



Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc.

# 0011544 Report Period Beginning: 01/01/2018 Ending: #####

**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		508	1,556	2,064	8
9	SNF/PED					9
10	ICF	13,825	14,849		28,674	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,825	15,357	1,556	30,738	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 52.96%**

**D. How many bed reserve days during this year were paid by the Department? \_\_\_\_\_ (Do not include bed reserve 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? \_\_\_\_\_**

**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 1,556

Medicare Intermediary National Governmental Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Meadows Mennonite Retirement Community # 0011544 Report Period Beginning: 01/01/2018 Ending: 12/31/18

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	367,059	72,120	14,899	454,078		454,078		454,078		1
2	Food Purchase		328,621		328,621		328,621		328,621		2
3	Housekeeping	186,482	15,175	430	202,087		202,087		202,087		3
4	Laundry	27,573	4,946		32,519		32,519		32,519		4
5	Heat and Other Utilities			201,914	201,914		201,914		201,914		5
6	Maintenance	143,459	19,307	168,582	331,348		331,348		331,348		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	724,573	440,169	385,825	1,550,567		1,550,567		1,550,567		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			16,800	16,800		16,800		16,800		9
10	Nursing and Medical Records	2,160,897	124,791	1,054,590	3,340,278		3,340,278		3,340,278		10
10a	Therapy										10a
11	Activities	171,003	3,966	15,997	190,966		190,966		190,966		11
12	Social Services	55,985	515	1,912	58,412		58,412		58,412		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,387,885	129,272	1,089,299	3,606,456		3,606,456		3,606,456		16
	<b>C. General Administration</b>										
17	Administrative	215,244			215,244		215,244		215,244		17
18	Directors Fees										18
19	Professional Services			648,178	648,178		648,178		648,178		19
20	Dues, Fees, Subscriptions & Promotions			23,032	23,032		23,032		23,032		20
21	Clerical & General Office Expenses	335,260	6,192	198,293	539,745		539,745		539,745		21
22	Employee Benefits & Payroll Taxes			597,060	597,060		597,060		597,060		22
23	Inservice Training & Education										23
24	Travel and Seminar			19,894	19,894		19,894		19,894		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			160,272	160,272		160,272		160,272		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	550,504	6,192	1,646,729	2,203,425		2,203,425		2,203,425		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,662,962	575,633	3,121,853	7,360,448		7,360,448		7,360,448		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			624,251	624,251		624,251	(111,079)	513,172			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			165,777	165,777		165,777	(13,500)	152,277			32
33	Real Estate Taxes			47,875	47,875		47,875		47,875			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			4,926	4,926		4,926		4,926			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			842,829	842,829		842,829	(124,579)	718,250			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			821,922	821,922		821,922		821,922			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			246,641	246,641		246,641		246,641			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>			1,068,563	1,068,563		1,068,563		1,068,563			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,662,962	575,633	5,033,245	9,271,840		9,271,840	(124,579)	9,147,261			45

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

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	(180)	19.14		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	(111,079)	30		9
10	Interest and Other Investment Income	(13,500)	32		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	(797)	3.21.3		28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (125,556)		\$	30

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	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (125,556)		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.			\$	38
39					39
40	Gift and Coffee Shops				40
41	Barber and Beauty Shops				41
42	Laboratory and Radiology				42
43	Prescription Drugs				43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY							
48		49		50		51	52

Meadows Mennonite Retirement Community Association, Inc.

ID# 0011544

Report Period Beginning: 01/01/2018

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
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			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>	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadows Mennonite Retirement Community Association, In

# 0011544

Report Period Beginning:

01/01/2018

Ending:

12/31/18

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

	Operating Expenses	PAGES	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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	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>	0	0	0	0	0	0	0	0	0	0	0	0	8
<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	0	0	0	0	0	0	0	0	0	0	0	0	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>	0	0	0	0	0	0	0	0	0	0	0	0	16
<b>C. General Administration</b>														
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	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):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	0	0	0	0	0	0	0	0	0	0	0	0	28
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	0	0	0	0	0	0	0	0	0	0	0	0	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadows Mennonite Retirement Community Association, In # 0011544 Report Period Beginning: 01/01/2018 Ending: 12/31/18

