

Facility Name & ID Number Meadowbrook Manor Naperville

0041285 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	245	Skilled (SNF)	245	89,425	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	245	TOTALS	245	89,425	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	67,685	9,588	7,882	85,155	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	67,685	9,588	7,882	85,155	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.23%

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 02/09/1996

J. Was the facility purchased or leased after January 1, 1978?

YES Date 02/09/1996 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 245 and days of care provided 7,205

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL 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 Naperville

0041285

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	502,908	56,985	17,357	577,250		577,250		577,250		1
2	Food Purchase		531,792		531,792		531,792	796	532,588		2
3	Housekeeping	307,660	81,009		388,669		388,669		388,669		3
4	Laundry	94,524	65,825		160,349		160,349		160,349		4
5	Heat and Other Utilities			319,092	319,092		319,092	3,629	322,721		5
6	Maintenance	208,526	45,691	194,773	448,990		448,990	43,961	492,951		6
7	Other (specify):*										7
8	TOTAL General Services	1,113,618	781,302	531,222	2,426,142		2,426,142	48,386	2,474,528		8
	B. Health Care and Programs										
9	Medical Director			51,000	51,000		51,000	26,982	77,982		9
10	Nursing and Medical Records	5,603,746	394,979	75,934	6,074,659		6,074,659	19,048	6,093,707		10
10a	Therapy	940,811	18,817	10,670	970,298		970,298		970,298		10a
11	Activities	268,454	14,151	2,496	285,101		285,101		285,101		11
12	Social Services	129,903	75	2,465	132,443		132,443	26,159	158,602		12
13	CNA Training	5,295			5,295		5,295		5,295		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	6,948,209	428,022	142,565	7,518,796		7,518,796	72,189	7,590,985		16
	C. General Administration										
17	Administrative	70,181		1,095,060	1,165,241		1,165,241	(953,195)	212,046		17
18	Directors Fees										18
19	Professional Services			195,187	195,187		195,187	47,166	242,353		19
20	Dues, Fees, Subscriptions & Promotions			49,944	49,944		49,944	(8,431)	41,513		20
21	Clerical & General Office Expenses	293,504	48,408	69,349	411,261		411,261	335,195	746,456		21
22	Employee Benefits & Payroll Taxes			1,393,818	1,393,818		1,393,818		1,393,818		22
23	Inservice Training & Education			2,069	2,069		2,069	219	2,288		23
24	Travel and Seminar			5,966	5,966		5,966	825	6,791		24
25	Other Admin. Staff Transportation			6,473	6,473		6,473	2,809	9,282		25
26	Insurance-Prop.Liab.Malpractice			230,449	230,449		230,449	99,577	330,026		26
27	Other (specify):*							96,275	96,275		27
28	TOTAL General Administration	363,685	48,408	3,048,315	3,460,408		3,460,408	(379,560)	3,080,848		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,425,512	1,257,732	3,722,102	13,405,346		13,405,346	(258,985)	13,146,361		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 Naperville

#0041285

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			191,193	191,193		191,193	303,692	494,885			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			48,524	48,524		48,524	519,452	567,976			32
33	Real Estate Taxes							247,887	247,887			33
34	Rent-Facility & Grounds			1,344,000	1,344,000		1,344,000	(1,243,045)	100,955			34
35	Rent-Equipment & Vehicles			114,044	114,044		114,044	16,173	130,217			35
36	Other (specify):*											36
37	TOTAL Ownership			1,697,761	1,697,761		1,697,761	(155,841)	1,541,920			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			13,117	13,117		13,117		13,117			38
39	Ancillary Service Centers	152,478	379,138		531,616		531,616		531,616			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			605,837	605,837		605,837		605,837			42
43	Other (specify):* Non-Allowable Co			619,200	619,200		619,200	(619,200)				43
44	TOTAL Special Cost Centers	152,478	379,138	1,238,154	1,769,770		1,769,770	(619,200)	1,150,570			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,577,990	1,636,870	6,658,017	16,872,877		16,872,877	(1,034,026)	15,838,851			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 Naperville

0041285

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	(2,115)	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	2,705	30		9
10	Interest and Other Investment Income	(31,733)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,260)	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	(402)	43		18
19	Entertainment				19
20	Contributions	(1,605)	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	(486,381)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax	(47,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(102,371)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (670,162)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	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)	(363,864)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (363,864)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,034,026)		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

Meadowbrook Manor Naperville

ID# 0041285

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

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

Meadowbrook Manor Naperville

0041285

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	(14,809)	20
To disallow Consolidated Billing Services	(9,762)	43
To disallow Marketing Expenses	(14,379)	43
To disallow Patient Clothing	(1,162)	43
To disallow X-Ray expense	(30,050)	43
To disallow Lab expense	(5,059)	43
To disallow Employee Gifts	(8,538)	43
To disallow Physicians Gifts	(300)	43
To disallow Resident Gifts	(2,215)	43
To disallow Cable Television	(11,087)	43
To disallow Out of period Seminar	(537)	24
To disallow Seminar	(150)	24
To offset Miscellaneous Income	(2,244)	21
To disallow collection fees	(2,079)	19
Total	<u>(102,371)</u>	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

