

		FOR BHF USE					

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**2009**  
 STATE OF ILLINOIS  
 DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
 FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
 FOR LONG-TERM CARE FACILITIES  
 (FISCAL YEAR 2009)

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

<p>I. IDPH License ID Number: <u>0011544</u></p> <p>Facility Name: <u>Meadows Mennonite Home</u></p> <p>Address: <u>24588 Church Street</u> <u>Chenoa</u> <u>61726</u>  <small>Number City Zip Code</small></p> <p>County: <u>McLean</u></p> <p>Telephone Number: <u>(309) 747-2702</u> Fax # <u>(309) 747-2944</u></p> <p>HFS ID Number: <u>37-0791831001</u></p> <p>Date of Initial License for Current Owners: <u>1958</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT  <input checked="" type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code <u>501 (c) 3</u> </td> <td style="width:33%; border: none;"> <input type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other         </td> </tr> </table> <p>In the event there are further questions about this report, please contact:        Name: <u>Roger W. Hasler</u> Telephone Number: <u>(309)747-2702</u>        Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code <u>501 (c) 3</u>	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2009</u> to <u>12/31/2009</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">           (Signed) _____            (Type or Print Name) <u>Roger W. Hasler</u>            (Title) <u>Controller</u> </td> </tr> <tr> <td style="width:20%; padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">           (Signed) _____            (Print Name and Title) _____            (Firm Name &amp; Address) _____            (Telephone) <u>( )</u> Fax # ( )         </td> </tr> </table> <p align="right">       MAIL TO: BUREAU OF HEALTH FINANCE        ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES        201 S. Grand Avenue East        Springfield, IL 62763-0001 Phone # (217) 782-1630     </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Roger W. Hasler</u> (Title) <u>Controller</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # ( )
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code <u>501 (c) 3</u>	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Roger W. Hasler</u> (Title) <u>Controller</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # ( )							

Facility Name & ID Number Meadows Mennonite Retirement Community

# 0011544 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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	42,340	1
2		Skilled Pediatric (SNF/PED)			2
3	14	Intermediate (ICF)	14	5,110	3
4		Intermediate/DD			4
5	29	Sheltered Care (SC)	29	10,585	5
6		ICF/DD 16 or Less			6
7	159	TOTALS	159	58,035	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				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	647	8,886	3,074	12,607	8
9	SNF/PED					9
10	ICF	12,898	12,268		25,166	10
11	ICF/DD					11
12	SC		185		185	12
13	DD 16 OR LESS					13
14	TOTALS	13,545	21,339	3,074	37,958	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.41%

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)  
None

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

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

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 1958

J. 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 3,074

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2009 Fiscal Year: 12/31/2009

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

STATE OF ILLINOIS

Facility Name & ID Number Meadows Mennonite Retirement Community # 0011544 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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	302,411	19,504	7,349	329,264		329,264		329,264		1
2	Food Purchase		299,964		299,964		299,964	(2,535)	297,429		2
3	Housekeeping	213,461	29,921	15	243,397		243,397		243,397		3
4	Laundry	71,261	18,774		90,035		90,035		90,035		4
5	Heat and Other Utilities			257,322	257,322		257,322	(53,308)	204,014		5
6	Maintenance	199,877	32,906	179,747	412,530		412,530	(127,987)	284,543		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	787,010	401,069	444,433	1,632,512		1,632,512	(183,830)	1,448,682		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			5,400	5,400		5,400		5,400		9
10	Nursing and Medical Records	2,299,523	109,169	10,169	2,418,861	(3,172)	2,415,689		2,415,689		10
10a	Therapy	24,733	212	447,305	472,250		472,250		472,250		10a
11	Activities	99,266	2,506	549	102,321		102,321	(216)	102,105		11
12	Social Services	80,926			80,926		80,926		80,926		12
13	CNA Training					3,172	3,172		3,172		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,504,448	111,887	463,423	3,079,758		3,079,758	(216)	3,079,542		16
	<b>C. General Administration</b>										
17	Administrative	123,508			123,508		123,508		123,508		17
18	Directors Fees										18
19	Professional Services			33,998	33,998		33,998	(3,600)	30,398		19
20	Dues, Fees, Subscriptions & Promotions			23,936	23,936	(633)	23,303	(15,373)	7,930		20
21	Clerical & General Office Expenses	203,345	13,679	171,407	388,431	(4,443)	383,988	(24,086)	359,902		21
22	Employee Benefits & Payroll Taxes			697,082	697,082		697,082	(23,996)	673,086		22
23	Inservice Training & Education										23
24	Travel and Seminar			19,603	19,603		19,603	(1,323)	18,280		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			101,778	101,778		101,778	(11,580)	90,198		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	326,853	13,679	1,047,804	1,388,336	(5,076)	1,383,260	(79,958)	1,303,302		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,618,311	526,635	1,955,660	6,100,606	(5,076)	6,095,530	(264,004)	5,831,526		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 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	
	D. Ownership											
30	Depreciation			487,173	487,173		487,173	(48,901)	438,272			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			234,853	234,853		234,853	(48,714)	186,139			32
33	Real Estate Taxes			39,478	39,478		39,478	(39,478)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles					5,076	5,076		5,076			35
36	Other (specify):*											36
37	TOTAL Ownership			761,504	761,504	5,076	766,580	(137,093)	629,487			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			89,450	89,450		89,450		89,450			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			71,175	71,175		71,175		71,175			42
43	Other (specify):*	103,712			103,712		103,712	(103,712)				43
44	TOTAL Special Cost Centers	103,712		160,625	264,337		264,337	(103,712)	160,625			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,722,023	526,635	2,877,789	7,126,447		7,126,447	(504,809)	6,621,638			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 Community

# 0011544

Report Period Beginning: 01/01/2009

Ending: 2/31/2009

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	(1,741)	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	(8,039)	30.3		9
10	Interest and Other Investment Income	(48,714)	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	(446,315)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (504,809)		\$	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) )	\$ (504,809)		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	Dental Care		x			44
45	Other-Attach Schedule Physician		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	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.

Facility Name & ID Number Meadows Mennonite Retirement Community # 0011544 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

## VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Meadows Mennonite Retirement Community

# 0011544

Report Period Beginning:

01/01/2009

Ending: 2/31/2009

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ( ) \_\_\_\_\_

Fax Number ( ( ) \_\_\_\_\_

1	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

Facility Name & ID Number Meadows Mennonite Retirement Community

# 0011544

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

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			
A. Directly Facility Related																			
Long-Term																			
1	GMAC		X	Mortgage	\$8,319.00	6/1976	\$ 1,620,000	\$ 229,726	6/2016	5.000%	\$ 14,230.00	1							
2	FmHA #2		X	Mortgage	\$9,876.00	2/1996	1,782,500	1,311,775	3/2028	5.000%	66,707.00	2							
3	FmHA #3		X	Mortgage	\$13,475.00	2/4/02	2,500,000	2,208,474	12/14/2034	5.000%	105,778.00	3							
4	Heartland Bk & Trust		X	Mortgage	\$4,575.00	2/4/02	1,000,000	654,163	2/4/2033	5.750%	43,646.00	4							
5											-	5							
Working Capital																			
6	Heartland Bk & Trust		X	Working Capital		Various	300,000		Various	7.600%	2.00	6							
7	Loyalty Loans		X	Mortgage - renew annually		Various	13,500	1,554	Various	7.000%	70.00	7							
8	Residential to Health Center	X		Working Capital		10/11/07	160,000	315,454	Various	4.500%	4,420.00	8							
9	TOTAL Facility Related				\$36,245.00		\$ 7,376,000	\$ 4,721,146			\$ 234,853	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	\$ 4,721,146			\$ 234,853	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.)



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2008 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 2008 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2008.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2008 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 2009 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.

**2008 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Meadows Mennonite Retirement Community 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 2008 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 2008.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. _____	<u>24588 Church Street</u>	\$ _____	\$ _____
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 and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the original 2008 tax bills which were listed in Section A to this statement. Be sure to use the 2008 tax bill which is normally paid during 2009.

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.

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	Facility	683,400	1920	\$ 15,065	1
2	Facility		1950	27,033	2
3	TOTALS	683,400		\$ 42,098	3

Facility Name &amp; ID Number Meadows Mennonite Retirement Community

# 0011544

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

## 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	198,523	6
7	94		1978	1978	2,348,846	58,722	40	58,721	(1)	1,878,874	7
8	17		1997	1997	3,898,885	97,472	40	97,472		1,185,687	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)	2,922	16
17	Various Building Improvements			1988	182,020	7,952	20		(7,952)	182,020	17
18	Various Building Improvements			1989	107,129	3,806	20	2,682	(1,124)	107,129	18
19	Various Building Improvements			1990	36,676	2,666	10		(2,666)	36,676	19
20	Various Building Improvements			1991	12,480	62	10		(62)	12,480	20
21	Various Building Improvements			1992	36,879	251	10		(251)	36,879	21
22	Various Building Improvements			1993	3,505	103	10		(103)	3,505	22
23	Various Building Improvements			1994	93,480	1,280	15	3,110	1,830	93,480	23
24	Various Building Improvements			1995	45,902	3,479	20	2,295	(1,184)	32,514	24
25	Various Building Improvements			1996	244,463	7,399	20	12,223	4,824	165,027	25
26	Engineering cad & survey			1996	675	45	15	45		601	26
27	Excavating			1996	2,000	133	15	133		1,764	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		43,938	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.

See Page 12A, Line 70 for total

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

Facility Name &amp; ID Number Meadows Mennonite Retirement Community

# 0011544

Report Period Beginning:

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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	
	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		12,642	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		121	47
48	2 Carrier Heating & Cooling	1997	19,250	1,283	15	1,283		15,498	48
49	Intercom Wiring Repairs	1997	696		3			696	49
50	Carousel Tub	1997	12,423	828	15	828		10,072	50
51	Landscaping	1997	30,518	2,035	15	2,035		24,754	51
52	Curtains, Valances	1997	10,077	672	15	672		8,174	52
53	Patio Garden Landscaping	1997	12,842	856	15	856		10,413	53
54	Fence & Gate	1997	10,162	508	40	254	(254)	3,090	54
55	Telephone Wiring	1997	1,462	97	15	97		1,180	55
56	Draperies - Clark	1997	869	58	15	58		706	56
57	ASI Sign System	1997	2,547	170	15	170		2,068	57
58	Rocks for 2 Courtyards	1998	2,070	138	15	138		1,554	58
59	Asphalt Maintenance	1998	5,500	550	15	367	(183)	4,159	59
60	Window Room # 51	1998	444	30	10		(30)	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		497	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	\$ 199,373		\$ 192,759	\$ (6,614)	\$ 4,610,574	70

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

Facility Name &amp; ID Number Meadows Mennonite Retirement Community

# 0011544

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

## 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	\$ 199,373		\$ 192,759	\$ (6,614)	\$ 4,610,574	1
2	Alarm system Phase 1	1998	44,529	2,226	20	2,226		24,645	2
3	Sewage Pump Rehab	1998	7,208		7			7,208	3
4	Water Tower Rehab	1998	63,699	3,185	20	3,185		37,042	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		2,503	9
10	Landscaping Improvements	1999	2,259	151	15	151		1,586	10
11	Station 1 Door Keypads	1999	1,442	48	10	61	13	1,442	11
12	Station 1 Code Alert System	1999	15,298	510	10	631	121	15,298	12
13	Station 1 Nurse Call System	1999	11,924	497	10	595	98	11,924	13
14	Ceiling Installation	1999	1,945	130	15	130		1,333	14
15	Improvements to Brown Shed	1999	1,288	107	10	116	9	1,288	15
16	Safety Bars in Alzheimer's Unit	1999	2,350	157	15	157		1,701	16
17	Bronze Door & Closer	1999	1,806	120	15	120		1,291	17
18	Hardware for Exissting Doors in Alzheimer's Unit	1999	5,536	369	15	369		3,968	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	595	22
23	Panic Devices on Doors in alzheimer Unit	1999	688		7			688	23
24	Alarm System	1999	7,562	504	20	378	(126)	4,034	24
25	Storage Cabinets & Installation	1999	5,242		7			5,242	25
26	Elevator Eye	1999	1,978	132	15	132		1,409	26
27	Fire Alarm System Materials & Labor	1999	27,650	1,383	20	1,383		14,641	27
28	Compressor for Freezer	1999	1,809		7			1,809	28
29	Sewer Improvements (Check Valves)	1999	1,312		20	66	66	677	29
30	New Pipes in Well	1999	921		20	46	46	464	30
31	New Alzheimer Unit Sign	1999	1,144	76	15	76		821	31
32	Station 4 Door Seal Parts & Labor	1999	1,163	78	15	78		787	32
33	Carpet - Station 5	2000	1,126		5			1,126	33
34	TOTAL (lines 1 thru 33)		\$ 8,264,467	\$ 209,279		\$ 202,951	\$ (6,328)	\$ 4,759,810	34

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

Facility Name &amp; ID Number Meadows Mennonite Retirement Community

# 0011544

Report Period Beginning:

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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	
	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	\$ 209,279		\$ 202,951	\$ (6,328)	\$ 4,759,810	1
2	Station 5 Remodel	2000	320		10	32	32	315	2
3	Station 5 Tile	2000	530		5			530	3
4	Bathroom Fixtures - Station 5	2000	1,675	167	10	168	1	1,596	4
5	Garage Door Enlargement	2000	1,276	128	10	128		1,166	5
6	Elevator Cylinder	2000	16,746	1,116	15	1,116		10,980	6
7	Fire Alarm System	2000	18,000	1,200	15	1,200		11,806	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		32,967	12
13	Alarm System	2000	18,060	1,806	10	1,806		16,556	13
14	Alarm System Sensor	2000	864		7			864	14
15	Premium Lawn	2000	755	50	15	50		484	15
16	Parking Lot Addition	2000	7,355	490	15	490		4,726	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		1,046	19
20	Water Main Extension	2000	8,465	423	20	423		4,020	20
21	Chlorinator	2000	1,389		7			1,389	21
22	Generator Repair	2001	506		7			506	22
23	Generator Repair/Trans.	2001	1,434		7			1,434	23
24	Boiler Repair	2001	1,044		7			1,044	24
25	Air Conditioner Compressor	2001	700	42	7		(42)	700	25
26	Air Conditioner Compressor	2001	1,200		7			1,200	26
27	Storm Windows	2001	2,071	207	10	207		1,725	27
28	Simplex Fire Alarm	2001	763		5			763	28
29	Phase II Bldg Renov	2002	950,000	31,667	30	31,667		245,527	29
30	Phase II Bldg Renov -K	2002	1,187,500	39,583	30	39,583		305,060	30
31	Renovation 2002	2002	80,684	2,689	30	2,689		19,162	31
32	Renovation 2002	2002	182,708	6,090	30	6,090		42,897	32
33	Pairie Control- 4FCU flow problem	2002	6,694	446	15	446		3,172	33
34	TOTAL (lines 1 thru 33)		\$ 10,807,181	\$ 298,993		\$ 292,656	\$ (6,337)	\$ 5,486,217	34

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

Facility Name &amp; ID Number Meadows Mennonite Retirement Community

# 0011544

Report Period Beginning:

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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	
	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	\$ 298,993		\$ 292,656	\$ (6,337)	\$ 5,486,217	1
2	Phase II Renovation	2002	456,101	15,203	30	15,203		108,962	2
3	Garage Doors	2002	1,166	117	10	117		829	3
4	Roof	2002	125,025	4,168	30	4,168		30,055	4
5	Stained Glass -Chapel	2002	1,063	38	7	37	(1)	1,063	5
6	Water Heater	2002	4,599	274	7	277	3	4,599	6
7	Generator	2002	1,565	112	7	102	(10)	1,565	7
8	Air Conditioner	2002	5,150	368	7	363	(5)	5,150	8
9	Air Conditioner	2002	1,495	107	7	103	(4)	1,495	9
10	Heating UN/Steam	2002	1,424	17	7	20	3	1,424	10
11	Air Hood	2002	4,970	237	7	208	(29)	4,970	11
12	Fire Protection System	2002	2,572	122	7	110	(12)	2,572	12
13	Nation Custom Vent Ducts	2002	830	40	7	32	(8)	830	13
14	New Road	2002	3,911	261	15	261		1,857	14
15	Sub Pump	2002	2,448		7	101	101	2,448	15
16	Sewage Pump Station	2002	1,906		20	95	95	700	16
17	Lift Station Eng	2002	1,860	266	20	93	(173)	677	17
18	Lift Station Eng	2002	1,674	239	20	84	(155)	605	18
19	Pump Station Eng	2002	1,169	167	20	58	(109)	413	19
20	Lift Station Eng Review	2002	720	103	20	36	(67)	253	20
21	Lift Station Eng	2002	950	136	20	48	(88)	356	21
22	Pump Station Eng	2002	1,603	229	20	80	(149)	589	22
23	Chiller Compressor Replacement	2002	2,418	288	7	290	2	2,418	23
24	Medline-Borders & Shades/ Dining Rm	2003	3,195	456	7	456		3,146	24
25	Phase II Renov Project	2003	244,941	8,165	30	8,165		55,119	25
26	Tile Specialists-Adm Bld Entry	2003	1,455	182	8	182		1,180	26
27	Tile Specialists-Adm Bldg Hallway	2003	9,350	1,169	8	1,169		7,843	27
28	Tile Specialists - Lounge Carpet	2003	2,950	369	8	369		2,476	28
29	Code Alert-Security System	2003	69,151	6,915	10	6,915		42,949	29
30	Jay's Plumbing - Hot Water Heater mixing valve	2003	2,980	298	10	298		1,809	30
31	New Lift Station	2003	97,919	4,896	20	4,896		32,662	31
32	Roof Repairs	2004	1,270	127	10	127		730	32
33	Electrical	2004	2,900	414	7	414		2,073	33
34	TOTAL (lines 1 thru 33)		\$ 11,867,911	\$ 344,476		\$ 337,533	\$ (6,943)	\$ 5,810,034	34

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

Facility Name &amp; ID Number Meadows Mennonite Retirement Community

# 0011544

Report Period Beginning:

01/01/2009 Ending:

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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	
	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	\$ 344,476		\$ 337,533	\$ (6,943)	\$ 5,810,034	1
2	Water Heaters	2004	12,523	1,252	10	1,252		7,176	2
3	Water Softner	2004	7,398	740	10	740		3,824	3
4	Asphalt Sealcoat	2004	22,833		3			22,833	4
5	Sidewalk	2005	2,450	123	20	123		549	5
6	Shingles	2005	21,650	1,083	20	1,083		4,551	6
7	Flooring/Carpet	2005	9,999	1,250	8	1,250		5,527	7
8	Brick Repairs	2005	2,230	223	10	223		940	8
9	Wall covering and modification	2005	28,744	4,020	7	4,106	86	19,507	9
10	Fire system and sprinkler	2005	6,238	624	10	624		2,761	10
11	A/C, Duct Htrs	2005	16,952	935	10	1,695	760	7,560	11
12	Generator	2005	1,191	79	15	79		391	12
13	Cooling tower refurbishment	2006	6,142	877	7	877		3,258	13
14	Air separator & fan coil units	2006	16,162	1,616	10	1,616		6,327	14
15	Window treatments	2006	3,385	484	7	484		1,867	15
16	Iron filters	2006	2,467	247	10	247		920	16
17	Chiller compressor	2006	9,294	929	10	929		3,052	17
18	HVAC Upgrade	2007	8,430	1,205	7	1,204	(1)	3,464	18
19	Shower room remodel	2007	5,873	587	10	587		1,224	19
20	Fire wall, sprinklers, risers	2007	18,535	1,765	10	1,854	89	4,835	20
21	Water treatment filters	2007	1,339	191	7	191		486	21
22	Upgrade sidewalk, road, fencing	2007	21,067	2,017	20	1,053	(964)	2,747	22
23	Asphalt project	2008	1,935	645	3	645		1,168	23
24	Trees	2008	7,509	501	15	501		627	24
25	Sanitation lift pump and tiling	2008	8,338	2,266	7	1,191	(1,075)	2,216	25
26	Station 1 & 2 shower and lounge remodel	2008	16,138	1,614	10	1,614		2,538	26
27	Elevator door detector	2008	5,330	533	10	533		867	27
28	Dbt entry door activity & dining	2008	19,373	1,292	15	1,292		1,518	28
29	Roof coating and repairs	2008	12,596	2,519	5	2,519		4,189	29
30	South and north hall carpeting	2008	14,669	1,834	8	1,834		3,215	30
31	Generator upgrade	2008	9,174	764	12	765	1	853	31
32	VAV system beauty shop	2008	5,708	571	10	571		613	32
33	St 4 humidifier	2008	9,264	926	10	926		982	33
34	TOTAL (lines 1 thru 33)		\$ 12,202,847	\$ 378,188		\$ 370,141	\$ (8,047)	\$ 5,932,619	34

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

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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	
	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	\$ 378,188		\$ 370,141	\$ (8,047)	\$ 5,932,619	1
2	PT heating unit	2009	4,865	487	10	468	(19)	468	2
3	Fire dampers and access door	2009	4,164	46	7	471	425	471	3
4	HVAC Upgrade East entry	2009	2,116	202	7	203	1	203	4
5	Drain replace chapel	2009	1,001	67	10	64	(3)	64	5
6	Heating unit st 3	2009	1,208	72	7	74	2	74	6
7	Slider doors west entry	2009	2,278	81	7	95	14	95	7
8	Surge suppressor main panel	2009	11,998	200	10	217	17	217	8
9	Air handling unit st 4	2009	3,100	74	7	80	6	80	9
10	St 1 & 2 lounge remodel and windows	2009	50,856	926	10	1,017	91	1,017	10
11	Entrance lights and waterline valve	2009	6,754	84	10	120	36	120	11
12	Lounge remodel and chiller compressor	2009	17,158	192	7	20	(172)	20	12
13	HVAC computer and sprinkler system	2009	30,416	132	10	167	35	167	13
14	PT shelving	2009	1,943	23	7	12	(11)	12	14
15	Cement work st 1 & 4	2009	15,545	691	15	724	33	724	15
16	East entrance sidewalk	2009	40,545	451	15	541	90	541	16
17	Iron filters	2009	2,673	356	5	362	6	362	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)		\$ 12,399,467	\$ 382,272		\$ 374,776	\$ (7,496)	\$ 5,937,254	34

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

Facility Name & ID Number Meadows Mennonite Retirement Community

# 0011544

Report Period Beginning:

01/01/2009 Ending:

12/31/2009

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	
1	Totals from Page 12F, Carried Forward		\$ 12,399,467	\$ 382,272		\$ 374,776	\$ (7,496)	\$ 5,937,254	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)		\$ 12,399,467	\$ 382,272		\$ 374,776	\$ (7,496)	\$ 5,937,254	34

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

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	
1	Totals from Page 12G, Carried Forward		\$ 12,399,467	\$ 382,272		\$ 374,776	\$ (7,496)	\$ 5,937,254	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)		\$ 12,399,467	\$ 382,272		\$ 374,776	\$ (7,496)	\$ 5,937,254	34

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

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	
1	Totals from Page 12H, Carried Forward		\$ 12,399,467	\$ 382,272		\$ 374,776	\$ (7,496)	\$ 5,937,254	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
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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)		\$ 12,399,467	\$ 382,272		\$ 374,776	\$ (7,496)	\$ 5,937,254	34

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

Facility Name & ID Number Meadows Mennonite Retirement Community # 0011544 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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	\$ 274,320	\$ 55,360	\$ 55,360	\$	various	\$ 627,322	71
72	Current Year Purchases	35,327	1,345	1,345		various	1,345	72
73	Fully Depreciated Assets	411,865				various	411,865	73
74								74
75	TOTALS	\$ 721,512	\$ 56,705	\$ 56,705	\$		\$ 1,040,532	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	1,591	1,673	82	5	10,609	77
78	Grounds Maintenance	JD 1420/Sno-way	2007	15,308	3,687	3,062	(625)	5	11,998	78
79	Grounds Maintenance	Other	Various	14,076	993	993		5	12,560	79
80	TOTALS			\$ 69,017	\$ 6,271	\$ 5,728	\$ (543)		\$ 64,191	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)	\$ 13,232,094	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 445,248	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 437,209	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (8,039)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,041,977	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	\$ 1,443,160	\$ 36,165	\$ 892,248	86
87	Residential Vehicles	49,027		49,027	87
88	CEO House Remodeling	78,877	3,634	44,420	88
89	Land	158,040			89
90	Fellowship Center Land	24,000			90
91	TOTALS	\$ 1,753,104	\$ 39,799	\$ 985,695	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Process	\$ 246,559	92
93			93
94			94
95		\$ 246,559	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? \_\_\_\_\_

16. Rental Amount for movable equipment: \$ 5,076 Description: Copier  YES  NO

(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>/2010</u>	\$ _____
13.	<u>/2011</u>	\$ _____
14.	<u>/2012</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.

Facility Name & ID Number Meadows Mennonite Retirement Community # 0011544 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$ 1,734	\$	\$ 1,734
2	Books and Supplies		70		70
3	Classroom Wages (a)		1,368		1,368
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 3,172	\$	\$ 3,172
10	SUM OF line 9, col. 1 and 2 (e)	\$	3,172		

- (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.

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

- (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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a.3	hrs	\$	420	\$ 27,718	\$	420	\$ 27,718	1
2	Licensed Speech and Language Development Therapist	10a.3	hrs		817	60,676		817	60,676	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a.3	hrs		539	32,874		539	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				68,688		68,688	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					4,115		4,115	13
14	TOTAL			\$	1,776	\$ 121,268	\$ 72,803	1,776	\$ 194,071	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 Community

# 0011544

Report Period Beginning: 01/01/2009

Ending: 12/31/2009

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 202,041	\$	1
2	Cash-Patient Deposits	16,199		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (26,000) )	867,440		3
4	Supply Inventory (priced at FIFO )			4
5	Short-Term Investments	492,815		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	59,428		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>A/R Other</u>			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,611,923	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	2,061,165		12
13	Land	184,978		13
14	Buildings, at Historical Cost	8,554,183		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,957,986		16
17	Accumulated Depreciation (book methods)	(7,072,975)		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): <u>Construction in Process</u>	246,559		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,931,896	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,543,819	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 292,229	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	16,199		28
29	Short-Term Notes Payable	12,787		29
30	Accrued Salaries Payable	147,095		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	42,600		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	<u>Accrued Expenses</u>	241,567		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 752,477	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	459,804		39
40	Mortgage Payable	4,391,404		40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,851,208	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,603,685	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,940,134	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,543,819	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,138,765	1
2	Restatements (describe):		2
3			3
4	Prior period adjustments	44,400	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,183,165	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	756,969	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)	\$ 756,969	17
	<b>B. Transfers (Itemize):</b>		
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)	\$ 5,940,134	24 *

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

Facility Name & ID Number Meadows Mennonite Retirement Community # 0011544 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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

2

Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 6,922,460	1
2	Discounts and Allowances for all Levels	(1,351,504)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,570,956	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,304,913	6
7	Oxygen	12,306	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,317,219	8
<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	2,247	13
14	Non-Patient Meals	2,534	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	131,879	17
18	Sale of Supplies to Non-Patients	216	18
19	Laboratory	64,621	19
20	Radiology and X-Ray	1,743	20
21	Other Medical Services	100,517	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 303,757	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	332,912	24
25	Interest and Other Investment Income***	48,714	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 381,626	26
<b>E. Other Revenue (specify):****</b>			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Residential Revenue	295,723	28
28a	Other Income	14,135	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 309,858	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,883,416	30

Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,632,512	31
32	Health Care	3,079,758	32
33	General Administration	1,388,336	33
<b>B. Capital Expense</b>			
34	Ownership	761,504	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	193,162	35
36	Provider Participation Fee	71,175	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,126,447	40
41	Income before Income Taxes (line 30 minus line 40)**	756,969	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 756,969	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 Community

# 0011544

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

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	1,868	2,100	\$ 82,525	\$ 39.30	1
2	Assistant Director of Nursing	1,536	1,945	55,148	28.35	2
3	Registered Nurses	8,704	9,656	243,414	25.21	3
4	Licensed Practical Nurses	21,349	23,025	535,018	23.24	4
5	CNAs & Orderlies	95,832	102,330	1,350,199	13.19	5
6	CNA Trainees	152	152	1,368	9.00	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,925	2,139	24,733	11.56	8
9	Activity Director	1,777	2,104	32,079	15.25	9
10	Activity Assistants	6,904	7,265	67,187	9.25	10
11	Social Service Workers	3,500	3,782	80,926	21.40	11
12	Dietician					12
13	Food Service Supervisor	1,841	2,058	35,547	17.27	13
14	Head Cook					14
15	Cook Helpers/Assistants	26,593	28,489	266,864	9.37	15
16	Dishwashers					16
17	Maintenance Workers	3,958	4,439	74,419	16.76	17
18	Housekeepers	18,524	20,407	213,461	10.46	18
19	Laundry	6,301	6,797	71,261	10.48	19
20	Administrator	1,757	2,080	123,508	59.38	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,794	2,170	90,178	41.56	23
24	Clerical	8,818	9,598	113,167	11.79	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)	1,809	2,127	31,851	14.97	33
34	TOTAL (lines 1 - 33)	214,942	232,663	\$ 3,492,853 *	\$ 15.01	34

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	54	5,400	9.3	36
37	Medical Records Consultant	40	1,485	10.3	37
38	Nurse Consultant			10.3	38
39	Pharmacist Consultant	12	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			10a.3	43
44	Activity Consultant	5	379	11.3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	323	\$ 16,299		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

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

\*\* See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount		
Robert o. Bertsche	Administrator/CEO		\$ 123,508	Workers' Compensation Insurance	\$ 142,195	IDPH License Fee	\$		
				Unemployment Compensation Insurance	129	Advertising: Employee Recruitment	15,234		
				FICA Taxes	268,104	Health Care Worker Background Check	440		
				Employee Health Insurance	192,236	(Indicate # of checks performed 44 )			
				Employee Meals		Patient Background Checks	83		
				Illinois Municipal Retirement Fund (IMRF)*		Life Services Network of IL	4,033		
See Schedule				403b Retirement Plan	52,758	AASHA	1,611		
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 123,508	Sick Pay	7,929	Dues & Licenses	696		
(List each licensed administrator separately.)				Life Insurance	11,739	Subscriptions			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$	Employee Appreciation		19,115	Out-of-State Travel	\$ (1,323)	
				Non-Care Offset & Rounding		(23,995)	In-State Travel	7,890	
				Disability Insurance		2,876	Seminar Expense	11,713	
				TOTAL (agree to Schedule V, line 22, col.8)		\$ 673,086	Entertainment Expense	( )	
TOTAL (agree to Schedule V, line 17, col. 3)			\$				TOTAL (agree to Sch. V, line 20, col. 8)	\$ 7,930	
(Attach a copy of any management service agreement)							(agree to Sch. V, line 24, col. 8)		
C. Professional Services							TOTAL		\$ 18,280
Vendor/Payee	Type		Amount						
Heinold-Bainwart, Ltd	Accounting		\$ 23,300						
Robert Rein, CPA	Consulting		5,952						
Alliance Benefit Group	§125 Admin		1,080						
Hartweg, Turner, Wood, Simki	Legal		66						
Caughy, Legner & Freehill	Legal								
Reclassification & Adjustment			3,600						
See Schedule									
TOTAL (agree to Schedule V, line 19, column 3)			\$ 33,998						
(If total legal fees exceed \$5,000, attach copy of invoices.)									

\* Attach copy of IMRF notifications

\*\*See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2006	6 FY2007	7 FY2008	8 FY2009	9 FY2010	10 FY2011	11 FY2012	12 FY2013	13 FY2014
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

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 4,033
- (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? 7
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 37,340 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. \$ 71,175  
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. \$ 1,741
- (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.
- (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.