FOR BHF USE

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2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

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: 0051425

Facility Name: Meadow Manor Skld Nur & Rehab

Address: 800 Mcadam Drive (Number) | Taylorsville (City) | 62568 (Zip Code)

County: Christian

Telephone Number: (217)824-2277 **Fax #** (217)287-7763

HFS ID Number:

Date of Initial License for Current Owners: 5/1/2011

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Carol Sparks **Telephone Number:** (949)349-1222
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 01/01/18 to 12/31/18 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) Carol Sparks
(Title) Director of Reimbursement

Paid Preparer
(Signed) (Date)
(Print Name and Title) Christopher Joos, Partner
(Firm Name & Address) Plante & Moran, PLLC, 250 S. High Street, Suite 100 Columbus, OH 43215
(Telephone) (614)222.9040 Fax # (248)233-8811

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 Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 N/A

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

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	6,536	2,375	1,837	10,748	8
9	SNF/PED					9
10	ICF	7,540	2,047		9,587	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,076	4,422	1,837	20,335	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 58.03%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

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

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 05/01/2011

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 05/01/2011 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 48 and days of care provided 1,903

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

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	128,585	9,268	10,583	148,436		148,436		148,436			1
2	Food Purchase		112,273		112,273		112,273		112,273			2
3	Housekeeping	74,572	9,258	4,386	88,216		88,216		88,216			3
4	Laundry	13,061	5,020	4,857	22,938		22,938		22,938			4
5	Heat and Other Utilities			92,976	92,976		92,976		92,976			5
6	Maintenance	40,969	14,356	28,193	83,518		83,518		83,518			6
7	Other (specify):* Trash & Refuse			4,161	4,161		4,161		4,161			7
8	TOTAL General Services	257,187	150,175	145,156	552,518		552,518		552,518			8
	B. Health Care and Programs											
9	Medical Director			12,358	12,358		12,358		12,358			9
10	Nursing and Medical Records	1,148,458	53,185	325,778	1,527,421		1,527,421		1,527,421			10
10a	Therapy			272,703	272,703		272,703		272,703			10a
11	Activities	40,765	1,460	4,377	46,602		46,602		46,602			11
12	Social Services	48,770		4,490	53,260		53,260		53,260			12
13	CNA Training											13
14	Program Transportation			6,615	6,615		6,615		6,615			14
15	Other (specify):* H.O. Direct							21,698	21,698			15
16	TOTAL Health Care and Programs	1,237,993	54,645	626,321	1,918,959		1,918,959	21,698	1,940,657			16
	C. General Administration											
17	Administrative	81,923		168,252	250,175		250,175	84,059	334,234			17
18	Directors Fees											18
19	Professional Services			73,016	73,016		73,016	(620)	72,396			19
20	Dues, Fees, Subscriptions & Promotions			30,504	30,504		30,504	(1,883)	28,621			20
21	Clerical & General Office Expenses	72,384	15,672	106,940	194,996		194,996	(71,275)	123,721			21
22	Employee Benefits & Payroll Taxes			308,643	308,643		308,643	(356)	308,287			22
23	Inservice Training & Education											23
24	Travel and Seminar			824	824		824		824			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			177,162	177,162		177,162		177,162			26
27	Other (specify):* Marketing	1,908		8,614	10,522		10,522	(10,522)				27
28	TOTAL General Administration	156,215	15,672	873,955	1,045,842		1,045,842	(597)	1,045,245			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,651,395	220,492	1,645,432	3,517,319		3,517,319	21,101	3,538,420			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 Meadow Manor Skld Nur & Rehab #0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			86,219	86,219		86,219	126,418	212,637			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							24,699	24,699			32
33	Real Estate Taxes			44,153	44,153		44,153		44,153			33
34	Rent-Facility & Grounds			239,062	239,062		239,062	(239,062)				34
35	Rent-Equipment & Vehicles			33,966	33,966		33,966		33,966			35
36	Other (specify):* **Business Taxes**			277	277		277	(277)				36
37	**TOTAL Ownership**			403,677	403,677		403,677	(88,222)	315,455			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		8,208	52,768	60,976		60,976		60,976			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			165,984	165,984		165,984		165,984			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		8,208	218,752	226,960		226,960		226,960			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,651,395	228,700	2,267,861	4,147,956		4,147,956	(67,121)	4,080,835			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 Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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				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				9
10	Interest and Other Investment Income	(5,898)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(65,483)	21		24
25	Fund Raising, Advertising and Promotional	(10,772)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(8,678)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (90,831)		$	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)	23,710	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 23,710		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (67,121)		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.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Meadow Manor Skld Nur & Rehab
ID# 0051425
Report Period Beginning: 01/01/18
Ending: 12/31/18

