

Facility Name & ID Number Meadowbrook Manor

0037366 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	298	Skilled (SNF)	298	108,770	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	298	TOTALS	298	108,770	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	76,758	8,944	15,415	101,117	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	76,758	8,944	15,415	101,117	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.96%

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

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES NO Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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

I. On what date did you start providing long term care at this location? Date started 11/05/91

J. Was the facility purchased or leased after January 1, 1978? YES Date 11/05/91 NO

K. Was the facility certified for Medicare during the reporting year? YES NO If YES, enter number of beds certified 298 and days of care provided 12,592

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name & ID Number

Meadowbrook Manor

0037366

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	533,229	52,462	20,043	605,734		605,734		605,734		1
2	Food Purchase		632,889		632,889		632,889	3,427	636,316		2
3	Housekeeping	437,758	120,696		558,454		558,454	670	559,124		3
4	Laundry	19,219	115,869		135,088		135,088		135,088		4
5	Heat and Other Utilities			282,671	282,671		282,671	4,204	286,875		5
6	Maintenance	184,487	19,403	200,777	404,667		404,667	84,356	489,023		6
7	Other (specify):*										7
8	TOTAL General Services	1,174,693	941,319	503,491	2,619,503		2,619,503	92,657	2,712,160		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000	31,918	55,918		9
10	Nursing and Medical Records	5,945,056	528,101	53,293	6,526,450		6,526,450	21,766	6,548,216		10
10a	Therapy	1,299,251	9,830	12,210	1,321,291		1,321,291		1,321,291		10a
11	Activities	291,150	19,846	2,496	313,492		313,492		313,492		11
12	Social Services	194,211	246	2,105	196,562		196,562	30,263	226,825		12
13	CNA Training	63,834			63,834		63,834		63,834		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	7,793,502	558,023	94,104	8,445,629		8,445,629	83,947	8,529,576		16
	C. General Administration										
17	Administrative	153,762		1,552,427	1,706,189		1,706,189	(1,388,484)	317,705		17
18	Directors Fees										18
19	Professional Services			162,851	162,851		162,851	33,828	196,679		19
20	Dues, Fees, Subscriptions & Promotions			50,231	50,231		50,231	(989)	49,242		20
21	Clerical & General Office Expenses	469,246	41,718	74,458	585,422		585,422	402,090	987,512		21
22	Employee Benefits & Payroll Taxes			1,511,281	1,511,281		1,511,281		1,511,281		22
23	Inservice Training & Education			10,928	10,928		10,928	224	11,152		23
24	Travel and Seminar			1,062	1,062		1,062	1,054	2,116		24
25	Other Admin. Staff Transportation			4,835	4,835		4,835	9,364	14,199		25
26	Insurance-Prop.Liab.Malpractice			482,877	482,877		482,877	122,523	605,400		26
27	Other (specify):*							119,705	119,705		27
28	TOTAL General Administration	623,008	41,718	3,850,950	4,515,676		4,515,676	(700,685)	3,814,991		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,591,203	1,541,060	4,448,545	15,580,808		15,580,808	(524,081)	15,056,727		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

Meadowbrook Manor

#0037366

Report Period Beginning:

01/01/13

Ending:

12/31/13

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			313,459	313,459		313,459	297,965	611,424			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			35,089	35,089		35,089	672,599	707,688			32
33	Real Estate Taxes							352,399	352,399			33
34	Rent-Facility & Grounds			1,776,000	1,776,000		1,776,000	(1,659,128)	116,872			34
35	Rent-Equipment & Vehicles			47,877	47,877		47,877	15,570	63,447			35
36	Other (specify):*											36
37	TOTAL Ownership			2,172,425	2,172,425		2,172,425	(320,595)	1,851,830			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			23,206	23,206		23,206		23,206			38
39	Ancillary Service Centers	176,127	624,542		800,669		800,669		800,669			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			700,010	700,010		700,010		700,010			42
43	Other (specify):* Non-Allowable Co			784,008	784,008		784,008	(784,008)				43
44	TOTAL Special Cost Centers	176,127	624,542	1,507,224	2,307,893		2,307,893	(784,008)	1,523,885			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,767,330	2,165,602	8,128,194	20,061,126		20,061,126	(1,628,684)	18,432,442			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 Meadowbrook Manor

0037366

Report Period Beginning:

01/01/13

Ending:

12/31/13

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(467)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,145)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(61,747)	30		9
10	Interest and Other Investment Income	(44,017)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,073)	43		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	(15,510)	43		18
19	Entertainment	(50)	43		19
20	Contributions	(5,265)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(601,951)	43		24
25	Fund Raising, Advertising and Promotional	(3,287)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(21,450)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See SCH 5A	(151,031)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (917,993)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(710,691)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (710,691)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,628,684)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						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						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Meadowbrook Manor

ID# 0037366

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		0	49

Meadowbrook Manor
0037366
12/31/13

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow COPE Fees	(10,149)	20
To disallow Consolidated Billing Services	(41,556)	43
To disallow Patient Clothing	(318)	43
To disallow X-Ray expense	(33,724)	43
To disallow Lab expense	(13,523)	43
To disallow Employee Gifts	(7,039)	43
To disallow Physicians Gifts	(607)	43
To disallow Resident Gifts	(1,078)	43
To disallow Gifts	(790)	43
To disallow Marketing Expense	(24,642)	43
To disallow collection fees	(1,974)	19
To disallow non-allowable Professional fees	(15,404)	19
To offset Miscellaneous Income	(227)	21
Total	(151,031)	

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
		Butterfield Health Care II, Inc. d/b/a	Naperville	J&D Partners, L.P.	Bolingbrook	Lessor
See Schedule 6A	See Schedule 6	Meadowbrook Manor of Naperville		MMN Partners, L.P.	Naperville	Lessor
		Butterfield Health Care VII, LLC d/b/a	LaGrange	Butterfield Health		
		Meadowbrook Manor of LaGrange		Care Group, Inc.	Bolingbrook	Management Co.
				MML Properties, LLC	LaGrange	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Seneca Building, LP	Des Plaines	Lessor

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 3,894	\$ 3,894	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%	670	670	2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	4,204	4,204	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	84,356	84,356	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	31,918	31,918	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	21,766	21,766	6
7	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	30,263	30,263	7
8	V	17 Administrative Costs	1,552,427	Butterfield Health Care Group, Inc.	100.00%	163,943	(1,388,484)	8
9	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	36,158	36,158	9
10	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	9,160	9,160	10
11	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	402,250	402,250	11
12	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	224	224	12
13	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	1,054	1,054	13
14	Total		\$ 1,552,427			\$ 789,860	\$ * (762,567)	14

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

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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	25 Auto Expense	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 9,364	\$	9,364	15
16	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	431		431	16
17	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	119,705		119,705	17
18	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	9,878		9,878	18
19	V	32 Interest		Butterfield Health Care Group, Inc.	100.00%				19
20	V	34 Rent Building		Butterfield Health Care Group, Inc.	100.00%	116,872		116,872	20
21	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	15,570		15,570	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		\$			\$ 271,820	\$ *	271,820	39

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

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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Services	\$	J&D Partners, L.P.	100.00%	\$ 15,048	\$ 15,048
16	V	21 Clerical & General Office exp.		J&D Partners, L.P.	100.00%	67	67
17	V	26 Insurance - Prop & Liability		J&D Partners, L.P.	100.00%	122,092	122,092
18	V	30 Depreciation		J&D Partners, L.P.	100.00%	349,834	349,834
19	V	32 Interest		J&D Partners, L.P.	100.00%	712,839	712,839
20	V	32 Amortization - Mortgage Cost		J&D Partners, L.P.	100.00%	4,039	4,039
21	V	33 Real Estate Taxes		J&D Partners, L.P.	100.00%	352,399	352,399
22	V	34 Rent - Facility & Grounds	1,776,000	J&D Partners, L.P.	100.00%		(1,776,000)
23	V	32 Interest Income - Repl Reserve		J&D Partners, L.P.	100.00%	(262)	(262)
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,776,000			\$ 1,556,056	\$ * (219,944)

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

Butterfield Health Care, Inc.
D/B/A Meadowbrook Manor
Provider # 0037366
12/31/2013

Schedule 6A

VII. Section A. - Related Parties - Column 1 (Owners)

<u>Name</u>	<u>Ownership %</u>
Robert Jafari	25.00%
Kianoosh Jafari	25.00%
Descendants S Corp Trust F/B/O Sean William Dimas	6.67%
Descendants S Corp Trust F/B/O Sasha Eva Dimas	6.67%
Descendants S Corp Trust F/B/O Ashley Maria Dimas	6.66%
Vangel Family Investments, LLP	20.00%
Dorothy Vangel QSS Trust	7.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Ashley Maria Dimas	0.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Sasha Eva Dimas	0.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Sean William Dimas	0.50%
Descendants GST Exempt S-Corp Trust F/B/O Katherine Hocuk	0.50%
Descendants GST Exempt S-Corp Trust F/B/O Christoper Vangel	0.50%
	<u>100.00%</u>

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	Christopher Vangel	Operating Supvsr.	Administrative	5.00	103,404	8	20.00	Mgt Salaries	\$ 41,156	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	81,017	2	5.00	Mgt Salaries	22,084	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	123,684	2	5.00	Mgt Salaries	93,808	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	58,590	2	5.00	Mgt Salaries	6,895	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	42,082	10	25.00	Medical Director	31,918	9(7)	5
6	Dorothy Vangel	Operating Supvsr.	Administrative	12.50	51,900	0	0.00	N/A		N/A	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 195,861		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 Meadowbrook Manor

0037366 Report Period Beginning: 01/01/13

Ending: 12/31/13

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

Name of Related Organization Butterfield Health Care Group, Inc.
 Street Address 640 North River Road Suite 106
 City / State / Zip Code Naperville, IL. 60563
 Phone Number (331) 472-4500
 Fax Number (331) 472-4510

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	2	Food	Resident Days	234,437	3	\$ 9,029	\$ 101,117	\$ 3,894	1
2	3	Housekeeping	Resident Days	234,437	3	1,553	101,117	670	2
3	5	Utilities	Resident Days	234,437	3	9,747	101,117	4,204	3
4	6	Repairs & Maintenance	Resident Days	234,437	3	195,577	172,682	84,356	4
5	9	Medical Director	Resident Days	234,437	3	74,000	101,117	31,918	5
6	11	Nursing	Resident Days	234,437	3	50,463	50,463	21,766	6
7	13	Social Services	Resident Days	234,437	3	70,163	70,163	30,263	7
8	17	Administrative Costs	Resident Days	234,437	3	380,098	380,098	163,943	8
9	19	Professional Services	Resident Days	234,437	3	83,831	101,117	36,158	9
10	20	Dues,Fees & Subscriptions	Resident Days	234,437	3	21,237	101,117	9,160	10
11	21	Clerical & General Office exp.	Resident Days	234,437	3	932,605	816,783	402,250	11
12	23	Training & Education	Resident Days	234,437	3	520	101,117	224	12
13	24	Travel & Seminar	Resident Days	234,437	3	2,444	101,117	1,054	13
14	25	Auto Expense	Resident Days	234,437	3	21,710	101,117	9,364	14
15	26	Insurance	Resident Days	234,437	3	1,000	101,117	431	15
16	27	Employee Benefits General &Admin.	Resident Days	234,437	3	277,533	101,117	119,705	16
17	30	Depreciation	Resident Days	234,437	3	22,902	101,117	9,878	17
18	32	Interest	Resident Days	234,437	3	0	101,117	0	18
19	34	Rent Building	Resident Days	234,437	3	270,965	101,117	116,872	19
20	35	Equipment Rental	Resident Days	234,437	3	36,099	101,117	15,570	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,461,476	\$ 1,490,189	\$ 1,061,680	25

Facility Name & ID Number

Meadowbrook Manor

0037366

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	Name of Lender	2		3	4	5	6		8	9	10	11						
		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	Cambridge - HUD		x	Mortgage	\$137,422.55	10/31/11	\$ 20,876,000	\$ 20,218,523	10/01/46	0.3500	\$ 712,577	1						
2	Cambridge - HUD		x	Amortization of Loan Cost							4,039	2						
3												3						
4												4						
5												5						
Working Capital																		
6	West Suburban		x	Working Capital	N/A	12/31/13		1,411,233	12/31/14	3.7500	147	6						
7	Omnicare		x	Trade Payables	\$15,805.00	3/19/09	837,378	45,602		5.0000	7,253	7						
8	Banco Popular		x	Working Capital	N/A	10/31/11			12/31/13	4.7500	27,689	8						
9	TOTAL Facility Related				\$153,227.55		\$ 21,713,378	\$ 21,675,358			\$ 751,705	9						
B. Non-Facility Related*																		
10										Offset Interest Income	(44,017)	10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			(44,017)	14						
15	TOTALS (line 9+line14)						\$ 21,713,378	\$ 21,675,358			\$ 707,688	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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 Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/13 Ending: 12/31/13

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 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1								\$			\$	1
2												2
3												3
4												4
5												5
6												6
7												7
8											0	8
9	TOTAL Facility Related							\$ 0	\$ 0		\$ 0	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related							\$ 0	\$ 0		\$ 0	14
15	TOTALS (line 9+line14)							\$ 0	\$ 0		\$ 0	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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.)

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2012 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	<u>354,984</u>	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.)		2012		\$	<u>347,383</u>	2
3. Under or (over) accrual (line 2 minus line 1).				\$	<u>(7,601)</u>	3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	<u>360,000</u>	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.				\$	<u>352,399</u>	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		2008	<u>281,157</u>	8	FOR BHF USE ONLY	
		2009	<u>300,614</u>	9	13	FROM R. E. TAX STATEMENT FOR 2012 \$
		2010	<u>317,126</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
		2011	<u>335,521</u>	11	15	LESS REFUND FROM LINE 6 \$
		2012	<u>347,383</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
<u>2012 Tax Bill= 347,383.44</u>						
<u>Estimated increase=.103.50</u>						
<u>Total = 359,541.86</u>						
<u>Use: 360,000</u>						

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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor COUNTY Will
 FACILITY IDPH LICENSE NUMBER 0037366
 CONTACT PERSON REGARDING THIS REPORT Scott Gabrys
 TELEPHONE (630) 759-1112 FAX #: (630) 759-4406

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>12-02-102-031-0000</u>	<u>Nursing Facility</u>	\$ <u>347,383.44</u>	\$ <u>347,383.44</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>347,383.44</u></u>	\$ <u><u>347,383.44</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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 Meadowbrook Manor

0037366 Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 109,175 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

Dat Care

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: _____
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>270,508</u>	<u>1991</u>	<u>\$ 404,280</u>	1
2	<u>Resident Care</u>	<u>21,286</u>	<u>1996</u>	<u>287,781</u>	2
3	TOTALS	291,794		\$ 692,061	3

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	235	1991	1991	\$ 8,276,993	\$	40	\$ 206,925	\$ 206,925	\$ 4,586,838	4
5	10	1994	1994	31,090		40	777	777	15,540	5
6	53	1996	1996	2,505,079		40	62,627	62,627	1,095,973	6
7										7
8										8
	Improvement Type**									
9	1992 Improvements	1992		32,614		20			32,614	9
10	1993 Improvements	1993		2,750		20	59	59	2,750	10
11	1993 Improvements	1993		4,822		40	121	121	2,480	11
12	1994 Improvements	1994		6,432		10			6,432	12
13	1994 Improvements	1994		18,192		20	910	910	16,835	13
14	1995 Improvements	1995		12,681					12,681	14
15	Electric Exterior Sign	1995		7,820					7,820	15
16	New Doors	1996		1,475					1,475	16
17	Hot Water Tank	1996		3,847					3,847	17
18	Landscaping	1996		13,490					13,490	18
19	Repaving Parking Lot	1996		7,412					7,412	19
20	Replace Irrigation System	1996		27,077					27,077	20
21	Walk in Freezer	1996		29,923					29,923	21
22	Landscaping	1996		17,283					17,283	22
23	Outside Parking Lot Lighting	1997		2,102					2,102	23
24	Nurse Call Station Extension Work	1997		3,310					3,310	24
25	Remodeling Work - Windsor Hall	1997		3,500					3,500	25
26	Basement Remodeling - Street Village Decor	1997		31,614		39	790	790	12,245	26
27	Remodeling Work - Day Care Area	1998								27
28	Remodeling - Ice Cream Parlor	1999		3,624		39	93	93	1,255	28
29	Remodeling Work - 3rd Floor Hamilton Unit	2000		16,421		39	421	421	5,684	29
30	Remodeling Work - Nurse Station (All Floors)	2000		20,103		39	515	515	6,953	30
31	Plumbing Electrical Work - Boiler Room (Basement)	2000		4,587		39	118	118	1,593	31
32	Remodeling Work - Dialysis Room	2000		7,253		39	186	186	2,511	32
33										33
34	1992 Improvements	1992		2,245		10			2,245	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 Meadowbrook Manor

0037366

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Parking Lot Paving	2001	\$ 48,629	\$	20	\$ 2,431	\$ 2,431	\$ 30,388	37
38	Remodeling Work	2001	13,319		39	342	342	4,274	38
39	Window Treatments	2001	45,531		39	1,166	1,166	14,576	39
40	Double Door Insulation	2001	6,860		39	176	176	2,200	40
41	Carpeting - 1st Floor	2002	33,778		20	1,688	1,688	19,413	41
42	Reconstruct Front Entrance Awning	2002	11,915		20	596	596	6,854	42
43	Window Treatments	2002	4,672		20	234	234	2,691	43
44	Ceiling Tiles	2002	2,306		20	115	115	1,323	44
45	Exterior Signs	2002	18,832		20	942	942	10,833	45
46	Ceiling Tiles	2003	2,029		10	203	203	1,928	46
47	Ceiling Tiles	2003	916		20	46	46	534	47
48	Exterior Signs	2003	12,600		20	630	630	6,615	48
49	Install 16 Horizontal Tubes in Stairwell	2003	1,600		20	80	80	840	49
50	Electric Work for Dialysis Room	2003	6,736		20	337	337	3,537	50
51	Install 9 Motors on Fire Dampers	2003	3,651		20	182	182	1,911	51
52	Plumbing for Dialysis Room	2003	10,989		10	1,099	1,099	10,440	52
53	Exterior Concrete Patchwork	2003	3,200		20	160	160	1,632	53
54	Ductwork for New Oxygen Room	2003	4,490		10	449	449	4,266	54
55	New Hot Water Storage Tank	2003	8,290		10	829	829	7,875	55
56	Installed 5 Fire Dampers	2003	7,091		10	709	709	6,736	56
57	Installed 5 Smoke Detectors	2003	2,581		10	258	258	2,451	57
58	Installation of Sprinklers in Awning	2003	9,624		10	962	962	9,139	58
59	Installed 4 Fire Dampers	2003	3,467		10	346	346	3,287	59
60	Installation of Fence around Dumpster	2003	1,658		10	166	166	1,577	60
61	Sealcoat Parking Lot	2003	5,500		10	550	550	5,225	61
62	Air Conditioner Overhaul	2004	3,769		10	377	377	3,581	62
63	Replace Water Pump	2004	1,473		10	147	147	1,397	63
64	Install 4 Doors	2004	1,348		10	134	134	1,273	64
65	Electrical Wiring to Garbage Compactor	2004	2,070		10	207	207	1,967	65
66	Install Sprinkler System - Front Canopy	2004	10,375		10	1,038	1,038	9,861	66
67	Install New Seal on Water Pump	2004	1,793		10	179	179	1,701	67
68	Install Motor on Boiler	2004	1,053		10	105	105	998	68
69	Ceiling Tiles	2004	5,620		20	281	281	2,668	69
70	TOTAL (lines 4 thru 69)		\$ 11,391,504	\$		\$ 290,706	\$ 290,706	\$ 6,105,859	70

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/13

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,391,504	\$		\$ 290,706	\$ 290,706	\$ 6,105,859	1
2	Install Blinds	2004	5,002		20	250	250	2,375	2
3	Exterior Lighting	2004	3,808		20	190	190	1,805	3
4	Sealing on Roof	2004	2,300		20	115	115	1,093	4
5	Install Drainage for Roof	2004	5,000		20	250	250	2,375	5
6	Ceramic Tile for Kitchen	2004	6,221		20	312	312	2,964	6
7	Plant 3 Trees	2004	1,125		20	56	56	532	7
8	Butterfly Garden	2004	3,423		20	171	171	1,625	8
9	Expand Phone System	2005	2,175		20	108	108	918	9
10	Replace Boiler	2005	23,894		20	1,195	1,195	10,157	10
11	Install new Compressor	2005	7,652		20	383	383	3,255	11
12	Install new Coil	2005	7,230		20	362	362	3,077	12
13	Replace fire doors	2005	3,116		20	156	156	1,326	13
14	Install carpeting in 3 offices	2005	1,608		20	80	80	680	14
15	Install wheelchair access ramp	2005	10,310		20	516	516	4,386	15
16	Sealcoat asphalt	2005	9,650		20	483	483	4,105	16
17	Furnish and install new taco pump - pavilion	2005	5,986		20	299	299	2,542	17
18	Install Blinds	2005	2,242		20	112	112	952	18
19	Exterior Lighting	2005	18,515		20	926	926	7,871	19
20	Furnish and Install new motors, belts & capacitors	2005	3,345		20	167	167	1,420	20
21	Furnish and install glycol to HVAC system	2005	10,925		20	546	546	4,641	21
22	Install patio	2005	15,232		20	762	762	6,477	22
23	Install wiring for new television	2006	37,345		20	1,867	1,867	14,003	23
24	Install new cabinets and countertops in supply room	2006	4,365		20	218	218	1,635	24
25	New flooring in dining room	2006	14,451		20	723	723	5,422	25
26	Remove and replace sidewalk section	2006	4,928		20	246	246	1,845	26
27	Replacement parts for air conditioner	2006	9,985		20	499	499	3,743	27
28	Interior signage	2006	13,720		20	686	686	5,145	28
29	Furnish and install new seals, triple duty valves	2006	7,495		20	375	375	2,812	29
30	Furnish and install new compressor	2006	14,500		20	725	725	5,437	30
31	Install new lighting in rehab room	2006	3,825		20	191	191	1,433	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,650,877	\$		\$ 303,675	\$ 303,675	\$ 6,211,910	34

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/13

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,650,877	\$		\$ 303,675	\$ 303,675	\$ 6,211,910	1
2	Tuckpointing on Building Exterior	2007	10,150		10	1,015	1,015	6,598	2
3	Granite Countertops for Lounge	2007	2,575		10	257	257	1,671	3
4	Purchase & Installation of vinyl & wood flooring	2007	47,794		10	4,779	4,779	31,064	4
5	Rebuild Fire Pump	2007	15,174		10	1,517	1,517	9,861	5
6	Purchase & Installation of cabinets	2007	23,509		10	2,351	2,351	15,281	6
7	Drywall	2007	4,200		10	420	420	2,730	7
8	Replace doors on 3rd floor service elevator & lounge	2007	11,931		10	1,193	1,193	7,755	8
9	Soffit over nurses station, install cleat base & wall cabinets	2007	21,900		10	2,190	2,190	14,235	9
10	Replace lockers in lower level locker room	2007	7,769		10	777	777	5,050	10
11	Electrical work - nurses station, 3rd floor & exterior sign	2007	10,310		10	1,031	1,031	6,702	11
12	Millwork, shop drawings & delivery	2007	4,240		10	424	424	2,756	12
13	Central A/C upgrade	2007	5,806		10	581	581	3,776	13
14									14
15	Window Treatments throughout facility	2008	46,409		10	4,641	4,641	25,525	15
16	Route 53 sign repair	2008	2,900		10	290	290	1,595	16
17	Therapy room, nutrition room, ice cream parlor, beauty shop	2008	85,060		10	8,506	8,506	46,783	17
18	& Physicians lounge renovations:								18
19	- Remove & install new cabinets, countertops, plumbing,								19
20	doors, electrical (install new outlets), replace drywall								20
21									21
22	R&M Reclass								22
23	- Repair pump #1 & #2 on air conditioning unit (furnish &	2008	6,067		10	607	607	3,338	23
24	install new seal kit, o-rings, water gauges, retainer cap,								24
25	gaskets & wood coupler)								25
26	- Plumbing repairs (schlage)	2008	5,123		10	512	512	2,816	26
27	- Repair main air conditioner (install new valve rebuilt	2008	7,736		10	774	774	4,257	27
28	kit, solenoid coil, relief valves, transducer, adaptor,								28
29	gaskets & drier cores for system # 1)								29
30	- Repair two boilers due to low pressure in system	2008	2,568		10	257	257	1,413	30
31	- Replace shaft coupler & head and manifold gasket on								31
32	main chiller	2008	2,944		10	294	294	1,617	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,975,042	\$		\$ 336,091	\$ 336,091	\$ 6,406,733	34

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

Facility Name & ID Number Meadowbrook Manor

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 11,975,042	\$		\$ 336,091	\$ 336,091	\$ 6,406,733	1
2	R&M Reclass								2
3	- Building Sprinkler system repair (clear main feed	2008	4,256		10	426	426	2,343	3
4	blockage, check sprinkler heads on basement - 3rd floor,								4
5	alter pipe pitch per Life safety survey)								5
6	- Fire alarm (restor basement audio/visual, trace basement	2008	2,641		10	264	264	1,452	6
7	circuitry to locate disconnect, replace defective motherboard								7
8	reprogram label changes for all buildings)								8
9	- Patching work - hot pour rubberized crack sealing, seal	2008	9,500		10	950	950	5,225	9
10	coating asphalt, striping parking lot								10
11	- Seating wall on patio area, repair sidewalk leading to	2008	3,300		10	330	330	1,815	11
12	patio area.								12
13	- Vinyl flooring	2008	14,062		10	1,406	1,406	7,733	13
14									14
15									15
16	Replace resident therapy glass windows	2009	3,175		10	318	318	1,431	16
17	Wiring and Electiral work	2009	5,085		10	509	509	2,290	17
18	Seal Coating & Striping parking lot	2009	8,500		10	850	850	3,825	18
19									19
20	Parking lot resurfacing	2010	40,500		10	4,050	4,050	16,200	20
21	Pavillion Remodel-Electrical,plumbing,carpentry	2010	166,855		20	8,343	8,343	33,372	21
22	Buffet-Cabinets, counter	2010	54,719		20	2,736	2,736	10,944	22
23	Public Restroom-Toliet and Faucet	2010	8,242		20	412	412	1,648	23
24	Main Building-carpeting	2010	48,116		20	2,406	2,406	9,624	24
25	DON office, Conf room and lounge-cabinets, chair rails	2010	6,790		20	340	340	1,360	25
26	Bathroom updates-showers, grout,tile	2010	4,037		20	202	202	808	26
27	Patinet Rooms-doors and windows	2010	4,743		20	237	237	948	27
28	Labor	2010	159,432		20	7,972	7,972	31,888	28
29									29
30	Elevator Repairs	2011	5,720		10	572	572	1,430	30
31	Tinting of the Windows	2011	5,755		10	576	576	1,440	31
32	Corridor Remodel -Wall paper, Light Fixture, Carpet,	2011	61,676		10	6,168	6,168	15,420	32
33	Handrails, & Paint								33
34	TOTAL (lines 1 thru 33)		\$ 12,592,146	\$		\$ 375,158	\$ 375,158	\$ 6,557,929	34

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/13

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,592,146	\$		\$ 375,158	\$ 375,158	\$ 6,557,929	1
2	Shower Remodel - Plumbing, tile, ceramic floors,	2011	86,627		10	8,662	8,662	21,655	2
3	paint, & Fixtures								3
4	Resident Room Improvements - install new ceramic	2011	268,696		10	26,870	26,870	67,175	4
5	tile floor, crownmould, baseboards, paint								5
6	Lounge & Juice Bar Remodel - New Cabinet, flooring,	2011	43,336		10	4,334	4,334	10,835	6
7	wiring, paint, crown mould, base board								7
8	Nurse Station Remodel - flooring, paint, cabinets	2011	57,392		10	5,740	5,740	14,350	8
9	Nourishment & PAV Rooms Remodel - flooring, paint,	2011	32,886		10	3,288	3,288	8,220	9
10	cabinets, trim								10
11	Repairs to the Air Cooled Chiller	2011	124,656		10	12,466	12,466	31,165	11
12	Replace the 40 ton Rooftop unit	2011	52,640		10	5,264	5,264	13,160	12
13	Repairs to the nursing home	2011	5,473		10	547	547	1,368	13
14	Dialysis Conversion - Drywall, Carpeting, Paint, Flooring	2012	44,973		10	4,497	4,497	6,746	14
15	Trash Contains Enclosure - excavation, asphalt gates	2012	56,880		10	5,688	5,688	8,532	15
16	Stairway remodeling -steel panels, ceiling frme, handrails	2012	17,692		10	1,769	1,769	2,654	16
17	Therapy Room remodel -drywall, ceiling tilt, cabinets, glass	2012	48,929		10	4,893	4,893	7,339	17
18	First Floor Conference -drywall, ceiling tile, cabinetry, traim	2012	16,454		10	1,645	1,645	2,468	18
19	Housekeeping Office remodel -ceiling tile, vinyl cove	2012	9,741		10	974	974	1,461	19
20	Nurses Station remodeling - plumbing	2012	13,419		10	1,342	1,342	2,013	20
21	Nurses Station remodeling - electrical work, tempered glass	2012	2,284		10	228	228	342	21
22	Juice Shop Remodeling Cabinetry, tiles	2012	5,478		10	548	548	822	22
23	Room remodel 1st, 2nd&3rd FL Ceiling Tile, Studs, Drywall	2012	92,907		10	9,291	9,291	13,936	23
24	tempered glass, electrical work cabinets								24
25	Resident Room Improvements - Rooms 230,330,316 Tile and	2013	3,549		10	177	177	177	25
26	electric								26
27	Third Floor Restorative - Flooring, Trim, Drywall Counters	2013	30,733		10	1,537	1,537	1,537	27
28	Boiler Room Remodel - Plumbing	2013	9,605		10	480	480	480	28
29	Remodel Design Fees - Dining Room, Nursing Station, Etc	2013	29,219		10	1,461	1,461	1,461	29
30	Water Heater	2013	6,800		10	340	340	340	30
31	H/R and Administration Offices Remodeling Flooring	2013	2,795		10	140	140	140	31
32	Stairway remodeling -Panels	2013	3,077		10	154	154	154	32
33	Fire Sprinkler Remodeling 3 Floor, Boiler Rm	2013	1,643		10	82	82	82	33
34	TOTAL (lines 1 thru 33)		\$ 13,660,030	\$		\$ 477,575	\$ 477,575	\$ 6,776,541	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 13,660,030	\$		\$ 477,575	\$ 477,575	\$ 6,776,541	1
2	Vents Remodeling in Barthroom, Dinning Rm Boiler Rm	2013	1,776		10	89	89	89	2
3	Replace Heasters and electric work Common Bathrooms	2013	3,811		10	191	191	191	3
4	Fire Door Remodeling	2013	5,727		10	286	286	286	4
5	Trash Enclosure Remodeling - Gates replacement	2013	511		10	26	26	26	5
6	Land Improvement - Plant, Trees, Sprinkler Sys, Mulch	2013	15,522		5	1,552	1,552	1,552	6
7									7
8	3RD Floor Bathrooms - Vinyl & Adhesive	2013	12,603		10	630	630	630	8
9	Residents Room Remodeling - Plumbing, Electrical etc	2013	49,226		10	2,461	2,461	2,461	9
10	Parking Lot Expansion	2013	77,177		10	3,859	3,859	3,859	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	Current year Depreciation			208,240			(208,240)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,826,383	\$ 208,240		\$ 486,669	\$ 278,429	\$ 6,785,635	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 793,290	\$ 99,529	\$ 99,529	\$	5-10	\$ 533,563	71
72	Current Year Purchases	73,514	5,690	5,690		5-7	5,690	72
73	Fully Depreciated Assets	1,462,080				5-10	1,462,080	73
74	Alloc. From Mgmt. Co.	1,203,891		19,536	19,536		1,088,422	74
75	TOTALS	\$ 3,532,775	\$ 105,219	\$ 124,755	\$ 19,536		\$ 3,089,755	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	Resident Van	1998 Ford E350 Van	1998	\$ 40,790	\$	\$	\$	5 Yrs	\$ 40,790	76
77	Resident Passenger Care	2000 Chevrolet Express Van	2000	29,261				5 Yrs	29,261	77
78										78
79										79
80	TOTALS			\$ 70,051	\$	\$	\$		\$ 70,051	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)	\$ 18,121,270	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 313,459	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 611,424	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 297,965	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,945,441	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	N/A				88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Admission & Pavilion	\$ 61,226	92
93	Building Company CIP	472,100	93
94			94
95		\$ 533,326	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

Meadowbrook Manor

0037366

Report Period Beginning:

01/01/13

Ending: 12/31/13

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	Allocated from Management Company				116,872			6
7	TOTAL				\$ 116,872			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. _____ /2014 \$ N/A

13. _____ /2015 \$ A

14. _____ /2016 \$ N/A

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 N/A.

N/A

N/A

9. Option to Buy: YES NO Terms: N/A *

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: \$ 63,447 Description: Copier-\$30,105;Med Equip-\$15,372;Postage-\$2,400;Mgmt Co.-\$15,570

(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	N/A				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.

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)		63,834		63,834
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 63,834	\$	\$ 63,834
10	SUM OF line 9, col. 1 and 2 (e)	\$	63,834		

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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(1)	11053 hrs	\$ 411,878		\$		11,053	\$ 411,878	1
2	Licensed Speech and Language Development Therapist	10A(1)	4018 hrs	164,750				4,018	164,750	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(1 & 2)	17559 hrs	722,623			9,830	17,559	732,453	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				550,536		550,536	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					74,006		74,006	12
13	Other (specify): <u>Dialysis</u>	39(1)	10079	176,127				10,079	176,127	13
14	TOTAL			\$ 1,475,378		\$	\$ 634,372	42,709	\$ 2,109,750	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 Meadowbrook Manor

0037366

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13 (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	\$ 208,202	\$ 208,202	1
2	Cash-Patient Deposits	43,609	43,609	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (306,317))	3,223,298	3,223,298	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	507,047	507,047	6
7	Other Prepaid Expenses	16,505	16,505	7
8	Accounts Receivable (owners or related parties)	3,201,207	3,201,207	8
9	Other(specify): <u>See Sch 17C</u>	4,355	162,995	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,204,223	\$ 7,362,863	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		692,061	13
14	Buildings, at Historical Cost		10,463,537	14
15	Leasehold Improvements, at Historical Cost	2,676,787	3,362,846	15
16	Equipment, at Historical Cost	2,405,732	3,602,826	16
17	Accumulated Depreciation (book methods)	(2,961,090)	(9,945,441)	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 (spec CIP)	61,226	533,326	22
23	Other(specify): <u>Mortgage Cost Net</u>		132,603	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,182,655	\$ 8,841,758	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,386,878	\$ 16,204,621	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,047,159	\$ 1,047,159	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	76,947	76,947	28
29	Short-Term Notes Payable	1,456,835	1,456,835	29
30	Accrued Salaries Payable	606,818	606,818	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		360,000	32
33	Accrued Interest Payable	147	147	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Sch 17C</u>	399,650	399,650	36
37	<u>See Sch 17C</u>	4,645,733		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,233,289	\$ 3,947,556	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		20,218,523	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 20,218,523	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,233,289	\$ 24,166,079	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,153,589	\$ (7,961,458)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,386,878	\$ 16,204,621	48

*(See instructions.)

Meadowbrook Manor
0037366
12/31/13

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Employee Advance	1,500	1,500
Hazard Insurance Escrow		34,821
Real Estate Tax-Escrow		107,095
Mortgage Insurance Escrow		16,724
Wage Garnishment	2,405	2,405
Accrued 401K	450	450
	4,355	162,995

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued-Payroll Taxes	34,588	34,588
Due to the State	365,062	365,062
	399,650	399,650

Operating	After Consolidation
-----------	------------------------

C. Current Liabilities

Line 37 -Other Current Liabilities

Accrued Rent	4,645,733	-
Due from Nick & Dorothy Vangel		
Due from Bolingbrook		
Due from BHC VIII		
	<u>4,645,733</u>	<u>-</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,794,933	1
2	Restatements (describe):		2
3	Rounding		3
4	Prior Year adjustments Depreciation Expense	(1,750)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,793,183	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	2,100,406	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	(2,740,000)	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)	\$ (639,594)	17
B. Transfers (Itemize):			
18	Rounding		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)	\$ 1,153,589	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 18,435,663	1
2	Discounts and Allowances for all Levels	(389,167)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,046,496	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,187,695	6
7	Oxygen	97,041	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,284,736	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	4,392	13
14	Non-Patient Meals	467	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	513,486	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	13,504	19
20	Radiology and X-Ray	42,750	20
21	Other Medical Services	148,481	21
22	Laundry	7,223	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 730,303	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	99,770	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 99,770	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Misc. Income</u>	227	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 227	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 22,161,532	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,619,503	31
32	Health Care	8,445,629	32
33	General Administration	4,515,676	33
B. Capital Expense			
34	Ownership	2,172,425	34
C. Ancillary Expense			
35	Special Cost Centers	1,607,883	35
36	Provider Participation Fee	700,010	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,061,126	40
41	Income before Income Taxes (line 30 minus line 40)**	2,100,406	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,100,406	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 11,973,216	44
45	Private Pay - Net Inpatient Revenue	1,768,850	45
46	Medicare - Net Inpatient Revenue	3,501,634	46
47	Other-(specify) <u>Veterans</u>	299,249	47
48	Other-(specify) <u>Insurance</u>	503,547	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,046,496	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

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

****Provide a detailed breakdown of "Other Revenue" on an attached sheet. Entity is a cash basis tax payer.

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/13

Ending:

12/31/13

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,008	2,240	\$ 119,989	\$ 53.57	1
2	Assistant Director of Nursing	4,242	4,809	192,147	39.96	2
3	Registered Nurses	36,436	38,765	1,100,700	28.39	3
4	Licensed Practical Nurses	52,978	56,778	1,389,777	24.48	4
5	CNAs & Orderlies	179,822	192,817	2,265,798	11.75	5
6	CNA Trainees	6,926	6,998	63,834	9.12	6
7	Licensed Therapist	29,313	32,630	1,299,251	39.82	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	29,069	30,448	291,150	9.56	10
11	Social Service Workers	11,324	12,472	194,211	15.57	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	45,250	47,400	533,229	11.25	15
16	Dishwashers					16
17	Maintenance Workers	10,494	11,187	184,487	16.49	17
18	Housekeepers	42,406	45,640	437,758	9.59	18
19	Laundry	2,103	2,191	19,219	8.77	19
20	Administrator	2,708	3,153	153,762	48.77	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	25,524	27,420	469,246	17.11	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	3,897	4,404	56,693	12.87	31
32	Other Health C: See Sch 20A	40,452	44,446	819,952	18.45	32
33	Other(specify) Dialysis Wages	9,289	10,079	176,127	17.47	33
34	TOTAL (lines 1 - 33)	534,241	573,877	\$ 9,767,330 *	\$ 17.02	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	461	\$ 20,043	1(3)	35
36	Medical Director	Monthly	24,000	9(3)	36
37	Medical Records Consultant	Monthly	4,608	10(3)	37
38	Nurse Consultant	614	24,560	10(3)	38
39	Pharmacist Consultant	Number	18,375	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	305	12,210	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,496	11(3)	44
45	Social Service Consultant	35	2,105	12(3)	45
46	Other(specify) Quality Assurance			10(3)	46
47	Wound Care Director	Monthly	5,750	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	1,463	\$ 114,147		49

C. CONTRACT NURSES

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

Meadowbrook Manor
0037366
12/31/13

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	4,225	4,534	64,049	14.13
Central Supply	1,878	2,098	21,580	10.29
Nursing Administration	15,613	17,384	410,735	23.63
Rehabilitation Nursing Wages	3,556	3,990	119,200	29.87
Rehabilitation Aides Wages	12,198	13,007	175,136	13.46
Resident Asst Wages	2,982	3,433	29,252	8.52
Total	40,452	44,446	819,952	18.45

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Ralph Ricana	Administrator	0	\$ 124,465	Workers' Compensation Insurance	\$ 301,560	IDPH License Fee	\$ 1,990	
Kathy Sefcik	Administrator	0	23,948	Unemployment Compensation Insurance	60,792	Advertising: Employee Recruitment		
Ahmad Rashid	Administrator	0	5,349	FICA Taxes	738,017	Health Care Worker Background Check	1,932	
				Employee Health Insurance	352,783	(Indicate # of checks performed 69)		
				Employee Meals		Patient Background Checks	247 2,550	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council Long Term Care	30,754	
				Employee Retirement	47,476	Less: COPE Fees	(10,149)	
				Employee Lab Tests	2,080	Misc. Dues & Subscriptions	6,761	
				Other Employee Benefits	3,500	Misc. Licenses	6,244	
				Medical Reimbursement	73	Alloc. Mgmt. Co.	9,160	
				Employee Picnics	5,000	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 153,762			
						\$ 49,242		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
Management Fees (eliminated on Sch V, col. 7)				N/A			Out-of-State Travel	
\$ 1,552,427							\$	
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 1,552,427							1,062	
C. Professional Services							Allocated from Mgmt. Co.	
Vendor/Payee							1,054	
Type							Entertainment Expense	
Amount							()	
ADP Inc.							(agree to Sch. V, line 24, col. 8)	
Payroll Services							\$ 2,116	
Johnson & Associates								
Legal								
Innovative LTC Solutions								
Billing Services								
Pharmacy Price Management								
Administrative Pharmacy								
Rehab Management Systems								
Billing Services								
Cardiac Diagnostics								
Professional Services								
AMA Profiles								
Professional Services								
Unemployment Consultants								
Unemployment Consultants								
Worldwide Express								
Messenger Services								
Ronald L Cournaya								
Accounting								
RSM McGaladrey								
Accounting								
See Schedule 21A								
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 162,851								

* Attach copy of IMRF notifications

**See instructions.

Meadowbrook Manor
Provider #: 0037366
01/01/13 to 12/31/13

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Polsinelli Shughart PC	Legal	27,620
Grabowski Law Center LLC	Collection Fees	1,974
Hamilton Thies & Lorch	Legal	260
Total for Schedule 21A		<u>29,854</u>
Total (agree to Schedule V, line 19, column 3)		162,851
Allocation from Butterfield Health Care Group		36,158
Allocation from J&D Partners Accounting Fees		15,048
Out of period legal		-
To disallow non-allowable legal fees		-
To disallow non-allowable Professional Fees		(15,404)
Disallow Collection Fees		(1,974)
Total (agree to Schedule V, line 19, column 8)		<u>196,679</u>

Meadowbrook Manor

Provider #: 0037366

01/01/13 to 12/31/13

Inservice Training

DATE	PAYEE	TOPIC	ATTENDEE
	Ashley Small	CEU Certification for Recreational Therapy	Ashely Small
01/31/13	Glen Gomez	Documenting Medical Necessity/Cross Country ED	Glen Gomez
03/29/13	Madhuri Mahadevia	Test and Measures in Rehabilitation Setting	Madhuri Mahadevia
03/29/13	Alfredo Ramos Jr.	Test and Measures in Rehabilitation Setting	Alfredo Ramos Jr.
04/29/13	APIC Chicago	Continuinh the Care: Infection Prevention	Syed Zaidi
06/06/13	Continuing Education Institute of IL	Alzheimer's Disease Challenges, Choices & Solutions	Leticia Bienes
08/15/13	Illinois Council on Long Term Care	Preparing for the Future of Managed Care	Ralph Ricana, Isabel Perez
June, July, & Aug	Affiliated Home Dialysis	RN Trainer at Facility for 30 Days	Dialysis Staff
08/23/13	Glen Gomez	Current Updates on the Treatment of Low Back Pain	Glen Gomez
08/24/13	Joy Cacayan	Geriatric Fractures and Joint Replacement	Joy Cacayan
10/25/13	Cynthia Chow & Associates, LLC	The New Worm Expand Your Capacities	Connie Ajayi, Hugo Rivera, Jessica Feltes
10/23/13	Benedict Obbin	Tuition Reimbursement for Nursing classes	Benedict Obbin
11/09/13	Scott Gabrys	23rd NIC National Conference	Scott Gabrys
11/09/13	Mitra Yarandi	Nutrition Options & Strategies for Dysphagia Patients	Mitra Yarandi
11/14/13	Mitra Yarandi	Cognitive Communication Disorders	Mitra Yarandi
2013	Ana Liza Maningas	Continuous Edcation Unit Fees	Ana Liza Maningas
2013	Laura Bentkowski	Continuous Edcation Unit Fees	Laura Bentkowski
2013	Joni Gruen	Continuous Edcation Unit Fees	Joni Gruen

TOTAL

& Education

JOB CLASS	LOCATION	FEE
Activity Director	N/A	240.00
Physical Therapist	Glen Ellyn, IL	209.00
Occupational Therapist	Naperville, IL	189.00
Physical Therapist	Naperville, IL	189.00
Administrative	Naperville, IL	66.00
Social Services Director	Northlake, IL	129.00
Administrator , DON	Oak Lawn, IL	300.00
Dialysis Staff	Facility	6,000.00
Physical Therapist	Glen Ellyn, IL	169.00
Physical Therapist	Chicago, IL	425.00
Dietary	Chicago, IL	360.00
Certified Nurses Aide	On-line	1,000.00
CFO	Chicago, IL	617.00
Speech Therapist	Naperville, IL	189.00
Speech Therapist	Downers Grove, IL	179.00
Physical Therapist	N/A	259.00
Occupational Therapist	N/A	209.00
Physical Therapist	N/A	199.00

10,928.00

LOCATION	FEE
Alsip, IL	315.00
Oak Lawn, IL	210.00
Schaumburg, IL	537.00
	1,054.00
	2,116.00

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	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3										N/A		
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning: 01/01/13

Ending: 12/31/13

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. IL CLTC-\$30,754
- (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? 6.46 yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 124,641 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. \$ 700,010
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. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 467
- (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? N/A
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- 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. \$ 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) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	533,229	52,462	20,043	605,734	0	605,734	0	605,734
2. Food Purchase	0	632,889	0	632,889	0	632,889	3,427	636,316
3. Housekeeping	437,758	120,696	0	558,454	0	558,454	670	559,124
4. Laundry	19,219	115,869	0	135,088	0	135,088	0	135,088
5. Heat and Other Utilities	0	0	282,671	282,671	0	282,671	4,204	286,875
6. Maintenance	184,487	19,403	200,777	404,667	0	404,667	84,356	489,023
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,174,693	941,319	503,491	2,619,503	0	2,619,503	92,657	2,712,160
9. Medical Director	0	0	24,000	24,000	0	24,000	31,918	55,918
10. Nursing & Medical Records	5,945,056	528,101	53,293	6,526,450	0	6,526,450	21,766	6,548,216
10a. Therapy	1,299,251	9,830	12,210	1,321,291	0	1,321,291	0	1,321,291
11. Activities	291,150	19,846	2,496	313,492	0	313,492	0	313,492
12. Social Services	194,211	246	2,105	196,562	0	196,562	30,263	226,825
13. Nurse Aide Training	63,834	0	0	63,834	0	63,834	0	63,834
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	7,793,502	558,023	94,104	8,445,629	0	8,445,629	83,947	8,529,576
17. Administrative	153,762	0	1,552,427	1,706,189	0	1,706,189	-1,388,484	317,705
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	162,851	162,851	0	162,851	33,828	196,679
20. Fees, Subscriptions & Promotion	0	0	50,231	50,231	0	50,231	-989	49,242
21. Clerical & General Office	469,246	41,718	74,458	585,422	0	585,422	402,090	987,512
22. Employee Benefits & Payroll	0	0	1,511,281	1,511,281	0	1,511,281	0	1,511,281
23. Inservice Training & Education	0	0	10,928	10,928	0	10,928	224	11,152
24. Travel and Seminar	0	0	1,062	1,062	0	1,062	1,054	2,116
25. Other Admin. Staff Trans	0	0	4,835	4,835	0	4,835	9,364	14,199
26. Insurance-Prop.Liab.Malpractice	0	0	482,877	482,877	0	482,877	122,523	605,400
27. Other (specify)*	0	0	0	0	0	0	119,705	119,705
28. Total General Adminis	623,008	41,718	3,850,950	4,515,676	0	4,515,676	-700,685	3,814,991
29. Total General Administrative	9,591,203	1,541,060	4,448,545	15,580,808	0	15,580,808	-524,081	15,056,727
30. Depreciation	0	0	313,459	313,459	0	313,459	297,965	611,424
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	35,089	35,089	0	35,089	672,599	707,688
33. Real Estate	0	0	0	0	0	0	352,399	352,399

34. Rent - Facility & Grounds	0	0	1,776,000	1,776,000	0	1,776,000	-1,659,128	116,872
35. Rent - Equipment & Vehicles	0	0	47,877	47,877	0	47,877	15,570	63,447
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	2,172,425	2,172,425	0	2,172,425	-320,595	1,851,830
38. Medically Necessary T	0	0	23,206	23,206	0	23,206	0	23,206
39. Ancillary Service Cent	176,127	624,542	0	800,669	0	800,669	0	800,669
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	700,010	700,010	0	700,010	0	700,010
43. Other (specify):*	0	0	784,008	784,008	0	784,008	-784,008	0
44. Total Special Cost Ce	176,127	624,542	1,507,224	2,307,893	0	2,307,893	-784,008	1,523,885
45. Grand Total	9,767,330	2,165,602	8,128,194	20,061,126	0	20,061,126	-1,628,684	18,432,442

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	208,202	208,202
2. Cash - Patient Deposits	43,609	43,609
3. Accounts & Notes Recievable	3,223,298	3,223,298
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	507,047	507,047
7. Other Prepaid Expenses	16,505	16,505
8. Accounts Receivable-Owner/Related Party	3,201,207	3,201,207
9. Other (specify):	4,355	162,995
10. Total current assets	7,204,223	7,362,863
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	692,061
14. Buildings, at Historical Cost	0	10,463,537
15. Leasehold Improvements, Historical Cost	2,676,787	3,362,846
16. Equipment, at Historical Cost	2,405,732	3,602,826
17. Accumulated Depreciation (book methods)	-2,961,090	-9,945,441
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	61,226	533,326
23. other (specify):	0	132,603
24. Total Long-Term Assets	2,182,655	8,841,758
25. Total Assets	9,386,878	16,204,621
CURRENT LIABILITIES		
26. Accounts Payable	1,047,159	1,047,159
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	76,947	76,947
29. Short-Term Notes Payable	1,456,835	1,456,835
30. Accrued Salaries Payable	606,818	606,818
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	360,000
33. Accrued Interest Payable	147	147
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	399,650	399,650

37. Other Current Liabilities (specify):	4,645,733	0
38. Total Current Liabilities	8,233,289	3,947,556
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	20,218,523
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	0	20,218,523
46.Total Liabilities	8,233,289	24,166,079
47.Total Equity	1,153,589	-7,961,458
48.Total Liabilities and Equity	9,386,878	16,204,621

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	18,435,663
2. Discounts and Allowances for all Levels	-389,167
Subtotal - Inpatient Care	18,046,496
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	3,187,695
7. Oxygen	97,041
Subtotal - Anciliary Revenue	3,284,736
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	4,392
14. Non-Patient Meals	467
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	513,486
18. Sale of Supplies to Non-Patients	0
19. Laboratory	13,504
20. Radiology and X-Ray	42,750
21. Other Medical Services	148,481
22. Laundry	7,223
Subtotal - Other Operating Revenue	730,303
24. Contributions	0
25. Interest and Other Investments Income	99,770
Subtotal - Non-Operating Revenue	99,770
27. Other Revenue (specify):	227
28. Other Revenue (specify):	0
Subtotal - Other Revenue	227
30. Total Revenue	22,161,532
31. General Services	2,619,503
32. Health Care	8,445,629
33. General Administration	4,515,676
34. Ownership	2,172,425

35. Special Cost Centers	1,607,883
35. Provider Participation Fee	700,010
37. Other	0
40. Total Expenses	20,061,126
41. Income Before Income Taxes	2,100,406
42. Income Taxes	0
43. Net Income or Loss for the Year	2,100,406