FOR BHF USE

LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

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.

I. IDPH License ID Number: 0011544

Facility Name: Meadows Mennonite Home

Address: 24588 Church Street (Number) Chenoa (City) 61726 (Zip Code)

County: McLean

Telephone Number: (309) 747-2702 Fax # (309) 747-2944

HFS ID Number:

Date of Initial License for Current Owners: 1958

Type of Ownership:

x	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
x	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501 (c) 3			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Roger W. Hasler Telephone Number: (309) 747-2702
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2015 to 12/31/2015 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name) Roger W. Hasler
(Title) Chief Financial Officer

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 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 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF		373	2,530	2,903	8
9	SNF/PED					9
10	ICF	14,669	19,118		33,787	10
11	ICF/DD					11
12	SC		210		210	12
13	DD 16 OR LESS					13
14	TOTALS	14,669	19,701	2,530	36,900	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.58%

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 [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] 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 [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 116 and days of care provided 2,530

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

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

Facility Name & ID Number Meadows Mennonite Retirement Community A# 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	A. General Services	Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
1	Dietary	398,936	67,310	30,345	496,591		496,591		496,591			1
2	Food Purchase		348,766		348,766		348,766	(835)	347,931			2
3	Housekeeping	247,316	28,649	3	275,968		275,968		275,968			3
4	Laundry	55,806	9,077		64,883		64,883		64,883			4
5	Heat and Other Utilities			198,024	198,024		198,024	(52,860)	145,164			5
6	Maintenance	200,460	33,714	254,486	488,660		488,660	(78,890)	409,770			6
7	Other (specify):*											7
8	TOTAL General Services	902,518	487,516	482,858	1,872,892		1,872,892	(132,585)	1,740,307			8
	B. Health Care and Programs											
9	Medical Director			16,800	16,800		16,800		16,800			9
10	Nursing and Medical Records	2,675,132	129,445	86,468	2,891,045	(975)	2,890,070		2,890,070			10
10a	Therapy	17,486	3,333	684,959	705,778		705,778		705,778			10a
11	Activities	123,601	9,953	490	134,044		134,044		134,044			11
12	Social Services	119,839			119,839		119,839		119,839			12
13	CNA Training					975	975		975			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,936,058	142,731	788,717	3,867,506		3,867,506		3,867,506			16
	C. General Administration											
17	Administrative	307,862			307,862		307,862		307,862			17
18	Directors Fees											18
19	Professional Services			301,796	301,796		301,796	(3,285)	298,511			19
20	Dues, Fees, Subscriptions & Promotions			68,558	68,558	(123)	68,435	(4,053)	64,382			20
21	Clerical & General Office Expenses	354,264	26,471	309,092	689,827	(230,504)	459,323	(42,671)	416,652			21
22	Employee Benefits & Payroll Taxes			837,177	837,177		837,177	(57,601)	779,576			22
23	Inservice Training & Education					3,487	3,487		3,487			23
24	Travel and Seminar			28,885	28,885	(3,487)	25,398	(1,279)	24,119			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			157,649	157,649		157,649	(17,219)	140,430			26
27	Other (specify):*											27
28	TOTAL General Administration	662,126	26,471	1,703,157	2,391,754	(230,627)	2,161,127	(126,108)	2,035,019			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,500,702	656,718	2,974,732	8,132,152	(230,627)	7,901,525	(258,693)	7,642,832			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.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. #0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	D. Ownership	Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
30	Depreciation			573,693	573,693		573,693	(71,868)	501,825			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			147,939	147,939		147,939	(21,344)	126,595			32
33	Real Estate Taxes			42,214	42,214		42,214	(42,214)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			763,846	763,846		763,846	(135,426)	628,420			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		69,801	19,077	88,878		88,878		88,878			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			279,310	279,310		279,310		279,310			42
43	Other (specify):*	93,893			93,893	230,627	324,520	(324,520)				43
44	TOTAL Special Cost Centers	93,893	69,801	298,387	462,081	230,627	692,708	(324,520)	368,188			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,594,595	726,519	4,036,965	9,358,079		9,358,079	(718,639)	8,639,440			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 Association, In # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(330)	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	(15,963)	30.3		9
10	Interest and Other Investment Income	(21,344)	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	(927)	13		27
28	Yellow Page Advertising	(2,801)	20.3		28
29	Other-Attach Schedule	(677,274)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	$ (718,639)		$	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 Amount	2 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
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	$ (718,639)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39	Physician Care		x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			$		47

Detail lines 29 and 35 of Page 5 starting in Col. DO NOT DRAG AND DROP CELLS.