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Independent Living	$ 0	43	1
2	Non-Allowable Benefits (Marketing & ILU)	(356)	22	2
3	Bank Charges	(1,003)	21	3
4	Collection Agency Fees	250	27	4
5	Business Taxes	(277)	36	5
6	Patient Theft and Loss	(293)	21	6
7	Prior Year Expense	(4,496)	21	7
8	Non-Allowable PAC Dues	(1,883)	20	8
9	Non-Allowable Legal Fees	(620)	19	9
10		0		10
11		0		11
12		0		12
13		0		13
14		0		14
15		0		15
16		0		16
17		0		17
18		0		18
19		0		19
20		0		20
21		0		21
22		0		22
23		0		23
24		0		24
25		0		25
26		0		26
27		0		27
28		0		28
29		0		29
30		0		30
31		0		31
32		0		32
33		0		33
34		0		34
35		0		35
36		0		36
37		0		37
38		0		38
39		0		39
40		0		40
41		0		41
42		0		42
43		0		43
44		0		44
45		0		45
46		0		46
47		0		47
48		0		48
49	**Total**	(8,678)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Operating Expenses	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)	
	A. General Services													
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	21,698	0	0	0	0	0	0	0	21,698	15
16	**TOTAL Health Care and Programs**	0	0	0	21,698	0	0	0	0	0	0	0	21,698	16
	C. General Administration													
17	Administrative	0	0	0	84,059	0	0	0	0	0	0	0	84,059	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(620)	0	0	0	0	0	0	0	0	0	0	(620)	19
20	Fees, Subscriptions & Promotions	(1,883)	0	0	0	0	0	0	0	0	0	0	(1,883)	20
21	Clerical & General Office Expenses	(71,275)	0	0	0	0	0	0	0	0	0	0	(71,275)	21
22	Employee Benefits & Payroll Taxes	(356)	0	0	0	0	0	0	0	0	0	0	(356)	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):* **Marketing**	(10,522)	0	0	0	0	0	0	0	0	0	0	(10,522)	27
28	**TOTAL General Administration**	(84,656)	0	0	84,059	0	0	0	0	0	0	0	(597)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(84,656)	0	0	105,757	0	0	0	0	0	0	0	21,101	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	99,333	0	27,085	0	0	0	0	0	0	0	126,418	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,898)	0	0	30,597	0	0	0	0	0	0	0	24,699	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(239,062)	0	0	0	0	0	0	0	0	0	(239,062)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):* Business Taxes	(277)	0	0	0	0	0	0	0	0	0	0	(277)	36
37	**TOTAL Ownership**	(6,175)	(139,729)	0	57,682	0	0	0	0	0	0	0	(88,222)	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)**	(90,831)	(139,729)	0	163,439	0	0	0	0	0	0	0	(67,121)	45

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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
See Page 6 - Supplemental		See Page 6 - Supplemental		See Page 6 - Supplemental		

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)	
1	V	34	Rent	$ 239,062	CC Taylorville, LLC	100.00%	$	$ (239,062)	1
2	V	30	Depreciation		CC Taylorville, LLC	100.00%	99,333	99,333	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			$ 239,062			$ 99,333	$ * (139,729)	14

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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. [X] 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	39	Physical Therapy	$ 81,464	Affirma Rehabilitation	100.00%	$ 102,755	$ 21,291	15
16	V	39	Occupational Therapy	172,282	Affirma Rehabilitation	100.00%	153,102	(19,180)	16
17	V	39	Speech Therapy	18,957	Affirma Rehabilitation	100.00%	16,846	(2,111)	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			$ 272,703			$ 272,703	$ *	39

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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. [X] 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	17	Indirect Care	$	Covenant Care California, LLC	100.00%	$ 252,311	$ 252,311	15
16	V	15	Direct Care		Covenant Care California, LLC	100.00%	21,698	21,698	16
17	V	32	Capital - Interest		Covenant Care California, LLC	100.00%	30,597	30,597	17
18	V	30	Capital - Depreciation		Covenant Care California, LLC	100.00%	27,085	27,085	18
19	V	17	Management Fees	168,252	Covenant Care California, LLC	100.00%		(168,252)	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			$ 168,252			$ 331,691	$ * 163,439	39

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	COVENANT CARE CALIFORNIA, LLC	100.00%	ARBOR NURSING CENTER		COVENANT CARE C	ALISO VIEJO, CA	MANAGEMENT C	1
2			ARBOR PLACE		AFFIRMA REHABILI	ALISO VIEJO, CA	THERAPY	2
3			BUENA VISTA CARE CENTER, A NURSING & REHAB FACILITY		CC TAYLORVILLE L	TAYLORVILLE, IL	BUILDING CO.	3
4			CARSON NURSING & REHAB CENTER					4
5			CATERED MANOR					5
6			CLINTON HOUSE HEALTH & REHABILITATION CENTER					6
7			COURTYARD HEALTHCARE CENTER					7
8			COVENANT CARE HILLTOP, LLC D/B/A HILLTOP SKILLED NSG & REHAB					8
9			COVENANT CARE JACKSONVILLE, LLC D/B/A JACKSONVILLE SKL NUR & REHAB					9
10			COVENANT CARE MEADOW MANOR, LLC D/B/A MEADOW MANOR SKLD NUR & REH					10
11			COVENANT CARE MIDWEST, INC. D/B/A CEDAR RIDGE HLTH & REHAB CTR					11
12			COVENANT CARE SUNRISE, LLC D/B/A SUNRISE SKILLED NUR & REHAB					12
13			COVINGTON MANOR					13
14			DOWNEY CARE					14
15			EAGLE POINT NURSING & REHAB CENTER					15
16			EDGEWOOD MANOR NURSING CENTER					16
17			EMERALD GARDENS NURSING CENTER					17
18			ENCINITAS NURSING AND REHABILITATION CENTER					18
19			ENNOBLE SKILLED NURSING & REHAB CENTER					19
20			FAIRVIEW MANOR NURSING CENTER					20
21			FRIENDSHIP HOME					21
22			GILROY HEALTHCARE & REHABILITATION CENTER					22
23			GRANT CUESTA NURSING & REHABILITATION CENTER					23
24			HIGHLAND HEALTH CARE CENTER					24
25			HUNTINGTON PARK NURSING CENTER					25
26			LA JOLLA NURSING AND REHABILITATION CENTER					26
27			LAKELAND NURSING CENTER					27
28			LOS ALTOS SUB-ACUTE & REHABILITATION CENTER					28
29			MISSION SKILLED NURSING & SUBACUTE CENTER					29
30			NEBRASKA SKILLED NURSING CENTER					30

