



Facility Name & ID Number MEADOW MANOR

# 0011528 Report Period Beginning: 05/01/08 Ending: 04/30/09

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	48	Skilled (SNF)	48	17,520	1
2		Skilled Pediatric (SNF/PED)			2
3	48	Intermediate (ICF)	48	17,520	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	96	TOTALS	96	35,040	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF			5,078	5,078	8
9	SNF/PED					9
10	ICF	15,066	8,886		23,952	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,066	8,886	5,078	29,030	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.85%

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

MEALS ON WHEELS

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

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

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 1963

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 48 and days of care provided 5,078

Medicare Intermediary NATIONAL GOVERNMENT SERVICES - ILLINOIS

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 4/30/09 Fiscal Year: 4/30/09

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

Facility Name & ID Number **MEADOW MANOR** # **0011528** Report Period Beginning: **05/01/08** Ending: **04/30/09**

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	134,584	22,258	9,168	166,010		166,010	(6,320)	159,690		1
2	Food Purchase		214,081		214,081		214,081	(39,100)	174,981		2
3	Housekeeping	50,464	18,868		69,332		69,332		69,332		3
4	Laundry	23,976	8,481		32,457		32,457		32,457		4
5	Heat and Other Utilities			100,702	100,702		100,702	(400)	100,302		5
6	Maintenance	56,205	38,580	67,047	161,832		161,832	16,423	178,255		6
7	Other (specify):* <b>UTILITY WORKERS</b>	51,723			51,723		51,723		51,723		7
8	<b>TOTAL General Services</b>	316,952	302,268	176,917	796,137		796,137	(29,397)	766,740		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,000	12,000		12,000	2,981	14,981		9
10	Nursing and Medical Records	1,195,234	354,323	29,988	1,579,545	(250,868)	1,328,677	8,439	1,337,116		10
10a	Therapy	57,549	11,699	690,425	759,673	(690,425)	69,248		69,248		10a
11	Activities	59,093	3,027		62,120		62,120		62,120		11
12	Social Services	33,499		5,979	39,478		39,478		39,478		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,345,375	369,049	738,392	2,452,816	(941,293)	1,511,523	11,420	1,522,943		16
	<b>C. General Administration</b>										
17	Administrative	68,980		15,722	84,702	3,663	88,365	49,799	138,164		17
18	Directors Fees										18
19	Professional Services			232,660	232,660		232,660	(217,109)	15,551		19
20	Dues, Fees, Subscriptions & Promotions			55,883	55,883		55,883	(49,699)	6,184		20
21	Clerical & General Office Expenses	115,987	19,522	7,317	142,826		142,826	50,615	193,441		21
22	Employee Benefits & Payroll Taxes			384,636	384,636		384,636	(73)	384,563		22
23	Inservice Training & Education			5,183	5,183		5,183	906	6,089		23
24	Travel and Seminar			8,685	8,685	(5,693)	2,992	1,301	4,293		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			55,518	55,518		55,518	485	56,003		26
27	Other (specify):*			84,194	84,194		84,194	(59,703)	24,491		27
28	<b>TOTAL General Administration</b>	184,967	19,522	849,798	1,054,287	(2,030)	1,052,257	(223,478)	828,779		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,847,294	690,839	1,765,107	4,303,240	(943,323)	3,359,917	(241,455)	3,118,462		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.

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			48,766	48,766		48,766	(11,257)	37,509			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			50,171	50,171		50,171	(2,851)	47,320			32
33	Real Estate Taxes			25,521	25,521		25,521		25,521			33
34	Rent-Facility & Grounds							6,366	6,366			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			124,458	124,458		124,458	(7,742)	116,716			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					943,323	943,323		943,323			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			52,560	52,560		52,560		52,560			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>			52,560	52,560	943,323	995,883		995,883			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,847,294	690,839	1,942,125	4,480,258		4,480,258	(249,197)	4,231,061			45

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



**MEADOW MANOR**

**ID# 0011528**

**Report Period Beginning: 05/01/08**

**Ending: 04/30/09**

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	MEALS ON WHEELS - EXP. REIMB - FOOD	\$ (36,538)	2	1
2	MEALS ON WHEELS - EXP. REIMB - SALARY	(6,320)	1	2
3	VENDING	(1,480)	2	3
4	EXPENSE REIMBURSEMENT - R.N. WAGES	(495)	10	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(44,833)	29	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number MEADOW MANOR# 0011528

Report Period Beginning:

05/01/08

Ending:

04/30/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(6,320)	0	0	0	0	0	0	0	0	0	0	(6,320)	1
2	Food Purchase	(39,100)	0	0	0	0	0	0	0	0	0	0	(39,100)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(400)	0	0	0	0	0	0	0	0	0	0	(400)	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(45,820)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(45,820)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(495)	0	0	0	0	0	0	0	0	0	0	(495)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(495)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(495)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	585	0	0	0	0	0	0	0	0	0	585	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(76)	(217,146)	0	0	0	0	0	0	0	0	0	(217,222)	19
20	Fees, Subscriptions & Promotions	(49,809)	0	0	0	0	0	0	0	0	0	0	(49,809)	20
21	Clerical & General Office Expenses	(796)	0	0	0	0	0	0	0	0	0	0	(796)	21
22	Employee Benefits & Payroll Taxes	0	(24,491)	0	0	0	0	0	0	0	0	0	(24,491)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	(585)	0	0	0	0	0	0	0	0	0	(585)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(84,194)	24,491	0	0	0	0	0	0	0	0	0	(59,703)	27
28	<b>TOTAL General Administration</b>	<b>(134,875)</b>	<b>(217,146)</b>	<b>0</b>	<b>(352,021)</b>	<b>28</b>								
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(181,190)</b>	<b>(217,146)</b>	<b>0</b>	<b>(398,336)</b>	<b>29</b>								

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number MEADOW MANOR# 0011528

Report Period Beginning:

05/01/08

Ending:

04/30/09

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(13,022)	0	0	0	0	0	0	0	0	0	0	(13,022)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,851)	0	0	0	0	0	0	0	0	0	0	(2,851)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(15,873)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(15,873)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(197,063)	(217,146)	0	0	0	0	0	0	0	0	0	(414,209)	45

**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
SAM KLEIN	95%	HILLTOP NURSING HOME, INC.	CHARLESTON	Nrsg Home Managers	SPRINGFIELD	MANAGEMENT
IGNACIO DELVALLE	5%	JACKSONVILLE CONV. CENTER, INC.	JACKSONVILLE	Meadow Manor West	TAYLORVILLE	RENTAL
		MENARD CONVALESCENT CENTER, INC.	PETERSBURG			
		SUNRISE MANOR OF VIRDEN, INC.	VIRDEN			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	19 MANAGEMENT FEE	\$ 226,343	NURSING HOME MANAGERS, INC.	95.00%	\$	(226,343)	1
2	V	VAR SEE ATTACHED SCHEDULE		NURSING HOME MANAGERS, INC.	95.00%	165,012	165,012	2
3	V	19 ACCOUNTING		NURSING HOME MANAGERS, INC. - DIRECT ALLOCATIO	95.00%	9,197	9,197	3
4	V	24 TRAVEL	585	TO TRANSFER 31% OF HOME OFFICE TRAVEL			(585)	4
5	V	17 ADMINISTRATIVE TRAVEL		TO ADMINISTRATIVE - PER DESK REVIEW		585	585	5
6	V	22 EMPL. BENEFITS& PR TAXES	24,491	TO TRANSFER HOME OFFICE EMPLOYEE BENEFITS			(24,491)	6
7	V	27 OTHER - GENERAL ADMIN.		AND PAYROLL TAXES TO OTHER - PER DESK REVIEW		24,491	24,491	7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 251,419			\$ 199,285	\$ * (52,134)	14

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

Facility Name & ID Number MEADOW MANOR # 0011528 Report Period Beginning: 05/01/08 Ending: 04/30/09

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	<b>NOT APPLICABLE</b>								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								<b>TOTAL</b>	\$	13

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

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

Facility Name & ID Number MEADOW MANOR

# 0011528

Report Period Beginning:

05/01/08

Ending: 04/30/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

NURSING HOME MANAGERS, INC.

Street Address

2653 WEST LAWRENCE - SUITE B

City / State / Zip Code

SPRINGFIELD, IL 62704

Phone Number

( 217 ) 787-8530

Fax Number

( 217 ) 787-9840

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2	SEE ATTACHED SCHEDULES								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

Facility Name & ID Number

MEADOW MANOR

# 0011528

Report Period Beginning:

05/01/08

Ending:

04/30/09

**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										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1					\$	\$			\$	1									
2										2									
3										3									
4										4									
5										5									
<b>Working Capital</b>																			
6	STOCKHOLDERS	X		WORKING CAPITAL	06/26/00	289,726	834,486	DEMAND	6.0000	50,070	6								
7										7									
8										8									
9	<b>TOTAL Facility Related</b>					\$ 289,726	\$ 834,486			\$ 50,070	9								
<b>B. Non-Facility Related*</b>																			
10	U S TREASURY		X							101	10								
11											11								
12											12								
13											13								
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ 101	14								
15	<b>TOTALS (line 9+line14)</b>					\$ 289,726	\$ 834,486			\$ 50,171	15								

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

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

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





Facility Name & ID Number MEADOW MANOR

# 0011528

Report Period Beginning:

05/01/08

Ending:

04/30/09

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 25,061 B. General Construction Type: Exterior MASONRY Frame STEEL & WOOD Number of Stories 1

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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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>NURSING HOME</u>	<u>25,061</u>	<u>1963</u>	<u>\$ 3,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>25,061</b>		<b>\$ 3,000</b>	<b>3</b>

Facility Name &amp; ID Number MEADOW MANOR

# 0011528

Report Period Beginning:

05/01/08

Ending:

04/30/09

## 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	48		1963	1958	\$ 226,688	\$	25	\$	\$	\$ 226,688	4
5	48			1967	289,148		30			289,148	5
6											6
7											7
8											8
	Improvement Type**										
9		IMPROVEMENT		1979	5,775		15			5,775	9
10		IMPROVEMENT		1980	5,207		VARIOUS			5,207	10
11		IMPROVEMENT		1981	635		10			635	11
12		IMPROVEMENT		1982	36,795		15			36,795	12
13		IMPROVEMENT		1984	44,410		15			44,410	13
14		IMPROVEMENT		1986	13,401		15			13,401	14
15		AIR CONDITIONER		1987	3,749	55	15		(55)	3,749	15
16		IMPROVEMENT		1987	6,721	213	15		(213)	6,721	16
17		IMPROVEMENT		1987	2,539	81	15		(81)	2,539	17
18		SPRINKLER		1989	890	28	15		(28)	890	18
19		IMPROVEMENT		1989	16,132	512	15		(512)	16,132	19
20		IMPROVEMENT		1990	4,004	127	15		(127)	4,004	20
21		IMPROVEMENT		1990	22,907	727	VARIOUS	810	83	17,235	21
22		IMPROVEMENT		1993	2,576	82	VARIOUS		(82)	2,576	22
23		IMPROVEMENT		1994	1,475	47	15	52	5	1,475	23
24		IMPROVEMENT		1995	42,600	1,092	20	2,130	1,038	30,885	24
25		AIR CONDITIONER		1996	6,844	175	15	457	282	6,159	25
26		SMOKE DETECTORS		1996	981	25	15	65	40	882	26
27		SINKS & FAUCETS		1996	2,698	69	15	180	111	2,429	27
28		WINDOWS		1996	3,859	99	15	259	160	3,473	28
29		FIRE DOORS		1996	784	20	15	52	32	706	29
30		NEW DOOR FRAMES		1997	10,035	257	15	669	412	7,693	30
31		SPRINKLER REPAIRS		1997	1,127	29	15	75	46	864	31
32		FIRE DOORS		1998	808	21	15	54	33	567	32
33		AIR CONDITIONER		1998	1,820	47	15	122	75	1,274	33
34		FIRE ALARM SYSTEM		1999	8,250	212	20	413	201	4,332	34
35		WATER HEATER		2000	3,813	98	15	254	156	2,371	35
36		BACKFLOW VALVE		2000	3,998	103	15	266	163	2,422	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 MEADOW MANOR

# 0011528

Report Period Beginning:

05/01/08

Ending:

04/30/09

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	AIR CONDITIONER	1999	\$ 2,985	\$ 77	15	\$ 199	\$ 122	\$ 1,973	37
38	DOORS	2001	4,450	114	15	297	183	2,399	38
39	5 TON AIR CONDITIONER	2001	1,613	41	10	161	120	1,263	39
40	ROOFTOP A/C & HEAT	2001	3,165	81	15	211	130	1,600	40
41	2 ROOMS & BATHROOMS RENOVATED FOR MEDICARE	2002	56,051	1,437	20	2,802	1,365	17,983	41
42	ROOFTOP A/C & HEAT	2002	3,396	87	10	339	252	2,207	42
43	AIR CONDITIONER	2003	1,985	51	10	199	148	1,158	43
44	SMOKE DETECTORS & EXHAUST SYSTEM	2004	4,838	124	15	322	198	1,678	44
45	ROOF	2004	162,600	4,169	20	8,130	3,961	35,908	45
46	FIRE SUPPRESSION SYSTM & ELECTRICAL WIRING	2005	6,420	164	20	321	157	1,249	46
47	HEAT EXCHANGER	2005	1,181	30	15	78	48	269	47
48	FLOOR - BEAUTY SHOP	2007	14,365	368	20	718	350	1,377	48
49	PARKING LOT	2008	14,750	7,744	15	819	(6,925)	819	49
50	SIDEWALK	2008	2,500	1,313	15	125	(1,188)	125	50
51	5 TON AIR CONDITIONER	2008	8,917	181	10	743	562	743	51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,059,885	\$ 20,100		\$ 21,322	\$ 1,222	\$ 812,188	70

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

**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	\$ 148,392	\$ 15,291	\$ 13,937	\$ (1,354)	Various	\$ 71,673	71
72	Current Year Purchases	13,375	13,375	485	(12,890)	Various	485	72
73	Fully Depreciated Assets	388,413					388,413	73
74	Assets No Longer in Service (Includes MM West)	(160,147)					(160,147)	74
75	<b>TOTALS</b>	\$ 390,033	\$ 28,666	\$ 14,422	\$ (14,244)		\$ 300,424	75

**D. Vehicle Depreciation (See instructions.)\***

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	<b>TOTALS</b>			\$	\$	\$	\$		\$	80

**E. Summary of Care-Related Assets**

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 1,452,918	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 48,766	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 35,744	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (13,022)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,112,612	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	MM WEST CLOSED 9/6/01	\$ 310,256	\$	\$	86
87	PER 4/30/04 - DESK REVIEW				87
88					88
89					89
90					90
91	<b>TOTALS</b>	\$ 310,256	\$	\$	91

**G. Construction-in-Progress**

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

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

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

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: NOT APPLICABLE

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: \$ \_\_\_\_\_ Description: \_\_\_\_\_  
(Attach a schedule detailing the breakdown of movable equipment)

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

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

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. \_\_\_\_\_ /2010 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2011 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
							Units	Cost								
1	Licensed Occupational Therapist	39 - 8	hrs	\$	4,464	\$ 295,115				4,464	\$ 295,115					1
2	Licensed Speech and Language Development Therapist	39 - 8	hrs		585	45,470				585	45,470					2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39 - 8	hrs		5,940	349,840				5,940	349,840					4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	39 - 8	# of prescrpts							191,325					191,325	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Labs,X-Rays,Oxygen</u>	39 - 8								36,875					36,875	12
13	Other (specify): <u>Ambul,Supplies,Other</u>	39 - 8								24,698					24,698	13
14	<b>TOTAL</b>			\$	10,989	\$ 690,425	\$	252,898	\$	10,989	\$ 943,323					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.

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

As of **04/30/09**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 52,608	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,441,438		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,876		6
7	Other Prepaid Expenses	173,832		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,670,754	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	3,000		13
14	Buildings, at Historical Cost	1,059,885		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	454,316		16
17	Accumulated Depreciation (book methods)	(1,157,623)		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 (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 359,578	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,030,332	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 377,513	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	35,836		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,436		31
32	Accrued Real Estate Taxes(Sch.IX-B)	33,639		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36				36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 449,424	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	834,486		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 834,486	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,283,910	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 746,422	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,030,332	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>348,431</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>348,431</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>467,991</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(70,000)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>397,991</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>746,422</b>	<b>24</b> *

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

Facility Name & ID Number MEADOW MANOR# 0011528Report Period Beginning: 05/01/08Ending: 04/30/09

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 5,068,628	1
2	Discounts and Allowances for all Levels	(541,777)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 4,526,851</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	351,629	6
7	Oxygen	12,794	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 364,423</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	43,940	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	400	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	6,900	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 51,240</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	2,750	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 2,750</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Vending-\$1,480 Admit Fees-\$750 B.D. Recovery-\$214	2,444	28
28a	Expense Reimb-RN Salary-\$495 W/A-\$12 Misc.-\$34	541	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 2,985</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 4,948,249</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	796,137	31
32	Health Care	2,452,816	32
33	General Administration	1,054,287	33
<b>B. Capital Expense</b>			
34	Ownership	124,458	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers		35
36	Provider Participation Fee	52,560	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 4,480,258</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>467,991</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 467,991</b>	<b>43</b>

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? NO 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 **MEADOW MANOR**

# **0011528**

Report Period Beginning:

**05/01/08**

Ending:

**04/30/09**

**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	2,006	2,166	\$ 55,001	\$ 25.39	1
2	Assistant Director of Nursing					2
3	Registered Nurses	3,715	3,804	88,201	23.19	3
4	Licensed Practical Nurses	25,845	27,212	477,137	17.53	4
5	CNAs & Orderlies	54,197	55,823	574,895	10.30	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,985	5,219	57,549	11.03	8
9	Activity Director	2,067	2,147	22,764	10.60	9
10	Activity Assistants	4,259	4,323	36,329	8.40	10
11	Social Service Workers	1,969	2,109	33,499	15.88	11
12	Dietician					12
13	Food Service Supervisor	1,994	2,131	26,426	12.40	13
14	Head Cook					14
15	Cook Helpers/Assistants	11,708	12,014	101,838	8.48	15
16	Dishwashers					16
17	Maintenance Workers	4,896	5,062	56,205	11.10	17
18	Housekeepers	5,959	6,186	50,464	8.16	18
19	Laundry	2,480	2,663	23,976	9.00	19
20	Administrator	2,006	2,086	68,980	33.07	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,448	9,082	115,987	12.77	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 C: Utility Workers	5,260	5,397	51,723	9.58	32
33	Other(specify) <u>M-O-W Coordinat</u>	457	557	6,320	11.35	33
34	TOTAL (lines 1 - 33)	142,251	147,981	\$ 1,847,294 *	\$ 12.48	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	288	\$ 9,168	1 - 3	35
36	Medical Director	120	12,000	9 - 3	36
37	Medical Records Consultant	16	500	10 - 3	37
38	Nurse Consultant	593	21,430	10 - 3	38
39	Pharmacist Consultant	88	2,058	10 - 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	95	5,979	12 - 3	45
46	Other(specify)				46
47	<u>PSYCHIATRIC CONSULTANT</u>	24	6,000	10 - 3	47
48	<u>ADMINISTRATIVE CONSULTANT</u>	664	15,722	17 - 3	48
49	TOTAL (lines 35 - 48)	1,888	\$ 72,857		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses			50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)		\$ 0	53





Facility Name &amp; ID Number MEADOW MANOR

# 0011528

Report Period Beginning: 05/01/08

Ending: 04/30/09

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? NO  
If YES, give association name and amount. \_\_\_\_\_
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? YES  
What was the average life used for new equipment added during this period? 9 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 21,450 Line 10
- (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. \$ 52,560  
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.
- (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. \$ 0 Has any meal income been offset against related costs? YES Indicate the amount. \$ 1,082
- (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? 0  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
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? NO  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.

DUE TO THE CLOSING OF THE MEADOW MANOR WEST BUILDING (SEPTEMBER 6, 2001) WE ARE NO LONGER COMBINING MEADOW MANOR AND MEADOW MANOR WEST ON COST REPORTS. ADJUSTMENTS TO DEPRECIATION, REAL ESTATE TAXES, ETC. HAVE BEEN NOTED ON THE COST REPORT WHERE APPLICABLE.

PAGE 3 & 4 - SCHEDULE V

LINE 27 - OTHER GENERAL ADMINISTRATION		
BAD DEBTS	\$ 74,796	
SALES TAX	6,931	
PENALTY	2,467	
SCHEDULE V - LINE 27 - COLUMN 3	<u>\$ 84,194</u>	

PAGE 2 - SCHEDULE III - QUESTION K

NUMBER OF BEDS CERTIFIED FOR MEDICARE

5/1/08 - 7/31/08	22 BEDS
8/1/08 - 4/30/09	48 BEDS

PAGE 3 - SCHEDULE V - LINE 23

DETAIL - INSERVICE TRAINING & EDUCATION

FOOD SAFETY / SANITATION COURSE	\$ 520
EMPLOYEE TRAINING - ONLINE	1,932
ACTIVITY DIRECTOR COURSE	400
ACCUCARE TRAINING	1,152
LEADERSHIP SEMINARS	306
LIFE SAFETY SEMINAR	95
IHCA TRAINING	595
HOME OFFICE INSERVICES & MEALS	183
NURSING HOME MANAGERS ALLOCATION	<u>906</u>
SCHEDULE V - LINE 23 - COLUMN 8	<u>\$ 6,089</u>

COLUMN 5 - DETAIL OF RECLASSIFICATIONS

FROM:	AMOUNT	LINE #
MEDICARE X-RAYS	\$ (3,385)	10
MEDICARE AMBULANCE	(19036)	10
MEDICARE IV	(23,027)	10
MEDICARE DRUGS	(168,298)	10
MEDICARE LABS	(14,956)	10
MEDICARE SUPPLIES	(5,589)	10
MEDICARE OTHER ANCILLARY	(73)	10
MEDICARE OXYGEN	(5,740)	10
OXYGEN - PRIVATE & DPA	(12,794)	10
PHYSICAL THERAPY	(349,840)	10A
OCCUPATIONAL THERAPY	(295,115)	10A
SPEECH THERAPY	<u>(45,470)</u>	10A
TO: ANCILLARY SERVICES	<u>\$ 943,323</u>	39
TO: ADMINISTRATIVE CONS. MILEAGE	\$ 3,663	17
NURSE CONSULTANT MILEAGE	2,030	10
FROM: TRAVEL	<u>\$ (5,693)</u>	24

PAGE 10A - SECTION A - 2008 LONG TERM CARE REAL ESTATE TAX STATEMENT

THE FOLLOWING ADJUSTMENTS ARE DUE TO THE CLOSING OF MEADOW MANOR WEST ON SEPTEMBER 6, 2001.

MEADOW MANOR PORTION: ALLOWABLE	\$ 25,229.36
68% OF THE \$37,102.00 TAX BILL	
MEADOW MANOR WEST PORTION: NON-ALLOWABLE	11,872.64
32% OF THE \$37,102.00 TAX BILL	
TOTAL 2008 REAL ESTATE TAX BILL	<u>\$ 37,102.00</u>

PAGE 13 - SCHEDULE XI - SECTION E  
RECONCILIATION OF DEPRECIATION

SCHEDULE XI - SECTION E - LINE 83	\$ 35,744
NURSING HOME MANAGERS ALLOCATION	<u>1,765</u>
SCHEDULE V - LINE 30 - COLUMN 8	\$ <u>37,509</u>

PAGE 19 - SCHEDULE XVII  
RECONCILIATION OF INCOME

LINE 43 - NET INCOME	\$ 467,991
** INTEREST INCOME	(2,750)
** RENTAL INCOME	(400)
** SECTION 179 DEDUCTION	<u>13,375</u>
TAXABLE INCOME	\$ <u>478,216</u>
* RELATED PARTY ACCOUNTS PAYABLE NOT ALLOWED FOR TAX PURPOSES ARE INCLUDED HERE FOR CONSISTENCY WITH PRIOR YEAR COST REPORTS AND TO CONFORM WITH ACCRUAL ACCOUNTING METHODS.	
** PASSED DIRECTLY THROUGH TO STOCKHOLDERS ON TAX RETURN	

PAGE 21 - SCHEDULE XIX - SECTION F  
DUES, FEES, SUBSCRIPTIONS, AND PROMOTIONS

YELLOW PAGES	\$ 1974
INHAA DUES	100
PUBLIC RELATIONS	47,163
FRANCHISE FEES	308
CHAMBER OF COMMERCE	312
KIWANIS	360
COUNTY HEALTH FOOD SERVICE	175
BOILER LICENSE	100
FOOD SERVICE SUPERVISOR LICENSE	<u>70</u>

SCHEDULE XIX - SECTION F \$ 50,562

PAGE 21 - SCHEDULE XIX - SECTION G  
SCHEDULE OF TRAVEL & SEMINAR

ADMINISTRATOR MILEAGE	\$ 213
SCREENING MILEAGE	368
MISCELLANEOUS MILEAGE	155
ACTIVITY & SOCIAL SERVICE MILEAGE	354
COMMUNITY RELATIONS MILEAGE	1039
OFFICE MILEAGE	577
MAINTENANCE MILEAGE	<u>286</u>

SCHEDULE XIX - SECTION G \$ 2,992

PAGE 23 - SCHEDULE XX - QUESTION 12

SALARY COSTS ARE ALLOCATED TO DEPARTMENT BASED UPON HOURS WORKED PER TIME CARDS.

CENTRAL OFFICE COST ALLOCATION  
 MEADOW MANOR  
 SCHEDULE VII PAGE 6 LINE 2

# 0011528

05/01/08 TO 04/30/09

CENTRAL OFFICE COST ALLOCATION  
 MEADOW MANOR  
 2008

	MAY 08	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN 09	FEB	MARCH	APRIL	2008 TOTAL	LINE #
SALARIES-ADMIN	\$1,973	1,975	1,929	987	970	1,031	1,032	993	\$3,008	\$2,989	\$3,116	\$3,316	\$23,320	17
SALARIES-CLERIC	3,186	3,190	3,115	3,861	3,795	4,033	4,037	3,884	4,127	4,101	4,275	4,549	46,153	21
SALARIES-CONTR	1,584	1,585	1,548	2,993	2,941	3,126	3,129	3,011	1,446	1,437	1,499	1,595	25,894	17
SALARIES-NURSE	911	912	891	970	954	1,014	1,015	976	312	311	324	344	8,934	10
ACCOUNTING	146	146	143	(148)	(146)	(155)	(155)	(149)	104	104	108	115	113	19
WORK COMP INS	68	68	66	(21)	(21)	(22)	(22)	(21)	(41)	(40)	(42)	(45)	(73)	22
SUPPLIES	163	163	159	266	262	278	278	268	104	103	107	114	2,267	21
TELEPHONE	251	252	246	207	203	216	216	208	289	287	299	318	2,991	21
EMPL BENEFITS	1,165	1,166	1,138	1,711	1,681	1,787	1,789	1,721	1,085	1,079	1,125	1,197	16,643	22
PAYROLL TAXES	574	575	562	726	714	758	759	730	593	589	614	654	7,848	22
TRAVEL	146	146	143	169	167	177	177	170	143	142	148	157	1,886	24
IN SERVICE	121	122	119	69	68	72	72	70	47	46	48	51	906	23
MEDICAL CONSULT	244	244	238	(340)	(334)	(355)	(356)	(342)	247	246	256	272	18	9
MACHINE RENTAL	807	808	789	1,136	1,117	1,187	1,188	1,143	1,018	1,011	1,054	1,122	12,381	6
OWNERS COMP	0	0	0	0	0	0	0	0	0	0	0	0	0	17
INS-PROP,LIAB,WC	5	5	5	92	91	96	97	93	0	0	0	0	485	26
DEPRECIATION	200	200	196	28	28	30	30	29	248	246	257	273	1,765	30
RENT	467	467	457	441	433	460	461	443	662	658	686	730	6,366	34
MAINTENANCE	763	764	746	(10)	(10)	(10)	(10)	(10)	441	438	456	486	4,042	6
FEES & PUBLICAT	11	11	11	12	12	13	13	12	3	3	3	4	110	20
ADVERTISING	0	0	0	0	0	0	0	0	0	0	0	0	0	20
MEDICAL DIRECTOF	0	0	0	583	573	609	610	587	0	0	0	0	2,963	9
TOTAL	12,786	12,799	12,500	13,734	13,499	14,345	14,359	13,817	\$13,836	\$13,749	\$14,335	\$15,254	165,012	
FIXED ASSETS	0	0	0	0	0	0	0	0					165,012	
EQUIP - PRIOR	15,834	15,851	15,480	15,799	15,528	16,502	16,518	15,894	16,062	15,961	16,641	17,708	16,148	
EQUIP - CURR	327	327	4,922	5,023	4,937	5,247	5,252	5,053	331	329	343	365	2,705	
EQUIP - FULLY DEP	6,113	6,119	5,976	6,099	5,995	6,371	6,377	6,136	6,201	6,162	6,424	6,836	6,234	
BLDG - PRIOR	0	0	0	0	0	0	0	0	0	0	0	0	0	
BLDG - CURR	0	0	0	0	0	0	0	0	0	0	0	0	0	
BLDG - FULLY DEP	1,560	1,562	1,525	1,557	1,530	1,626	1,627	1,566	1,583	1,573	1,640	1,745	1,591	

NURSING HOME MANAGERS COST ALLOCATION MAY 2008

	DADR	HLP	JVILLE	MEAD M	MEARAD	SUNRISE	TOTAL
ALLOC PERCENT	0.00%	22.20%	18.82%	23.27%	16.20%	18.73%	100.00%
SALARIES-ADMIN	\$0	\$1,875	\$1,685	\$1,973	\$1,377	\$1,593	\$8,504
SALARIES-CLERIC	0	3,021	2,838	3,190	2,388	2,489	13,725
SALARIES-CONTR	0	1,502	1,353	1,584	1,106	1,279	\$8,627
SALARIES-NURSE	0	684	611	972	629	712	3,627
ACCOUNTING	0	139	125	146	102	118	\$628
WORK COMP INS	0	85	85	85	85	85	425
SUPPLIES	0	155	139	163	114	132	\$702
TELEPHONE	0	239	215	251	176	203	\$1,084
EMR. BENEFITS	0	1,107	995	1,165	813	940	\$5,020
PAYROLL TAXES	0	446	401	514	361	414	\$2,136
TRAVEL	0	139	125	146	102	118	\$628
IN SERVICE	0	115	104	121	85	95	\$513
MEDICAL CONSULT	0	231	208	244	170	197	\$1,050
MACHINE RENTAL	0	767	697	807	582	662	\$3,498
OWNERS COMP	0	0	0	0	0	0	\$0
INS-PROP/LIABWC	0	0	0	0	0	0	\$0
DEPRECIATION	0	190	171	200	140	162	\$863
RENT	0	444	399	467	328	377	\$2,013
MAINTENANCE	0	725	652	763	533	618	\$3,288
FEES & PUBLIC	0	11	11	11	11	11	\$55
ADVERTISING	0	0	0	0	0	0	\$0
TOTAL	\$0	\$12,152	\$10,824	\$12,786	\$8,528	\$10,326	\$55,115

FIXED ASSETS

EQUIP - PRIOR	0	15,048	13,520	15,524	11,857	12,768	68,226
EQUIP - CURR	0	310	279	327	228	264	1,408
EQUIP - FULLY DEP	0	5,810	5,231	6,119	4,217	4,776	26,350
BLDG - PRIOR	0	0	0	0	0	0	\$0
BLDG - CURR	0	0	0	0	0	0	\$0
BLDG - FULLY DEP	0	1,483	1,333	1,560	1,089	1,260	6,725

NURSING HOME MANAGERS COST ALLOCATION JUNE 2008

	DADR	HLP	JVILLE	MEAD M	MEARAD	SUNRISE	TOTAL
ALLOC PERCENT	0.00%	22.20%	20.85%	23.27%	16.21%	18.17%	100.00%
SALARIES-ADMIN	\$0	\$1,871	\$1,756	\$1,975	\$1,361	\$1,541	\$8,504
SALARIES-CLERIC	0	3,021	2,838	3,190	2,388	2,489	13,725
SALARIES-CONTR	0	1,502	1,353	1,584	1,106	1,279	\$8,627
SALARIES-NURSE	0	684	611	972	629	712	3,627
ACCOUNTING	0	139	125	146	102	118	\$628
WORK COMP INS	0	85	85	85	85	85	425
SUPPLIES	0	155	140	163	112	127	\$722
TELEPHONE	0	239	224	251	176	203	\$1,093
EMR. BENEFITS	0	1,104	1,017	1,186	803	910	5,020
PAYROLL TAXES	0	446	411	514	361	414	\$2,136
TRAVEL	0	139	130	146	101	114	\$630
IN SERVICE	0	115	103	121	85	97	\$520
MEDICAL CONSULT	0	231	217	244	168	190	1,050
MACHINE RENTAL	0	766	719	833	595	687	\$3,490
OWNERS COMP	0	0	0	0	0	0	\$0
INS-PROP/LIABWC	0	0	0	0	0	0	\$0
DEPRECIATION	0	190	178	200	138	156	\$853
RENT	0	443	416	487	332	385	\$2,113
MAINTENANCE	0	723	670	784	528	598	\$3,288
FEES & PUBLIC	0	11	11	11	11	11	\$55
ADVERTISING	0	0	0	0	0	0	\$0
TOTAL	\$0	\$12,125	\$11,381	\$12,759	\$8,821	\$9,990	\$55,115

FIXED ASSETS

EQUIP - PRIOR	0	15,015	14,094	15,851	10,524	12,211	68,226
EQUIP - CURR	0	310	281	327	228	264	1,408
EQUIP - FULLY DEP	0	5,737	5,441	6,119	4,217	4,776	26,350
BLDG - PRIOR	0	0	0	0	0	0	\$0
BLDG - CURR	0	0	0	0	0	0	\$0
BLDG - FULLY DEP	0	1,479	1,380	1,562	1,076	1,219	6,725

NURSING HOME MANAGERS COST ALLOCATION JULY 2008

	DADR	HLP	JVILLE	MEAD M	MEARAD	SUNRISE	TOTAL
ALLOC PERCENT	0.00%	22.17%	21.87%	23.27%	16.21%	18.17%	100.00%
SALARIES-ADMIN	\$0	\$1,867	\$1,817	\$1,920	\$1,256	\$1,542	\$8,504
SALARIES-CLERIC	0	3,028	2,834	3,115	2,083	2,555	13,735
SALARIES-CONTR	0	1,510	1,404	1,645	1,040	1,227	\$8,627
SALARIES-NURSE	0	689	639	971	598	730	3,627
ACCOUNTING	0	139	124	143	98	117	\$628
WORK COMP INS	0	85	85	85	85	85	425
SUPPLIES	0	150	135	157	107	121	\$722
TELEPHONE	0	240	232	246	165	202	1,084
EMR. BENEFITS	0	1,110	1,027	1,138	785	904	5,020
PAYROLL TAXES	0	446	409	502	377	430	2,136
TRAVEL	0	139	135	143	98	117	\$630
IN SERVICE	0	115	112	119	80	97	\$520
MEDICAL CONSULT	0	232	224	238	160	189	1,050
MACHINE RENTAL	0	770	743	789	530	647	\$3,490
OWNERS COMP	0	0	0	0	0	0	\$0
INS-PROP/LIABWC	0	0	0	0	0	0	\$0
DEPRECIATION	0	191	184	196	131	160	\$853
RENT	0	451	426	481	319	368	\$2,113
MAINTENANCE	0	727	703	746	501	612	\$3,288
FEES & PUBLIC	0	11	11	11	11	11	\$55
ADVERTISING	0	0	0	0	0	0	\$0
TOTAL	\$0	\$12,131	\$11,374	\$12,500	\$8,300	\$10,261	\$55,115

FIXED ASSETS

EQUIP - PRIOR	0	15,018	14,582	15,480	10,401	12,855	68,226
EQUIP - CURR	0	4,800	4,326	4,852	3,267	3,756	14,802
EQUIP - FULLY DEP	0	5,737	5,441	6,119	4,217	4,776	26,350
BLDG - PRIOR	0	0	0	0	0	0	\$0
BLDG - CURR	0	0	0	0	0	0	\$0
BLDG - FULLY DEP	0	1,488	1,487	1,583	1,095	1,281	6,725

NURSING HOME MANAGERS COST ALLOCATION AUGUST 2008

	DADR	HLP	JVILLE	MEAD M	MEARAD	SUNRISE	TOTAL
ALLOC PERCENT	0.00%	20.18%	22.15%	23.26%	15.20%	18.20%	100.00%
SALARIES-ADMIN	\$0	\$1,861	\$1,817	\$1,920	\$1,256	\$1,542	\$8,504
SALARIES-CLERIC	0	3,038	2,834	3,115	2,083	2,555	13,735
SALARIES-CONTR	0	1,510	1,404	1,645	1,040	1,227	\$8,627
SALARIES-NURSE	0	689	639	971	598	730	3,627
ACCOUNTING	0	139	124	143	98	117	\$628
WORK COMP INS	0	85	85	85	85	85	425
SUPPLIES	0	150	135	157	107	121	\$722
TELEPHONE	0	240	232	246	165	202	1,084
EMR. BENEFITS	0	1,110	1,027	1,138	785	904	5,020
PAYROLL TAXES	0	446	409	502	377	430	2,136
TRAVEL	0	139	135	143	98	117	\$630
IN SERVICE	0	115	112	119	80	97	\$520
MEDICAL CONSULT	0	232	224	238	160	189	1,050
MACHINE RENTAL	0	770	743	789	530	647	\$3,490
OWNERS COMP	0	0	0	0	0	0	\$0
INS-PROP/LIABWC	0	0	0	0	0	0	\$0
DEPRECIATION	0	191	184	196	131	160	\$853
RENT	0	451	426	481	319	368	\$2,113
MAINTENANCE	0	727	703	746	501	612	\$3,288
FEES & PUBLIC	0	11	11	11	11	11	\$55
ADVERTISING	0	0	0	0	0	0	\$0
TOTAL	\$0	\$12,137	\$11,374	\$12,500	\$8,300	\$10,261	\$55,115

FIXED ASSETS

EQUIP - PRIOR	0	15,018	14,582	15,480	10,401	12,855	68,226
EQUIP - CURR	0	4,800	4,326	4,852	3,267	3,756	14,802
EQUIP - FULLY DEP	0	5,737	5,441	6,119	4,217	4,776	26,350
BLDG - PRIOR	0	0	0	0	0	0	\$0
BLDG - CURR	0	0	0	0	0	0	\$0
BLDG - FULLY DEP	0	1,488	1,487	1,583	1,095	1,281	6,725

NURSING HOME MANAGERS COST ALLOCATION SEPTEMBER 2008

	DADR	HLP	JVILLE	MEAD M	MEARAD	SUNRISE	TOTAL
ALLOC PERCENT	0.00%	18.93%	21.87%	23.26%	15.20%	18.08%	100.00%
SALARIES-ADMIN	\$0	\$1,862	\$1,817	\$1,920	\$1,256	\$1,542	\$8,504
SALARIES-CLERIC	0	3,038	2,834	3,115	2,083	2,555	13,735
SALARIES-CONTR	0	1,510	1,404	1,645	1,040	1,227	\$8,627
SALARIES-NURSE	0	689	639	971	598	730	3,627
ACCOUNTING	0	139	124	143	98	117	\$628
WORK COMP INS	0	85	85	85	85	85	425
SUPPLIES	0	150	135	157	107	121	\$722
TELEPHONE	0	240	232	246	165	202	1,084
EMR. BENEFITS	0	1,110	1,027	1,138	785	904	5,020
PAYROLL TAXES	0	446	409	502	377	430	2,136
TRAVEL	0	139	135	143	98	117	\$630
IN SERVICE	0	115	112	119	80	97	\$520
MEDICAL CONSULT	0	232	224	238	160	189	1,050
MACHINE RENTAL	0	770	743	789	530	647	\$3,490
OWNERS COMP	0	0	0	0	0	0	\$0
INS-PROP/LIABWC	0	0	0	0	0	0	\$0
DEPRECIATION	0	191	184	196	131	160	\$853
RENT	0	451	426	481	319	368	\$2,113
MAINTENANCE	0	727	703	746	501	612	\$3,288
FEES & PUBLIC	0	11	11	11	11	11	\$55
ADVERTISING	0	0	0	0	0	0	\$0
TOTAL	\$0	\$12,143	\$11,374	\$12,500	\$8,300	\$10,261	\$55,115

FIXED ASSETS

EQUIP - PRIOR	0	15,018	14,582	15,480	10,401	12,855	68,226
EQUIP - CURR	0	4,800	4,326	4,852	3,267	3,756	1

ALLOCATION PERCENTAGES USED ON PAGE 27  
MEADOW MANOR

# 0011528

05/01/08 TO 04/30/09

OCCUPIED DAYS 2008	HLTP	JVILLE	MEAD M	MMW	MENARD	SUNRISE	TOTAL
JANUARY	2,239	2,512	2,573		1,460	1,936	10,720
FEBRUARY	2,140	2,453	2,399		1,407	1,909	10,308
MARCH	2,260	2,436	2,476		1,475	1,985	10,632
APRIL	2,248	2,186	2,456		1,483	1,867	10,240
MAY	2,356	2,118	2,479		1,731	2,002	10,686
JUNE	2,283	2,143	2,410		1,661	1,881	10,378
JULY	2,369	2,288	2,429		1,632	1,992	10,710
AUGUST	2,137	2,345	2,451		1,620	2,036	10,589
SEPTEMBER	1,988	2,459	2,376		1,627	1,994	10,444
OCTOBER	1,980	2,561	2,592		1,605	1,983	10,721
NOVEMBER	1,777	2,428	2,482		1,567	2,002	10,256
DECEMBER	1,901	2,534	2,445		1,611	2,009	10,500
TOTAL	25,678	28,463	29,568	0	18,879	23,596	126,184
							126,184

OCCUPIED DAYS 2009	HLTP	JVILLE	MEAD M	MMW	MENARD	SUNRISE	TOTAL
JANUARY	1,861	2,413	2,389		1,630	1,859	10,152
FEBRUARY	1,752	2,160	2,088		1,341	1,588	8,929
MARCH	1,882	2,368	2,469		1,567	1,841	10,127
APRIL	1,701	2,113	2,469		1,466	1,768	9,517
MAY	1,816	2,090	2,434		1,499	1,857	9,696
JUNE	1,718	2,003	2,476		1,350	1,754	9,301
JULY	1,838	2,163	2,658		1,510	1,826	9,995
AUGUST	1,833	2,214	2,647		1,481	1,952	10,127
SEPTEMBER	0	0	0		0	0	0
OCTOBER	0	0	0		0	0	0
NOVEMBER	0	0	0		0	0	0
DECEMBER	1,901	2,534	2,445		1,611	2,009	10,500
TOTAL	16,302	20,058	22,075	0	13,455	16,454	88,344
							88,344

ALLOCATION PERCENTAGE 2008	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
JANUARY	20.89%	23.43%	24.00%	13.62%	18.06%	100.00%
FEBRUARY	20.76%	23.80%	23.27%	13.65%	18.52%	100.00%
MARCH	21.26%	22.91%	23.29%	13.87%	18.67%	100.00%
APRIL	21.95%	21.35%	23.98%	14.48%	18.23%	100.00%
MAY	22.05%	19.82%	23.20%	16.20%	18.73%	100.00%
JUNE	22.00%	20.65%	23.22%	16.01%	18.12%	100.00%
JULY	22.12%	21.36%	22.68%	15.24%	18.60%	100.00%
AUGUST	20.18%	22.15%	23.15%	15.30%	19.23%	100.00%
SEPTEMBER	19.03%	23.54%	22.75%	15.58%	19.09%	100.00%
OCTOBER	18.47%	23.89%	24.18%	14.97%	18.50%	100.00%
NOVEMBER	17.33%	23.67%	24.20%	15.28%	19.52%	100.00%
DECEMBER	18.10%	24.13%	23.29%	15.34%	19.13%	100.00%

ALLOCATION PERCENTAGE 2009	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
JANUARY	18.33%	23.77%	23.53%	16.06%	18.31%	100.00%
FEBRUARY	19.62%	24.19%	23.38%	15.02%	17.78%	100.00%
MARCH	18.58%	23.38%	24.38%	15.47%	18.18%	100.00%
APRIL	17.87%	22.20%	25.94%	15.40%	18.58%	100.00%
MAY	18.73%	21.56%	25.10%	15.46%	19.15%	100.00%
JUNE	18.47%	21.54%	26.62%	14.51%	18.86%	100.00%
JULY	18.39%	21.64%	26.59%	15.11%	18.27%	100.00%
AUGUST	18.10%	21.86%	26.14%	14.62%	19.28%	100.00%