FOR BHF USE

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2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

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

I. IDPH License ID Number: 8008518

Facility Name: Gottlieb Memorial Hospital

Address: 701 West North Avenue (Number) Melrose Park (City) 60160 (Zip Code)

County: Cook

Telephone Number: 708-450-4543 **Fax #** 708-450-5058

HFS ID Number:

Date of Initial License for Current Owners: 6/10/85

Type of Ownership:

[X]	VOLUNTARY,NON-PROFIT	[ ]	PROPRIETARY	[ ]	GOVERNMENTAL
[X]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
		[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

IRS Exemption Code

In the event there are further questions about this report, please contact:
Name: Ellyn Chin **Telephone Number:** 708-450-4534
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 06/30/2009 to 06/30/2010 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer

(Signed) (Date)
(Print Name and Title) Steve Fagerman, Vice President
(Firm Name & Address) Strategic Reimbursement, Inc, 360 West Butterfield Rd, Suite 310, Elmhurst, IL
(Telephone) (630) 530-7100 Fax # (630) 530-7106

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	34	Skilled (SNF)	34	12,410	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	34	TOTALS	34	12,410	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	193		9,537	9,730	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	193		9,537	9,730	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.40%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 05/20/85

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 34 and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 06/30/2010 Fiscal Year: 06/30/2010

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	138,817	30,789	98,601	268,207		268,207		268,207			1
2	Food Purchase		65,864		65,864		65,864		65,864			2
3	Housekeeping	50,051	11,753	33,776	95,580		95,580		95,580			3
4	Laundry	16,598	23,433	49,686	89,717		89,717		89,717			4
5	Heat and Other Utilities			160,965	160,965		160,965		160,965			5
6	Maintenance	28,419	9,006	17,963	55,388		55,388		55,388			6
7	Other (specify):* Cafeteria	4,537	(19)	6,074	10,592	(10,592)						7
8	TOTAL General Services	238,422	140,826	367,065	746,313	(10,592)	735,721		735,721			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	1,986,157	63,135	67,634	2,116,926		2,116,926		2,116,926			10
10a	Therapy											10a
11	Activities											11
12	Social Services	25,557	146	568	26,271		26,271		26,271			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,011,714	63,281	68,202	2,143,197		2,143,197		2,143,197			16
	C. General Administration											
17	Administrative	68,885	1,315	114,410	184,610		184,610		184,610			17
18	Directors Fees											18
19	Professional Services											19
20	Dues, Fees, Subscriptions & Promotions											20
21	Clerical & General Office Expenses											21
22	Employee Benefits & Payroll Taxes			592,829	592,829	10,592	603,421		603,421			22
23	Inservice Training & Education											23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			57,055	57,055		57,055		57,055			26
27	Other (specify):*											27
28	TOTAL General Administration	68,885	1,315	764,294	834,494	10,592	845,086		845,086			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,319,021	205,422	1,199,561	3,724,004		3,724,004		3,724,004			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Gottlieb Memorial Hospital #8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			428,310	428,310		428,310		428,310			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	**TOTAL Ownership**			428,310	428,310		428,310		428,310			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			3,180,086	3,180,086		3,180,086		3,180,086			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee											42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			3,180,086	3,180,086		3,180,086		3,180,086			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,319,021	205,422	4,807,957	7,332,400		7,332,400		7,332,400			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 Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
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				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$		$	30

BHF USE ONLY								
48		49		50		51		52	

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 Amount	2 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
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$		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 Yes	2 No	3 Amount	4 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

Gottlieb Memorial Hospital

ID# 8008518

Report Period Beginning: 06/30/2009

Ending: 06/30/2010

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
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				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	Total	0		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 **Report Period Beginning:** 06/30/2009 **Ending:** 06/30/2010

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	0	0	0	0	0	0	0	0	0	0	0	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	0	0	0	0	0	0	0	0	0	0	0	0	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 **Report Period Beginning:** 06/30/2009 **Ending:** 06/30/2010

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense D. Ownership	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)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	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**	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	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**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	0	0	0	0	0	0	0	0	0	0	0	0	45

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

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

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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	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.**

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

VII. RELATED PARTIES (continued)

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

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

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 6/30/2010

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 [X]

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Meals Served	163,298		$ 1,500,432	$ 776,587	29,190	$ 268,207	1
2	2	Food Purchase	Meals Served	163,298		368,462	0	29,190	65,864	2
3	3	Housekeeping	Time Spent	26,587		2,059,312	1,078,361	1,234	95,580	3
4	4	Laundry	Patient Days	59,884		552,167	102,153	9,730	89,717	4
5	5	Heat/Utilities	Square Feet	180,848		2,422,221	0	12,018	160,965	5
6	6	Plant	Square Feet	180,848		833,483	427,655	12,018	55,388	6
7	7	Cafeteria	FTEs Served	896		264,596	113,323	5	1,477	7
8	10	Nursing	Direct RN Hours	36,414		1,477,845	1,376,242	2,446	99,270	8
9	10	Medical Records	Revenue	734,439,732		1,476,153	1,079,043	6,920,791	13,910	9
10	12	Social Services	Time Spent	9,227		306,453	298,126	791	26,271	10
11	17	Administration	Revenue	734,439,732		19,590,962	7,310,077	6,920,791	184,610	11
12	22	Employee Benefits	Gross Salaries	52,629,741		18,231,545	0	1,879,802	651,185	12
13	26	Property Insurance	Square Feet	180,848		86,554	0	12,018	5,752	13
14	6	Maintenance	Time Spent	855,288		1,222,527	765,281	0	0	14
15	26	Malpractice Insurance	Revenue	734,439,732		5,444,336	0	6,920,791	51,303	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 55,837,048	$ 13,326,848		$ 1,769,499	25

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

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

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

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

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2009 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	2
3. Under or (over) accrual (line 2 minus line 1).	$	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)	$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	2005	8
	2006	9
	2007	10
	2008	11
	2009	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2009	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Gottlieb Memorial Hospital COUNTY Cook

FACILITY IDPH LICENSE NUMBER 8008518

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2009 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2009.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 12,018 B. General Construction Type: Exterior Concrete Frame Concrete Number of Stories 6

C. Does the Operating Entity? [X] (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? [X] (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).

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

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Hospital & Parking	1,458,000	1961	$ 61,937	1
2					2
3	TOTALS	1,458,000		$ 61,937	3

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4				1961	$ 1,789,885	$ 53,697	50	$ 53,697	$	$ 1,771,991	4
5				1982	1,135,357	58,725	29	58,725		1,115,779	5
6											6
7											7
8											8
	Improvement Type**										
9	Building Improvements			1961	927,147		25			927,147	9
10	Building Improvements			1962	5,314	162	49	162		5,191	10
11	Building Improvements			1963	57,578	2,304	47-50	2,304		55,869	11
12	Building Improvements			1964	154	5	46	5		147	12
13	Building Improvements			1965	839,469	13,782	25-50	13,782		798,123	13
14	Building Improvements			1966	18,069	271	20-45	271		17,880	14
15	Building Improvements			1967	99,677	1,684	25-44	1,684		99,119	15
16	Building Improvements			1969	243,126	5,781	10-42	5,781		241,547	16
17	Building Improvements			1970	10,866		15-25			10,866	17
18	Building Improvements			1971	410,569	6,233	20-40	6,233		408,766	18
19	Building Improvements			1972	63,023	429	10-39	429		62,999	19
20	Building Improvements			1973	36,443		15-20			36,443	20
21	Building Improvements			1974	70,028	2,694	15-37	2,694		69,073	21
22	Building Improvements			1975	2,422		10			2,422	22
23	Building Improvements			1976	3,446,023	72,976	5-36	72,976		3,422,986	23
24	Building Improvements			1977	7,474,834	145,801	5-35	145,801		7,329,053	24
25	Building Improvements			1978	172,682	1,927	5-35	1,927		171,556	25
26	Building Improvements			1979	159,159	1,160	5-34	1,160		155,316	26
27	Building Improvements			1980	729,897	22,468	8-31	22,468		722,409	27
28	Building Improvements			1981	1,633,608	36,233	10-11	36,233		1,662,945	28
29	Building Improvements			1982	3,024,034	27,534	6-20	27,534		3,014,860	29
30	Building Improvements			1983	3,028,019	130,938	5-28	130,938		2,984,797	30
31	Building Improvements			1984	245,719		5-20			245,719	31
32	Building Improvements			1985	7,212,994	104,859	5-40	104,859		6,269,711	32
33	Building Improvements			1986	2,251,370	64,921	5-20	64,921		2,424,492	33
34	Building Improvements			1987	1,228,658	65,795	5-40	65,795		1,332,546	34
35	Building Improvements			1988	1,055,957	66,878	10-20	66,878		1,156,347	35
36	Building Improvements			1989	5,888,073	409,820	5-25	409,820		6,229,075	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 Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Building Improvements	1990	$ 5,443,853	$ 403,899	5-20	$ 403,899	$	$ 5,462,697	37
38	Building Improvements	1991	2,702,153	202,185	10-20	202,185		2,591,688	38
39	Building Improvements	1992	2,395,628	178,690	2-20	178,690		2,211,628	39
40	Building Improvements	1993	1,601,815	118,560	2-20	118,560		1,390,923	40
41	Building Improvements	1994	2,933,038	219,978	20	219,978		2,422,807	41
42	Building Improvements	1995	4,858,946	364,421	20	364,421		3,572,624	42
43	Building Improvements	1996	591,268	44,345	20	44,345		428,112	43
44	Architecture Fees	1996	39,853	2,989	20	2,989		29,305	44
45	Home Health Remodeling	1996	111,207	8,341	20	8,341		81,959	45
46	Miscellaneous Improvements	1996	25,040	1,878	20	1,878		17,991	46
47	Surgery Remodeling	1996	186,939	14,020	20	14,020		139,439	47
48	South Wing Remodeling	1996	30,902	2,318	20	2,318		22,043	48
49	Same Day Surgery Remodeling	1996	29,020	2,177	20	2,177		20,748	49
50	West Wing Remodeling	1996	25,593	1,919	20	1,919		18,210	50
51	Emergency Water Main	1996	470,298	35,272	20	35,272		344,413	51
52	POB Improvements	1996	2,052	154	20	154		1,513	52
53	Ultrasound Remodeling	1996	2,822	212	20	212		2,089	53
54	Medical Staff Office Remodeling	1996	7,800	585	20	585		5,720	54
55	Elevator Repairs	1996	595,784	44,684	20	44,684		424,026	55
56	Cath Lab Remodeling	1996	1,220	92	20	92		859	56
57	HVAC Improvements	1996	551,151	41,336	20	41,336		404,824	57
58	Absorbtion Machine	1996	1,524,624	114,347	20	114,347		1,127,643	58
59	Co-Generation System	1996	9,074	681	20	681		6,673	59
60	Signage	1996	118,241	8,868	20	8,868		83,514	60
61	Hospital Entrance	1997	249,954	18,747	20	18,747		168,812	61
62	Architecture Fees	1997	17,902	1,343	20	1,343		11,797	62
63	Labor Room Remodeling	1997	59,102	4,433	20	4,433		39,099	63
64	Miscellaneous Improvements	1997	2,090	157	20	157		1,393	64
65	Physical Therapy Remodeling	1997	637	48	20	48		433	65
66	Audiology Remodeling	1997	2,761	207	20	207		1,915	66
67	Same Day Surgery Remodeling	1997	698	52	20	52		477	67
68	Roof Repairs	1997	770	58	20	58		513	68
69	Eye Center Relocation	1997	54,139	4,060	20	4,060		37,305	69
70	TOTAL (lines 4 thru 69)		$ 67,906,528	$ 3,138,132		$ 3,138,132	$	$ 63,818,365	70

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 67,906,528	$ 3,138,132		$ 3,138,132	$	$ 63,818,365	1
2	Radiology Remodeling	1997	47,042	3,528	20	3,528		27,865	2
3	Emergency Room Remodeling	1997	12,863	965	20	965		7,674	3
4	South Wing Remodeling	1997	14,778	1,108	20	1,108		11,863	4
5	Data Processing Remodeling	1997	11,809	886	20	886		7,556	5
6	West Wing Remodeling	1997	8,210	616	20	616		8,765	6
7	Emergency Water Main	1997	2,900	218	20	218		1,818	7
8	POB Improvements	1997	39,906	2,993	20	2,993		26,537	8
9	Radiology Remodeling	1997	3,642	273	20	273		2,262	9
10	Retention Pond	1997	51,168	3,838	20	3,838		32,021	10
11	GI Lab Remodeling	1997	715	54	20	54		629	11
12	Cath Lab Remodeling	1997	29,968	2,248	20	2,248		83,242	12
13	CT Suite Remodeling	1997	1,230	92	20	92		158,413	13
14	Co-Generation System	1997	26,349	1,976	20	1,976		34,295	14
15	Signage	1997	2,703	203	20	203		93,456	15
16	Daycare Construction	1997	862,706	64,703	20	64,703		529,848	16
17	Hospital Entrance	1997	2,102,327	157,675	20	157,675		1,280,716	17
18	POB Addition	1997	245,437	18,408	20	18,408		162,486	18
19	Architecture Fees	1998	1,224,933	91,870	20	91,870		673,397	19
20	Labor Room Remodeling	1998	218,500	16,388	20	16,388		123,474	20
21	Miscellaneous Improvements	1998	45,301	3,398	20	3,398		25,313	21
22	Physical Therapy Remodeling	1998	205,829	15,437	20	15,437		110,014	22
23	Roof Repairs	1998	5,189	389	20	389		3,341	23
24	Eye Center Relocation	1998	741	56	20	56		26,204	24
25	Surgery Remodeling	1998	1,275	96	20	96		2,785	25
26	Emergency Room Remodeling	1998	2,680	201	20	201		54,305	26
27	Data Processing Remodeling	1998	6,781	509	20	509		15,878	27
28	West Wing Remodeling	1998	344,119	25,809	20	25,809		194,271	28
29	ICU Remodeling	1998	27,500	2,063	20	2,063		14,659	29
30	POB Improvements	1998	703,516	52,764	20	52,764		384,980	30
31	Radiology Remodeling	1998	161,977	12,148	20	12,148		92,783	31
32	Retention Pond	1998	8,952	671	20	671		5,107	32
33	Cath Lab Remodeling	1998	660	50	20	50		371	33
34	TOTAL (lines 1 thru 33)		$ 74,328,232	$ 3,619,760		$ 3,619,760	$	$ 68,014,690	34

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 74,328,232	$ 3,619,760		$ 3,619,760	$	$ 68,014,690	1
2	CT Suite Remodeling	1998	104,817	7,861	20	7,861		65,507	2
3	HVAC Improvements	1998	370,425	27,782	20	27,782		232,935	3
4	Co-Generation System	1998	5,910	443	20	443		3,842	4
5	Signage	1998	52,972	3,973	20	3,973		32,276	5
6	Daycare Construction	1998	920,137	69,010	20	69,010		589,298	6
7	Hospital Entrance	1998	39,015	2,926	20	2,926		24,802	7
8	POB Addition	1998	3,375,598	253,170	20	253,170		2,133,335	8
9	Architecture Fees	1999	230,457	17,284	20	17,284		137,044	9
10	Miscellaneous Improvements	1999	2,397	180	20	180		1,377	10
11	Fire Alarm Improvements	1999	97,371	7,303	20	7,303		55,909	11
12	Radiology Remodeling	1999	2,703	203	20	203		1,542	12
13	Emergency Room Remodeling	1999	195,419	14,656	20	14,656		110,162	13
14	South Wing Remodeling	1999	93,107	6,983	20	6,983		53,423	14
15	Physical Therapy Remodeling	1999	446,529	33,490	20	33,490		263,765	15
16	West Wing Remodeling	1999	563,059	42,229	20	42,229		310,737	16
17	Warehouse Improvements	1999	7,126	534	20	534		4,139	17
18	POB Improvements	1999	825,022	61,877	20	61,877		480,222	18
19	POB Addition	1999	1,209,362	90,702	20	90,702		700,321	19
20	Integrated Medicine	1999	34,842	2,613	20	2,613		19,940	20
21	Back to Work Remodeling	1999	802	60	20	60		481	21
22	Cashier Area Remodeling	1999	3,902	293	20	293		2,276	22
23	Home Health Remodeling	1999	25,475	1,911	20	1,911		14,221	23
24	Lab Remodeling	1999	2,129	160	20	160		1,269	24
25	CT Suite Remodeling	1999	2,242	168	20	168		1,317	25
26	Pharmacy Remodeling	1999	1,152	86	20	86		656	26
27	HVAC Improvements	1999	4,460	335	20	335		2,627	27
28	Co-Generation System	1999	640	48	20	48		357	28
29	Signage	1999	8,479	636	20	636		4,933	29
30	Daycare Construction	1999	24,254	1,819	20	1,819		13,992	30
31	Hospital Entrance	1999	1,923	144	20	144		1,115	31
32	Architecture Fees	2000	5,461,410	409,606	20	409,606		2,753,982	32
33	Miscellaneous Improvements	2000	25,044	1,878	20	1,878		12,791	33
34	TOTAL (lines 1 thru 33)		$ 88,466,412	$ 4,680,123		$ 4,680,123	$	$ 76,045,283	34

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 88,466,412	$ 4,680,123		$ 4,680,123	$	$ 76,045,283	1
2	Fire Alarm Improvements	2000	12,000	900	20	900		6,000	2
3	Labor Room Remodel	2000	900	68	20	68		450	3
4	Surgery Remodeling	2000	8,595	645	20	645		4,298	4
5	Radiology Remodeling	2000	6,504	488	20	488		3,252	5
6	Emergency Room Remodeling	2000	444,702	33,353	20	33,353		222,351	6
7	South Wing Remodeling	2000	172,378	12,928	20	12,928		86,189	7
8	Physical Therapy Remodeling	2000	10	1	20	1		5	8
9	West Wing Remodeling	2000	2,427	182	20	182		1,214	9
10	Warehouse Improvements	2000	9,357	702	20	702		4,679	10
11	POB Improvements	2000	415,372	31,153	20	31,153		207,686	11
12	Medical Staff Office Remodeling	2000	3,118	234	20	234		1,559	12
13	MRI Remodeling	2000	840	63	20	63		420	13
14	Architecture Fees	2001	3,333,020	249,977	20	249,977		1,666,510	14
15	Miscellaneous Improvements	2001	77,530	5,815	20	5,815		38,765	15
16	Fire Alarm Improvements	2001	7,871	590	20	590		3,936	16
17	Surgery Remodeling	2001	51,757	3,882	20	3,882		25,878	17
18	Radiology Remodeling	2001	25,457	1,909	20	1,909		12,728	18
19	Emergency Room Remodeling	2001	88,159	6,612	20	6,612		44,079	19
20	Physical Therapy Remodeling	2001	3,130	235	20	235		1,565	20
21	Adult Day Care Remodeling	2001	41,648	3,124	20	3,124		20,824	21
22	Coffee Shop	2001	78,411	5,881	20	5,881		39,205	22
23	PHO Project	2001	24,282	1,821	20	1,821		12,141	23
24	3 West Remodeling	2001	9,493	712	20	712		4,747	24
25	Home Health Remodeling	2001	35,700	2,678	20	2,678		17,850	25
26	POB Improvements	2001	297,944	22,346	20	22,346		148,972	26
27	West Wing Remodeling	2001	29,024	2,177	20	2,177		14,512	27
28	Pharmacy Remodeling	2001	23,294	1,747	20	1,747		11,647	28
29	Absorption Machine	2001	23,221	1,742	20	1,742		11,610	29
30	Medical Staff Office Remodeling	2001	360	27	20	27		180	30
31	South Wing Remodeling	2001	257,386	19,304	20	19,304		128,693	31
32	HVAC Improvements	2001	18,771	1,408	20	1,408		9,386	32
33	Hospital Entrance	2001	1,226	92	20	92		613	33
34	TOTAL (lines 1 thru 33)		$ 93,970,295	$ 5,092,915		$ 5,092,915	$	$ 78,797,225	34

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 93,970,295	$ 5,092,915		$ 5,092,915	$	$ 78,797,225	1
2	Roof Repairs	2001	15,190	1,139	20	1,139		6,919	2
3	Cafeteria Remodeling	2001	29,986	2,249	20	2,249		13,809	3
4	Miscellaneous Improvements	2002	35,713	2,678	20	2,678		15,503	4
5	Main Lobby Remodeling	2002	11,636	873	20	873		5,188	5
6	Surgery Remodeling	2002	231,396	17,355	20	17,355		96,028	6
7	Coffe Shop Construction	2002	40,990	3,074	20	3,074		18,105	7
8	PHO Project	2002	50,071	3,755	20	3,755		21,945	8
9	3 West Remodeling	2002	3,223	242	20	242		1,314	9
10	Pharmacy Remodeling	2002	124,144	9,311	20	9,311		54,135	10
11	POB Improvements	2002	776,904	58,268	20	58,268		332,283	11
12	Emergency Generator Project	2002	455,695	34,208	20	34,208		184,767	12
13	West Wing Remodeling	2002	750,146	57,665	20	57,665		317,640	13
14	Lab Remodeling	2002	589	44	20	44		255	14
15	CT Suite Construction	2002	98,770	7,408	20	7,408		42,597	15
16	Medical Staff Office Remodeling	2002	188,519	14,336	20	14,336		78,931	16
17	South Wing Remodeling	2002	63,834	4,788	20	4,788		27,252	17
18	HVAC Improvements	2002	57,325	4,299	20	4,299		25,274	18
19	Hospital Entrance Construction	2002	562	42	20	42		232	19
20	Cath Lab Remodeling	2002	157,692	11,905	20	11,905		65,450	20
21	Cafeteria Remodeling	2002	24,618	1,846	20	1,846		11,078	21
22	Miscellaneous Improvements	2003	2,622	608	20	608		3,036	22
23	Surgery Remodeling	2003	261,619	19,668	20	19,668		75,877	23
24	POB Improvements	2003	194,747	18,242	20	18,242		91,920	24
25	Emergency Generator Project	2003	116,721	11,428	20	11,428		59,433	25
26	E/R Decon Room	2003	12,328	925	20	925		4,782	26
27	Stand By Generator	2003	65,400	4,905	20	4,905		23,758	27
28	MRI Remodeling	2003	112,180	8,414	20	8,414		41,374	28
29	Medical Staff Office Remodeling	2003	16,083	1,270	20	1,270		6,590	29
30	HVAC Improvements	2003	20,500	1,538	20	1,538		8,200	30
31	2 West Remodeling	2003	12,362	942	20	942		5,011	31
32	Cath Lab Remodeling	2003	801,506	60,684	20	60,684		311,804	32
33	Cysto Project	2004	2,224	167	20	167		667	33
34	TOTAL (lines 1 thru 33)		$ 98,705,588	$ 5,457,192		$ 5,457,192	$	$ 80,748,383	34

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 98,705,588	$ 5,457,192		$ 5,457,192	$	$ 80,748,383	1
2	Surgery Remodeling	2004	2,096,819	157,261	20	157,261		568,982	2
3	Physical Therapy Remodeling	2004	2,894	350	20	350		1,593	3
4	Install Fire Connectors/Warehouse	2004	6,284	471	20	471		1,964	4
5	PHO Project	2004	800	60	20	60		243	5
6	Stand By Generator	2004	39,435	2,958	20	2,958		12,313	6
7	POB Improvements	2004	142,638	22,034	20	22,034		93,533	7
8	6 South Remodeling	2004	85,392	6,404	20	6,404		29,887	8
9	Pharmacy Remodeling	2004	9,561	717	20	717		3,024	9
10	Lobby Floor Improvements	2004	21,475	3,442	20	3,442		15,084	10
11	Radiology Remodeling	2004	80,041	6,003	20	6,003		25,097	11
12	Eye Center Remodeling	2004	880	66	20	66		286	12
13	Medical Records Remodeling	2004	5,502	413	20	413		1,765	13
14	Dietary Remodeling	2004	2,432	182	20	182		780	14
15	Energy Management Project	2004	67,666	5,886	20	5,886		24,249	15
16	Chem Pack Project Planning	2004	3,580	269	20	269		1,119	16
17	POB Improvements	2005	529,583	51,480	20	51,480		192,614	17
18	Cysto Project	2005	167,478	12,561	20	12,561		45,682	18
19	Hyperbaric Suite	2005	378,333	28,383	20	28,383		105,605	19
20	Surgery Tank Farm Project	2005	1,534	115	20	115		454	20
21	Geriatric Psych Unit Construction	2005	5,473	410	20	410		1,535	21
22	ICU Renovation	2005	1,800	135	20	135		508	22
23	Roofing Repairs	2005	10,065	1,455	20	1,455		5,818	23
24	Surgery Remodeling	2005	2,531,719	192,428	20	192,428		588,761	24
25	Eye Center Cabinet Replacement	2005	2,585	258	20	258		948	25
26	PHO Project	2005	190,477	14,302	20	14,302		54,445	26
27	Stand By Generator Repairs	2005	32,494	2,437	20	2,437		9,342	27
28	Pharmacy Remodeling	2005	83,840	6,288	20	6,288		24,021	28
29	Radiology Remodeling	2005	7,179	538	20	538		2,124	29
30	Dietary Remodeling	2005	600	45	20	45		170	30
31	Energy Management Project	2005	127,648	12,486	20	12,486		48,394	31
32	Plumbing Repairs	2005	19,930	1,372	20	1,372		5,296	32
33	Signs	2005	618	93	20	93		330	33
34	TOTAL (lines 1 thru 33)		$ 105,362,343	$ 5,988,496		$ 5,988,496	$	$ 82,614,349	34

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 105,362,343	$ 5,988,496		$ 5,988,496	$	$ 82,614,349	1
2	Wallpapering	2005	7,312.50	2,194	20	2,194		7,556	2
3	Geriatric Psych Construction	2006	361,414.41	4,198	20	4,198		13,992	3
4	ICU Renovation	2006	1,552.00	78	20	78		259	4
5	POB Improvements	2006	206,948.71	17,298	20	17,298		57,661	5
6	Surgery Improvements	2006	955,217.34	39,635	20	39,635		132,118	6
7	Radiology Remodeling	2006	4,630.00	463	20	463		1,544	7
8	Warehouse Improvements	2006	31,076.00	2,331	20	2,331		7,769	8
9	Energy Management	2006	43,034.83	709	20	709		2,363	9
10	Co-Generation System	2006	3,137.04	176	20	176		588	10
11	HVAC Improvements	2006	7,094.65	399	20	399		1,330	11
12	Cath Lab Remodeling	2006	35,291.16	253	20	253		844	12
13	Window Replacement	2006	3,120.00	429	20	429		1,430	13
14	Cafeteria Remodeling	2006	39.53	2	20	2		7	14
15	Daycare Carpeting	2006	4,361.42	601	20	601		2,003	15
16	Geriatric Psych Construction	2007	2,929.74	201	20	201		537	16
17	Pharmacy Project	2007	1,895.00	569	20	569		1,516	17
18	POB Improvements	2007	100,026.96	8,310	20	8,310		22,160	18
19	Nuclear Med Project	2007	24,814.95	1,888	20	1,888		5,034	19
20	Dialysis Building Improv.	2007	222,007.81	133	20	133		355	20
21	Registration Project	2007	8,082.00	404	20	404		1,078	21
22	Purchasing Project	2007	6,245.36	52	20	52		139	22
23	Surgery Construction	2007	8,324.00	624	20	624		1,665	23
24	Radiology Improvements	2007	5,786.00	293	20	293		781	24
25	Eye Center Project	2007	18,500.00	5,088	20	5,088		13,567	25
26	C.T. Project	2007	21,670.30	60	20	60		160	26
27	Energy Management	2007	244,270.44	12,675	20	12,675		33,801	27
28	Cath Lab/Angio	2007	426,002.68	15,477	20	15,477		41,271	28
29	3 North Improvements	2007	867.00	5	20	5		14	29
30	CMS Survey Arch	2008	2,799.45	140	20	140		350	30
31	CT Project	2008	249,674.73	12,484	20	12,484		31,209	31
32	HVAC Improvements	2008	28,879.70	1,925	15	1,925		4,813	32
33	Sprinkler Heads	2008	18,000.00	720	25	720		1,800	33
34	TOTAL (lines 1 thru 33)		$ 108,417,349	$ 6,118,310		$ 6,118,310	$	$ 83,004,061	34

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 108,417,349	$ 6,118,310		$ 6,118,310	$	$ 83,004,061	1
2	Signage	2008	435.05	44	10	44		109	2
3	POB Improvements	2008	12,946.08	863	15	863		2,158	3
4	POB Carpets	2008	4,050.00	810	5	810		2,025	4
5	Purchasing Project	2008	51,648.00	2,582	20	2,582		6,456	5
6	Radiology Improvements	2008	20,081.00	1,004	20	1,004		2,510	6
7	2 West Remodeling	2009	601,797.40	15,045	20	15,045		45,135	7
8	2 West HVAC	2009	28,426.00	948	15	948		2,843	8
9	2 West Locks	2009	12,673.50	634	10	634		1,901	9
10	2 West Decorating	2009	6,112.38	611	5	611		1,834	10
11	5 West Improvement	2009	568,551.90	14,214	20	14,214		42,641	11
12	5 West HVAC	2009	57,345.00	1,912	15	1,912		5,735	12
13	5 West Project	2009	10,133.29	507	10	507		1,520	13
14	6 West Project	2009	234,531.16	5,863	20	5,863		17,590	14
15	Wallpapering	2009	1,572.32	157	5	157		472	15
16	Miscellaneous Improvements	2009	55,365.74	2,768	10	2,768		8,305	16
17	Miscellaneous Improvements	2009	196,462.62	4,912	20	4,912		14,735	17
18	Chapel Project	2009	3,550.08	89	20	89		266	18
19	CT Project	2009	5.13	0	20	0		0	19
20	Suite 506 Improvement	2009	1,880.00	47	20	47		141	20
21	Suite 506 Improvement	2009	3,810.00	127	15	127		381	21
22	HVAC Improvements	2009	3,372.50	112	15	112		337	22
23	LDR Suite Project - Misc	2009	33,426.00	1,114	15	1,114		3,343	23
24	LDR Suite Project	2009	874,531.02	21,863	20	21,863		65,590	24
25	Loyola Misc Project	2009	31,393.47	785	20	785		2,355	25
26	Loyola Misc Project	2009	2,160.00	108	10	108		324	26
27	Miscellaneous Improvements	2009	1,940.00	49	20	49		146	27
28	Miscellaneous Improvements	2009	5,610.00	561	5	561		1,683	28
29	Morgue Project	2009	175,747.96	4,394	20	4,394		13,181	29
30	Morgue HVAC	2009	5,000.00	167	15	167		500	30
31	Morgue Locks	2009	641.62	32	10	32		96	31
32	Waiting Remodeling	2009	71,626.81	1,791	20	1,791		5,372	32
33	POB Misc	2009	15,013.00	1,501	5	1,501		4,504	33
34	TOTAL (lines 1 thru 33)		$ 111,509,188	$ 6,203,922		$ 6,203,922	$	$ 83,258,246	34

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 111,509,188	$ 6,203,922		$ 6,203,922	$	$ 83,258,246	1
2	POB Misc	2009	1,297	130	10	130		195	2
3	POB Misc	2009	8,070	404	20	404		605	3
4	Purchasing Project	2009	450	23	20	23		34	4
5	Sleep Lab Project	2009	10,886	544	20	544		816	5
6	Painting	2009	5,960	1,192	5	1,192		1,788	6
7	Suite 206 Paint	2009	17,778	3,556	5	3,556		5,333	7
8	Suite 206 Signs	2009	176	18	10	18		26	8
9	Suite 206 Improvement	2009	19,862	993	20	993		1,490	9
10	FIBER TERMINATION	2008	4,275	855	5	855		855	10
11	(20) NONOSA RESULT HIGH BACK SWIVEL TILT CHAIRS	2009	5,720	191	15	191		191	11
12	MISC FURNITURE FOR OFFICE AREA	2009	12,588	420	15	420		420	12
13	(12)KYOCERA PRINTERS - 50%	2009	7,350	735	5	735		735	13
14	TELEPHONE CONSOLE	2009	1,320	132	10	132		132	14
15	ATTENDANT TELEPHONE CONSOLE	2009	1,295	65	10	65		65	15
16	ATTENDANT TELEPHONE CONSOLE	2009	1,495	75	10	75		75	16
17	KRONOS TIME & MATERIAL TO REBUILD KRONOS APPLIC	2009	500	83	3	83		83	17
18	FATPIPE WARP REPLACEMENT UNIT	2009	4,500	450	5	450		450	18
19	DIALOGIC D 120 JCTLSEW	2009	5,639	1,128	5	1,128		1,128	19
20	SYMANTEC MAIL SECURITY	2009	3,908	651	3	651		651	20
21	(2)FUJITSU FI-6130 SCANNER	2009	1,786	179	5	179		179	21
22	(2)MFE FIREWALL ENTERPRISE 2100E APPLIANCE	2009	35,000	3,500	5	3,500		3,500	22
23	OPTIPLEX 760 SFF	2009	1,019	102	5	102		102	23
24	SERVERS,DRIVES,NETWORK DEVICES	2009	210,687	21,069	5	21,069		21,069	24
25	TAPE LIBRARY & TAPES FOR SERVERS	2009	5,758	576	5	576		576	25
26	POWER VAULT TL4000	2009	7,775	778	5	778		778	26
27	REPLACEMENT RCS	2009	8,230	823	5	823		823	27
28	WEB SERVER	2009	6,425	643	5	643		643	28
29	DELL VOSTRO 1520 LAPTOP	2009	1,328	221	3	221		221	29
30	VIZIO 32" VO32E 72OP LCD HDTV	2009	443	44	5	44		44	30
31	(4)BACK-UP ES 550VA 5-15P	2009	234	23	5	23		23	31
32	EXTREME NETWORK SUMMIT X450E-48P	2009	15,467	1,547	5	1,547		1,547	32
33	EXTREME NETWORK SUMMIT X450E-48P	2009	10,177	1,018	5	1,018		1,018	33
34	TOTAL (lines 1 thru 33)		$ 111,926,585	$ 6,246,086		$ 6,246,086	$	$ 83,303,839	34

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ See	$	$	$		$	71
72	Current Year Purchases	Previous						72
73	Fully Depreciated Assets	Schedules						73
74								74
75	TOTALS	$	$	$	$		$	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	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)	$	7,775,362	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	428,310	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$	428,310	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$		84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	5,852,973	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 Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2011	$
13.	/2012	$
14.	/2013	$

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 Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

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.

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							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			$		$	$		$	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 Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2010 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 34,879,091	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,439,432)	13,965,279		3
4	Supply Inventory (priced at COST)	2,657,012		4
5	Short-Term Investments			5
6	Prepaid Insurance	2,604,728		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due From Affiliates	7,983,839		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 62,089,949	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	4,894,899		13
14	Buildings, at Historical Cost	123,668,290		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	52,777,398		16
17	Accumulated Depreciation (book methods)	(126,634,216)		17
18	Deferred Charges	293,000		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 Self Insurance	75,374		22
23	Other(specify): Inv in PHO/Other	326,420		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 55,401,165	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 117,491,114	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 4,416,868	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	7,311,206		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
	Other Current Liabilities(specify):			
36	Accrued Other	2,593,564		36
37	Third Party Settlement	18,836,737		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 33,158,375	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	13,866		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Reserve for Self Insurance	20,177,000		43
44	Pension Funding	28,230,083		44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 48,420,949	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 81,579,324	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 35,911,790	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 117,491,114	$	48

***(See instructions.)**

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 27,304,457	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 27,304,457	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	9,754,747	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		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) Decrease in Market Value	(1,147,414)	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 8,607,333	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 35,911,790	24 *

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 734,965,352	1
2	Discounts and Allowances for all Levels	(606,972,499)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 127,992,853	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 10,626,961	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)	1,695,135	27
28		49,001	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,744,136	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 140,363,950	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	130,609,203	31
32	Health Care		32
33	General Administration		33
	B. Capital Expense		
34	Ownership		34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 130,609,203	40
41	**Income before Income Taxes (line 30 minus line 40)****	9,754,747	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 9,754,747	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,808	2,114	$ 106,122	$ 50.20	1
2	Assistant Director of Nursing					2
3	Registered Nurses	27,008	31,208	1,083,935	34.73	3
4	Licensed Practical Nurses	4,989	5,804	134,014	23.09	4
5	CNAs & Orderlies	18,874	22,048	274,293	12.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,655	1,936	35,836	18.51	9
10	Activity Assistants	1,776	1,976	30,154	15.26	10
11	Social Service Workers	1,010	1,119	29,078	25.99	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	3,707	4,194	131,816	31.43	22
23	Office Manager					23
24	Clerical	4,145	4,765	61,263	12.86	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) GMH OH Salaries	22,715	26,278	432,510	16.46	33
34	TOTAL (lines 1 - 33)	87,687	101,442	$ 2,319,021 *	$ 22.86	34

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

** See instructions.

B. CONSULTANT SERVICES

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

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Allocation from GMH	ADM	0	$ 68,885
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 68,885

B. Administrative - Other

Description	Amount
Allocation from GMH Admin and General	$ 114,410
TOTAL (agree to Schedule V, line 17, col. 3)	$ 114,410
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 39,177
Unemployment Compensation Insurance	1,256
FICA Taxes	135,955
Employee Health Insurance	174,445
Employee Meals	0
Illinois Municipal Retirement Fund (IMRF)*	0
Pension	211,184
Attendance Bonus	12,492
HRP/EAR	218
Tuition Refunds	3,089
Cafeteria	10,592
Other Insurance	15,013
TOTAL (agree to Schedule V, line 22, col.8)	$ 603,421

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed ____)	
Patient Background Checks	
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

**See instructions.

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

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	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Gottlieb Memorial Hospital # 8008518 Report Period Beginning: 06/30/2009 Ending: 06/30/2010

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **No**
If YES, give association name and amount. **No**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report?

(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. $ **0** Line

(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. $ **0**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **N/A**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** 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. $ **10,592** Has any meal income been offset against related costs? **No** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients?
d. Have vehicle usage logs been maintained?
e. Are all vehicles stored at the nursing home during the night and all other times when not in use?
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
g. Does the facility transport residents to and from day training? No
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 & Touche**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.

GOTTLIEB MEMORIAL HOSPITAL
FISCAL YEAR 2010
Ownership Costs FYE 06/30/2010 Additions
Supplemental Schedules to Page 12

	Improvement Type	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
	Total from Page 12i		**111,926,585**	**6,246,086**		**6,246,086**		**83,303,839**
10243	(4)OPTIPLEX 760	2009	3,970	397	5	397		397
10250	LSS MEDICAL & PRACTICE MGNT APPLICATION	2009	18,500	3,083	3	3,083		3,083
10251	MEDITECH MEDICAL & PRACTICE MGNT SOFTWAF	2009	9,308	1,551	3	1,551		1,551
10252	PICIS INTERFACE MEDITECH	2009	11,000	1,833	3	1,833		1,833
10254	(5)PHILIPS SPEECH MIKE PRO 5276 TRACKBALL	2009	1,218	122	5	122		122
10256	PHYSICIAN CARE MANAGER - 40%	2009	96,540	16,090	3	16,090		16,090
10258	(2)DRAGON MEDICAL 10 PC	2009	3,608	361	5	361		361
10180	FUJITSU F-6670-FBSCAN	2009	4,122	412	5	412		412
10186	BACK-UPS ES FOR DELL OPTIPLEX 760SFF	2009	64	6	5	6		6
10193	MAINT FOR FUJITSU F-6670 FBSCANNER	2009	850	85	5	85		85
10235	DELL OPTIPLEX 760SFF COMPUTER	2009	978	98	5	98		98
10253	BIZHUB 222 COPIER	2009	4,198	420	5	420		420
10266	(32)WALL MOUNT MERCURY FREE BLOOD PRESSI	2009	3,024	252	6	252		252
10202	TCP02 ELECTRODE	2009	1,476	246	3	246		246
10261	(31)BLOOD PRESSURE - WALL MOUNTED	2009	2,930	244	6	244		244
10271	BLOOD PRESSURE WALL MOUNT	2009	95	8	6	8		8
10183	QUINTON MEDTRACK TREADMILL	2009	5,890	196	15	196		196
10184	NUSTEP RECUMBENT STEPPER	2009	5,252	175	15	175		175
10204	(2)AFFINITY BIRTHING BED W CALF SUPPORT	2009	31,664	1,055	15	1,055		1,055
10203	(10) 4 SEAT TANDUM SEATING W CENTER ARMS	2009	5,819	194	15	194		194
10305	GLIDESCOPE SYSTEM	2009	22,811	2,281	5	2,281		2,281
10144	UPRIGHT FREEZER - 30%C 24.5 CU FT MANUAL DE	2009	5,312	266	10	266		266
10145	ROBOTIC STAINER,COVER SLIPPER & SYSTEM LIN	2009	83,482	5,963	7	5,963		5,963
10257	LOADING CART W TRANSFER CARRIAGE	2009	8,228	411	10	411		411
10272	ASSEMBLY CHARGE FOR STERILIZATION LOADIN(	2009	450	23	10	23		23
10224	(15)CRASH CARTS	2009	13,483	674	10	674		674
10143	SOFTWARE UPGRADE FOR U/S MACHINE	2009	9,467	3,156	3	3,156		3,156
10187	(3)UTRADA FORCEP FOR CATARACTS	2009	1,392	174	8	174		174
10188	INSTRUMENTS FOR EYE TRAYS-CATARACT	2009	6,437	402	8	402		402
10213	CAPSULAR TENSION RING-EYE TRAY INST	2009	1,068	67	8	67		67
10223	HIGH DEFINITION VIDEO SYSTEM	2009	252,738	25,274	5	25,274		25,274
10237	MICRO CART & ROLL STAND FOR VIDEO SYSTEM	2009	2,121	212	5	212		212
10263	VASCULAR TUNNELER SYSTEM	2009	2,599	130	10	130		130
10267	(2)FIBEROPTIC LIGHT GUIDE	2009	1,364	136	5	136		136
10268	GRAFTMASTER II SYSTEM	2009	2,600	130	10	130		130
10270	VIDEO SYSTEM HARDWARE	2009	8,717	872	5	872		872
10273	GRAFTMASTER II SYSTEM	2009	1,166	58	10	58		58
10290	BIG BACK TABLE	2009	1,847	62	15	62		62
10344	DUAL CHANNEL URETEROSCOPE - 0 DEGREE	2009	2,879	480	3	480		480
10236	PHANTOM FOR CT	2009	4,387	313	7	313		313
10222	(4)ESPIRIT RESPIRONICS VENTILATORS	2009	68,417	3,421	10	3,421		3,421
10262	(2)DINAMAP BLOOD PRESSURE MACHINE,DURACL	2009	3,772	314	6	314		314
10142	STD DESKTOP OPTIPLEX 760	2009	964	96	5	96		96
10217	(6)OPTIPLEX 761 SFF & BACK-UPS ES 550VA	2009	6,215	622	5	622		622
10160	DOUBLE STACK CONVENTION OVEN - ELECTRIC V	2009	10,308	1,031	10	1,031		1,031
10216	STRADDLE HIGHLIFT	2009	1,132	57	10	57		57
10157	FUJITSU FI-6670 FB SCANNER	2009	4,123	412	5	412		412
10171	MAINT ON FUJITSU F1-6670 FB SCAN	2009	850	85	5	85		85
10178	SUPPORT & IMPL - CIGNA	2009	763	127	3	127		127
10289	HPTS TX2-137OUS LAPTOP	2010	1,048	175	3	175		175
10308	LAPTOP 3 YEAR SUPPORT	2010	338	56	3	56		56
10274	(12)KYOCERA PRINTERS	2010	7,350	735	5	735		735
10320	SERVER FOR PAGING SYSTEM	2010	3,495	350	5	350		350
10275	MEDITECH PHYSICIAN CARE MANAGER - 40%	2010	96,540	16,090	3	16,090		16,090
10286	DELL POWER EDGE R710 SERVER	2010	7,182	718	5	718		718
10287	(2)OPTIPLEX 760 W BACK-UPS	2010	2,149	215	5	215		215
10299	LT04 TAPE DRIVE W SAS CABLE	2010	4,570	457	5	457		457
10300	EMC CX4 DAE 300GB 15K RPM DRIVE	2010	21,014	2,101	5	2,101		2,101
10301	(4)OPTIPLEX 760 SFF & BACKUPS	2010	4,060	406	5	406		406
10314	LSS MEDICAL & PRACTICE MGT APPLICATION	2010	92,700	15,450	3	15,450		15,450
10316	MEDITECH MEDICAL & PRACTICE MGMT SOFTWAF	2010	37,230	6,205	3	6,205		6,205
10318	SNMP WEB CARD	2010	175	18	5	18		18
10322	READ STATION DRAGON MEDICAL 10	2010	1,790	179	5	179		179
10334	PHYSICIAN CARE MANAGER 10%	2010	24,135	4,023	3	4,023		4,023
10339	CHECK POINT FULL DESK ENCRYPTION	2010	780	130	3	130		130
10340	TRAVEL - PHYSICIAN CARE MANAGER	2010	2,457	410	3	410		410
10343	(16)SNMP WEB ADAPTER-UPS, UPS TRIPP LITE	2010	12,767	1,277	5	1,277		1,277
10346	PICIS INTERFACE MEDITECH/MEDMINED	2010	15,200	2,533	3	2,533		2,533
10347	UPS TRIPP LITE	2010	130	13	5	13		13
10367	LAPTOP	2010	2,211	369	3	369		369
10382	LSS MEDICAL & PRACTICE MGMT APPLICATION	2010	878	146	3	146		146
10386	EPSON FX 890N DOT-MATRIX PRINTER	2010	1,035	104	5	104		104
10387	(77)DELL STANDARD DESKTOP	2010	70,329	7,033	5	7,033		7,033
10389	LSS MEDICAL & PRACTICE MGMT SET-UP & CONF	2010	10,000	1,667	3	1,667		1,667
10390	REPLACEMENT STORAGE & BACKUP SERVER	2010	109,920	10,992	5	10,992		10,992
10394	DELL STANDARD PC	2010	1,747	175	5	175		175
10409	3 PATCH PANEL 48 PORTS,200 PATCH CABLE 3 FT	2010	1,800	180	5	180		180
10410	VOCERA MESSAGING INTERFACE	2010	25,470	2,547	5	2,547		2,547
10416	MCAFEE UTM FIREWALL SG560	2010	480	80	3	80		80
10417	60 IMATION LTO3 TAPES,10 14' CAT 6 CABLE	2010	1,794	179	5	179		179
10419	(4) HP SB 2740P 15-520M 160 GB 2GB 7XT	2010	6,331	633	5	633		633
10420	SONICWALL TZ 100 SEC APP	2010	260	43	3	43		43
10421	(4)HPE 3YR DEPOT & ADP & COMPUTRACE	2010	641	107	3	107		107
10422	REPLACEMENT STORAGE/BACKUP SERVERS	2010	5,515	551	5	551		551
10423	(46)1 GB REPLACEMENT MEMORY MODULE FOR D	2010	1,790	179	5	179		179
10424	(4)POWER VAULT 114T	2010	13,327	1,333	5	1,333		1,333
10425	POWERVAULT TL4000	2010	12,978	1,298	5	1,298		1,298
10426	DELL POWEREDGE R510	2010	4,845	485	5	485		485
10427	OPTIPLEX 380 STANDARD & BACKUP	2010	946	95	5	95		95
10432	NETSAFE, INSTALL & MAINT	2010	13,800	2,300	3	2,300		2,300
10433	IPEOPLE CONNECT LIC & IMPL	2010	67,600	11,267	3	11,267		11,267
10435	MEDITECH MEDICAL & PRACTICE MANAGEMENT -	2010	38,378	6,396	3	6,396		6,396
10443	VOICE RECOGNITION SYSTEM FOR PATIENT CHAF	2010	8,513	851	5	851		851
10291	VERI MOVE - SOFTWARE	2010	2,420	242	5	242		242
10302	ICE MACHINE/WATER COOLER	2010	4,516	226	10	226		226
10306	(6)DIGITAL TELEPHONE	2010	2,235	112	10	112		112
10317	GRAPHIC DRY ERASE BOARDS	2010	5,012	251	10	251		251
10369	WHEELCHAIR SCALE W SIDE RAILS	2010	1,896	95	10	95		95
10377	FURNITURE	2010	138,860	4,629	15	4,629		4,629
10383	(2)FOLLETT MEDICAL GRADE REFRIGERATOR	2010	3,380	169	10	169		169
10391	(25)PHILIPS 22" LCD TV	2010	16,848	1,685	5	1,685		1,685
10429	500 LB SMART STAND W/SCALE	2010	6,064	303	10	303		303
10440	(32)SYMMETRY PLUS - MOBILE PATIENT ROOM RE	2010	44,108	1,470	15	1,470		1,470
10319	GLIDESCOPE SYSTEM	2010	27,764	1,983	7	1,983		1,983
10321	MEDITHERM III HYPER/HYPO SYSTEM	2010	6,250	313	10	313		313
10428	CARDIAC OUTPUT & SVO2 MONITORS	2010	61,826	4,416	7	4,416		4,416
10430	(13)RECONDITIONED SPORT BEDS	2010	284,201	9,473	15	9,473		9,473
10288	HEINE STANDARD "C" BATTERY OPERATED HAND	2010	1,535	153	5	153		153
10388	AUTO LOCKING CART -SLATE BLUE	2010	3,591	180	10	180		180
10315	QUINTON MEDTRACK CR60 TREADMILL	2010	6,197	310	10	310		310
10436	DOUBLE WARMING CABINET	2010	6,900	230	15	230		230
10338	HYPOTHERMIA SYSTEM	2010	4,650	233	10	233		233
10324	(3)BIG WHEEL MOBILITY STRETCHER	2010	17,896	597	15	597		597
10337	LCD TV 42"	2010	980	98	5	98		98
10381	FRAMING & INSTALL ARTWORK	2010	2,681	134	10	134		134
10418	10 HP ELITEBOOK 2730P LAPTOPS	2010	17,055	2,843	3	2,843		2,843
10349	STERIS RELIANCE EPS	2010	535	89	3	89		89
10350	SIEMENS BREAKERS FOR STERIS RELIANCE EPS	2010	361	60	3	60		60
10380	ERBE ELECTROSURGICAL GENERATOR & ACCES!	2010	16,389	1,171	7	1,171		1,171
10439	STERIS RELIANCE EPS	2010	76,465	5,462	7	5,462		5,462
10373	BIZHUB 25 COPIER	2010	4,199	420	5	420		420
10442	BLOOD BANK ANALYZER - PROVUE INSTRUMENT	2010	91,500	9,150	5	9,150		9,150
10434	STERRAD NX & ACCESSORIES	2010	48,133	2,407	10	2,407		2,407
10408	HYPO-HYPERTHERMIA UNIT	2010	4,650	233	10	233		233
10431	(25) I.V. PUMPS	2010	37,500	1,875	10	1,875		1,875
10336	PATIENT MONITOR	2010	4,844	346	7	346		346
10309	(2)WILSON FRAME PAD SET	2010	2,139	214	5	214		214
10310	SPECTRUM SUTURE PASSER SYSTEM	2010	7,502	1,250	3	1,250		1,250
10323	7MM SCOPE	2010	3,035	304	5	304		304
10335	SPIDER ARM RETRACTOR	2010	14,443	1,444	5	1,444		1,444
10341	HD LAPAROSCOPES	2010	37,413	6,236	3	6,236		6,236
10342	ORTHOPEDIC SURGERY TABLE	2010	1,139	57	10	57		57
10374	GYN BLADDER RESECTOSCOPE TRAY	2010	4,205	210	10	210		210
10375	MICRO CART	2010	1,734	87	10	87		87
10376	KOH RING SETS	2010	2,507	125	10	125		125
10379	DIAGNOSTIC HYSTEROSCOPE SET	2010	8,700	435	10	435		435
10406	UTRADA FORCEP	2010	881	55	8	55		55
10407	CAPSULAR TENSION RING	2010	443	28	8	28		28
10411	CATARACT INSTRUMENT TRAY	2010	1,329	83	8	83		83
10412	EYE SPECULUM	2010	592	37	8	37		37
10413	LEG HOLDER	2010	2,502	83	15	83		83
10415	VARIOUS EYE INSTRUMENTS	2010	12,552	785	8	785		785
10441	SYSTEM SIX SAW W ATTACHMENTS	2010	42,400	2,120	10	2,120		2,120
10368	(15)SLED-BASED GUEST CHAIRS	2010	2,067	69	15	69		69
10385	5 LAPTOPS	2010	11,000	1,833	3	1,833		1,833
10307	GENERATOR MODEL 1500X RF GENERATOR	2010	27,500	2,750	5	2,750		2,750
10269	HOT DOG ROLLER GRILL W SNEEZEGUARD	2010	775	39	10	39		39
10437	AYR TABLE/CARTS/COUNTER/CABINETS	2010	81,804	4,090	10	4,090		4,090
10438	FREEZER, REFRIGERATOR,OVEN, COUNTER,ICE M	2010	22,414	1,121	10	1,121		1,121
10348	SPOT COOLER	2010	3,019	101	15	101		101
10414	CARDIO PATIENT MONITOR & EQUIPMENT	2010	1,239,454	88,532	7	88,532		88,532
10378	AQUACLEAN CARPET EXTRACTOR	2010	1,398	140	5	140		140
	Total CY Additions		**111,926,585**	**6,246,086**		**6,246,086**		**83,303,839**
	Land Improvements	1976	4,301	-	15-20	-		4,301
	Land Improvements	1977	198,253	-	10-15	-		198,253
	Land Improvements	1978	27,586	-	10-15	-		27,586
	Land Improvements	1979	55,686	-	12-15	-		55,686
	Land Improvements	1980	12,600	-	5	-		12,600
	Land Improvements	1982	42,796	-	10-12	-		42,796
	Land Improvements	1983	17,983	-	10-12	-		17,983
	Land Improvements	1984	57,682	-	10-12	-		57,682
	Land Improvements	1985	1,669,559	-	10-15	-		1,669,559
	Land Improvements	1986	668,352	409	5-25	409		668,158
	Land Improvements	1987	421,090	2,816	5-25	2,816		417,962
	Land Improvements	1988	55,285	2,948	10-25	2,948		55,805
	Land Improvements	1989	85,543	-	2-15	-		85,543
	Land Improvements	1990	76,987	-	10	-		76,987
	Land Improvements	1991	21,910	-	10	-		21,910
	Land Improvements	1992	99,765	4,043	10-25	4,043		95,059
	Land Improvements	1993	155,563	3,659	10-20	3,659		158,763
	Land Improvements	1994	18,654	785	10-12	785		20,747
	Land Improvements	1995	125,207	11,195	2-20	11,195		129,057
	Land Improvements	1996	60,293	3,685	5-20	3,685		48,847
	Land Improvements	1997	26,467	3,676	10-20	3,676		32,547
	Land Improvements	1998	281,717	32,986	10-20	32,986		290,330
	Land Improvements	1999	113,685	15,159	10-20	15,159		117,111
	Land Improvements	2000	108,414	15,889	10-20	15,889		110,317
	Land Improvements	2001	64,570	4,844	10-20	4,844		30,406
	Land Improvements	2002	9,170	689	10-20	689		3,825
	Land Improvements	2004	221,698	41,544	10-21	41,544		177,632
	Land Improvements	2005	150,540	27,621	15	27,621		101,293
	Land Improvements	2006	3,797	255	15	255		847
	Land Improvements	2007	23,702	1,778	20	1,778		4,740
	Land Improvements	2008	2,900	290	15	290		580
	Land Improvements	2009	196,038	24,894	10	24,894		37,341
	Total CY Depreciation For Hospital		**117,004,377**	**6,445,251**		**6,445,251**		**88,076,092**
	Less Amount Not Allocated to Extended Care Unit		(109,229,015)	(6,016,941)		(6,016,941)		(82,223,119)
	Total CY Depreciation For Extended Care Unit		7,775,362	428,310		428,310		5,852,973

Ownership Costs

% Allocations

Total GMH Square Feet	282,312
Less Overhead	(101,464)
Total less OH	180,848
Total TCU Square Feet	12,018
TCU Allocation	6.65%
Total Ownership Depreciation	6,445,251
% TCU Allocation	6.65%
Total Allocated to TCU	428,310
Total Ownership Costs	117,004,377
% TCU Allocation	6.65%
Total Allocated to TCU	7,775,362
Total Accumulated Depreciation	88,076,092
% TCU Allocation	6.65%
Total Allocated to TCU	5,852,973