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	(2,115)	2,911	0	0	0	0	0	0	0	0	0	796	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	3,629	0	0	0	0	0	0	0	0	0	3,629	5
6	Maintenance	0	43,961	0	0	0	0	0	0	0	0	0	43,961	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,115)	50,501	0	0	0	0	0	0	0	0	0	48,386	8
	B. Health Care and Programs													
9	Medical Director	0	26,982	0	0	0	0	0	0	0	0	0	26,982	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	19,048	0	0	0	0	0	0	0	0	0	19,048	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	26,159	0	0	0	0	0	0	0	0	0	26,159	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	72,189	0	0	0	0	0	0	0	0	0	72,189	16
	C. General Administration													
17	Administrative	0	(953,195)	0	0	0	0	0	0	0	0	0	(953,195)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	33,648	0	15,597	0	0	0	0	0	0	0	49,245	19
20	Fees, Subscriptions & Promotions	0	6,378	0	0	0	0	0	0	0	0	0	6,378	20
21	Clerical & General Office Expenses	0	337,439	0	0	0	0	0	0	0	0	0	337,439	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	219	0	0	0	0	0	0	0	0	0	219	23
24	Travel and Seminar	0	1,512	0	0	0	0	0	0	0	0	0	1,512	24
25	Other Admin. Staff Transportation	0	0	2,809	0	0	0	0	0	0	0	0	2,809	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,371	98,206	0	0	0	0	0	0	0	99,577	26
27	Other (specify):*	0	0	96,275	0	0	0	0	0	0	0	0	96,275	27
28	TOTAL General Administration	0	(573,999)	100,455	113,803	0	(359,741)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(2,115)	(451,309)	100,455	113,803	0	(239,166)	29						

STATE OF ILLINOIS

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

Report Period Beginning:

01/01/2014 Ending:

Summary B

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	2,705	0	8,770	292,217	0	0	0	0	0	0	0	303,692	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(31,733)	0	0	551,185	0	0	0	0	0	0	0	519,452	32
33	Real Estate Taxes	0	0	0	247,887	0	0	0	0	0	0	0	247,887	33
34	Rent-Facility & Grounds	0	0	100,955	(1,344,000)	0	0	0	0	0	0	0	(1,243,045)	34
35	Rent-Equipment & Vehicles	0	0	16,173	0	0	0	0	0	0	0	0	16,173	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(29,028)	0	125,898	(252,711)	0	(155,841)	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):*	(489,648)	0	0	0	0	0	0	0	0	0	0	(489,648)	43
44	TOTAL Special Cost Centers	(489,648)	0	0	0	0	0	0	0	0	0	0	(489,648)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(520,791)	(451,309)	226,353	(138,908)	0	(884,655)	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
See Schedule 6A	See Schedule 6A	Butterfield Health Care VII, LLC d/b/a Meadowbrook Manor of LaGrange	LaGrange	J&D Partners, LP	Bolingbrook	Lessor
				MMN Partners, LP	Naperville	Lessor
				Butterfield Health		
		Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor of Bolingbrook	Bolingbrook	Care Group, Inc.	Bolingbrook	Management Co.
				MML Properties, LLC	LaGrange	Lessor
				Seneca Building LP	Des Plaines	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines			

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 2,911	\$ 2,911	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%			2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	3,629	3,629	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	43,961	43,961	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	26,982	26,982	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	19,048	19,048	6
7	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	26,159	26,159	7
8	V	17 Administrative Costs	1,095,060	Butterfield Health Care Group, Inc.	100.00%	141,865	(953,195)	8
9	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	33,648	33,648	9
10	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	6,378	6,378	10
11	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	337,439	337,439	11
12	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	219	219	12
13	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	1,512	1,512	13
14	Total		\$ 1,095,060			\$ 643,751	\$ * (451,309)	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%	\$ 2,809	\$	2,809	15
16	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	1,371		1,371	16
17	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	96,275		96,275	17
18	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	8,770		8,770	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%	100,995		100,955	20
21	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	16,173		16,173	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		\$			\$ 226,393	\$ *	226,353	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 Fees	\$	MML Properties, LLC	100.00%	\$ 15,597	\$ 15,597
16	V	21 Clerical & General Office exp.		MML Properties, LLC	100.00%		
17	V	26 Insurance-Prop., Liab., Malpr.		MML Properties, LLC	100.00%	98,206	98,206
18	V	30 Depreciation		MML Properties, LLC	100.00%	292,217	292,217
19	V	32 Interest Expense		MML Properties, LLC	100.00%	548,301	548,301
20	V	32 Interest Expense	487	MML Properties, LLC	100.00%		(487)
21	V	32 Amort of Mortgage Cost		MML Properties, LLC	100.00%	3,371	3,371
22	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	247,887	247,887
23	V	34 Rent	1,344,000	MML Properties, LLC	100.00%		(1,344,000)
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		\$ 1,344,487			\$ 1,205,579	\$ * (138,908)

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

Butterfield Health Care II, Inc.
D/B/A Meadowbrook Manor of Naperville
Provider # 0041285
12/31/2014

Schedule 6A

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

<u>Name</u>	<u>Ownership %</u>
RBJ Investments, LP	25.00%
Jafari Family LLC	25.00%
Louis William Dimas Family Limited Partnership	15.00%
Vangel Family Investments, LLP	25.00%
Christopher Vangel Descendant's GST Exempt Trust U/A D 6/21/99	5.00%
Katherine Hocuk Descendant's GST Exempt Trust U/A D 6/21/99	5.00%
	<u>100.00%</u>

Facility Name & ID Number Meadowbrook Manor Naperville # 0041285 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	111,877	8	20.00	Mgt Salaries	\$ 36,518	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	83,174	2	5.00	Mgt Salaries	18,808	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	140,573	2	5.00	Mgt Salaries	80,668	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	60,232	2	5.00	Mgt Salaries	5,871	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	47,018	10	25.00	Medical Director	26,982	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	\$ 168,847		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 Naperville