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(111,079)	0	0	0	0	0	0	0	0	0	0	(111,079)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(13,500)	0	0	0	0	0	0	0	0	0	0	(13,500)	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>(124,579)</b>	<b>0</b>	<b>(124,579)</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>
45	<b>GRAND TOTAL COST</b> <b>(sum of lines 29, 37 &amp; 44)</b>	<b>(124,579)</b>	<b>0</b>	<b>(124,579)</b>	<b>45</b>									

**VII. RELATED PARTIES**

**A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as 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	<b>Total</b>		\$			\$	\$ *	14

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

**VII. RELATED PARTIES**

**A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
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								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Meadows Mennonite Retirement Communit # 0011544 Report Period Beginning: 01/01/2018 Ending: 12/31/18

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 Association, I # 0011544 Report Period Beginning: 01/01/2018 Ending: 12/31/18

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

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	FmHA #4		X	Mortgage	\$3,487.00	7/19/16	\$ 985,000	\$ 978,892	2056	0.0275	\$ 27,054	1								
2	FmHA #2		X	Mortgage	\$9,876.00	2/1/96	1,782,500	706,734	2028	0.0500	37,383	2								
3	FmHA #3		X	Mortgage	\$13,475.00	2/4/02	2,500,000	1,560,367	2034	0.0475	76,095	3								
4	Heartland Bk & Trust		X	Mortgage	\$2,704.17	2/4/02	1,000,000	304,056	2032	0.0500	13,897	4								
5	FmHA #5		X	Mortgage	\$847.00	7/19/16	239,000	237,513	2056	0.0275	6,564	5								
<b>Working Capital</b>																				
6												6								
7												7								
8	Residential to Health C		X	Working Capital		Various	500,000	500,000	Various	0.0500	4,784	8								
9	TOTAL Facility Related				\$30,389.17		\$ 7,006,500	\$ 4,287,562			\$ 165,777	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11												11								
12												12								
13	Interest income offset										(13,500)	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (13,500)	14								
15	TOTALS (line 9+line14)						\$ 7,006,500	\$ 4,287,562			\$ 152,277	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.)

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)**

**B. Real Estate Taxes**

**Important, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.**

1. Real Estate Tax accrual used on 2017 report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2013	8	
	2014	9	
	2015	10	
	2016	11	
	2017	12	
			<b>FOR BHF USE ONLY</b>
	13	FROM R. E. TAX STATEMENT FOR 2017 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

**2017 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Meadows Mennonite Retirement Community Association, In COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0011544

CONTACT PERSON REGARDING THIS REPORT Robb Strukoff

TELEPHONE (847) 715-2522 FAX #: (847) 941-0101

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2017 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 2017.

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

**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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

**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.**

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc.

# 0011544

Report Period Beginning:

01/01/2018 Ending:

12/31/18

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? [X] (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? [X] (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 [X] 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:

A. Land.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and an empty column. Rows include Facility (683,400 sq ft, 1920, \$15,065), Facility (683,400 sq ft, 1950, \$27,033), and TOTALS (683,400 sq ft, \$42,098).

## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-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		50			225,617	6
7	94		1978	1978	2,348,846	204	40	204		2,348,846	7
8	17		1997	1997	3,898,885	97,472	40	97,472		2,062,935	8
	<b>Improvement Type**</b>										
9		Various Building Improvements	1979		78,921		20			78,921	9
10		Various Building Improvements	1980		3,362		20			3,362	10
11		Various Building Improvements '81-'86	1981		258,210		16			258,210	11
12		Various Building Improvements '90-'91	1991		49,156		10			49,156	12
13		Various Building Improvements	1987		3,888		30			3,888	13
14		Various Building Improvements	1988		182,020		20			182,020	14
15		Various Building Improvements	1989		107,129		20			107,129	15
16		Various Building Improvements	1992		36,879		10			36,879	16
17		Various Building Improvements	1993		3,505		10			3,505	17
18		Various Building Improvements	1994		93,480		15			93,480	18
19		Various Building Improvements	1995		45,902		20			45,902	19
20		Various Building Improvements	1996		244,463		20			244,463	20
21		Engineering cad & survey	1996		675		15			675	21
22		Various Building Improvements '96	1996		5,945		15			5,945	22
23		Various Building Improvements '97	1997		14,942		10			14,942	23
24		Alzheimer Unit	1997		144,484	3,612	40	3,612		76,446	24
25		Install Heating Cooling	1997		15,161		15			15,161	25
26		Power Server- Timeclock	1997		150		15			150	26
27		2 Carrier Heating & Cooling	1997		19,250		15			19,250	27
28		Carousel Tub	1997		12,423		15			12,423	28
29		Landscaping	1997		30,518		15			30,518	29
30		Curtains, Valances	1997		10,077		15			10,077	30
31		Patio Garden Landscaping	1997		12,842		15			12,842	31
32		Fence & Gate	1997		10,162	508	40	254	(254)	5,376	32
33		Telephone Wiring	1997		1,462		15			1,462	33
34		Draperies- Clark	1997		869		15			869	34
35		ASI Sign System	1997		2,547		15			2,547	35
36		Rocks for 2 Courtyards	1998		2,070		15			2,070	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 &amp; ID Number Meadows Menonite Retirement Community Association, Inc.

# 0011544

Report Period Beginning:

01/01/2018 Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	Various Building Improvements '98	1998	\$ 27,773	\$	15	\$	\$	\$ 27,773	37
38	Maintenance Shop	1998	909	7	20	7		909	38
39	Alarm system Phase I	1998	44,529	2,076	20	2,076		44,529	39
40	Water Tower Rehab	1998	63,699	1,177	20	1,177		63,699	40
41	Repair Roadway	1999	3,500		15			3,500	41
42	Landscaping Improvements	1999	2,259		15			2,259	42
43	Various Building Improvements '99	1999	45,240		20			45,240	43
44	Ceiling Installation	1999	1,945		15			1,945	44
45	Safety Bars in Alzheimer's Unit	1999	2,350		15			2,350	45
46	Bronze Door & Closer	1999	1,806		15			1,806	46
47	Hardware for Existing Doors in Alzheimer's Unit	1999	5,536		15			5,536	47
48	Alarm System	1999	7,562	126	20	126		7,562	48
49	Elevator Eye	1999	1,978		15			1,978	49
50	Fire Alarm System Materials & Labor	1999	27,650	1,383	20	1,383		27,088	50
51	New Alzheimer Unit Sign	1999	1,144		15			1,144	51
52	Station 4 Door Seal Parts & Labor	1999	1,163		15			1,163	52
53	Various Building Improvements '00	2000	75,012		10			75,012	53
54	Elevator Cylinder	2000	16,746		15			16,746	54
55	Fire Alarm System	2000	18,000		15			18,000	55
56	Premium Lawn	2000	755		15			755	56
57	Parking Lot Addition	2000	7,355		15			7,355	57
58	Water main Work	2000	2,203	110	20	110		2,036	58
59	Water Main Extension	2000	8,465	423	20	423		7,827	59
60	Various Building Improvements '01	2001	7,718		10			7,718	60
61	Phase II Bldg Renov	2002	950,000	31,667	30	31,667		531,530	61
62	Phase II Bldg Renov -K	2002	1,187,500	39,583	30	39,583		661,307	62
63	Renovation 2002	2002	80,684	2,689	30	2,689		43,363	63
64	Renovation 2002	2002	182,708	6,090	30	6,090		97,707	64
65	Pairie Control- 4FCU flow problem	2002	6,694		15			6,694	65
66	Phase II Renovation	2002	456,101	15,203	30	15,203		245,789	66
67	Garage Doors	2002	1,166		10			1,166	67
68	Roof	2002	125,025	4,168	30	4,168		67,567	68
69	Various Building Improvements '02	2002	30,440		20			30,440	69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 11,419,913	\$ 206,498		\$ 206,244	\$ (254)	\$ 8,175,017	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 Association, Inc.

# 0011544

Report Period Beginning:

01/01/2018 Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	<b>Totals from Page 12A, Carried Forward</b>		\$ 11,419,913	\$ 206,498		\$ 206,244	\$ (254)	\$ 8,175,017	1
2	New Road	2002	3,911		15			3,911	2
3	Lift Station Eng	2002	1,860	93	20	93		1,516	3
4	Lift Station Eng	2002	1,674	84	20	84		1,361	4
5	Pump Station Eng	2002	1,169	58	20	58		935	5
6	Lift Station Eng Review	2002	720	36	20	36		577	6
7	Lift Station Eng	2002	950	48	20	48		788	7
8	Pump Station Eng	2002	1,603	80	20	80		1,309	8
9	Medline-Borders & Shades/ Dining Rm	2003	3,195		7			3,195	9
10	Phase II Renov Project	2003	244,941	8,165	30	8,165		128,604	10
11	Tile Specialists-Adm Bld Entry	2003	1,455		8			1,455	11
12	Tile Specialists-Adm Bldg Hallway	2003	9,350		8			9,350	12
13	Tile Specialists - Lounge Carpet	2003	2,950		8			2,950	13
14	Code Alert-Security System	2003	69,151		10			69,151	14
15	Jay's Plumbing - Hot Water Heater mixing valve	2003	2,980		10			2,980	15
16	New Lift Station	2003	97,799	4,890	20	4,890		76,690	16
17	Roof Repairs	2004	1,270		10			1,270	17
18	Electrical	2004	2,900		7			2,900	18
19	Water Heaters	2004	12,523		10			12,523	19
20	Water Softner	2004	7,398		10			7,398	20
21	Asphalt Sealcoat	2004	1,807		3			1,807	21
22	Sidewalk	2005	2,450	123	20	123		1,656	22
23	Shingles	2005		1,083	20		-1083		23
24	Flooring/Carpet	2005	9,999		8			9,999	24
25	Brick Repairs	2005	2,230		10			2,230	25
26	Wall covering and modification	2005	2,020		7			2,020	26
27	Fire system and sprinkler	2005	6,238		10			6,238	27
28	A/C, Duct Htrs	2005	16,952		10			16,952	28
29	Generator	2005	1,191	79	15	79		1,102	29
30	Cooling tower refurbishment	2006	6,142		7			6,142	30
31	Air separator & fan coil units	2006	16,162		10			16,162	31
32	Window treatments	2006	3,385		7			3,385	32
33	Iron filters	2006	2,467		10			2,467	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,958,755	\$ 221,237		\$ 219,900	\$ (1,337)	\$ 8,574,040	34

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

Facility Name &amp; ID Number Meadows Menonite Retirement Community Association, Inc.

# 0011544

Report Period Beginning:

01/01/2018 Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	<b>Totals from Page 12B, Carried Forward</b>		\$ 11,958,755	\$ 221,237		\$ 219,900	\$ (1,337)	\$ 8,574,040	1
2	Chiller compressor	2006	9,294		10			9,294	2
3	HVAC Upgrade	2007	8,430		7			8,430	3
4	Shower room remodel	2007	5,873		10			5,873	4
5	Fire wall, sprinklers, risers	2007	4,923		10			4,923	5
6	Water treatment filters	2007			7				6
7	Upgrade sidewalk, road, fencing	2007			20				7
8	Asphalt project	2008			3				8
9	Trees	2008	7,509	501	15	501		5,136	9
10	Sanitation lift pump and tiling	2008	8,338		7			8,338	10
11	Station 1 & 2 shower and lounge remodel	2008	16,138	688	10	688		16,138	11
12	Elevator door detector	2008	5,330	199	10	199		5,330	12
13	Dbi entry door activity & dining	2008	19,373	1,292	15	1,292		13,146	13
14	Roof coating and repairs	2008	3,267		5			3,267	14
15	South and north hall carpeting	2008			8				15
16	Generator upgrade	2008	9,174	764	12	765	1	7,738	16
17	VAV system beauty shop	2008	5,708	527	10	527		5,708	17
18	St 4 humidifier	2008	9,264	926	10	926		9,264	18
19	PT heating unit	2009	4,865	487	10	487		4,851	19
20	Fire dampers and access door	2009	4,164		7			4,164	20
21	HVAC Upgrade East entry	2009			7				21
22	Drain replace chapel	2009		100	10		(100)		22
23	Heating unit st 3	2009			7				23
24	Slider doors west entry	2009			7				24
25	Surge suppressor main panel	2009	11,998	1,200	10	1,200		11,017	25
26	Air handling unit st 4	2009	3,100		7			3,100	26
27	St 1 & 2 lounge tear out windows, fix sag wall, install windows, windo	2009	50,856	4,616	10	5,086	470	46,791	27
28	Entrance lights and waterline valve	2009	6,754	507	10	675	168	6,195	28
29	Lounge tear out windows, fix sag wall, install windows, chiller compre	2009	14,978		7			14,978	29
30	HVAC computer and sprinkler system	2009	15,873		10			15,873	30
31	PT shelving	2009			7				31
32	Cement work st 1 & 4	2009	15,545	1,036	15	1,036		10,048	32
33	East entrance sidewalk	2009	40,545	2,703	15	2,703		24,868	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,240,054	\$ 236,783		\$ 235,985	\$ (798)	\$ 8,818,510	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 Association, Inc.

# 0011544

Report Period Beginning:

01/01/2018 Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	<b>Totals from Page 12C, Carried Forward</b>		\$ 12,240,054	\$ 236,783		\$ 235,985	\$ (798)	\$ 8,818,510	1
2	Iron filters	2009	2,673		5			2,673	2
3	Dining room roof and cabinetry	2010	7,422		5			7,422	3
4	Carpet & electric panel - chaplain & copier rm	2010	3,110	129	15	207	78	1,708	4
5	Roof & garbage disposal kitchen	2010	41,159	3,300	15	2,744	(556)	22,723	5
6	HVAC connection upgrade, mgmt controls	2010	26,613	338	7	2,582	2,244	26,613	6
7	P1 rm walls, floor, ceiling, lights	2010	3,362		7			3,362	7
8	Carpet & ext. doors - St 1 & 2; west entry	2010	5,400	643	10	540	(103)	4,324	8
9	S. parking lot blacktop	2010	39,475	2,632	15	2,632		21,791	9
10	Fire hydrant admin bldg entrance way	2010	3,404	340	10	340		2,919	10
11	Retaining wall - St 1 & receiving	2010	15,013	1,501	10	1,501		12,131	11
12	Sidewalk - E. entrance	2010	3,615	362	10	362		2,917	12
13	HVAC upgrade and chimney repair	2011	36,471	3,855	10	3,647	(208)	28,781	13
14	Wiring for generator	2011	4,250	56	7	56		4,250	14
15	3 Exterior entrance doors	2011	13,334	1,333	10	1,333		10,332	15
16	Chiller compressor	2011	7,275		3			7,275	16
17	Fireproof walls and ceilings	2011	11,663	1,617	7	1,617		11,663	17
18	Water tower riser pipe repair	2011	22,061	1,471	15	1,471		11,441	18
19	Enpanel,timeclock,generator,fireproofing, windows	2012	5,496	1,264	7	785	(479)	5,493	19
20	Activity Rm walls, floor, ceiling, lighting	2012	4,415	441	10	442	1	2,910	20
21	Wireless system wiring	2012	17,211	2,571	7	2,459	(112)	16,501	21
22	Lift station pump & trash screen	2012	21,866	3,124	7	3,124		20,148	22
23	Sandbed pump & water system refurbishment	2012	4,840	411	7	691	280	4,339	23
24	Closed Loop Pump & VFD drives cooling fans	2013	10,071	1,007	10	1,007		5,109	24
25	Activity Room AC	2013	2,901	414	7	414		2,293	25
26	Laundry Humidity Control	2013	3,680	526	7	526		2,737	26
27	Pavillion shelter roof replacement	2014	8,700	580	15	580		2,719	27
28	N2 N & S shower walls & flooring & membrane	2014	11,934	1,705	7	1,705		7,385	28
29	N4 roof replacement	2014	54,017	3,601	15	3,601		14,947	29
30	Protective plates for doors and chair railing	2014	6,899	986	7	986		3,968	30
31	Window treatments & flooring PT, 1&2 Living Rooms	2014	8,400	1,200	7	1,200		4,938	31
32	Office & waiting rm painting & flooring	2014		544	7		(544)		32
33	Generator lighting & fuel pumps	2014	7,760	1,109	7	1,109		4,652	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,654,544	\$ 273,843		\$ 273,646	\$ (197)	\$ 9,098,974	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 Association, Inc.

# 0011544

Report Period Beginning:

01/01/2018 Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	<b>Totals from Page 12D, Carried Forward</b>		\$ 12,654,544	\$ 273,843		\$ 273,646	\$ (197)	\$ 9,098,974	1
2	Activity room HVAC	2014	4,488	641	7	641		3,130	2
3	Activity room flooring	2014	15,001	2,143	7	2,143		10,463	3
4	Fireproof walls and ceilings laundry room	2014	7,058	706	10	706		2,973	4
5	Fire door, wiring, & sprinkler life safety alarm sys	2014	9,203	1,410	10	920	(490)	3,909	5
6	N3 lounge flooring	2014	9,132	1,305	7	1,305		6,389	6
7	Exit doors alarm	2014	5,836	834	7	834		3,510	7
8	Office & commons flooring, walls	2014	15,076	2,154	7	2,154		8,616	8
9	Dietary flooring and disposal	2014	6,700	1,343	7	957	(386)	3,828	9
10	N2, N4, & Lobby flooring	2014	6,895	985	7	985		3,940	10
11	Pave north parking lot	2014	8,402	1,200	7	1,200		4,932	11
12	Landscape trees and stumps	2014	4,400	629	7	629		2,585	12
13	Receiving ramp & west sidewalk cementing	2014	20,900	1,538	15	1,393	(145)	6,271	13
14	Water tower engineering, mud valve, sump pump	2014	7,406	1,058	7	1,058		4,449	14
15	Door protectors all doors Neighborhood 1 & 2	2015	5,191	584	7	742	158	2,811	15
16	Rm 201 painting, base, toilet, flooring, cabinets	2015	3,755	536	7	536		1,980	16
17	PT grip bar, wall cover, painting, flooring, electrical, office flooring	2015	17,380	2,803	7	2,483	(320)	8,980	17
18	Neighborhood 1 & 2; walls, windows, drywall, wallpaper, electrical	2015	453,449	29,099	20	22,672	(6,427)	81,123	18
19	Baths & Halls & Rm 205; painting, walls, flooring, cabinets, blinds	2015	3,972	4,161	7	567	(3,594)	2,029	19
20	Exterior receiving doors	2015		239	10		(239)		20
21	Water tower casing, conduit, electrical	2015		466	7		(466)		21
22	NH2 Rooms flooring, cabinetry, walls	2015	19,921	3,704	7	2,846	(858)	9,201	22
23	Kitchen dining roll-up door	2015	3,913	391	10	391		1,188	23
24	Memory Garden landscaping - plants, grass	2015	17,858	1,191	15	1,191		3,782	24
25	Drive, entry, center landscape - plants, grass	2015	21,545	1,436	15	1,436		4,914	25
26	Gate, fencing, pergola installation	2015	4,089	409	10	409		1,338	26
27	Neighborhood 3 Windows all rooms	2016	46,843	3,123	15	3,123		7,512	27
28	Neighborhoods 2 & 3 & Dining Roofs Replaced/Sealed	2016	162,006	11,376	20	8,100	(3,276)	16,200	28
29	Rooftop A/C motor	2016	5,985	1,197	5	1,197		2,640	29
30	Life Safety Code (door & security locks)	2016	9,877	988	10	988		2,328	30
31	Therapy Room - Floor and Walls	2016	7,696	1,099	7	1,099		2,361	31
32	Generator & power supply to server & network rooms	2016	6,947	993	7	992	(1)	2,579	32
33	HVAC computer / memory rooms	2016	3,115	1,038	3	1,038		2,770	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,568,583	\$ 354,622		\$ 338,381	\$ (16,241)	\$ 9,317,705	34

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

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-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	<b>Totals from Page 12E, Carried Forward</b>		\$ 13,568,583	\$ 354,622		\$ 338,381	\$ (16,241)	\$ 9,317,705	1
2	Blacktop asphalt around nursing facility	2016	107,160	7,144	15	7,144		14,288	2
3	Aeration system sanitation lagoon	2016	36,882	2,459	15	2,459		5,093	3
4	Dining/Hall floor,wall,electrical,plumbing	2016	384,057	19,203	20	19,203		38,406	4
5	Wall mounted cabinets Neighborhood 1	2016	3,747	749	5	749		1,718	5
6	Neighborhood 3 install windows & wall refinishing	2017	13,522	892	15	892		1,784	6
7	Heating system boiler	2017	6,149	435	10	435		870	7
8	Boiler water pump couplings, bearing assys, alignment	2017	8,117	327	7	327		654	8
9	Neighborhood 1 & 2 lighting replacement all rooms	2017	5,005	474	7	474		948	9
10	Neighborhood 1 & 2 rms 105,107,110,210,219,224;flooring,walls,painting,grabbars,lighting,ceili	2017	34,106	3,658	7	3,658		5,316	10
11	Fire protection air compressor	2017	3,839	155	7	155		310	11
12	Neighborhood 4 conf rm; bathrms; dementia area; hallways: flooring	2017	29,093	1,469	7	1,469		2,938	12
13	Gundy drive solar lights	2017	2,819	236	7	236		472	13
14	Neighborhood 4 hallway + rms 2,4,6,7,8,13; blinds,painting,lighting,carpeting,architect	2017	17,798	711	7	711		1,422	14
15	Cabling, fiber, fire relays - entire building - a/c server room	2017	54,438	3,177	10	3,177		6,354	15
16	Laudry Room-AC	2018	9,624	1,375	7	1,375		1,375	16
17	Boiler& Chiller Controller	2018	9,210	1,316	7	1,316		1,316	17
18	Walk-In Cooler	2018	8,278	759	10	759		759	18
19	Water Heater	2018	6,859	245	7	245		245	19
20	Oxygen Storage-Secure Room	2018	10,344	1,034	10	1,034		1,034	20
21	Outdoor Scissor Lift	2018	1,057	113	7	113		113	21
22	Water Heater-Boiler Room	2018	6,153	439	7	439		439	22
23	N2 Air Heater	2018	1,975	47	7	47		47	23
24	Vinyl Plank-Medicare Room	2018	3,734	445	7	445		445	24
25	Kitchen Disposal	2018	4,202	100	7	100		100	25
26	D-4 Carpet	2018	1,110	106	7	106		106	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,337,861	\$ 401,690		\$ 385,449	\$ (16,241)	\$ 9,404,257	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$ 836,402	\$ 116,061	\$ 116,061	\$	various	\$ 313,886	71
72	Current Year Purchases	7,937	545	545		various	545	72
73	Fully Depreciated Assets	690,958				various	690,958	73
74								74
75	TOTALS	\$ 1,535,297	\$ 116,606	\$ 116,606	\$		\$ 1,005,389	75

D. Vehicle Costs. (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	04 Pontiac Montana	2004	10,609				5	10,609	77
78	Patient Transport	16 Ford Transit	2016	55,585	11,117	11,117		5	26,224	78
79	Grounds Maintenance	Other	2016	57,188				5	57,188	79
80	TOTALS			\$ 152,406	\$ 11,117	\$ 11,117	\$		\$ 123,045	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)	\$ 16,067,662	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 529,413	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 513,172	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (16,241)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,532,691	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	\$ 1,687,777	\$ 63,877	\$ 1,258,339	86
87					87
88	Host Family House Remodeling	79,949	3,384	74,837	88
89	Land	160,978			89
90	Fellowship Center Land	24,000			90
91	TOTALS	\$ 1,952,704	\$ 67,261	\$ 1,333,176	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Process	\$	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: \_\_\_\_\_

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	<b>TOTAL</b>				\$ _____			7

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.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized \_\_\_\_\_  
by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

YES  NO

16. Rental Amount for movable equipment: \$ 4,429 Description: Dish Washer and Hot Water Booster

(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	<b>TOTAL</b>		\$ _____	\$ _____	21

\* 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			
		1	2	3	4
		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	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		hrs	\$		\$ 275,023	\$		\$ 275,023	1
2	Licensed Speech and Language Development Therapist		hrs			140,606			140,606	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			266,791			266,791	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39.3	# of prescripts				68,040		68,040	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>Medical Supplies</u>	39.3					304		304	13
14	TOTAL			\$		\$ 682,420	\$ 68,344		\$ 750,764	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 Association, I# 0011544 Report Period Beginning: 01/01/2018 Ending: 12/31/18  
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/18 (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	\$ 170,337	\$	1
2	Cash-Patient Deposits	14,441		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (482,176) )	1,670,782		3
4	Supply Inventory (priced at FIFO )			4
5	Short-Term Investments			5
6	Prepaid Insurance	51,013		6
7	Other Prepaid Expenses			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>	\$ 1,906,573	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,464,891		12
13	Land	169,869		13
14	Buildings, at Historical Cost	9,222,800		14
15	Leasehold Improvements, at Historical Cost	6,109,797		15
16	Equipment, at Historical Cost	1,836,861		16
17	Accumulated Depreciation (book methods)	(11,083,814)		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>	\$ 7,720,404	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,626,977	\$	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 845,999	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,441		28
29	Short-Term Notes Payable	120,117		29
30	Accrued Salaries Payable	103,856		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	46,400		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	Accrued Expenses	175,812		36
37	Current maturities LTD	710,155		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,016,780	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	500,000		39
40	Mortgage Payable	3,787,562		40
41	Bonds Payable			41
42	Deferred Compensation	20,000		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>	\$ 4,307,562	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,324,342	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 3,302,635	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 9,626,977	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

	1 Total	
<b>1</b> Balance at Beginning of Year, as Previously Reported	\$ 5,056,749	<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> Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,056,749	<b>6</b>
<b>A. Additions (deductions):</b>		
<b>7</b> NET Income (Loss) (from page 19, line 43)	(1,754,114)	<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>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> TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,754,114)	<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> TOTAL Transfers (sum of lines 18-22)	\$	<b>23</b>
<b>24</b> BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,302,635	<b>24</b> *

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

Facility Name &amp; ID Number Meadows Mennonite Retirement Community Assoc # 0011544 Report Period Beginning: 01/01/2018

Ending: 12/31/18

**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**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 8,031,318	1
2	Discounts and Allowances for all Levels	(2,638,114)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,393,204	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,733,384	6
7	Oxygen	5,989	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,739,373	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	1,412	13
14	Non-Patient Meals	180	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	65,687	17
18	Sale of Supplies to Non-Patients	184	18
19	Laboratory	29,066	19
20	Radiology and X-Ray	3,983	20
21	Other Medical Services	124,659	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 225,171	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	57,862	24
25	Interest and Other Investment Income***	13,500	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 71,362	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Other Income</b>	88,616	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 88,616	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 7,517,726	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,550,567	31
32	Health Care	3,606,456	32
33	General Administration	2,203,425	33
<b>B. Capital Expense</b>			
34	Ownership	842,829	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	821,922	35
36	Provider Participation Fee	246,641	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,271,840	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,754,114)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,754,114)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,820,058	44
45	Private Pay - Net Inpatient Revenue	3,601,351	45
46	Medicare - Net Inpatient Revenue	(28,205)	46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 5,393,204	49

\* 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 Association, Ir # 0011544

Report Period Beginning: 01/01/2018

Ending: 12/31/18

**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	272	\$ 11,372	\$ 41.81	1
2	Assistant Director of Nursing				2
3	Registered Nurses	7,823	277,442	34.33	3
4	Licensed Practical Nurses	14,381	432,714	28.83	4
5	CNAs & Orderlies	80,149	1,301,511	15.43	5
6	CNA Trainees	56	595	10.63	6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	1,948	41,772	20.38	9
10	Activity Assistants	11,701	129,231	11.11	10
11	Social Service Workers	2,348	55,985	36.31	11
12	Dietician				12
13	Food Service Supervisor	1,910	65,981	31.84	13
14	Head Cook	8,700	125,260	13.61	14
15	Cook Helpers/Assistants	16,910	175,818	10.05	15
16	Dishwashers				16
17	Maintenance Workers	5,852	140,406	24.28	17
18	Housekeepers	14,513	186,482	11.38	18
19	Laundry	2,266	27,573	10.99	19
20	Administrator	3,913	215,244	47.29	20
21	Assistant Administrator	200	6,800	34.00	21
22	Other Administrative	576	18,563	32.23	22
23	Office Manager	2,066	130,731	57.09	23
24	Clerical	12,489	241,398	17.87	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	1,546	25,945	16.47	31
32	Other Health C: Scheduler	1,950	42,989	21.03	32
33	Other(specify) Marketing Assista	248	9,150	34.14	33
34	TOTAL (lines 1 - 33)	191,817	\$ 3,662,962 *	\$ 18.18	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	\$ 14,895	3-1-3	35
36	Medical Director	16,800	3-9-3	36
37	Medical Records Consultant	2,227	3-10-3	37
38	Nurse Consultant			38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	2,006	3-11-3	44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 35,928		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 570,912	3-10-3	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides	108,099	3-10-3	52
53	TOTAL (lines 50 - 52)	\$ 679,011		53



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. LeadingAge IL
- (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? 5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 48,409 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. \$ 246,641  
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 benefit on Schedule V. \$ \_\_\_\_\_ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 5
- (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. \$ Zero**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Phillips, Salmi & Associates, LLC
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees