Floor Plan Replacement	2010	1,444	96	15	96		319	10
11	Bathroom Renovation Vanities Cabinet	2010	7,964	796	10	796		2,257	11
12	Electrical Wiring	2010	5,364	268	20	268		696	12
13	Electrical Wiring	2011	791	40	20	40		92	13
14	Replace Roof Mat & Labor	2011	10,700	1,070	10	1,070		2,229	14
15	Flooring	2011	7,640	509	15	509		1,146	15
16	Bathroom Renovation	2011	15,905	1,590	10	1,590		3,181	16
17	Facility Management Fees	2011	124	8	15	8		14	17
18	Remodel Bathroom Replace Trim Electric Wiring	2012	7,550	755	10	755		944	18
19	Wardrobe Cabinets in 4 bedrooms	2012	11,541	769	15	769		898	19
20	Renovation of Laundry room and Bathroom	2013	4,245	283	10	283		283	20
21	HERBSTTRITT VILLAGE HOME								21
22	Misc Additions	1985	4,007	131	29	131		3,942	22
23	Fire Sprinklers	1989	1,709	68	25	68	0	1,675	23
24	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	24
25	Balance Siding	1992	398		20			398	25
26	Redecoration	1995	16,162		10			16,162	26
27	Repair Wood Post	1996	400		8			400	27
28	Flooring Cabinets	1999	8,709	490	10 15	490		8,464	28
29	Replace Flooring Roof Cooktops Fireproof Planning	2002	46,173	492	10 15	492		44,452	29
30	Install Countertops Doors/Frames Flooring Recon Sink	2004	21,249	1,439	10 15 20	1,439		13,667	30
31	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	24,671	1,194	5 15 20	1,194		15,684	31
32	Repair Due to Lightning Strike Protecting Panels	2008	387	26	15	26		120	32
33	Wiring Internet Connection	2009	975	65	15	65		271	33
34	TOTAL (lines 1 thru 33)		\$ 27,299,142	\$ 1,047,112		\$ 1,154,750	\$ 107,638	\$ 14,421,161	34

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

Facility Name & ID Number Misericordia Home North

XI. OWNERSHIP COSTS (continued)**B. Building 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	Totals from Page 12C, Carried Forward		\$ 27,299,142	\$ 1,047,112		\$ 1,154,750	\$ 107,638	\$ 14,421,161	1
2	Bathroom Renovation Vanities Cabinet	2010	6,120	612	10	612		1,734	2
3	Floor Renovation	2010	7,700	770	10	770		2,053	3
4	Electrical Wirings	2010	686	34	20	34		92	4
5	Install Lightings	2011	1,582	79	20	79		191	5
6	Bathroom Renovation Vanities Cabinet	2011	10,099	1,010	10	1,010		2,272	6
7	Bathroom Remodelling	2012	4,360	436	10	436		618	7
8	Wardrobe Cabinets	2012	8,655	577	15	577		673	8
9	MAHONEY VILLAGE HOME								9
10	Misc. Additions	1985	4,007	131	29	131		3,942	10
11	Fire Sprinklers	1989	1,709	68	25	68		1,675	11
12	Alluminim Siding Fascia Downspout	1991	3,827		20			3,827	12
13	Balance Siding	1992	398		20			398	13
14	Redecoration	1995	14,846		10			14,846	14
15	Repair Wood Post	1996	400		8			400	15
16	Drapes Repair Heater Plumbing Install Lights	1999	6,023	50	10 20	50		5,749	16
17	Carpentry	2000	1,622	108	15	108		1,460	17
18	Replace Flooring Roof Install/Remove Vanities Planning	2002	50,444	752	10 15	752		47,811	18
19	Replace Flooring Kitchen Cabinet Sink Countertops	2003	32,254	2,048	10 15 20	2,048		23,022	19
20	Kitchen Back Splashes Install Door/Frames	2004	17,942	1,196	15	1,196		11,363	20
21	Vinyl Shutters Decoria Fiber Gl's Door Kitchen Bath Rehab	2005	17,392	755	5 10 15 20	755		11,948	21
22	Repair Due to Lightning Strike Protecting Panels	2008	387	26	15	26		120	22
23	Wiring Internet Connection	2009	975	65	15	65		271	23
24	Bathroom Renovation Vanities Cabinet	2010	5,136	514	10	514		1,455	24
25	Electrical Feed Wiring	2011	2,337	117	20	117		282	25
26	Flooring	2011	13,650	910	15	910		1,896	26
27	Bathroom Renovation	2011	13,228	1,305	10 15	1,305		2,386	27
28	Bathroom Remodelling	2012	4,410	441	10	441		625	28
29	Wardrobe Cabinets	2012	8,655	577	15	577		673	29
30	Bathroom Renovation	2013	4,072	34	10	34		34	30
31	SHANNON VILLAGE HOME								31
32	Misc. Additions	1985	73,264	2,526	29	2,526		72,001	32
33	Misc. Additions	1987	3,000	105	27	105		2,947	33
34	TOTAL (lines 1 thru 33)		\$ 27,618,321	\$ 1,062,359		\$ 1,169,997	\$ 107,638	\$ 14,637,925	34

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

Facility Name & ID Number Misericordia Home North

XI. OWNERSHIP COSTS (continued)**B. Building 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	Totals from Page 12D, Carried Forward		\$ 27,618,321	\$ 1,062,359		\$ 1,169,997	\$ 107,638	\$ 14,637,925	1
2	Fire Sprinklers, repair on mech heating	1990	3,513	68	25	68		3,479	2
3	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	3
4	Balance Siding	1992	398		20			398	4
5	Redecoration and install office	1995	21,503	296	20	296		21,059	5
6	Repair Wood Post	1996	400		8			400	6
7	Roof Repairs	1998	3,775		10			3,775	7
8	Flooring Fire Dampers Repairs Boiler	1999	5,732		10			5,732	8
9	Carpentry Install Sprinklers Heads	2000	2,907	160	15	160		2,154	9
10	Floor Repl Water Dam Rep Carpet Construction	2001	21,629		10			21,629	10
11	Replace Flooring Install Cooktops Fireproof Bathroom Rep	2002	45,916	594	10 15	594		43,838	11
12	Vanity Base Cabinet	2003	975	65	15	65		683	12
13	Vinyl Flooring Window Rep Kitchen Cabinets	2004	31,413	2,193	10 15	2,193		20,838	13
14	Fiber Glass Door Kitchen Cabinets Tiles Plumbing V Shutters	2005	44,471	2,361	5 10 15 20 25	2,361		26,710	14
15	Bathroom Renov Labor Vinyl Flooring Floor Wall Base	2006	12,410	1,183	10 15	1,183		8,187	15
16	Replace Conduit Damage	2007	2,641	132	20	132		781	16
17	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		120	17
18	Wiring Internet Connection	2009	975	65	15	65		271	18
19	Bathroom Renovation Vanities Cabinet	2010	7,426	743	10	743		2,104	19
20	Misc. Labor	2011	560	37	15	37		90	20
21	Roof Replacement Mat&Labor	2011	15,080	1,508	10	1,508		3,267	21
22	Bathroom Renovation	2011	4,370					4,370	22
23	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	769	15	769		898	23
24	Install bathroom shower	2013	3,675	123	10	123		123	24
25	RICE VILLAGE HOME								25
26	Additions	1984	6,572	113	29	113		6,572	26
27	Additions	1985	1,222	22	28	22		1,222	27
28	Fire Sprinklers	1989	1,709	68	25	68		1,675	28
29	Alluminum Siding Fascia Downspouts	1991	3,827		20			3,827	29
30	Alluminum Siding	1992	398		20			398	30
31	Redecoration	1995	13,018		10			13,018	31
32	Flooring-Post Closing Entr	1999	525		10			525	32
33	Plaster Dining Rm Ceiling Install Door Frames/Doors Drapes&Rods	2002	14,989	244	10 15	244		14,135	33
34	TOTAL (lines 1 thru 33)		\$ 27,906,104	\$ 1,073,129		\$ 1,180,768	\$ 107,638	\$ 14,854,030	34

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

Facility Name & ID Number Misericordia Home North

XI. OWNERSHIP COSTS (continued)**B. Building 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	Totals from Page 12E, Carried Forward		\$ 27,906,104	\$ 1,073,129		\$ 1,180,768	\$ 107,638	\$ 14,854,030	1
2	Cabinets Ins Door Frame Flooring Kitchen Island Countertops	2004	43,076	2,978	10 15	2,978		28,293	2
3	Decoria Vinyl Wall Shutters Kitchen Bath Rehab Labor Door Fiber Gl	2005	22,641	1,682	5 10 15 20	1,682		16,369	3
4	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		120	4
5	Wiring Internet Connection Mat and Labor	2009	7,493	652	10	652		3,582	5
6	Electrical Wiring	2010	686	34	20	34		92	6
7	Vinyl Flooring Carpet Stairwell F Mgmt Fees	2011	20,317	2,110	5 10 15 20	2,110		4,653	7
8	Electrical Wiring Install Lightings	2011	3,648	182	20	182		456	8
9	Roof Replacement Mat&Labor	2011	11,050	1,105	10	1,105		2,394	9
10	Bathroom Renovation	2011	6,255	625	10	625		1,407	10
11	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	769	15	769		898	11
12	POLK VILLAGE HOME								12
13	Additions	1984	5,397	93	29	93		5,397	13
14	Additions	1985	1,222	22	28	22		1,222	14
15	Fire Sprinklers	1989	1,709	68	25	68		1,675	15
16	Alluminum Siding Fascia Downspouts	1991	3,827		20			3,827	16
17	Alluminum Siding	1992	398		20			398	17
18	Redecoration	1995	12,817		10			12,817	18
19	Flooring-Post Closing Roofing	1999	3,873		5 10			3,873	19
20	Carpeting Dining Rm Carpentry	2000	8,167	108	5 10 15	108		8,005	20
21	Install/Remove Vanities Planning Cooktops Fireproof	2002	10,382	692	15	692		7,960	21
22	Replace Flooring Vinyl	2002	13,262		10			13,262	22
23	Replace Flooring Vinyl Kitchen Floor Tiles	2003	12,182	609	10	609		10,781	23
24	Removal/Ins Kitchen CabinetsSink Faucets	2003	27,519	1,773	15 20	1,773		18,612	24
25	Faucets Drains Back Splashes	2004	3,877	187	15 25	187		1,780	25
26	Install Door Frames Drape Sheers	2004	20,076	1,112	5 15	1,112		13,958	26
27	Vinyl Shutters Fiber Glass Door Vinyl Wall Labor	2005	11,753	530	10 15	530		7,075	27
28	Construction	2006	2,538	169	15	169		1,237	28
29	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		120	29
30	Wiring Internet Connection Labor	2009	975	65	15	65		271	30
31	Vinyl Flooring Bedroom Living Room	2010	6,325	633	10	633		2,214	31
32	Facility Management Fees Floor Plan Renovation	2010	4,899	449	10 15	449		1,253	32
33	Electrical Wiring	2010	6,586	329	20	329		854	33
34	TOTAL (lines 1 thru 33)		\$ 28,191,368	\$ 1,090,159		\$ 1,197,797	\$ 107,638	\$ 15,028,885	34

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

Facility Name & ID Number Misericordia Home North

XI. OWNERSHIP COSTS (continued)**B. Building 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	Totals from Page 12F, Carried Forward		\$ 28,191,368	\$ 1,090,159		\$ 1,197,797	\$ 107,638	\$ 15,028,885	1
2	Electrical Wiring Install Lightings Misc. Labor	2011	4,663	250	15 20	250		620	2
3	Roof Replacement	2011	10,820	1,082	10	1,082		2,344	3
4	Flooring	2011	2,048	205	10	205		495	4
5	Bathroom Renovation	2011	17,453	1,745	10	1,745		3,927	5
6	Bathroom Renovation	2012	4,270	427	10	427		605	6
7	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	769	15	769		898	7
8	MAZZA VILLAGE HOME								8
9	Alluminum Siding Fascia Downspouts	1991	4,224		20			4,224	9
10	Repairs (Audit)	1992	2,114		20			2,114	10
11	Mechanical Plumbing Repair	1993	7,003	175	20	175		7,003	11
12	Mechanical Plumbing Repair	1994	4,533	227	20	227		4,420	12
13	Redecoration	1995	13,006		10			13,006	13
14	Roof Repairs	1998	3,775		5			3,775	14
15	Flooring Drapes Fire Damp Counter Tops	1999	13,355	121	10 15	121		13,295	15
16	Install New Shower Carpentry	2000	3,851	221	15 20	221		2,988	16
17	Remove Flooring	2002	240		5			240	17
18	Install Vanities Cabinets Cooktops Fire Proof Planning Carpentry	2002	12,754	850	15	850		9,778	18
19	Install Door Frames Blinds Drapes Rods Kitchen Cabinets	2004	23,999	1,294	5 15	1,294		16,882	19
20	Flooring Repair Labor	2004	1,250	125	10	125		1,188	20
21	Entry Door Fiber Glass	2005	7,140	352	20	352		3,086	21
22	Kitchen Cabinets Tiles Plumbing Demo Labor	2005	32,350	2,260	10 15 20	2,260		19,209	22
23	Vinyl Shutters Flooring Labor Wall Panel Lavatory Bowl	2005	7,865	431	5 10 15	431		6,188	23
24	Flooring	2007	4,147	415	10	415		2,281	24
25	Install Wood Floor	2008	10,558	1,056	10	1,056		5,719	25
26	Repair dur to Lightning Strike-Protecting Panel	2008	387	26	15	26		120	26
27	Wiring for Internet Connection Labor	2009	975	65	15	65		271	27
28	Electrical Lightning Damage Repair	2010	3,367	168	20	168		421	28
29	Electrical Wiring Misc. Labor	2011	3,379	188	15 20	188		454	29
30	Roof Replacement Mat&Labor	2011	15,170	1,517	10	1,517		3,287	30
31	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	769	15	769		898	31
32	Redecoration	1995	12,810	97	20	97		12,810	32
33	Fire Sprinklers	1989	1,709	68	25	68		1,675	33
34	TOTAL (lines 1 thru 33)		\$ 28,443,666	\$ 1,105,062		\$ 1,212,700	\$ 107,638	\$ 15,173,106	34

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

Facility Name & ID Number Misericordia Home North

XI. OWNERSHIP COSTS (continued)**B. Building 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	Totals from Page 12G, Carried Forward		\$ 28,443,666	\$ 1,105,062		\$ 1,212,700	\$ 107,638	\$ 15,173,106	1
2	MINIAT VILLAGE HOME								2
3	Misc. Additions	1985	4,007	131	29	131		3,942	3
4	Fire Sprinklers	1989	1,709	68	25	68		1,675	4
5	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	5
6	Balance Siding	1992	398	16	20	16		390	6
7	Redecoration	1995	13,021		10			13,021	7
8	Repair Wood Post	1996	600		8			600	8
9	Wall Furnace	1997	635		15			635	9
10	Flooring-Post Closing Entrance	1998	666		5			666	10
11	Drapes	1999	1,013		10			1,013	11
12	Carpentry, dining room and carpeting	2000	12,733	108	15	108		12,571	12
13	Replace roof, flooring, vanities	2002	38,928	367	10 15	367		37,646	13
14	Renovate Kitchen	2003	25,543	1,654	15 20	1,654		17,363	14
15	Renovate Kitchen	2004	22,273	1,358	10 15	1,358		15,753	15
16	Renovate Bathrooms and install new vinyl shutters	2005	35,403	2,072	10 15 20	2,072		21,967	16
17	Renovate Bathrooms	2006	12,412	285	5 15	285		10,291	17
18	Vinyl flooring	2007	4,373	437	10	437		3,025	18
19	Flooring, wiring for internet and repair to fire panel	2009	8,710	321	15	321		4,057	19
20	Vinyl Flooring	2010	9,811	1,257	10	1,257		4,336	20
21	Vinyl Flooring	2011	3,555	356	10	356		948	21
22	Electric work	2011	8,164	408	20	408		1,008	22
23	Bathroom Renovation	2011	16,924	1,689	10	1,689		2,993	23
24	Wardrobe Cabinets in 3 Bedrooms	2012	8,655	577	15	577		673	24
25	Vinyl flooring	2013	4,900	327	10	327		327	25
26	O'DONNELL VILLAGE HOME								26
27	Additions, fire sprinklers	1989	5,716	199	25	199		5,617	27
28	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	28
29	Balance Siding	1992	398		20			398	29
30	Redecoration	1995	15,048		10			15,048	30
31	Repair Wood Post	1996	400		8			400	31
32	Roofing Repairs Water Heater	1999	5,572		10			5,572	32
33	Carpentry	2000	1,622	108	15	108		1,460	33
34	TOTAL (lines 1 thru 33)		\$ 28,714,507	\$ 1,116,800		\$ 1,224,438	\$ 107,638	\$ 15,364,155	34

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

Facility Name & ID Number Misericordia Home North

XI. OWNERSHIP COSTS (continued)**B. Building 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	Totals from Page 12H, Carried Forward		\$ 28,714,507	\$ 1,116,800		\$ 1,224,438	\$ 107,638	\$ 15,364,155	1	
2	Flooring Install/Remove Vanities Cooktops Planning	2002	32,545	493	10 15	493		30,818	2	
3	Kitchen Cabinet Flooring Install Door/Frames Countertops	2004	42,792	3,180	10 15	3,180		30,211	3	
4	Vinyl Shutter Install Fiber Gls Door Kitchen Bath Rehab	2005	10,021	316	5 15 20	316		6,746	4	
5	Repair Due to Lightning Strike Protecting Panels	2008	387	26	15	26		120	5	
6	Wiring Internet Connection	2009	975	65	15	65		271	6	
7	Electrical Wirings	2010	686	34	20	34		92	7	
8	Install Lightings	2011	1,582	79	20	79		191	8	
9	Replace Roof Mat&Labor	2011	10,700	1,070	10	1,070		2,229	9	
10	Bathroom Renovation	2011	9,489	949	10	949		2,135	10	
11	Flooring	2011	13,340	889	15	889		1,853	11	
12	Bathroom Remodelling	2012	3,825	383	10	383		542	12	
13	Wardrobe Cabinets in 3 bedrooms	2012	8,655	577	15	577		673	13	
14	Vinyl flooring	2013	2,600	173	10	173		173	14	
15	Allocated support and MGA deparments not included in the capital component of rate:									
16	Connolly Center Laundry allocated based on weight of laund		355,379	9,047		9,047		76,696	16	
17	Resource Center allocated based on # of residents		517,058	37,558		37,558		266,059	17	
18	Housekeeping allocation based on squ feet of areas cleaned		11,045	91		91		10,841	18	
19	Food Services allocated based on # of meals		766,369	20,264		36,462	16,198	596,475	19	
20	Nursingallocation based on meds passed.		573,711	25,456		25,456		426,467	20	
21	Building Operations allocated based on # of meals		9,520,923	347,106		351,503	4,397	6,071,134	21	
22	Purchasing dept allocated based on # of requisitions		74,406	3,918		3,918		41,407	22	
23	Therapy dept allocation based on staff hours		257,186	12,040		12,040		196,140	23	
24	Pool & Fitness based on # of residents.		1,827,759	91,713		91,713		1,353,298	24	
25	Religious- based on # of residents & Driskill based on volunteers		4,406,906	117,065		117,065		543,112	25	
26	Driskill Home based on volunteers		805,874	33,050		33,050		79,209	26	
27	MGA alloc- Finance Dept alloc based on direct exp		405,299	10,712		10,712		90,194	27	
28	MGA alloc HR, Admin & Reception based # of employees		1,452,946	71,306		84,776	13,470	1,018,824	28	
29	MGA alloc- IT Dept alloc based on direct exp		57,339	2,125		2,125		37,400	29	
30									30	
31									31	
32									32	
33									33	
34	TOTAL (lines 1 thru 33)		\$ 49,884,303	\$ 1,906,484		\$ 2,048,188	\$ 141,704	\$ 26,247,464	34	