The amounts in column F will transfer to the Adj. Summary column automatically.
The amounts in the Adj. Summary column are linked to pages Summary A and B.

STATE OF ILLINOIS

Page 5A

ISP#

Report Period Beginning:
Ending:

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		A		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	Total	0		47

Sch V	Adj. Summary
Line 1	0
Line 2	0
Line 3	0
Line 4	0
Line 5	0
Line 6	0
Line 7	0
Line 8	
Line 9	0
Line 10	0
Line 10a	0
Line 11	0
Line 12	0
Line 13	0
Line 14	0
Line 15	0
Line 16	
Line 17	0
Line 18	0
Line 19	0
Line 20	0
Line 21	0
Line 22	0
Line 23	0
Line 24	0
Line 25	0
Line 26	0
Line 27	0
Line 28	0
Line 29	
Line 30	0
Line 31	0
Line 32	0
Line 33	0
Line 34	0
Line 35	0
Line 36	0
Line 37	
Line 38	0
Line 39	0
Line 40	0
Line 41	0
Line 42	0
Line 43	0
Line 44	0
Line 45	0

Reference 1	Reference 2 3	Reference 4	Reference 5	Reference 6	Reference 7 9	Reference 10	Reference 10a	Reference 11	Reference 12	Reference 13	Reference 14	Reference 15	Reference 17	Reference 18	Reference 19	Reference 20	Reference 21	Reference 22	Reference 23	Reference 24	Reference 25	Reference 26	Reference 27	Reference 30	Reference 31	Reference 32	Reference 33	Reference 34	Reference 35	Reference 36	Reference 38	Reference 39	Reference 40	Reference 41	Reference 42	Reference 43

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET.
IF THESE ARE NOT FOLLOWED, THE FORMULAS WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS Summary A

Facility Name & ID Number # Report Period Beginning: Ending:

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

	Operating Expenses A. General Services	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
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	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
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	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
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	TOTAL General Administration	0	0	0	0	0	0	0	0	0	0	0	0	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	0	0	0	0	0	0	0	0	0	0	0	0	29

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The amounts in the column Q are linked to page 3.

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET.
IF THESE ARE NOT FOLLOWED, THE FORMULAS WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS

Summary B

Facility Name & ID Number # Report Period Beginning: Ending:

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	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	TOTAL Ownership	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
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	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	0	0	0	0	0	0	0	0	0	0	0	0	45

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The amounts in the column Q are linked to page 4.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 [x] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
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 Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 Community A # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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, Inc # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 [x]

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 Association, Inc # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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Name of Related Organization
Street Address
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	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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					$	$		$ 0	25

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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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					$	$		$ 0	25

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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Name of Related Organization
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Phone Number ( )
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	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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					$	$		$ 0	25

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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1						$	$		$	1
2										2
3										3
4										4
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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					$	$		$ 0	25

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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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					$	$		$ 0	25

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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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					$	$		$ 0	25

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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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					$	$		$ 0	25

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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					$	$		$ 0	25

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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					$	$		$ 0	25

Facility Name & ID Number Meadows Mennonite Retirement Community As # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2	FmHA #2		X	Mortgage	9,876	2/1996	1,782,500	937,975	2026	0.0500	48,626	2
3	FmHA #3		X	Mortgage	13,745	2/4/02	2,500,000	1,804,752	2032	0.0475	87,380	3
4	Heartland Bk & Trust		X	Mortgage	3,044	2/4/02	1,000,000	396,045	2032	0.0563	11,933	4
5					-							5
	Working Capital											
6	Line of Credit		X	Working Capital	-	Various	500,000		2014	0		6
7	Loyalty Loans		X	Mortgage - renew annually	-	Various	13,500		Various	.0300 - .0600	-	7
8	Residential to Health Center	X		Working Capital	-	2007	160,000	81,667	Various			8
9	TOTAL Facility Related				26,665		$ 5,956,000	$ 3,220,439			$ 147,939	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 5,956,000	$ 3,220,439			$ 147,939	15

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

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

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2014 report.	Important, please see the next worksheet, "RE Tax". The real estate tax statement and bill must accompany the cost 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 2015 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. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	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. TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		$	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:		
2010		8
2011		9
2012		10
2013		11
2014		12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2014	$	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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2014 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 2014 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2014.

Please complete the Real Estate Tax Statement below and include it in the 2015 cost report along with a copy of your 2014 real estate tax bill.

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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadows Mennonite Retirement Community Association, Inc. 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 2014 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 2014.

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

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ 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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 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 2000 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Healthcare and Family Serives, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 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.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME _____ COUNTY _____

FACILITY IDPH LICENSE NUMBER _____

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE (___) _____ FAX #: (___) _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 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 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 0.00	$ 0.00

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 _____ NO

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

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	683,400	1920	$ 15,065	1
2	Facility		1950	27,033	2
3	TOTALS	683,400		$ 42,098	3

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 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	3,850	50	4,512	662	225,595	6
7	94		1978	1978	2,348,846	58,721	40	58,721		2,231,200	7
8	17		1997	1997	3,898,885	101,084	40	97,472	(3,612)	1,770,519	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 '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	150	30	130	(20)	3,702	13
14	Various Building Improvements			1988	182,020	7,952	20		(7,952)	182,020	14
15	Various Building Improvements			1989	107,129	3,452	20		(3,452)	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	1,280	15		(1,280)	93,480	18
19	Various Building Improvements			1995	45,902	1,859	20	1,913	54	45,902	19
20	Various Building Improvements			1996	244,463		20	12,223	12,223	238,365	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		65,610	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)	4,614	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.

See Page 12A, Line 70 for total

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various Building Improvements '98	1998	$ 27,773	$	15	$	$	$ 27,773	37
38	Maintenance Shop	1998	909	45	20	45		767	38
39	Alarm system Phase 1	1998	44,529	2,226	20	2,226		38,001	39
40	Water Tower Rehab	1998	63,699	3,185	20	3,185		56,152	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 Exissting Doors in Alzheimer's Unit	1999	5,536		15			5,536	47
48	Alarm System	1999	7,562	504	20	378	(126)	6,302	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		22,939	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	186	15	186		16,746	54
55	Fire Alarm System	2000	18,000	200	15	194	(6)	18,000	55
56	Premium Lawn	2000	755	17	15	21	4	755	56
57	Parking Lot Addition	2000	7,355	163	15	179	16	7,355	57
58	Water main Work	2000	2,203	110	20	110		1,706	58
59	Water Main Extension	2000	8,465	423	20	423		6,558	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		435,529	61
62	Phase II Bldg Renov -K	2002	1,187,500	39,583	30	39,583		542,558	62
63	Renovation 2002	2002	80,684	2,689	30	2,689		35,296	63
64	Renovation 2002	2002	182,708	6,090	30	6,090		79,437	64
65	Pairie Control- 4FCU flow problem	2002	6,694	446	15	446		5,848	65
66	Phase II Renovation	2002	456,101	15,203	30	15,203		200,180	66
67	Garage Doors	2002	1,166		10			1,166	67
68	Roof	2002	125,025	4,168	30	4,168		55,063	68
69	Various Building Improvements '02	2002	30,440		20			30,440	69
70	TOTAL (lines 4 thru 69)		$ 11,419,913	$ 290,822		$ 287,013	$ (3,809)	$ 7,425,780	70

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 11,419,913	$ 290,822		$ 287,013	$ (3,809)	$ 7,425,780	1
2	New Road	2002	3,911	261	15	261		3,423	2
3	Lift Station Eng	2002	1,860		20	93	93	1,235	3
4	Lift Station Eng	2002	1,674		20	84	84	1,109	4
5	Pump Station Eng	2002	1,169		20	58	58	761	5
6	Lift Station Eng Review	2002	720		20	36	36	469	6
7	Lift Station Eng	2002	950		20	48	48	644	7
8	Pump Station Eng	2002	1,603		20	80	80	1,069	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		104,109	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	4,896	20	4,890	(6)	62,020	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		1,287	22
23	Shingles	2005		1,083	20		(1,083)		23
24	Flooring/Carpet	2005	9,999		8			9,999	24
25	Brick Repairs	2005	2,230	112	10	175	63	2,230	25
26	Wall covering and modification	2005	2,020	17	7		(17)	2,020	26
27	Fire system and sprinkler	2005	6,238	122	10	357	235	6,238	27
28	A/C, Duct Htrs	2005	16,952	627	10	917	290	16,952	28
29	Generator	2005	1,191	79	15	79		865	29
30	Cooling tower refurbishment	2006	6,142		7			6,142	30
31	Air separator & fan coil units	2006	16,162	1,616	10	1,616		16,023	31
32	Window treatments	2006	3,385		7			3,385	32
33	Iron filters	2006	2,467	247	10	247		2,402	33
34	TOTAL (lines 1 thru 33)		$ 11,958,755	$ 308,170		$ 304,242	$ (3,928)	$ 7,783,141	34

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 11,958,755	$ 308,170		$ 304,242	$ (3,928)	$ 7,783,141	1
2	Chiller compressor	2006	9,294	929	10	929		8,626	2
3	HVAC Upgrade	2007	8,430		7			8,430	3
4	Shower room remodel	2007	5,873	587	10	587		4,746	4
5	Fire wall, sprinklers, risers	2007	4,923	1,765	10		(1,765)	4,923	5
6	Water treatment filters	2007			7				6
7	Upgrade sidewalk, road, fensing	2007		904	20		(904)		7
8	Asphalt project	2008			3				8
9	Trees	2008	7,509	501	15	501		3,633	9
10	Sanitation lift pump and tiling	2008	8,338	177	7	167	(10)	8,338	10
11	Station 1 & 2 shower and lounge remodel	2008	16,138	1,614	10	1,614		12,222	11
12	Elevator door detector	2008	5,330	533	10	533		4,065	12
13	Dbl entry door activity & dining	2008	19,373	1,292	15	1,292		9,270	13
14	Roof coating and repairs	2008	3,267		5			3,267	14
15	South and north hall carpeting	2008		1,834	8		(1,834)		15
16	Generator upgrade	2008	9,174	764	12	765	1	5,443	16
17	VAV system beauty shop	2008	5,708	571	10	571		4,039	17
18	St 4 humidifier	2008	9,264	926	10	926		6,538	18
19	PT heating unit	2009	4,865	487	10	487		3,390	19
20	Fire dampers and access door	2009	4,164	595	7	595		4,041	20
21	HVAC Upgrade East entry	2009		302	7		(302)		21
22	Drain replace chapel	2009		100	10		(100)		22
23	Heating unit st 3	2009		173	7		(173)		23
24	Slider doors west entry	2009		325	7		(325)		24
25	Surge suppressor main panel	2009	11,998	1,200	10	1,200		7,417	25
26	Air handling unit st 4	2009	3,100	443	7	443		2,738	26
27	St 1 & 2 lounge tear out windows, fix sag wall, install windows, windo	2009	50,856	4,616	10	5,086	470	31,533	27
28	Entrance lights and waterline valve	2009	6,754	507	10	675	168	4,170	28
29	Lounge tear out windows, fix sag wall, install windows, chiller compre	2009	14,978	2,451	7	2,140	(311)	13,793	29
30	HVAC computer and sprinkler system	2009	15,873	1,587	10	1,587		14,054	30
31	PT shelving	2009		278	7		(278)		31
32	Cement work st 1 & 4	2009	15,545	1,036	15	1,036		6,940	32
33	East entrance sidewalk	2009	40,545	2,703	15	2,703		16,759	33
34	TOTAL (lines 1 thru 33)		$ 12,240,054	$ 337,370		$ 328,079	$ (9,291)	$ 7,971,516	34

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 12,240,054	$ 337,370		$ 328,079	$ (9,291)	$ 7,971,516	1
2	Iron filters	2009	2,673		5			2,673	2
3	Dining room roof and cabinetry	2010	7,422	334	5	132	(202)	7,422	3
4	Carpet & electric panel - chaplain & copier rm	2010	3,110	316	15	207	(109)	1,087	4
5	Roof & garbage disposal kitchen	2010	41,159	3,541	15	2,744	(797)	14,491	5
6	HVAC connection upgrade, mgmt controls	2010	26,613	810	7	3,802	2,992	16,427	6
7	PT rm walls, floor, ceiling, lights	2010	3,362	480	7	480		2,641	7
8	Carpet & ext. doors - St 1 & 2; west entry	2010	5,400	643	10	540	(103)	2,704	8
9	S. parking lot blacktop	2010	39,475	2,632	15	2,632		13,895	9
10	Fire hydrant admin bldg entrance way	2010	3,404	340	10	340		1,899	10
11	Retaining wall - St 1 & receiving	2010	15,013	1,501	10	1,501		7,628	11
12	Sidewalk - E. entrance	2010	3,615	362	10	362		1,831	12
13	HVAC upgrade and chimney repair	2011	36,471	3,855	10	3,647	(208)	17,840	13
14	Wiring for generator	2011	4,250	607	7	607		2,980	14
15	3 Exterior entrance doors	2011	13,334	1,333	10	1,333		6,333	15
16	Chiller compressor	2011	7,275		3			7,275	16
17	Fireproof walls and ceilings	2011	11,663	1,666	7	1,666		6,714	17
18	Water tower riser pipe repair	2011	22,061	1,471	15	1,471		7,028	18
19	Enpanel,timeclock,generator,fireproofing, windows	2012	5,496	1,264	7	785	(479)	3,138	19
20	Activity Rm walls, floor, ceiling, lighting	2012	4,415	442	10	442		1,584	20
21	Wireless system wiring	2012	17,211	2,571	7	2,459	(112)	9,124	21
22	Lift station pump & trash screen	2012	21,866	3,124	7	3,124		10,776	22
23	Sandbed pump & water system refurbishment	2012	4,840	574	7	691	117	2,266	23
24	Closed Loop Pump & VFD drives cooling fans	2013	10,071	1,007	10	1,007		2,088	24
25	Activity Room AC	2013	2,901	414	7	414		1,051	25
26	Laundry Humidity Control	2013	3,680	526	7	526		1,159	26
27	Pavillion shelter roof replacement	2014	8,700	580	15	580		979	27
28	N2 N & S shower walls & flooring & membrane	2014	11,934	1,705	7	1,705		2,270	28
29	N4 roof replacement	2014	54,017	3,601	15	3,601		4,144	29
30	Protective plates for doors and chair railing	2014	6,899	986	7	986		1,010	30
31	Window treatments & flooring PT, 1&2 Living Rooms	2014	8,400	1,200	7	1,200		1,338	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		1,325	33
34	TOTAL (lines 1 thru 33)		$ 12,654,544	$ 376,908		$ 368,172	$ (8,736)	$ 8,134,636	34

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 12,654,544	$ 376,908		$ 368,172	$ (8,736)	$ 8,134,636	1
2	Activity room HVAC	2014	4,488	641	7	641		1,207	2
3	Activity room flooring	2014	15,001	2,143	7	2,143		4,034	3
4	Fireproof walls and ceilings laundry room	2014	7,058	706	10	706		855	4
5	Fire door, wiring, & sprinkler life safety alarm sys	2014	9,203	1,410	10	920	(490)	1,149	5
6	N3 lounge flooring	2014	9,132	1,305	7	1,305		2,474	6
7	Exit doors alarm	2014	5,836	834	7	834		1,008	7
8	Office & commons flooring, walls	2014	15,076	2,154	7	2,154		2,154	8
9	Dietary flooring and disposal	2014	6,700	1,343	7	957	(386)	957	9
10	N2, N4, & Lobby flooring	2014	6,895	985	7	985		985	10
11	Pave north parking lot	2014	8,402	1,200	7	1,200		1,332	11
12	Landscape trees and stumps	2014	4,400	629	7	629		698	12
13	Receiving ramp & west sidewalk cementing	2014	20,900	1,538	15	1,393	(145)	2,092	13
14	Water tower engineering, mud valve, sump pump	2014	7,406	1,058	7	1,058		1,275	14
15	Door protectors all doors Neighborhood 1 & 2	2015	5,191	146	7	585	439	585	15
16	Rm 201 painting, base, toilet, flooring, cabinets	2015	3,755		7	372	372	372	16
17	PT grip bar, wall cover, painting, flooring, electrical, office flooring	2015	17,380	1,662	7	1,531	(131)	1,531	17
18	Neighborhood 1 & 2; walls, windows, drywall, wallpaper, electrical	2015	453,449	19,399	20	13,107	(6,292)	13,107	18
19	Baths & Halls & Rm 205; painting, walls, flooring, cabinets, blinds	2015	3,972	286	7	328	42	328	19
20	Exterior receiving doors	2015		219	10		(219)		20
21	Water tower casing, conduit, electrical	2015		194	7		(194)		21
22	NH2 Rooms flooring, cabinetry, walls	2015	19,921	926	7	663	(263)	663	22
23	Kitchen dining roll-up door	2015	3,913		10	15	15	15	23
24	NH1 Shower south bathroom	2015	1,273	76	7	73	(3)	73	24
25	Memory Garden landscaping - plants, grass	2015	17,858	198	15	209	11	209	25
26	Drive, entry, center landscape - plants, grass	2015	21,545	598	15	606	8	606	26
27	Gate, fencing, pergola installation	2015	4,089	102	10	111	9	111	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,327,387	$ 416,660		$ 400,697	$ (15,963)	$ 8,172,456	34

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 13,327,387	$ 416,660		$ 400,697	$ (15,963)	$ 8,172,456	1
2									2
3									3
4									4
5									5
6									6
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,327,387	$ 416,660		$ 400,697	$ (15,963)	$ 8,172,456	34

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 13,327,387	$ 416,660		$ 400,697	$ (15,963)	$ 8,172,456	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,327,387	$ 416,660		$ 400,697	$ (15,963)	$ 8,172,456	34

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 13,327,387	$ 416,660		$ 400,697	$ (15,963)	$ 8,172,456	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,327,387	$ 416,660		$ 400,697	$ (15,963)	$ 8,172,456	34

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

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 13,327,387	$ 416,660		$ 400,697	$ (15,963)	$ 8,172,456	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,327,387	$ 416,660		$ 400,697	$ (15,963)	$ 8,172,456	34

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

Facility Name & ID Number Meadows Mennonite Retirement Community Associati # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	$ 321,186	$ 74,039	$ 74,039	$	various	$ 795,010	71
72	Current Year Purchases	202,577	19,033	19,033		various	19,033	72
73	Fully Depreciated Assets	622,568				various	622,568	73
74								74
75	TOTALS	$ 1,146,331	$ 93,072	$ 93,072	$		$ 1,436,611	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	2004 Pontiac Montana	2004	10,609				5	10,609	77
78	Grounds Maintenance	JD 1420/Sno-way	2007	15,308				5	15,308	78
79	Grounds Maintenance	Other	Various	57,422	8,056	8,056		5	52,195	79
80	TOTALS			$ 112,363	$ 8,056	$ 8,056	$		$ 107,136	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)	$ 14,628,179	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 517,788	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 501,825	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (15,963)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 9,716,203	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	$ 1,610,959	$ 52,070	$ 1,167,160	86
87	Residential Vehicles	49,027		49,027	87
88	CEO House Remodeling	79,949	3,835	66,553	88
89	Land	158,040			89
90	Fellowship Center Land 2007	24,000			90
91	TOTALS	$ 1,921,975	$ 55,905	$ 1,282,740	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Process	$ 66,653	92
93			93
94			94
95		$ 66,653	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.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 [x] 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 [x] NO Terms: *

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.	/2016	$
13.	/2017	$
14.	/2018	$

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

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO

16. Rental Amount for movable equipment: $ Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

* 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 Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? [x] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [x]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER CNA 80

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [x]
- IN OTHER FACILITY [ ]
- HOURS PER CNA 40

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 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		975		975
8	CNA Competency Tests				
9	TOTALS	$	$ 975	$	$ 975
10	SUM OF line 9, col. 1 and 2 (e)	$ 975			

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a.3	hrs	$	2,713	$ 213,541	$	2,713	$ 213,541	1
2	Licensed Speech and Language Development Therapist	10a.3	hrs		1,732	147,851		1,732	147,851	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a.3	hrs		3,930	310,180		3,930	310,180	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				63,949		63,949	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Exceptional Care	39.2								12
13	Other (specify): Medical Supplies	39.2					5,852		5,852	13
14	TOTAL			$	8,375	$ 671,572	$ 69,801	8,375	$ 741,373	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, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2015 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 477,410	$	1
2	Cash-Patient Deposits	12,676		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (198,000))	1,387,435		3
4	Supply Inventory (priced at FIFO)			4
5	Short-Term Investments	53,040		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	62,263		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	$ 1,992,824	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	2,294,611		12
13	Land	184,978		13
14	Buildings, at Historical Cost	9,753,941		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	6,305,333		16
17	Accumulated Depreciation (book methods)	(9,625,234)		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): Construction in Process	66,653		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	$ 8,980,282	$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	$ 10,973,106	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 247,894	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	12,676		28
29	Short-Term Notes Payable	9,578		29
30	Accrued Salaries Payable	82,014		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	43,700		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	Accrued Expenses	284,763		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	$ 680,625	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	81,667		39
40	Mortgage Payable	3,138,772		40
41	Bonds Payable			41
42	Deferred Compensation	23,484		42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	$ 3,243,923	$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	$ 3,924,548	$	46
47	TOTAL EQUITY(page 18, line 24)	$ 7,048,558	$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	$ 10,973,106	$	48

*(See instructions.)

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	$ 7,484,692	1
2	Restatements (describe):		2
3			3
4	Prior period adjustments		4
5	Rounding		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	$ 7,484,692	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(436,134)	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)	$ (436,134)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	$ 7,048,558	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Meadows Mennonite Retirement Community Associat # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 8,528,575	1
2	Discounts and Allowances for all Levels	(2,216,808)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	$ 6,311,767	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,504,215	6
7	Oxygen	9,832	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	$ 1,514,047	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,519	13
14	Non-Patient Meals	872	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	123,900	17
18	Sale of Supplies to Non-Patients	(19,134)	18
19	Laboratory	71,014	19
20	Radiology and X-Ray	7,947	20
21	Other Medical Services	145,667	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	$ 331,785	23
	D. Non-Operating Revenue		
24	Contributions	256,270	24
25	Interest and Other Investment Income***	21,344	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	$ 277,614	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Residential Revenue	467,378	28
28a	Other Income	21,354	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	$ 488,732	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	$ 8,923,945	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,872,892	31
32	Health Care	3,867,506	32
33	General Administration	2,391,754	33
	B. Capital Expense		
34	Ownership	763,846	34
	C. Ancillary Expense		
35	Special Cost Centers	182,771	35
36	Provider Participation Fee	279,310	36
	D. Other Expenses (specify):		
37	Intercompany Support	2,000	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	$ 9,360,079	40
41	Income before Income Taxes (line 30 minus line 40)**	(436,134)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	$ (436,134)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,639,472	44
45	Private Pay - Net Inpatient Revenue	3,362,195	45
46	Medicare - Net Inpatient Revenue	310,101	46
47	Other-(specify) Rounding		47
48	Other-(specify) Rounding		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,311,767	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, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,980	2,079	$ 90,407	$ 43.49	1
2	Assistant Director of Nursing	1,650	1,951	48,489	24.85	2
3	Registered Nurses	12,364	12,647	404,600	31.99	3
4	Licensed Practical Nurses	22,991	24,878	606,837	24.39	4
5	CNAs & Orderlies	102,586	110,257	1,467,345	13.31	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,076	1,204	17,486	14.52	8
9	Activity Director	2,422	2,607	33,293	12.77	9
10	Activity Assistants	8,139	8,810	90,308	10.25	10
11	Social Service Workers	5,006	5,227	119,839	22.93	11
12	Dietician					12
13	Food Service Supervisor	1,680	1,999	50,652	25.34	13
14	Head Cook					14
15	Cook Helpers/Assistants	29,716	31,438	348,285	11.08	15
16	Dishwashers					16
17	Maintenance Workers	6,788	7,291	150,934	20.70	17
18	Housekeepers	22,134	24,923	247,316	9.92	18
19	Laundry	3,765	4,050	55,806	13.78	19
20	Administrator	2,313	2,630	134,528	51.15	20
21	Assistant Administrator					21
22	Other Administrative	1,952	2,096	173,334	82.70	22
23	Office Manager	1,984	2,149	111,712	51.98	23
24	Clerical	4,702	5,742	96,813	16.86	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	1,023	1,155	19,463	16.85	31
32	Other Health Care(specify)					32
33	Other(specify)	1,672	1,704	37,991	22.30	33
34	TOTAL (lines 1 - 33)	235,943	254,837	$ 4,305,438 *	$ 16.89	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	670	$ 30,158	1.3	35
36	Medical Director	168	16,800	9.3	36
37	Medical Records Consultant	37	2,411	10.3	37
38	Nurse Consultant	636	45,531	10.3	38
39	Pharmacist Consultant			10.3	39
40	Physical Therapy Consultant			10a.3	40
41	Occupational Therapy Consultant			10a.3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant			10a.3	43
44	Activity Consultant			11.3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,511	$ 94,900		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$	10.3	50
51	Licensed Practical Nurses			10.3	51
52	Certified Nurse Assistants/Aides	127	3,494	10.3	52
53	TOTAL (lines 50 - 52)	127	$ 3,494		53

Facility Name & ID Number Meadows Mennonite Retirement Community Associatic # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
See Attached Schedule			
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 307,862

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$
See Attached Schedule		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 301,796

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 130,220
Unemployment Compensation Insurance	28,662
FICA Taxes	332,774
Employee Health Insurance	255,930
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
403b Retirement Plan	41,608
Sick Pay	
Life Insurance	8,171
Rounding	(2)
Employee Appreciation	39,813
Non-Care Offset & Rounding	(57,600)
Disability Insurance	
TOTAL (agree to Schedule V, line 22, col.8)	$ 779,576

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 15,990
Advertising: Employee Recruitment	25,748
Health Care Worker Background Check	1,400
(Indicate # of checks performed 48)	
Patient Background Checks 132	1,320
LeadingAge IL	6,500
Dues & Licenses	16,737
Subscriptions	415
Less: Public Relations Expense	( )
Non-allowable advertising	(927)
Yellow page advertising	(2,801)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 64,382

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$ (1,279)
In-State Travel	6,294
Seminar Expense	19,104
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 24,119

**See instructions.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, In # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 6,500

(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. $ 44,228 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. $ 279,310
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? No If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ Has any meal income been offset against related costs? Yes Indicate the amount. $ 330

(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 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.