

**The North Carolina Medical Care Commission
Reporting for Community Improvement and Charity Care/Community Benefit by a
Continuing Care Retirement Community (CCRC)**

Community Improvement Relationships is an active process CCRC linking with the community agencies and organizations responsible for assessing and planning to meet the health and other needs of the community. CCRCs are expected to connection with these agencies and organizations to better define how the CCRC can use its particular strengths and talents to meet community benefit needs.

Charity Care is the unreimbursed costs to the facility of providing health care, housing, or other services to a resident who is uninsured, underinsured, or otherwise unable to pay for all or part of the services rendered. (Session Law 2001-17; GS 105-278.6A). Most likely the first priority identified by a CCRC for charity care/community benefits would be to provide charity care for its residents.

Community Benefits are the unreimbursed costs to the facility of providing the following:

1. Services, including health, recreation, community research, and education activities provided to the community at large, including the elderly.
2. Charitable donations.
3. Donated volunteer services
4. Donations and voluntary payments to government agencies.
(Session Law 2001-17; GS 105-278.6A)

POLICY:

The CCRC shall submit at the time of borrowing and every year thereafter commencing with fiscal year ending in calendar 2001 the following information to the Medical Care Commission as long as the CCRC has outstanding North Carolina Medical Care Commission debt.

1. North Carolina Medical Care Commission, Executive Summary of the CCRCs Community Improvement Relationships.
2. North Carolina Medical Care Commission, Charity Care/Community Benefit Report
3. Any supplemental reports that describe Charity Care/Community Benefit programs and cost/expenses (e.g. IRS Form 990, Section III, annual reports, etc.)

**North Carolina Medicare Care Commission
Executive Summary of the CCRCs Community Improvement Relationships
Continuing Care Retirement Community (CCRC)**

Organization: St. Joseph of the Pines, Inc. Date: 5/02/2012

1. Statement of the CCRCs mission and commitment to charity care/community benefit.

The mission of St. Joseph of the Pines Health System, is to provide outstanding senior living and health services. As we do we will listen with special care to those who are least able to speak to their own needs. We commit ourselves to promote emotional, physical and spiritual well-being to those in our care. We provide uncompensated care in our skilled nursing facilities, sponsor senior HUD housing and contribute to over 30 different charitable organizations in our community.

2. Describe geographic service area and target populations for community benefits. Our primary service area is Moore County, NC and the thirteen surrounding counties comprise its secondary service area; including HUD facilities sponsored in Robeson County. Our target population is low income seniors within our area; our Community Benefits also extend into programs for all the poor in all age groups.

3. Describe the relationships with agencies and organization with in the community. We work with our local department of social services, Ombudsman and many other local Organizations to help to meet the needs of the poor/indigent within the community.

4. List current community benefit programs.

Uncompensated care in our SNF thru Medicaid
Volunteer hours for Meals on Wheels and a variety of other community activities
United Way of Moore County
Alzheimer's Memory Walk and Ride
Empty Stocking Fund & Red Springs Santa's Helping Hands(Christmas gifts for low income families)
Pope John Paul II Catholic School & St. Anthony of Padua Catholic School
American Cancer Society
Autism Society
Sandhills Community College and Communities in Schools
Friend to Friend (women's shelter)
Junior League of Moore County
Moore Coalition for Human Care
Moore County Chamber of Commerce
Moore County Community Foundation
Moore Free Care Clinic
Moore Regional Hospital Auxillary, etc...

Detailed Application for Property Tax Exemption Under G.S. 105-

Instructions (Return to County Tax Office No Later Than October 1, 2001)

A facility may be granted a total exclusion under Section 1, G.S. 105-278.6A, (c), provided that conditions (1) through (5) are met AND condition (6) a. OR (6) b. is met.

If the facility qualifies under (6) a. AND meets conditions (1) through (5), check this box to obtain a total exemption. Only complete identifying information and signature. Do not complete the rest of the form. (Provide relevant documentation.)

If the facility qualifies under (6) b. AND meets conditions (1) through (5), complete the rest of the form below.

Provide all relevant attachments as noted under each category.

REVENUE

Total Resident Revenue - As Disclosed in Most Recent Audited Financial Statement

(Includes all monthly service fees, fee for service charges, amortized entry fee income for the year, and any fees collected that would not otherwise be amortized into income for the year associated with living in the facility. Excludes investment income, contributions and income from non-resident sources.) Attach Relevant Sections of Most Recent Audited Financial Statements

(1) 32,660,000

CHARITY CARE

(A) Unreimbursed Health Care

(From Medicare/Medicaid or Third Party cost reports, internal resident assistance data certified by the facility or audited financial statements which show amount of unreimbursed costs) Attach Applicable Pages of Cost Reports

1,950,487

(B) Unreimbursed Housing and Services

(From internal assistance reports (Lyons software or spreadsheet) certified by the facility and/or audited statements which show amount of unreimbursed costs and/or as disclosed in most recent audited financial statement)

0

Total Charity Care

(2) 1,950,487

COMMUNITY BENEFITS

(Amounts claimed are to be taken from audited financial statements which either footnote the amount or disclose the amount in the statement of operations as a line item and/or can be taken from documented receipt letters from entities receiving the service, donation or volunteer service, and/or as documented in the Lyons Software or similar spreadsheet program certified by the facility. The amounts are limited to actual expenses incurred by the facility to perform the service or provide the donation.)

(A) Services

(Verifiable unreimbursed expenses incurred by the facility to provide health, recreation, community research, and education activities to the community at large, including the elderly - DOES NOT include resident volunteer time.)

137,871

(B) Charitable Donations

(Actual cash outlay or equivalent dollar amount of donated items originally acquired by the facility and documented in facility community benefit report (Lyons software or spreadsheet) and/or noted in audited financial statements.)

Detailed Application for Property Tax Exemption Under G.S. 105-

(C) Donated Volunteer Services

(Cost to the facility for allowing employees to volunteer in community service projects or organizations and/or actual unreimbursed facility material, space and volunteer time as documented based on wages paid by the facility for the volunteer during the service period/project)

44,462

(D) Donations and Voluntary Payments to Government Agencies

(Amounts to be taken from Receipted donations/payments from government agency receiving donation/payment when the facility would otherwise not have to pay the agency – goodwill.)

Total Community Benefits

(3) 182,333

Total Community Benefits and Charity Care (2) + (3)

(4) 2,132,820

Percentage of Resident Revenue

Total Community Benefits and Charity Care Divided by
Total Resident Revenue

(4) 2,132,820
(1) 32,660,000

Percentage of Resident Revenue (4) divided by (1)

6.53 %

Exclusion Percentage Based on Percent of Resident Revenue Above

% of Revenue

Exclusion %

5%

100%

4%

80%

3%

60%

2%

40%

1%

20%

Exclusion % 100

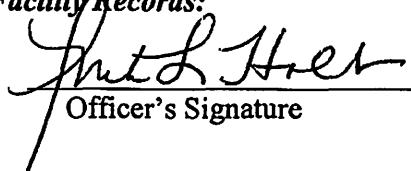
Facility

Name St. Joseph of the Pines County Moore

Facility

Address 103 Gossman Drive, Southern Pines, NC 28387

By Signing Below We Hereby Certify the Information Stated Above is Correct and True as Supported by Our Financial and Facility Records:


Officer's Signature

Date 5-3-16

St. Joseph's of the Pines
Consolidating Statement of Operations
December 31, 2011

<i>(in thousands of dollars)</i>	St. Joseph's of the Pines	Belle Meade	Pine Knoll	Neese Clinic	Coventry	Family Care Homes	PACE Program	Health Center	Home Care at St. Joseph of the Pines	HUD Housing Management	St. Joseph of the Pines Eliminations
Unrestricted revenue, gains and other support											
Net patient service revenue	\$15,881	(\$99)	(\$3)	\$ -	\$111	\$ -	\$1,332	\$15,500	\$1,199	\$ -	(\$2,159)
Other operating revenue, gains and other support	18,202	13,558	3,473	353	2,195	135	1	150	2	105	(1,770)
Total unrestricted revenue, gains and other support	34,083	13,459	3,470	353	2,306	135	1,333	15,650	1,201	105	(3,929)
Expenses											
Salaries, wages and benefits	15,839	2,632	1,102	2,399	645	127	1,381	6,454	1,015	84	-
Medical supplies	1,048	-	-	-	4	2	189	852	1	-	-
Purchased services, professional fees and other expenses	11,721	8,058	1,947	(2,482)	740	52	1,666	5,551	102	16	(3,929)
Depreciation and amortization	4,061	2,188	654	271	186	16	137	590	4	15	-
Interest	2,063	1,110	237	80	337	-	-	299	-	-	-
Insurance	176	61	18	22	8	-	20	44	2	2	-
Provision for bad debts	(86)	16	-	(10)	-	4	14	(136)	26	-	-
Total operating expenses	34,822	14,065	3,958	280	1,920	201	3,407	13,654	1,150	117	(3,929)
Operating (loss) income	(739)	(606)	(488)	73	386	(66)	(2,074)	1,996	51	(12)	-
Non-operating gains (losses)											
Investment returns, net	471	383	48	6	13	-	20	2	-	-	-
Change in fair value of interest rate swaps	(728)	-	-	(728)	-	-	-	-	-	-	-
Total non-operating (losses) gains	(257)	383	48	(722)	13	-	20	2	-	-	-
(Deficit) excess of revenues over expenses	(\$996)	(\$223)	(\$440)	(\$649)	\$399	(\$66)	(\$2,054)	\$1,998	\$51	(\$12)	\$ -