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

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	\$ 1,019,914	\$ 140,062	\$ 140,062	\$		\$ 907,476	71
72	Current Year Purchases	15,562	553	553	0		553	72
73	Fully Depreciated Assets	2,174,203					2,174,203	73
74								74
75	TOTALS	\$ 3,209,679	\$ 140,615	\$ 140,615	\$ 0		\$ 3,082,232	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	campus alloc from bldg operations			\$ 156,331	\$ 17,262	\$ 17,262	\$	3	\$ 124,769	76
77										77
78										78
79										79
80	TOTALS			\$ 156,331	\$ 17,262	\$ 17,262	\$		\$ 124,769	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)	\$ 53,250,313	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 2,064,361	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 2,206,065	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 141,704	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 29,454,465	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	\$ 7,700,775	\$ 277,813	\$ 5,928,342	86
87	Auto alloc to other prog	1,138,098	95,136	1,047,660	87
88	Bldg & Improv alloc to other prog	72,729,275	2,339,518	32,586,987	88
89	Land	1,205,107			89
90					90
91	TOTALS	\$ 82,773,254	\$ 2,712,466	\$ 39,562,989	91

G. Construction-in-Progress

	Description	Cost	
92	New home and CILA renovatio	\$ 1,414,057	92
93	Campus security	79,769	93
94	Maintenace building reno	88,313	94
95		\$ 1,582,139	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

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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><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. CLASSROOM PORTION:</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. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	--	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		2,354		2,354
3	Classroom Wages (a)		122,450		122,450
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 124,804	\$	\$ 124,804
10	SUM OF line 9, col. 1 and 2 (e)	\$	124,804		

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		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	1694	hrs	9,045											9,045	7
8	Habilitation		hrs													8
9	Pharmacy		# of prescrpts													9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify):															12
13	Other (specify):															13
14	TOTAL			\$ 9,045		\$		\$						\$ 9,045		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, 2012Ending: June 30, 2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2013 (last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 14,114,025	\$	1
2	Cash-Patient Deposits	315,534		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>35,000</u>)	13,891,404		3
4	Supply Inventory (priced at <u>cost</u>)	336,370		4
5	Short-Term Investments	8,901,561		5
6	Prepaid Insurance	397,052		6
7	Other Prepaid Expenses	62,363		7
8	Accounts Receivable (owners or related parties)	3,422,162		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 41,440,471	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,205,107		13
14	Buildings, at Historical Cost	122,613,578		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	12,204,882		16
17	Accumulated Depreciation (book methods)	(69,017,454)		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>	1,582,139		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 68,588,252	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 110,028,723	\$	25

