

Facility Name & ID Number Meadows Mennonite Retirement Center# 0011544 Report Period Beginning: 01/01/2008 Ending: 12/31/2008

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	116	Skilled (SNF)	116	42,456	1
2		Skilled Pediatric (SNF/PED)			2
3	14	Intermediate (ICF)	14	5,124	3
4		Intermediate/DD			4
5	29	Sheltered Care (SC)	29	10,614	5
6		ICF/DD 16 or Less			6
7	159	TOTALS	159	58,194	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	462	12,415	1,760	14,637	8
9	SNF/PED					9
10	ICF	16,186	7,464		23,650	10
11	ICF/DD					11
12	SC		835		835	12
13	DD 16 OR LESS					13
14	TOTALS	16,648	20,714	1,760	39,122	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.23%

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
NoneF. Does the facility maintain a daily midnight census? YesG. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO I. On what date did you start providing long term care at this location?
Date started 1958J. Was the facility purchased or leased after January 1, 1978?
YES Date 1958 NO K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 116 and days of care provided 1,760Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/2008 Fiscal Year: 12/31/2008

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	273,976	21,739	7,349	303,064		303,064		303,064		1
2	Food Purchase		297,200		297,200		297,200	(5,903)	291,297		2
3	Housekeeping	196,069	27,391	9	223,469		223,469		223,469		3
4	Laundry	64,502	15,522		80,024		80,024		80,024		4
5	Heat and Other Utilities			279,773	279,773		279,773	(53,082)	226,691		5
6	Maintenance	183,409	22,089	167,732	373,230		373,230	(119,035)	254,195		6
7	Other (specify):*										7
8	TOTAL General Services	717,956	383,941	454,863	1,556,760		1,556,760	(178,020)	1,378,740		8
	B. Health Care and Programs										
9	Medical Director			5,400	5,400		5,400		5,400		9
10	Nursing and Medical Records	2,135,576	93,852	3,701	2,233,129	(2,624)	2,230,505		2,230,505		10
10a	Therapy	19,397	330	130,854	150,581		150,581		150,581		10a
11	Activities	93,196	3,519	939	97,654		97,654	(966)	96,688		11
12	Social Services	76,103		780	76,883		76,883		76,883		12
13	CNA Training					2,624	2,624		2,624		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,324,272	97,701	141,674	2,563,647		2,563,647	(966)	2,562,681		16
	C. General Administration										
17	Administrative	124,754			124,754		124,754		124,754		17
18	Directors Fees										18
19	Professional Services			36,233	36,233	(2,043)	34,190		34,190		19
20	Dues, Fees, Subscriptions & Promotions			27,942	27,942		27,942	(15,687)	12,255		20
21	Clerical & General Office Expenses	183,536	13,439	157,790	354,765	(2,693)	352,072	(31,657)	320,415		21
22	Employee Benefits & Payroll Taxes			628,197	628,197		628,197	(17,578)	610,619		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,614	14,614	223	14,837	(3,313)	11,524		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			106,071	106,071		106,071	(11,080)	94,991		26
27	Other (specify):*										27
28	TOTAL General Administration	308,290	13,439	970,847	1,292,576	(4,513)	1,288,063	(79,315)	1,208,748		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,350,518	495,081	1,567,384	5,412,983	(4,513)	5,408,470	(258,301)	5,150,169		29

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

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

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			502,842	502,842		502,842	(26,181)	476,661			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			260,769	260,769		260,769	(55,632)	205,137			32
33	Real Estate Taxes			45,368	45,368		45,368	(45,368)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles					4,513	4,513		4,513			35
36	Other (specify):*											36
37	TOTAL Ownership			808,979	808,979	4,513	813,492	(127,181)	686,311			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			51,961	51,961		51,961		51,961			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			71,370	71,370		71,370		71,370			42
43	Other (specify):*	97,477			97,477		97,477	(97,477)				43
44	TOTAL Special Cost Centers	97,477		123,331	220,808		220,808	(97,477)	123,331			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,447,995	495,081	2,499,694	6,442,770		6,442,770	(482,959)	5,959,811			45

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

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	1	2	3	
NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1 Day Care	\$		\$	1
2 Other Care for Outpatients				2
3 Governmental Sponsored Special Programs				3
4 Non-Patient Meals	(2,548)	2.2		4
5 Telephone, TV & Radio in Resident Rooms				5
6 Rented Facility Space				6
7 Sale of Supplies to Non-Patients				7
8 Laundry for Non-Patients				8
9 Non-Straightline Depreciation	7,114	30.3		9
10 Interest and Other Investment Income	(55,632)	32.3		10
11 Discounts, Allowances, Rebates & Refunds				11
12 Non-Working Officer's or Owner's Salary				12
13 Sales Tax				13
14 Non-Care Related Interest				14
15 Non-Care Related Owner's Transactions				15
16 Personal Expenses (Including Transportation)				16
17 Non-Care Related Fees				17
18 Fines and Penalties				18
19 Entertainment				19
20 Contributions				20
21 Owner or Key-Man Insurance				21
22 Special Legal Fees & Legal Retainers				22
23 Malpractice Insurance for Individuals				23
24 Bad Debt				24
25 Fund Raising, Advertising and Promotional				25
26 Income Taxes and Illinois Personal Property Replacement Tax				26
27 CNA Training for Non-Employees				27
28 Yellow Page Advertising				28
29 Other-Attach Schedule	(431,893)			29
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ (482,959)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

	1	2	
	Amount	Reference	
31 Non-Paid Workers-Attach Schedule*	\$		31
32 Donated Goods-Attach Schedule*			32
33 Amortization of Organization & Pre-Operating Expense			33
34 Adjustments for Related Organization Costs (Schedule VII)			34
35 Other- Attach Schedule			35
36 SUBTOTAL (B): (sum of lines 31-35)	\$		36
(sum of SUBTOTALS			
37 TOTAL ADJUSTMENTS (A) and (B))	\$ (482,959)		37

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

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

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

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01/01/2008

Ending:

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VII. RELATED PARTIES

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

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

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

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

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

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

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VII. RELATED PARTIES (continued)

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

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

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

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

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

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VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

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IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6		7	8	9	10							
		Name of Lender	Related**				Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
			YES											NO	Original				Balance
	A. Directly Facility Related																		
	Long-Term																		
1	GMAC		X	Mortgage	\$ 8,319.00	6/1976	\$ 1,620,000	\$ 366,078	6/2016	0.0500	\$ 19,568	1							
2	FmHA #2		X	Mortgage	9,876.00	2/1996	1,782,500	1,363,580	3/2028	0.0500	69,228	2							
3	FmHA #3		X	Mortgage	13,475.00	2/4/02	2,500,000	2,264,395	12/14/2034	0.0500	108,368	3							
4	Heartland Bk & Trust		X	Mortgage	4,575.00	2/4/02	1,000,000	690,017	2/4/2033	0.0675	52,942	4							
5					-							5							
	Working Capital																		
6	Heartland Bk & Trust		X	Working Capital	-	Various	300,000		Various	0.0760	2,545	6							
7	Loyalty Loans		X	Mortgage - renew annually	-	Various	13,500	1,554	Various	0.0700	141	7							
8	Residential to Health Center	X		Working Capital	-	10/11/07	160,000	349,621	Various	0.0450	7,977	8							
9	TOTAL Facility Related				\$36,245.00		\$ 7,376,000	\$ 5,035,245			\$ 260,769	9							
	B. Non-Facility Related*																		
10					-							10							
11					-							11							
12					-							12							
13					-							13							
14	TOTAL Non-Facility Related						\$	\$			\$	14							
15	TOTALS (line 9+line14)						\$ 7,376,000	\$ 5,035,245			\$ 260,769	15							

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

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to the Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadows Mennonite Retirement Center COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0011544

CONTACT PERSON REGARDING THIS REPORT Roger W. Hasler

TELEPHONE (309) 747-2702 FAX #: (309) 747-2944

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2007.

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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

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0011544

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01/01/2008

Ending:

12/31/2008

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 76,955 B. General Construction Type: Exterior Masonry Frame Brick, Steel, Wood Number of Stories Two

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Meadows Mennonite Retirement Home Independent Living Housing

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>683,400</u>	<u>1920</u>	<u>\$ 15,065</u>	1
2	<u>Facility</u>		<u>1950</u>	<u>27,033</u>	2
3	TOTALS	<u>683,400</u>		<u>\$ 42,098</u>	3

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4		1923	1923	\$ 74,144	\$	50	\$	\$	\$ 74,144	4
5	23	1952	1952	86,314		50			86,314	5
6	25	1966	1966	225,617	3,884	50	4,512	628	194,011	6
7	94	1978	1978	2,348,846	58,722	40	58,721	(1)	1,820,153	7
8	17	1997	1997	3,898,885	97,472	40	97,472		1,088,215	8
Improvement Type**										
9	Various Building Improvements		1979	78,921		20			78,921	9
10	Various Building Improvements		1980	3,362	66	20		(66)	3,362	10
11	Various Building Improvements		1981	3,427		20			3,427	11
12	Various Building Improvements		1983	186,656		20			186,656	12
13	Various Building Improvements		1984	1,298		20			1,298	13
14	Various Building Improvements		1985	31,287		10			31,287	14
15	Various Building Improvements		1986	35,542		10			35,542	15
16	Various Building Improvements		1987	3,888	150	30	130	(20)	2,792	16
17	Various Building Improvements		1988	182,020	8,118	20	4,554	(3,564)	182,020	17
18	Various Building Improvements		1989	107,129	3,995	20	5,356	1,361	104,447	18
19	Various Building Improvements		1990	36,676	2,553	10		(2,553)	36,676	19
20	Various Building Improvements		1991	12,480	45	10		(45)	12,480	20
21	Various Building Improvements		1992	36,879	514	10		(514)	36,879	21
22	Various Building Improvements		1993	3,505	398	10		(398)	3,505	22
23	Various Building Improvements		1994	93,480	1,280	15	6,232	4,952	90,370	23
24	Various Building Improvements		1995	45,902	1,515	20	2,295	780	30,219	24
25	Various Building Improvements		1996	244,463	7,432	20	12,223	4,791	152,804	25
26	Engineering cad & survey		1996	675	45	15	45		556	26
27	Excavating		1996	2,000	133	15	133		1,631	27
28	Boiler Repair - Cleveland		1996	503		3			503	28
29	Roof A/C Repair		1996	718		7			718	29
30	Window Coverings		1996	1,039		7			1,039	30
31	Sewage Pump Repairs		1996	1,685		7			1,685	31
32	Siding		1997	22		7			22	32
33	Siding		1997	245		7			245	33
34	Alzheimer Unit		1997	144,484	3,612	40	3,612		40,326	34
35	Insulated Glass Rm 42		1997	677		10			677	35
36	Service-Intercom System Repairs		1997	871		7			871	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

XI. OWNERSHIP COSTS (continued)

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

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Fiber Optics - Computer Wiring	1997	\$ 2,887	\$	5	\$	\$	\$ 2,887	37
38	Liquid Storage Cabinet Tank	1997	572		5			572	38
39	Paging System - Bennett	1997	2,288		7			2,288	39
40	Install Heating Cooling	1997	15,161	1,011	15	1,011		11,631	40
41	Compressors (5)	1997	1,653		7			1,653	41
42	Window blinds	1997	1,539		7			1,539	42
43	Motor a/C Motor & Starter for 2 Ton Unit	1997	715		5			715	43
44	Repair Cool	1997	749		5			749	44
45	2 Roof top Units	1997	1,295		7			1,295	45
46	A/C Part Repairs	1997	733		5			733	46
47	Power Server -Timeclock	1997	150	10	15	10		111	47
48	2 Carrier Heating & Cooling	1997	19,250	1,283	15	1,283		14,215	48
49	Intercom Wiring Repairs	1997	696		3			696	49
50	Carousel Tub	1997	12,423	828	15	828		9,244	50
51	Landscaping	1997	30,518	2,035	15	2,035		22,719	51
52	Curtains, Valances	1997	10,077	672	15	672		7,502	52
53	Patio Garden Landscaping	1997	12,842	856	15	856		9,557	53
54	Fence & Gate	1997	10,162	508	40	254	(254)	2,836	54
55	Telephone Wiring	1997	1,462	97	15	97		1,083	55
56	Draperies - Clark	1997	869	58	15	58		648	56
57	ASI Sign System	1997	2,547	170	15	170		1,898	57
58	Rocks for 2 Courtyards	1998	2,070	138	15	138		1,416	58
59	Asphalt Maintenance	1998	5,500	550	15	367	(183)	3,792	59
60	Window Room # 51	1998	444	30	10	34	4	444	60
61	Magnetic Gate Contact	1998	228		7			228	61
62	Carpet Res. Room	1998	330		5			330	62
63	Carpet 3 Rooms	1998	793		5			793	63
64	Maintenance Shop	1998	909	45	20	45		452	64
65	2 A/C Compressors	1998	1,006		7			1,006	65
66	Heat & Air Thermostat	1998	1,410		7			1,410	66
67	Natural Gas Steamer	1998	7,495		7			7,495	67
68	Heat Duct Repair	1998	761		7			761	68
69	Repair Engine & Generator	1998	1,322		5			1,322	69
70	TOTAL (lines 4 thru 69)		\$ 8,044,496	\$ 198,225		\$ 203,143	\$ 4,918	\$ 4,417,815	70