2/28/2012
Year-to-Date
(000's Omitted)

St. Joseph's of the Pines - December 2011
Combining Statement of Operations

4:53 P

	Bellevue	PrimeCare	Generations Center	Nesse Clinic	Coverity	Family Care Homes
UNRESTRICTED REVENUES						
Inpatient Acute	-	-	-	-	-	-
Inpatient Exempt Units	-	-	-	-	-	-
Outpatient Acute	-	-	-	-	-	-
Long Term Care	-	-	-	-	185	-
Physician Revenues	-	-	-	-	-	-
Capitation Revenue	-	-	-	-	-	-
Home Health Revenue	-	-	-	-	-	-
Other (HHA Hospice Grant etc)	-	-	-	-	-	-
Total Gross Patient Revenue					185	-
Deductions From Revenue	99	3	-	-	74	0
Bad Debts	-	-	-	-	-	-
DSH and Uncompensated Care Funds	-	-	-	-	-	-
Charity Care	-	-	-	-	-	-
Total Net Patient Revenue	(99)	(3)	-	-	111	0
Other Operating Revenue	18,520	8,468	-	193	2,405	435
Gain (Loss) on Sale of Assets	-	-	-	-	-	-
Other than temporarily investment impairment	-	-	-	-	-	-
Contributions - Unrestricted	14	-	-	15	-	-
Net Assets Released from Restrictions for Operations	24	5	-	145	-	-
Total Operating Revenue	13,459	3,470	-	353	2,306	134
OPERATING EXPENSES						
Salaries	2,157	922	-	1,986	538	109
Employee Benefits	475	180	-	413	107	18
Physician Fees	-	-	-	-	-	-
Medical Claims	-	-	-	-	-	-
Professional Fees & Purchased Services	4,426	422	-	1,142	332	19
Medical Supplies	-	-	-	-	3	2
Drugs	-	-	-	-	1	-
Depreciation & Amortization	2,188	654	-	271	186	16
Interest	1,110	237	-	80	337	-
Bad Debt	16	0	-	(10)	-	4
Insurance	61	18	-	22	8	0
Other	3,632	1,525	-	(3,624)	408	33
Total Operating Expenses	14,064	3,958	-	281	1,919	201
Operating Income Excluding Restructuring and Impairment Costs	(606)	(488)	-	72	387	(67)
NON-OPERATING GAINS/LOSSES						
Investment Income	718	73	-	39	9	-
Net Unreal G/L Invest-Trad Securities	(335)	(25)	-	(33)	4	-
Chng in Unreal G/L invest Avail-for-Sale	-	-	-	-	-	-
Other than temptry investment impairment	-	-	-	-	-	-
Equity in Earning of Unconsol Organizat	-	-	-	-	-	-
Restructuring Costs	-	-	-	-	-	-
Impairment Costs	-	-	-	-	-	-
Contribution Income for Contrib Assets	-	-	-	-	-	-
Other Non Operating Expenses	-	-	-	-	-	-
Net Cumulative Unrealized Gains(Losses) Transferred to Trading Securities	-	-	-	-	-	-
Loss on Extinguishment of Debt	-	-	-	-	-	-
Change in Fair Value of Interest Rate Swaps	-	-	-	728	-	-
Excess of Revenues over Expenses	(222)	(440)	-	(649)	399	(67)

St. Joseph's of the Pines - December 2011
Combining Statement of Operations

	PACE Program	Health Center	Duke & St. Joseph's Home Care	Home Care at St. Joseph of the Pines	HUD Housing Management	St. Joseph of the Pines Eliminations
UNRESTRICTED REVENUES						
Inpatient Acute	-	-	-	-	-	-
Inpatient Exempt Units	-	-	-	-	-	-
Outpatient Acute	-	-	-	-	-	-
Long Term Care	-	17,624	-	1,086	-	(2,159)
Physician Revenues	-	-	-	-	-	-
Capitation Revenue	1,342	-	-	-	-	-
Home Health Revenue	-	-	-	-	-	-
Other (HHA Hospice Grant etc)	-	-	-	-	-	-
Total Gross Patient Revenue	1,342	17,624	-	1,086	-	(2,159)
Deductions From Revenue	10	2,124	-	(113)	-	-
Bad Debts	-	-	-	-	-	-
DSH and Uncompensated Care Funds	-	-	-	-	-	-
Charity Care	-	-	-	-	-	-
Total Net Patient Revenue	1,332	15,501	-	1,199	-	(2,159)
Other Operating Revenue	0	142	-	2	105	(1,770)
Gain (Loss) on Sale of Assets	-	-	-	-	-	-
Other than temporarily investment impairment	-	-	-	-	-	-
Contributions - Unrestricted	1	3	-	-	-	-
Net Assets Released from Restrictions for Operations	-	5	-	-	-	-
Total Operating Revenue	1,333	15,650	-	1,201	105	(3,929)
OPERATING EXPENSES						
Salaries	1,153	5,364	-	932	71	-
Employee Benefits	228	1,090	-	83	13	-
Physician Fees	162	41	-	-	-	-
Medical Claims	-	-	-	-	-	-
Professional Fees & Purchased Services	829	2,320	-	43	0	(3,929)
Medical Supplies	28	226	-	1	-	-
Drugs	161	626	-	0	-	-
Depreciation & Amortization	137	590	-	4	15	-
Interest	-	299	-	-	-	-
Bad Debt	14	(136)	-	26	-	-
Insurance	20	44	-	2	2	-
Other	675	3,190	-	59	16	-
Total Operating Expenses	3,406	13,654	-	1,151	117	(3,929)
Operating Income Excluding Restructuring and Impairment Costs	(2,074)	1,995	-	51	(12)	0
NON-OPERATING GAINS/LOSSES						
Investment Income	113	2	-	-	-	-
Net Unreal G/L Invest-Trad Securities	(93)	-	-	-	-	-
Chng in Unreal G/L invest Avail-for-Sale	-	-	-	-	-	-
Other than temptry investment impairment	-	-	-	-	-	-
Equity in Earning of Unconsol Organizat	-	-	-	-	-	-
Restructuring Costs	-	-	-	-	-	-
Impairment Costs	-	-	-	-	-	-
Contribution Income for Contrib Assets	-	-	-	-	-	-
Other Non Operating Expenses	-	-	-	-	-	-
Net Cumulative Unrealized Gains(Losses) Transferred to Trading Securities	-	-	-	-	-	-
Loss on Extinguishment of Debt	-	-	-	-	-	-
Change in Fair Value of Interest Rate Swaps	-	-	-	-	-	-
Excess of Revenues over Expenses	(2,054)	1,998	-	51	(12)	0

	St. Joseph's of the Pines
UNRESTRICTED REVENUES	
Inpatient Acute	-
Inpatient Exempt Units	-
Outpatient Acute	-
Long Term Care	16,736
Physician Revenues	-
Capitation Revenue	1,342
Home Health Revenue	-
Other (HHA Hospice Grant etc)	-
Total Gross Patient Revenue	18,078
Deductions From Revenue	2,197
Bad Debts	-
DSH and Uncompensated Care Funds	-
Charity Care	-
Total Net Patient Revenue	15,881
Other Operating Revenue	17,990
Gain (Loss) on Sale of Assets	-
Other than temporarily investment impairment	-
Contributions - Unrestricted	33
Net Assets Released from Restrictions for Operations	179
Total Operating Revenue	34,082
OPERATING EXPENSES	
Salaries	13,232
Employee Benefits	2,607
Physician Fees	203
Medical Claims	-
Professional Fees & Purchased Services	5,604
Medical Supplies	260
Drugs	788
Depreciation & Amortization	4,061
Interest	2,063
Bad Debt	(88)
Insurance	176
Other	5,914
Total Operating Expenses	34,823
Operating Income Excluding Restructuring and Impairment Costs	(741)
NON-OPERATING GAINS/LOSSES	
Investment Income	954
Net Unreal G/L Invest-Trad Securities	(483)
Chng in Unreal G/L invest Avail-for-Sale	-
Other than temptry investment impairment	-
Equity in Earning of Unconsol Organizat	-
Restructuring Costs	-
Impairment Costs	-
Contribution Income for Contrib Assets	-
Other Non Operating Expenses	-
Net Cumulative Unrealized Gains(Losses) Transferred to Trading Securities	-
Loss on Extinguishment of Debt	-
Change in Fair Value of Interest Rate Swaps	728
Excess of Revenues over Expenses	(997)

Creech, Alice

From: Naugle, Rob [rnaugle@che.org]
Sent: Wednesday, May 23, 2012 9:00 AM
To: Jeannine Shupp; Creech, Alice
Subject: RE: CCRC CommunityBenefits 2011
Importance: High

Jeannine:

I think Alice may have the CHE numbers in total on this schedule instead on the individual St. Joseph's of the Pines numbers. Thank you for clarifying.