		1	2	
		Operating	After	
			Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 906,692	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	296,551		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	2,609,049		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	200,802		35
Other Current Liabilities(specify):				
36	<u>Deferred Revenue</u>	711,636		36
37	<u>Other Liabilities and ARO</u>	1,951,211		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,675,941	\$	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)	\$ 6,675,941	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 103,352,782	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 110,028,723	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 105,359,060	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 105,359,060	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(7,970,480)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	29,860,032	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>	(3,631,254)	15
16	Other (describe) <u>Development & Community Relations</u>	(2,264,904)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 15,993,394	17
B. Transfers (Itemize):			
18	<u>Investment activity/insurance proceeds</u>	68,040	18
19	<u>Net Asset Reclassification</u>	(18,067,712)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (17,999,672)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 103,352,782	24 *

* This must agree with page 17, line 47.

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	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 28,509,768	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 28,509,768	3
B. Ancillary Revenue			
4	Day Care	6,484,321	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 6,484,321	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	345,471	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)	\$ 345,471	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)	\$ 35,339,560	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	7,190,359	31
32	Health Care	18,209,205	32
33	General Administration	8,852,692	33
B. Capital Expense			
34	Ownership	3,734,930	34
C. Ancillary Expense			
35	Special Cost Centers	3,951,054	35
36	Provider Participation Fee	1,371,800	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 43,310,040	40
41	Income before Income Taxes (line 30 minus line 40)**	(7,970,480)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (7,970,480)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	49

* 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, 2012

Ending: June 30, 2013

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	1,921	2,080	\$ 76,288	\$ 36.68	1
2	Assistant Director of Nursing					2
3	Registered Nurses	48,364	52,251	1,579,215	30.22	3
4	Licensed Practical Nurses	12,979	14,439	424,206	29.38	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	8,750	9,786	344,405	35.19	7
8	Rehab/Therapy Aides	23,712	26,973	421,180	15.61	8
9	Activity Director	1,774	2,045	63,134	30.87	9
10	Activity Assistants	18,817	20,523	351,548	17.13	10
11	Social Service Workers	10,444	11,286	269,236	23.86	11
12	Dietician	979	1,060	36,767	34.69	12
13	Food Service Supervisor	1,134	1,260	59,340	47.10	13
14	Head Cook	15,069	16,203	322,124	19.88	14
15	Cook Helpers/Assistants	14,265	14,707	168,538	11.46	15
16	Dishwashers					16
17	Maintenance Workers	36,337	39,396	922,088	23.41	17
18	Housekeepers	37,868	44,836	607,402	13.55	18
19	Laundry	13,057	14,435	205,639	14.25	19
20	Administrator	7,630	8,272	432,331	52.26	20
21	Assistant Administrator					21
22	Other Administrative	33,635	37,083	1,004,302	27.08	22
23	Office Manager					23
24	Clerical	16,021	17,210	260,895	15.16	24
25	Vocational Instruction	165,278	178,638	3,046,785	17.06	25
26	Academic Instruction	4,452	4,885	122,450	25.07	26
27	Medical Director	356	375	33,623	89.66	27
28	Qualified MR Prof. (QMRP)	82,868	88,565	1,638,195	18.50	28
29	Resident Services Coordinator	76,122	83,553	1,929,121	23.09	29
30	Habilitation Aides (DD Homes)	674,693	718,042	9,875,470	13.75	30
31	Medical Records	2,838	3,120	47,468	15.21	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Medical Secty</u>	1,917	2,080	39,184	18.84	33
34	TOTAL (lines 1 - 33)	1,311,280	1,413,103	\$ 24,280,934 *	\$ 17.18	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	1,261	\$ 42,857	1	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		23,330	10	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	1,814	84,983	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	609	32,957	10a	43
44	Activity Consultant		18,200	11	44
45	Social Service Consultant		13,442	12	45
46	Other(specify) <u>Psych</u>		33,335	10a	46
47	<u>Doctor/Dentist</u>		29,877	10	47
48	<u>Behavior Therapist/hab aide stipend</u>		10,653	10a	48
49	TOTAL (lines 35 - 48)	3,684	\$ 289,634		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
<u>S. Rosemary Connelly</u>	<u>Executive Director</u>	<u>N/A</u>	<u>\$ 44,153</u>	<u>Workers' Compensation Insurance</u>	<u>\$ 389,004</u>	<u>IDPH License Fee</u>	<u>\$</u>	
<u>Mary Pat O'Brien</u>	<u>Asst. Executive Director</u>	<u>N/A</u>	<u>53,237</u>	<u>Unemployment Compensation Insurance</u>	<u>70,460</u>	<u>Advertising: Employee Recruitment</u>	<u>357</u>	
<u>Denise Tigges/K Golden</u>	<u>Administrato</u>	<u>N/A</u>	<u>63,059</u>	<u>FICA Taxes</u>	<u>1,202,676</u>	<u>Health Care Worker Background Check</u>	<u>11,844</u>	
<u>Michael Diaz/G. Connelly</u>	<u>Administrato</u>	<u>N/A</u>	<u>57,278</u>	<u>Employee Health Insurance</u>	<u>1,491,502</u>	<u>(Indicate # of checks performed)</u>		
<u>Lois Gates</u>	<u>Asst. Executive Director</u>	<u>N/A</u>	<u>53,241</u>	<u>Employee Meals</u>		<u>Patient Background Checks</u>		
<u>Chris Hegg/Joe Ferrera</u>	<u>Administrator</u>	<u>N/A</u>	<u>78,718</u>	<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>License fees-Computer lic, Dept of Financial</u>	<u>23,689</u>	
<u>Kevin Connelly/Fr. Jack Clair</u>	<u>CFO/Asst Exe Dir</u>	<u>N/A</u>	<u>82,645</u>	<u>Emp Tuition Reimbursement/Other</u>	<u>40,590</u>	<u>Subscription</u>	<u>868</u>	
TOTAL (agree to Schedule V, line 17, col. 1)				<u>Dental Insurance</u>	<u>43,503</u>	<u>Membership Dues</u>	<u>335</u>	
(List each licensed administrator separately.)			\$ 432,331	<u>401K Match</u>	<u>701,595</u>	<u>Bank fees</u>	<u>15,609</u>	
B. Administrative - Other				<u>Long-Term Disability and Life Insurance</u>	<u>88,731</u>	<u>Surety Bond</u>	<u>1,471</u>	
Description			Amount			<u>Less: Public Relations Expense</u>	<u>()</u>	
			\$			<u>Non-allowable advertising</u>	<u>()</u>	
						<u>Yellow page advertising</u>	<u>()</u>	
						TOTAL (agree to Sch. V,	\$ 54,173	
				TOTAL (agree to Schedule V,	\$ 4,028,061	line 20, col. 8)		
				line 22, col.8)				
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services							<u>Out-of-State Travel</u>	<u>\$</u>
Vendor/Payee	Type		Amount					
<u>Deloitte & Touche</u>	<u>Audit</u>		<u>\$ 73,624</u>				<u>In-State Travel</u>	
<u>ADP/Paycom Processing</u>	<u>Payroll Service</u>		<u>84,604</u>					
<u>Burke, Warren, MacKay & Serr</u>	<u>Legal</u>		<u>31,762</u>				<u>Seminar Expense</u>	
<u>Correll</u>	<u>Admin for 401K plan</u>		<u>25,314</u>					<u>9,538</u>
							<u>Entertainment Expense</u>	<u>()</u>
							TOTAL	\$ 9,538
				TOTAL		\$	(agree to Sch. V,	
TOTAL (agree to Schedule V, line 19, column 3)			\$ 215,304				line 24, col. 8)	
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications

**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
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Misericordia Home North# 0029876Report Period Beginning: July 1, 2012 Ending: June 30, 2012**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. \$ 77,980 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. \$ 1,371,800
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? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
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? N/A
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Deloitte
- (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.