

Williams, Cathy

From: Eskilson, John
Sent: Monday, July 25, 2011 3:17 PM
To: Williams, Cathy
Subject: FW: 2010 Homestead Cost Report
Attachments: 2010 Cost Report.pdf; 2004to2010HomesteadCostReportSummary (2)7.22.11.xls

From: Gruchacz, Stephen
Sent: Monday, July 25, 2011 3:07 PM
To: Eskilson, John
Subject: 2010 Homestead Cost Report

I updated the graph

Thank You.

Stephen Gruchacz
Administrator
Sussex County Department of Human Services
973-579-0559 ext 1227
sgruchacz@sussex.nj.us

NOTICE OF CONFIDENTIALITY

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*increase in Medicaid rates
not pushed up on 2010 rates*

PROVIDER NO. 31-5378 SUSSEX COUNTY HOMESTEAD
PERIOD FROM 1/1/2010 TO 12/31/2010

KPMG COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2540-96

VERSION: 2010.10 01/25/2011
05/20/2011 10:04

SKILLED NURSING FACILITY AND SKILLED NURSING
FACILITY HEALTH CARE COMPLEX COST REPORT

WORKSHEET S
PARTS I & II

INTERMEDIARY () AUDITED
USE ONLY: () DESK REVIEWED

DATE RECEIVED ___/___/___ [XX] INITIAL ()
INTERMEDIARY NO. _____ [] FINAL

RE-OPENED

PART I - CERTIFICATION

CHECK
APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT
MANUALLY SUBMITTED COST REPORT

DATE: 05/20/2011
TIME: 10:04:27

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SUSSEX COUNTY HOMESTEAD (31-5378) BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 05/20/2011 10:04
0zPgm:eh0XzEjoc8ipN.862acKhpXJO
9Diz.00IN3KN98AskocJzDXTc(Qxd7
5djR0Z9L4IOx6Dzi

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PI Encryption: 05/20/2011 10:04
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PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	SKILLED NURSING FACILITY	1		4	1
3	NURSING FACILITY				3
3.10	ICF/MR				3.10
4	SNF-BASED HOME HEALTH AGENCY				4
5	SNF-BASED CORF				5
5.10	SNF-BASED CMHC				5.10
5.20	SNF-OTHER OPT				5.20
6	SNF-BASED RHC				6
7	TOTAL		31257		7

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

EXHIBIT 1

FORM APPROVED
OMB NO. 0938-0301

This questionnaire is required under the authority of sections 1815 (a) and 1833 (e) of the Social Security Act. Failure to submit this questionnaire will result in suspension of Medicare payments.

To the degree that the information in CMS-339: 1) constitutes commercial or financial information which is confidential, and/or 2) is of highly sensitive personal nature, the information will be protected from release under the Freedom of Information Act.

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE
(You MUST USE Instructions For Completing This Form
Located in PRM-II, §§1100ff.)

Provider Name: SUSSEX COUNTY HOMESTEAD Provider Number (s) : 31-5378

Filed with Form CMS- _____ Period: _____
// 287 // 1728 // 2552 // 2088 / X/ 2540 // 2540S From January 1, 2010
// _____ (Other Specify) To December 31, 2010

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS QUESTIONNAIRE MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER (S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying information prepared by SUSSEX COUNTY HOMESTEAD 31-5378 (Provider name (s) and number (s)) for the cost report period beginning January 1, 2010 and ending December 31, 2010, and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider (s) in accordance with applicable instructions, except as noted.

(Signed) *[Signature]*
Officer or Administrator of Provider (s)

05/26/09 Date *Administrator* Title

HEALTH CARE RESOURCES (609) 987-1440 PHONE (609) 987-8370 FAX
Name and Telephone of Person to Contact for More Information

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
<p>NOTE: 42 CFR 413.20 and instructions contained in the PRM-1 require that the provider maintain adequate financial and statistical data necessary for the intermediary to use for a proper determination of costs payable under the program. Providers are, therefore, required to maintain and have available for audit all records necessary to verify the amounts and allowability of costs and equity capital included in the filed cost report. Failure to have such records available for review by fiscal intermediaries acting under the authority of the Secretary of the Department of Health and Human Services will render the amount claimed in the cost report unallowable.</p> <p>A. <u>Provider Organization and Operation</u></p> <p>1. The provider has:</p> <p>a. Changed Ownership. If "yes", submit name and address of new owner, date of change copy of sales agreement, or any similar agreement affecting change of ownership.</p> <p>b. Terminated participation. If "yes", list date of termination, and reason (Voluntary/Involuntary).</p> <p>2. There have been significant changes in management personnel during the cost reporting period. If "yes", attach list of names and positions.</p> <p>3. The provider's organizational chart has changed. If "yes", submit copy and date of change.</p> <p>4. The provider, members of the board of directors, officers, medical staff or management personnel are associated with or involved in business transactions with the following:</p> <p>a. Related organizations, management contracts and services under arrangements as owners (stockholders), management, by family relationship, or any other similar type relationship.</p>		X	
		X	
			X
			X
		X	

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
<p>b. Management personnel of major suppliers of the provider (drug, medical supply companies, etc.). If "yes" to question 4a and/or 4b, attach a list of the individuals, the organizations involved, and description of the transactions.</p>		X	
<p>5. The provider's Articles of Incorporation and/or Corporate By-Laws or partnership agreement have changed. If "yes", submit copy and date of change as well as a summary of expenses incurred (e.g., Legal and Accounting).</p>			X
B. Financial Data and Reports			
<p>1. During this cost reporting period, the financial statements are prepared by Certified Public Accountants or Public Accountants (submit complete copy or indicate available date) and are:</p> <p>a. Audited;</p> <p>b. Compiled; and COUNTY GOVERNMENT</p> <p>c. Reviewed.</p>	X	X X	
<p>NOTE: Where there is no affirmative response to the above described financial statements, attach a copy of the financial statements prepared and a description of the changes in accounting policies and practices if not mentioned in those statements.</p>			
<p>2. Cost report total expenses and total revenues differ from those on the filed financial statement. If "yes", submit reconciliation.</p>		X	
<p>3. The cost report was prepared by the provider's independent accountant or consultant. If "yes", list the preparers:</p> <p>Name <u>Health Care Resources</u></p> <p>Address <u>12 Roszel Road, Suite C-102</u></p> <p>City <u>Princeton</u> State <u>NJ</u></p> <p>Zip <u>08540</u></p>		X	

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
C. Capital Related Cost			
<p>1. Assets have been relifed for Medicare purposes. If "yes", attach detailed listing of these specific assets, by classes, as shown in the Fixed Asset Register.</p> <p>NOTE: For cost reporting periods beginning on or after October 1, 1991 and before October 1, 2001, under the capital - PPS consistency rule (42 CFR 412.302 (d)), PPS hospitals are precluded from relifing old capital.</p>			X
<p>2. Due to appraisals made during this cost reporting period, changes have occurred to Medicare depreciation expense. If "yes", attach copy of Appraisal Report and Appraisal Summary by class of asset.</p>			X
<p>3. New leases and/or amendments to existing leases for land, equipment, or facilities with annual rental payment in excess of the amounts listed in the instructions, have been entered into during this cost reporting period. If "yes", submit a listing of these new leases and/or amendments to existing leases that have the following information:</p> <ul style="list-style-type: none"> • A new lease or lease renewal; • Parties to the lease; • Period covered by the lease; • Description of the asset being leased; and • Annual charge by the lessor. <p>NOTE: Providers are required to submit copies of the lease, or significant extracts, upon request from the intermediary.</p>			X
<p>4. There have been new capitalized leases entered into during the current cost reporting period. If "yes", attach a list of the individual assets by class, the department assigned to, and respective dollar amounts for all capitalized leases in accordance with the thresholds discussed in the instructions.</p>			X

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
5. Assets which were subject to §2314 of DEFRA were acquired during the period. If "yes", supply a computation of the basis.			X
6. Provider's capitalization policy changed during the cost reporting period. If "yes", submit copy.			X
7. Obligated capital has been placed into use during the cost reporting period. If "yes", attach schedule listing each project, the cost of these projects and the date placed into service for patient care.			X
8. Provider's capital assets have been utilized for personal use. If "yes", submit detail of items which are not reimbursed by the employee or not reported to the IRS as an element of the employee's compensation.			X
D. Interest Expense			
1. New loan, mortgage agreements or letters of credit were entered into during the cost reporting period. If "yes", state the purpose and submit copies of debt documents and amortization schedules.			X
2. The provider has a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account. If "yes", submit a detailed analysis of the funded depreciation account for the cost reporting period. (See CMS PRM-1, §226.4.)			X
3. Provider replaced existing debt prior to its scheduled maturity with new debt. If "yes", submit support for new debt and calculation of allowable cost. (See §233.3 for description of allowable cost.)			X
4. Provider recalled debt before scheduled maturity without issuance of new debt. If "yes", submit detail of debt cancellation costs. (See §215 for description and treatment of debt cancellation costs.)			X

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
<p>E. Insurance</p> <p>Provider has changed from an insurance program to self-insurance, changed funding arrangements, or significantly changed the deductible and copayment relationships.</p> <p>If "yes", submit a listing of appropriate insurance policies, agreements or contracts which reflect these changed arrangements.</p> <p>NOTE: Providers are required to submit copies of the insurance policies, or significant extracts, upon request from the intermediary.</p>			X
<p>F. Deferred Compensation and Pension</p> <p>1. A new plan has been instituted. If "yes", submit a copy of the plan and trustee agreement.</p> <p>2. The existing deferred compensation plans are funded.</p> <p>3. There has been a change to the existing deferred compensation or pension plan. If "yes", submit addendum.</p> <p>4. The liability for payments to the Pension Plan is liquidated within the time frame established in §2142.6. If "no", attach explanation including date liquidated and amount involved.</p> <p>5. All payments were supported by applicable actuarial reports.</p> <p>NOTE: Providers are required to submit copies of the actuarial reports upon request of the intermediary.</p>			X X X X X
<p>G. Approved Educational Activities</p> <p>1. Costs were claimed for Nursing School and Allied Health Programs. If "yes", attach list of the programs and annotate for each whether the provider is the legal operator of the program.</p>		X	

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
2. Approvals and/or renewals were obtained during this cost reporting period for Nursing School and/or Allied Health Programs. If "yes", submit copies.		X	
3. Provider has claimed Intern-Resident costs on the current cost report. If "yes", submit the current year Intern-Resident Information System (IRIS) on diskette.		X	
4. Provider has initiated an Intern-Resident program in the current year or obtained a renewal of an existing program. If "yes", submit certification/program approval.		X	
5. Graduate Medical Education costs have been directly assigned to cost centers other than the Intern-Resident Services in an Approved Teaching Program, on Worksheet A, Form CMS-2552. If "yes", submit appropriate workpapers indicating to which cost centers assigned and the amounts.		X	
H. <u>Nonpaid Workers</u>			
There are new agreements with the organization of nonpaid workers and/or changes to existing agreements. If "yes", submit copies.			X
I. <u>Purchased Services</u>			
1. Changes or new agreements have occurred in management and administrative services furnished through contractual arrangements with suppliers of services. If "yes", attach a list of positions filled and services purchased, vendor, and cost of services acquired.			X
NOTE: Providers are required to submit copies of new contracts or changes, upon request from intermediary.			

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
<p>2. Changes or new agreements have occurred in patient care services furnished through contractual arrangements with suppliers of services. If "yes", submit copies of changes or contracts, or where there are no written agreements, attach description.</p> <p>NOTE: Hospitals are only required to submit such information where the cost of the individual's services exceed \$25,000 per year.</p>			X
<p>3. The requirements of §2135.2 were applied pertaining to competitive bidding. If "no", attach explanation.</p>			X
<p>4. Contract Services are reported on Worksheet S-3, Part II, line 4. If "yes", submit a schedule showing the total direct patient care related contract labor, hours and calculated rate for each invoice paid during the year for the direct patient care related contract labor reported on Worksheet S-3, Part II, line 4. Contracted labor will include any wage related costs. The contracted amounts for the top four management personnel (CEO, CFO, COO, and Nursing Administrator) are not required to be reported by individuals. The total aggregate wage and hours will be reported for these management contracts. Other contracts or contracts for other management personnel should NOT be reported as they are not allowed in the computation of the wage index.</p>		X	
<p>J. <u>Provider-Based Physicians</u></p>			
<p>1. Services are furnished at the provider facility under an arrangement with provider-based physicians. If "yes", submit completed provider-based physician questionnaire (Exhibits 2 through 4A).</p>			X

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
2. The provider has entered into new agreements or amended existing agreements with provider-based physicians during the cost reporting period. If "yes", submit copies of new agreements or amendments to existing agreements and assignment authorization.			X
K. Home Office Costs			
1. The provider is part of a chain organization. If "yes", give full name and address of the home office: Name _____ Address _____ City,State _____ Zip_ _____ Designated Intermediary: _____			X
2. A home office cost statement has been prepared by the home office. If "yes", submit a schedule displaying the entire chain's direct, functional and pooled cost as provided to the designated home office intermediary as part of the home office cost statement.			X
3. The fiscal year end of the home office is different from that of the provider. If "yes", indicate the fiscal year end of the home office. FYE _____			X
NOTE: Where the year ends of the provider and home office are not the same (nonconcurrent year ends), the summary listing, as described in number 2 above, will be necessary to support the provider's cost report.			
4. Describe the operation of the intercompany accounts. Include in this description the types of costs included from these intercompany accounts and their location on the cost report. (Provide informative attachments not shown on Worksheet A-8-1).			X

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
5. Actual expense amounts are transferred by the home office to the provider components on an interim basis. (Provide informative attachments if not shown on Worksheet A-8-1).			X
6. The provider renders services to: a. Other chain components. b. The home office. If "yes", to either of the above, provide informative attachments.			X
7. Home Office or Related Organization personnel cost are reported on Worksheet S-3, Part II, line 5. If "yes", submit a schedule displaying the wages, wage related costs, and hours allocated to the individual chain components as provided to the designated home office intermediary to support the amount reported on Worksheet S-3, Part II, line 5.		X	
L. <u>Bad Debts</u>			
1. The provider seeks Medicare reimbursement for bad debts. If "yes", complete Exhibit 5 or submit internal schedules duplicating documentation required on Exhibit 5 to support bad debts claimed. (see instructions)	X		
2. The provider's bad debt collection policy changed during the cost reporting period. If "yes", submit copy.		X	
3. The provider waives patient deductibles and/or copayments. If "yes", insure that they are not included on Exhibit 5.		X	
M. <u>Bed Complement</u>			
The provider's total available beds have changed from prior cost reporting period. If "yes", provide an analysis of available beds and explain any changes during the cost reporting period.		X	
N. <u>PS&R Data</u>			
Refer to the instructions regarding required documentation and attachments.			

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
1. The cost report was prepared using the PS&R only?			
a) Part A (including subproviders, SNF, etc.)?	X		
b) Part B (inpatient and outpatient).	X		
If "yes", attach a crosswalk between revenue codes and charges found on the PS&R to the cost center groupings on the cost report. This crosswalk will reflect a cost center to revenue code match only.			
2. The cost report was prepared using the PS&R for totals and the provider records for allocation.			
a) Part A (including subproviders, SNF, etc).		X	
b) Part B (inpatient and outpatient).		X	
If "yes" include a detailed crosswalk between revenue codes, departments and charges on the PS&R to the cost center groupings on the cost report. This crosswalk must include which revenue codes were allocated to each cost center. Supporting workpapers must accompany this documentation as to the accuracy of the provider records.			
If the PS&R is used for the allocation of ASC, Radiology, Other Diagnostic, and All Other Part B, explain how the total charges are detailed to the various PS&R Medicare outpatient types. Include workpapers supporting the allocation of charges into the various cost centers. If internal records are used for either the type of service breakdown or the charge allocation, the source of this information must be included in the documentation.			
3. Provider records only were used to complete the cost report?			
a) Part A (including subproviders, SNF, etc.).		X	
b) Part B (inpatient and outpatient).		X	
If "yes", attach detailed documentation of the system used to support the date reported on the cost report. <u>If the detail documentation was previously supplied, submit only necessary updated documentation.</u> The minimum requirements are:			

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
<ul style="list-style-type: none"> - Copies of input tables, calculations, or charts supporting data elements for PPS operating rate components, capital PPS rate components, ASC payment group rates, Radiology and Other Diagnostic prevailing rates and other claims PRICING information. - Log summaries and log detail supporting program utilization statistics, charges, prevailing rates and payment information broken into each Medicare bill type in a consistent manner with the PS&R. - Reconciliation of remittance totals to the provider consolidated log totals. <p>Additional information may be supplied such as narrative documentation, internal flow charts, or outside vendor informational material.</p> <p>Include the name of the system used and indicate how the system was maintained (vendor or provider). If the provider maintained the system, include date of last software update.</p> <p>4. If "yes" to questions 1 or 2 above, were any of the following adjustments made to the Part A PS&R data?</p> <p>Part A:</p> <ul style="list-style-type: none"> a) Addition of claims billed but not on PS&R? Indicate the paid claims through date from the PS&R used the final pay date of the claims that supplement the original PS&R. Also indicate the total charges for the claims added to the PS&R. Include a summary of the unpaid claims log. b) Correction of other PS&R information? c) Late charges? d) Other (describe)? <p>Part B:</p> <ul style="list-style-type: none"> a) Addition of claims billed but not on PS&R? Indicate the paid claims through date from the PS&R used the final pay date of the claims that supplement the original PS&R. Also indicate the total charges for the claims added to the PS&R. Include a summary of the unpaid claims log. b) Correction of other PS&R information? c) Late charges? d) Other (describe)? 		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
<p>Attach documentation which provides an audit trail from the PS&R to the cost report. The documentation should include the details of the PS&R, reclassifications, adjustments, and groupings necessary to trace to the cost center totals and in addition, for outpatient services, there should be an audit trail from the PS&R to the amounts shown on the cost report for outpatient charges by ASC, radiology, other diagnostic and all other service categories including standard overhead amounts and prevailing charges.</p>			
<p>O. <u>Owners/Management Personnel Compensation</u></p> <p>Complete Exhibit 6 (per instructions), for the following:</p> <ul style="list-style-type: none"> a. Owners, b. Management, c. Relatives of Owners. 			<p>X</p> <p>X</p> <p>X</p>
<p>P. <u>Wage Related Costs</u></p> <ul style="list-style-type: none"> 1. Complete EXHIBIT 7, Part I. (Per instructions) Part III must be completed to reconcile any differences between any fringe benefit cost reported on Worksheet A, Column 2, using Medicare principles and the corresponding wage related costs report under GAAP for purposes of the wage index computation. 2. The individual wage related cost exceeds one percent of total adjusted salaries after removing excluded salaries. (Salaries reported on Worksheet S-3, Part II, line 3, Co. 3.) 3. Additional wage related costs were provided that meet ALL of the following tests: <ul style="list-style-type: none"> a. The cost is not listed on Part I of EXHIBIT 7. b. If any of the additional wage related cost applies to the excluded areas of the hospital, the cost associated with the excluded areas has been removed prior to making the 1 percent threshold test in question 2 above. c. The wage related cost has been reported to the IRS, as a fringe benefit if so required by the IRS. 	<p>X</p>	<p>X</p>	<p>X</p> <p>X</p> <p>X</p>

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE

	YES	NO	N/A
d. The individual wage related cost is not included in salaries reported on the S-3, Part II, line 3, Col. 3.			X
e. The wage related cost is not being furnished for the convenience of the employer.			X

ATTACHMENT

EXPANSION OF SERVICES AND/OR BUSINESS

All providers are to answer the following and attach it to the front of their submitted Form CMS-339:

- Has your facility/business purchased a physician practice or any other entity during the current cost reporting year? NO
- If yes, have you notified your Regional Office and fiscal intermediary? N/A
- If yes, has the state agency completed their survey and granted approval that the entity or physician practice purchased is considered provider-based? N/A
- If yes, is this included in your cost report as a provider-based entity? N/A

PART I - Wage Related Cost (Core List)

RETIREMENT COSTS:

1.	401K Employer Contributions	0
2.	Tax Sheltered Annuity (TSA) Employer	0
3.	Qualified and Non-Qualified Pension Plan Cost	368,042
4.	Prior Year Pension Service Cost	0

PLAN ADMINISTRATIVE COSTS (Paid to External Organization):

5.	401K/TSA Plan Administration Fees	0
6.	Legal/Accounting/Management Fees - Pension Plan	0
7.	Employee Managed Care Program Administration Fees	0

HEALTH AND INSURANCE COSTS:

8.	Health Insurance (Purchased or Self-Funded)	1,391,568
9.	Prescription Drugs Plan	0
10.	Dental, Hearing & Vision Plans	0
11.	Life Insurance (If employee is owner or beneficiary)	0
12.	Accident Ins. (If employee is owner or beneficiary)	0
13.	Disability Ins. (If employee is owner or beneficiary)	0
14.	Long-Term Care Ins. (If employee is owner or beneficiary)	0
15.	Workmen's Compensation Ins.	156,675
16.	Retiree Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. This is the Non-Cumulative Portion.)	0

TAXES:

17.	FICA - Employers portion only	314,583
18.	Medicare Taxes - Employers portion only	0
19.	Unemployment Insurance	0
20.	State or Federal Unemployment Taxes	205,610

OTHER:

21.	Executive Deferred Compensation	0
22.	Day Care Cost and Allowances	0
23.	Tuition Reimbursement	0
	TOTAL WAGES RELATED COST (CORE)	2,436,478

Sussex County Homestead
 31-5378
 12/31/2010

Cost Center	Line	PS&R Dated 2/16/2011		Claims in Process		As Filed		Revenue Codes
		Part A	Part B	Part A	Part B	Part A	Part B	
Days		<u>3,897</u>				<u>3,897</u>		
Room & Board		<u>1,021,650</u>				<u>1,021,650</u>		110, 120, 130
Radiology	[21]	9,424				9,424		32x, 33x
Lab	[22]	4,753				4,753		30x, 31x
IV Therapy	[23]							26x
Oxygen	[24]							41x
Physical	[25]	306,291				306,291		42x
Occupational	[26]	242,669				242,669		43x
Speech	[27]	100,197				100,197		44x, 47x
EKG	[28]							73x
Med Supplies	[29]							27x
Drugs	[30]	174,668				174,668		250, 259, 26x
Air Fluidized Beds	[32]							947
Ambulance	[48]							540
Influenza Vaccine	[30]							63x
Total Ancillary		<u>838,002</u>				<u>838,002</u>		
Non Covered								257, 743
Settlement Data:								
Gross Reimbursement		2,130,165				2,130,165		
Deductible								
Coinsurance		262,900				262,900		
Net MSP Payments								
Net Reimbursement		1,867,265				1,867,265		
Lump Sum - 1								
Lump Sum - 2								
Lump Sum - 3								
Total E1 Payment		<u>1,867,265</u>				<u>1,867,265</u>		

4/27/2011

PROVIDER #315378	SUSSEX CO. HOMESTEAD		COINSURANCE/BAD DEBITS			RECOVERIES	NET BAD DEBITS	RA DATE	DATE 1ST BILL SENT
	RES. NAME	HIC#	DATES OF SERVICE FROM TO	CD #	W.O. DATE				
ARMSTRONG, M.	122140014A	06/19/10	6/23/2010	191001031701	10/31/2010	687.50	687.50	11/3/2010	
BENNETT, R.	142189599D	07/23/10	7/31/2010	19100962001	10/31/2010	1,237.50	1,237.50	9/8/2010	
BENNETT, R.	142189599D	08/01/10	8/31/2010	19100962001	10/31/2010	4,262.50	3,036.50	10/6/2010	
BENNETT, R.	142189599D	09/01/10	9/18/2010	19100962001	11/30/2010	2,475.00	366.48	11/10/2010	
CASTELLI, G.	1152052720A	10/04/10	10/10/2010	191501001201	12/31/2010	962.50	962.50	12/8/2010	
CLARK, H.	149302175A	08/01/10	8/31/2010	191001073901	11/30/2010	4,262.50	4,262.50	11/3/2010	
CLARK, H.	149302175A	09/01/10	9/13/2010	191001073901	11/30/2010	1,787.50	1,787.50	11/10/2010	
CONKLIN, T.H.	158303818A	05/13/10	5/17/2010	192500802501	10/31/2010	687.50	687.50	7/7/2010	
CRANE, A.	142203944A	08/19/09	8/31/2009	191501019901	10/31/2010	1,735.50	1,735.50	3/3/2010	
CRANE, A.	142203944A	09/01/09	9/21/2009	191501019901	10/31/2010	2,803.50	2,803.50	1/14/2010	
GRINDLE, L.	006328662A	02/27/10	2/28/2010	191001027401	10/31/10	275.00	275.00	04/07/10	
GRINDLE, L.	006328662A	03/01/10	3/31/2010	191001027401	10/31/10	4,262.50	2,000.50	05/05/10	
GRINDLE, L.	006328662A	04/01/10	4/30/2010	191001027401	10/31/10	4,125.00	1,863.00	06/02/10	
GRINDLE, L.	006328662A	05/01/10	5/16/2010	191001027401	10/31/10	2,200.00	993.80	07/07/10	
HENDERSHOT, ROSE	157149670A	4/20/09	4/28/2009	211001067801	10/31/10	1,068.00	1,068.00	03/10/10	
HERDMAN, B.	147019813B	3/1/10	3/31/2010	191000990501	10/31/10	1,512.50	942.50	05/05/10	
HERDMAN, B.	147019813B	7/6/10	7/31/2010	191000990501	06/27/10	3,575.00	3,021.54	09/09/10	
HERDMAN, B.	147019813B	08/01/10	8/31/2010	191000990501	11/30/10	4,262.50	1,925.10	10/06/10	
HERDMAN, B.	147019813B	09/01/10	9/23/2010	191000990501	12/24/10	3,162.50	1,428.30	12/22/10	
HUGHES, E.	137301582A	07/27/09	7/29/2009	191000984901	11/30/10	267.00	267.00	11/03/10	
IACOBAZZO, E.	052129554D	07/30/10	7/30/2010	191500964301	10/31/10	137.50	137.50	09/08/10	
IACOBAZZO, E.	052129554D	08/24/10	8/31/2010	191500964301	11/30/10	1,100.00	1,100.00	11/03/10	
IACOBAZZO, E.	052129554D	09/01/10	9/9/2010	191500964301	11/30/10	1,237.50	1,237.50	11/10/10	

PROVIDER #315378	SUSSEX CO. HOMESTEAD		COINSURANCE/BAD DEBTS			RECOVERIES	NET BAD DEBTS	RA DATE	DATE 1ST BILL SENT
	RES. NAME	HIC#	DATES OF SERVICE FROM TO	CD #	W.O. DATE				
JADACK, J.	149105489A	04/20/10	4/30/2010	191001026401	10/31/10	1,512.50	1,512.50	05/24/10	
JADACK, J.	149105489A	05/01/10	5/31/2010	191001028401	10/31/10	412.50	412.50	07/07/10	
LAURICH, P.	145223081A	8/27/10	8/31/2010	191000988501	11/30/10	687.50	687.50	11/03/10	
LAURICH, P.	145223081A	9/1/10	9/13/2010	191000988501	11/30/10	1,787.50	1,787.50	11/10/10	
LESSER, E.	144147735A	12/27/09	12/27/2009	71007622101	10/31/10	133.50	133.50	05/05/10	
MORRIS, C.	154485840M	7/21/09	7/31/2009	191080509301	10/31/10	1,488.50	1,468.50	03/10/10	
MURCHA.	126201518A	2/2/10	2/19/2010	191000953501	11/30/10	2,475.00	1,578.42	04/07/10	
	126201518A	2/21/10	2/28/2010	191000953501	11/30/10	1,100.00	1,100.00	04/07/10	
	126201518A	3/1/10	3/7/2010	191000953501	10/31/10	962.50	564.02	05/05/10	
NEUMAN, M	131147601A	6/3/09	6/11/2009	191001031401	10/31/10	1,201.50	1,201.50	05/05/10	
NEWSTEAD, K.	123161803A	10/3/10	10/13/2010	141500207701	12/31/10	1,375.00	1,375.00	12/08/10	
PERRETTI, E.	135121583D	5/18/09	5/31/2009	161030040001	11/30/10	1,869.00	1,869.00	11/24/10	
PERRY, C.	077229568A	8/3/08	8/12/2008	191501044401	11/30/10	1,280.00	1,280.00	11/04/09	
SHARP, D.	140306422A	3/1/10	3/22/2010	191001053501	11/30/10	2,612.50	2,612.50	11/10/10	
SHARP, D.	140306422A	5/15/10	5/25/2010	191001053501	10/31/10	1,512.50	1,512.50	07/07/10	
SHOUP, B.	147200146A	10/26/08	10/31/2008	191500993401	10/31/10	768.00	768.00	03/03/10	
STEVENS, C.	150189710C1	05/27/10	5/31/2010	902002408101	10/31/10	687.50	687.50	07/07/10	
	150189710C1	06/09/10	6/21/2010	902002408101	10/31/10	1,650.00	1,650.00	08/04/10	
TROTTA, J.	1421226507D	04/17/10	4/30/2010	191000635101	10/31/2010	1,925.00	1,925.00	06/02/10	
TROTTA, J.	1421226507D	05/01/10	5/19/2010	191000635101	10/31/2010	2,612.50	2,612.50	07/07/10	
UTTER, RUS.	155228188A	10/23/08	10/23/2008	192009311501	11/30/2010	128.00	128.00	12/17/08	
VANSYCKLE	15822651601	02/02/08	2/26/2008	191000981201	10/31/2010	2,688.00	(987.76)	04/30/08	
WEEKS, C.	041323898M	10/05/10	10/13/2010	192080476901	12/31/2010	1,237.50	1,237.50	12/08/10	

PROVIDER #315378	SUSSEX CO. HOMESTEAD	DATES OF SERVICE		COINSURANCE		BAD DEBITS		RA DATE	DATE 1ST BILL SENT
RES. NAME	HIC#	FROM	TO	CD #	W.O. DATE	CO-INS.	RECOVERIES	NET BAD DEBITS	
WENDLAND, D.	139248847A	07/07/08	7/31/2008	141002194301	10/31/2010	640.00	0.00	640.00	10/01/08
WENDLAND, D.	139248847A	08/01/08	8/13/2008	141002194301	10/31/2010	1,864.00	0.00	1,864.00	10/13/10
WILLIAMS, E.	189306544A	07/23/10	7/23/2010	191501031901	10/31/2010	137.50	0.00	137.50	09/08/10
						82,614.50	(16,542.80)	66,071.70	
PRIVATE CO INSURANCE									
Alex, Elwood	143243513A	03/05/10	3/19/2010		12/31/2010	2,062.50	(1,650.00)	412.50	4/23/2010
Contos, Margaret	051269232A	02/23/08	2/29/2008		12/31/2010	896.00	0.00	896.00	3/28/2008
Contos, Margaret	051269232A	03/01/08	3/27/2008		12/31/2010	1,408.00	0.00	1,408.00	4/29/2008
Gancarcik, Doris	139222007A	06/20/09	6/30/2009		12/31/2010	1,468.50	0.00	1,468.50	8/12/2009
Hand, Chester	157226989A	06/07/10	6/16/2010		12/31/2010	1,375.00	0.00	1,375.00	7/26/2010
Huntzinger, Timothy	204421962A	10/22/08	10/31/2008		12/31/2010	1,280.00	0.00	1,280.00	12/2/2008
Huntzinger, Timothy	204421962A	11/01/08	11/2/2008		12/31/2010	256.00	0.00	256.00	12/19/2008
Johnson, Carrie	062307010A	03/08/09	3/20/2009		12/31/2010	1,735.50	0.00	1,735.50	10/16/2009
Laguise, John	065127481A	12/17/09	12/27/2009		12/31/2010	1,468.50	0.00	1,468.50	2/5/2010
Lance, Lillian	147260937A	12/30/09	12/30/2009		12/31/2010	133.50	0.00	133.50	2/5/2010
Lance, Lillian	147260937A	01/04/10	1/17/2010		12/31/2010	1,925.00	0.00	1,925.00	2/23/2010
Manion, Daniel	146221656A	11/09/08	11/16/2008		12/31/2010	1,024.00	0.00	1,024.00	12/19/2008
Murray, Margaret	109181455A	05/22/09	5/31/2009		12/31/2010	1,335.00	0.00	1,335.00	6/25/2009
Murray, Margaret	109181455A	06/01/09	6/3/2009		12/31/2010	400.50	0.00	400.50	7/28/2009
Tiscornia, Lillian	092162438A	08/18/09	8/27/2009		12/31/2010	1,201.50	(435.00)	766.50	9/29/2009
Weihbrecht, Fred	137240642A	01/29/10	1/31/2010		12/31/2010	412.50	0.00	412.50	2/23/2010
Weihbrecht, Fred	137240642A	02/01/10	2/6/2010		12/31/2010	825.00	0.00	825.00	3/24/2010
						19,207.00	(2,085.00)	17,122.00	
TOTAL BAD DEBITS WRITTEN OFF - 2010						101,821.50	(18,627.80)	83,193.70	

SUSSEX COUNTY HOMESTEAD
 FINANCIAL REPORT - INCOME AND EXPENSE
 YEAR ENDED DECEMBER 31, 2010

Income:		
Medicaid	3,864,633.54	
Social Security & Pension	1,085,702.98	
Private Pay	1,182,512.38	
Medicare Part A	1,840,223.05	
Medicare Par A - Co Insurance	134,818.53	
Medicare Part B	161,192.53	
Medicare Part B - Co Insurance	12,107.41	
Medicare Bad Debt W/off CMS Reimb.	18,532.24	
HMO	250,105.49	
Hospice-Medicaid	540,867.19	
Hospice-Private	26,691.57	
Hospice Medical Supplies Reimb.	2,178.00	
Respite Care	5,844.00	
In Good Company	501.00	
Bank Charges Reversal	25.65	
Guest Meals	1,893.20	
Vendor Rebate	1,179.04	
Interest Income	688.59	
Cargiver Support	20.00	
Patients Allow. /J Gales	40.00	
Total		9,129,756.39

Expense:

Salaries:

Administrator	112,924.00
Assistant Administrator	74,385.00
Other Administrative	384,532.00
Ward Clerk	29,980.00
Dietary	584,598.00
Laundry	72,381.00
Housekeeping	453,384.00
Patient Activities	204,299.00
Social Services	34,458.00
MDS Coordinator	39,530.00

SUSSEX COUNTY HOMESTEAD
 FINANCIAL REPORT - INCOME AND EXPENSE
 YEAR ENDED DECEMBER 31, 2010

Director Of Nurses	93,017.00
Assistant Director Of Nurses	74,274.00
RN	487,456.00
LPN	602,581.00
Aides	1,625,158.00
Fringes:	
FICA/Medicare	372,781.00
Unemployment Insurance	121,824.00
Disability Insurance	121,824.00
Workmens Compensation	185,660.00
Health Insurance	1,649,009.00
Pension	436,130.00
Non Salaries:	
License & Permits	545.00
Motor Pool	1,034.30
Photocopier	273.30
Office Supplies	1,901.75
Medical & Lab	57,761.17
Personal Items	73,727.56
Dry Goods Clothing Flags	2,203.43
Household Janitorial	48,048.64
Drugs & Medicine	20,818.05
Prescription Drugs	88,033.35
Therapy Supplies	4,556.08
Electrical & Communication	308.40
Paint & related matter	5,241.53
Small tools and field equipment	270.10
Photostatic supplies	2,477.91
Data processing supplies	3,997.70
Food	242,778.19
Gasoline	310.06
Equipt. Parts supplies	106.48
Recreational materials	15,713.02
Educational supplies	1,167.95
Publications & subscriptions	342.75

SUSSEX COUNTY HOMESTEAD
 FINANCIAL REPORT - INCOME AND EXPENSE
 YEAR ENDED DECEMBER 31, 2010

Buildings & Facilities M&R	6,952.22
M & R - Machinery & Equipt	3,323.80
Laundry & Dry Cleaning	73,869.27
Janitorial & garbage	640.00
Equipment rental	
Oxygen	6,007.65
Other rental	5,959.84
Equipment Maintenance	3,453.60
Medical & Laboratory	12,300.26
Temporary Outside Services	1,200.00
Professional Consulting	17,740.00
Unclassified Services	12,504.32
Data Processing Services	11,181.84
Advertising Fees	6,391.70
Printing	2,247.06
Postage	2,859.78
Telephone Service	16,620.22
Telephone Wireless	2,213.32
Mileage reimb & travel	1,896.22
Seminars, meetings & conventions	3,208.20
Professional training	5,873.50
Dues & Membership	5,992.82
Building Fixtures	7,703.83
Janitorial/Laundry House Equipment	5,777.87
Computer Systems & Equipment	4,611.63
Medical Lab Equipt	5,094.94
In Good Company	(104.53)
Fail Balance Program	22,382.94
Therapist 675	405,164.18
Other Reimb Services	
Pharmacy Consultant	14,242.08
Medical Director	17,616.81
Ambulance	119.49
Central Services Indirect Costs	
Old Homestead Laundry Facilities	19,181.00

SUSSEX COUNTY HOMESTEAD
 FINANCIAL REPORT - INCOME AND EXPENSE
 YEAR ENDED DECEMBER 31, 2010

Old Homestead Laundry Utilities	422.00	
Central Service Costs	502,680.00	
Directly Identifiable Support Costs		
Property Insurance	14,659.00	
Liability Insurance	65,522.00	
Automobile Insurance	387.00	
Facilities Management-Homestead Facilities Maintenance	97,223.00	
Facilities Management-Homestead Snow Removal	33,622.00	
Facilities Management-Homestead Grounds Maintenance	8,521.00	
Facilities Management-Homestead Maintenance-OE	74,581.00	
Facilities Management-Homestead Garbage Removal	20,925.00	
Facilities Management-Homestead Sewer Maintenance	24,256.00	
Facilities Management-Homestead Utilities	160,884.00	
Facilities Management- Old Homestead Utilities-Laundry	12,101.00	
Depreciation-Building	72,254.75	
Depreciation-Land Improvement	1,837.44	
Depreciation-Equipment	82,770.68	
Total		<u>10,208,673.45</u>
Excess Of Expense Over Income		<u>(1,078,917.06)</u>

SCHEDULE A

COUNTY OF SUSSEX, NEW JERSEY
 HOMESTEAD NURSING HOME
 RECLASSIFICATION OF ALLOCABLE 2010 FIXED
 CENTRAL SERVICES INDIRECT COSTS

	2010 ADJ FIXED I/C (A)	NURSING HOME COST CENTERS		
		(1) OTH ADMIN- ISTRATIVE	(2) MAINTEN- ANCE	(3) UTILITIES
I. OLD HOMESTEAD LAUNDRY-FACILITIES COSTS	19,181		19,181	
II. OLD HOMESTEAD LAUNDRY-UTILITIES COSTS HOMESTEAD FACILITIES-UTILITIES COSTS	28 39%			28 39%
III. ALL OTHER REMAINING CENTRAL SERVICES INDIRECT COSTS	502,680	502,680		
TOTALS	522,283	502,680	19,181	422

NOTE:

(A) AMOUNTS FROM SCHEDULE A- 1.0

SCHEDULE A - 1.0
(PAGE 1 OF 2)

COUNTY OF SUSSEX, NEW JERSEY
HOMESTEAD NURSING HOME
DETERMINATION OF 2010 FIXED CENTRAL SERVICES INDIRECT COSTS

CENTRAL SERVICE ACTIVITY	2008 ACTUAL		RECLASS/ELIMINATIONS (B)	2008 ADJ ACTUAL		2008 ADJ FIXED		2008 SETTLEMENT I/C	ADJUSTMENTS (D)		2010 ADJ FIXED	
	I/C (A)	I/C		I/C (C)	I/C	I/C (C)	I/C		I/C	I/C	I/C	
USE ALLOWANCE-ALL OTHER BUILDINGS	1,442	0	(1,442)	0	0	0	0	0	0	0	0	0
USE ALLOWANCE-TELECOM NETWORK	1,591	0	(1,591)	0	0	0	0	0	0	0	0	0
USE ALLOWANCE-EQUIPMENT	65,102	0	(65,102)	0	0	0	0	0	0	0	0	0
BOARD OF FREEHOLDERS-AUDIT FEES	7,792	7,792		7,792	12,602	12,602	(4,810)	(4,810)			2,982	(G)
OTHER INSURANCE PREMIUMS-PROP OFF'L LIABILITY	36,404	36,404		36,404	48,182	48,182	(5,778)	(5,778)			32,626	(G)
OTHER INSURANCE PREMIUMS-VEHICLE INSURANCE	367	367		367	301	301	66	66			433	(G)
OTHER INSURANCE PREMIUMS-PROP. GEN'L LIAB & AUTO	99,771	196	(99,575)	196	235	235	(39)	(39)			157	(G)
COUNTY TREASURER'S OFFICE-PAYROLL	30,856	30,856		30,856	33,517	33,517	(2,661)	(2,661)			28,195	(G)
COUNTY TREASURER'S OFFICE-ACCOUNTS PAYABLE	7,864	7,864		7,864	13,781	13,781	(5,917)	(5,917)			1,947	(G)
COUNTY TREASURER'S OFFICE-RECONCILIATIONS	1,344	1,344		1,344	594	594	750	750			2,094	(G)
COUNTY TREASURER'S OFFICE-RECONCILIATIONS	60,344	60,344		60,344	110,305	110,305	(49,961)	(49,961)			10,383	(G)
EMPLOYEE SERVICES-PERSONNEL SERVICES	15,973	15,973		15,973	34,785	34,785	(18,812)	(18,812)			(2,639)	(G)
PURCHASING DEPARTMENT-PROCUREMENT SRVCS	320	320		320	805	805	(485)	(485)			(165)	(G)
CENTRAL SERVICES-ADMIN POSTAGE METER	7,079	7,079		7,079	6,143	6,143	936	936			8,015	(G)
CENTRAL SERVICES-INTEROFFICE MAIL SERVICES	1,459	1,459		1,459	297	297	1,162	1,162			1,756	(G)
CENTRAL SERVICES-PRINTING SERVICES	938	938		938	1,111	1,111	(173)	(173)			765	(G)
BUDGET MANAGEMENT-BUDGET PREPARATION	21,578	21,578		21,578	12,671	12,671	8,899	8,899			30,469	(G)
COUNTY ADMINISTRATOR'S OFFICE-COUNTY ADMIN	52,626	52,626		52,626	55,507	55,507	(2,881)	(2,881)			49,745	(G)
TECHNOLOGY & INFORMATION NIGHT-EDP EDC SS/LIB	24,068	0	(24,068)	0	0	0	0	0			0	0
TECHNOLOGY & INFORMATION NIGHT-EDP INC SS/EKC LIB	3,266	0	(3,266)	0	0	0	0	0			0	0
TECHNOLOGY & INFORMATION NIGHT-EDP INC LIB/EKC SS	7,450	0	(7,450)	0	0	0	0	0			0	0
TECHNOLOGY & INFORMATION NIGHT-EDP INC SS/LIB	18,797	0	(18,797)	0	0	0	0	0			0	0
TECHNOLOGY & INFORMATION NIGHT-EDP SERVICES	0	53,581	53,581	53,581	40,133	40,133	13,448	13,448			67,029	(G)
TECHNOLOGY & INFORMATION NIGHT-TELECOM EDC SS/LIB	1,892	0	(1,892)	0	0	0	0	0			0	0
TECHNOLOGY & INFORMATION NIGHT-TELECOM INC SS/LIB	9,192	0	(9,192)	0	0	0	0	0			0	0
TECHNOLOGY & INFORMATION NIGHT-TELECOM INC SS/LIB	0	11,084	11,084	11,084	19,956	19,956	(8,872)	(8,872)			2,212	(G)
TECHNOLOGY & INFORMATION NIGHT-TELECOM SERVICES	69,934	69,934		69,934	75,760	75,760	(5,826)	(5,826)			64,108	(G)
COUNTY COUNSEL-LEGAL SERVICES	5,927	5,927		5,927	5,256	5,256	671	671			6,598	(G)
CLERK OF THE BOARD-RECORDKEEPING	10,732	10,732		10,732	13,093	13,093	(2,361)	(2,361)			8,371	(G)
RISK MANAGEMENT-INSURANCE ADMIN	285	0	(285)	0	0	0	0	0			0	0
FLEET MANAGEMENT-HAMPTON ST. GARAGE	189	0	(189)	0	0	0	0	0			0	0
FLEET MANAGEMENT-HAMPTON ST. OVERHEAD	0	474	474	474	1,770	1,770	(1,296)	(1,296)			(822)	(G)
FLEET MANAGEMENT-MAINTENANCE & REPAIRS	53,808	0	(53,808)	0	0	0	0	0			0	0
HOMESTEAD FACILITIES-USE ALLOWANCE	348,321	0	(348,321)	0	0	0	0	0			0	0
HOMESTEAD FACILITIES-MAINTENANCE	169,906	326	(169,580)	326	258	258	68	68			394	(F)
HOMESTEAD FACILITIES-UTILITIES	10,366	0	(10,366)	0	1,351	1,351	8,815	8,815			19,181	(E)
OLD HOMESTEAD LAUNDRY-FACILITIES COSTS	11,828	23	(11,805)	23	18	18	5	5			28	(F)

SCHEDULE A-1.0
(PAGE 2 OF 2)

COUNTY OF SUSSEX, NEW JERSEY
HOMESTEAD NURSING HOME
DETERMINATION OF 2010 FIXED CENTRAL SERVICES INDIRECT COSTS

CENTRAL SERVICE ACTIVITY	2008 ACTUAL I/C (A)	RECLASS/ ELIMINATIONS (B)	2008 ADJ ACTUAL I/C	2008 ADJ FIXED I/C (C)	2008 I/C SETTLEMENT	ADJUSTMENTS (D)	2010 ADJ FIXED I/C	(255) (G)
INDIRECT COST RATE STUDY-ICAP FEES	3,314		3,314	6,883	(3,569)			0
HEALTH & HUMAN SERVICES ADMIN-DEPARTMENT MGMT	137,757	(137,757)	0	0	0			0
HEALTH & HUMAN SERVICES ADMIN-FISCAL SERVICES	24,399	(24,399)	0	0	0			0
HEALTH & HUMAN SERVICES ADMIN-DEPT/FISCAL MGMT	0	162,156	162,156	135,436	26,720		188,876	(6)
PHARMACY-CENTRAL PHARMACY	0	0	0	(6,929)	6,929	(6,929)		0
UNALLOCABLE A-87 COSTS:								
BOARD OF FREEHOLDERS	36,278	(36,278)	0	0	0			0
COUNTY TREASURER'S OFFICE-GENERAL GOVERNMENT	2,115	(2,115)	0	0	0			0
TOTALS	1,362,666	(789,617)	573,049	616,886	(43,837)	(6,929)	522,283	

NOTES:

- (A) AMOUNTS FROM THE COUNTY'S FIXED 2010 ICAP, SCHEDULE B (PAGE 4)
- (B) REPRESENTS RECLASSIFICATIONS AND/OR ELIMINATIONS OF COSTS WHICH HAVE BEEN DIRECTLY IDENTIFIED, CONSOLIDATED, OR WHICH ARE NOT ALLOCABLE FOR NURSING HOME COST REPORTING PURPOSES
- (C) AMOUNTS FROM THE HOMESTEAD'S 2008 CENTRAL SERVICES INDIRECT COSTS DETERMINATION, SCHEDULE B, EXCLUDING ACTIVITIES WHICH ARE DIRECTLY IDENTIFIED FOR NURSING HOME COST REPORTING PURPOSES
- (D) REPRESENTS ADJUSTMENTS TO THE 2008 SETTLEMENT COMPUTATION AND/OR THE 2010 FIXED INDIRECT COSTS DETERMINATION
- (E) AMOUNT TO SCHEDULE A, PART I
- (F) AMOUNT TO SCHEDULE A, PART II
- (G) AMOUNT TO SCHEDULE A, PART III

SCHEDULE B

COUNTY OF SUSSEX, NEW JERSEY
 HOMESTEAD NURSING HOME
 RECLASSIFICATION OF ALLOCABLE 2010
 DIRECTLY IDENTIFIABLE SUPPORT COSTS

CENTRAL SERVICE ACTIVITY	NURSING HOME COST CENTERS				
	2010 DIRECT COSTS (A)	(1) OTH ADMIN- ISTRATIVE	(2) PROPERTY INSURANCE	(3) MAINTEN- ANCE	(4) UTILITIES
I. INSURANCE-PROPERTY INSURANCE	14,659		14,659		
INSURANCE-LIABILITY INSURANCE	65,522	65,522			
INSURANCE-NON-OWNED AUTOMOBILE INSURANCE	387	387			
II. FACILITIES MANAGEMENT-HOMESTEAD MAINTENANCE-LABOR	94,528			94,528	
FACILITIES MANAGEMENT-HOMESTEAD SNOW REMOVAL-LABOR	32,690			32,690	
FACILITIES MANAGEMENT-HOMESTEAD GROUNDSKEEPING-LABOR	8,286			8,286	
FACILITIES MANAGEMENT-HOMESTEAD MAINTENANCE-OE	74,581			74,581	
FACILITIES MANAGEMENT-HOMESTEAD GARBAGE REMOVAL	20,925			20,925	
FACILITIES MANAGEMENT-HOMESTEAD SEWER PLANT MAINTENANCE	24,256			24,256	
III. FACILITIES MANAGEMENT-HOMESTEAD UTILITIES COSTS	160,884				160,884
FACILITIES MANAGEMENT-OLD HOMESTEAD UTILITIES COSTS	12,101				12,101
TOTALS	508,819	65,909	14,659	255,266	172,965

NOTE:

(A) AMOUNTS FROM SCHEDULES B- 1.1 THRU 1.3 AND B+ 2.1 THRU 2.8

SCHEDULE B

COUNTY OF SUSSEX, NEW JERSEY
 HOMESTEAD NURSING HOME
 RECLASSIFICATION OF ALLOCABLE 2010
 DIRECTLY IDENTIFIABLE SUPPORT COSTS

CENTRAL SERVICE ACTIVITY	NURSING HOME COST CENTERS			
	(1) 2010 DIRECT COSTS (A)	(2) PROPERTY INSURANCE	(3) MAINTEN- ANCE	(4) UTILITIES
I. INSURANCE-PROPERTY INSURANCE	14,659	14,659		
INSURANCE-LIABILITY INSURANCE	65,522			
INSURANCE-NON-OWNED AUTOMOBILE INSURANCE	387			
II. FACILITIES MANAGEMENT-HOMESTEAD MAINTENANCE-LABOR	97,223		97,223	
FACILITIES MANAGEMENT-HOMESTEAD SNOW REMOVAL-LABOR	33,622		33,622	
FACILITIES MANAGEMENT-HOMESTEAD GROUNDSKEEPING-LABOR	8,521		8,521	
FACILITIES MANAGEMENT-HOMESTEAD MAINTENANCE-0E	74,581		74,581	
FACILITIES MANAGEMENT-HOMESTEAD GARBAGE REMOVAL	20,925		20,925	
FACILITIES MANAGEMENT-HOMESTEAD SEWER PLANT MAINTENANCE	24,256		24,256	
III. FACILITIES MANAGEMENT-HOMESTEAD UTILITIES COSTS	160,884			160,884
FACILITIES MANAGEMENT-OLD HOMESTEAD UTIL COSTS (LAUNDRY)	12,101			12,101
TOTALS	512,681	14,659	259,128	172,985

NOTE:

(A) AMOUNTS FROM SCHEDULES B- 1.1 THRU 1.3 AND 8- 2.1 THRU 2.8

COUNTY OF SUSSEX
DIRECT COSTS DETERMINATION
CALENDAR YEAR ENDED 12/31/10

FACILITIES MANAGEMENT

*** DIST CODE TABLE ***
DI = DIRECT IDENT
HC = HEADCOUNT %
SH1 = SALARY % (INC GSA)
SH2 = SALARY % (EXC GSA)
TC = TOTAL COSTS %
DC = UNALLOWABLE COSTS

EXPENSE DESCRIPTION	CURRENT	EXPENDITURES		TOTAL	DIST CODE	COST CENTERS							TOTAL	
		RESERVES	XXXXXXXXXX			(1) HOMESTEAD MAINTEN- ANCE-LABOR	(2) HOMESTEAD SHOW REMOV- AL-LABOR	(3) HOMESTEAD GROUNDS- KEEP-LABOR	(4) HOMESTEAD MAINTEN- ANCE-DE	(5) HOMESTEAD GARBAGE REMOVAL	(6) HOMESTEAD SEWER PLANT MAINT	(7) HOMESTEAD UTILITIES COSTS		
HEADCOUNT	XXXXXXXXXX	XXXXXXXXXX	N/A											
SALARIES & WAGES	1,433,403	0	1,433,403	DI	228,539	45,387	15,696	3,978	0	0	0	0	0	0
% OF \$ & W			100.00000%		15.94381%	3.16638%	1.09502%	0.27752%						
FRINGE BENEFITS @ 59.25%	849,291	0	849,291	SH1	135,409	26,892	9,300	2,357	0	0	0	0	0	0
INDIRECT COSTS @ 21.12%	302,735	0	302,735	SH1	48,268	9,586	3,315	840	0	0	0	0	0	0
OTHER EXPENSES:														
ELECTRIC-HOMESTEAD	109,023	0	109,023	DI	0	0	0	0	0	0	0	0	0	109,023
ELECTRIC-OLD HOMESTEAD	54,932	0	54,932	DI	0	0	0	0	0	0	0	0	0	54,932
GAS-HOMESTEAD	42,429	0	42,429	DI	0	0	0	0	0	0	0	0	0	42,429
GAS-OLD HOMESTEAD	3,110	0	3,110	DI	0	0	0	0	0	0	0	0	0	3,110
FUEL OIL-HOMESTEAD	9,714	0	9,714	DI	0	0	0	0	0	0	0	0	0	9,714
GARBAGE	20,962	0	20,962	DI	0	0	0	0	0	20,962	0	0	0	0
SEWER PLANT MAINT	24,298	0	24,298	DI	0	0	0	0	0	0	24,298	0	0	0
BUILDING & MAINTENANCE	41,825	0	41,825	DI	0	0	0	0	41,825	0	0	0	0	0
PLUMBING/AC/HEATING	6,810	0	6,810	DI	0	0	0	0	6,810	0	0	0	0	0
CONSTRUCTION & MAINTENANCE	2,731	0	2,731	DI	0	0	0	0	2,731	0	0	0	0	0
ELECTRICAL & COMMUNICATION	18,445	0	18,445	DI	0	0	0	0	18,445	0	0	0	0	0
PAINT & RELATED MATERIALS	171	0	171	DI	0	0	0	0	171	0	0	0	0	0
SMALL CONSTRUCT & PAINTING	4,730	0	4,730	DI	0	0	0	0	4,730	0	0	0	0	0
SUBTOTALS-DE	339,180	0	339,180											
LESS UNALLOWABLE COSTS	0	0	0											
SUBTOTALS-ALLOWABLE DE	339,180	0	339,180						74,712	20,962	24,298	161,166		
TOTAL COSTS	2,924,609	0	2,924,609		412,216	81,865	28,311	7,175	74,712	20,962	24,298	161,166		
% OF \$ & W (EXC GEN'L & ADMIN)			100.00000%		XXXXXXXXXX	3.76698%	1.30272%	0.33016%						

COUNTY OF SUSSEX
 CENTRAL SERVICE RECLASSIFICATION
 CALENDAR YEAR ENDED 12/31/10

FACILITIES MANAGEMENT

EXPENSE DESCRIPTION	COST CENTERS														
	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)							
OLD HOME - ALL OTHER	0	1,139,803	0	0	0	0	0	0	0	0	0	0	0	0	0
STEAD UTIL- FACILITIES COSTS	0	79,51727%	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	1,139,803	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER EXPENSES:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ELECTRIC-HOMESTEAD	54,932	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ELECTRIC-OLD HOMESTEAD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GAS-HOMESTEAD	3,110	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GAS-OLD HOMESTEAD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GAS-HOMESTEAD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GARBAGE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SEWER PLANT MAINT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BUILDING & MAINTENANCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PLUMBING/AC/HEATING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CONSTRUCTION & MAINTENANCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ELECTRICAL & COMMUNICATION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PAINIT & RELATED MATERIALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
JANITORIAL & GARBAGE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBTOTALS-DE	58,042	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LESS UNALLOWABLE COSTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBTOTALS-ALLOWABLE DE	58,042	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COSTS	58,042	2,055,862	0	0	0	0	0	0	0	0	0	0	0	0	0
% OF S & W (EXC GEN'L & ADMIN)		94.60014%													

SCHEDULE B- 2.0
(PAGE 2 OF 2)

COUNTY OF SUSSEX
DIRECT COSTS DETERMINATION
CALENDAR YEAR ENDED 12/31/10

FACILITIES MANAGEMENT

*** DIST CODE TABLE ***
DI = DIRECT IDENT
HC = HEADCOUNT %
SM1 = SALARY % (INC GRN)
SM2 = SALARY % (EXC GRN)
TC = TOTAL COSTS %
UC = UNALLOWABLE COSTS

EXPENSE DESCRIPTION	CURRENT	EXPENDITURES-RESERVES	TOTAL	DIST CODE	COST CENTERS-							
					(1) HOMESTEAD MAINTEN-ANCE-LABOR	(2) HOMESTEAD SNOW REMOV-AL-LABOR	(3) HOMESTEAD GROUNDS-KEEP-LABOR	(4) HOMESTEAD MAINTEN-ANCE-OE	(5) HOMESTEAD GARBAGE REMOVAL	(6) HOMESTEAD SEWER PLANT MAINT	(7) HOMESTEAD UTILITIES COSTS	
GEN'L & ADMIN DISTRIBUTION			XXXXXXX	SM2	15,528	5,370	1,361	0	0	0	0	0
TOTAL RESIDENT COSTS (A)			2,926,609		97,393	33,481	8,536	76,712	20,962	24,298	161,166	

NOTE:

(A) TO DETAILED ACTIVITY ALLOCATION SCHEDULES

SCHEDULE B- 2.0
(PAGE 2 OF 2 CONT'D)

COUNTY OF SUSSEX
CENTRAL SERVICE RECLASSIFICATION
CALENDAR YEAR ENDED 12/31/10

FACILITIES MANAGEMENT

	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	---COST CENTERS---							
OLD HOME- ALL OTHER								
STEAD UTIL- FACILITIES								
ILITIES COSTS								
0	389,957	0	0	0	0	0	0	0
58,062	2,445,819	0	0	0	0	0	0	0

*** DIST CODE TABLE ***

DI = DIRECT IDENT
HC = HEADCOUNT X
SH1 = SALARY X (INC GBA)
SH2 = SALARY X (EXC GBA)
TC = TOTAL COSTS X
UC = UNALLOCABLE COSTS

EXPENSE
-DESCRIPTION
GEN'L & ADMIN DISTRIBUTION

TOTAL RESIDENT COSTS (A)

NOTE:

(A) TO DETAILED ACTIVITY ALLOCATION SCHEDULES

SCHEDULE B- 2.1

COUNTY OF SUSSEX, NEW JERSEY
 DETAILED ACTIVITY ALLOCATION
 CALENDAR YEAR ENDED 12/31/10

RECEIVER ACTIVITIES*	TIER ONE ALLOCATION		TIER TWO ALLOCATION		GROSS ALLOCATION	DIRECT BILLINGS	NET ALLOCATION (B)
	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES			
(FR) HEALTH SERVICES	96	0.17467%	96	0.17467%	170	0	170
(FR) HOMESTEAD	54,864	99.82533%	54,864	99.82533%	97,223	0	97,223
TOTALS	54,960	100.00000%	54,960	100.00000%	97,393	0	97,393

COST CENTER: HOMESTEAD MAINTENANCE-LABOR

* Denotes allocations to either another central service activity (CS) or a final receiver department (FR)

NOTES:

- (A) ALLOCATOR METHODOLOGY: SQUARE FOOTAGE OCCUPIED
- (B) HOMESTEAD AMOUNT TO SCHEDULE B

SCHEDULE B- 2.2

COUNTY OF SUSSEX, NEW JERSEY
 DETAILED ACTIVITY ALLOCATION
 CALENDAR YEAR ENDED 12/31/10

RECEIVER ACTIVITIES*	TIER ONE ALLOCATION			TIER TWO ALLOCATION			DIRECT BILLINGS	NET ALLOCATION (B)
	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	GROSS ALLOCATION	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	GROSS ALLOCATION		
(FR) HEALTH SERVICES	96	0.17467%	59	96	0.17467%	0	0	59
(FR) HOMESTEAD	54,864	99.82533%	33,622	54,864	99.82533%	0	0	33,622
TOTALS	54,960	100.00000%	33,681	54,960	100.00000%	0	0	33,681

COST CENTER: HOMESTEAD SNOW REMOVAL-LABOR

FACILITIES MANAGEMENT

* Denotes allocations to either another central service activity (CS) or a final receiver department (FR)

NOTES:

- (A) ALLOCATION METHODOLOGY: SQUARE FOOTAGE OCCUPIED
- (B) HOMESTEAD AMOUNT TO SCHEDULE B

SCHEDULE B - 2.3

COUNTY OF SUSSEX, NEW JERSEY
 DETAILED ACTIVITY ALLOCATION
 CALENDAR YEAR ENDED 12/31/10

RECEIVER ACTIVITIES*	TIER ONE ALLOCATION		TIER TWO ALLOCATION		GROSS ALLOCATION	STATISTICAL PERCENTAGES	GROSS ALLOCATION	STATISTICAL PERCENTAGES	DIRECT BILLINGS	NET ALLOCATION (B)
	STATISTICAL AMOUNTS (A)	PERCENTAGES	STATISTICAL AMOUNTS (A)	PERCENTAGES						
(FR) HEALTH SERVICES	96	0.17467%	96	0.17467%	0		0		0	\$1,127
(FR) HOMESTEAD	54,864	99.82533%	54,864	99.82533%	0		0		0	8,521
TOTALS	54,960	100.00000%	54,960	100.00000%	0		0		0	8,536

COST CENTER: HOMESTEAD GROUNDSKEEP-LABOR

FACILITIES MANAGEMENT

* Denotes allocations to either another central service activity (CS) or a final receiver department (FR)

NOTES:

- (A) ALLOCATION METHODOLOGY: SQUARE FOOTAGE OCCUPIED
- (B) HOMESTEAD AMOUNT TO SCHEDULE B

SCHEDULE B - 2.4

COUNTY OF SUSSEX, NEW JERSEY
 DETAILED ACTIVITY ALLOCATION
 CALENDAR YEAR ENDED 12/31/10

COST CENTER: HOMESTEAD MAINTENANCE-0E

FACILITIES MANAGEMENT

RECEIVER ACTIVITIES*	TIER ONE ALLOCATION		TIER TWO ALLOCATION		GROSS ALLOCATION	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	GROSS ALLOCATION	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	GROSS ALLOCATION	DIRECT BILLINGS	NET ALLOCATION (B)
	STATISTICAL AMOUNTS (A)	PERCENTAGES	STATISTICAL AMOUNTS (A)	PERCENTAGES									
(FR) HEALTH SERVICES	96	0.17467%	131	0.17467%	131	96	0.17467%	131	96	0.17467%	131	0	131
(FR) HOMESTEAD	54,864	99.82533%	74,581	99.82533%	74,581	54,864	99.82533%	74,581	54,864	99.82533%	74,581	0	74,581
TOTALS	54,960	100.00000%	74,712	100.00000%	74,712	54,960	100.00000%	74,712	54,960	100.00000%	74,712	0	74,712

* Denotes allocations to either another central service activity (CS) or a final receiver department (FR)

NOTES:

- (A) ALLOCATION METHODOLOGY: SQUARE FOOTAGE OCCUPIED
- (B) HOMESTEAD AMOUNT TO SCHEDULE B

SCHEDULE B- 2.5

COUNTY OF SUSSEX, NEW JERSEY
 DETAILED ACTIVITY ALLOCATION
 CALENDAR YEAR ENDED 12/31/10

COST CENTER: HOMESTEAD GARBAGE REMOVAL

FACILITIES MANAGEMENT

RECEIVER ACTIVITIES*	TIER ONE ALLOCATION		TIER TWO ALLOCATION		GROSS ALLOCATION	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	GROSS ALLOCATION	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	GROSS ALLOCATION	DIRECT BILLINGS	NET ALLOCATION (B)
	STATISTICAL AMOUNTS (A)	PERCENTAGES	STATISTICAL AMOUNTS (A)	PERCENTAGES									
(FR) HEALTH SERVICES	96	0.17467%	96	0.17467%	37	96	0.17467%	20,925	96	0.17467%	0	0	37
(FR) HOMESTEAD	54,864	99.82533%	54,864	99.82533%	20,925	54,864	99.82533%	20,925	54,864	99.82533%	0	0	20,925
TOTALS	54,960	100.00000%	54,960	100.00000%	20,962	54,960	100.00000%	20,962	54,960	100.00000%	0	0	20,962

* Denotes allocations to either another central service activity (CS) or a final receiver department (FR)

NOTES:

- (A) ALLOCATION METHODOLOGY: SQUARE FOOTAGE OCCUPIED
- (B) HOMESTEAD AMOUNT TO SCHEDULE B

SCHEDULE B- 2.6

COUNTY OF SUSSEX, NEW JERSEY
 DETAILED ACTIVITY ALLOCATION
 CALENDAR YEAR ENDED 12/31/10

RECEIVER ACTIVITIES*	TIER ONE ALLOCATION		TIER TWO ALLOCATION		GROSS ALLOCATION	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	GROSS ALLOCATION	STATISTICAL PERCENTAGES	GROSS ALLOCATION	DIRECT BILLINGS	NET ALLOCATION (B)
	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES								
(FR) HEALTH SERVICES	96	0.17467%	96	0.17467%	42	96	0.17467%	0	0	0	0	42
(FR) HOMESTEAD	54,864	99.82533%	54,864	99.82533%	24,256	54,864	99.82533%	0	0	0	0	24,256
TOTALS	54,960	100.00000%	54,960	100.00000%	24,298	54,960	100.00000%	0	0	0	0	24,298

COST CENTER: HOMESTEAD SEWER PLANT MAINT

FACILITIES MANAGEMENT

* Denotes allocations to either another central service activity (CS) or a final receiver department (FR)

NOTES:

-
- (A) ALLOCATION METHODOLOGY: SQUARE FOOTAGE OCCUPIED
- (B) HOMESTEAD AMOUNT TO SCHEDULE B

SCHEDULE B- 2.7

COUNTY OF SUSSEX, NEW JERSEY
 DETAILED ACTIVITY ALLOCATION
 CALENDAR YEAR ENDED 12/31/10

COST CENTER: HOMESTEAD UTILITIES COSTS

FACILITIES MANAGEMENT

RECEIVER ACTIVITIES*	TIER ONE ALLOCATION		TIER TWO ALLOCATION		GROSS ALLOCATION	DIRECT BILLINGS	NET ALLOCATION (B)
	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES			
(FR) HEALTH SERVICES	96	0.17467%	96	0.17467%	0	0	282
(FR) HOMESTEAD	54,864	99.82533%	54,864	99.82533%	160,884	0	160,884
TOTALS	54,960	100.00000%	54,960	100.00000%	161,166	0	161,166

* Denotes allocations to either another central service activity (CS) or a final receiver department (FR)

NOTES:

-
- (A) ALLOCATION METHODOLOGY: SQUARE FOOTAGE OCCUPIED
- (B) HOMESTEAD AMOUNT TO SCHEDULE B

SCHEDULE B- 2.8

COUNTY OF SUSSEX, NEW JERSEY
 DETAILED ACTIVITY ALLOCATION
 CALENDAR YEAR ENDED 12/31/10

RECEIVER ACTIVITIES*	TIER ONE ALLOCATION		TIER TWO ALLOCATION		GROSS ALLOCATION	STATISTICAL PERCENTAGES	GROSS ALLOCATION	STATISTICAL PERCENTAGES	GROSS ALLOCATION	DIRECT BILLINGS	NET ALLOCATION (B)
	STATISTICAL AMOUNTS (A)	PERCENTAGES	STATISTICAL AMOUNTS (A)	PERCENTAGES							
(FR) HOMESTEAD LAUNDRY	948	20.8489%	948	20.8489%	12,101		0		0	0	12,101
(FR) EXTENSION SERVICES	3,599	79.1510%	3,599	79.1510%	65,941		0		0	0	45,941
TOTALS	4,547	100.0000%	4,547	100.0000%	58,042		0		0	0	58,042

* Denotes allocations to either another central service activity (CS) or a final receiver department (FR)

NOTES:

- (A) ALLOCATION METHODOLOGY: SQUARE FOOTAGE OCCUPIED
- (B) HOMESTEAD AMOUNT TO SCHEDULE B

SCHEDULE B- 2.9

COUNTY OF SUSSEX
 DETAILED ACTIVITY ALLOCATION
 CALENDAR YEAR ENDED 12/31/10

COST CENTER: ALL OTHER FACILITIES COSTS

FACILITIES MANAGEMENT

RECEIVER ACTIVITIES*	TIER ONE ALLOCATION		TIER TWO ALLOCATION		DIRECT BILLINGS	NET ALLOCATION (B)
	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES	STATISTICAL AMOUNTS (A)	STATISTICAL PERCENTAGES		
(FR) ALL OTHER DEPARTMENTS	100.00	100.00000%	100.00	100.00000%	0	2,445,819
TOTALS	100.00	100.00000%	100.00	100.00000%	0	2,445,819

* Denotes allocations to either another central service activity (CS) or a final receiver department (FR)

NOTES:

- (A) ALLOCATION METHODOLOGY: DIRECT IDENTIFICATION OF COSTS
- (B) HOMESTEAD AMOUNT TO SCHEDULE B

SCHEDULE C

SUSSEX COUNTY HOMESTEAD
DEPRECIATION COMPUTATION
CALENDAR YEAR ENDED 12/31/10

CLASS TOTALS

ASSET NO.	ASSET DESCRIPTION	DATE IN SERVICE	BOOK COST	BOOK PRIOR DEPRECIATION	BOOK CURRENT DEPRECIATION	BOOK ENDING DEPRECIATION	BOOK NET BOOK VALUE	BOOK METHOD	BOOK LIFE
BUILDING IMPROVEMENTS:									
			4,842,858.80	3,533,867.58	66,487.35	3,600,354.93	1,242,503.87		
	BLDG IMPROVEMENTS (THRU 12/31/09)		230,696.12	0.00	5,767.40	5,767.40	224,928.72		
	BLDG IMPROVEMENTS (2010 ONLY)								
	TOTALS-BUILDING IMPROVEMENTS		5,073,554.92	3,533,867.58	72,254.75	3,606,122.33	1,467,432.59		

SUSSEX COUNTY HOMESTEAD
DEPRECIATION COMPUTATION
CALENDAR YEAR ENDED 12/31/10

BOOK ASSET DETAIL

ASSET NO.	ASSET DESCRIPTION	DATE IN SERVICE	BOOK COST	BOOK PRIOR DEPRECIATION	BOOK CURRENT DEPRECIATION	BOOK ENDING DEPRECIATION	BOOK NET BOOK VALUE	BOOK METHOD	BOOK LIFE
LOC 3:									
80170	REPLACE OF JOCKEY PUMP	04/13/05	1,840.00	414.00	92.00	506.00	1,334.00	S/H	20.0
80192	INTERCONNECT TWO WELLS	12/13/06	25,699.70	1,976.91	658.97	2,635.88	23,063.82	S/H	39.0
80200	INTERCONNECT TWO WELLS	12/12/07	8,700.30	557.70	223.08	780.78	7,919.52	S/H	39.0
80201	INTERCONNECT TWO WELLS	12/12/07	10,415.15	667.65	267.06	934.71	9,480.44	S/H	39.0
80203	PUMP HOUSE ROOF SCUTTLE	10/24/07	1,572.00	100.77	40.31	141.08	1,430.92	S/H	39.0
SUBTOTALS-BLDG IMPS (LOC 3)			48,227.15	3,717.03	1,281.41	4,998.44	43,228.71		
LOC 4:									
80002	PAVILLION CONSTRUCTION	09/27/00	2,170.35	528.68	55.65	584.33	1,586.02	S/H	39.0
80003	PAVILLION CONSTRUCTION	12/13/00	119.25	29.07	3.06	32.13	87.12	S/H	39.0
SUBTOTALS-BLDG IMPS (LOC 4)			2,289.60	557.75	58.71	616.46	1,673.14		
LOC 6:									
80231	DEHUMID SYST @ 20.84881%	01/30/08	3,961.29	203.14	101.57	304.71	3,656.58	S/H	39.0
SUBTOTALS-BLDG IMPS (LOC 6)			3,961.29	203.14	101.57	304.71	3,656.58		
LOC 7:									
80258	GUTTER RENOVATIONS	02/25/09	2,540.00	63.50	127.00	190.50	2,349.50	S/H	20.0
80259	ROOF REP/WATERPROOFING	02/25/09	1,140.00	28.50	57.00	85.50	1,054.50	S/H	20.0
SUBTOTALS-BLDG IMPS (LOC 7)			3,680.00	92.00	184.00	276.00	3,404.00		
SUBTOTALS-BI HOMESTEAD @ 24.25743% (LOC 7)			892.67	22.32	44.63	66.95	825.72		
TOTALS-BUILDING IMPROVEMENTS (CL 05-15)			4,842,858.80	3,533,867.58	66,487.35	3,400,354.93	1,242,503.87		

SCHEDULE C-2

SUSSEX COUNTY HOMESTEAD
DEPRECIATION COMPUTATION
CALENDAR YEAR ENDED 12/31/10

BOOK ASSET DETAIL

ASSET NO.	ASSET DESCRIPTION	DATE IN SERVICE	BOOK COST	BOOK PRIOR DEPRECIATION	BOOK CURRENT DEPRECIATION	BOOK ENDING DEPRECIATION	BOOK NET BOOK VALUE	BOOK METHOD	BOOK LIFE
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2010 BUILDING IMPROVEMENTS ONLY (CAPITAL FUND):

LOC 1:

B0260	EMERGENCY GENERATOR	01/27/10	3,920.00	0.00	98.00	98.00	3,822.00	S/H	20.0
B0261	EMERGENCY GENERATOR	01/27/10	2,931.80	0.00	73.30	73.30	2,858.51	S/H	20.0
B0262	EMERGENCY GENERATOR	08/25/10	4,632.18	0.00	115.80	115.80	4,516.38	S/H	20.0
B0263	ASBESTOS ABATEMENT	03/24/10	262.14	0.00	6.55	6.55	255.59	S/H	20.0
B0264	ELEVATOR MODERNIZATION	05/12/10	5,055.00	0.00	126.38	126.38	4,928.63	S/H	20.0
B0265	ELEVATOR MODERNIZATION	07/28/10	6,807.60	0.00	170.19	170.19	6,637.41	S/H	20.0
B0266	ELEVATOR MODERNIZATION	11/10/10	61,380.00	0.00	1,534.50	1,534.50	59,845.50	S/H	20.0
B0267	ELEVATOR MODERNIZATION	12/21/10	48,780.00	0.00	1,219.50	1,219.50	47,560.50	S/H	20.0
B0268	ELEVATOR P-1 UPGRADE	12/21/10	4,721.69	0.00	118.04	118.04	4,603.65	S/H	20.0
B0269	ELEVATOR P-1 UPGRADE	12/21/10	2,786.68	0.00	69.67	69.67	2,717.01	S/H	20.0
B0270	DUCTLESS SPLIT A/C 2ND FL	08/25/10	17,227.02	0.00	430.68	430.68	16,796.34	S/H	20.0

SUBTOTALS-BLDG IMPS (CAPITAL FD 2010 ONLY)			158,504.11	0.00	3,962.60	3,962.60	154,541.51		
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2010 BUILDING IMPROVEMENTS ONLY (GENERAL FUND):

LOC 1:

B0271	ASBESTOS ABATEMENT	11/10/10	3,795.17	432	0.00	94.83	94.83	3,698.34	S/H	20.0
B0272	ASBESTOS ABATEMENT	11/23/10	8,555.56	↓	0.00	213.89	213.89	8,341.67	S/H	20.0
B0273	ASBESTOS ABATEMENT	12/21/10	10,194.68	↓	0.00	254.87	254.87	9,939.81	S/H	20.0
B0274	POST-ABATEMENT INSPECT	01/27/10	665.00	677	0.00	16.63	16.63	648.38	S/H	20.0
B0275	HALLWAY BUMPER GUARDS	01/27/10	8,211.00	528	0.00	205.28	205.28	8,005.73	S/H	20.0
B0276	SUB-ACUTE/ELEV DESIGN	11/23/10	1,000.00	434	0.00	25.00	25.00	975.00	S/H	20.0
B0277	SUB-ACUTE/LOBBY FLOORING	02/24/10	18,860.00		0.00	471.50	471.50	18,388.50	S/H	20.0
B0278	SUB-ACUTE/LOBBY FLOORING	07/28/10	9,028.40	SEE PO'S	0.00	225.71	225.71	8,802.69	S/H	20.0
B0279	SUB-ACUTE/LOBBY FLOORING	12/21/10	9,047.20		0.00	226.18	226.18	8,821.02	S/H	20.0
B0280	SUB-ACUTE/LOBBY FLOORING	12/21/10	2,837.00		0.00	70.93	70.93	2,766.08	S/H	20.0

SUBTOTALS-BLDG IMPS (GENERAL FD 2010 ONLY)			72,192.01	0.00	1,804.80	1,804.80	70,387.21		
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TOTALS-BUILDING IMPROVEMENTS (2010 ONLY)			230,696.12	0.00	5,767.40	5,767.40	224,928.72		
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SUSSEX COUNTY HOMESTEAD
DEPRECIATION COMPUTATION
CALENDAR YEAR ENDED 12/31/10

BOOK ASSET DETAIL

ASSET NO.	ASSET DESCRIPTION	DATE IN SERVICE	BOOK COST	BOOK PRIOR DEPRECIATION	BOOK CURRENT DEPRECIATION	BOOK ENDING DEPRECIATION	BOOK NET BOOK VALUE	BOOK METHOD	BOOK LIFE
LAND IMPROVEMENTS:									

CL 20:									

L1001	UTILITY POLE	10/23/96	924.00	577.50	46.20	623.70	300.30	S/L	20.0
L1002	UTILITY POLE	10/23/96	924.00	577.50	46.20	623.70	300.30	S/L	20.0
L1003	PARKING LOT LIGHTING PROJ	03/27/02	540.00	175.50	27.00	202.50	337.50	S/L	20.0
SUBTOTALS-LAND IMPROVEMENTS (CL 20)			2,388.00	1,330.50	119.40	1,449.90	938.10		

CL 25:									

L1004	PAVING PROJECT	08/26/09	78.00	1.95	3.90	5.85	72.15	S/L	20.0
L1005	PAVING PROJECT	09/23/09	1,440.00	36.00	72.00	108.00	1,332.00	S/L	20.0
L1006	PAVING PROJECT	09/23/09	564.30	14.11	28.21	42.32	521.97	S/L	20.0
L1007	PAVING PROJECT	09/23/09	62,374.40	1,559.36	3,118.72	4,678.08	57,696.32	S/L	20.0
L1008	PAVING PROJECT	10/14/09	8,800.00	170.00	340.00	510.00	6,290.00	S/L	20.0
L1009	PAVING PROJECT	10/28/09	176.00	4.40	8.80	13.20	162.80	S/L	20.0
L1010	PAVING PROJECT	10/28/09	1,637.18	40.93	81.86	122.79	1,514.39	S/L	20.0
L1011	PAVING PROJECT	10/28/09	775.32	19.38	38.77	58.15	717.17	S/L	20.0
L1012	PAVING PROJECT	11/10/09	528.00	13.20	26.40	39.60	488.40	S/L	20.0
L1013	PAVING PROJECT	11/10/09	1,408.44	35.21	70.42	105.63	1,302.81	S/L	20.0
L1014	PAVING PROJECT	11/10/09	350.00	8.75	17.50	26.25	323.75	S/L	20.0
L1015	PAVING PROJECT	12/09/09	100.00	2.50	5.00	7.50	92.50	S/L	20.0
SUBTOTALS-LAND IMPROVEMENTS (CL 25)			76,231.64	1,905.79	3,811.58	5,717.37	70,514.27		

SUBTOTALS-LI HOMESTEAD @ 45% (CL 25)			34,306.24	857.61	1,715.21	2,572.82	31,731.42		

TOTALS-LAND IMPROVEMENTS (CL 20-25)			36,692.24	2,188.11	1,834.61	4,022.72	32,669.52		
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SCHEDULE E

SUSSEX COUNTY HOMESTEAD
DEPRECIATION COMPUTATION
CALENDAR YEAR ENDED 12/31/10

CLASS TOTALS

ASSET NO.	ASSET DESCRIPTION	DATE IN SERVICE	BOOK COST	BOOK PRIOR DEPRECIATION	BOOK CURRENT DEPRECIATION	BOOK ENDING DEPRECIATION	BOOK NET BOOK VALUE	BOOK METHOD	BOOK LIFE
EQUIPMENT:									
	EQUIP ACQUISITIONS (THRU 12/31/09)		1,130,267.71	697,637.98	75,313.28	772,951.26	357,316.45		
	EQUIP ACQUISITIONS (2010 ONLY)		69,970.89	0.00	7,457.40	7,457.40	62,513.49		
	TOTALS-EQUIPMENT ACQUISITIONS		1,200,238.60	697,637.98	82,770.68	780,408.66	419,829.94		

SUSSEX COUNTY HOMESTEAD
DEPRECIATION COMPUTATION
CALENDAR YEAR ENDED 12/31/10

BOOK ASSET DETAIL

ASSET NO.	ASSET DESCRIPTION	DATE IN SERVICE	BOOK COST	BOOK PRIOR DEPRECIATION	BOOK CURRENT DEPRECIATION	BOOK ENDING DEPRECIATION	BOOK NET BOOK VALUE	BOOK METHOD	BOOK LIFE
2010 EQUIPMENT ACQUISITIONS:									
00841	DESK-EXEC DP U-SHAPED	02/24/10	977.00	0.00	48.85	48.85	928.15	S/H	10.0
00843	COMPUTER-LAPTOP TOUGHBOOK	06/23/10	3,233.23	0.00	538.87	538.87	2,694.36	S/H	3.0
00844	COMPUTER-LAPTOP TOUGHBOOK	06/23/10	3,233.23	0.00	538.87	538.87	2,694.36	S/H	3.0
00845	COMPUTER-LAPTOP TOUGHBOOK	06/23/10	3,233.23	0.00	538.87	538.87	2,694.36	S/H	3.0
00846	COMPUTER-LAPTOP TOUGHBOOK	06/23/10	3,233.23	0.00	538.87	538.87	2,694.36	S/H	3.0
00847	COMPUTER-LAPTOP TOUGHBOOK	06/23/10	3,233.23	0.00	538.87	538.87	2,694.36	S/H	3.0
00848	COMPUTER-LAPTOP TOUGHBOOK	06/23/10	3,233.23	0.00	538.87	538.87	2,694.36	S/H	3.0
00849	COMPUTER-LAPTOP TOUGHBOOK	06/23/10	3,233.23	0.00	538.87	538.87	2,694.36	S/H	3.0
00850	COMPUTER-LAPTOP TOUGHBOOK	06/23/10	3,233.23	0.00	538.87	538.87	2,694.36	S/H	3.0
00852	COMPUTER-CPU	04/28/10	2,096.35	0.00	349.39	349.39	1,746.96	S/H	3.0
00853	COMPUTER-CPU	04/28/10	2,096.35	0.00	349.39	349.39	1,746.96	S/H	3.0
00856	COMPUTER-CPU LAPTOP	08/25/10	1,746.40	0.00	291.07	291.07	1,455.33	S/H	3.0
00857	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00858	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00859	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00860	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00861	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00862	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00863	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00864	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00865	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00866	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00867	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00868	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00869	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00870	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00871	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00872	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00873	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00874	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00875	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00876	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00877	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00878	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00879	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00880	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00881	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00882	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00883	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00884	AIR CONDITIONER-PORTABLE	07/28/10	481.49	0.00	24.07	24.07	457.42	S/H	10.0
00885	BED-HOSPITAL ELECTRIC	04/28/10	2,008.23	0.00	100.41	100.41	1,907.82	S/H	10.0
00888	BED-HOSPITAL ELECTRIC	04/28/10	2,008.23	0.00	100.41	100.41	1,907.82	S/H	10.0
00889	BED-HOSPITAL ELECTRIC	04/28/10	2,008.23	0.00	100.41	100.41	1,907.82	S/H	10.0
00892	BED-HOSPITAL ELECTRIC	04/28/10	2,008.23	0.00	100.41	100.41	1,907.82	S/H	10.0
00893	BED-HOSPITAL ELECTRIC	04/28/10	2,008.23	0.00	100.41	100.41	1,907.82	S/H	10.0
00896	BED-HOSPITAL ELECTRIC	04/28/10	2,008.23	0.00	100.41	100.41	1,907.82	S/H	10.0
00897	TIME CLOCK-MAG STRIPE	04/28/10	2,545.00	0.00	127.25	127.25	2,417.75	S/H	10.0
00899	COMPUTER-CPU LAPTOP	06/09/10	2,128.11	0.00	354.69	354.69	1,773.43	S/H	3.0

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SUSSEX COUNTY HOMESTEAD
DEPRECIATION COMPUTATION
CALENDAR YEAR ENDED 12/31/10

BOOK ASSET DETAIL

ASSET NO.	ASSET DESCRIPTION	DATE IN SERVICE	BOOK COST	BOOK PRIOR DEPRECIATION	BOOK CURRENT DEPRECIATION	BOOK ENDING DEPRECIATION	BOOK NET BOOK VALUE	BOOK METHOD	BOOK LIFE
00900	CONCENTRATOR-OXYGEN 10L	08/11/10	1,062.62	0.00	53.13	53.13	1,009.49	S/H	10.0
NT	CONCENTRATOR-OXYGEN 10L	08/11/10	1,062.62	0.00	53.13	53.13	1,009.49	S/H	10.0
NT	CONCENTRATOR-OXYGEN 5L	08/11/10	606.21	0.00	30.31	30.31	575.90	S/H	10.0
NT	WHEELCHAIR	01/27/10	614.92	0.00	30.75	30.75	584.17	S/H	10.0
NT	TELEPHONE-PORTABLE	09/08/10	591.40	0.00	29.57	29.57	561.83	S/H	10.0
NT	TELE MULTI-UNIT CHARGER	09/08/10	406.25	0.00	20.31	20.31	385.94	S/H	10.0
NT	ARTWORK-POSTERS/PRINTS	08/25/10	2,640.72	0.00	132.04	132.04	2,508.68	S/H	10.0
TOTALS-EQUIP ACQUISITIONS (2010 ONLY)			69,970.89	0.00	7,457.40	7,457.40	62,513.49		

SUSSEX COUNTY HOMESTEAD NURSING HOME

Expenses/Revenues from official annual NJ Cost Report

	2004	2005	2006	2007	2008	2009	2010
Total Expenses	\$ 7,538,013	\$ 8,014,496	\$ 8,435,745	\$ 8,553,101	\$ 8,737,069	\$ 9,228,071	\$ 10,208,673
Total Revenue	\$ 6,632,547	\$ 7,112,916	\$ 7,254,233	\$ 7,746,221	\$ 8,552,886	\$ 9,189,667	\$ 9,129,756
Difference	\$ (905,466)	\$ (901,580)	\$ (1,181,512)	\$ (806,880)	\$ (184,183)	\$ (38,404)	\$ (1,078,917)