Thanks...Rob

Robert O. Naugle, Jr.
Director, Financial Services & Corporate Controller
Catholic Health East
3805 West Chester Pike, Suite 100
Newtown Square, Pa 19073
phone: (610) 355-2029

From: Jeannine Shupp [mailto:jshupp@sjp.org]
Sent: Wednesday, May 23, 2012 8:57 AM
To: Naugle, Rob; Creech, Alice (alice.creech@dhhs.nc.gov)
Subject: FW: CCRC CommunityBenefits 2011
Importance: High

Good morning Rob and Alice,

No, I didn't get this email asking us to confirm our numbers. The figure for St. Joseph of the Pines for 2011 is incorrect, it should be 6.53%, not 4.60%. Please see our attached documentation. Please let me know if you have any questions.

Thank you,

Jeannine Shupp
Controller
St. Joseph of the Pines
100 Gossman Drive, Suite B
Southern Pines, NC 28387
910-246-3117
jshupp@sjp.org

From: Naugle, Rob [mailto:rnaugle@che.org]
Sent: Wednesday, May 23, 2012 8:12 AM
To: Jeannine Shupp
Subject: FW: CCRC CommunityBenefits 2011
Importance: High

Jeannine:

Please see message and attached from NC Medical Commission. Please review and let me know if you

5/23/2012

ok with these numbers. I am not sure if Alice Creech copied you on this original email.

Thanks...Rob

Robert O. Naugle, Jr.
Director, Financial Services & Corporate Controller
Catholic Health East
3805 West Chester Pike, Suite 100
Newtown Square, Pa 19073
phone: (610) 355-2029

From: Creech, Alice [mailto:alice.creech@dhhs.nc.gov]
Sent: Tuesday, May 22, 2012 9:34 AM
To: dhsr.mcc.ccrc.cfo
Cc: Taylor, Chris
Subject: [dhsr.mcc.ccrc.cfo] CCRC CommunityBenefits 2011

Good morning,

Attached is a chart of Community Benefit information that is being sent on the behalf of Chris Taylor. Please check the percentages by your facility and let us know if they are correct by the end of next week. We will be posting this chart on the Medical Care Commission website the following week. Please call or email if you have any questions.

Thank you,
Alice Creech

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5/23/2012

Catholic Health
East
B
8/14/11

**The North Carolina Medical Care Commission
Reporting for Community Improvement and Charity Care/Community Benefit by a
Continuing Care Retirement Community (CCRC)**

Community Improvement Relationships is an active process CCRC linking with the community agencies and organizations responsible for assessing and planning to meet the health and other needs of the community. CCRCs are expected to connection with these agencies and organizations to better define how the CCRC can use its particular strengths and talents to meet community benefit needs.

Charity Care is the unreimbursed costs to the facility of providing health care, housing, or other services to a resident who is uninsured, underinsured, or otherwise unable to pay for all or part of the services rendered. (Session Law 2001-17; GS 105-278.6A). Most likely the first priority identified by a CCRC for charity care/community benefits would be to provide charity care for its residents.

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1. Services, including health, recreation, community research, and education activities provided to the community at large, including the elderly.
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3. Donated volunteer services
4. Donations and voluntary payments to government agencies.
(Session Law 2001-17; GS 105-278.6A)

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1. North Carolina Medical Care Commission, Executive Summary of the CCRCs Community Improvement Relationships.
2. North Carolina Medical Care Commission, Charity Care/Community Benefit Report
3. Any supplemental reports that describe Charity Care/Community Benefit programs and cost/expenses (e.g. IRS Form 990, Section III, annual reports, etc.)



CATHOLIC HEALTH EAST

2010 COMMUNITY BENEFIT REVIEW AND APPROVAL FORM
DUE DATE: March 4, 2011

Please complete, scan and email to Rob Naugle @ rnaugle@che.org if you are unable to scan, please mail the completed document to: Rob Naugle, Director, Financial Services and Corporate Controller, Catholic Health East, 3805 West Chester Pike., Suite 100, Newtown Square, PA 19073. Thank you so much for your efforts in this endeavor!

Debbie Tally / [Signature]
Name/Signature of Person Completing Report

2/21/2011
Date

St. Joseph of the Pines
Name of Organization

[Signature]
Signature of President/CEO

2/21/2011
Date

[Signature]
Signature of CFO

2-21-11
Date

[Signature]
Signature of VP, Mission

2/21/2011
Date

St. Joseph's of the Pines, Inc.
Consolidating Statement of Operations
December 31, 2010

(In thousands of dollars)

	St. Joseph's of the Pines, Inc.	Belle Meade	Pine Knoll	Neese Clinic	Coventry	PACE Program	Health Center	Home Care at St. Joseph of the Pines	HUD Housing Management
Unrestricted revenue, gains and other support									
Net patient service revenue	\$13,513	\$ -	\$ -	(\$2,023)	\$611	\$ -	\$14,909	\$16	\$ -
Other operating revenue, gains and other support	17,280	13,311	3,585	(1,478)	1,614	-	160	-	88
Total unrestricted revenue, gains and other support	30,793	13,311	3,585	(3,501)	2,225	-	15,069	16	88
Expenses									
Salaries, wages and benefits	12,799	2,145	952	2,213	578	551	6,219	20	121
Medical supplies	803	-	-	-	5	5	793	-	-
Purchased services, professional fees and other expenses	11,501	8,397	2,086	(5,986)	753	542	5,699	1	9
Depreciation and amortization	3,730	2,140	647	155	183	6	591	-	8
Interest	2,209	1,190	252	87	360	-	320	-	-
Insurance	111	35	15	18	4	5	34	-	-
Provision for bad debts	(104)	8	1	(5)	-	-	(108)	-	-
Total expenses	31,049	13,915	3,953	(3,518)	1,883	1,109	13,548	21	138
Operating (loss) income	(256)	(604)	(368)	17	342	(1,109)	1,521	(5)	(50)
Non-operating losses									
Investment returns, net	1,797	1,016	270	134	93	284	-	-	-
Loss on extinguishment of debt	(296)	(160)	(34)	(11)	(48)	-	(43)	-	-
Change in fair value of interest rate swaps	(703)	-	-	(703)	-	-	-	-	-
Total non-operating gains (losses)	798	856	236	(580)	45	284	(43)	-	-
Excess (deficit) of revenues over expenses	\$542	\$252	(\$132)	(\$563)	\$387	(\$825)	\$1,478	(\$5)	(\$50)

St. Joseph of the Pines
Income Statement less Intercompany Eliminations
All Entities with LIFE
For the Twelve Months Ending December 31, 2010

