



Facility Name & ID Number Graham Hospital Association

# 800200 Report Period Beginning: 7/1/16 Ending: 6/30/17

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>38</u>	Skilled (SNF)	<u>38</u>	<u>13,870</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>38</u>	TOTALS	<u>38</u>	<u>13,870</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>3,933</u>	<u>3,353</u>	<u>2,095</u>	<u>9,381</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>3,933</u>	<u>3,353</u>	<u>2,095</u>	<u>9,381</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.64%

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

0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

0

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO

I. On what date did you start providing long term care at this location?

Date started 5/1/1987

J. Was the facility purchased or leased after January 1, 1978?

YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified 32 and days of care provided 2,095

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 6/30/2017 Fiscal Year: 6/30/2017

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

Facility Name & ID Number Graham Hospital Association # 800200 Report Period Beginning: 7/1/16 Ending: 6/30/17

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	51,229		48,004	99,233		99,233	-	99,233		1
2	Food Purchase		362,740		362,740		362,740	-	362,740		2
3	Housekeeping	160,940		44,583	205,523		205,523	-	205,523		3
4	Laundry	11,392		99,295	110,687	-	110,687	-	110,687		4
5	Heat and Other Utilities				-		-	-	-		5
6	Maintenance	100,737		241,021	341,758		341,758	-	341,758		6
7	Other (specify):*				-		-	-	-		7
8	<b>TOTAL General Services</b>	<b>324,298</b>	<b>362,740</b>	<b>432,903</b>	<b>1,119,941</b>	<b>-</b>	<b>1,119,941</b>	<b>-</b>	<b>1,119,941</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director				-		-	-	-		9
10	Nursing and Medical Records	1,775,369		81,348	1,856,717		1,856,717	-	1,856,717		10
10a	Therapy				-		-	-	-		10a
11	Activities				-		-	-	-		11
12	Social Services				-		-	-	-		12
13	CNA Training				-		-	-	-		13
14	Program Transportation				-		-	-	-		14
15	Other (specify):* <b>Nursing School</b>	<b>116,463</b>		<b>21,661</b>	<b>138,124</b>		<b>138,124</b>	<b>-</b>	<b>138,124</b>		<b>15</b>
16	<b>TOTAL Health Care and Programs</b>	<b>1,891,832</b>	<b>-</b>	<b>103,009</b>	<b>1,994,841</b>	<b>-</b>	<b>1,994,841</b>	<b>-</b>	<b>1,994,841</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative				-		-	-	-		17
18	Directors Fees				-		-	-	-		18
19	Professional Services				-		-	-	-		19
20	Dues, Fees, Subscriptions & Promotions				-		-	-	-		20
21	Clerical & General Office Expenses	524,131		97,483	621,614		621,614	-	621,614		21
22	Employee Benefits & Payroll Taxes			502,118	502,118		502,118	-	502,118		22
23	Inservice Training & Education				-		-	-	-		23
24	Travel and Seminar				-		-	-	-		24
25	Other Admin. Staff Transportation				-		-	-	-		25
26	Insurance-Prop.Liab.Malpractice			306,637	306,637		306,637	-	306,637		26
27	Other (specify):*				-		-	-	-		27
28	<b>TOTAL General Administration</b>	<b>524,131</b>	<b>-</b>	<b>906,238</b>	<b>1,430,369</b>	<b>-</b>	<b>1,430,369</b>	<b>-</b>	<b>1,430,369</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>2,740,261</b>	<b>362,740</b>	<b>1,442,150</b>	<b>4,545,151</b>	<b>-</b>	<b>4,545,151</b>	<b>-</b>	<b>4,545,151</b>		<b>29</b>

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

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

Facility Name & ID Number Graham Hospital Association

#800200

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## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			198,289	198,289		198,289	495,996	694,285			30
31	Amortization of Pre-Op. & Org.				-		-		-			31
32	Interest				-		-		-			32
33	Real Estate Taxes				-		-		-			33
34	Rent-Facility & Grounds				-		-		-			34
35	Rent-Equipment & Vehicles				-		-		-			35
36	Other (specify):*				-		-		-			36
37	<b>TOTAL Ownership</b>			198,289	198,289	-	198,289	495,996	694,285			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation				-		-		-			38
39	Ancillary Service Centers				-		-		-			39
40	Barber and Beauty Shops				-		-		-			40
41	Coffee and Gift Shops				-		-		-			41
42	Provider Participation Fee			21,067	21,067		21,067		21,067			42
43	Other (specify):*				-		-		-			43
44	<b>TOTAL Special Cost Centers</b>	-	-	21,067	21,067	-	21,067	-	21,067			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,740,261	362,740	1,661,506	4,764,507	-	4,764,507	495,996	5,260,503			45

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

Facility Name & ID Number **Graham Hospital Association**

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**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	<b>495,996</b>			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ 495,996</b>		<b>\$</b>	<b>30</b>

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ 495,996</b>		<b>37</b>

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

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

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

<b>BHF USE ONLY</b>							
48		49		50		51	52

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjustment of Allocated Depreciation to actual	\$		1
2	straight line depreciation per page 12&13	495,996	30	2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	495,996		49

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
N/A						

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	N/A	\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

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VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2	N/A										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

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VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization N/A

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( \_\_\_\_\_)

Fax Number ( \_\_\_\_\_)

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

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**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

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

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

\* 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.)



**2016 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Graham Hospital Association COUNTY Fulton

FACILITY IDPH LICENSE NUMBER 800200

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 2016 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 2016.

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

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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

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Ending:

6/30/17

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 16,688 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories \_\_\_\_\_

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

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

Nature of Costs:

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>ECF/SNF</u>	<u>16,688</u>		\$	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>16,688</b>		\$	<b>3</b>

**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	37		1971	\$ 1,047,221	\$		\$	\$	1,047,221
5			1972	866					866
6			1978	187,881					187,881
7			1982	3,684					3,684
8			1977	1,331,168		various	27,895	27,895	1,314,955
<b>Improvement Type**</b>									
9	1975 VARIOUS BUILDING IMPROVEMENTS		1975	30,771		various			30,771
10	1976 VARIOUS BUILDING IMPROVEMENTS		1976	1,880		various			1,880
11	1980 VARIOUS BUILDING IMPROVEMENTS		1980	2,093		various			2,093
12	1982 VARIOUS BUILDING IMPROVEMENTS		1982	1,543		various			1,543
13	1984 VARIOUS BUILDING IMPROVEMENTS		1984	1,169,963		various	16,169	16,169	1,075,213
14	1985 VARIOUS BUILDING IMPROVEMENTS		1985	34,258		various			34,258
15	1987 VARIOUS BUILDING IMPROVEMENTS		1987	89,317		various	109	109	89,151
16	1988 VARIOUS BUILDING IMPROVEMENTS		1988	52,287		various	4	4	52,151
17	1990 VARIOUS BUILDING IMPROVEMENTS		1990	28,254		various	3	3	28,206
18	1991 VARIOUS BUILDING IMPROVEMENTS		1991	125,804		various			125,804
19	1992 VARIOUS BUILDING IMPROVEMENTS		1992	16,693		various			16,693
20	1993 VARIOUS BUILDING IMPROVEMENTS		1993	19,686		various			19,686
21	1994 VARIOUS BUILDING IMPROVEMENTS		1994	76,132		various			76,132
22	1995 VARIOUS BUILDING IMPROVEMENTS		1995	32,594		various			32,594
23	1996 VARIOUS BUILDING IMPROVEMENTS		1996	47,691		various			47,691
24	1994 VARIOUS BUILDING IMPROVEMENTS		1997	24,479		various	101	101	24,469
25	1998 VARIOUS BUILDING IMPROVEMENTS		1998	26,173		various			26,173
26	1999 VARIOUS BUILDING IMPROVEMENTS		1999	11,097		various	555	555	10,772
27	2000 VARIOUS BUILDING IMPROVEMENTS		2000	800,069		various			800,069
28	2001 VARIOUS BUILDING IMPROVEMENTS		2001	112,532		various			112,532
29	2002 VARIOUS BUILDING IMPROVEMENTS		2002	578,790		various	22,380	22,380	578,790
30	2003 VARIOUS BUILDING IMPROVEMENTS		2003	356,376		various	15,835	15,835	356,376
31	2004 VARIOUS BUILDING IMPROVEMENTS		2004	466,553		various	12,851	12,851	466,553
32	2005 VARIOUS BUILDING IMPROVEMENTS		2005	953,088		various	63,278	63,278	764,628
33	2006 VARIOUS BUILDING IMPROVEMENTS		2006	2,994,111		various	156,500	156,500	1,934,960
34	2007 VARIOUS BUILDING IMPROVEMENTS		2007	2,221,427		various	93,042	93,042	1,039,189
35	2008 VARIOUS BUILDING IMPROVEMENTS		2008	1,406,411		various	79,001	79,001	758,338
36									

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Graham Hospital Association# 800200

Report Period Beginning:

7/1/16

Ending:

6/30/17**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	<u>FIRE DOORS-1ST FLOOR</u>	2009	\$ 1,887	\$	15	\$ 126	\$ 126	\$ 1,070	37
38	<u>PCU AUTOMATIC DOORS</u>	2009	1,927		10	193	193	1,639	38
39	<u>ROOF L</u>	2009	13,668		10	1,367	1,367	11,618	39
40	<u>08.23-GMG BOND EYE AREA REMODEL-RICKARD'S CONST</u>	2009	7,055		15	470	470	3,997	40
41	<u>08.23-GMG BOND EYE AREA REMODEL-DRYWALL/SNAP</u>	2009	836		15	56	56	475	41
42	<u>PROJ 08.23-GMG BOND EYE AREA REMODEL-DOORS/TILE</u>	2009	767		10	77	77	653	42
43	<u>PROJ 09.01 - COPY ROOM/CLASS ROOM SON-RICKARD'S C</u>	2009	2,106		15	140	140	1,192	43
44	<u>PROJ 09.02-RISK ASSESSMENT MODEL-RICKARD'S CONST</u>	2009	1,823		15	122	122	1,035	44
45	<u>PROJ 09.02-RISK ASSESSMENT REMODEL-PAINT/CARPET</u>	2009	3,002		5			3,002	45
46	<u>PROJ 09.03-GMG EXAM ROOM FLOOR-TILE/ADHESIVES</u>	2009	449		10	45	45	382	46
47	<u>PROJ 09.03-GMG EXAM ROOM FLOOR-BLADES/KNOVES/D</u>	2009	606		4			606	47
48	<u>PROJ 09.06-RUSHFORD BUILDING-WIND DAMAGE/CONST</u>	2009	2,540		15	169	169	1,439	48
49	<u>PROJ 09.08-ACCOUNTING RENOVATION-RICKARD'S CONS</u>	2009	5,357		15	357	357	3,036	49
50	<u>PROJ 09.08-ACCOUNTING RENOVATION-PAINT/CARPET/</u>	2009	1,892		6			1,892	50
51	<u>PROJ 08.22-REMODEL PATIENT REGISTRATION-MISC</u>	2009	325		5			325	51
52	<u>PROJ 08.22-REMODEL PATIENT REGISTRATION-CEILING</u>	2009	351		10	35	35	299	52
53	<u>PROJ 08.22-REMODEL PATIENT REGISTRATION-RICKARD</u>	2009	8,730		15	582	582	4,947	53
54	<u>PROJ 08.22-REMODEL PATIENT REGISTRATION-PAINT/</u>	2009	1,102		15	73	73	623	54
55	<u>PROJ 09.04-DIETARY REMODEL - RICKARD'S CONSTRUCT</u>	2009	2,663		15	178	178	1,511	55
56	<u>PROJ 09.04-DIETARY REMODEL-MISC. BUILDING SUP</u>	2009	1,171		15	78	78	663	56
57	<u>PROJ 09.04-DIETARY REMODEL-CASHIER'S STATION</u>	2009	3,424		15	228	228	1,939	57
58	<u>PROJ 09.04-DIETARY REMODEL-MISC. BUILDING SUP</u>	2009	264		5			264	58
59	<u>PROJ 09.11-GROUND FLOOR CLINIC-BUILDING SUPPLIES</u>	2009	539		5			539	59
60	<u>PROJ 09.11-GROUND FLOOR CLINIC-RICKARD'S LABOR</u>	2009	2,841		15	189	189	1,609	60
61	<u>PROJ 08.06-SPRINKLER WORK-VARIOUS SUPPLIES FOR P</u>	2009	513		5			513	61
62	<u>PROJ 08.06-SPRINKLER WORK-REPLACEMENT CEILING</u>	2009	6,420		8	400	400	6,420	62
63	<u>PROJ 09.09-DR. LOUNGE REMODEL-CARPETING AND VAR</u>	2009	1,636		5			1,636	63
64	<u>PROJ 09.09-DR. LOUNGE REMODEL-HOLTHAUS CO. ROO</u>	2009	1,518		10	152	152	1,291	64
65	<u>PROJ 09.09-DR. LOUNGE REMODEL-RICKARD'S CONSTRU</u>	2009	4,802		15	320	320	2,721	65
66	<u>PROJ 09.09-DR. LOUNGE REMODEL-CONST. SUPPLIES/DR</u>	2009	4,584		15	306	306	2,599	66
67	<u>PROJ 09.13-CMS LIFE SAFETY-RICKARD'S</u>	2009	3,769		15	251	251	2,135	67
68	<u>PROJ 09.13-CMS LIFE SAFETY-VARIOUS CONST SUPPLIES</u>	2009	1,363		15	91	91	772	68
69		1972	5,755		VARIOUS			5,755	69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 14,346,577	\$		\$ 493,728	\$ 493,728	\$ 11,129,919	70

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

Facility Name & ID Number Graham Hospital Association# 800200

Report Period Beginning:

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Ending:

6/30/17**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 14,346,577	\$		\$ 493,728	\$ 493,728	\$ 11,129,919	1
2	1973 FIXED EQUIPMENT	1972	4,926		VARIOUS			4,926	2
3	1975 FIXED EQUIPMENT	1975	989		VARIOUS			989	3
4	1980 FIXED EQUIPMENT	1980	599		VARIOUS			599	4
5	1981 FISED EQUIPMENT	1981	1,188		VARIOUS			1,188	5
6	1987 FIXED EQUIPMENT	1987	37,780		VARIOUS			37,780	6
7	1988 FIXED EQUIPMENT	1988	1,439		VARIOUS			1,439	7
8	1992 FIXED EQUIPMENT	1992	3,936		VARIOUS			3,936	8
9	1994 FIXED EQUIPMENT	1994	4,732		VARIOUS			4,732	9
10	1995 FIXED EQUIPMENT	1995	7,700		VARIOUS			7,700	10
11	1996 FIXED EQUIPMENT	1996	1,422		VARIOUS			1,422	11
12	1998 FIXED EQUIPMENT	1998	2,006		VARIOUS			2,006	12
13	1999 FIXED EQUIPMENT	1999	2,891		VARIOUS			2,891	13
14	2001 FIXED EQUIPMENT	2001	20,918		VARIOUS			20,918	14
15	2002 FIXED EQUIPMENT	2002	920		VARIOUS			920	15
16	2003 FIXED EQUIPMENT	2003	30,047		VARIOUS	214	214	30,047	16
17	2005 FIXED EQUIPMENT	2005	10,856		VARIOUS			10,856	17
18	PROJ 04.11 NEW ER - CABLING & DUCTWORK	2006	22,004		10			22,004	18
19	PROJ 04.11 NEW ER - FIRE & SECURITY SYSTEM	2006	12,357		10			12,357	19
20	PROJ 04.11 NEW ER - WALLSLIDE & SUCTION UNITS	2006	5,999		10			5,999	20
21	PROJ 04.11 NEW ER - SHELVES, DOORS, DIVIDERS	2006	11,707		10			11,707	21
22	PROJ 05.04 LAB RENOVATION - DATA CABLING	2006	2,251		10	113	113	2,251	22
23	PROJ 05.10 - 1ST PHASE MED/SURG-PERSONAL PROTECTI	2007	1,364		5			1,364	23
24	PROJ 06.03 - ADMINISTRATION BOARDROOM - COUNTER	2007	4,359		10	217	217	4,359	24
25	PROJ 06.03 - ADMIN. BOARD RM-LAMINATED CASEWORK	2007	15,097		15	1,006	1,006	10,564	25
26	PROJ 04.16 - PYXIS - CABINETS	2007	442		15	29	29	306	26
27	PROJ 07.08 - THIRD FLOOR ONCOLOGY ROOM - CABINET	2007	2,406		10	117	117	2,406	27
28	PROJ 06.03 - ADMINISTRATION BOARDROOM - DROP-IN S	2007	1,539		10	76	76	1,539	28
29	07.10-HEARTCARE MIDWEST-CABINETS & COUNTERTOP	2008	5,545		15	370	370	3,514	29
30	07.11-MRI REMODEL-CABINETS & COUNTERTOPS	2008	387		15	26	26	247	30
31	08.05-RESPIRATORY REMODEL-CABINETS&COUNTERTO	2008	367		15	24	24	229	31
32	08.04-HR RELOCATION-SINK	2008	304		20	15	15	143	32
33	08.04-HR RELOCATION-INSTALL CABINETS & COUNTERT	2008	1,317		15	88	88	836	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,566,371	\$		\$ 496,023	\$ 496,023	\$ 11,342,093	34

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

Facility Name & ID Number Graham Hospital Association

#

800200

Report Period Beginning:

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Ending:

6/30/17**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 14,566,371	\$		\$ 496,023	\$ 496,023	\$ 11,342,093	1
2	PROJ 08.11-REED/HUFFMAN OFFICE REMODEL-CABINETS	2008	1,126		15	75	75	713	2
3	PROJ 07.08-3RD FLOOR ONCOLOGY ROOM - COUNTERTOP	2008	366		15	24	24	229	3
4	PROJ 08.17-PHARMACY CLEAN AIR ROOM-CABINETS&CC	2008	401		15	27	27	256	4
5	PROJ 08.23-GMG BOND EYE AREA REMODEL-CABINETS/	2009	1,424		15	95	95	800	5
6	PROJ 09.11-GROUND FLOOR CLINIC-SINK	2009	215		5			215	6
7	PROJ 09.11-GROUND FLOOR CLINIC-ROOM DARKENING	2009	3,134		20	157	157	1,361	7
8	1971 LAND IMPROVEMENTS	1971	32,916		VARIOUS			32,916	8
9	1976 LAND IMPROVEMENT	1976	82,444		VARIOUS			82,444	9
10	1979 LAND IMPROVEMENTS	1979	30,208		VARIOUS			30,208	10
11	1981 LAND IMPROVEMENTS	1981	65,066		VARIOUS			65,066	11
12	1984 LAND IMPROVEMENTS	1984	61,686		VARIOUS			61,686	12
13	1991 LAND IMPROVEMENTS	1991	13,023		VARIOUS			13,023	13
14	1992 LAND IMPROVEMENTS	1992	656		VARIOUS			656	14
15	1993 LAND IMPROVEMENTS	1993	3,134		VARIOUS			3,134	15
16	1994 LAND IMPROVEMENTS	1994	3,983		VARIOUS			3,983	16
17	1995 LAND IMPROVEMENTS	1995	1,178		VARIOUS			1,178	17
18	1996 LAND IMPROVEMENTS	1996	3,963		VARIOUS			3,963	18
19	1998 LAND IMPROVEMENTS	1998	442		VARIOUS			442	19
20	2001 LAND IMPROVEMENTS	2001	6,453		VARIOUS			6,453	20
21	2002 LAND IMPROVEMENTS	2002	11,727		VARIOUS			11,727	21
22	2003 LAND IMPROVEMENTS	2003	36,978		VARIOUS			36,978	22
23	2004 LAND IMPROVEMENTS	2004	83,693		VARIOUS	5,580	5,580	75,323	23
24	2005 LAND IMPROVEMENTS	2005	84,686		VARIOUS	5,687	5,687	68,246	24
25	PROJ 07.03 - SOUTH PARKING LOT	2007	9,186		8			9,186	25
26	PROJ 07.07 - SOUTH PARKING LOT STAIRS-RICKARD'S/CC	2007	9,465		15	631	631	6,626	26
27	PROJ 07.07 - SOUTH PARKING LOT STAIRS - GRAVEL	2007	141		5			141	27
28	PROJ 06.09-HOME HEALTH MOVE-DEMO OF HOUSE IN SC	2007	3,528		15	235	235	2,468	28
29	SOUTH PATIO IMPROVEMENTS	2008	1,603		15	107	107	1,016	29
30	PAVING OF CLINIC PARKING LOT	2008	4,353		8			4,353	30
31	2010 Land Impr - Paving, Rock, Resurface, etc..	2010	15,449		30	515	515	4,628	31
32	PROJ. 08.15 SURGERY RENOVATION-CURTAINS/TRACKS	2010	1,082		20	54	54	486	32
33	PROJ. 08.06 - SPRINKLER WORK - CAPITALIZED INTERES	2010	2,939		25	118	118	885	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,143,019	\$		\$ 509,328	\$ 509,328	\$ 11,872,882	34

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

Facility Name & ID Number Graham Hospital Association# 800200

Report Period Beginning:

7/1/16

Ending:

6/30/17**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 15,143,019	\$		\$ 509,328	\$ 509,328	\$ 11,872,882	1
2	PROJ. 08.05-RESPIRATORY REMODEL - CAPITALIZED INT	2010	385		40	10	10	75	2
3	PROJ. 08.04-HR RELOCATION - CAPITALIZED INTEREST	2010	723		25	29	29	217	3
4	PROJ. 08.15-SURGERY RENOVATION-RICKARD'S	2010	29,257		40	731	731	5,483	4
5	PROJ. 08.15-SURGERY RENOVATION-FLAD & ASSOCIATES	2010	12,889		40	322	322	2,415	5
6	PROJ. 08.15 SURGERY RENOVATION-CAPITALIZED INTER	2010	2,576		40	64	64	482	6
7	PROJ. 08.15 SURGERY RENOVATION-DOORS/FRAMES/CLO	2010	6,806		10	681	681	5,106	7
8	PROJ. 08.15 SURGERY RENOVATION-MAURER STUTZ ENG	2010	1,510		40	38	38	284	8
9	PROJ. 08.15 SURGERY RENOVATION-MISC. BUILDING SUP	2010	7,453		40	186	186	1,396	9
10	AMBULANCE BUILDING - WALNUT ST.	2010	1,089		40	27	27	203	10
11	PROJ. 10.02-PCU RAILING/CEILING-CEILING TILES AND	2010	4,602		10	460	460	3,451	11
12	PROJ. 10.02 - PCU RAILING/CEILING-NEW HAND RAIL EL	2010	1,963		15	131	131	982	12
13	PROJ. 08.16 - 2ND SOUTH REMODEL - HANDRAIL/END CAP	2010	2,301		15	153	153	1,149	13
14	DUROLAST ROOFING SYSTEM ON ROOFS P & R	2010	17,061		10	1,706	1,706	12,795	14
15	ROOF M REPLACEMENT - MRI ROOF	2010	6,935		10	694	694	5,203	15
16	PROJ. 10.07-GIFT SHOP REMODEL-RICKARD'S LABOR & C	2010	4,786		15	319	319	2,393	16
17	PROJ. 10.07-GIFT SHOP REMODEL - ELLSWORTH GLASS &	2010	2,943		15	196	196	1,471	17
18	PROJ. 10.07-GIFT SHOP REMODEL-MISC. BUILDING SUPPL	2010	2,485		15	166	166	1,244	18
19	PROJ. 10.04-EXT. CARE RENOVATIONS-RICKARD'S LABO	2010	15,761		40	394	394	2,955	19
20	PROJ. 10.04 EXT. CARE RENOVATIONS-FLAD & ASSOCIAT	2010	2,340		40	58	58	437	20
21	PROJ. 10.04-EXT. CARE RENOVATIONS-KIRWAN ENVIRON	2010	183		40	5	5	36	21
22	PROJ. 10.04-EXT. CARE RENOVATIONS-FLOOR TILING	2010	2,730		20	137	137	1,025	22
23	PROJ. 10.04-EXT. CARE RENOVATIONS-PAINT/TRIM/WALI	2010	1,576		5			1,576	23
24	PROJ. 10.04 - EXT. CARE RENOVATIONS-HANDRAILS/COU	2010	1,663		15	111	111	832	24
25	PROJ. 10.04 - EXT. CARE RENOVATIONS- WASTE	2010	368		40	9	9	68	25
26	PROJ. 09.07-OB RENOVATION-1ST PHASE - PJ HOERR CON	2010	638,751		40	15,969	15,969	119,767	26
27	PROJ. 09.07-OB RENOVATION 1ST PHASE-FLAD & ASSOCL	2010	21,283		40	532	532	3,990	27
28	PROJ. 09.07-OB RENOVATION 1ST PHASE - CAPITALIZED	2010	53,739		40	1,343	1,343	10,075	28
29	PROJ. 09.07-OB RENOVATION 1ST PHASE-KIRWAN ENVIR	2010	1,006		40	25	25	188	29
30	PROJ. 09.07-OB RENOVATION 1ST PHASE-MISC. BUILDING	2010	2,973		5			2,973	30
31	PROJ. 09.07-OB RENOVATION 1ST PHASE-DOORS	2010	1,927		10	193	193	1,446	31
32	PROJ. 09.07-OB RENOVATION 1ST PHASE-RICKARD'S LAB	2010	770		40	19	19	144	32
33	PROJ. 08.19-40 TON CHILLER - CAPITALIZED INTEREST	2010	617		10	62	62	464	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,994,470	\$		\$ 534,098	\$ 534,098	\$ 12,063,207	34

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

Facility Name & ID Number Graham Hospital Association# 800200

Report Period Beginning:

7/1/16

Ending:

6/30/17**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 15,994,470	\$		\$ 534,098	\$ 534,098	\$ 12,063,207	1
2	PROJ. 08.15 SURGERY RENOVATION-ELECTRICAL SUPPL	2010	16,751		20	838	838	6,283	2
3	PROJ. 08.15 SURGERY RENOVATION-TANNOCK ELECTRIC	2010	21,083		20	1,054	1,054	7,906	3
4	PROJ. 08.15 SURGERY RENOVATION-MECHANICAL SERVI	2010	38,130		15	2,542	2,542	19,065	4
5	PROJ. 08.16-2ND SOUTH REMODEL-MECHANICAL SERVIC	2010	34,111		25	1,364	1,364	10,232	5
6	PROJ. 08.16 2ND SOUTH REMODEL-ELECTRICAL LABOR A	2010	2,487		20	124	124	932	6
7	PROJ. 08.16-2ND SOUTH REMODEL-RICKARD'S LABOR AN	2010	4,482		25	179	179	1,344	7
8	PROJ. 08.16-2ND SOUTH REMODEL-MISC. MAT. & ENGINE	2010	2,571		25	103	103	772	8
9	PROJ. 10.04-EXT. CARE RENOVATIONS - MECHANICAL SE	2010	2,274		25	91	91	682	9
10	PROJ. 10.04-EXT. CARE RENOVATIONS-ELECTRICAL SUPE	2010	1,085		10	108	108	812	10
11	PROJ. 10.04-EXT. CARE RENOVATIONS-MED GAS OUTLET	2010	653		15	44	44	328	11
12	PROJ. 10.11-2ND EAST SPRINKLER SYSTEM-MECHANICAL	2010	27,126		25	1,085	1,085	8,138	12
13	PROJ. 10.11-2ND EAST SPRINKLER SYSTEM-RICKARD'S LA	2010	2,530		25	101	101	758	13
14	PROJ. 10.11-2ND EAST SPRINKLER SYSTEM-MISC. MAT'L	2010	637		25	25	25	190	14
15	PROJ. 09.07-OB RENOVATION 1ST PHASE-PUSH TO SET RE	2010	2,010		20	101	101	755	15
16	TABLES - (5)	2011	4,431		15	295	295	1,919	16
17	VALANCES/RODS/CUBICLE CURTAINS	2011	12,494		5			12,494	17
18	FACE COVERING OF EAST RECEIVING SIDE HOSPITAL BU	2011	6,920		5			6,920	18
19	PROJ. 09.07 OB RENOVATION 2ND PHASE-PJ HOERR CONT	2011	1,053,994		40	26,350	26,350	171,275	19
20	PROJ. 09.07 OB RENOVATION 2ND PHASE-CAPITALIZED IN	2011	26,269		40	657	657	4,269	20
21	PROJ. 09.07 OB RENOVATION 2ND PHASE-MISC. BUILDING	2011	1,063		40	27	27	174	21
22	PROJ. 10.09 ENDO SUITE DESIGN-PJ HOERR/FLAD DESIGN	2011	40,897		40	1,022	1,022	6,644	22
23	PROJ. 11.02-'77 AND '59 BUILDING TUCKPOINTING-RICK	2011	8,750		40	219	219	1,422	23
24	PROJ. 11.02-'77 AND '59 BUILDING TUCKPOINTING - SU	2011	1,310		40	33	33	213	24
25	PROJ. 09.07 OB REN 3RD PHASE-PJ HOERR CONSTRUCTIO	2011	635,931		40	15,898	15,898	103,338	25
26	PROJ. 09.07 OB REN 3RD PHASE-CAPITALIZED INTEREST	2011	1,472		40	37	37	239	26
27	PROJ. 07.13-NEW CLINIC - RESURFACE ALICE INGERSOLL	2011	11,750		8	1,469	1,469	9,547	27
28	PROJ. 09.07 - OB RENOVATION 2ND PHASE - WARNER PLU	2011	3,364		20	168	168	1,093	28
29	PROJ.11.03-PROCEDURE ROOM SURGERY-WARNER PLUM	2011	8,120		20	406	406	2,639	29
30	PROJ. 11.03-PROCEDURE ROOM SURGERY-RICKARD'S AN	2011	1,609		20	80	80	521	30
31	PROJ. 10.16-SIX SIGMA ELECTRICITY PROJECT-ELECTRI	2011	33,624		10	3,362	3,362	21,854	31
32	REMOVED PIT CHANNELS IN ELEVATORS #5 AND #6	2012	5,732		20	143	143	859	32
33	PAVING SOUTH PARKING LOT - HOSPITAL	2012	24,295		8	1,518	1,518	9,109	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 18,032,425	\$		\$ 593,541	\$ 593,541	\$ 12,475,933	34

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

Facility Name & ID Number Graham Hospital Association# 800200

Report Period Beginning:

7/1/16

Ending:

6/30/17**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 18,032,425	\$		\$ 593,541	\$ 593,541	\$ 12,475,933	1
2	EP COLEMAN BUILDING PARKING LOT STRIPING	2012	426		2			426	2
3	OVERLAY ASPHALT PARKING LOT AT GMG BUILDING	2012	15,000		8	938	938	5,627	3
4	LANDSCAPING EP COLEMAN BUILDING	2012	9,287		10	464	464	2,785	4
5	PARKING LOT STRIPING - EP COLEMAN NORTH BLDG.	2012	330		2			330	5
6	PHYSICIAN LOT - SEALCOAT/CRACKFILL	2012	4,600		8	288	288	1,727	6
7	WEST LOT STAFF PARKING-SEALCOAT/CRACKFILL	2012	8,740		8	546	546	3,277	7
8	NORTH EP COLEMAN LOT-SEALCOAT/CRACKFILL	2012	19,900		8	1,244	1,244	7,464	8
9	OVERLAY & PATCH ENTRY WAY SOUTH LOT	2012	3,500		8	219	219	1,314	9
10	PROJ. 11.11-SURGERY FLOOR - CRAWFORD'S FLOORING	2012	16,208		10	810	810	4,861	10
11	PROJ. 11.11-SURGERY FLOOR-MISC. SUPPLIES & CONSTR	2012	2,498		10	125	125	750	11
12	SMOKE STACK REMOVAL-BI-STATE MASONRY	2012	49,543		5	4,954	4,954	29,725	12
13	RICKARD'S-FRAME FOR EXHAUST FAN AFTER SMOKE ST	2012	490		5	49	49	294	13
14	DUROLAST ROOFING - COVER SMOKE STACK REMOVAL	2012	2,385		5	239	239	1,433	14
15	PROJ. 12.08-HR MOVE TO OLD BUS. OFFICE-RICKARD'S L	2012	11,393		15	380	380	2,279	15
16	PROJ. 12.08-HR MOVE TO OLD BUS. OFFICE-S&S BUILDER	2012	2,284		15	76	76	456	16
17	PROJ. 12.08-HR MOVE TO OLD BUS. OFFICE-MISC. BLDG.	2012	3,433		15	114	114	685	17
18	PROJ. 12.11-B. CLARK OFFICE REMODEL-RICKARD'S LAB	2012	3,308		15	110	110	661	18
19	PROJ. 12.11-B. CLARK OFFICE REMODEL-MISC. BLDG. SU	2012	3,142		15	105	105	629	19
20	PROJ. 11.06-ICU REMODEL-PJ HOERR CONTRACT	2012	1,158,145		40	14,477	14,477	86,861	20
21	PROJ. 11.06-ICU REMODEL-MISC. BLDG. SUPPLIES	2012	2,872		15	96	96	575	21
22	PROJ 12.09 ER EXPANSION-2 EXAM LIGHTS	2013	2,052		10	205	205	1,025	22
23	PROJ 12.09 ER EXPANSION-MECHANICAL SERV. INSTALL	2013	5,691		20	285	285	1,424	23
24	MECHANICAL SERVICE - SPRINKLER INSTALL - VARIOUS	2013	4,411		25	176	176	881	24
25	PROJ. 12.09 ER EXPANSION-THOMPSON ELECTRONICS - V	2013	671		10	67	67	335	25
26	AUTOMATIC TRANSFER SWITCH-SN#959837	2013	3,592		15	239	239	1,196	26
27	AUTOMATIC TRANSFER SWITCH SN#961344	2013	940		15	63	63	314	27
28	AUTOMATIC TRANSFER SWITCH SN#961345	2013	1,055		15	70	70	351	28
29	PROJECT 13.11 ENDOSUITE DATA CABLE INSTALL	2014	787		20	40	40	140	29
30	PROJECT 13.11 ENDOSUITE D.P. FILTERS HEPA FILTER	2014	122		15	8	8	28	30
31	PROJECT 13.11 ENDOSUITE ILLINI PLUMBING NEW PIPIN	2014	215		25	8	8	28	31
32	PROJECT 13.11 ENDOSUITE SEICO FIRE ALARM REWIRE	2014	79		10	8	8	28	32
33	PROJECT 14.03 - DATA ROOM COOLING SYSTEM UPGRAD	2014	36,383		20	1,820	1,820	6,370	33
34	TOTAL (lines 1 thru 33)		\$ 19,405,907	\$		\$ 621,764	\$ 621,764	\$ 12,640,212	34

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

Facility Name & ID Number Graham Hospital Association# 800200

Report Period Beginning:

7/1/16

Ending:

6/30/17**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 19,405,907	\$		\$ 621,764	\$ 621,764	\$ 12,640,212	1
2	PROJECT 14.05 - AUTOMATIC TRANSFER SWITCH	2014	5,284		20	264	264	924	2
3	PROJECT 14.06 - E.R. RADIOLOGY ROOM	2014	14,291		20	714	714	2,500	3
4	PROJECT 14.09 - RADIOLOGY ROOM 5 UPGRADE	2014	6,563		20	328	328	1,148	4
5	PROJECT 14.11 - SPRINKLER SYSTEM UPGRADE GIFTSHOP/	2014	2,107		20	106	106	370	5
6	PROJECT 14.08 - RADIOLOGY ROOM 4 UPGRADE	2014	5,772		20	289	289	891	6
7	GHA/HH PARKING LOT SEALCOAT/REPAIR	2015	6,829		2	1,707	1,707	6,829	7
8	GMG/EP COLEMAN/WELLNESS PARKING LOT SEAL COAT/RI	2015	5,023		2	1,255	1,255	5,023	8
9	RISEATLAS 625QM CEILING LIFT	2015	19,373		10	1,937	1,937	4,843	9
10									10
11									11
12	Telemetry Electrical Cable Pull and Receptacle Install	2015	3,457		20	173	173	432	12
13	14.13 - TRANSFORMER REPLACEMENT	2015	43,590		20	2,179	2,179	5,448	13
14	14.15 - JOINT COMMISSION ELECTRICAL/PLUMBING REPAIR	2015	6,278		20	314	314	785	14
15	14.15 - JOINT COMMISSION AIR HANDLER REPAIR	2015	378		10	38	38	95	15
16	14.15 - JOINT COMMISSION DOOR CLOSER REPLACEMENT	2015	995		15	66	66	165	16
17	15.03 - WATER SOFTENER REPLACEMENT	2015	4,674		10	467	467	1,168	17
18									18
19	15-01 - Patient Registration - ELECTRICAL/DATA CABLE PULL/IN	2015	2,685		20	134	134	335	19
20	15-07 - Chiller Rebuild - TRANE CONTRACTED WORK	2015	54,304		20	2,715	2,715	6,788	20
21	14.10 - 2nd Floor Hallway Remodel	2015	7,446		5	1,489	1,489	3,723	21
22	14.15 - JOINT COMMISSION BUILDING REPAIRS	2015	463		5	93	93	232	22
23	HOSPITAL TUCKPOINT AND SKYLIGHT GLASS REPAIR	2015	27,029		40	676	676	1,690	23
24	PROJECT 14.04 - PHARMACY RENOVATIONS - PJ HOERR CON	2015	26,155		40	654	654	1,635	24
25									25
26									26
27	15-01 - Patient Registration - MISC BUILDING SUPPLIES	2015	6,561		5	1,312	1,312	3,280	27
28	15-01 - Patient Registration - PJ HOERR CONTRACT WORK	2015	334,913		40	8,373	8,373	20,932	28
29									29
30	Project 16-07, 16-08, 16-10, 16-16 - Parking lost asphalt recoat, repair	2016	17,438		15	1,163	1,163	1,744	30
31	concrete apron repair, sidewalk repair								31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 20,007,517	\$		\$ 648,210	\$ 648,210	\$ 12,711,192	34

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

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	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		\$ 20,007,517	\$		\$ 648,210	\$ 648,210	\$ 12,711,192	1
2	2017	29,433		5	2,943	2,943	2,943	2
3	2017	2,048,414		40	25,605	25,605	25,605	3
4								4
5								5
6								6
7								7
8								8
9								9
10	2017		198,289			(198,289)		10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 22,085,364	\$ 198,289		\$ 676,758	\$ 478,469	\$ 12,739,740	34

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

Facility Name & ID Number Graham Hospital Association

# 800200

Report Period Beginning:

7/1/16

Ending:

6/30/17

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	\$ 224,282	\$	\$ 5,609	\$ 5,609	5-15	\$ 194,121	71
72	Current Year Purchases	289,893		11,918	11,918	5-15	11,918	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 514,175	\$	\$ 17,527	\$ 17,527		\$ 206,039	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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 22,599,539	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 198,289	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 694,285	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 495,996	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,945,779	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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Graham Hospital Association

# 800200

Report Period Beginning: 7/1/16

Ending: 6/30/17

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>N/A</u>			\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			7

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. \_\_\_\_\_ /2018 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2019 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2020 \$ \_\_\_\_\_

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ N/A Description: N/A

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units						Cost
					Units	Cost					
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1	
2	Licensed Speech and Language Development Therapist	N/A	hrs							2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist		hrs							4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy		# of prescripts							9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify):									13	
14	TOTAL			\$		\$	\$		\$	14	

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number **Graham Hospital Association**

# **800200**

Report Period Beginning: **7/1/16**

Ending:

**6/30/17**

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

As of **6/30/17**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 4,264,051	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	13,627,046		3
4	Supply Inventory (priced at )	1,564,478		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	1,748,460		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>Other Current</b>	9,976,807		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 31,180,842	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	5,253,008		13
14	Buildings, at Historical Cost	75,407,525		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	52,805,302		16
17	Accumulated Depreciation (book methods)	(63,174,829)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <b>Assets Limited as to U</b> )	72,840,857		22
23	Other(specify): <b>Trust Fund</b>	8,281,013		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 151,412,876	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 182,593,718	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 4,526,335	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,300,000		29
30	Accrued Salaries Payable	3,992,300		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36				36
37	<b>Self Insurance</b>	10,180,385		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 19,999,020	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	38,762,584		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<b>Interest Rate Swap Agreements</b>	5,150,907		43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 43,913,491	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 63,912,511	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 118,681,207	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 182,593,718	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b>	
		<b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>102,689,290</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>102,689,290</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>4,857,499</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Other Non-Op Rev</b>	<b>10,566,414</b>	<b>15</b>
<b>16</b>	Other (describe) <b>Increase in Temp. Restricted Assets Net</b>	<b>568,004</b>	<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>15,991,917</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>118,681,207</b>	<b>24</b> *

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

Facility Name &amp; ID Number Graham Hospital Association

# 800200

Report Period Beginning: 7/1/16

Ending:

6/30/17

**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**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 2,695,905	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 2,695,905	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Sch 19A	5,828,574	28
28a	Hospital Rev	79,286,898	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 85,115,472	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 87,811,377	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,119,941	31
32	Health Care	1,994,841	32
33	General Administration	1,430,369	33
<b>B. Capital Expense</b>			
34	Ownership	198,289	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers		35
36	Provider Participation Fee	21,067	36
<b>D. Other Expenses (specify):</b>			
37	Hospital Expenses	78,189,371	37
38	Rounding		38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 82,953,878	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	4,857,499	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 4,857,499	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
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	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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:** Graham Hospital Association  
**IDPH License ID Number:** 800200  
**Fiscal Year End:** 6/30/2017

**Schedule 19A**

**XVII. Income Statement**

**Line 28 Other Revenue (specify):**

<b>Description</b>	<b>Amount</b>
Hospital Misc Rev	5,828,548
SNF Misc Rev	25
Rounding	1
<b>Total - Line 28</b>	<b><u>5,828,574</u></b>

Facility Name & ID Number Graham Hospital Association

# 800200

Report Period Beginning:

7/1/16

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6/30/17

**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

	1	2**	3	4	
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing		\$	\$	1
2	Assistant Director of Nursing				2
3	Registered Nurses				3
4	Licensed Practical Nurses				4
5	CNAs & Orderlies				5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director				9
10	Activity Assistants				10
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor				13
14	Head Cook				14
15	Cook Helpers/Assistants				15
16	Dishwashers				16
17	Maintenance Workers				17
18	Housekeepers				18
19	Laundry				19
20	Administrator				20
21	Assistant Administrator				21
22	Other Administrative				22
23	Office Manager				23
24	Clerical				24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator				29
30	Habilitation Aides (DD Homes)				30
31	Medical Records				31
32	Other Health Care(specify)				32
33	Other(specify) <u>N/A</u>				33
34	TOTAL (lines 1 - 33)		\$ *	\$	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director			36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$		49

**C. CONTRACT NURSES**

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