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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			NORWOOD NURSING CENTER	INDIANA				1
2			PACIFIC COAST MANOR	CALIFORNIA				2
3			PACIFIC GARDENS NURSING & REHABILIT	CALIFORNIA				3
4			PACIFIC HILLS MANOR	CALIFORNIA				4
5			PALO ALTO NURSING CENTER	CALIFORNIA				5
6			ROYAL CARE SKILLED NURSING CENTER	CALIFORNIA				6
7			SHORELINE CARE CENTER	CALIFORNIA				7
8			SILVER HILLS HEALTH CARE CENTER	NEVADA				8
9			SILVER RIDGE HEALTHCARE CENTER	NEVADA				9
10			ST. EDNA SUBACUTE & REHABILITATION C	CALIFORNIA				10
11			THE RESIDENCE AT MCCORMICK'S CREEK	INDIANA				11
12			TURLOCK NURSING AND REHABILITATION	CALIFORNIA				12
13			TURLOCK RESIDENTIAL	CALIFORNIA				13
14			UNIVERSITY PARK NURSING CENTER	INDIANA				14
15			VALLE VISTA CONVALESCENT CENTER	CALIFORNIA				15
16			VERSAILLES HEALTH CARE CENTER	OHIO				16
17			VILLA GEORGETOWN	OHIO				17
18			VILLA SPRINGFIELD	OHIO				18
19			VINTAGE FAIRE NURSING & REHABILITAT	CALIFORNIA				19
20			VINTAGE FAIRE RESIDENTIAL	CALIFORNIA				20
21			WAGNER HEIGHTS NURSING & REHABILIT	CALIFORNIA				21
22			WAGNER HEIGHTS RESIDENTIAL	CALIFORNIA				22
23			WALDRON HEALTH AND REHAB CENTER	INDIANA				23
24			WILLOW TREE NURSING & REHABILITATI	CALIFORNIA				24
25			WRIGHT NURSING & REHAB CENTER (VILI	OHIO				25
26			MARION REHAB AND ASSISTED LIVING CE	INDIANA				26
27			PYRAMID POINT POST ACUTE REHABILIT	INDIANA				27
28								28
29								29
30								30

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		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 Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [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 Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Affirma Rehabilitation
Street Address: 27071 Aliso Creek Road
City / State / Zip Code: Aliso Viejo, CA 92656
Phone Number: (888)468-4372
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	39	Physical Therapy	Direct Allocation			$	$		$ 81,464	1
2	39	Occupational Therapy	Direct Allocation						172,282	2
3	39	Speech Therapy	Direct Allocation						18,957	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					$	$		$ 272,703	25

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Covenant Care California, LLC
Street Address: 27071 Aliso Creek Road
City / State / Zip Code: Aliso Viejo, CA 92656
Phone Number: (949)349-1200
Fax Number: (949)349-1900

	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	17	Indirect Care	Accumulated Cost			$	$		$ 252,311	1
2	15	Direct Care	Accumulated Cost						21,698	2
3	32	Capital - Interest	Accumulated Cost						30,597	3
4	30	Capital - Depreciation	Accumulated Cost						27,085	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					$	$		$ 331,691	25

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Allocated from Covenant Care C	X									30,597	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 30,597	9
	B. Non-Facility Related*											
10	Interest Income		X								(5,898)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (5,898)	14
15	TOTALS (line 9+line14)						$	$			$ 24,699	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # N/A

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

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 44,153	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.)		$ 44,153	2
3. Under or (over) accrual (line 2 minus line 1).		$ (0)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 44,153	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.		$ 44,153	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	38,773	8
	2014	38,969	9
	2015	39,987	10
	2016	39,986	11
	2017	44,153	12

Facility does not accrue for real estate taxes

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2017	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadow Manor Skld Nur & Rehab COUNTY Christian

FACILITY IDPH LICENSE NUMBER 0051425

CONTACT PERSON REGARDING THIS REPORT Carol Sparks

TELEPHONE (949) 349-1222 FAX #: (949) 349-1122

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

Enter the tax index number and real estate tax assessed for 2017 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2017.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	17-13-23-402-002-00	Long Term Care Property	$ 44,152.98	$ 44,152.98
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 44,152.98	$ 44,152.98

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,061 B. General Construction Type: Exterior Masonry Frame Steel & Wood Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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. [X] (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).

None

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				$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 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	96		2015	1963	$ 1,611,960	$ 69,360	35	$ 69,360	$	$ 134,330	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2011	43,188		20				9
10	Various			2012	343,122		20				10
11	Various			2013	4,154		20				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

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 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			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)			99,333		99,333		159,606	67
68	Related Party Allocations (12H & 12I)			27,085		27,085			68
69	Financial Statement Depreciation							431,809	69
70	TOTAL (lines 4 thru 69)		$ 2,002,424	$ 195,778		$ 195,778	$	$ 725,745	70