highlighted amounts not included
in computation of total Resident Revenue

GL Number	GL Description	December Actual 2010	December Budget 2010	December Actual 2009	Actual YTD 2010	Budget YTD 2010	Actual YTD 2009	Variance to Budget MTD	Variance to Budget YTD	% Variance MTD	% Variance YTD
REVENUE											
4300081	Room and Board - Self Pay	100,413.86	100,397.70	101,594.15	939,587.88	1,162,779.44	862,069.95	16.26	(223,191.48)	0.02%	(19.19%)
4300031	Room and Board - Medicare	431,028.41	425,948.00	447,867.00	5,092,519.80	5,017,598.00	4,918,213.10	5,078	74,922	1.19%	1.49%
4300011	Room and Board - Medicaid	234,928.00	221,335.00	252,528.00	3,146,826.87	2,606,045.00	3,048,986.00	13,593	540,582	6.14%	20.74%
4300121	Room and Board - Commercial	7,110.00	12,720.00	0.00	63,356.30	151,651.00	179,453.00	(5,810)	(88,295)	(44.10%)	(58.22%)
4200041	Room and Board - HMO & Managed Care	33,959.00	19,927.00	28,327.00	442,491.08	237,998.00	306,121.52	14,032	204,493	70.42%	86.92%
4300051	Room and Board - Blue Cross	15,282.00	0.00	3,555.00	128,507.00	0.00	96,066.00	15,282	128,507	#DIV/0!	#DIV/0!
4300081	Room and Board - Other Pyr	14,016.00	17,322.00	11,532.00	119,808.00	203,952.00	224,316.00	(3,306)	(84,144)	(19.09%)	(41.26%)
4300071	Room and Board - Evercare	0.00	307.00	1,302.00	16,483.00	3,884.00	15,507.00	(307)	12,799	(100.00%)	349.32%
4300263	Room and Board - CCRC	165,938.00	147,460.00	153,435.00	1,983,160.00	1,769,520.00	1,875,963.20	18,478	213,640	12.53%	12.07%
Total Room and Board		1,002,653.37	945,416.70	1,000,138.15	11,932,519.79	11,153,207.44	11,526,695.77	57,237	779,312	6.05%	6.99%
(4300081)	Ancillary - Self Pay	8,618.36	6,228.00	8,002.16	82,299.99	73,333.00	78,179.20	2,390	8,967	38.38%	12.23%
(4300031)	Ancillary - Medicare A	195,430.75	208,243.00	239,137.42	2,724,454.83	2,453,078.00	2,485,838.41	(12,812)	271,379	(6.15%)	11.06%
(4300031)	Ancillary - Medicare B	42,006.60	16,972.00	37,514.37	486,210.36	199,835.00	400,450.38	25,035	296,375	147.51%	148.31%
(4300011)	Ancillary - Medicaid	6,329.38	8,988.00	5,988.17	84,162.96	105,828.00	104,858.12	(2,659)	(21,685)	(29.58%)	(20.47%)
(4300121)	Ancillary - Comm Ins	18,397.92	12,602.00	2,427.42	143,551.27	150,516.00	163,324.54	5,796	(6,865)	45.99%	(4.63%)
(4300021)	Ancillary - Managed Care	18,314.63	6,914.00	18,903.46	235,488.29	82,842.00	140,801.14	11,401	152,826	164.89%	184.93%
(4300081)	Ancillary - Other Payer	143.64	860.00	785.70	28,482.14	10,120.00	13,727.69	(716)	16,362	(83.30%)	161.68%
(4300071)	Ancillary - Evercare	9,307.42	7,184.00	3,929.65	112,752.69	85,955.00	69,735.72	2,123	26,798	29.56%	31.18%
Total Ancillaries		298,546.68	287,991.00	316,668.35	3,905,382.53	3,161,305.00	3,454,715.20	30,558	744,078	11.40%	23.54%
5300090	Contractual Allowance - Self Pay	(3,100.24)	0.00	(190.20)	(22,571.58)	0.00	(12,493.29)	(3,100)	(22,572)	#DIV/0!	#DIV/0!
5300040	Contractual Allowance - Medicare A	(1,597.45)	(62,081.00)	(137,153.73)	(988,119.54)	(725,469.00)	(1,389,353.28)	80,484	(262,651)	(97.43%)	36.20%
5300041	Contractual Allowance - Medicare B	0.00	0.00	0.00	0.00	0.00	(16,568.91)	0	0	#DIV/0!	#DIV/0!
5300041	Contractual Allowance - OP MCB	0.00	0.00	0.00	0.00	0.00	922.11	0	0	#DIV/0!	#DIV/0!
5300010	Contractual Allowance - Medicaid	(75,564.54)	(51,675.25)	(86,888.65)	(1,066,987.71)	(608,740.00)	(838,682.55)	(23,889)	(458,248)	48.23%	75.28%
5300110	Contractual Allowance - Commercial	(3,379.91)	(7,085.00)	(5,011.62)	(67,988.95)	(84,821.00)	(111,220.11)	3,705	26,632	(52.29%)	(31.47%)
5300080	Contractual Allowance - Blue Cross	(3,501.37)	0.00	(3,112.44)	(95,340.75)	0.00	(66,202.61)	(3,501)	(95,341)	#DIV/0!	#DIV/0!
5300050	Contractual Allowance - Other Payer	(6,917.83)	0.00	0.00	(86,865.59)	0.00	0.00	(6,918)	(86,866)	#DIV/0!	#DIV/0!
5300100	Contractual Allowance - Evercare	(1,851.88)	0.00	1,784.80	(10,008.76)	0.00	(14,342.34)	(1,852)	(10,007)	#DIV/0!	#DIV/0!
(5300134)	Contractual Allowance - CCRC	(6,301.88)	(5,613.00)	(821.34)	(11,988.99)	(68,441.00)	(118,413.50)	(489)	56,454	8.41%	(82.49%)
5799920	Small Balance Write Off	(41.87)	0.00	(124.05)	(1,855.81)	0.00	(1,183.54)	(42)	(1,856)	#DIV/0!	#DIV/0!
5910030	Charity Care	0.00	0.00	0.00	400.00	0.00	0.00	0	400	#DIV/0!	#DIV/0!
Total Contratral Allowances		(102,256.95)	(126,654.25)	(231,317.23)	(2,341,323.68)	(1,487,271.00)	(2,545,537.90)	24,397	(854,053)	(18.28%)	57.42%
Net Skilled Nursing Revenue		1,198,946.10	1,086,753.45	1,085,489.27	13,496,578.64	12,827,241.44	12,435,873.07	112,192	689,337	10.32%	5.22%
5980010	Restricted Net Assets For Oper	1,720.00	0.00	36,683.28	107,438.43	0.00	152,718.91	1,720	107,438	#DIV/0!	#DIV/0!
5955013	Gifts & Bequests & Contributions	3,252.00	3,000.00	4,034.08	32,739.14	36,000.00	27,228.54	252	(3,261)	8.40%	(9.08%)
Total Contributions		4,972.00	3,000.00	40,697.36	140,177.57	36,000.00	179,945.45	1,972	104,178	65.73%	289.36%
4500010	LIFE - Medicaid Capitation	0.00	123,927.08	0.00	0.00	477,290.19	0.00	(123,927)	(477,290)	(100.00%)	(100.00%)
4500030	LIFE - Medicare Capitation	0.00	83,902.75	0.00	0.00	321,787.75	0.00	(83,903)	(321,788)	(100.00%)	(100.00%)
Total LIFE Capitation Revenue		0.00	207,829.83	0.00	0.00	799,057.94	0.00	(207,830)	(799,058)	(100.00%)	(100.00%)
5948910	Earned Entrance Fees-Amortization	243,753.25	282,000.00	288,877.25	3,476,208.00	3,384,000.00	3,383,922.00	(38,247)	92,208	(13.56%)	2.72%
5947310	Earned Entrance Fees -Transitional	231,326.00	130,213.00	104,129.00	1,913,547.00	1,582,556.00	1,153,429.00	101,113	350,991	77.65%	22.48%
Total Entrance Fee Revenue		475,079.25	412,213.00	393,006.25	5,389,753.00	4,966,556.00	4,537,351.00	62,666	443,197	15.25%	8.98%
5947511	Monthly Service Fees	880,443.56	908,978.55	881,813.64	10,882,243.55	10,779,818.12	10,581,366.02	(28,535)	(97,375)	(3.14%)	(0.90%)
5941550	Guest/Extra Meal Income	21,421.22	7,686.33	22,502.20	136,022.83	91,835.96	120,415.49	13,735	44,187	178.89%	48.11%

St. Joseph of the Pines
Income Statement less Intercompany Eliminations
All Entities with LIFE
For the Twelve Months Ending December 31, 2010

01/19/11

GL Number	GL Description	December Actual 2010	December Budget 2010	December Actual 2009	Actual YTD 2010	Budget YTD 2010	Actual YTD 2009	Variance to Budget MTD	Variance to Budget YTD	% Variance MTD	% Variance YTD
Total Monthly Service Fees		901,864.78	918,664.88	904,315.84	10,818,266.38	10,871,454.08	10,701,781.51	(14,800)	(53,188)	(1.61%)	(0.49%)
5941510	Cafeteria Income	19,395.40	20,900.00	27,452.46	253,778.79	250,800.00	251,352.40	(1,505)	2,979	(7.20%)	1.19%
5950210	Maintenance Services Revenue	3.19	3,100.00	0.00	39,738.43	37,200.00	50,576.76	(3,097)	2,538	(98.90%)	6.82%
5950210	Other Services Revenue	6,405.45	5,400.00	3,570.55	83,310.60	84,800.00	32,178.34	1,005	18,511	18.62%	28.57%
5950530	Beauty and Barber Revenue	4,334.00	1,833.34	5,440.01	51,457.15	22,000.08	48,571.85	2,501	29,457	136.40%	133.80%
5943010	Management Fee Income	8,463.88	8,430.00	23,781.39	987,805.08	77,180.00	92,357.15	2,034	10,645	31.63%	13.80%
5940030	Rental Income	11,851.74	10,557.50	10,884.81	130,308.70	126,880.00	121,162.08	1,294	3,817	12.28%	2.85%
4200080	Home Care Revenue	13,855.75	0.00	0.00	15,749.75	0.00	0.00	13,856	15,760	#DIV/0!	#DIV/0!
5950500	Other Operating Revenue	31,938.02	29,705.06	2,639.79	285,810.06	359,460.72	298,013.05	2,231	(90,851)	7.51%	(25.49%)
Total Other Revenue		98,245.43	77,925.90	73,789.01	927,756.56	935,110.80	890,211.71	18,320	(7,354)	23.51%	(0.79%)
TOTAL NET OPERATING REVENUE		2,677,106.56	2,704,387.06	2,497,277.73	30,772,532.15	30,415,420.26	28,745,162.74	(27,281)	357,112	(1.01%)	1.17%
OPERATING EXPENSES											
6000020	Admin Salaries	187,154.06	195,619.52	144,189.65	1,717,943.17	2,134,354.82	1,816,821.29	(28,465)	(416,412)	(14.55%)	(19.51%)
6000050	RN Salaries	50,828.28	47,878.23	33,912.11	454,508.01	519,997.12	401,053.56	3,162	(65,491)	6.61%	(12.59%)
6000080	LPN Salaries	105,027.40	107,534.68	102,871.59	1,236,781.11	1,269,227.19	1,175,923.89	(2,507)	(32,486)	(2.33%)	(2.56%)
6000070	CNA Salaries	169,048.23	184,431.37	154,554.25	1,857,102.91	1,871,582.09	1,804,149.30	4,817	(14,479)	2.81%	(0.77%)
6000080	Support Salaries	277,348.82	224,508.34	198,911.28	2,591,542.94	2,472,607.97	2,243,601.08	52,842	118,935	23.54%	4.81%
6000080	Wait Staff Salaries	68,010.40	65,581.41	62,838.84	730,381.87	771,708.89	680,280.83	2,449	(41,325)	3.74%	(5.36%)
6000080	Food Prep Salaries	92,981.57	85,017.51	80,049.89	989,763.63	985,801.45	844,030.15	7,984	3,962	9.37%	0.40%
6000200	Salaries and Wages OT	8,947.19	12,138.06	13,078.10	159,080.50	144,426.88	183,688.38	(3,191)	14,654	(26.29%)	10.15%
Total Wages		939,345.95	902,485.12	780,405.72	9,737,082.14	10,169,704.41	8,929,328.46	36,861	(432,622)	4.08%	(4.25%)
6000300	Salaries and Wages PTO	117,822.81	80,285.45	108,427.33	980,262.95	919,298.35	879,226.09	37,337	40,865	46.51%	4.46%
6104010	Workers Compensation	38,369.22	30,991.32	(58,175.35)	137,744.76	365,896.77	240,958.08	7,378	(227,952)	23.81%	(82.33%)
6100010	FICA	70,575.98	74,889.63	57,312.88	765,384.87	867,914.82	703,216.40	(4,314)	(102,530)	(5.76%)	(11.81%)
6102510	Life & Accident Insurance	(3,165.42)	1,104.00	874.16	5,421.28	12,845.93	9,893.24	(4,269)	(7,425)	(386.72%)	(57.80%)
6102010	Health Insurance - Non CHE	76,185.04	81,440.95	69,305.32	857,015.53	945,600.73	813,383.89	(5,258)	(88,585)	(6.45%)	(9.37%)
6101510	Dental Insurance - CHE	680.67	1,383.91	1,084.79	8,991.04	18,088.53	12,835.14	(693)	(9,098)	(50.09%)	(56.55%)
6105530	Unemployment Insurance	47,481.48	6,611.79	(5,899.20)	91,629.26	78,712.93	42,111.00	40,870	14,916	818.13%	19.44%
6100510	Retirement Expense	11,031.08	9,489.44	133.82	98,712.19	108,948.73	31,211.03	1,542	(12,237)	16.25%	(11.23%)
6103030	Long Term Disability	1,457.89	2,332.66	1,986.00	21,675.41	27,991.92	24,162.00	(875)	(8,317)	(37.50%)	(22.57%)
6103510	Tuition and Scholarships	8,520.53	7,672.03	71,389.70	115,865.45	63,813.83	115,405.36	849	52,052	11.06%	81.57%
Total Benefits		368,789.28	296,201.18	244,429.45	3,058,702.74	3,404,913.54	2,872,492.23	72,568	(346,211)	24.50%	(10.17%)
6200100	Physician Fees	1,100.00	6,345.60	4,009.09	35,728.00	55,382.40	44,099.99	(5,246)	(19,854)	(82.67%)	(35.49%)
		1,100.00	6,345.60	4,009.09	35,728.00	55,382.40	44,099.99	(5,246)	(19,854)	(82.67%)	(35.49%)
6211010	Consulting Fees	19,593.56	18,982.08	44,370.36	237,813.38	227,784.86	220,758.18	611	10,028	3.22%	4.40%
6210010	Legal Services	30,075.00	650.00	5,288.16	97,488.82	10,800.00	10,848.78	29,425	86,687	4,528.92%	802.66%
Professional Fees		49,668.56	19,632.08	49,658.52	335,300.20	238,584.86	231,606.96	30,036	98,715	153.00%	40.54%
6321010	Drugs - OTC	4,356.63	5,858.00	3,883.73	58,120.93	70,298.00	47,000.96	(1,501)	(12,175)	(25.63%)	(17.32%)
6320010	Drugs - RX	31,455.53	40,004.83	44,137.08	489,679.37	480,057.86	505,862.57	(8,549)	9,621	(21.37%)	2.00%
6320010	IV Supplies	550.78	3,333.00	1,035.05	9,255.99	39,996.00	35,004.16	(2,782)	(30,740)	(83.47%)	(76.86%)
Drugs		36,362.94	49,195.83	49,055.86	557,056.29	680,349.86	587,867.69	(12,833)	(33,294)	(26.09%)	(5.64%)
6316010	Oxygen	214.50	500.00	162.00	4,692.76	6,000.00	5,139.04	(286)	(1,307)	(57.10%)	(21.79%)
6806090	Nursing Supplies	0.00	0.00	462.73	111.65	0.00	966.98	0	112	#DIV/0!	#DIV/0!

(Exhibit A)

**North Carolina Medicare Care Commission
Executive Summary of the CCRCs Community Improvement Relationships
Continuing Care Retirement Community (CCRC)**

Organization: St. Joseph of the Pines, Inc. Date: 5/18/2011

1. Statement of the CCRCs mission and commitment to charity care/community benefit.

The mission of St. Joseph of the Pines Health System, is to provide outstanding senior living and health services. As we do we will listen with special care to those who are least able to speak to their own needs. We commit ourselves to promote emotional, physical and spiritual well-being to those in our care. We provide uncompensated care in our skilled nursing facilities, sponsor senior HUD housing and contribute to over 30 different charitable organizations in our community.

2. Describe geographic service area and target populations for community benefits. Our primary service area is Moore County, NC and the thirteen surrounding counties comprise its secondary service area; including HUD facilities sponsored in Robeson County. Our target population is low income seniors within our area; our Community Benefits also extend into programs for all the poor in all age groups.

3. Describe the relationships with agencies and organization with in the community. We work with our local department of social services, Ombudsman and many other local Organizations to help to meet the needs of the poor/indigent within the community.

4. List current community benefit programs.

Uncompensated care in our SNF thru Medicaid
Volunteer hours for Meals on Wheels and a variety of other community activities
United Way of Moore County
Alzheimer's Memory Walk and Ride
Empty Stocking Fund & Red Springs Santa's Helping Hands(Christmas gifts for low income families)
Pope John Paul II Catholic School & St. Anthony of Padua Catholic School
American Cancer Society
Autism Society
Sandhills Community College and Communities in Schools
Friend to Friend (women's shelter)
Junior League of Moore County
Moore Coalition for Human Care
Moore County Chamber of Commerce
Moore County Community Foundation
Moore Free Care Clinic
Moore Regional Hospital Auxillary, etc...

Detailed Application for Property Tax Exemption Under G.S. 105-

Instructions (Return to County Tax Office No Later Than October 1, 2001)

A facility may be granted a total exclusion under Section 1, G.S. 105-278.6A, (c), provided that conditions (1) through (5) are met AND condition (6) a. OR (6) b. is met.

If the facility qualifies under (6) a. AND meets conditions (1) through (5), check this box to obtain a total exemption. Only complete identifying information and signature. Do not complete the rest of the form. (Provide relevant documentation.)

If the facility qualifies under (6) b. AND meets conditions (1) through (5), complete the rest of the form below.

Provide all relevant attachments as noted under each category.

REVENUE

Total Resident Revenue - As Disclosed in Most Recent Audited Financial Statement

(Includes all monthly service fees, fee for service charges, amortized entry fee income for the year, and any fees collected that would not otherwise be amortized into income for the year associated with living in the facility. Excludes investment income, contributions and income from non-resident sources.) Attach Relevant Sections of Most Recent Audited Financial Statements

(1) 30,169,000

CHARITY CARE

(A) Unreimbursed Health Care

(From Medicare/Medicaid or Third Party cost reports, internal resident assistance data certified by the facility or audited financial statements which show amount of unreimbursed costs) Attach Applicable Pages of Cost Reports

1,797,227

(B) Unreimbursed Housing and Services

(From internal assistance reports (Lyons software or spreadsheet) certified by the facility and/or audited statements which show amount of unreimbursed costs and/or as disclosed in most recent audited financial statement)

0

Total Charity Care

(2) 1,797,227

COMMUNITY BENEFITS

(Amounts claimed are to be taken from audited financial statements which either footnote the amount or disclose the amount in the statement of operations as a line item and/or can be taken from documented receipt letters from entities receiving the service, donation or volunteer service, and/or as documented in the Lyons Software or similar spreadsheet program certified by the facility. The amounts are limited to actual expenses incurred by the facility to perform the service or provide the donation.)

(A) Services

(Verifiable unreimbursed expenses incurred by the facility to provide health, recreation, community research, and education activities to the community at large, including the elderly – DOES NOT include resident volunteer time.)

174,593

(B) Charitable Donations

(Actual cash outlay or equivalent dollar amount of donated items originally acquired by the facility and documented in facility community benefit report (Lyons software or spreadsheet) and/or noted in audited financial statements.)

Detailed Application for Property Tax Exemption Under G.S. 105-

(C) Donated Volunteer Services

(Cost to the facility for allowing employees to volunteer in community service projects or organizations and/or actual unreimbursed facility material, space and volunteer time as documented based on wages paid by the facility for the volunteer during the service period/project)

60,065

(D) Donations and Voluntary Payments to Government Agencies

(Amounts to be taken from Receipted donations/payments from government agency receiving donation/payment when the facility would otherwise not have to pay the agency – goodwill.)

Total Community Benefits

(3) 234,658

Total Community Benefits and Charity Care (2) + (3)

(4) 2,031,885

Percentage of Resident Revenue

Total Community Benefits and Charity Care Divided by
Total Resident Revenue

(4) 2,031,885
(1) 30,169,000

Percentage of Resident Revenue (4) divided by (1)

6.74 %

Exclusion Percentage Based on Percent of Resident Revenue Above

% of Revenue

Exclusion %

5%

100%

4%

80%

3%

60%

2%

40%

1%

20%

Exclusion % 100

Facility

Name St. Joseph of the Pines County Moore

Facility

Address 103 Gossman Drive, Southern Pines, NC 28387

By Signing Below We Hereby Certify the Information Stated Above is Correct and True as Supported by Our Financial and Facility Records:



Officer's Signature

Date May 24, 2011



CATHOLIC HEALTH EAST

RHC NAME
2010 COMMUNITY BENEFIT REPORT

A. Please add the following information for your organization:

	2009 Total Community Benefit	2010 Total Community Benefit
Traditional Charity Care	0	0
Unpaid Cost of Medicaid	1,583,527	1,797,227
Other Public Programs	601	0
Community Services	247,569	234,658
Total	\$1,831,697	\$2,031,885
Unpaid Cost of Medicare		

B. Please explain any major 2009-2010 discrepancies:
(Please add a separate page if necessary)

Cost of Medicaid increased approximately 6% in 2010, while revenue decreased slightly.

C. Please add RHC Employee Volunteer information, as available:

Volunteers - 2010	Hours Volunteered by your RHC staff on paid RHC time	Average Calculated \$ Amount	Total Volunteer Net Community Benefit (must be included in Section A)
Professional	1658	36.23	60,065
Global/Int'l. Health			
Non-Professional (under auspices of the Director of Volunteer's Office)			
Total	1658	\$36.23	\$60,065

The \$\$ amounts for RHC employees must be reported in the appropriate line of section A.

D. Please add Non RHC Employee Volunteer information, as available:

Total 2010 Volunteer hours (Non RHC employees) 10,364


 5/14/11
 RY

RHC NAME 2010 COMMUNITY BENEFIT REPORT

A. Please add the following information for your organization:

	2009 Total Community Benefit	2010 Total Community Benefit
Traditional Charity Care	0	0
Unpaid Cost of Medicaid	1,583,527	1,797,227
Other Public Programs	601	0
Community Services	247,569	234,658
Total	\$1,831,697	\$2,031,885
Unpaid Cost of Medicare		

**B. Please explain any major 2009-2010 discrepancies:
(Please add a separate page if necessary)**

Cost of Medicaid increased approximately 6% in 2010, while revenue decreased slightly.

C. Please add RHC Employee Volunteer information, as available:

Volunteers - 2010	Hours Volunteered by your RHC staff on paid RHC time	Average Calculated \$ Amount	Total Volunteer Net Community Benefit (must be included in Section A)
Professional	1658	36.23	60,065
Global/Int'l. Health			
Non-Professional (under auspices of the Director of Volunteer's Office)			
Total	1658	\$36.23	\$60,065

The \$\$ amounts for
RHC employees
must be reported in
the appropriate line
of section A.

D. Please add Non RHC Employee Volunteer information, as available:

Total 2010 Volunteer hours (Non RHC employees) 10,364



CATHOLIC HEALTH EAST

2010 COMMUNITY BENEFIT REVIEW AND APPROVAL FORM
DUE DATE: March 4, 2011

Please complete, scan and email to Rob Naugle @ maugle@che.org if you are unable to scan, please mail the completed document to: Rob Naugle, Director, Financial Services and Corporate Controller, Catholic Health East, 3805 West Chester Pike., Suite 100, Newtown Square, PA 19073. Thank you so much for your efforts in this endeavor!

Debbie Tally / [Signature]
Name/Signature of Person Completing Report

2/21/2011
Date

St. Joseph of the Pines
Name of Organization

Kelly Patterson
Signature of President/CEO

2/21/2011
Date

[Signature]
Signature of CFO

2-21-11
Date

Rev. Paul M. Nayler
Signature of VP, Mission

2/21/2011
Date

(Exhibit A)

**North Carolina Medicare Care Commission
Executive Summary of the CCRCs Community Improvement Relationships
Continuing Care Retirement Community (CCRC)**

Organization: St. Joseph of the Pines Date: 12/17/09

1. Statement of the CCRCs mission and commitment to charity care/community benefit.

The mission of St. Joseph of the Pines Health System, is to provide outstanding senior living and health services. As we do we will listen with special care to those who are least able to speak to their own needs. We commit ourselves to promote emotional, physical and spiritual well-being to those in our care. We provide uncompensated care in our skilled nursing facilities, sponsor senior HUD housing and contribute to over 30 different charitable organizations in our community.

2. Describe geographic service area and target populations for community benefits.

Our primary service area is Moore County, NC and the thirteen surrounding counties comprise its secondary service area; including HUD facilities sponsored in Robeson County. Our target population is low income seniors within our area; our Community Benefits also extend into programs for all the poor in all age groups.

3. Describe the relationships with agencies and organization with in the community.

We work with our local department of social services, Ombudsman and many other local Organizations to help to meet the needs of the poor/indigent within the community.

4. List current community benefit programs.

Uncompensated care in our SNF thru Medicaid
Volunteer hours for Meals on Wheels and a variety of other community activities
United Way of Moore County
Alzheimer's Memory Walk and Ride
Back Pack Pals (Weekend food for low income children)
Empty Stocking Fund & Red Springs Santa's Helping Hands(Christmas gifts for low income families)
Pope John Paul II Catholic School & St. Anthony of Padua Catholic School
American Cancer Society
Autism Society
Sandhills Community College and Communities in Schools
Friend to Friend (women's shelter)
Junior League of Moore County
Moore Coalition for Human Care
Moore County Chamber of Commerce
Moore County Community Foundation
Moore Free Care Clinic
Moore Regional Hospital Auxillary, etc...

Detailed Application for Property Tax Exemption Under G.S. 105-

Instructions (Return to County Tax Office No Later Than October 1, 2001)

A facility may be granted a total exclusion under Section 1, G.S. 105-278.6A, (c), provided that conditions (1) through (5) are met AND condition (6) a. OR (6) b. is met.

If the facility qualifies under (6) a. AND meets conditions (1) through (5), check this box to obtain a total exemption. Only complete identifying information and signature. Do not complete the rest of the form. (Provide relevant documentation.)

If the facility qualifies under (6) b. AND meets conditions (1) through (5), complete the rest of the form below.

Provide all relevant attachments as noted under each category.

REVENUE

Total Resident Revenue - As Disclosed in Most Recent Audited Financial Statement

(Includes all monthly service fees, fee for service charges, amortized entry fee income for the year, and any fees collected that would not otherwise be amortized into income for the year associated with living in the facility. Excludes investment income, contributions and income from non-resident sources.) Attach Relevant Sections of Most Recent Audited Financial Statements

(1) \$27,734,000

CHARITY CARE

(A) Unreimbursed Health Care

(From Medicare/Medicaid or Third Party cost reports, internal resident assistance data **certified by the facility** or audited financial statements which show amount of unreimbursed costs) Attach Applicable Pages of Cost Reports

\$1,514,613

(B) Unreimbursed Housing and Services

(From internal assistance reports (Lyons software or spreadsheet) **certified by the facility** and/or audited statements which show amount of unreimbursed costs and/or as disclosed in most recent audited financial statement)

0

Total Charity Care

(2) \$ 1,514,613

COMMUNITY BENEFITS

(Amounts claimed are to be taken from audited financial statements which either footnote the amount or disclose the amount in the statement of operations as a line item and/or can be taken from documented receipt letters from entities receiving the service, donation or volunteer service, and/or as documented in the Lyons Software or **similar spreadsheet program certified by the facility**. The amounts are limited to actual expenses incurred by the facility to perform the service or provide the donation.)

(A) Services

(Verifiable unreimbursed expenses incurred by the facility to provide health, recreation, community research, and education activities to the community at large, including the elderly – DOES NOT include resident volunteer time.)

\$83,991

(B) Charitable Donations

(Actual cash outlay or equivalent dollar amount of donated items originally acquired by the facility and documented in facility community benefit report (Lyons software or spreadsheet) and/or noted in audited financial statements.)

\$107,250

Detailed Application for Property Tax Exemption Under G.S. 105-

(C) Donated Volunteer Services

(Cost to the facility for allowing employees to volunteer in community service projects or organizations and/or actual unreimbursed facility material, space and volunteer time as documented based on wages paid by the facility for the volunteer during the service period/project)

\$36,112

(D) Donations and Voluntary Payments to Government Agencies

(Amounts to be taken from Receipted donations/payments from government agency receiving donation/payment when the facility would otherwise not have to pay the agency – goodwill.)

Total Community Benefits

(3) \$227,353

Total Community Benefits and Charity Care (2) + (3)

(4) \$1,741,966

Percentage of Resident Revenue

Total Community Benefits and Charity Care Divided by

(4) \$1,741,966

\$27,734,000

Percentage of Resident Revenue (4) divided by (1)

6.28 %

Exclusion Percentage Based on Percent of Resident Revenue Above

% of Revenue

Exclusion %

5%

100%

4%

80%

3%

60%

2%

40%

1%

20%

Exclusion % 100

Facility

Name St. Joseph of the Pines County Moore

Facility

Address 103 Gossman Drive, Southern Pines, NC 28387

By Signing Below We Hereby Certify the Information Stated Above is Correct and True as Supported by Our Financial and Facility Records:



Officer's Signature

Date 10/28/09

Saint Joseph of the Pines, Inc.
Consolidating Statement of Operations
December 31, 2008

(in thousands of dollars)

	Saint Joseph of the Pines, Inc.	Belle Meade	Pine Knoll	Neese Clinic	Coventry	Health Center
Unrestricted revenue, gains and other support						
Net patient service revenue	\$11,300	(\$3)	\$168	(\$1,495)	\$676	\$11,954
Investment (loss)	(1,618)	(847)	(359)	(112)	(300)	-
Net unrealized (losses) on investments - trading securities	(6,131)	(3,272)	(951)	(618)	(1,280)	-
Other operating revenue	16,434	12,363	3,196	(594)	1,292	177
Total unrestricted revenue, gains and other support	19,985	8,241	2,044	(2,819)	388	12,131
Expenses						
Salaries, wages and benefits	10,910	2,025	853	1,953	513	5,566
Medical supplies	718	-	-	-	4	714
Purchased services, professional fees and other expenses	9,638	7,250	1,719	(4,308)	610	4,367
Depreciation and amortization	4,038	2,258	702	191	197	690
Interest	2,786	1,455	363	111	454	403
Insurance	181	83	14	24	8	52
Provision for bad debts	172	(12)	(3)	(15)	-	202
Total operating expenses	28,443	13,059	3,648	(2,044)	1,786	11,994
Operating (loss) income	(8,458)	(4,818)	(1,604)	(775)	(1,398)	137
Restructuring expenses and impairment losses	(600)	-	-	-	(600)	-
Loss on extinguishment of debt	(360)	(235)	-	(14)	(59)	(52)
Change in fair value of interest rate swaps	(6,097)	-	-	(6,097)	-	-
(Deficit) excess of revenues over expenses	(\$15,515)	(\$5,053)	(\$1,604)	(\$6,886)	(\$2,057)	\$85



CATHOLIC HEALTH EAST

SAINT JOSEPH OF THE PINES 2008 COMMUNITY BENEFIT REPORT

A. Please add the following information for your organization:

	2007 Total Community Benefit	2008 Total Community Benefit
Traditional Charity Care	\$3,736	0
Unpaid Cost of Medicaid	\$1,435,950	\$1,514,613
Other Public Programs	0	\$107,250
Community Services	\$80,897	\$120,103
Total	\$1,520,583	\$1,741,966
Unpaid Cost of Medicare		

B. Please explain any major 2007-2008 discrepancies:
(Please add a separate page if necessary) St Joseph of the Pines offered more Public Programs and Community Health Improvement Services in 2008 to further our Mission into the Community.

C. Please add RHC Employee Volunteer information, as available:

Volunteers - 2008	Hours Volunteered by your RHC staff on paid RHC time	Average Calculated \$ Amount	Total Volunteer Net Community Benefit (must be included in Section A)
Professional	1,245.60	\$36,112	\$95,202
Global/Int'l. Health			
Non-Professional (under auspices of the Director of Volunteer's Office)			
Total	1,245.60	\$36,112	\$95,202

The \$\$ amounts for RHC employees must be reported in the appropriate line of section A.

D. Please add Non RHC Employee Volunteer information, as available:

Total 2008 Volunteer hours (Non RHC employees) 10,665.5



CATHOLIC HEALTH EAST

2008 COMMUNITY BENEFIT REVIEW AND APPROVAL FORM

DUE DATE: March 6, 2009

Please complete, scan and email to Rob Naugle @ rnaugle@che.org if you are unable to scan, please mail the completed document to: Rob Naugle, Director, Financial Services and Corporate Controller, Catholic Health East, 3805 West Chester Pike., Suite 100, Newtown Square, PA 19073. Thank you so much for your efforts in this endeavor!

Jeannine Shupp
Name/Signature of Person Completing Report

3/19/09
Date

S+ Joseph of the Pines
Name of Organization

[Signature]
Signature of President/CEO

3/19/09
Date

[Signature]
Signature of CFO

3/19/09
Date

Carl Maylor
Signature of VP, Mission

3/19/09
Date



ST. JOSEPH of the PINES

Christopher B Taylor, CPA
Department of Health and Human Services
The North Carolina Medical Care Commission
2701 Mail Service Center
Raleigh, NC 27699-2701

RECEIVED
DHSR
JUN 01 2009
NC MEDICAL
CARE COMMISSION

Dear Christopher,

Please find enclosed our completed Executive Summary of the CCRC's Community Improvement Relationships Continuing Care Retirement Community.

I have attached the Statement of Operations and Changes in Net Assets from our most recent audited financial statements to tie out the REVENUE. I have also attached a copy of a page of the Notes to Financial Statements of the Audit which tie out the Unreimbursed Housing and Services (Unpaid cost of Medicaid Programs).

Please let me know if you need additional information. Thank you.

Sincerely,

Jeannine M. Shupp
Director of Accounting
St. Joseph of the Pines, Inc.
100 Gossman Dr, Suite B
Southern Pines, NC 28387
910-246-3117
jshupp@sjp.org

JUN 01 2009

(Exhibit A)

NC MEDICAL
CARE COMMISSION

North Carolina Medicare Care Commission
Executive Summary of the CCRCs Community Improvement Relationships
Continuing Care Retirement Community (CCRC)

Organization: St. Joseph of the Pines Date: April 20, 2009

1. Statement of the CCRCs mission and commitment to charity care/community benefit.

To provide outstanding senior living and health services. We at St. Joseph of the Pines commit ourselves to promote emotional, physical and spiritual well-being to those in our care. We further commit ourselves to live by our core values in all our interactions, including those with our residents, our associates, and the broader community.

2. Describe geographic service area and target populations for community benefits.

The primary service area is Moore County, NC and the 13 surrounding counties comprise its secondary service area.

3. Describe the relationships with agencies and organization within the community.

St. Joseph of the Pines sponsors programs that help to meet the needs of the poor/indigent within the community.

4. List current community benefit programs.

These include the Back Pack Pal program, the annual school supplies drive, the bi-annual food drive, the Associate Assistance Fund, and employees who volunteer time to Meals on Wheels and Habitat for Humanity. St. Joseph of the Pines participated with Moore Regional Hospital in conducting a health needs assessment. At. Joseph's leaders serve on the Moore Health Board, conduct annual health fairs, and have established a CHF rehab program designed for patients discharged from an acute care hospital with congestive heart failure. Another identified gap that St. Joseph's has stepped in to meet is the need for adult day health programs. St. Joseph's is currently assessing the potential to implement a PACE program.

Detailed Application for Property Tax Exemption Under G.S. 105-

Instructions (Return to County Tax Office No Later Than October 1, 2001)

A facility may be granted a total exclusion under Section 1, G.S. 105-278.6A, (c), provided that conditions (1) through (5) are met AND condition (6) a. OR (6) b. is met.

If the facility qualifies under (6) a. AND meets conditions (1) through (5), check this box to obtain a total exemption. Only complete identifying information and signature. Do not complete the rest of the form. (Provide relevant documentation.)

If the facility qualifies under (6) b. AND meets conditions (1) through (5), complete the rest of the form below.

Provide all relevant attachments as noted under each category.

REVENUE

Total Resident Revenue - As Disclosed in Most Recent Audited Financial Statement

(Includes all monthly service fees, fee for service charges, amortized entry fee income for the year, and any fees collected that would not otherwise be amortized into income for the year associated with living in the facility. Excludes investment income, contributions and income from non-resident sources.) Attach Relevant Sections of Most Recent Audited Financial Statements

(1) \$24,989,563

CHARITY CARE

(A) Unreimbursed Health Care

(From Medicare/Medicaid or Third Party cost reports, internal resident assistance data certified by the facility or audited financial statements which show amount of unreimbursed costs) Attach Applicable Pages of Cost Reports

\$1,435,769

(B) Unreimbursed Housing and Services

(From internal assistance reports (Lyons software or spreadsheet) certified by the facility and/or audited statements which show amount of unreimbursed costs and/or as disclosed in most recent audited financial statement)

\$ 0

Total Charity Care

(2) 1,435,769

COMMUNITY BENEFITS

(Amounts claimed are to be taken from audited financial statements which either footnote the amount or disclose the amount in the statement of operations as a line item and/or can be taken from documented receipt letters from entities receiving the service, donation or volunteer service, and/or as documented in the Lyons Software or similar spreadsheet program certified by the facility. The amounts are limited to actual expenses incurred by the facility to perform the service or provide the donation.)

(A) Services

(Verifiable unreimbursed expenses incurred by the facility to provide health, recreation, community research, and education activities to the community at large, including the elderly - DOES NOT include resident volunteer time.)

82,006

(B) Charitable Donations

(Actual cash outlay or equivalent dollar amount of donated items originally acquired by the facility and documented in facility community benefit report (Lyons software or spreadsheet) and/or noted in audited financial statements.)

Detailed Application for Property Tax Exemption Under G.S. 105-

(C) Donated Volunteer Services

(Cost to the facility for allowing employees to volunteer in community service projects or organizations and/or actual unreimbursed facility material, space and volunteer time as documented based on wages paid by the facility for the volunteer during the service period/project)

\$ _____

(D) Donations and Voluntary Payments to Government Agencies

(Amounts to be taken from Receipted donations/payments from government agency receiving donation/payment when the facility would otherwise not have to pay the agency – goodwill.)

Total Community Benefits

(3) 82,006

Total Community Benefits and Charity Care (2) + (3)

(4) 1,517,775

Percentage of Resident Revenue

Total Community Benefits and Charity Care Divided by
Total Resident Revenue

(4) 1,517,775

(1) 24,989,563

Percentage of Resident Revenue (4) divided by (1)

6.1 %

Exclusion Percentage Based on Percent of Resident Revenue Above

% of Revenue

Exclusion %

5%

100%

4%

80%

3%

60%

2%

40%

1%

20%

Exclusion % 100

Facility Name St. Joseph of the Pines

County Moore

Facility Address 103 Gossman Drive, Southern Pines, NC 28387

By Signing Below We Hereby Certify the Information Stated Above is Correct and True as Supported by Our Financial and Facility Records:



Officer's Signature

Date 5/26/09

St. Joseph of the Pines, Inc.
Statements of Operations and Changes in Net Assets
Years Ended December 31, 2007 and 2006

	2007	2006
Unrestricted net assets		
Revenues, gains and other support		
Net patient service revenue	\$10,471,673	\$9,450,906
Resident service revenue	14,517,891	13,819,919
Investment income	2,666,430	3,463,837
Net cumulative unrealized gains transferred to trading securities	775,156	-
Other revenue	2,216,711	1,467,703
Contributions and grants	49,888	56,211
Net assets released from restrictions	32,183	57,584
Loss on sale of property	1,000	(66,629)
Total unrestricted revenue, gains and other support	<u>30,730,932</u>	<u>28,249,531</u>
Expenses		
Salaries, wages and benefits	11,042,528	10,101,740
Professional fees, purchased services and other	9,314,144	9,362,192
Medical supplies and drugs	677,673	713,355
Depreciation and amortization	3,687,900	3,325,931
Provision for bad debts	93,110	153,102
Insurance	146,114	180,066
Interest	2,969,643	2,794,933
Total expenses	<u>27,931,112</u>	<u>26,631,319</u>
Operating income	2,799,820	1,618,212
Change in fair value of interest rate swaps	<u>(730,468)</u>	<u>883,509</u>
Excess of revenues over expenses	2,069,352	2,501,721
Other changes in unrestricted net assets		
Net cumulative unrealized gains transferred to trading securities	(378,136)	-
Change in net unrealized (losses) on available for sale securities	(24,145)	(100,871)
Transfer to affiliate	(12,077)	(4,000)
Net assets released from restriction for capital expenditures	386,979	
Change in value of split interest agreements	<u>(31,938)</u>	<u>8,591</u>
Increase in unrestricted net assets	<u>2,010,035</u>	<u>2,405,441</u>
Temporarily restricted net assets		
Contributions and grants	148,323	99,731
Net assets released from purpose restrictions	(419,162)	(57,584)
Other	18,675	(3,764)
(Decrease) Increase in temporarily restricted net assets	<u>(252,164)</u>	<u>38,383</u>
Permanently restricted net assets		
Contributions and grants	100,000	-
Increase in permanently restricted net assets	<u>100,000</u>	<u>-</u>
Increase in net assets	1,857,871	2,443,824
Net assets		
Beginning of year	3,630,819	1,186,995
End of year	<u>\$5,488,690</u>	<u>\$3,630,819</u>

See notes to financial statements

St. Joseph of the Pines, Inc.

Notes to Financial Statements

Asset Retirement Obligations

The Company adopted the provisions of FASB Interpretation No. 47 (FIN 47), *Accounting for Conditional Asset Retirement Obligations*, an interpretation of FASB Statement No. 143 (FAS 143), *Accounting for Asset Retirement Obligations*. FAS 143 provides guidance on accounting and reporting for obligations associated with the retirement of tangible long-lived assets and the associated asset retirement costs. Conditional asset retirement obligations are obligations whose settlement may be conditional on a future event. Additionally, the timing and method of settlement may be uncertain. FIN 47 requires conditional asset retirement obligations to be estimated and recognized. As of December 31, 2007 and 2006, conditional asset retirement obligations totaling \$63,529 are included within other liabilities in the statements of financial position.

Income Taxes

The Company is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes pursuant to Section 501(a) of the Internal Revenue Code.

Reclassifications

Certain amounts have been reclassified in the prior year's financial statements to conform to the classifications used in the current year.

3. Social Accountability Costs (Unaudited)

In keeping with the mission and purpose of the Company, to be a community of persons committed to a transforming, healing presence within the community it serves, the Company strives to maximize the provision of services in its community and in collaboration with other organizations. A portion of the Company's overall operating expense relates to costs incurred in providing and meeting certain community needs for which the Company is not directly compensated. A standard reporting and accountability process is utilized throughout the Company to estimate the net cost of these services, referred to as Social Accountability Costs, which provides a basis of accountability and reporting to the community served for purposes of disclosing the utilization of resources. Costs reported are net of contributions or grants that have been provided to the Company and designated for these purposes.

The information presented below has been calculated and is presented in accordance with the Catholic Health Association's *A Guide for Planning and Reporting Community Benefits*, Copyright 2006. Social accountability costs for the years ended December 31, 2007 and 2006 are as follows:

	2007	2006
Cost of care of those who are poor	\$3,736	\$32,434
Unpaid cost of Medicaid programs	1,435,769	1,302,951
Community services	78,270	155,686
Social accountability costs	<u>\$1,517,775</u>	<u>\$1,491,071</u>
Percentage of operating expenses from continuing operations, excluding unpaid costs of Medicare programs	5.4%	5.6%