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

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,044,496	\$ 198,225		\$ 203,143	\$ 4,918	\$ 4,417,815	1
2	Alarm system Phase 1	1998	44,529	2,226	20	2,226		22,419	2
3	Sewage Pump Rehab	1998	7,208		7			7,208	3
4	Water Tower Rehab	1998	63,699	3,185	20	3,185		33,857	4
5	OSHA Upgrades	1998	111		5			111	5
6	Required OSHA Items	1998	458		5			458	6
7	Eye Wash Station	1998	585		5			585	7
8	1 CS Spill Kits	1998	122		5			122	8
9	Repair Roadway	1999	3,500	233	15	233		2,270	9
10	Landscaping Improvements	1999	2,259	151	15	151		1,435	10
11	Station 1 Door Keypads	1999	1,442	144	10	144		1,381	11
12	Station 1 Code Alert System	1999	15,298	1,530	10	1,530		14,667	12
13	Station 1 Nurse Call System	1999	11,924	1,192	10	1,192		11,329	13
14	Ceiling Installation	1999	1,945	130	15	130		1,203	14
15	Improvements to Brown Shed	1999	1,288	129	10	129		1,172	15
16	Safety Bars in Alzheimer's Unit	1999	2,350	157	15	157		1,544	16
17	Bronze Door & Closer	1999	1,806	120	15	120		1,171	17
18	Hardware for Exisiting Doors in Alzheimer's Unit	1999	5,536	369	15	369		3,599	18
19	Sensor Base for Alarm	1999	231		7			231	19
20	Repair Boiler Station 4	1999	1,140		5			1,140	20
21	Repair Generator	1999	3,067		5			3,067	21
22	Water Heater for Kitchen	1999	878		15	59	59	536	22
23	Panic Devices on Doors in alzheimer Unit	1999	688		7			688	23
24	Alarm System	1999	7,562	504	20	378	(126)	3,656	24
25	Storage Cabinets & Installation	1999	5,242		7			5,242	25
26	Elevator Eye	1999	1,978	132	15	132		1,277	26
27	Fire Alarm System Materials & Labor	1999	27,650	1,383	20	1,383		13,258	27
28	Compressor for Freezer	1999	1,809		7			1,809	28
29	Sewer Improvements (Check Valves)	1999	1,312		20	66	66	611	29
30	New Pipes in Well	1999	921		20	46	46	418	30
31	New Alzheimer Unit Sign	1999	1,144	76	15	76		745	31
32	Station 4 Door Seal Parts & Labor	1999	1,163	78	15	78		709	32
33	Carpet - Station 5	2000	1,126		5			1,126	33
34	TOTAL (lines 1 thru 33)		\$ 8,264,467	\$ 209,964		\$ 214,927	\$ 4,963	\$ 4,556,859	34

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

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,264,467	\$ 209,964		\$ 214,927	\$ 4,963	\$ 4,556,859	1
2	Station 5 Remodel	2000	320		10	32	32	283	2
3	Station 5 Tile	2000	530		5			530	3
4	Bathroom Fixtures - Station 5	2000	1,675	167	10	168	1	1,428	4
5	Garage Door Enlargement	2000	1,276	128	10	128		1,038	5
6	Elevator Cylinder	2000	16,746	1,116	15	1,116		9,864	6
7	Fire Alarm System	2000	18,000	1,200	15	1,200		10,606	7
8	Mastercare hydrobath	2000	9,490		7			9,490	8
9	Door Locks on Soiled Linen Closet	2000	568		7			568	9
10	Air Conditioner Motor	2000	657		7			657	10
11	Air Conditioner Compressor	2000	1,732		7			1,732	11
12	Alarm System	2000	35,000	3,500	10	3,500		29,467	12
13	Alarm System	2000	18,060	1,806	10	1,806		14,750	13
14	Alarm System Sensor	2000	864		7			864	14
15	Premium Lawn	2000	755	50	15	50		434	15
16	Parking Lot Addition	2000	7,355	490	15	490		4,236	16
17	New Controller for Sewer	2000	1,573		7			1,573	17
18	Sewer Improvements (Check Valves)	2000	752		7			752	18
19	Water main Work	2000	2,203	110	20	110		936	19
20	Water Main Extension	2000	8,465	423	20	423		3,597	20
21	Chlorinator	2000	1,389		7			1,389	21
22	Generator Repair	2001	506		7	12	12	506	22
23	Generator Repair/Trans.	2001	1,434		7	40	40	1,434	23
24	Boiler Repair	2001	1,044		7	34	34	1,044	24
25	Air Conditioner Compressor	2001	700	42	7	45	3	700	25
26	Air Conditioner Compressor	2001	1,200	100	7	96	(4)	1,200	26
27	Storm Windows	2001	2,071	207	10	207		1,518	27
28	Simplex Fire Alarm	2001	763		5			763	28
29	Phase II Bldg Renov	2002	950,000	31,667	30	31,667		213,860	29
30	Phase II Bldg Renov -K	2002	1,187,500	39,583	30	39,583		265,477	30
31	Renovation 2002	2002	80,684	2,689	30	2,689		16,473	31
32	Renovation 2002	2002	182,708	6,090	30	6,090		36,807	32
33	Pairie Control- 4FCU flow problem	2002	6,694	446	15	446		2,726	33
34	TOTAL (lines 1 thru 33)		\$ 10,807,181	\$ 299,778		\$ 304,859	\$ 5,081	\$ 5,193,561	34

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

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,807,181	\$ 299,778		\$ 304,859	\$ 5,081	\$ 5,193,561	1
2	Phase II Renovation	2002	456,101	15,203	30	15,203		93,759	2
3	Garage Doors	2002	1,166	117	10	117		712	3
4	Roof	2002	125,025	4,168	30	4,168		25,887	4
5	Stained Glass -Chapel	2002	1,063	152	7	152		1,026	5
6	Water Heater	2002	4,599	657	7	657		4,322	6
7	Generator	2002	1,565	224	7	224		1,463	7
8	Air Conditioner	2002	5,150	736	7	736		4,787	8
9	Air Conditioner	2002	1,495	214	7	214		1,392	9
10	Heating UN/Steam	2002	1,424	203	7	203		1,404	10
11	Air Hood	2002	4,970	710	7	710		4,762	11
12	Fire Protection System	2002	2,572	367	7	367		2,462	12
13	Nation Custom Vent Ducts	2002	830	119	7	119		798	13
14	New Road	2002	3,911	261	15	261		1,596	14
15	Sub Pump	2002	2,448		7	350	350	2,347	15
16	Sewage Pump Station	2002	1,906		20	95	95	605	16
17	Lift Station Eng	2002	1,860	266	20	93	(173)	584	17
18	Lift Station Eng	2002	1,674	239	20	84	(155)	521	18
19	Pump Station Eng	2002	1,169	167	20	58	(109)	355	19
20	Lift Station Eng Review	2002	720	103	20	36	(67)	217	20
21	Lift Station Eng	2002	950	136	20	48	(88)	308	21
22	Pump Station Eng	2002	1,603	229	20	80	(149)	509	22
23	Chiller Compressor Replacement	2002	2,418	345	7	345		2,128	23
24	Medline-Borders & Shades/ Dining Rm	2003	3,195	456	7	456		2,690	24
25	Phase II Renov Project	2003	244,941	8,165	30	8,165		46,954	25
26	Tile Specialists-Adm Bld Entry	2003	1,455	182	8	182		998	26
27	Tile Specialists-Adm Bldg Hallway	2003	9,350	1,169	8	1,169		6,674	27
28	Tile Specialists - Lounge Carpet	2003	2,950	369	8	369		2,107	28
29	Code Alert-Security System	2003	69,151	6,915	10	6,915		36,034	29
30	Jay's Plumbing - Hot Water Heater mixing valve	2003	2,980	298	10	298		1,511	30
31	New Lift Station	2003	97,919	4,896	20	4,896		27,766	31
32	Roof Repairs	2004	1,270	127	10	127		603	32
33	Electrical	2004	2,900	414	7	414		1,659	33
34	TOTAL (lines 1 thru 33)		\$ 11,867,911	\$ 347,385		\$ 352,170	\$ 4,785	\$ 5,472,501	34

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

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 11,867,911	\$ 347,385		\$ 352,170	\$ 4,785	\$ 5,472,501	1
2	Water Heaters	2004	12,523	1,252	10	1,252		5,924	2
3	Water Softner	2004	7,398	740	10	740		3,084	3
4	Asphalt Sealcoat	2004	22,833		3			22,833	4
5	Sidewalk	2005	2,450	123	20	123		426	5
6	Shingles	2005	21,650	1,083	20	1,083		3,468	6
7	Flooring/Carpet	2005	9,999	1,250	8	1,250		4,277	7
8	Brick Repairs	2005	2,230	223	10	223		717	8
9	Wall covering and modification	2005	28,744	4,020	7	4,106	86	15,401	9
10	Fire system and sprinkler	2005	6,238	624	10	624		2,137	10
11	A/C, Duct Htrs	2005	16,952	935	10	1,695	760	5,865	11
12	Generator	2005	1,191	79	15	79		312	12
13	Cooling tower refurbishment	2006	6,142	877	7	877		2,381	13
14	Air separator & fan coil units	2006	16,162	1,616	10	1,616		4,711	14
15	Window treatments	2006	3,385	484	7	484		1,383	15
16	Iron filters	2006	2,467	247	10	247		673	16
17	Chiller compressor	2006	9,294	929	10	929		2,123	17
18	HVAC Upgrade	2007	8,430	1,205	7	1,204	(1)	2,260	18
19	Shower room remodel	2007	5,873	587	10	587		637	19
20	Fire wall, sprinklers, risers	2007	18,535	1,765	10	1,854	89	2,981	20
21	Water treatment filters	2007	1,339	191	7	191		295	21
22	Upgrade sidewalk, road, fencing	2007	21,067	2,017	20	1,053	(964)	1,694	22
23	Asphalt project	2008	1,935	538	3	523	(15)	523	23
24	Trees	2008	7,509	125	15	126	1	126	24
25	Sanitation lift pump and tiling	2008	8,338	360	7	1,025	665	1,025	25
26	Station 1 & 2 shower and lounge remodel	2008	16,138	810	10	924	114	924	26
27	Elevator door detector	2008	5,330	311	10	334	23	334	27
28	Dbf entry door activity & dining	2008	19,373	216	15	226	10	226	28
29	Roof coating and repairs	2008	12,596	1,353	5	1,670	317	1,670	29
30	South and north hall carpeting	2008	14,669	1,375	8	1,381	6	1,381	30
31	Generator upgrade	2008	9,174	64	12	88	24	88	31
32	VAV system beauty shop	2008	5,708	48	10	42	(6)	42	32
33	St 4 humidifier	2008	9,264	77	10	56	(21)	56	33
34	TOTAL (lines 1 thru 33)		\$ 12,202,847	\$ 372,909		\$ 378,782	\$ 5,873	\$ 5,562,478	34

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

STATE OF ILLINOIS

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward	\$ 12,202,847	\$ 372,909		\$ 378,782	\$ 5,873	\$ 5,562,478	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 12,202,847	\$ 372,909		\$ 378,782	\$ 5,873	\$ 5,562,478	34

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

STATE OF ILLINOIS

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward	\$ 12,202,847	\$ 372,909		\$ 378,782	\$ 5,873	\$ 5,562,478	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 12,202,847	\$ 372,909		\$ 378,782	\$ 5,873	\$ 5,562,478	34

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

STATE OF ILLINOIS

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward	\$ 12,202,847	\$ 372,909		\$ 378,782	\$ 5,873	\$ 5,562,478	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 12,202,847	\$ 372,909		\$ 378,782	\$ 5,873	\$ 5,562,478	34

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

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward	\$ 12,202,847	\$ 372,909		\$ 378,782	\$ 5,873	\$ 5,562,478	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 12,202,847	\$ 372,909		\$ 378,782	\$ 5,873	\$ 5,562,478	34

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

Facility Name & ID Number Meadows Mennonite Retirement Center # 0011544 Report Period Beginning: 01/01/2008 Ending: 12/31/2008

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 429,302	\$ 79,709	\$ 79,709	\$	various	\$ 566,031	71
72	Current Year Purchases	54,754	5,931	5,931		various	5,931	72
73	Fully Depreciated Assets	411,865				various	411,865	73
74								74
75	TOTALS	\$ 895,921	\$ 85,640	\$ 85,640	\$		\$ 983,827	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Grounds Maintenance	1999 Dodge D350	1999	\$ 29,024	\$	\$	\$	5	\$ 29,024	76
77	Patient Transport	2004 Pontiac Montana	2004	10,609	2,122	2,122		5	8,936	77
78	Grounds Maintenance	JD 1420/Sno-way	2007	15,308	3,687	3,062	(625)	5	8,936	78
79	Grounds Maintenance	Other	Various	11,567	867	2,733	1,866	5	11,567	79
80	TOTALS			\$ 66,508	\$ 6,676	\$ 7,917	\$ 1,241		\$ 58,463	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 13,207,374	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 465,225	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 472,339	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 7,114	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,604,768	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Residential Housing Units	\$ 1,388,063	\$ 33,983	\$ 856,083	86
87	Residential Vehicles	49,027		49,027	87
88	CEO House Remodeling	78,877	3,634	40,786	88
89	Land	158,040			89
90	Fellowship Center Land	24,000			90
91	TOTALS	\$ 1,698,007	\$ 37,617	\$ 945,896	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Process	\$ 246,376	92
93			93
94			94
95		\$ 246,376	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____
 2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
 If NO, see instructions. YES NO

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

**

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental? YES NO
 16. Rental Amount for movable equipment: \$ 4,513 Description: Copier

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____
 Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2009</u>	\$ _____
13.	<u>/2010</u>	\$ _____
14.	<u>/2011</u>	\$ _____

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input checked="" type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			4
		1	2	3	
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$ 900	\$	\$ 900
2	Books and Supplies		100		100
3	Classroom Wages (a)		1,504		1,504
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests		120		120
9	TOTALS	\$	\$ 2,624	\$	\$ 2,624
10	SUM OF line 9, col. 1 and 2 (e)	\$	2,624		

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

Facility Name & ID Number Meadows Mennonite Retirement Center# 0011544 Report Period Beginning:

01/01/2008

Ending: 12/31/2008

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Outside Practitioner (other than consultant)							
					Units	Cost						
1	Licensed Occupational Therapist	10a.3	hrs	\$	406	\$ 27,718				406	\$ 27,718	1
2	Licensed Speech and Language Development Therapist	10a.3	hrs		335	23,656				335	23,656	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	10a.3	hrs		483	32,874				483	32,874	4
5	Physician Care	39.3	visits									5
6	Dental Care	39.3	visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39.2	# of prescrpts					41,942			41,942	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Exceptional Care</u>	39.2										12
13	Other (specify): <u>Medical Supplies</u>	39.2										13
14	TOTAL			\$	1,224	\$ 84,248		\$ 41,942		1,224	\$ 126,190	14

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

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning: 01/01/2008

Ending: 12/31/2008

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2008 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 149,013	\$	1
2	Cash-Patient Deposits	15,072		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (26,000))	869,702		3
4	Supply Inventory (priced at FIFO)			4
5	Short-Term Investments	31,172		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	45,978		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,110,937	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,772,216		12
13	Land	184,978		13
14	Buildings, at Historical Cost	8,306,665		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,954,638		16
17	Accumulated Depreciation (book methods)	(6,675,007)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (sp)			22
23	Other(specify): Construction in Process	246,376		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,789,866	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,900,803	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 147,368	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,072		28
29	Short-Term Notes Payable	24,723		29
30	Accrued Salaries Payable	115,620		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	44,900		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	Accrued Expenses	282,248		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 629,931	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	472,705		39
40	Mortgage Payable	4,659,402		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,132,107	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,762,038	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,138,765	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,900,803	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,610,999	1
2	Restatements (describe):		2
3	Prior period adjustment	26,000	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,636,999	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	501,766	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 501,766	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 5,138,765	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning: 01/01/2008

Ending: 12/31/2008

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,034,410	1
2	Discounts and Allowances for all Levels	(1,359,566)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,674,844	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	394,145	6
7	Oxygen	12,389	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 406,534	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,653	13
14	Non-Patient Meals	5,902	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	75,504	17
18	Sale of Supplies to Non-Patients	966	18
19	Laboratory	32,959	19
20	Radiology and X-Ray	2,177	20
21	Other Medical Services	80,357	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 200,518	23
D. Non-Operating Revenue			
24	Contributions	283,035	24
25	Interest and Other Investment Income***	55,632	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 338,667	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Residential Revenue	312,056	28
28a	Other Income	11,917	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 323,973	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,944,536	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,556,760	31
32	Health Care	2,563,647	32
33	General Administration	1,292,576	33
B. Capital Expense			
34	Ownership	808,979	34
C. Ancillary Expense			
35	Special Cost Centers	149,438	35
36	Provider Participation Fee	71,370	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,442,770	40
41	Income before Income Taxes (line 30 minus line 40)**	501,766	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 501,766	43

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

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

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

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

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending:

12/31/2008

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,816	2,080	\$ 86,119	\$ 41.40	1
2	Assistant Director of Nursing	1,827	2,099	52,991	25.25	2
3	Registered Nurses	8,223	9,016	243,593	27.02	3
4	Licensed Practical Nurses	20,140	21,913	470,844	21.49	4
5	CNAs & Orderlies	91,104	98,296	1,250,701	12.72	5
6	CNA Trainees	173	173	1,504	8.69	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,618	1,715	19,397	11.31	8
9	Activity Director	1,896	2,156	31,815	14.76	9
10	Activity Assistants	5,187	5,638	61,381	10.89	10
11	Social Service Workers	3,409	3,711	76,103	20.51	11
12	Dietician					12
13	Food Service Supervisor	1,888	2,080	34,011	16.35	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,917	26,741	239,965	8.97	15
16	Dishwashers					16
17	Maintenance Workers	4,028	4,460	65,760	14.74	17
18	Housekeepers	17,514	20,266	196,069	9.67	18
19	Laundry	6,325	6,694	64,502	9.64	19
20	Administrator	1,745	2,120	124,754	58.85	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,898	2,163	80,808	37.36	23
24	Clerical	6,866	7,323	102,484	13.99	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerk</u>	1,849	2,120	29,824	14.07	33
34	TOTAL (lines 1 - 33)	202,423	220,764	\$ 3,232,625 *	\$ 14.64	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	192	\$ 7,200	1.3	35
36	Medical Director	76	5,400	9.3	36
37	Medical Records Consultant	33	1,230	10.3	37
38	Nurse Consultant			10.3	38
39	Pharmacist Consultant	8	600	10.3	39
40	Physical Therapy Consultant	14	839	10a.3	40
41	Occupational Therapy Consultant	6	396	10a.3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	4	228	10a.3	43
44	Activity Consultant	6	665	11.3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	339	\$ 16,558		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$	10.3	50
51	Licensed Practical Nurses			10.3	51
52	Certified Nurse Assistants/Aides			10.3	52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name & ID Number Meadows Mennonite Retirement Center

0011544

Report Period Beginning:

01/01/2008

Ending:

12/31/2008

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Life Services Network of IL 4,069
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ \$ 36,894 Line 10.2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 71,370
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.
Hskpng & Laundry split on time spent.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ _____ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,548
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
- c. What percent of all travel expense relates to transportation of nurses and patients? 100%
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Heinold-Banwart, Ltd. The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not completed at this time.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.