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 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		$ 2,002,424	$ 195,778		$ 195,778	$	$ 725,745	1
2	Re-Asphalt Parking Lot	2014	6,800	340	20	340		1,360	2
3	12X20 Storage Shed	2015	8,888	444	20	444		1,333	3
4	Code Alert Doors	2015	10,595	530	20	530		1,590	4
5	2 - 5Ton Condensor Ac Unit	2016	4,475	224	20	224		448	5
6	Asphalt Paving, Drywall Repair, Plumbing, Hvac	2016	38,244	1,912	20	1,912		3,824	6
7	Pipe Replacement, Drywall, Paint	2016	24,760	1,238	20	1,238		2,476	7
8	Door Closures	2017	2,309	173	10	173		173	8
9	10 Door closures/meg locks	2017	7,106	533	10	533		533	9
10	Fire rated Walls by removal of entire walls in place over	2017	9,770	733	10	733		733	10
11	double doors in 3 separate locations at Meadow Manor								11
12	Replace FRP Wall Covering in Kitchen, Laundry &	2017	16,500	982	7	982	0	983	12
13	bathrooms- B & D Wing								13
14	Rewire Electrical and Nurses Call System	2017	2,244	106	7	106		107	14
15	Replacement Generator & Transfer Switch	2017	33,108		7				15
16	Compressor for A/C Unit	2017	2,300	82	7	82		82	16
17	AC Repair Compressor	2018	2,077	25	7	25	(0)	25	17
18	Digital Scale	2018	839	28	5	28	(0)	28	18
19	Joerns Bed Purchase	2018	1,940		5				19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,174,377	$ 203,128		$ 203,128	$ (0)	$ 739,439	34

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	$ 291,507	$ 9,076	$ 9,076	$	10	$ 42,161	71
72	Current Year Purchases	1,921	433	433	0	7	433	72
73	Fully Depreciated Assets	153,527					153,527	73
74								74
75	TOTALS	$ 446,955	$ 9,509	$ 9,509	$ 0		$ 196,121	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				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	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)	$ 2,621,331	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 212,637	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 212,637	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 0	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 935,560	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		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		96		$ 239,062			3
4	Additions							4
5								5
6								6
7	TOTAL		96		$ 239,062 **			7

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

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.	/2018	$
13.	/2019	$
14.	/2020	$

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

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 23,627 Description: See Attached Schedule
(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	Facility		$ 861.58	$ 10,339	17
18					18
19					19
20					20
21	TOTAL		$ 861.58	$ 10,339	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.

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	070	6110	60000620	MEMORIAL HOME SERVICES (40047) - 070	1,172.62	6	2018	JRNL00196514	06/30/18
CCMIDWST	070	6200	60000620	URBAN RENTAL CO. - 070	45.00	3	2018	JRNL00193787	03/19/18
CCMIDWST	070	6500	60000620	CULLIGAN OF DECATUR - 070	7.50	12	2018	JRNL00201148	12/31/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	1	2018	JRNL00192137	01/19/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	1	2018	JRNL00192327	01/31/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	2	2018	JRNL00192988	02/22/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	2	2018	JRNL00193154	02/28/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	3	2018	JRNL00193787	03/19/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	3	2018	JRNL00193984	03/29/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	78.55	4	2018	JRNL00194583	04/23/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	4	2018	JRNL00194927	04/30/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	5	2018	JRNL00195547	05/29/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	5	2018	JRNL00195872	05/31/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	6	2018	JRNL00196276	06/20/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	6	2018	JRNL00196514	06/30/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	7	2018	JRNL00197257	07/24/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	7	2018	JRNL00197851	07/31/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	8	2018	JRNL00198110	08/22/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	8	2018	JRNL00198230	08/30/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	9	2018	JRNL00199103	09/30/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	10	2018	JRNL00199592	10/18/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	10	2018	JRNL00199749	10/29/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	11	2018	JRNL00200205	11/15/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	11	2018	JRNL00200381	11/30/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	75.88	12	2018	JRNL00200884	12/21/18
CCMIDWST	070	6500	60000620	ECOLAB - 070	63.00	12	2018	JRNL00201043	12/31/18
CCMIDWST	070	6901	60000620	Acc est HPFS Lease 11/18	106.00	11	2018	JRNL00200703	11/30/18
CCMIDWST	070	6901	60000620	Acc est HPFS Lease 11/18	(106.00)	12	2018	JRNL00200944	12/31/18
CCMIDWST	070	6901	60000620	Acc Konica Minolta MFP 3/18	143.53	3	2018	JRNL00194614	03/31/18
CCMIDWST	070	6901	60000620	Acc Konica Minolta MFP 3/18	(143.53)	4	2018	JRNL00194894	04/30/18
CCMIDWST	070	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	105.98	7	2018	JRNL00197348	07/31/18
CCMIDWST	070	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	105.98	7	2018	JRNL00197349	07/31/18
CCMIDWST	070	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	105.98	7	2018	JRNL00197351	07/31/18
CCMIDWST	070	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	242.81	7	2018	JRNL00197412	07/31/18
CCMIDWST	070	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	105.98	8	2018	JRNL00197440	08/03/18
CCMIDWST	070	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	105.98	9	2018	JRNL00198258	09/04/18
CCMIDWST	070	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	105.98	10	2018	JRNL00199653	10/20/18
CCMIDWST	070	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	105.98	12	2018	JRNL00200892	12/24/18
CCMIDWST	070	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	105.98	12	2018	JRNL00200939	12/28/18
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	153.53	1	2018	JRNL00192071	01/17/18
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	143.53	2	2018	JRNL00193069	02/28/18
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	143.53	4	2018	JRNL00194449	04/14/18
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	143.53	5	2018	JRNL00195344	05/17/18
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	143.53	6	2018	JRNL00196358	06/22/18
CCMIDWST	070	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	143.53	7	2018	JRNL00196898	07/11/18
CCMIDWST	070	8131	60000620	Acc 1/18 ISV Joerns-0095235479-01	159.50	1	2018	JRNL00192655	01/31/18
CCMIDWST	070	8131	60000620	Acc 1/18 ISV Joerns-0095235479-01	(159.50)	2	2018	JRNL00193368	02/28/18
CCMIDWST	070	8131	60000620	Acc 1/18 ISV Joerns-0095235513-01	170.50	1	2018	JRNL00192655	01/31/18
CCMIDWST	070	8131	60000620	Acc 1/18 ISV Joerns-0095235513-01	(170.50)	2	2018	JRNL00193368	02/28/18
CCMIDWST	070	8131	60000620	Acc 1/18 ISV Joerns-0095235531-01	110.00	1	2018	JRNL00192655	01/31/18
CCMIDWST	070	8131	60000620	Acc 1/18 ISV Joerns-0095235531-01	(110.00)	2	2018	JRNL00193368	02/28/18
CCMIDWST	070	8131	60000620	Acc 10/18 ISV Joerns-0095607588-01	170.50	10	2018	JRNL00200087	10/31/18
CCMIDWST	070	8131	60000620	Acc 10/18 ISV Joerns-0095607588-01	(170.50)	11	2018	JRNL00200405	11/30/18
CCMIDWST	070	8131	60000620	Acc 10/18 ISV Joerns-0095607647-01	170.50	10	2018	JRNL00200087	10/31/18
CCMIDWST	070	8131	60000620	Acc 10/18 ISV Joerns-0095607647-01	(170.50)	11	2018	JRNL00200405	11/30/18
CCMIDWST	070	8131	60000620	Acc 10/18 ISV Joerns-0095607656-01	170.50	10	2018	JRNL00200087	10/31/18
CCMIDWST	070	8131	60000620	Acc 10/18 ISV Joerns-0095607656-01	(170.50)	11	2018	JRNL00200405	11/30/18
CCMIDWST	070	8131	60000620	Acc 11/18 ISV Joerns-0095650758-01	165.00	11	2018	JRNL00200502	11/30/18
CCMIDWST	070	8131	60000620	Acc 11/18 ISV Joerns-0095650758-01	(165.00)	12	2018	JRNL00200943	12/31/18
CCMIDWST	070	8131	60000620	Acc 11/18 ISV Joerns-0095650759-01	165.00	11	2018	JRNL00200502	11/30/18
CCMIDWST	070	8131	60000620	Acc 11/18 ISV Joerns-0095650759-01	(165.00)	12	2018	JRNL00200943	12/31/18
CCMIDWST	070	8131	60000620	Acc 11/18 ISV Joerns-0095650760-01	165.00	11	2018	JRNL00200502	11/30/18
CCMIDWST	070	8131	60000620	Acc 11/18 ISV Joerns-0095650760-01	(165.00)	12	2018	JRNL00200943	12/31/18
CCMIDWST	070	8131	60000620	Acc 12/17 ISV Joerns-0095194791-01	(170.50)	1	2018	JRNL00192524	01/31/18
CCMIDWST	070	8131	60000620	Acc 12/18 ISV Joerns-0095682758-01	170.50	12	2018	JRNL00201031	12/31/18
CCMIDWST	070	8131	60000620	Acc 12/18 ISV Joerns-0095682759-01	170.50	12	2018	JRNL00201031	12/31/18
CCMIDWST	070	8131	60000620	Acc 12/18 ISV Joerns-0095682760-01	170.50	12	2018	JRNL00201031	12/31/18
CCMIDWST	070	8131	60000620	Acc 2/18 ISV Joerns-0095268550-01	154.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	070	8131	60000620	Acc 2/18 ISV Joerns-0095268550-01	(154.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	070	8131	60000620	Acc 2/18 ISV Joerns-0095268606-01	154.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	070	8131	60000620	Acc 2/18 ISV Joerns-0095268606-01	(154.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	070	8131	60000620	Acc 2/18 ISV Joerns-0095268694-01	11.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	070	8131	60000620	Acc 2/18 ISV Joerns-0095268694-01	(11.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	070	8131	60000620	Acc 2/18 ISV Joerns-0095268837-01	16.50	2	2018	JRNL00193339	02/28/18
CCMIDWST	070	8131	60000620	Acc 2/18 ISV Joerns-0095268837-01	(16.50)	3	2018	JRNL00193932	03/31/18
CCMIDWST	070	8131	60000620	Acc 3/18 Joerns-0095313971-01	165.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	070	8131	60000620	Acc 3/18 Joerns-0095313971-01	(165.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	070	8131	60000620	Acc 3/18 Joerns-0095313972-01	170.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	070	8131	60000620	Acc 3/18 Joerns-0095313972-01	(170.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	070	8131	60000620	Acc 3/18 Joerns-0095313973-01	115.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	070	8131	60000620	Acc 3/18 Joerns-0095313973-01	(115.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	070	8131	60000620	Acc 4/18 ISV Joerns-0095354402-01	165.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	070	8131	60000620	Acc 4/18 ISV Joerns-0095354402-01	(165.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	070	8131	60000620	Acc 4/18 ISV Joerns-0095354538-01	165.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	070	8131	60000620	Acc 4/18 ISV Joerns-0095354538-01	(165.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	070	8131	60000620	Acc 5/18 ISV Joerns-0095395119-01	170.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	070	8131	60000620	Acc 5/18 ISV Joerns-0095395119-01	(170.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	070	8131	60000620	Acc 5/18 ISV Joerns-0095395192-01	154.00	5	2018	JRNL00195829	05/31/18
CCMIDWST	070	8131	60000620	Acc 5/18 ISV Joerns-0095395192-01	(154.00)	6	2018	JRNL00196467	06/30/18
CCMIDWST	070	8131	60000620	Acc 5/18 ISV Joerns-0095395193-01	154.00	5	2018	JRNL00195829	05/31/18
CCMIDWST	070	8131	60000620	Acc 5/18 ISV Joerns-0095395193-01	(154.00)	6	2018	JRNL00196467	06/30/18
CCMIDWST	070	8131	60000620	Acc 5/18 ISV Joerns-0095395294-01	22.00	5	2018	JRNL00195829	05/31/18
CCMIDWST	070	8131	60000620	Acc 5/18 ISV Joerns-0095395294-01	(22.00)	6	2018	JRNL00196467	06/30/18
CCMIDWST	070	8131	60000620	Acc 5/18 ISV Joerns-0095395492-01	38.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	070	8131	60000620	Acc 5/18 ISV Joerns-0095395492-01	(38.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	070	8131	60000620	Acc 6/18 ISV Joerns-0095436177-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	070	8131	60000620	Acc 6/18 ISV Joerns-0095436177-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	070	8131	60000620	Acc 6/18 ISV Joerns-0095436196-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	070	8131	60000620	Acc 6/18 ISV Joerns-0095436196-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	070	8131	60000620	Acc 6/18 ISV Joerns-0095436197-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	070	8131	60000620	Acc 6/18 ISV Joerns-0095436197-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	070	8131	60000620	Acc 6/18 ISV Joerns-0095436244-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	070	8131	60000620	Acc 6/18 ISV Joerns-0095436244-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	070	8131	60000620	Acc 7/18 Joerns Inv95478666	170.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	070	8131	60000620	Acc 7/18 Joerns Inv95478666	(170.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	070	8131	60000620	Acc 7/18 Joerns Inv95478675	170.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	070	8131	60000620	Acc 7/18 Joerns Inv95478675	(170.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	070	8131	60000620	Acc 7/18 Joerns Inv95478679	170.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	070	8131	60000620	Acc 7/18 Joerns Inv95478679	(170.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	070	8131	60000620	Acc 7/18 Joerns Inv95478680	170.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	070	8131	60000620	Acc 7/18 Joerns Inv95478680	(170.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	070	8131	60000620	Acc 8/18 ISV Joerns-0095525596-01	170.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	070	8131	60000620	Acc 8/18 ISV Joerns-0095525596-01	(170.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	070	8131	60000620	Acc 8/18 ISV Joerns-0095525602-01	93.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	070	8131	60000620	Acc 8/18 ISV Joerns-0095525602-01	(93.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	070	8131	60000620	Acc 8/18 ISV Joerns-0095525603-01	170.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	070	8131	60000620	Acc 8/18 ISV Joerns-0095525603-01	(170.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	070	8131	60000620	Acc 8/18 ISV Joerns-0095525662-01	170.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	070	8131	60000620	Acc 8/18 ISV Joerns-0095525662-01	(170.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	070	8131	60000620	Acc 9/18 ISV Joerns-0095571189-01	165.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	070	8131	60000620	Acc 9/18 ISV Joerns-0095571189-01	(165.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	070	8131	60000620	Acc 9/18 ISV Joerns-0095571195-01	165.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	070	8131	60000620	Acc 9/18 ISV Joerns-0095571195-01	(165.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	070	8131	60000620	Acc 9/18 ISV Joerns-0095571219-01	165.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	070	8131	60000620	Acc 9/18 ISV Joerns-0095571219-01	(165.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	070	8131	60000620	CR- Joerns 1Q18 Rebate	(73.59)	5	2018	JRNL00196045	05/31/18
CCMIDWST	070	8131	60000620	CR- Joerns 2Q18 Rebate	(91.74)	11	2018	JRNL00200677	11/30/18
CCMIDWST	070	8131	60000620	CR- Joerns 4Q17 Rebate	(231.15)	2	2018	JRNL00193778	02/28/18
CCMIDWST	070	8131	60000620	CR-SMS Q3/18 rebate	(17.41)	11	2018	JRNL00200623	11/30/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	1	2018	JRNL00192225	01/08/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	110.00	2	2018	JRNL00193198	02/05/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	2	2018	JRNL00193198	02/05/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	159.50	2	2018	JRNL00193225	02/12/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	154.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	11.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	16.50	3	2018	JRNL00193911	03/05/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	154.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	115.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	22.00	6	2018	JRNL00196286	06/11/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	38.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	154.00	6	2018	JRNL00196286	06/11/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	154.00	6	2018	JRNL00196286	06/11/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	8	2018	JRNL00198001	08/13/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	93.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	11	2018	JRNL00200392	11/12/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	11	2018	JRNL00200392	11/12/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	170.50	11	2018	JRNL00200392	11/12/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	070	8131	60000620	ISAVE - JOERNS - 099	165.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	070	8131	60000620	Rcl Nov Specialized Med Svcs	502.03	11	2018	JRNL00200737	11/30/18
CCMIDWST	070	8131	60000620	SPECIALIZED MEDICAL SERVICES (SMS) - 070	401.79	7	2018	JRNL00197856	07/31/18
CCMIDWST	070	8131	60000620	SPECIALIZED MEDICAL SERVICES (SMS) - 070	122.44	12	2018	JRNL00201095	12/31/18
CCMIDWST	070	8131	60000620	SPECIALIZED MEDICAL SERVICES (SMS) - 070	395.26	12	2018	JRNL00201095	12/31/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	1	2018	JRNL00192209	01/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	2	2018	JRNL00193017	02/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	3	2018	JRNL00193888	03/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	4	2018	JRNL00194649	04/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	5	2018	JRNL00195523	05/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	6	2018	JRNL00196399	06/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	7	2018	JRNL00197317	07/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	8	2018	JRNL00198144	08/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	9	2018	JRNL00198985	09/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	10	2018	JRNL00199656	10/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	11	2018	JRNL00200355	11/25/18
CCMIDWST	070	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	12	2018	JRNL00200922	12/25/18
					23,627.43				

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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?
   - [ ] YES
   - [X] 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 [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

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

	Service	1 Schedule V Line & Column Reference	2 Staff Units of Service	2 Staff Cost	3 Outside Practitioner (other than consultant) Units	3 Outside Practitioner (other than consultant) Cost	4 Supplies (Actual or) Allocated)	5 Total Units (Column 2 + 4)	6 Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	V10A	0.00 hrs	$ 0	2,545	$ 172,282	$ 0	2,545	$ 172,282	1
2	Licensed Speech and Language Development Therapist	V10A	0.00 hrs	0	570	18,957	0	570	18,957	2
3	Licensed Recreational Therapist	V10A	0.00 hrs	0	0	0	0			3
4	Licensed Physical Therapist	V10A	0.00 hrs	0	2,106	81,464	0	2,106	81,464	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	0.00 hrs	0	0	0	2,255		2,255	8
9	Pharmacy	V39	0.00 # of prescrpts	0	0	0	42,638		42,638	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): LAB/RADIOLOGY	V39	0.00	0	0	0	4,569		4,569	12
13	Other (specify): BILLABLE SUPPLIES	V39	0.00	0	0	0	11,514		11,514	13
14	TOTAL			$	5,221	$ 272,703	$ 60,976	5,221	$ 333,679	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.

STATE OF ILLINOIS

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/18 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,000	$ 1,000	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 348,305)	730,213	730,213	3
4	Supply Inventory (priced at)	40,770	40,770	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	4,477	4,477	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Inventories	7,959	7,959	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 784,419	$ 784,419	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	26,512	26,512	12
13	Land			13
14	Buildings, at Historical Cost		1,611,960	14
15	Leasehold Improvements, at Historical Cost	562,417	562,416	15
16	Equipment, at Historical Cost	218,947	446,955	16
17	Accumulated Depreciation (book methods)	(587,893)	(935,560)	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): Medicare Cost Settlement	47,781	47,781	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 267,764	$ 1,760,064	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,052,183	$ 2,544,483	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 433	$ 433	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	71,780	71,780	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	Intercompany Liability	916,360	2,058,726	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 988,573	$ 2,130,939	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	QAF & General Liabilities	(312,773)	312,770	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ (312,773)	$ 312,770	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 675,800	$ 1,818,166	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 376,383	$ 726,317	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,052,183	$ 2,544,483	48

*(See instructions.)

Acct Number	Dept	Acount	Description	YTD Amount
071-0000-12210000	0000	12210000	BLDG & IMPV - FACILITY BUILDINGS	1,611,960.00
071-0000-12410000	0000	12410000	EQUIP - MAJOR MOVABLE	228,008.00
071-0000-12710000	0000	12710000	ACC DEPR - FACILITY BUILDINGS	(188,061.74)
071-0000-12910000	0000	12910000	ACC DEPR - MAJOR MOVABLE EQUIP	(159,605.51)
071-0000-20800099	0000	20800099	INTERCOMPANY	(1,142,366.00)
071-0000-24400100	0000	24400100	EQUITY - RETAINED EARNINGS	(338,193.55)
071-0000-29990000	0000	29990000	CURRENT YEAR PROFIT/LOSS	127,987.31
071-7100-70009220	7100	70009220	PROPERTY DEPR-BLDGS & IMPROVEMENTS	53,731.92
071-7100-70009240	7100	70009240	PROPERTY DEPR-MAJOR MOVABLE EQUIP	45,601.57
071-8000-40003430	8000	40003430	MISC. REV. RENT INCOME	(239,062.00)
			Total	-

(????10000000 TO...	Total Assets	1,492,300.75
(????20900000 TO...	Total Liabilities - Continued	(210,206.24)
(????3??????? TO...	Total Profit/Loss	(139,728.51)

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,157,538	1
2	Restatements (describe):		2
3	**Prior Year Adjustment**	(6,607)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,150,931	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(774,548)	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)**	$ (774,548)	17
	B. Transfers (Itemize):		
18	**ILU net asset activity for the year**		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)**	$ 376,383	24 *

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,426,584	1
2	Discounts and Allowances for all Levels	(955,805)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,470,779	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	826,580	6
7	Oxygen	487	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 827,067	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		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	44,909	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	2,129	19
20	Radiology and X-Ray	2,147	20
21	Other Medical Services	20,479	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 69,664	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,898	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 5,898	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	AL/IL		28
28a	Misc Revenue		28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 3,373,408	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	552,518	31
32	Health Care	1,918,959	32
33	General Administration	1,045,842	33
	B. Capital Expense		
34	Ownership	403,677	34
	C. Ancillary Expense		
35	Special Cost Centers	60,976	35
36	Provider Participation Fee	165,984	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,147,956	40
41	**Income before Income Taxes (line 30 minus line 40)****	(774,548)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (774,548)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,742,218	44
45	Private Pay - Net Inpatient Revenue	608,075	45
46	Medicare - Net Inpatient Revenue	683,598	46
47	Other-(specify) ALL OTHER SNF/SCF IP REVENUE	183,267	47
48	Other-(specify) C/A ANCILLARY ACCOUNTS	(746,379)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 2,470,779	49

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

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

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

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

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	1,262	1,262	$ 58,753	$ 46.56	1
2	Assistant Director of Nursing	0	0	0		2
3	Registered Nurses	4,069	4,465	125,679	28.15	3
4	Licensed Practical Nurses	14,436	14,436	359,998	24.94	4
5	CNAs & Orderlies	34,218	34,218	519,638	15.19	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	0	0	0		8
9	Activity Director	2,151	2,151	26,472	12.31	9
10	Activity Assistants	1,317	1,368	14,293	10.45	10
11	Social Service Workers	2,691	2,761	48,770	17.66	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	1,580	1,580	23,222	14.70	13
14	Head Cook	0	0	0		14
15	Cook Helpers/Assistants	9,467	9,667	105,363	10.90	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	1,836	1,836	40,969	22.31	17
18	Housekeepers	8,221	8,308	74,572	8.98	18
19	Laundry	1,448	1,469	13,061	8.89	19
20	Administrator	1,920	1,920	81,923	42.67	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	0	0	0		22
23	Office Manager	0	0	0		23
24	Clerical	4,023	4,109	72,384	17.62	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	1,768	1,777	27,248	15.33	31
32	Other Health Care(specify)	2,052	2,052	57,142	27.85	32
33	Other(specify) Marketing	45	48	1,908	39.75	33
34	TOTAL (lines 1 - 33)	92,504	93,427	$ 1,651,395 *	$ 17.68	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	0	$ 10,583	01-03	35
36	Medical Director	0	12,358	09-03	36
37	Medical Records Consultant	0	1,007	10-03	37
38	Nurse Consultant	0			38
39	Pharmacist Consultant	Monthly	5,541	10-03	39
40	Physical Therapy Consultant	0			40
41	Occupational Therapy Consultant	0			41
42	Respiratory Therapy Consultant	0			42
43	Speech Therapy Consultant	0			43
44	Activity Consultant	0	2,225	11-03	44
45	Social Service Consultant	0	4,490	12-03	45
46	Other(specify)	0	0		46
47		0	0		47
48		0	0		48
49	TOTAL (lines 35 - 48)		$ 36,204		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,522	$ 106,796	10-03	50
51	Licensed Practical Nurses	1,969	98,706	10-03	51
52	Certified Nurse Assistants/Aides	3,443	105,101	10-03	52
53	TOTAL (lines 50 - 52)	6,934	$ 310,603		53

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Monica Bessinger	Administrator	0	$ 81,923
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 81,923

B. Administrative - Other

Description	Amount
Management Fees - Covenant Care California, LLC	$ 168,252
TOTAL (agree to Schedule V, line 17, col. 3)	$ 168,252
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Nova Voice & Data Systems	Telecommunications	$ 611
See Attached	Legal Fees	1,283
Ability Network Inc	Network Services	947
OmniCare	Pharmacy	512
PointClickCare	Data Processing	27,411
National Datacare Corp.	Data Processing	15,567
Pinnacle Quality Insight	Customer Satisfaction	1,446
Smartlinx Solutions, LLC	Labor Management Software	5,233
Verify	Supply Chain Management	1,472
Teldata	Data Processing	200
The Merritt Search Group	Staffing	17,620
Shred It	Medical Records	715
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 73,016

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 56,970
Unemployment Compensation Insurance	
FICA Taxes	154,816
Employee Health Insurance	84,615
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Vision Insurance	(11)
Dental Insurance	(125)
Employee Physicals/X-Rays	7,091
Other Employee Benefits	3,175
Life Insurance	1,756
TOTAL (agree to Schedule V, line 22, col.8)	$ 308,287

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	20,478
Health Care Worker Background Check	
(Indicate # of checks performed)	
Dues & Subscriptions	5,525
Licenses & Permits	628
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 28,621

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	824
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 824

* Attach copy of IMRF notifications

**See instructions.

Page 21 Supplemental - Legal Fees Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	(Non)Allowable?
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 11/18	115.00	11	2018	JRNL00200539	11/30/18	Collection	NonAllowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 11/18	(115.00)	12	2018	JRNL00200691	12/31/18	Collection	NonAllowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 12/18	432.50	12	2018	JRNL00201137	12/31/18	Regulatory	Allowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/18	138.00	8	2018	JRNL00198427	08/31/18	Collection	NonAllowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 8/18	(138.00)	9	2018	JRNL00198667	09/30/18	Collection	NonAllowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/18	53.65	9	2018	JRNL00199291	09/30/18	Collection	NonAllowable
CCMIDWST	070	6901	60000470	Acr Sandberg Phoenix 9/18	(53.65)	10	2018	JRNL00199449	10/31/18	Collection	NonAllowable
CCMIDWST	070	6901	60000470	Rcl 11/18 Sandberg Phoenix	115.00	12	2018	JRNL00201414	12/31/18	Collection	NonAllowable
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	138.00	9	2018	JRNL00199118	09/30/18	Regulatory	Allowable
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	53.65	10	2018	JRNL00199907	10/31/18	Collection	NonAllowable
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	451.45	10	2018	JRNL00199907	10/31/18	Collection	NonAllowable
CCMIDWST	070	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	92.00	11	2018	JRNL00200484	11/30/18	regulatory	Allowable
					1,282.60						

Facility Name & ID Number Meadow Manor Skld Nur & Rehab # 0051425 Report Period Beginning: 01/01/18 Ending: 12/31/18

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. **AHCA,IHCA $4,453**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(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? **N/A**

(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? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **16,482** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(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.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **165,984**
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? **No** Indicate the amount. $ **N/A**

(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. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100% Ln 1**
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? **Yes**
g. Does the facility transport residents to and from day training? N/A
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees