

Facility Name & ID Number Misericordia Home North

0029876 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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	341	Intermediate/DD	341	123,387	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	341	TOTALS	341	123,387	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	113,662	730		114,392
12	SC				12
13	DD 16 OR LESS				13
14	TOTALS	113,662	730		114,392

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.71%

D. How many bed-hold days during this year were paid by the Department? 8,995 (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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: June 30, 2014 Fiscal Year: June 30, 2014

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

Facility Name & ID Number

Misericordia Home North

0029876

Report Period Beginning:

July 1, 2013

Ending:

June 30, 2014

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	629,265	209,876	38,743	877,884		877,884	(264,728)	613,156		1
2	Food Purchase		1,566,073		1,566,073		1,566,073	(410,891)	1,155,182		2
3	Housekeeping	630,570	236,037	303,318	1,169,925		1,169,925	(638,392)	531,533		3
4	Laundry	216,839	40,457		257,296		257,296	(119,951)	137,345		4
5	Heat and Other Utilities			1,011,712	1,011,712		1,011,712	(475,333)	536,379		5
6	Maintenance	963,660	225,598	1,205,644	2,394,902		2,394,902	(1,100,074)	1,294,828		6
7	Other (specify):*										7
8	TOTAL General Services	2,440,334	2,278,041	2,559,417	7,277,792		7,277,792	(3,009,369)	4,268,423		8
	B. Health Care and Programs										
9	Medical Director			10,000	10,000		10,000	(1,023)	8,977		9
10	Nursing and Medical Records	2,111,917	487,632	63,630	2,663,179		2,663,179	(302,641)	2,360,538		10
10a	Therapy	9,999,999	22,155	80,967	10,103,121		10,103,121	(3,175,310)	6,927,811		10a
11	Activities	425,962	15,186	43,190	484,338		484,338	(120,727)	363,611		11
12	Social Services	314,627	542	12,545	327,714		327,714	(16,375)	311,339		12
13	CNA Training	130,175	2,524		132,699		132,699	(37,302)	95,397		13
14	Program Transportation		127,681		127,681		127,681	(64,687)	62,994		14
15	Other (specify):*	4,532,950			4,532,950		4,532,950		4,532,950		15
16	TOTAL Health Care and Programs	17,515,630	655,720	210,332	18,381,682		18,381,682	(3,718,065)	14,663,617		16
	C. General Administration										
17	Administrative	501,961	598		502,559		502,559	(153,053)	349,506		17
18	Directors Fees										18
19	Professional Services			237,986	237,986		237,986	(77,567)	160,419		19
20	Dues, Fees, Subscriptions & Promotions			134,062	134,062		134,062	(84,120)	49,942		20
21	Clerical & General Office Expenses	1,233,962	210,916	102,872	1,547,750		1,547,750	(628,673)	919,077		21
22	Employee Benefits & Payroll Taxes			6,569,375	6,569,375		6,569,375	(2,222,260)	4,347,115		22
23	Inservice Training & Education										23
24	Travel and Seminar			21,237	21,237		21,237	(6,619)	14,618		24
25	Other Admin. Staff Transportation			712	712		712	(712)			25
26	Insurance-Prop.Liab.Malpractice			316,856	316,856		316,856	(165,697)	151,159		26
27	Other (specify):*										27
28	TOTAL General Administration	1,735,923	211,514	7,383,100	9,330,537		9,330,537	(3,338,701)	5,991,836		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	21,691,887	3,145,275	10,152,849	34,990,011		34,990,011	(10,066,135)	24,923,876		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			3,586,425	3,586,425	3,586,425	(1,462,486)	2,123,939				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			15,898	15,898	15,898	(15,898)					32
33	Real Estate Taxes			21,866	21,866	21,866	(21,866)					33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			3,624,189	3,624,189	3,624,189	(1,500,250)	2,123,939				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	3,286,502	831,825	944	4,119,271	4,119,271	(4,113,268)	6,003				39
40	Barber and Beauty Shops			2,339	2,339	2,339		2,339				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			1,315,272	1,315,272	1,315,272		1,315,272				42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	3,286,502	831,825	1,318,555	5,436,882	5,436,882	(4,113,268)	1,323,614				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	24,978,389	3,977,100	15,095,593	44,051,082	44,051,082	(15,679,653)	28,371,429				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	(408,413)	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	141,207	30		9
10	Interest and Other Investment Income	(15,898)	32		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	(1,166)	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)	\$ (284,270)		\$	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)	\$ (284,270)		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, 2013Ending: June 30, 2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Expenses reimbursed from other sources:	\$		1
2	Dietary Wages, supplies and other	(264,728)	1	2
3	Food Supplies	(406,092)	2	3
4	Housekeeping Wages, Supplies	(638,392)	3	4
5	Laundry supplies	(119,951)	4	5
6	Heat and Other Utilities	(475,333)	5	6
7	Maintenance Wages, Supplies and Other	(1,051,500)	6	7
8	Medical Director	(1,023)	9	8
9	Nursing/Med Records Wages, Supplies and Other	(295,137)	10	9
10	Therapy Wages, Supplies and Other	(2,766,897)	10a	10
11	Activities Wages, Supplies and Other	(120,727)	11	11
12	Social Services Wages, Supplies and Other	(16,375)	12	12
13	Training	(37,302)	13	13
14	Program Transportation Other	(64,687)	14	14
15	Administrative Wages, Supplies and other	(141,272)	17	15
16	Professional Services	(77,567)	19	16
17	Dues, Fees, Subscriptions & Promotions	(80,364)	20	17
18	Clerical Wages, Supplies and Other	(627,507)	21	18
19	Employee Benefits & Payroll Taxes	(2,213,477)	22	19
20	Travel & Seminar	(6,619)	24	20
21	Other Admin Staff Transportation	(712)	25	21
22	Insurance	(165,697)	26	22
23	Depreciation	(1,580,641)	30	23
24	Ancillary Service Centers Salaries and Supplies	(4,104,092)	39	24
25	Real Estate taxes	(21,866)	33	25
26	Donated other employee benefits	(8,783)	22	26
27	Donated Administrator's salary	(11,781)	17	27
28	Subscription	(1,072)	20	28
29	Off-site recreational facility costs	(9,176)	39	29
30	Off-site recreational facility depreciation	(3,341)	30	30
31	Loss on disposal	(42,052)	6	31
32	Investment fees	(2,684)	20	32

33	Govt Sponsored Program-break & lunch.	(4,799)	2	33
34	Donated Equipment	(6,522)	6	34
35	Donated Equipment	(7,504)	10	35
36	Depreciation on donated equipment	(19,711)	30	36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(15,395,383)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Misericordia Home North# 0029876

Report Period Beginning:

July 1, 2013

Ending:

June 30, 2014

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	(264,728)	0	0	0	0	0	0	0	0	0	0	(264,728)	1
2	Food Purchase	(410,891)	0	0	0	0	0	0	0	0	0	0	(410,891)	2
3	Housekeeping	(638,392)	0	0	0	0	0	0	0	0	0	0	(638,392)	3
4	Laundry	(119,951)	0	0	0	0	0	0	0	0	0	0	(119,951)	4
5	Heat and Other Utilities	(475,333)	0	0	0	0	0	0	0	0	0	0	(475,333)	5
6	Maintenance	(1,100,074)	0	0	0	0	0	0	0	0	0	0	(1,100,074)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,009,369)	0	(3,009,369)	8									
	B. Health Care and Programs													
9	Medical Director	(1,023)	0	0	0	0	0	0	0	0	0	0	(1,023)	9
10	Nursing and Medical Records	(302,641)	0	0	0	0	0	0	0	0	0	0	(302,641)	10
10a	Therapy	(3,175,310)	0	0	0	0	0	0	0	0	0	0	(3,175,310)	10a
11	Activities	(120,727)	0	0	0	0	0	0	0	0	0	0	(120,727)	11
12	Social Services	(16,375)	0	0	0	0	0	0	0	0	0	0	(16,375)	12
13	CNA Training	(37,302)	0	0	0	0	0	0	0	0	0	0	(37,302)	13
14	Program Transportation	(64,687)	0	0	0	0	0	0	0	0	0	0	(64,687)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(3,718,065)	0	(3,718,065)	16									
	C. General Administration													
17	Administrative	(153,053)	0	0	0	0	0	0	0	0	0	0	(153,053)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(77,567)	0	0	0	0	0	0	0	0	0	0	(77,567)	19
20	Fees, Subscriptions & Promotions	(84,120)	0	0	0	0	0	0	0	0	0	0	(84,120)	20
21	Clerical & General Office Expenses	(628,673)	0	0	0	0	0	0	0	0	0	0	(628,673)	21
22	Employee Benefits & Payroll Taxes	(2,222,260)	0	0	0	0	0	0	0	0	0	0	(2,222,260)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(6,619)	0	0	0	0	0	0	0	0	0	0	(6,619)	24
25	Other Admin. Staff Transportation	(712)	0	0	0	0	0	0	0	0	0	0	(712)	25
26	Insurance-Prop.Liab.Malpractice	(165,697)	0	0	0	0	0	0	0	0	0	0	(165,697)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,338,701)	0	(3,338,701)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(10,066,135)	0	(10,066,135)	29									

STATE OF ILLINOIS

Facility Name & ID Number Misericordia Home North# 0029876

Report Period Beginning:

July 1, 2013 Ending:

Summary B

June 30, 2014

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	(1,462,486)	0	0	0	0	0	0	0	0	0	0	(1,462,486)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(15,898)	0	0	0	0	0	0	0	0	0	0	(15,898)	32
33	Real Estate Taxes	(21,866)	0	0	0	0	0	0	0	0	0	0	(21,866)	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	(1,500,250)	0	0	0	0	0	0	0	0	0	0	(1,500,250)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(4,113,268)	0	0	0	0	0	0	0	0	0	0	(4,113,268)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(4,113,268)	0	0	0	0	0	0	0	0	0	0	(4,113,268)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(15,679,653)	0	0	0	0	0	0	0	0	0	0	(15,679,653)	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				The Catholic Bishop of Chicago, through provisions in Misericordia's		
S. Rosemary Connelly				By-Laws and Catholic Charities, by virtue of a majority of		
Margaret Murphy				Board membership, qualify as related organization because		
John Dyer				each has the ability to influence Misericordia's Operating policy.		
Rob Figliulo				Misericordia Home, an equal opportunity employer and provider		
Margaret Houlihan Smith				of service, is separately incorporated and independently funded.		
Patrick Mahoney						

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

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

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

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

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	Fr. Jack Clair	BOD						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, 2013

Ending:

June 30, 2014

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 Misericordia			50	100.00	Salary	\$ 42,499	17
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	\$ 42,499	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, 2013 Ending: ne 30, 2014

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Misericordia Home North

0029876

Report Period Beginning:

July 1, 2013 Ending:

June 30, 2014

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

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

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

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

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 2013 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 2014 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:	2009 _____	8	FOR BHF USE ONLY			
	2010 _____	9				
	2011 _____	10				
	2012 _____	11				
	2013 _____	12				
			13	FROM R. E. TAX STATEMENT FOR 2013	\$	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.

2013 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 2013 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 2013.

	(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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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.**

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:

	1	2	3	4	
A. Land.	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	\$	\$ 1,522,096	4
5	32			2001	2,986,215	149,410	20	149,410		2,188,474	5
6	53			1998	3,355,398	161,836	20	161,836		2,788,972	6
7	99			1987	3,318,816		20	107,536	107,536	3,318,816	7
8	108			1983	2,947,366	27,933	30	27,933		2,947,366	8
	Improvement Type**										
9	MCGOWAN										
10				1998	38,093	847	10 20	847		35,127	9
11				1999	54,826	2,162	10 15 20 25	2,162		44,459	10
12				2000	138,885	9,102	5 15 25	9,102		133,064	11
13				2001	9,900		10			9,900	12
14				2003	2,584	185	15	185		1,936	13
15				2004	2,098	140	15	140		1,469	14
16				2005	21,731	1,254	10 15 20	1,254		11,911	15
17				2008	387	26	15	26		146	16
18				2009	5,768	270	20 25	270		1,242	17
19				2010	3,121	125	25	125		489	18
20				2012	166,537	11,103	15	11,103		23,130	19
21				2012	3,730	187	20	187		389	20
22				2013	69,000	3,450	20	3,450		6,613	21
23				2013	8,295	556	15	556		694	22
24	CONNELLY										
25				2002	24,720	997	10 15 20	997		17,443	23
26				2003	35,159	2,034	10 15 20	2,034		24,327	24
27				2004	51,829	3,437	10 15	3,437		36,607	25
28				2005	15,937	937	10 15	937		8,906	26
29				2006	65,859	4,899	10 15	4,899		39,847	27
30				2007	5,660	634	15	634		4,658	28
31				2012	4,523	226	20	226		509	29
32				2012	12,448	622	20	622		1,297	30
33				2013	1,895	189	15	189		221	31
34				2014	5,470	410	10	410		410	32
35	HOLBROOK										
36				1999	204,093	9,816	10 20	9,816		159,922	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	Carpentry Elevator Fire Alm Whirlpool Boiler Plmbg	2000	\$ 378,110	\$ 22,818	10 20	\$ 22,818	\$	\$ 354,514	37
38	Top Soil Seed Straw Rotate Fire Hydrant	2001	3,439	125	10 15	125		3,252	38
39	Wall Partitions Door Wallguard Replace Sel Priming	2002	4,846	305	15 20	305		3,815	39
40	Replace Roof-Downpayment Sprinkler	2003	20,029	432	10 15	432		18,518	40
41	Roof Replacement-Final Pyt Sprinkler Recall Cabinets	2004	58,578	3,124	10 15	3,124		55,074	41
42	Tile Saniglaze Planning Carpeting Labor	2005	32,685	1,848	5 10 15 20	1,848		17,272	42
43	Carpeting and labor	2006	8,585	403	5 15	403		6,035	43
44	Air Conditioning Improvement	2007	23,460	1,564	5 10	1,564		11,339	44
45	Tile Repairs and wallguards	2008	16,266	257	10	257		14,149	45
46	Install New Boiler-Replacement	2009	27,842	2,784	15	2,784		15,777	46
47	Vinyl Flooring Entrance Mat & Labor	2011	2,767	277	15	277		853	47
48	Flooring Lobby Mat & Labor	2011	560	37		37		115	48
49	Concrete Patio Mat & Labor	2012	3,000	200		200		600	49
50	MARIAN CENTER								50
51	Storm Screens Electrical Work Elevator Infirmary Renov	1988	43,957		10 15 20			43,957	51
52	Repairs Changes to Fire Protection	1991	17,102	542	10 15 20	542		16,289	52
53	Plumbing and Mechanical Renovation	1992	32,910		10 15 20			32,910	53
54	Plumbing and Mechanical Renovation	1993	11,890		10 15 20			11,890	54
55	Plumbing and Mechanical Renovation Insulation Work	1994	23,898	1,140	10 15 20	1,140		23,372	55
56	Insulation Work Wallpaper Painting Upholstery	1995	29,280	123	10 15 20	123		28,483	56
57	Insulation Work Heat Repair HVAC Shade Valance Camera	1996	16,882	305	10 15 20	305		15,676	57
58	Construction Clean Duct Fire Protection Elevator	1997	20,215	905	10 15 20	905		15,842	58
59	Wood Door Construction Mngt	1998	27,429	1,332	10 15 20	1,332		23,116	59
60	Flooring Hand Rail Wallcovering Construction Salaries	1999	232,174	500	10 15 20	500		229,924	60
61	Carpentry State Deficiencies Constr Boiler Repair	2000	314,439	17,548	10 15 20	17,548		296,313	61
62	Shower Boiler Repair Overhaul Fire Door Med Cart Cabinets	2001	35,077	1,301	10 15 20	1,301		29,239	62
63	Ejection Pump Repair State Deficiencies Renovation	2002	102,867	6,858	10 15 20	6,858		85,723	63
64	State Deficiencies Repairs	2003	7,536	502	10 15 20	502		5,777	64
65	Skylights Windows Wall Pads Door Rep Smk Detector	2004	40,378	2,989	10 15 20	2,989		33,075	65
66	Drywall Cabinets Vinyl Flooring Shower Install Plaster Labor	2005	39,430	2,899	10 15 20	2,899		36,347	66
67	Ductwork Plaster Repair Fire Panel Labor Woodplank Flooring	2006	28,002	1,814	10 15 20	1,814		14,562	67
68	Flooring Cabinets Kitchen Counter Tops Plastering Chiller H2O System	2007	260,802	18,547	10 15 20	18,547		133,038	68
69	Cabinets Countertops Vinyl Flooring Electrical Wiring Labor	2008	116,350	8,284	10 15 20	8,284		48,836	69
70	TOTAL (lines 4 thru 69)		\$ 25,928,901	\$ 908,242		\$ 1,015,778	\$ 107,536	\$ 14,956,119	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		\$ 25,928,901	\$ 908,242		\$ 1,015,778	\$ 107,536	\$ 14,956,119	1
2	Flooring Mat&Labor, install paver, cabinetry	2009	233,168	17,808	10 15 20	17,808		88,732	2
3	Cabinetry and flooring	2010	153,989	10,681	10 15 20	10,681		44,029	3
4	Chamoise Drywall Vinyl Flooring Apt 104 1st Flr Office Labor Floor I	2011	11,446	1,438		1,438	0	4,926	4
5	Facility Management Fees-Renovation Labor	2011	12,945	863		863	(0)	2,426	5
6	Cabinetry Apt 205 Electrical Work Mat & Labor	2011	37,314	2,488		2,488		7,632	6
7	Mat&Labor Electrical Kitchen Sink Ceiling Tiles Apt 204	2011	16,785	905		905	0	2,629	7
8	F Mgmt Fees Renovation Fire Alarm Misc Labor Demolition Work	2011	17,515	1,190		1,190	(0)	3,329	8
9	Vinyl Flooring Mat&Labor Apt 204 Floor Extension in Hallway	2011	14,654	1,465		1,465	0	4,092	9
10	Facility Management Fees Renovation	2012	1,754	175		175		424	10
11	Additional Roofs Mat&Labor	2012	45,000	4,500		4,500		10,125	11
12	Install Conduit Apt 105&205	2012	3,955	198		198		428	12
13	Two Fire Ratef Steel Door Mat&Labor	2012	4,284	214		214		428	13
14	Cooling Upgrades and Delta Control Pumps	2012	117,106	11,711		11,711		24,397	14
15	MED CARTCABINETS MODIFICATION-MC (10 APT)	2013	2,900	290		290		580	15
16	Install Flooring	2013	27,335	2,733		2,733	(0)	4,378	16
17	New Window project	2013	283,791	18,919		18,919		28,379	17
18	Install vanity cabinets	2013	5,695	380		380		601	18
19	Fire Upgrade- Smoke Compartment	2013	54,702	5,466		5,466		7,714	19
20	Repair Roof using Elastromeric roof coating	2014	8,700	886		886		886	20
21	Sprinklers	2014	4,638	170		170		170	21
22	Tear off and replace shingels on roof	2014	18,500	308		308		308	22
23	BRACH VILLAGE HOME								23
24	Misc. Additions	1984	5,297		29			5,297	24
25	Misc. Additions	1985	1,222		28			1,222	25
26	Fire Sprinklers	1989	1,709	34	25	34		1,709	26
27	Alluminum Siding Fascua DownSpouts	1991	3,827		20			3,827	27
28	Alluminum Siding	1992	398		20			398	28
29	Redecoration	1995	13,014		10			13,014	29
30	Reupholstery	1997	895		10			895	30
31	Roofing Repairs Flooring Entrance	1999	4,182		10			4,182	31
32	Carpentry	2000	1,622	108	10	108		1,568	32
33	Install Remove Vanities Planning Cooktops Cabinets	2002	16,520	524	10 15	524		15,210	33
34	TOTAL (lines 1 thru 33)		\$ 27,053,761	\$ 991,696		\$ 1,099,232	\$ 107,536	\$ 15,240,053	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		\$ 27,053,761	\$ 991,696		\$ 1,099,232	\$ 107,536	\$ 15,240,053	1
2	Cabinets Install Door/Frames Vinyl Flooring Countertops	2004	40,167	2,625	10 15	2,625		29,092	2
3	Install Vinyl Shutter Fiber Gls Door Carpet Kitchen Bath Rehab	2005	20,111	524	10 15	524		15,533	3
4	Bathroom Repair Labor	2006	2,188	146	10 15	146		1,203	4
5	Repair due to lightning Strike-Protecting Panel	2008	387	26	15	26		146	5
6	Computer wiring	2009	1,253	83	15	83		419	6
7	Flooring Stairwell Carpet Vinyl Living Dining 2nd Flr and Bathroom r	2010	23,674	2,216	5 10 15	2,216		9,151	7
8	Electrical Wiring	2011	791	40	20	40		132	8
9	Replace Roof Mat & Labor	2011	10,700	1,070	10	1,070		3,299	9
10	Flooring	2011	7,640	509	15	509		1,655	10
11	Bathroom Renovation	2011	15,905	1,590	10	1,590		4,771	11
12	Facility Management Fees	2011	124	8	15	8		22	12
13	Remodel Bathroom Replace Trim Electric Wiring	2012	7,550	755	10	755		1,699	13
14	Wardrobe Cabinets in 4 bedrooms	2012	11,541	769	15	769		1,667	14
15	Renovation of Laundry room and Bathroom	2013	4,245	424	10	424		707	15
16	MAHONEY VILLAGE HOME								16
17	Misc. Additions	1985	4,007	65	29	65		4,007	17
18	Fire Sprinklers	1989	1,709	34	25	34		1,709	18
19	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	19
20	Balance Siding	1992	398		20			398	20
21	Redecoration	1995	14,846		10			14,846	21
22	Repair Wood Post	1996	400		8			400	22
23	Drapes Repair Heater Plumbing Install Lights	1999	6,023	50	10 20	50		5,799	23
24	Carpentry	2000	1,622	108	15	108		1,568	24
25	Replace Flooring Roof Install/Remove Vanities Planning	2002	50,444	752	10 15	752		48,563	25
26	Replace Flooring Kitchen Cabinet Sink Countertops	2003	32,254	1,888	10 15 20	1,888		24,910	26
27	Kitchen Back Splashes Install Door/Frames	2004	17,942	1,196	15	1,196		12,559	27
28	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	17,392	755	5 10 15 20	755		12,703	28
29	Repair Due to Lightning Strike Protecting Panels	2008	387	26	15	26		146	29
30	Wiring Internet Connection	2009	975	65	15	65		336	30
31	Bathroom Renovation Vanities Cabinet	2010	5,136	514	10	514		1,969	31
32	Electrical Feed Wiring	2011	2,337	117	20	117		399	32
33	Flooring	2011	13,650	910	15	910		2,806	33
34	TOTAL (lines 1 thru 33)		\$ 27,373,384	\$ 1,008,961		\$ 1,116,497	\$ 107,536	\$ 15,446,494	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 27,373,384	\$ 1,008,961		\$ 1,116,497	\$ 107,536	\$ 15,446,494	1
2	Bathroom Renovation	2011	13,228	1,305	10 15	1,305		3,691	2
3	Bathroom Remodelling	2012	4,410	441	10	441		1,066	3
4	Wardrobe Cabinets	2012	8,655	577	15	577		1,250	4
5	Bathroom Renovation	2013	4,072	407	10	407		441	5
6	SHANNON VILLAGE HOME								6
7	Misc. Additions	1985	73,264	1,263	29	1,263		73,264	7
8	Misc. Additions	1987	3,000	53	27	53		3,000	8
9	Fire Sprinklers, repair on mech heating	1990	3,513	34	25	34		3,513	9
10	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	10
11	Balance Siding	1992	398		20			398	11
12	Redecoration and install office	1995	21,503	296	20	296		21,355	12
13	Repair Wood Post	1996	400		8			400	13
14	Roof Repairs	1998	3,775		10			3,775	14
15	Flooring Fire Dampers Repairs Boiler	1999	5,732		10			5,732	15
16	Carpentry Install Sprinklers Heads	2000	2,907	160	15	160		2,314	16
17	Floor Repl Water Dam Rep Carpet Construction	2001	21,629		10			21,629	17
18	Replace Flooring Install Cooktops Fireproof Bathroom Rep	2002	45,916	594	10 15	594		44,432	18
19	Vanity Base Cabinet	2003	975	65	15	65		748	19
20	Vinyl Flooring Window Rep Kitchen Cabinets	2004	31,413	2,045	10 15	2,045		22,883	20
21	Fiber Glass Door Kitchen Cabinets Tiles Plumbing V Shutters	2005	44,471	2,361	5 10 15 20 25	2,361		29,071	21
22	Bathroom Renov Labor Vinyl Flooring Floor Wall Base	2006	12,410	1,183	10 15	1,183		9,370	22
23	Replace Conduit Damage	2007	2,641	132	20	132		913	23
24	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		146	24
25	Wiring Internet Connection	2009	975	65	15	65		336	25
26	Bathroom Renovation Vanities Cabinet	2010	7,426	743	10	743		2,847	26
27	Misc. Labor	2011	560	37	15	37		127	27
28	Roof Replacement Mat&Labor	2011	15,080	1,508	10	1,508		4,775	28
29	Bathroom Renovation	2011	4,370					4,370	29
30	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	769	15	769		1,667	30
31	Install bathroom shower	2013	3,675	367	10	367		490	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 27,725,536	\$ 1,023,392		\$ 1,130,927	\$ 107,536	\$ 15,714,324	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		\$ 27,725,536	\$ 1,023,392		\$ 1,130,927	\$ 107,536	\$ 15,714,324	1
2	RICE VILLAGE HOME								2
3	Additions	1984	6,572		29			6,572	3
4	Additions	1985	1,222		28			1,222	4
5	Fire Sprinklers	1989	1,709	34	25	34		1,709	5
6	Alluminum Siding Fascia Downspouts	1991	3,827		20			3,827	6
7	Alluminum Siding	1992	398		20			398	7
8	Redecoration	1995	13,018		10			13,018	8
9	Flooring-Post Closing Entr	1999	525		10			525	9
10	Plaster Dining Rm Ceiling Install Door Frames/Doors Drapes&Rods	2002	14,989	244	10 15	244		14,379	10
11	Cabinets Ins Door Frame Flooring Kitchen Island Countertops	2004	43,076	2,818	10 15	2,818		31,111	11
12	Decoria Vinyl Wall Shutters Kitchen Bath Rehab Labor Door Fiber Gl	2005	22,641	1,682	5 10 15 20	1,682		18,051	12
13	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		146	13
14	Wiring Internet Connection Mat and Labor	2009	7,493	652	10	652		4,234	14
15	Electrical Wiring	2010	686	34	20	34		126	15
16	Vinyl Flooring Carpet Stairwell F Mgmt Fees	2011	20,317	2,110	5 10 15 20	2,110		6,763	16
17	Electrical Wiring Install Lightings	2011	3,648	182	20	182		638	17
18	Roof Replacement Mat&Labor	2011	11,050	1,105	10	1,105		3,499	18
19	Bathroom Renovation	2011	6,255	625	10	625		2,032	19
20	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	769	15	769		1,667	20
21	POLK VILLAGE HOME								21
22	Additions	1984	5,397		29			5,397	22
23	Additions	1985	1,222		28			1,222	23
24	Fire Sprinklers	1989	1,709	34	25	34		1,709	24
25	Alluminum Siding Fascia Downspouts	1991	3,827		20			3,827	25
26	Alluminum Siding	1992	398		20			398	26
27	Redecoration	1995	12,817		10			12,817	27
28	Flooring-Post Closing Roofing	1999	3,873		5 10			3,873	28
29	Carpeting Dining Rm Carpentry	2000	8,167	108	5 10 15	108		8,113	29
30	Install/Remove Vanities Planning Cooktops Fireproof	2002	10,382	692	15	692		8,652	30
31	Replace Flooring Vinyl	2002	13,262		10			13,262	31
32	Replace Flooring Vinyl Kitchen Floor Tiles	2003	12,182	147	10	147		10,929	32
33	Removal/Ins Kitchen CabinetsSink Faucets	2003	27,519	1,773	15 20	1,773		20,386	33
34	TOTAL (lines 1 thru 33)		\$ 27,995,645	\$ 1,036,428		\$ 1,143,963	\$ 107,536	\$ 15,914,826	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		\$ 27,995,645	\$ 1,036,428		\$ 1,143,963	\$ 107,536	\$ 15,914,826	1
2	Faucets Drains Back Splashes	2004	3,877	187	15 25	187		1,967	2
3	Install Door Frames Drape Sheers	2004	20,076	1,112	5 15	1,112		15,070	3
4	Vinyl Shutters Fiber Glass Door Vinyl Wall Labor	2005	11,753	530	10 15	530		7,605	4
5	Construction	2006	2,538	169	15	169		1,406	5
6	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		146	6
7	Wiring Internet Connection Labor	2009	975	65	15	65		336	7
8	Vinyl Flooring Bedroom Living Room	2010	6,325	633	10	633		2,847	8
9	Facility Management Fees Floor Plan Renovation	2010	4,899	449	10 15	449		1,702	9
10	Electrical Wiring	2010	6,586	329	20	329		1,183	10
11	Electrical Wiring Install Lightings Misc. Labor	2011	4,663	250	15 20	250		869	11
12	Roof Replacement	2011	10,820	1,082	10	1,082		3,426	12
13	Flooring	2011	2,048	205	10	205		699	13
14	Bathroom Renovation	2011	17,453	1,745	10	1,745		5,672	14
15	Bathroom Renovation	2012	4,270	427	10	427		1,032	15
16	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	769	15	769		1,667	16
17	Bathroom Renovation	2014	5,194	58	15	58		58	17
18	MAZZA VILLAGE HOME								18
19	Additions	1984	11,588		29			11,588	19
20	Additions	1985	1,222		28			1,222	20
21	Fire sprinklers	1989	1,709	34	25	34		1,709	21
22	Alluminum Siding Fascia Downspouts	1991	6,338		20			6,338	22
23	Mechanical Plumbing Repair	1993	7,003		20			7,003	23
24	Mechanical Plumbing Repair	1994	4,533	113	20	113		4,533	24
25	Redecoration	1995	13,006		10			13,006	25
26	Roof Repairs	1998	3,775		5			3,775	26
27	Flooring, drapes, fire damper, counter tops	1999	13,355	60	10 15	60		13,355	27
28	Install shower, carpentry	2000	3,851	221	15 20	221		3,357	28
29	Install Vanities Cabinets Cooktops Fire Proof Planning Carpentry	2002	12,994	850	15	850		10,869	29
30	Flooring Repair Labor and door frames, drapes and kitchen cabinets	2004	25,249	1,356	10 15	1,356		19,426	30
31	Entry Door Fiber Glass, kitchen cabinets, vinyl shutters, plumbing	2005	44,927	2,975	20	2,975		29,523	31
32	Wall panels	2006	2,429	68	10 15 20	68		2,002	32
33	Flooring	2008	14,705	1,471	10 15	1,471	0	9,470	33
34	TOTAL (lines 1 thru 33)		\$ 28,275,733	\$ 1,051,612		\$ 1,159,148	\$ 107,536	\$ 16,097,687	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		\$ 28,275,733	\$ 1,051,612		\$ 1,159,148	\$ 107,536	\$ 16,097,687	1
2	Electrical repairs, internet wiring	2009	1,362	91		91		336	2
3	Electrical repairs, roof replacement	2011	21,916	1,873		1,873		6,035	3
4	Wadrobe cabinets	2012	11,541	769		769		1,667	4
5	MINIAT VILLAGE HOME								5
6	Misc. Additions	1985	4,007	65	29	65		4,007	6
7	Fire Sprinklers	1989	1,709	34	25	34		1,709	7
8	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	8
9	Balance Siding	1994	398	8	20	8		398	9
10	Redecoration	1995	13,021		10			13,021	10
11	Repair Wood Post	1996	600		8			600	11
12	Wall Furnace	1997	635		15			635	12
13	Flooring-Post Closing Entrance	1998	666		5			666	13
14	Drapes	1999	1,013		10			1,013	14
15	Carpentry, dining room and carpeting	2000	12,733	108	15	108		12,679	15
16	Replace roof, flooring, vanities	2002	38,928	367	10 15	367		38,013	16
17	Renovate Kitchen	2003	25,543	1,654	15 20	1,654		19,017	17
18	Renovate Kitchen	2004	22,273	1,263	10 15	1,263		17,016	18
19	Renovate Bathrooms and install new vinyl shutters	2005	35,403	2,072	10 15 20	2,072		24,039	19
20	Renovate Bathrooms	2006	12,412	285	5 15	285		10,576	20
21	Vinyl flooring	2007	4,373	437	10	437		3,462	21
22	Flooring, wiring for internet and repair to fire panel	2009	8,710	321	15	321		4,378	22
23	Vinyl Flooring	2010	9,811	1,257	10	1,257		5,593	23
24	Vinyl Flooring	2011	3,555	356	10	356		1,304	24
25	Electric work	2011	8,164	408	20	408		1,421	25
26	Bathroom Renovation	2011	16,924	1,689	10	1,689		4,682	26
27	Wardrobe Cabinets in 3 Bedrooms	2012	8,655	577	15	577		1,250	27
28	Vinyl flooring	2013	4,900	490	10	490		817	28
29	Bathroom Renovation	2014	4,890		15				29
30	Coleman House-Fire pump controller 480V	2014	1,300	49	22	49		49	30
31	Conrad House-Fire pump controller 480V	2014	1,300	49	22	49		49	31
32	McNerney House-Fire pump controller 480V	2014	1,300	49	22	49		49	32
33	Peterman House-Fire pump controller 480V	2014	1,300	49	22	49		49	33
34	TOTAL (lines 1 thru 33)		\$ 28,558,901	\$ 1,065,932		\$ 1,173,468	\$ 107,536	\$ 16,276,044	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		\$ 28,558,901	\$ 1,065,932		\$ 1,173,468	\$ 107,536	\$ 16,276,044	1
2	O'DONNELL VILLAGE HOME								2
3	Additions, fire sprinklers	1989	5,716	100	25	100		5,716	3
4	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	4
5	Balance Siding	1992	398		20			398	5
6	Redecoration	1995	15,048		10			15,048	6
7	Repair Wood Post	1996	400		8			400	7
8	Roofing Repairs Water Heater	1999	5,572		10			5,572	8
9	Carpentry	2000	1,622	108	15	108		1,622	9
10	Flooring Install/Remove Vanities Cooktops Planning	2002	32,545	493	10 15	493		31,311	10
11	Kitchen Cabinet Flooring Install Door/Frames Countertops	2004	42,792	2,689	10 15	2,689		32,900	11
12	Vinyl Shutter Install Fiber Gls Door Kitchen Bath Rehab	2005	10,021	316	5 15 20	316		7,116	12
13	Repair Due to Lightning Strike Protecting Panels	2008	387	26	15	26		146	13
14	Wiring Internet Connection	2009	975	65	15	65		336	14
15	Electrical Wirings	2010	686	34	20	34		126	15
16	Install Lightings	2011	1,582	79	20	79		270	16
17	Replace Roof Mat&Labor	2011	10,700	1,070	10	1,070		3,299	17
18	Bathroom Renovation	2011	9,489	949	10	949		3,084	18
19	Flooring	2011	13,340	889	15	889		2,742	19
20	Bathroom Remodelling	2012	3,825	383	10	383		925	20
21	Wardrobe Cabinets in 3 bedrooms	2012	8,655	577	15	577		1,250	21
22	Vinyl flooring	2013	2,600	260	10	260		433	22
23	HERBSTTRITT VILLAGE HOME								23
24	Misc Additions	1985	4,007	65	29	65		4,007	24
25	Fire Sprinklers	1989	1,709	34	25	34		1,709	25
26	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	26
27	Balance Siding	1992	398		20			398	27
28	Redecoration	1995	16,162		10			16,162	28
29	Repair Wood Post	1996	400		8			400	29
30	Flooring Cabinets	1999	8,709	245	10 15	245		8,709	30
31	Replace Flooring Roof Cooktops Fireproof Planning	2002	46,173	492	10 15	492		44,944	31
32	Install Countertops Doors/Frames Flooring Recon Sink	2004	21,249	1,394	10 15 20	1,394		15,061	32
33	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	24,671	1,194	5 15 20	1,194		16,878	33
34	TOTAL (lines 1 thru 33)		\$ 28,856,383	\$ 1,077,394		\$ 1,184,930	\$ 107,536	\$ 16,504,660	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 28,856,383	\$ 1,077,394		\$ 1,184,930	\$ 107,536	\$ 16,504,660	1
2									2
3	Wiring Internet Connection, electric repairs	2009	1,362	91	15	91		482	3
4	Bathroom Renovation Vanities Cabinet	2010	6,120	612	10	612		2,346	4
5	Floor Renovation	2010	7,700	770	10	770		2,823	5
6	Electrical Wirings	2010	686	34	20	34		126	6
7	Install Lightings	2011	1,582	79	20	79		270	7
8	Bathroom Renovation Vanities Cabinet	2011	10,099	1,010	10	1,010		3,282	8
9	Bathroom Remodelling	2012	4,360	436	10	436		1,054	9
10	Wardrobe Cabinets	2012	8,655	577	15	577		1,250	10
11	Allocated support and MGA departments not included in the capital component of rate:								
12	Connolly Center Laundry allocated based on weight of laund		354,657	9,076		9,076		85,515	12
13	Resource Center allocated based on # of residents		476,965	34,646		34,646		276,953	13
14	Housekeeping allocation based on squ feet of areas cleaned		20,515	170		170		20,300	14
15	Food Services allocated based on # of meals		930,829	24,613		40,846	16,233	750,009	15
16	Nursing allocation based on meds passed.		856,729	38,013		38,013		676,777	16
17	Building Operations allocated based on # of meals		9,211,297	334,763		339,132	4,369	6,180,415	17
18	Purchasing dept allocated based on # of requisitions		71,333	3,756		3,756		43,829	18
19	Therapy dept allocation based on staff hours		390,277	18,270		18,270		316,112	19
20	Pool & Fitness based on # of residents.		1,898,026	95,054		95,054		1,498,053	20
21	Religious- based on # of residents & Driskill based on volunteers		4,969,115	132,828		132,828		742,971	21
22	Driskill Home based on volunteers		322,262	13,216		13,216		44,891	22
23	MGA alloc- Finance Dept alloc based on direct exp		432,689	10,903		10,903		107,689	23
24	MGA alloc HR, Admin & Reception based # of employees		2,427,517	65,130		78,199	13,069	927,949	24
25	MGA alloc- IT Dept alloc based on direct exp		54,237	2,341		2,341		37,718	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 51,313,395	\$ 1,863,783		\$ 2,004,990	\$ 141,207	\$ 28,225,474	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	\$ 1,190,971	\$ 104,110	\$ 104,110	\$	10	\$ 765,462	71
72	Current Year Purchases	7,950	2,765	2,765		10	2,765	72
73	Fully Depreciated Assets	1,638,502					1,638,502	73
74								74
75	TOTALS	\$ 2,837,423	\$ 106,875	\$ 106,875	\$		\$ 2,406,729	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 opera	various		\$ 320,240	\$ 12,074	\$ 12,074	\$	3	\$ 297,317	76
77										77
78										78
79										79
80	TOTALS			\$ 320,240	\$ 12,074	\$ 12,074	\$		\$ 297,317	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)	\$ 54,471,058	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,982,732	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 2,123,939	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 141,207	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 30,929,520	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	\$ 8,372,107	\$ 290,049	\$ 6,795,419	86
87	Auto alloc to other prog	1,053,199	60,136	947,324	87
88	Bldg & Improv alloc to other prog	72,747,482	2,194,135	34,758,809	88
89	Land	1,497,957			89
90					90
91	TOTALS	\$ 83,670,745	\$ 2,544,320	\$ 42,501,552	91

G. Construction-in-Progress

	Description	Cost	
92	Quinlan homes	\$ 4,901,672	92
93	CILA reno	633,623	93
94	Building Operations reno and misc	206,882	94
95		\$ 5,742,177	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.

Facility Name & ID Number Misericordia Home North

0029876

Report Period Beginning: July 1, 2013

Ending: June 30, 2014

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. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

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.

Facility Name & ID Number Misericordia Home North # 0029876 Report Period Beginning: July 1, 2013 Ending: June 30, 2014
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. 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>
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B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		2,524		2,524
3	Classroom Wages (a)		130,175		130,175
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 132,699	\$	\$ 132,699
10	SUM OF line 9, col. 1 and 2 (e)	\$	132,699		

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		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units	Cost			Units	Cost									
1	Licensed Occupational Therapist		hrs	\$				\$									1
2	Licensed Speech and Language Development Therapist		hrs														2
3	Licensed Recreational Therapist		hrs														3
4	Licensed Physical Therapist		hrs														4
5	Physician Care		visits														5
6	Dental Care		visits														6
7	Work Related Program	39	hrs	6,003											6,003		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			\$ 6,003				\$		\$					\$ 6,003		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, 2013Ending: June 30, 2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2014 (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	\$ 14,960,522	\$	1
2	Cash-Patient Deposits	340,364		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>35,000</u>)	7,709,580		3
4	Supply Inventory (priced at <u>cost</u>)	289,962		4
5	Short-Term Investments	18,584,757		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	533,174		7
8	Accounts Receivable (owners or related parties)	2,916,776		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 45,335,135	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,497,957		13
14	Buildings, at Historical Cost	124,060,877		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	12,582,969		16
17	Accumulated Depreciation (book methods)	(73,431,072)		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 (spec <u>CIP</u>)	5,742,177		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 70,452,908	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 115,788,043	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 668,338	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	325,865		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	2,785,239		30
31	Accrued Taxes Payable (excluding real estate taxes)	238,351		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Deferred Revenue</u>	677,509		36
37	<u>Other Liabilities and ARO</u>	2,271,038		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,966,340	\$	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)	\$ 6,966,340	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 108,821,703	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 115,788,043	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 103,352,782	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 103,352,782	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(7,216,346)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	28,832,254	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>	(3,865,704)	15
16	Other (describe) <u>Development & Community Relations</u>	(2,273,364)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 15,476,840	17
B. Transfers (Itemize):			
18	<u>Investment activity/insurance proceeds</u>	114,527	18
19	<u>Net Asset Reclassification</u>	(10,122,446)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (10,007,919)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 108,821,703	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	\$ 29,556,101	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 29,556,101	3
B. Ancillary Revenue			
4	Day Care	6,865,825	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 6,865,825	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	412,810	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)	\$ 412,810	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)	\$ 36,834,736	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	7,277,792	31
32	Health Care	18,381,682	32
33	General Administration	9,330,537	33
B. Capital Expense			
34	Ownership	3,624,189	34
C. Ancillary Expense			
35	Special Cost Centers	4,121,610	35
36	Provider Participation Fee	1,315,272	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 44,051,082	40
41	Income before Income Taxes (line 30 minus line 40)**	(7,216,346)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (7,216,346)	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, 2013

Ending: June 30, 2014

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	1,844	2,080	\$ 76,629	\$ 36.84	1
2	Assistant Director of Nursing					2
3	Registered Nurses	49,218	52,370	1,599,758	30.55	3
4	Licensed Practical Nurses	13,218	14,215	395,852	27.85	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	11,886	12,619	403,652	31.99	7
8	Rehab/Therapy Aides	22,299	23,879	374,304	15.68	8
9	Activity Director	1,925	2,050	65,250	31.83	9
10	Activity Assistants	19,762	21,152	360,712	17.05	10
11	Social Service Workers	11,641	12,401	291,738	23.53	11
12	Dietician	1,026	1,082	37,093	34.28	12
13	Food Service Supervisor	1,247	1,370	66,661	48.66	13
14	Head Cook	14,883	17,187	339,789	19.77	14
15	Cook Helpers/Assistants	16,318	16,953	185,722	10.96	15
16	Dishwashers					16
17	Maintenance Workers	40,257	42,724	963,660	22.56	17
18	Housekeepers	44,644	47,446	630,570	13.29	18
19	Laundry	14,210	15,129	216,839	14.33	19
20	Administrator	8,421	8,840	501,961	56.78	20
21	Assistant Administrator					21
22	Other Administrative	33,994	36,844	997,943	27.09	22
23	Office Manager					23
24	Clerical	14,200	15,092	236,019	15.64	24
25	Vocational Instruction	178,706	188,773	3,286,502	17.41	25
26	Academic Instruction	4,813	5,297	130,175	24.58	26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	89,191	94,900	1,736,020	18.29	28
29	Resident Services Coordinator	79,246	85,435	1,976,283	23.13	29
30	Habilitation Aides (DD Homes)	724,363	756,959	10,042,690	13.27	30
31	Medical Records	1,414	1,555	22,889	14.72	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Medical Sec</u>	1,952	2,080	39,678	19.08	33
34	TOTAL (lines 1 - 33)	1,400,678	1,478,432	\$ 24,978,389 *	\$ 16.90	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	1,140	\$ 38,743	1	35
36	Medical Director		10,000	9	36
37	Medical Records Consultant		4,959	10	37
38	Nurse Consultant				38
39	Pharmacist Consultant		24,185	10	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	1,119	44,767	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	320	17,626	10a	43
44	Activity Consultant		43,190	11	44
45	Social Service Consultant		12,545	12	45
46	Other(specify) <u>Dental</u>		3,707	10	46
47	<u>Behavior Therapist/psych/DSP stipend</u>		18,574	10a	47
48	<u>Medical waste/lab/doctor</u>		30,779	10	48
49	TOTAL (lines 35 - 48)	2,579	\$ 249,075		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	
S. Rosemary Connelly	Executive Director	N/A	\$ 42,499	Workers' Compensation Insurance	\$ 410,966	IDPH License Fee	\$	
Mary Pat O'Brien	Asst. Executive Director	N/A	56,457	Unemployment Compensation Insurance	49,089	Advertising: Employee Recruitment	1,361	
Denise Tigges/K Golden	Administrato	N/A	83,803	FICA Taxes	1,225,772	Health Care Worker Background Check	18,228	
Michael Diaz/G. Connelly	Administrato	N/A	88,953	Employee Health Insurance	1,746,028	(Indicate # of checks performed)		
Lois Gates	Asst. Executive Director	N/A	56,259	Employee Meals		Patient Background Checks		
Chris Hegg/Joe Ferrera	Administrator	N/A	83,946	Illinois Municipal Retirement Fund (IMRF)*		License fees-Computer lic, Dept of Financial	15,344	
Kevin Connelly/Fr. Jack Clair	CFO/Asst Exe Dir	N/A	90,044	Emp Tuition Reimbursement/Other	21,402	Subscription	3,700	
TOTAL (agree to Schedule V, line 17, col. 1)				Dental Insurance	36,538	Membership Dues	910	
(List each licensed administrator separately.)			\$ 501,961	401K Match	771,952	Bank fees	8,435	
B. Administrative - Other				Long-Term Disability and Life Insurance	85,368	Surety Bond	1,964	
Description			Amount	TOTAL (agree to Schedule V, line 22, col.8)			\$ 4,347,115	
			\$	TOTAL (agree to Sch. V, line 20, col. 8)			\$ 49,942	
				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
TOTAL (agree to Schedule V, line 17, col. 3)			\$	Description			Amount	
(Attach a copy of any management service agreement)				Line #				
C. Professional Services				G. Schedule of Travel and Seminar**				
Vendor/Payee	Type	Amount	Description	Line #	Amount	Description	Amount	
Deloitte & Touche	Audit	\$ 78,866			\$	Out-of-State Travel	\$ 1,346	
ADP Processing	Payroll Service	107,635						
LaPointe Law	Legal	16,248				In-State Travel	360	
Correll	Admin for 401K plan	27,942						
Village of Lincolnwood	Legal	7,295				Seminar Expense	12,912	
						Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			\$	
(For legal fee disclosure, see page 39 of instructions)			\$ 237,986				TOTAL (agree to Sch. V, line 24, col. 8)	\$ 14,618

* 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												
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11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Misericordia Home North# 0029876Report Period Beginning: July 1, 2013 Ending: June 30, 2013**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?
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? _____
- (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. \$ 78,942 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. \$ 1,315,272
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? Yes
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes, program vehicles
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? 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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.