

Facility Name & ID Number Meadowbrook Manor

0037366 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	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	74,133	9,013	16,470	99,616	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	74,133	9,013	16,470	99,616	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.58%

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

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 12,637

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: 12/31/2014 Fiscal Year: 12/31/2014

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

Facility Name & ID Number

Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	526,972	59,856	19,086	605,914		605,914		605,914		1
2	Food Purchase		670,373		670,373		670,373	3,044	673,417		2
3	Housekeeping	442,589	117,382		559,971		559,971		559,971		3
4	Laundry	19,929	85,968		105,897		105,897		105,897		4
5	Heat and Other Utilities			312,918	312,918		312,918	4,245	317,163		5
6	Maintenance	210,816	49,578	241,613	502,007		502,007	51,427	553,434		6
7	Other (specify):*										7
8	TOTAL General Services	1,200,306	983,157	573,617	2,757,080		2,757,080	58,716	2,815,796		8
	B. Health Care and Programs										
9	Medical Director			31,500	31,500		31,500	31,564	63,064		9
10	Nursing and Medical Records	6,361,303	501,257	60,873	6,923,433		6,923,433	22,282	6,945,715		10
10a	Therapy	1,555,205	14,800	13,150	1,583,155		1,583,155		1,583,155		10a
11	Activities	282,655	16,944	2,496	302,095		302,095		302,095		11
12	Social Services	203,802	75	2,155	206,032		206,032	30,602	236,634		12
13	CNA Training	6,153			6,153		6,153		6,153		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	8,409,118	533,076	110,174	9,052,368		9,052,368	84,448	9,136,816		16
	C. General Administration										
17	Administrative	129,883		1,400,101	1,529,984		1,529,984	(1,234,144)	295,840		17
18	Directors Fees										18
19	Professional Services			177,093	177,093		177,093	37,610	214,703		19
20	Dues, Fees, Subscriptions & Promotions			57,228	57,228		57,228	(11,458)	45,770		20
21	Clerical & General Office Expenses	464,417	44,125	70,725	579,267		579,267	390,130	969,397		21
22	Employee Benefits & Payroll Taxes			1,609,089	1,609,089		1,609,089		1,609,089		22
23	Inservice Training & Education			5,559	5,559		5,559	46	5,605		23
24	Travel and Seminar			1,328	1,328		1,328	1,385	2,713		24
25	Other Admin. Staff Transportation			9,384	9,384		9,384	3,286	12,670		25
26	Insurance-Prop.Liab.Malpractice			405,773	405,773		405,773	125,242	531,015		26
27	Other (specify):*							112,625	112,625		27
28	TOTAL General Administration	594,300	44,125	3,736,280	4,374,705		4,374,705	(575,278)	3,799,427		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	10,203,724	1,560,358	4,420,071	16,184,153		16,184,153	(432,114)	15,752,039		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:

01/01/2014

Ending:

12/31/2014

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			332,810	332,810		332,810	316,114	648,924			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			69,212	69,212		69,212	658,556	727,768			32
33	Real Estate Taxes							399,900	399,900			33
34	Rent-Facility & Grounds			1,776,000	1,776,000		1,776,000	(1,657,901)	118,099			34
35	Rent-Equipment & Vehicles			58,805	58,805		58,805	18,919	77,724			35
36	Other (specify):*											36
37	TOTAL Ownership			2,236,827	2,236,827		2,236,827	(264,412)	1,972,415			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			68,310	68,310		68,310		68,310			38
39	Ancillary Service Centers	166,803	596,374		763,177		763,177		763,177			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			694,019	694,019		694,019		694,019			42
43	Other (specify):* Non-Allowable Co			859,390	859,390		859,390	(859,390)				43
44	TOTAL Special Cost Centers	166,803	596,374	1,621,719	2,384,896		2,384,896	(859,390)	1,525,506			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	10,370,527	2,156,732	8,278,617	20,805,876		20,805,876	(1,555,916)	19,249,960			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: 01/01/2014

Ending: 12/31/2014

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	(361)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(107,883)	30		9
10	Interest and Other Investment Income	(46,477)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,018)	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	(1,100)	43		18
19	Entertainment				19
20	Contributions	(5,220)	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	(673,245)	43		24
25	Fund Raising, Advertising and Promotional	(2,058)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(41,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(317)	43		28
29	Other-Attach Schedule See Sch 5A	(176,906)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,055,585)		\$	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)	(500,331)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (500,331)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,555,916)		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: 01/01/2014

Ending: 12/31/2014

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

12/31/2014

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow COPE Fees	(18,012)	20
To disallow Consolidated Billing Services	(32,259)	43
To disallow Cable Television	(11,406)	43
To disallow X-Ray expense	(44,296)	43
To disallow Lab expense	(14,442)	43
To disallow Employee Gifts	(9,456)	43
To disallow Physicians Gifts	(70)	43
To disallow Resident Gifts	(315)	43
To disallow Gifts	(790)	43
To disallow Marketing Expense	(22,398)	43
To disallow collection fees	(17,349)	19
To disallow out of period expenses	(210)	23
To disallow non-allowable Seminar	(383)	24
To disallow Chamber of Commerce dues	(907)	20
To offset Miscellaneous Income	(4,613)	21
Total	(176,906)	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(361)	3,405	0	0	0	0	0	0	0	0	0	3,044	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	4,245	0	0	0	0	0	0	0	0	0	4,245	5
6	Maintenance	0	51,427	0	0	0	0	0	0	0	0	0	51,427	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(361)	59,077	0	0	0	0	0	0	0	0	0	58,716	8
	B. Health Care and Programs													
9	Medical Director	0	31,564	0	0	0	0	0	0	0	0	0	31,564	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	22,282	0	0	0	0	0	0	0	0	0	22,282	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	30,602	0	0	0	0	0	0	0	0	0	30,602	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	84,448	0	0	0	0	0	0	0	0	0	84,448	16
	C. General Administration													
17	Administrative	0	(1,234,144)	0	0	0	0	0	0	0	0	0	(1,234,144)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	39,362	0	15,597	0	0	0	0	0	0	0	54,959	19
20	Fees, Subscriptions & Promotions	0	7,461	0	0	0	0	0	0	0	0	0	7,461	20
21	Clerical & General Office Expenses	0	394,743	0	0	0	0	0	0	0	0	0	394,743	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	256	0	0	0	0	0	0	0	0	0	256	23
24	Travel and Seminar	0	1,768	0	0	0	0	0	0	0	0	0	1,768	24
25	Other Admin. Staff Transportation	0	0	3,286	0	0	0	0	0	0	0	0	3,286	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,603	123,639	0	0	0	0	0	0	0	125,242	26
27	Other (specify):*	0	0	112,625	0	0	0	0	0	0	0	0	112,625	27
28	TOTAL General Administration	0	(790,554)	117,514	139,236	0	(533,804)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(361)	(647,029)	117,514	139,236	0	(390,640)	29						

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

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	(107,883)	0	10,260	413,737	0	0	0	0	0	0	0	316,114	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(46,477)	0	0	705,033	0	0	0	0	0	0	0	658,556	32
33	Real Estate Taxes	0	0	0	399,900	0	0	0	0	0	0	0	399,900	33
34	Rent-Facility & Grounds	0	0	118,099	(1,776,000)	0	0	0	0	0	0	0	(1,657,901)	34
35	Rent-Equipment & Vehicles	0	0	18,919	0	0	0	0	0	0	0	0	18,919	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(154,360)	0	147,278	(257,330)	0	(264,412)	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):*	(682,641)	0	0	0	0	0	0	0	0	0	0	(682,641)	43
44	TOTAL Special Cost Centers	(682,641)	0	0	0	0	0	0	0	0	0	0	(682,641)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(837,362)	(647,029)	264,792	(118,094)	0	0	0	0	0	0	0	(1,337,693)	45

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 6A	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%	\$ 3,405	\$ 3,405	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%			2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	4,245	4,245	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	51,427	51,427	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	31,564	31,564	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	22,282	22,282	6
7	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	30,602	30,602	7
8	V	17 Administrative Costs	1,400,101	Butterfield Health Care Group, Inc.	100.00%	165,957	(1,234,144)	8
9	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	39,362	39,362	9
10	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	7,461	7,461	10
11	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	394,743	394,743	11
12	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	256	256	12
13	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	1,768	1,768	13
14	Total		\$ 1,400,101			\$ 753,072	\$ * (647,029)	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%	\$ 3,286	\$	3,286	15
16	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	1,603		1,603	16
17	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	112,625		112,625	17
18	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	10,260		10,260	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%	118,099		118,099	20
21	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	18,919		18,919	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		\$			\$ 264,792	\$ *	264,792	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%	\$ 15,597	\$ 15,597
16	V	21 Clerical & General Office exp.		J&D Partners, L.P.	100.00%		
17	V	26 Insurance - Prop & Liability		J&D Partners, L.P.	100.00%	123,639	123,639
18	V	30 Depreciation		J&D Partners, L.P.	100.00%	413,737	413,737
19	V	32 Interest		J&D Partners, L.P.	100.00%	701,369	701,369
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%	399,900	399,900
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	375	J&D Partners, L.P.	100.00%		(375)
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		\$ 1,776,375			\$ 1,658,281	\$ * (118,094)

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

Butterfield Health Care, Inc.
D/B/A Meadowbrook Manor
Provider # 0037366
12/31/2014

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: 01/01/2014 Ending: 12/31/2014

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	105,675	8	20.00	Mgt Salaries	\$ 42,720	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	79,980	2	5.00	Mgt Salaries	22,002	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	126,874	2	5.00	Mgt Salaries	94,367	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	59,235	2	5.00	Mgt Salaries	6,868	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	42,436	10	25.00	Medical Director	31,564	9(7)	5
6	Dorothy Vangel	Operating Supvsr.	Administrative	12.50	50,400	0	0.00	N/A		N/A	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 197,521		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: 01/01/2014

Ending: 2/31/2014

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	233,547	3	\$ 7,984	\$ 99,616	\$ 3,405	1
2	3	Housekeeping	Resident Days	233,547	3	0	99,616	0	2
3	5	Utilities	Resident Days	233,547	3	9,952	99,616	4,245	3
4	6	Repairs & Maintenance	Resident Days	233,547	3	120,569	101,987	51,427	4
5	9	Medical Director	Resident Days	233,547	3	74,000	99,616	31,564	5
6	11	Nursing	Resident Days	233,547	3	52,240	52,240	22,282	6
7	13	Social Services	Resident Days	233,547	3	71,745	71,745	30,602	7
8	17	Administrative Costs	Resident Days	233,547	3	389,081	389,081	165,957	8
9	19	Professional Services	Resident Days	233,547	3	92,282	99,616	39,362	9
10	20	Dues,Fees & Subscriptions	Resident Days	233,547	3	17,491	99,616	7,461	10
11	21	Clerical & General Office exp.	Resident Days	233,547	3	925,465	829,687	394,743	11
12	23	Training & Education	Resident Days	233,547	3	600	99,616	256	12
13	24	Travel & Seminar	Resident Days	233,547	3	4,146	99,616	1,768	13
14	25	Auto Expense	Resident Days	233,547	3	7,704	99,616	3,286	14
15	26	Insurance	Resident Days	233,547	3	3,759	99,616	1,603	15
16	27	Employee Benefits General &Admin.	Resident Days	233,547	3	264,046	99,616	112,625	16
17	30	Depreciation	Resident Days	233,547	3	24,054	99,616	10,260	17
18	32	Interest	Resident Days	233,547	3		99,616	0	18
19	34	Rent Building	Resident Days	233,547	3	276,880	99,616	118,099	19
20	35	Equipment Rental	Resident Days	233,547	3	44,355	99,616	18,919	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 2,386,353	\$ 1,444,740		\$ 1,017,864	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	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	\$ 19,885,521	10/01/46	0.3500	\$ 700,994	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		3,669,604	12/31/14	3.7500	61,423	6						
7	Omnicare		x	Trade Payables	\$15,805.00	3/19/09	837,378			5.0000	416	7						
8				Amortization of Loan Cost							7,373	8						
9	TOTAL Facility Related				\$153,227.55		\$ 21,713,378	\$ 23,555,125			\$ 774,245	9						
B. Non-Facility Related*																		
10											Offset Interest Income	(46,477)	10					
11													11					
12													12					
13													13					
14	TOTAL Non-Facility Related						\$	\$			\$ (46,477)	14						
15	TOTALS (line 9+line14)						\$ 21,713,378	\$ 23,555,125			\$ 727,768	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 100,193 Line # 26

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2013 report.		\$	<u>360,000</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.)		\$	<u>378,149</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>18,149</u>		3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>381,751</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>399,900</u>		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2009	<u>300,614</u>	8	FOR BHF USE ONLY	
	2010	<u>317,126</u>	9	13	FROM R. E. TAX STATEMENT FOR 2013 \$ 13
	2011	<u>335,521</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2012	<u>347,383</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2013	<u>378,149</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<u>2013 Tax Bill= 378,149.46</u>					
<u>Estimated increase=1.0095%</u>					
<u>Total = 381741.87</u>					
<u>Use: 381,751</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.

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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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:

01/01/2014 Ending:

12/31/2014

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).

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	\$ 4,793,763	4
5	10		1994	1994	31,090		40	777	777	16,317	5
6	53		1996	1996	2,505,079		40	62,627	62,627	1,158,600	6
7											7
8											8
	Improvement Type**										
9		1992 Improvements	1992		32,614		20			32,614	9
10		1993 Improvements	1993		2,750		20			2,750	10
11		1993 Improvements	1993		4,822		40	121	121	2,601	11
12		1994 Improvements	1994		6,432		10			6,432	12
13		1994 Improvements	1994		18,192		20	910	910	17,745	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	13,035	26
27		Remodeling - Ice Cream Parlor	1999		3,624		39	93	93	1,348	27
28		Remodeling Work - 3rd Floor Hamilton Unit	2000		16,421		39	421	421	6,105	28
29		Remodeling Work - Nurse Station (All Floors)	2000		20,103		39	515	515	7,468	29
30		Plumbing Electrical Work - Boiler Room (Basement)	2000		4,587		39	118	118	1,711	30
31		Remodeling Work - Dialysis Room	2000		7,253		39	186	186	2,697	31
32		1992 Improvements	1992		2,245		10			2,245	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 Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	\$ 32,819	37
38	Remodeling Work	2001	13,319		39	342	342	4,616	38
39	Window Treatments	2001	45,531		39	1,166	1,166	15,742	39
40	Double Door Insulation	2001	6,860		39	176	176	2,376	40
41	Carpeting - 1st Floor	2002	33,778		20	1,688	1,688	21,101	41
42	Reconstruct Front Entrance Awning	2002	11,915		20	596	596	7,450	42
43	Window Treatments	2002	4,672		20	234	234	2,925	43
44	Ceiling Tiles	2002	2,306		20	115	115	1,438	44
45	Exterior Signs	2002	18,832		20	942	942	11,775	45
46	Ceiling Tiles	2003	2,029		10	203	203	2,131	46
47	Ceiling Tiles	2003	916		20	46	46	580	47
48	Exterior Signs	2003	12,600		20	630	630	7,245	48
49	Install 16 Horizontal Tubes in Stairwell	2003	1,600		20	80	80	920	49
50	Electric Work for Dialysis Room	2003	6,736		20	337	337	3,874	50
51	Install 9 Motors on Fire Dampers	2003	3,651		20	182	182	2,093	51
52	Plumbing for Dialysis Room	2003	10,989		10	1,099	1,099	11,539	52
53	Exterior Concrete Patchwork	2003	3,200		20	160	160	1,792	53
54	Ductwork for New Oxygen Room	2003	4,490		10	449	449	4,715	54
55	New Hot Water Storage Tank	2003	8,290		10	829	829	8,704	55
56	Installed 5 Fire Dampers	2003	7,091		10	709	709	7,445	56
57	Installed 5 Smoke Detectors	2003	2,581		10	258	258	2,709	57
58	Installation of Sprinklers in Awning	2003	9,624		10	962	962	10,101	58
59	Installed 4 Fire Dampers	2003	3,467		10	346	346	3,633	59
60	Installation of Fence around Dumpster	2003	1,658		10	166	166	1,743	60
61	Sealcoat Parking Lot	2003	5,500		10	550	550	5,775	61
62	Air Conditioner Overhaul	2004	3,769		10	377	377	3,958	62
63	Replace Water Pump	2004	1,473		10	147	147	1,544	63
64	Install 4 Doors	2004	1,348		10	134	134	1,407	64
65	Electrical Wiring to Garbage Compactor	2004	2,070		10	207	207	2,174	65
66	Install Sprinkler System - Front Canopy	2004	10,375		10	1,038	1,038	10,899	66
67	Install New Seal on Water Pump	2004	1,793		10	179	179	1,880	67
68	Install Motor on Boiler	2004	1,053		10	105	105	1,103	68
69	Ceiling Tiles	2004	5,620		20	281	281	2,949	69
70	TOTAL (lines 4 thru 69)		\$ 11,391,504	\$		\$ 290,647	\$ 290,647	\$ 6,396,506	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:

01/01/2014

Ending:

12/31/2014

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	\$		\$ 290,647	\$ 290,647	\$ 6,396,506	1
2	Install Blinds	2004	5,002		20	250	250	2,625	2
3	Exterior Lighting	2004	3,808		20	190	190	1,995	3
4	Sealing on Roof	2004	2,300		20	115	115	1,208	4
5	Install Drainage for Roof	2004	5,000		20	250	250	2,625	5
6	Ceramic Tile for Kitchen	2004	6,221		20	312	312	3,276	6
7	Plant 3 Trees	2004	1,125		20	56	56	588	7
8	Butterfly Garden	2004	3,423		20	171	171	1,796	8
9	Expand Phone System	2005	2,175		20	108	108	1,026	9
10	Replace Boiler	2005	23,894		20	1,195	1,195	11,352	10
11	Install new Compressor	2005	7,652		20	383	383	3,638	11
12	Install new Coil	2005	7,230		20	362	362	3,439	12
13	Replace fire doors	2005	3,116		20	156	156	1,482	13
14	Install carpeting in 3 offices	2005	1,608		20	80	80	760	14
15	Install wheelchair access ramp	2005	10,310		20	516	516	4,902	15
16	Sealcoat asphalt	2005	9,650		20	483	483	4,588	16
17	Furnish and install new taco pump - pavilion	2005	5,986		20	299	299	2,841	17
18	Install Blinds	2005	2,242		20	112	112	1,064	18
19	Exterior Lighting	2005	18,515		20	926	926	8,797	19
20	Furnish and Install new motors, belts & capacitors	2005	3,345		20	167	167	1,587	20
21	Furnish and install glycol to HVAC system	2005	10,925		20	546	546	5,187	21
22	Install patio	2005	15,232		20	762	762	7,239	22
23	Install wiring for new television	2006	37,345		20	1,867	1,867	15,870	23
24	Install new cabinets and countertops in supply room	2006	4,365		20	218	218	1,853	24
25	New flooring in dining room	2006	14,451		20	723	723	6,145	25
26	Remove and replace sidewalk section	2006	4,928		20	246	246	2,091	26
27	Replacement parts for air conditioner	2006	9,985		20	499	499	4,242	27
28	Interior signage	2006	13,720		20	686	686	5,831	28
29	Furnish and install new seals, triple duty valves	2006	7,495		20	375	375	3,187	29
30	Furnish and install new compressor	2006	14,500		20	725	725	6,162	30
31	Install new lighting in rehab room	2006	3,825		20	191	191	1,624	31
32	Tuckpointing on Building Exterior	2007	10,150		10	1,015	1,015	7,613	32
33	Granite Countertops for Lounge	2007	2,575		10	257	257	1,928	33
34	TOTAL (lines 1 thru 33)		\$ 11,663,602	\$		\$ 304,888	\$ 304,888	\$ 6,525,067	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:

01/01/2014

Ending:

12/31/2014

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		\$ 11,663,602	\$		\$ 304,888	\$ 304,888	\$ 6,525,067	1
2	Purchase & Installation of vinyl & wood flooring	2007	47,794		10	4,779	4,779	35,843	2
3	Rebuild Fire Pump	2007	15,174		10	1,517	1,517	11,378	3
4	Purchase & Installation of cabinets	2007	23,509		10	2,351	2,351	17,632	4
5	Drywall	2007	4,200		10	420	420	3,150	5
6	Replace doors on 3rd floor service elevator & lounge	2007	11,931		10	1,193	1,193	8,948	6
7	Soffit over nurses station, install cleat base & wall cabinets	2007	21,900		10	2,190	2,190	16,425	7
8	Replace lockers in lower level locker room	2007	7,769		10	777	777	5,827	8
9	Electrical work - nurses station, 3rd floor & exterior sign	2007	10,310		10	1,031	1,031	7,733	9
10	Millwork, shop drawings & delivery	2007	4,240		10	424	424	3,180	10
11	Central A/C upgrade	2007	5,806		10	581	581	4,357	11
12									12
13	Window Treatments throughout facility	2008	46,409		10	4,641	4,641	30,166	13
14	Route 53 sign repair	2008	2,900		10	290	290	1,885	14
15	Therapy room, nutrition room, ice cream parlor, beauty shop & Physicians lounge renovations:	2008	85,060		10	8,506	8,506	55,289	15
16									16
17	- Remove & install new cabinets, countertops, plumbing,								17
18	doors, electrical (install new outlets), replace drywall								18
19									19
20	R&M Reclass								20
21	- Repair pump #1 & #2 on air conditioning unit (furnish & install new seal kit, o-rings, water gauges, retainer cap, gaskets & wood coupler)	2008	6,067		10	607	607	3,945	21
22									22
23									23
24	- Plumbing repairs (schlage)	2008	5,123		10	512	512	3,328	24
25	- Repair main air conditioner (install new valve rebuilt kit, solenoid coil, relief valves, transducer, adaptor, gaskets & drier cores for system # 1)	2008	7,736		10	774	774	5,031	25
26									26
27									27
28	- Repair two boilers due to low pressure in system	2008	2,568		10	257	257	1,670	28
29	- Replace shaft coupler & head and manifold gasket on main chiller	2008	2,944		10	294	294	1,911	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,975,042	\$		\$ 336,032	\$ 336,032	\$ 6,742,765	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	
	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	\$		\$ 336,032	\$ 336,032	\$ 6,742,765	1
2	R&M Reclass								2
3	- Building Sprinkler system repair (clear main feed	2008	4,256		10	426	426	2,769	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	1,716	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	6,175	9
10	coating asphalt, striping parking lot								10
11	- Seating wall on patio area, repair sidewalk leading to	2008	3,300		10	330	330	2,145	11
12	patio area.								12
13	- Vinyl flooring	2008	14,062		10	1,406	1,406	9,139	13
14									14
15									15
16	Replace resident therapy glass windows	2009	3,175		10	318	318	1,749	16
17	Wiring and Electiral work	2009	5,085		10	509	509	2,799	17
18	Seal Coating & Striping parking lot	2009	8,500		10	850	850	4,675	18
19									19
20	Parking lot resurfacing	2010	40,500		10	4,050	4,050	20,250	20
21	Pavillion Remodel-Electrical,plumbing,carpentry	2010	166,855		20	8,343	8,343	41,715	21
22	Buffet-Cabinets, counter	2010	54,719		20	2,736	2,736	13,680	22
23	Public Restroom-Toliet and Faucet	2010	8,242		20	412	412	2,060	23
24	Main Building-carpeting	2010	48,116		20	2,406	2,406	12,030	24
25	DON office, Conf room and lounge-cabinets, chair rails	2010	6,790		20	340	340	1,700	25
26	Bathroom updates-showers, grout,tile	2010	4,037		20	202	202	1,010	26
27	Patinet Rooms-doors and windows	2010	4,743		20	237	237	1,185	27
28	Labor	2010	159,432		20	7,972	7,972	39,860	28
29									29
30	Elevator Repairs	2011	5,720		10	572	572	2,002	30
31	Tinting of the Windows	2011	5,755		10	576	576	2,016	31
32	Corridor Remodel -Wall paper, Light Fixture, Carpet,	2011	61,676		10	6,168	6,168	21,588	32
33	Handrails, & Paint								33
34	TOTAL (lines 1 thru 33)		\$ 12,592,146	\$		\$ 375,099	\$ 375,099	\$ 6,933,028	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:

01/01/2014

Ending:

12/31/2014

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 12D, Carried Forward		\$ 12,592,146	\$		\$ 375,099	\$ 375,099	\$ 6,933,028	1
2	Shower Remodel - Plumbing, tile, ceramic floors,	2011	86,627		10	8,662	8,662	30,317	2
3	paint, & Fixtures								3
4	Resident Room Improvements - install new ceramic	2011	268,696		10	26,870	26,870	94,045	4
5	tile floor, crownmould, baseboards, paint								5
6	Lounge & Juice Bar Remodel - New Cabinet, flooring,	2011	43,336		10	4,334	4,334	15,169	6
7	wiring, paint, crown mould, base board								7
8	Nurse Station Remodel - flooring, paint, cabinets	2011	57,392		10	5,740	5,740	20,090	8
9	Nourishment & PAV Rooms Remodel - flooring, paint,	2011	32,886		10	3,288	3,288	11,508	9
10	cabinets, trim								10
11	Repairs to the Air Cooled Chiller	2011	124,656		10	12,466	12,466	43,631	11
12	Replace the 40 ton Rooftop unit	2011	52,640		10	5,264	5,264	18,424	12
13	Repairs to the nursing home	2011	5,473		10	547	547	1,915	13
14	Dialysis Conversion - Drywall, Carpeting, Paint, Flooring	2012	44,973		10	4,497	4,497	11,243	14
15	Trash Contains Enclosure - excavation, asphalt gates	2012	56,880		10	5,688	5,688	14,220	15
16	Stairway remodeling -steel panels, ceiling frme, handrails	2012	17,692		10	1,769	1,769	4,423	16
17	Therapy Room remodel -drywall, ceiling tilt, cabinets, glass	2012	48,929		10	4,893	4,893	12,232	17
18	First Floor Conference -drywall, ceiling tile, cabinetry, traim	2012	16,454		10	1,645	1,645	4,113	18
19	Housekeeping Office remodel -ceiling tile, vinyl cove	2012	9,741		10	974	974	2,435	19
20	Nurses Station remodeling - plumbing	2012	13,419		10	1,342	1,342	3,355	20
21	Nurses Station remodeling - electrical work, tempered glass	2012	2,284		10	228	228	570	21
22	Juice Shop Remodeling Cabinetry, tiles	2012	5,478		10	548	548	1,370	22
23	Room remodel 1st, 2nd&3rd FL Ceiling Tile, Studs, Drywall	2012	92,907		10	9,291	9,291	23,227	23
24	tempered glass, electrical work cabinets								24
25	Resident Room Improvements - Rooms 230,330,316 Tile and	2013	3,549		10	355	355	532	25
26	electric								26
27	Third Floor Restorative - Flooring, Trim, Drywall Counters	2013	30,733		10	3,073	3,073	4,610	27
28	Boiler Room Remodel - Plumbing	2013	9,605		10	961	961	1,441	28
29	Remodel Design Fees - Dining Room, Nursing Station, Etc	2013	29,219		10	2,922	2,922	4,383	29
30	Water Heater	2013	6,800		10	680	680	1,020	30
31	H/R and Administration Offices Remodeling Flooring	2013	2,795		10	280	280	420	31
32	Stairway remodeling -Panels	2013	3,077		10	308	308	462	32
33	Fire Sprinkler Remodeling 3 Floor, Boiler Rm	2013	1,643		10	164	164	246	33
34	TOTAL (lines 1 thru 33)		\$ 13,660,030	\$		\$ 481,888	\$ 481,888	\$ 7,258,429	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:

01/01/2014

Ending:

12/31/2014

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 12E, Carried Forward		\$ 13,660,030	\$		\$ 481,888	\$ 481,888	\$ 7,258,429	1
2	Vents Remodeling in Bathroom, Dinning Rm Boiler Rm	2013	1,776		10	178	178	267	2
3	Replace Heasters and electric work Common Bathrooms	2013	3,811		10	381	381	572	3
4	Fire Door Remodeling	2013	5,727		10	573	573	859	4
5	Trash Enclosure Remodeling - Gates replacement	2013	511		10	51	51	77	5
6	Land Improvement - Plant, Trees, Sprinkler Sys, Mulch	2013	15,522		5	3,104	3,104	4,656	6
7									7
8	3RD Floor Bathrooms - Vinyl & Adhesive	2013	12,603		10	1,260	1,260	1,890	8
9	Residents Rooms - Flooring, Walls, Paint, Plumbing, Electric	2013	49,226		10	4,923	4,923	7,384	9
10	Parking Lot Expansion	2013	77,177		10	7,718	7,718	11,577	10
11	Elevator Repair Install 2 reverse Phase Protection Relays	2014	4,645		10	232	232	232	11
12	Common Showers Improvements - 2nd & 3rd Floor Rails,	2014	96,909		10	4,845	4,845	4,845	12
13	Doors, Plumber Parts, Demolition, Tile Granite Countertops								13
14	Drywall, Ceiling Tile								14
15	Common Showers Improvements - 1st & 2nd Floor Rails,	2014	76,186		10	3,809	3,809	3,809	15
16	Doors, Plumber Parts, Demolition, Tile Granite Countertops								16
17	Drywall, Ceiling Tile, Electrical work, Sprinkler System								17
18	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	4,951		10	248	248	248	18
19	Electrical work and Parts Granite Tops								19
20	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	141,314		10	7,066	7,066	7,066	20
21	Electrical work and Parts Granite Tops, Vinyl Flooring,								21
22	Ceiling Tile, Wood Work, Cabinetry, Demolition Work								22
23	Painting, Carpet, and Plumbing Work								23
24	Newsstand Improvements - Awning, Electrical Work and	2014	11,316		10	566	566	566	24
25	Materials, Canopy								25
26	Therapy Room Improvements Old Creek Fixtures	2014	6,208		10	310	310	310	26
27	Residents Rooms -Electrical, Plumbing, Headboards	2014	4,843		10	242	242	242	27
28	Admissions Office Electrical Work and Materials, Counter	2014	13,370		10	669	669	669	28
29	Tops, Cabinets, Carpeting								29
30	Fire Alarm/Dampers - Replace Equipment, Heating and	2014	98,104		10	4,905	4,905	4,905	30
31	Cooling, Electrical Work, and Dampers								31
32	Fire Alarm/Dampers - Replace Equipment	2014	75,168		10	3,758	3,758	3,758	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,359,397	\$		\$ 526,726	\$ 526,726	\$ 7,312,361	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 12F, Carried Forward		\$ 14,359,397	\$		\$ 526,726	\$ 526,726	\$ 7,312,361	1
2	Window Improvements - Window Trim and Blinds for Offices	2014	4,586		10	229	229	229	2
3	Replace the Back Door	2014	2,043		10	102	102	102	3
4	Dietary Office - Counter Tops	2014	6,409		10	320	320	320	4
5	Roof Inspection and Repair	2014	6,360		10	318	318	318	5
6	Boiler Up Grade- Labor, Circulating Pump, Boiler Seals	2014	22,297		10	1,115	1,115	1,115	6
7	Boiler Up Grade- Installation of Boilers	2014	90,012		10	4,501	4,501	4,501	7
8	Corridors - Flooring and Railings, Wall Covering	2014	28,011		10	1,401	1,401	1,401	8
9	New Patio Installed - Paver, Pergola Columns, Lawn Sprinkler Sys	2014	17,087		5	1,709	1,709	1,709	9
10	Parking Lot Expansion- Seal coated & Striped Asphalt	2014	14,576		5	1,458	1,458	1,458	10
11	Concrete Sidewalk - Front Entry	2014	8,724		5	872	872	872	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	Current year Depreciation			232,897			(232,897)		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,559,502	\$ 232,897		\$ 538,751	\$ 305,854	\$ 7,324,386	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	\$ 631,309	\$ 88,425	\$ 88,425	\$	5-10	\$ 392,182	71
72	Current Year Purchases	90,926	7,176	7,176		5-7	7,176	72
73	Fully Depreciated Assets	1,697,575				5-10	1,697,575	73
74	Alloc. From Mgmt. Co. & BLDG	1,203,891		10,260	10,260			74
75	TOTALS	\$ 3,623,701	\$ 95,601	\$ 105,861	\$ 10,260		\$ 2,096,933	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	BUS	2007 Ford Champion	2014	43,117	4,312	4,312		5 yrs.	4,312	78
79										79
80	TOTALS			\$ 113,168	\$ 4,312	\$ 4,312	\$		\$ 74,363	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)	\$ 18,988,432	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 332,810	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 648,924	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 316,114	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,495,682	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	\$ 128,727	92
93	Building Company CIP	187,271	93
94			94
95		\$ 315,998	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: 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	<u>Allocated from Management Company</u>				<u>118,099</u>			6
7	TOTAL				\$ <u>118,099</u>			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. _____ /2015 \$ N/A

13. _____ /2016 \$ N/A

14. _____ /2017 \$ N/A

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

N/A

This amount was calculated by dividing the total amount to be amortized

N/A

by the length of the lease _____.

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: \$ 77,724 Description: Copier-\$33,925;Med Equip-\$22,580;Postage-\$2,300;Mgmt Co.-\$18,919

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19	<u>N/A</u>				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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. 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)		6,153		6,153
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 6,153	\$	\$ 6,153
10	SUM OF line 9, col. 1 and 2 (e)	\$	6,153		

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		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10A(1)	13810	hrs	\$ 574,579		\$	\$	13,810	\$ 574,579	1
2	Licensed Speech and Language Development Therapist	10A(1)	4370	hrs	195,755				4,370	195,755	2
3	Licensed Recreational Therapist		19119	hrs					19,119		3
4	Licensed Physical Therapist	10A(1 & 2)		hrs	784,871			14,800		799,671	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				512,101		512,101	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)						84,273		84,273	12
13	Other (specify): <u>Dialysis</u>	39(1)	9003		166,803				9,003	166,803	13
14	TOTAL				\$ 1,722,008		\$	\$ 611,174	46,302	\$ 2,333,182	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# 0037366Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 993,598	\$ 993,598	1
2	Cash-Patient Deposits	126,889	126,889	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>644,343</u>)	5,118,202	5,118,202	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	488,222	488,222	6
7	Other Prepaid Expenses	21,747	21,747	7
8	Accounts Receivable (owners or related parties)	3,322,599	3,322,599	8
9	Other(specify): <u>See Sch 17C</u>	3,557	156,858	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,074,814	\$ 10,228,115	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	2,999,214	4,095,965	15
16	Equipment, at Historical Cost	2,539,775	3,736,869	16
17	Accumulated Depreciation (book methods)	(3,293,900)	(9,495,682)	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)	128,727	315,998	22
23	Other(specify): <u>Mortgage Cost Net</u>		128,565	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,373,816	\$ 9,937,313	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,448,630	\$ 20,165,428	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,134,045	\$ 1,134,045	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	114,547	114,547	28
29	Short-Term Notes Payable	3,669,604	3,669,604	29
30	Accrued Salaries Payable	687,538	687,538	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		381,751	32
33	Accrued Interest Payable	7,771	7,771	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Sch 17C</u>	617,248	617,248	36
37	<u>See Sch 17C</u>	4,740,497		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,971,250	\$ 6,612,504	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,885,521	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)	\$	\$ 19,885,521	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,971,250	\$ 26,498,025	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,477,380	\$ (6,332,597)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,448,630	\$ 20,165,428	48

*(See instructions.)

Meadowbrook Manor
0037366
12/31/2014

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Employee Advance	425	425
Hazard Insurance Escrow		38,273
Real Estate Tax-Escrow		92,546
Mortgage Insurance Escrow		22,482
Wage Garnishment	2,682	2,682
Accrued 401K	450	450
	3,557	156,858

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued-Payroll Taxes	36,901	36,901
Due to the State	580,347	580,347
	617,248	617,248

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

C. Current Liabilities

Line 37 -Other Current Liabilities

Accrued Rent	4,740,497	-
Due from Nick & Dorothy Vangel	-	-
Due from Bolingbrook	-	-
Due from BHC VIII	-	-
	<u>4,740,497</u>	<u>-</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,153,589	1
2	Restatements (describe):		2
3	Rounding		3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,153,589	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	2,543,791	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	(2,220,000)	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)	\$ 323,791	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)	\$ 1,477,380	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	\$ 19,273,092	1
2	Discounts and Allowances for all Levels	(656,391)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,616,701	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,747,946	6
7	Oxygen	135,150	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,883,096	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	3,127	13
14	Non-Patient Meals	361	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	509,169	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	100,154	19
20	Radiology and X-Ray	59,870	20
21	Other Medical Services	120,080	21
22	Laundry	6,019	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 798,780	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	46,477	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 46,477	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Misc. Income</u>	4,613	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,613	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 23,349,667	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,757,080	31
32	Health Care	9,052,368	32
33	General Administration	4,374,705	33
B. Capital Expense			
34	Ownership	2,236,827	34
C. Ancillary Expense			
35	Special Cost Centers	1,690,877	35
36	Provider Participation Fee	694,019	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,805,876	40
41	Income before Income Taxes (line 30 minus line 40)**	2,543,791	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,543,791	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 13,026,249	44
45	Private Pay - Net Inpatient Revenue	1,280,864	45
46	Medicare - Net Inpatient Revenue	3,179,445	46
47	Other-(specify) <u>Veterans</u>	514,279	47
48	Other-(specify) <u>Insurance</u>	615,864	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,616,701	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:

01/01/2014

Ending:

12/31/2014

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	2,016	2,160	\$ 105,628	\$ 48.90	1
2	Assistant Director of Nursing	4,607	5,379	221,309	41.14	2
3	Registered Nurses	44,446	46,986	1,344,981	28.63	3
4	Licensed Practical Nurses	50,567	54,392	1,362,540	25.05	4
5	CNAs & Orderlies	187,436	198,820	2,448,585	12.32	5
6	CNA Trainees	692	704	6,153	8.74	6
7	Licensed Therapist	33,877	37,299	1,555,205	41.70	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	28,505	30,193	282,655	9.36	10
11	Social Service Workers	11,778	13,087	203,802	15.57	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	44,128	46,806	526,972	11.26	15
16	Dishwashers					16
17	Maintenance Workers	12,629	13,453	210,816	15.67	17
18	Housekeepers	41,281	44,079	442,589	10.04	18
19	Laundry	2,126	2,262	19,929	8.81	19
20	Administrator	3,165	3,498	129,883	37.13	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	23,772	25,750	464,417	18.04	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	4,036	4,419	62,405	14.12	31
32	Other Health C: See Sch 20A	38,769	42,601	815,855	19.15	32
33	Other(specify) Dialysis Wages	8,514	9,003	166,803	18.53	33
34	TOTAL (lines 1 - 33)	542,344	580,891	\$ 10,370,527 *	\$ 17.85	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	439	\$ 19,086	1(3) 35
36	Medical Director	Monthly	31,500	9(3) 36
37	Medical Records Consultant	Monthly	4,704	10(3) 37
38	Nurse Consultant	549	21,063	10(3) 38
39	Pharmacist Consultant	Number	21,306	10(3) 39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant	329	13,150	10A(3) 42
43	Speech Therapy Consultant			43
44	Activity Consultant	48	2,496	11(3) 44
45	Social Service Consultant	35	2,155	12(3) 45
46	Other(specify) Quality Assurance			10(3) 46
47	Wound Care Director	Monthly	13,800	10(3) 47
48				48
49	TOTAL (lines 35 - 48)	1,400	\$ 129,260	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
12/31/2014

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	3,850	4,207	59,996	14.26
Central Supply	1,915	2,083	22,303	10.71
Nursing Administration	4,848	5,405	112,025	20.73
MDS Coordinator	10,934	12,008	312,944	26.06
Rehabilitation Nursing Wages	3,923	4,310	128,576	29.83
Rehabilitation Aides Wages	10,300	11,238	149,941	13.34
Resident Asst Wages	2,999	3,350	30,070	8.98
Total	<u>38,769</u>	<u>42,601</u>	<u>815,855</u>	<u>19.15</u>

Meadowbrook Manor
Provider #: 0037366
01/01/2014 to 12/31/2014

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Law Office of Stephen N. Sher PC	Professional Serv. LOC	6,776
MCGLadrey, LLP	Accounting Services	16,744
Ronald Cournaya	Accounting Services	5,000
Polsinelli Shughart PC	Legal	12,604
Grabowski Law Center LLC	Collection Fees	17,349
Hamilton Thies & Lorch	Legal	5,941
Illinois Secretary of State	Report	100
Johnson, Bell	Legal General Liability	2,459
Aspen Specialty Insurance Company	Professional Services	4,036
Total for Schedule 21A		<u>71,009</u>
Total (agree to Schedule V, line 19, column 3)		177,093
Allocation from Butterfield Health Care Group		39,362
Allocation from J&D Partners Accounting Fees		15,597
Out of period legal		-
To disallow non-allowable legal fees		-
To disallow non-allowable Professional Fees		-
Disallow Collection Fees		(17,349)
Total (agree to Schedule V, line 19, column 8)		<u>214,703</u>

Meadowbrook Manor

Provider #: 0037366

01/01/2014 to 12/31/2014

Inservice Training

DATE	PAYEE	TOPIC	ATTENDEE
06/06/14	Continuing Education Institute of IL	The Brain: Improving Function and Cognition	Ana Liza Maningas
04/14/14	MU Conference Office University of Missouri	2014 Midwest Symposium on Therapeutic Recreation & Adapted Physical Activity	Ashley Small
03/01/14	Professional Therapy Sessions	Cardiovascular Disease: Implications for the PT & OT Therapist	Cherryl Root
04/25/14	CORE Seminars	Advances in Joint Arthroplasty, Managing Active Adults	Alfredo Ramos, JR.
05/01/14	Illinois Council of Long Term Care	An Insider's View of the Survey Process Program	Ralph Ricana, Isabel Perez
05/20/14	Illinois Health Care Association	PEPPER, OSCAR, QMs & 5 Star Reports	Ralph Ricana, Isabel Perez
06/25/14	Illinois Council of Long Term Care	Infection Control: Are you in Compliance	Ralph Ricana, Isabel Perez
09/12/14	Cynthia Chow & Associates	Annual Healthcare Educational Conference Think Quality	Ralph Ricana, Isabel Perez
08/26/14	Illinois Council of Long Term Care	Emergency Preparedness: Are you Ready	Ralph Ricana, Isabel Perez
09/10/14	Continuing Education Institute of IL	No Brain, No Pain: State-of-the-Art Pain	Cherryl Root
09/19/14	Therapist Training Therapists	Cognition: Assessment, Treatment & Management	Madhuri Mahadevia
10/03/14	Healthcare Information Network	Fall Prevention Best Practices	Ralph Ricana
09/12/14	Progressive Therapy Education	Functions Testing & Skilled Documentation in Geriatric Therapy	Eunice Donaldson
09/17/14	Lorman Education Services	Managing Healthcare Collections	Jessica Robinson
09/18/14	Healthcare Information Network	PPS Final Rule & RAI Manual Update	James Gecosala
08/01/14	Affiliated Home Dialysis	Extra RN Training	All RN Staff
11/14/14	Healthcare Information Network	PPS Basics for Skill Nursing Facilities	Ralph Ricana
11/04/14	PESI Healthcare	Mindfulness- Based Interventions to Rewire the Brain	Mitra Yarandi
01/28/15	Illinois Council of Long Term Care	Ethics in the News: End of Life Issues and the Resident Right to Choose	Ralph Ricana, Isabel Perez
	Allocation from Management Company		
	Out of Period Expenses		

TOTAL			

& Education

JOB CLASS	LOCATION	FEE
Restorative Director	Bolingbrook, IL	129.00
Activities Director	St Charles, IL	205.00
Physical Therapist	Chicago, IL	350.00
Physical Therapist	Joliet, IL	189.00
Administrator & DON	Oak Lawn, IL	210.00
Administrator & DON	Web	90.00
Administrator & DON	Oak Lawn, IL	210.00
Administrator & DON	Chicago, IL	240.00
Administrator & DON	Oak Lawn, IL	210.00
Physical Therapist	Bolingbrook, IL	169.00
Occupational Therapist	Wheaton, IL	100.00
Administrator	Web	258.00
Occupational Therapist	Chicago, IL	269.00
Collections Manager	Web	73.00
MDS Coordinator	Schaumburg, IL	199.00
RN	Bolingbrook, IL	2,000.00
Administrator	Web	258.00
Speech Therapist	Lombard, IL	189.99
Administrator & DON	Oak Lawn, IL	210.00
		256.00
		(210.00)

		5,604.99

Meadowbrook Manor

Provider #: 0037366

01/01/2014 to 12/31/2014

TRAVEL & S

DATE	PAYEE	TOPIC	ATTENDEE
02/20/14	PESI Healthcare	Challenging Geriatric Behaviors	Leticia Bienes
04/11/14	The Healthcare Information Network	Medicare & Managed Care Bill Summit	Illir Cobo, Valerie Rivera
06/12/14	The Healthcare Information Network	Life Safety Code & Emergency Preparedness	John Maze, Anastas Dhori
07/23/14	N/A	Parking Expenses	Ralph Ricana
10/28/14	2014 IL Chapter Case Management Conference	2014 IL Chapter Case Management Conference	Jackie Molen
	Allocation from Management Company		
	Non-allowable Expenses		
TOTAL			

eminar

JOB CLASS	LOCATION	FEE
Social Services Director	Lisle, IL	189.00
AR Bookkeepers	Schaumburg, IL	358.00
Project Manager, Maintenance Director	Schaumburg, IL	358.00
Administrator	Chicago, IL	40.00
Marketing Director	Rosemont, IL	383.00
		1,768.00
		(383.00)
		2,713.00

Meadowbrook Manor

Provider #: 0037366

01/01/2014 to 12/31/2014

6273.000 Legal Fees for 2014

Effective Date	Source	Description	Ref #	Amount
01/20/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		(189.00)
02/28/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		60.00
03/20/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		102.00
04/22/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		81.00
05/21/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		81.00
06/24/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		81.00
07/17/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		60.00
08/20/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		60.00
09/19/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		2,105.00
10/23/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		650.80
11/18/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		14,154.90
12/16/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		102.00

Meadowbrook Manor

Provider #: 0037366
 01/01/2014 to 12/31/2014

6273.000 Legal Fees for 2014

Effective Date	Source	Description	Ref #	Amount
11/25/13	AP-IN	ASPEN SPECIALTY INSURANCE COMPANY	032410 S.ROBINSON	531.45
11/25/13	AP-IN	ASPEN SPECIALTY INSURANCE COMPANY	032410 I.THOMAS	3,504.12
08/04/14	AP-IN	HAMILTON THIES & LORCH	17902	270.00
08/18/14	AP-IN	HAMILTON THIES & LORCH	17952 BBK	3,123.75
09/08/14	AP-IN	HAMILTON THIES & LORCH	18127 BBK	1,338.75
10/01/14	AP-IN	HAMILTON THIES & LORCH	18265-BBK	1,208.75
06/04/14	AP-IN	ILLINOIS SECRETARY OF STATE	2014 TAX/FILING FEE	100.00
07/21/14	AP-IN	JOHNSON & BELL	391484	2,459.00
01/29/14	AP-IN	POLSINELLI PC	1037501	2,149.00
02/17/14	AP-IN	POLSINELLI PC	1040322	428.00
04/30/14	AP-IN	POLSINELLI PC	1062564	396.00
05/27/14	AP-IN	POLSINELLI PC	1069672	416.00
05/27/14	AP-IN	POLSINELLI PC	1069674	114.00
05/29/14	AP-IN	POLSINELLI PC	1070028	160.00
06/27/14	AP-IN	POLSINELLI PC	1079373	130.00
07/24/14	AP-IN	POLSINELLI PC	1087725	130.00
08/25/14	AP-IN	POLSINELLI PC	1096002	593.00
09/18/14	AP-IN	POLSINELLI PC	1104754	906.05
10/09/14	AP-IN	POLSINELLI PC	1112083	1,865.80
11/30/14	AP-IN	POLSINELLI PC	1124879	1,303.00

Meadowbrook Manor
Provider #: 0037366
01/01/2014 to 12/31/2014

6273.000 Legal Fees for 2014

Effective Date	Source	Description	Ref #	Amount
12/17/14	AP-IN	POLSINELLI PC	1129963	2,562.00
12/31/14	GL-JE	POLSINELLI PC	1137297	1,451.50
				<u>42,488.87</u>

Description

Adjustment of Grabowski Law Center - Collection Fees - Leroy Herrmann, Dorthea Williams - 12/2013

Grabowski Law Center - Collection Fees - Leroy Herrmann

Grabowski Law Center - Collection Fees - Leroy Herrmann, Dorthea Williams

Grabowski Law Center - Collection Fees - Leroy Herrmann, Dorthea Williams

Grabowski Law Center - Collection Fees - Leroy Herrmann, Dorthea Williams

Grabowski Law Center - Collection Fees - Leroy Herrmann, Dorthea Williams

Grabowski Law Center - Collection Fees - Leroy Herrmann

Grabowski Law Center - Collection Fees - Leroy Herrmann

Grabowski Law Center - Collection Fees - Florence Stirek, Rose Castelli, Leroy Herrmann, Dorthea Williams

Grabowski Law Center - Collection Fees - Florence Stirek, Leroy Herrmann, Dorthea Williams

Grabowski Law Center - Collection Fees - Florence Stirek, Leroy Herrmann, Dorthea Williams

Grabowski Law Center - Collection Fees -

HFS 3745 (N-4-99)

Description

General Liability Deductible: Sarah Robinson

General Liability Deductible: Izola Thomas

Prepare Annual Report, letter and Consents for the Sec of State

Telephone Conferences regarding the West Suburban Bank Loan

Telephone Conferences regarding the West Suburban Bank Loan

Reviewing of Documents regarding the West Suburban Bank Loan

Annual Report filing Fee

General Liability: Follman, Mathew vs St. Paul's House

Collection issues - involuntary discharge Maldonado

Collection issues - involuntary discharge Maldonado

Life Safety Code Survey

Collection issues - involuntary discharge Maldonado

Draft Withdrawal letter for W. Roth ITD and arrange for submission, IDPH withdrawal of ITD Notice

Communication regarding status of J Maldonado case, Fenner Settlement and dismissal

Conference regarding strategy for involuntary transfer and discharge case for J. Maldonado, status of Medicaid Appeal

Communications regarding update to Maldonado Medicaid Appeal

Communications regarding update to Maldonado Medicaid Appeal

MCO contract issues, Revisions to patient contracts

MCO contract issues, Revisions to patient contracts

Collection issues - involuntary discharge Maldonado

Description

MCO contract issues, Revisions to patient contracts
Patient contract Revisions - MCO Contract Negotiations

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									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: 01/01/2014

Ending: 12/31/2014

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? 6.34 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 117,070 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. \$ 694,019
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. \$ 361
- (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) 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.

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	526,972	59,856	19,086	605,914	0	605,914	0	605,914
2. Food Purchase	0	670,373	0	670,373	0	670,373	3,044	673,417
3. Housekeeping	442,589	117,382	0	559,971	0	559,971	0	559,971
4. Laundry	19,929	85,968	0	105,897	0	105,897	0	105,897
5. Heat and Other Utilities	0	0	312,918	312,918	0	312,918	4,245	317,163
6. Maintenance	210,816	49,578	241,613	502,007	0	502,007	51,427	553,434
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,200,306	983,157	573,617	2,757,080	0	2,757,080	58,716	2,815,796
9. Medical Director	0	0	31,500	31,500	0	31,500	31,564	63,064
10. Nursing & Medical Records	6,361,303	501,257	60,873	6,923,433	0	6,923,433	22,282	6,945,715
10a. Therapy	1,555,205	14,800	13,150	1,583,155	0	1,583,155	0	1,583,155
11. Activities	282,655	16,944	2,496	302,095	0	302,095	0	302,095
12. Social Services	203,802	75	2,155	206,032	0	206,032	30,602	236,634
13. Nurse Aide Training	6,153	0	0	6,153	0	6,153	0	6,153
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	8,409,118	533,076	110,174	9,052,368	0	9,052,368	84,448	9,136,816
17. Administrative	129,883	0	1,400,101	1,529,984	0	1,529,984	-1,234,144	295,840
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	177,093	177,093	0	177,093	37,610	214,703
20. Fees, Subscriptions & Promotion	0	0	57,228	57,228	0	57,228	-11,458	45,770
21. Clerical & General Office	464,417	44,125	70,725	579,267	0	579,267	390,130	969,397
22. Employee Benefits & Payroll	0	0	1,609,089	1,609,089	0	1,609,089	0	1,609,089
23. Inservice Training & Education	0	0	5,559	5,559	0	5,559	46	5,605
24. Travel and Seminar	0	0	1,328	1,328	0	1,328	1,385	2,713
25. Other Admin. Staff Trans	0	0	9,384	9,384	0	9,384	3,286	12,670
26. Insurance-Prop.Liab.Malpractice	0	0	405,773	405,773	0	405,773	125,242	531,015
27. Other (specify)*	0	0	0	0	0	0	112,625	112,625
28. Total General Adminis	594,300	44,125	3,736,280	4,374,705	0	4,374,705	-575,278	3,799,427
29. Total General Administrative	#####	1,560,358	4,420,071	16,184,153	0	16,184,153	-432,114	15,752,039
30. Depreciation	0	0	332,810	332,810	0	332,810	316,114	648,924
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	69,212	69,212	0	69,212	658,556	727,768
33. Real Estate	0	0	0	0	0	0	399,900	399,900

34. Rent - Facility & Grounds	0	0	1,776,000	1,776,000	0	1,776,000	-1,657,901	118,099
35. Rent - Equipment & Vehicles	0	0	58,805	58,805	0	58,805	18,919	77,724
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	2,236,827	2,236,827	0	2,236,827	-264,412	1,972,415
38. Medically Necessary T	0	0	68,310	68,310	0	68,310	0	68,310
39. Ancillary Service Cent	166,803	596,374	0	763,177	0	763,177	0	763,177
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	694,019	694,019	0	694,019	0	694,019
43. Other (specify):*	0	0	859,390	859,390	0	859,390	-859,390	0
44. Total Special Cost Ce	166,803	596,374	1,621,719	2,384,896	0	2,384,896	-859,390	1,525,506
45. Grand Total	#####	2,156,732	8,278,617	20,805,876	0	20,805,876	-1,555,916	19,249,960

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	993,598	993,598
2. Cash - Patient Deposits	126,889	126,889
3. Accounts & Notes Receivable	5,118,202	5,118,202
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	488,222	488,222
7. Other Prepaid Expenses	21,747	21,747
8. Accounts Receivable-Owner/Related Party	3,322,599	3,322,599
9. Other (specify):	3,557	156,858
10. Total current assets	10,074,814	10,228,115
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	2,999,214	4,095,965
16. Equipment, at Historical Cost	2,539,775	3,736,869
17. Accumulated Depreciation (book methods)	-3,293,900	-9,495,682
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):	128,727	315,998
23. other (specify):	0	128,565
24. Total Long-Term Assets	2,373,816	9,937,313
25. Total Assets	12,448,630	20,165,428
CURRENT LIABILITIES		
26. Accounts Payable	1,134,045	1,134,045
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	114,547	114,547
29. Short-Term Notes Payable	3,669,604	3,669,604
30. Accrued Salaries Payable	687,538	687,538
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	381,751
33. Accrued Interest Payable	7,771	7,771
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	617,248	617,248

37. Other Current Liabilities (specify):	4,740,497	0
38. Total Current Liabilities	10,971,250	6,612,504
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	19,885,521
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	19,885,521
46.Total Liabilities	10,971,250	26,498,025
47.Total Equity	1,477,380	-6,332,597
48.Total Liabilities and Equity	12,448,630	20,165,428

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	19,273,092
2. Discounts and Allowances for all Levels	-656,391
Subtotal - Inpatient Care	18,616,701
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	3,747,946
7. Oxygen	135,150
Subtotal - Anciliary Revenue	3,883,096
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	3,127
14. Non-Patient Meals	361
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	509,169
18. Sale of Supplies to Non-Patients	0
19. Laboratory	100,154
20. Radiology and X-Ray	59,870
21. Other Medical Services	120,080
22. Laundry	6,019
Subtotal - Other Operating Revenue	798,780
24. Contributions	0
25. Interest and Other Investments Income	46,477
Subtotal - Non-Operating Revenue	46,477
27. Other Revenue (specify):	4,613
28. Other Revenue (specify):	0
Subtotal - Other Revenue	4,613
30. Total Revenue	23,349,667
31. General Services	2,757,080
32. Health Care	9,052,368
33. General Administration	4,374,705
34. Ownership	2,236,827

35. Special Cost Centers	1,690,877
35. Provider Participation Fee	694,019
37. Other	0
40. Total Expenses	20,805,876
41. Income Before Income Taxes	2,543,791
42. Income Taxes	0
43. Net Income or Loss for the Year	2,543,791