0041285

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	\$ 85,155	\$ 2,911	1
2	3	Housekeeping	Resident Days	233,547	3		85,155	0	2
3	5	Utilities	Resident Days	233,547	3	9,952	85,155	3,629	3
4	6	Repairs & Maintenance	Resident Days	233,547	3	120,569	101,987	43,961	4
5	9	Medical Director	Resident Days	233,547	3	74,000	85,155	26,982	5
6	11	Nursing	Resident Days	233,547	3	52,240	52,240	19,048	6
7	13	Social Services	Resident Days	233,547	3	71,745	71,745	26,159	7
8	17	Administrative Costs	Resident Days	233,547	3	389,081	389,081	141,865	8
9	19	Professional Services	Resident Days	233,547	3	92,282	85,155	33,648	9
10	20	Dues,Fees & Subscriptions	Resident Days	233,547	3	17,491	85,155	6,378	10
11	21	Clerical & General Office exp.	Resident Days	233,547	3	925,465	85,155	337,439	11
12	23	Training & Education	Resident Days	233,547	3	600	85,155	219	12
13	24	Travel & Seminar	Resident Days	233,547	3	4,146	85,155	1,512	13
14	25	Auto Expense	Resident Days	233,547	3	7,704	85,155	2,809	14
15	26	Insurance	Resident Days	233,547	3	3,759	85,155	1,371	15
16	27	Employee Benefits General &Admin.	Resident Days	233,547	3	264,046	85,155	96,275	16
17	30	Depreciation	Resident Days	233,547	3	24,054	85,155	8,770	17
18	32	Interest	Resident Days	233,547	3		85,155	0	18
19	34	Rent Building	Resident Days	233,547	3	276,880	85,155	100,955	19
20	35	Equipment Rental	Resident Days	233,547	3	44,355	85,155	16,173	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 2,386,353	\$ 1,444,740		\$ 870,104	25

Facility Name & ID Number

Meadowbrook Manor Naperville

0041285

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1							\$	\$		\$	1						
2	Cambridge - HUD		X	Mortgage	\$67,449.00	10/31/11	16,320,000	15,545,684	10/01/46	3.5000	548,301						
3			X	Amortization of Loan Cost					10/01/46	3.5000	3,371						
4											4						
5											5						
Working Capital																	
6	West Suburban		X	Working Capital	N/A		1,128,156	2,222,795	12/31/14	3.7500	40,706						
7	Omnicare		X	Working Capital	\$11,750.00	3/19/09	622,625		3/20/14	5.0000	445						
8			X	Amortization of Loan Cost							7,373						
9	TOTAL Facility Related				\$79,199.00		\$ 18,070,781	\$ 17,768,479			\$ 600,196						
B. Non-Facility Related*																	
10									Offset Interest Income		(31,733)						
11									BLDG Co Repl. Reserve		(487)						
12											12						
13											13						
14	TOTAL Non-Facility Related						\$	\$			\$ (32,220)						
15	TOTALS (line 9+line14)						\$ 18,070,781	\$ 17,768,479			\$ 567,976						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 78,327 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>242,000</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>240,287</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(1,713)</u>		3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>249,600</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>247,887</u>		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2009	<u>213,619</u>	8	FOR BHF USE ONLY	
	2010	<u>221,650</u>	9	13	FROM R. E. TAX STATEMENT FOR 2013 \$ 13
	2011	<u>231,778</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2012	<u>234,536</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2013	<u>240,287</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<u>2013 Tax Bill= 240,287.08</u>					
<u>Estimated increase=1.039</u>					
<u>Total= \$ 249,658.28</u>					
<u>use = \$ 249,600.00</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 Naperville

0041285 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 3

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).

None

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	
1	<u>Resident Care</u>	<u>148,410</u>	<u>1996</u>	<u>\$ 279,600</u>	1
2					2
3	TOTALS	148,410		\$ 279,600	3

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	245	1996	1996	\$ 9,863,922	\$	40	\$ 246,598	\$ 246,598	\$ 4,667,220	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Landscapping improvements	1996		22,797		15			22,797	9
10	Fence	1996		5,500		15			5,500	10
11	Land Improvements	1996		12,824		40	320	320	6,055	11
12	Doors	1998		5,961		20	298	298	5,215	12
13	Landscaping improvements-shrubs trees evergreen:	1998		22,729		20	1,136	1,136	19,312	13
14	Leasehold improvements-air ducts, dampers, chimney	2001		4,425		20	221	221	2,984	14
15	Electrical work - dialysis room	2005		4,024		20	201	201	2,512	15
16	Lockinvar burner	2005		3,584		20	179	179	2,240	16
17	Fence	2005		1,465		20	73	73	915	17
18	signs	2005		2,775		20	139	139	1,734	18
19	Exterior signs-electroical sork for signs	2003		1,575		20	79	79	1,023	19
20	Exterior signs-electroical sork for signs	2003		6,020		20	301	301	3,160	20
21	Plumbing for dialysis room	2003		5,540		10	277	277	3,598	21
22	Plumbing for dialysis room	2003		10,989		20	549	549	5,765	22
23	Install 7 doors	2003		3,433		20	172	172	1,806	23
24	Sealcoat parking lot	2003		3,000		20	150	150	1,575	24
25	Install vents in oxygen room	2003		2,061		20	103	103	1,342	25
26	Replace monitors and multiplexer for fire alarm	2003		1,890		20	94	94	1,221	26
27	Install fire alarm sensors	2003		9,517		20	476	476	4,998	27
28	Butterfly garden	2004		4,851		20	242	242	2,541	28
29	Install fence	2004		1,050		20	52	52	546	29
30	Install smoke dampers and motor:	2004		3,300		20	165	165	1,732	30
31	Install carpeting	2004		56,444		20	2,822	2,822	29,633	31
32	Install fan	2004		3,218		20	161	161	1,690	32
33	Rebuild hoe water valves	2004		1,657		20	83	83	871	33
34	Install two doors.	2004		1,312		20	66	66	693	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 Naperville

0041285

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	Replace wiring/PC board in elevator	2005	\$ 2,895	\$	10	\$ 289	\$ 289	\$ 2,746	37
38	Furnish and install new roof exhaust fan	2005	1,995		10	200	200	1,900	38
39	Sealcoat parking lot	2005	6,765		10	676	676	6,422	39
40	Install wiring for outdoor light post	2005	3,980		10	398	398	3,781	40
41	Install 18 new fire doors	2005	6,700		10	670	670	6,365	41
42	New hot water heater	2005	66,259		10	6,626	6,626	62,947	42
43	Install new amp and transfer switch on generator	2006	3,309		10	331	331	2,813	43
44	Work laminant flooring for dining room	2006	12,206		10	1,221	1,221	10,378	44
45	Wiring for TB	2006	42,270		10	4,227	4,227	35,930	45
46	Interior signage	2006	12,436		10	1,244	1,244	10,574	46
47	Vinyl & Wood flooring & scored ceiling tile	2007	64,390		10	6,439	6,439	48,292	47
48	Purchase and installation of central A/C system	2007	73,513		10	7,351	7,351	55,133	48
49	Replacement doors	2007	2,622		10	262	262	1,965	49
50	Purchase and installation of Trane Compressor	2007	31,600		10	3,160	3,160	23,700	50
51	Replace existing breakers & install 2nd/3rd floor receptacles	2007	4,283		10	428	428	3,210	51
52	Install Cabinets & Hardware	2008	5,775		10	578	578	3,757	52
53	Repair floor drain	2008	4,975		10	498	498	3,237	53
54	Cabinets	2008	9,254		10	925	925	6,013	54
55	Countertops & Cabinets	2008	17,157		10	1,716	1,716	11,154	55
56	Electrical outlets & lighting installation	2008	2,953		10	295	295	1,918	56
57	Install doors for buffet dining & nourishment room bar	2008	3,695		10	370	370	2,405	57
58	Patio & Seating Wall	2008	7,744		10	774	774	5,031	58
59	Parking Lot & Sidewalk Repairs	2008	9,243		10	924	924	6,006	59
60	Furnish & install motor & starter for A/C system	2008	2,585		10	259	259	1,683	60
61	Repair leak in hot water storage tank	2008	2,994		10	299	299	1,944	61
62	1st floor buffet cabinets and countertops	2009	48,761		10	4,876	4,876	26,818	62
63	Counter tops and cabinets for hamilton and beauty salon	2009	4,843		10	484	484	2,662	63
64	Concrete & foundation for trash enclosure	2009	26,051		10	2,605	2,605	14,328	64
65	Electrical work beauty salon	2009	2,533		10	253	253	1,392	65
66	Canopy sprinkler	2009	7,040		10	704	704	3,872	66
67	Labor and material for repair of chiller fence	2009	2,700		10	270	270	1,485	67
68	Replace sidewalk lights	2009	2,600		10	260	260	1,430	68
69	Limestone and asphalt work for new trash enclosure	2009	8,870		20	444	444	2,442	69
70	TOTAL (lines 4 thru 69)		\$ 10,570,859	\$		\$ 305,013	\$ 305,013	\$ 5,172,411	70

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

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

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		\$ 10,570,859	\$		\$ 305,013	\$ 305,013	\$ 5,172,411	1
2	<u>Work on temperature system</u>	2009	2,574		10	257	257	1,414	2
3									3
4	<u>Cabinets, Brackets & Sneezeguards for Buffet</u>	2010	76,804		10	7,680	7,680	34,560	4
5	<u>Install Sink</u>	2010	5,675		10	568	568	2,556	5
6	<u>Dialysis Remodel-Electrical,carpentry and tile</u>	2010	20,949		10	2,095	2,095	9,427	6
7	<u>Lounge Nourishment room-electrical</u>	2010	3,661		10	366	366	1,647	7
8	<u>North Wing remodel-Flooring, electrical and plumbing</u>	2010	33,132		10	3,313	3,313	14,909	8
9	<u>Cabinets Activity Office</u>	2010	6,972		10	697	697	3,137	9
10	<u>Cabinets Restorative Office</u>	2010	6,633		10	663	663	2,984	10
11	<u>Elevator Repairs</u>	2010	7,376		10	738	738	3,321	11
12	<u>Dining Room-Frame ceiling, new smoke detectors</u>	2010	5,339		10	534	534	2,269	12
13	<u>Corridor Remodel - Wall paper removal, Paint, Carpet</u>	2011	85,765		10	8,577	8,577	34,308	13
14	<u>Handrails</u>								14
15	<u>Common Shower Remodel - Plumbing, Tile, Ceramic Floors, and painting</u>	2011	84,930		10	8,493	8,493	33,972	15
16									16
17	<u>Resident Room Remodel - Ceramic Tile floor, crown mould, painting</u>	2011	73,907		10	7,391	7,391	29,564	17
18									18
19	<u>DON Office Remodel - New Vinyl floor, and Painting</u>	2011	8,340		10	834	834	3,336	19
20	<u>Private Dining Remodel - new vinyl floor and painting</u>	2011	8,493		10	849	849	3,396	20
21	<u>Chiller Repair</u>	2011	3,633		10	363	363	1,452	21
22	<u>Soffit Repair</u>	2011	3,360		10	336	336	1,344	22
23	<u>Installation of Build in Speaker System</u>	2011	6,135		10	614	614	2,456	23
24	<u>Repair to the firewall</u>	2011	3,262		10	326	326	1,304	24
25	<u>Install new Fire Dampers in Building</u>	2012	115,487		10	11,549	11,549	28,872	25
26	<u>Repairs to the Chiller - Compressor Fan , Coils</u>	2013	13,354		10	1,335	1,335	2,003	26
27	<u>Residents Rooms Second Floor -Painting, Stain Plumbing</u>	2013	11,881		10	1,188	1,188	1,782	27
28	<u>Lobby Renovation/Reception Area Vinyl Wallcovering</u>	2013	4,842		10	484	484	726	28
29	<u>Landscape around Facility -Mulch</u>	2013	5,013		5	1,003	1,003	1,504	29
30	<u>Design Fees for Lounge, Residential Rooms, Dinning Room</u>	2013	9,333		10	933	933	1,400	30
31	<u>Resident Rooms 2nd Flr-Flooring, Walls, Painting, Plumbing</u>	2013	72,230		10	7,223	7,223	10,835	31
32	<u>Carpet & Threshold Install - 2nd Floor Corridors and Lounge</u>	2013	23,236		10	2,324	2,324	3,486	32
33	<u>Front Exterior Sliding Door</u>	2013	1,842		10	184	184	276	33
34	TOTAL (lines 1 thru 33)		\$ 11,275,017	\$		\$ 375,930	\$ 375,930	\$ 5,410,651	34

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

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

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		\$ 11,275,017	\$		\$ 375,930	\$ 375,930	\$ 5,410,651	1
2	2nd Floor Lounge- Window Treatments, Paint, Granite Tops,	2014	5,275		10	264	264	264	2
3	Wall Paper, Cabinetry								3
4	2nd Floor Lounge- Window Treatments, Paint, Granite Tops,	2014	4,080		10	204	204	204	4
5	Wall Paper, Cabinetry, Vinyl Edging, Wall Paper								5
6	1st&2nd Floor Common Showers- Plumbing Labor and Parts,	2014	4,696		10	234	234	234	6
7	Shower Tile and Ceiling Tile								7
8	1st&2nd Floor Common Showers- Plumbing Labor and Parts,	2014	148,191		10	7,409	7,409	7,409	8
9	Shower Tile and Ceiling Tile, Painting								9
10	Newsstands- Canopy, Awing's, Lighting, electric work, Walls	2014	6,120		10	306	306	306	10
11	Nursing Station-2nd&3rd Floor Electrical work, Flooring ,	2014	19,122		10	956	956	956	11
12	and Painting								12
13	Nursing Station-2nd&3rd Floor Electrical work, Flooring ,	2014	162,934		10	8,147	8,147	8,147	13
14	and Painting, Vinyl								14
15	Administrators office - two built in Cabinets	2014	4,536		10	227	227	227	15
16	Residents Rooms-39 Valances, Headboards, Cabinets	2014	15,459		10	773	773	773	16
17	Residents Rooms-39 Valances, Headboards, Cabinets	2014	29,400		10	1,470	1,470	1,470	17
18	Remolding the Therapy Rooms - Tile, Vinyl, Cabinets,	2014	118,933		10	5,947	5,947	5,947	18
19	Molding, Drywall, Windows, Painting, Eclectic Work								19
20	Remolding the Therapy Rooms - Wood Trim and Paint	2014	1,919		10	96	96	96	20
21	Dietary/Kitchen Office - Installed Cabinets, Doors	2014	14,463		10	723	723	723	21
22	Maintenance install Automatic Door Opener for Front Door	2014	4,687		10	234	234	234	22
23	Social Services Electric Work for Lighting, Cabinets	2014	9,167		10	459	459	459	23
24	Social Services Electric Work for Lighting, Cabinets	2014	2,166		10	108	108	108	24
25	Parking Lot Upgrade	2014	13,200		10	660	660	660	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Current Book Depreciation			110,153			(110,153)		33
34	TOTAL (lines 1 thru 33)		\$ 11,839,365	\$ 110,153		\$ 404,147	\$ 293,994	\$ 5,438,868	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	\$ 770,616	\$ 73,871	\$ 73,871	\$	5-10 yrs	\$ 491,655	71
72	Current Year Purchases	119,273	7,169	7,169		5-10 yrs	7,169	72
73	Fully Depreciated Assets	355,706				5-10 yrs	355,706	73
74	Alloc. From Mgmt. Co. & BLDG	981,633		9,698	9,698	5-7 yrs	964,790	74
75	TOTALS	\$ 2,227,228	\$ 81,040	\$ 90,738	\$ 9,698		\$ 1,819,320	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 14,346,193	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 191,193	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 494,885	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 303,692	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,258,188	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	Working on Residents Rooms	\$ 55,871	92
93	Building Company	55,949	93
94			94
95		\$ 111,820	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>100,955</u>			6
7	TOTAL				\$ <u>100,955</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.

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

N/A

N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 130,217 Description: See Schedule 14A

(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.

Meadowbrook Manor Naperville
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Schedule 14 A

Schedule 14A

XII. Rental Costs
Line 16 - Description

Copier	17,330
Water Cooler	12,718
Medical Equipment	45,462
Mattress & Beds	36,739
Postage Meter	1,795
Management Co.	<u>16,173</u>
Total	<u><u>130,217</u></u>

Facility Name & ID Number Meadowbrook Manor Naperville # 0041285 Report Period Beginning: 01/01/2014 Ending: 12/31/2014
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)		5,295		5,295
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 5,295	\$	\$ 5,295
10	SUM OF line 9, col. 1 and 2 (e)	\$	5,295		

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	1 Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
1	Licensed Occupational Therapist	10A(1)	7003 hrs	\$ 294,520		\$		\$	7,003	\$ 294,520	1	
2	Licensed Speech and Language Development Therapist	10A(1)	2254 hrs	103,429					2,254	103,429	2	
3	Licensed Recreational Therapist		hrs								3	
4	Licensed Physical Therapist	10A(1 & 2)	11848 hrs	542,862				18,817	11,848	561,679	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					300,055		300,055	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10	
11	Academic Education		hrs								11	
12	Other (specify): <u>Oxygen</u>	39(2)						79,083		79,083	12	
13	Other (specify): <u>Dialysis</u>	39(1)	7413	152,478					7,413	152,478	13	
14	TOTAL			\$ 1,093,289		\$		\$ 397,955	28,518	\$ 1,491,244	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 Naperville# 0041285Report Period Beginning: 01/01/2014Ending: 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	\$ 494,805	\$ 494,805	1
2	Cash-Patient Deposits	24,230	24,230	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>434,424</u>)	3,475,568	3,475,568	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	386,574	386,574	6
7	Other Prepaid Expenses	3,134	3,134	7
8	Accounts Receivable (owners or related parties)	2,270,219	2,270,219	8
9	Other(specify): <u>See Schedule 17C</u>	525	115,721	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,655,055	\$ 6,770,251	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		279,600	13
14	Buildings, at Historical Cost		9,863,922	14
15	Leasehold Improvements, at Historical Cost	1,268,793	1,975,443	15
16	Equipment, at Historical Cost	1,245,595	2,227,228	16
17	Accumulated Depreciation (book methods)	(1,496,059)	(7,258,188)	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)	55,871	111,820	22
23	Other(specify): <u>Mortgage Cost Net</u>		107,296	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,074,200	\$ 7,307,121	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,729,255	\$ 14,077,372	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 946,948	\$ 946,948	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,222,795	2,222,795	29
30	Accrued Salaries Payable	576,374	576,374	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		249,600	32
33	Accrued Interest Payable	4,846	4,846	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Sch 17C</u>	433,539	433,539	36
37	<u>See Sch 17C</u>	5,891,157	298,171	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,075,659	\$ 4,732,273	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,545,684	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)	\$	\$ 15,545,684	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,075,659	\$ 20,277,957	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,346,404)	\$ (6,200,585)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,729,255	\$ 14,077,372	48

*(See instructions.)

Meadowbrook Manor Naperville
 0041285
 12/31/2014

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Employee Advance	525	525
Real estate tax escrow		74,399
Mortgage Insurance escrow		17,527
Hazard Insurance escrow		23,270
	525	115,721

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued - Payroll Taxes	32,616	32,616
Wage Garnishment	(415)	(415)
Credit Union	(200)	(200)
Accrued - Life Ins Withholding	284	284
Resident Credit Balance	113,723	113,723
Professional Liability Claims	287,531	287,531
	433,539	433,539

	<u>Operating</u>	<u>After Consolidation</u>
<u>C. Current Liabilities</u>		
Line 37 -Other Current Liabilities		
Other Deposits	386	386
Due From/To Bolingbrook	279,622	279,622
Due From/To BHC Construction	5,106	5,106
Due From/To BHC VIII	13,057	13,057
Accrued - Rent	5,592,986	
N/P - State		
	<u>5,891,157</u>	<u>298,171</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,745,682)	1
2	Restatements (describe):	(1)	2
3	Rounding		3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,745,683)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,389,279	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	(1,990,000)	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)	\$ (600,721)	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)	\$ (2,346,404)	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	\$ 15,828,103	1
2	Discounts and Allowances for all Levels	(307,017)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,521,086	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,084,811	6
7	Oxygen	81,238	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,166,049	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	5,325	13
14	Non-Patient Meals	2,115	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	282,811	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	45,610	19
20	Radiology and X-Ray	27,190	20
21	Other Medical Services	165,605	21
22	Laundry	12,388	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 541,044	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	31,733	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 31,733	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Misc. Income</u>	2,244	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,244	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,262,156	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,426,142	31
32	Health Care	7,518,796	32
33	General Administration	3,460,408	33
B. Capital Expense			
34	Ownership	1,697,761	34
C. Ancillary Expense			
35	Special Cost Centers	1,163,933	35
36	Provider Participation Fee	605,837	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,872,877	40
41	Income before Income Taxes (line 30 minus line 40)**	1,389,279	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,389,279	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 11,795,336	44
45	Private Pay - Net Inpatient Revenue	1,562,931	45
46	Medicare - Net Inpatient Revenue	1,867,892	46
47	Other-(specify) <u>Private Insurance</u>	294,927	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,521,086	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 taxpayer.

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

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	1,984	2,096	\$ 88,343	\$ 42.15	1
2	Assistant Director of Nursing	2,040	2,227	79,772	35.82	2
3	Registered Nurses	41,513	45,054	1,329,892	29.52	3
4	Licensed Practical Nurses	50,335	53,823	1,401,527	26.04	4
5	CNAs & Orderlies	144,004	154,232	1,918,627	12.44	5
6	CNA Trainees	527	547	5,295	9.68	6
7	Licensed Therapist	18,554	21,105	940,811	44.58	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	23,567	25,306	268,454	10.61	10
11	Social Service Workers	8,369	92,222	129,903	1.41	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers	43,179	46,176	502,908	10.89	16
17	Maintenance Workers	12,129	12,877	208,526	16.19	17
18	Housekeepers	30,328	31,671	307,660	9.71	18
19	Laundry	9,399	10,047	94,524	9.41	19
20	Administrator	1,804	2,100	70,181	33.42	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,575	16,798	293,504	17.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,952	2,220	37,502	16.89	31
32	Other Health C: See Sch 20A	37,835	41,564	748,083	18.00	32
33	Other(specify) <u>Dialysis Wages</u>	7,413	7,825	152,478	19.49	33
34	TOTAL (lines 1 - 33)	450,507	567,890	\$ 8,577,990 *	\$ 15.11	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	399	\$ 17,357	1(3)	35
36	Medical Director	Monthly	51,000	9(3)	36
37	Medical Records Consultant	Monthly	4,704	10(3)	37
38	Nurse Consultant	435	17,049	10(3)	38
39	Pharmacist Consultant	Number	0	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	267	10,670	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,496	11(3)	44
45	Social Service Consultant	40	2,465	12(3)	45
46	Other(specify) <u>Quality Assurance</u>	Monthly	18,131	10(3)	46
47	<u>Would Care</u>	Monthly	36,050	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	1,189	\$ 159,922		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 Naperville
0041285
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	5,777	6,212	80,362	12.94
Central Supply	1,853	2,061	26,113	12.67
Nursing Administration	15,116	16,777	350,135	20.87
Rehabilitation Aides	15,089	16,514	291,473	17.65
Total	<u>37,835</u>	<u>41,564</u>	<u>748,083</u>	<u>18.00</u>

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Jennifer Allen	Administrator	0	\$ 6,948	Workers' Compensation Insurance	\$ 286,339	IDPH License Fee	\$ 1,990	
Kathy Sefcki	Administrator	0	20,298	Unemployment Compensation Insurance	62,004	Advertising: Employee Recruitment		
Mark Hocuk	Administrator	0	42,935	FICA Taxes	640,164	Health Care Worker Background Check	783	
				Employee Health Insurance	317,543	(Indicate # of checks performed 27)		
				Employee Meals		Patient Background Checks	300 3,000	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council Long Term Care	23,177	
				401K	60,593	Less: COPE Fees	(14,809)	
				Other Employee Benefits	7,639	Misc. Dues & Subscriptions	12,782	
				Employee Lab Test	1,331	Misc. Licenses	8,212	
				Uniform Allowance	694	Alloc. Mgmt. Co.	6,378	
				Medical Reimbursement	341	Less: Public Relations Expense	()	
				Employees Picnics and Lunch Meetings	17,170	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 70,181	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,393,818	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 41,513	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (eliminated on Sch V, col. 7)			\$ 1,095,060				Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,095,060	N/A			In-State Travel	
C. Professional Services								
Vendor/Payee	Type		Amount					
Rehab Management Systems	Billing Services		\$ 40,800					
Innovative LTC Solutions	Billing Services		15,597					
ADP Inc.	Payroll Services		19,764					
Unemployment Consultants	Unemployment Consultant		2,040					
Pharmacy Price Management	Professional Services		3,782					
Tim Wilsey	Professional Services		225					
Cardiac Diagnostics	Professional Services		120					
Law Office of Stephen N Sher	Legal- A/R for LOC		7,141					
Johnson & Bell LTD	Legal- General Liability		472					
McGladrey, LLP	Accounting Services		16,842					
Ronald L Cournaya	Accounting Services		5,000					
See Total from SCH21A			83,404					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 195,187	TOTAL		\$	Seminar Expense	5,279
							Allocated from Mgmt. Co.	1,512
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 6,791

* Attach copy of IMRF notifications

**See instructions.

Meadowbrook Manor Naperville
Provider #: 0041285
01/01/2014 to 12/31/2014

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Morgan Lewis & Bockius	Legal	(8,259)
Polsinelli Shughart PC	Legal	69,806
Grabowski Law Center LLS	Collection Fees	2,079
Hamilton Thies & Lorch	Legal	5,928
Illinois Secretary of State	Annual Report	100
Araceli Silvia Cadenas	Legal	3,750
Wilton Antoine Person	Legal	10,000

Total for Schedule 21A 83,404

Total (agree to Schedule V, line 19, column 3) 195,187

Allocation from MMN Partners	Accounting Fees	15,597
Allocation from Butterfield Health Care Group	Professional Services	33,648
Less: Disallowed legal fees Collections		(2,079)

Total (agree to Schedule V, line 19, column 8) 242,353

Meadowbrook Manor Naperville
 Provider #: 0041285
 01/01/2014 to 12/31/2014

SEMINAR EXPENSE

DATE	PAYEE	TOPIC	ATTENDEE	JOB CLASS
01/29/14	The Healthcare Information Network	CMS Increase Survey Focus on Dementia Care	Jeni Allen, Julie Polachira	Administrator, Social Services
03/12/14	Cross Country Education	Relearning Kinesia Treatment for Parkinson's Disease & Related Movement	Melvin Arbolado	Physical Therapy
05/09/14	Marianjoy Professional Learning Institute	Defensive Documentation: What You Don't Know May Hurt You	Liezl Oreta	Physical Therapy
05/09/14	Marianjoy Professional Learning Institute	Defensive Documentation: What You Don't Know May Hurt You	Ruth Panlilio	Occupational Therapist
04/11/14	The Healthcare Information Network	Medicare & Managed Care Billing Summit	Melissa Anderson	Bookkeeper
04/25/14	Institute for Natural Resources	PTSD, TRAUMA & Anxiety Disorders	Melvin Arbolado	Physical Therapy
06/26/14	Care Management	Care Management Vendor Fair	Jackie Molen	Marketing Director
06/05/14	Summit Professional Education	Using Evidence-Based Standardized Test & Measures	Liezl Oreta	Physical Therapy
06/05/14	Summit Professional Education	Using Evidence-Based Standardized Test & Measures	Caryn Hough	Physical Therapy
06/12/14	The Healthcare Information Network	Life Safety Code& Emergency Preparedness	Tasi Menka	Maintenance Director
06/20/14	Institute for Natural Resources	Tender Words, Tough Times: Essential Skills in Communicating with Patients	Melvin Arbolado	Physical Therapy
07/28/14	Institute for Natural Resources	Therapeutic Breathing in Evidence-Based Proactive	Ruth Panlilio	Occupational Therapist
09/09/14	Pesi Healthcare	The Heart in Detail	Neceida Gasper, Tannie Stewart, Merrygene Garcia, Cathy Corbirs, Vivian Totanes	Care Plan Coord., LPN, RN, ADON
09/12/14	Cynthia Chow & Associates	Dietary Seminar	KC Karanth, Pat	Asst Administrator, Dietary Tech.
08/21/14	Institute for Natural Resources	Food, Mood & Cognition	Amanda Barlow	Occupational Therapist
09/18/14	The Healthcare Information Network	PPS Final Rule & RAI Manual Update	4 employees in MDS	MDS

Meadowbrook Manor Naperville
 Provider #: 0041285
 01/01/2014 to 12/31/2014

SEMINAR EXPENSE

DATE	PAYEE	TOPIC	ATTENDEE	JOB CLASS
10/23/14	ILOTA	ILOTA Conference 2014	Ruth Panlilio	Occupational Therapist
11/06/14	The Healthcare Information Network	Fall Prevention & F323 Compliance	Tania Razon, Fe Leon Fitzgerald	RN, Restorative Director
12/18/14	Pesi Healthcare	Dementia Intervention: Successful "Staging"	Mark Houck, KC Karanth, Tammy Boark, Tina Disha, Julie Polachira	Administrator, Asst Admin., DON, Social Serv, Activity
01/08/15	The Healthcare Information Network	New State Operations Manual	Mark Houck, KC Karanth, Tammy Boark,	Administrator, Asst Admin., DON,
	Allocation from Management Company			
	Non Allowable Seminars			
	Out of Period Seminars			
TOTAL				

LOCATION	FEE
Schaumburg, IL	358.00
Online	189.00
Chicago, IL	150.00
Chicago, IL	150.00
Schaumburg, IL	179.00
Naperville, IL	81.00
Schaumburg, IL	150.00
Joliet, IL	199.00
Joliet, IL	179.00
Schaumburg, IL	179.00
Naperville, IL	81.00
	179.00
Downers Grove, IL	949.95
Chicago, IL	240.00
Naperville, IL	81.00
Schaumburg, IL	716.00

LOCATION	FEE
Lisle, IL	110.00
Schaumburg, IL	358.00
Downers Grove, IL	899.95
Schaumburg, IL	537.00
	1,512.00
	(150.00)
	(537.00)
	6,790.90

Meadowbrook Manor Naperville
 Provider #: 0041285
 01/01/2014 to 12/31/2014

6273.

Effective Date	Source	Description	Ref #	Amount
03/05/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		708.66
06/24/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		500.00
12/17/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		750.00
09/30/14	AP-IN	ARACELI SILVIA CADENAS	093014 NPV	3,750.00
07/31/14	AP-IN	GRABOWSKI LAW CENTER LLC	073114	60.00
11/29/14	AP-IN	GRABOWSKI LAW CENTER LLC	112914 NPV	60.00
08/18/14	AP-IN	HAMILTON THIES & LORCH	17952 NPV	3,123.75
09/08/14	AP-IN	HAMILTON THIES & LORCH	18122	256.50
09/08/14	AP-IN	HAMILTON THIES & LORCH	18127 NPV	1,338.75
10/01/14	AP-IN	HAMILTON THIES & LORCH	18265 NPV	1,208.75
07/15/14	AP-IN	ILLINOIS SECRETARY OF STATE	071514	100.00
03/31/14	AP-IN	MORGAN LEWIS & BOCKIUS LLP	033114 NPV CREDIT	(10,932.19)
10/23/14	AP-IN	MORGAN LEWIS & BOCKIUS LLP	3139792	2,673.00
01/29/14	AP-IN	POLSINELLI PC	1037500	1,865.97
02/17/14	AP-IN	POLSINELLI PC	1040321	8,217.33

Meadowbrook Manor Naperville

Provider #: 0041285

01/01/2014 to 12/31/2014

6273.

Effective Date	Source	Description	Ref #	Amount
03/31/14	AP-IN	POLSINELLI PC	1053193	7,905.00
04/30/14	AP-IN	POLSINELLI PC	1062565	15,974.70
05/27/14	AP-IN	POLSINELLI PC	1069671	21,029.60
05/29/14	AP-IN	POLSINELLI PC	1070027	1,492.00
06/27/14	AP-IN	POLSINELLI PC	1079372	520.00
07/24/14	AP-IN	POLSINELLI PC	1087726	52.00
08/25/14	AP-IN	POLSINELLI PC	1096001	436.00
09/18/14	AP-IN	POLSINELLI PC	1104755	2,344.75
10/09/14	AP-IN	POLSINELLI PC	1112084	4,317.99
10/09/14	AP-IN	POLSINELLI PC	1112082	156.00
11/30/14	AP-IN	POLSINELLI PC	1124880	3,609.95
12/17/14	AP-IN	POLSINELLI PC	1129964	1,433.00
12/31/14	GL-JE	POLSINELLI PC	1137298	452.00
09/30/14	AP-IN	WILTON ANTOINE PERSON	093014 NPV	10,000.00
				<u>83,403.51</u>

000 Legal Fees for 2014

Details

Grabowski Law Center - Collection Fees - Fonzia Honaker

Grabowski Law Center - Collection Fees - Fonzia Honaker, Bernice Imgrund

Grabowski Law Center - Collection Fees - Bernice Imgrund

Lawsuit Settlement

Filing Fees for Probate Claim - Rose Castelli

Filing Fees for Probate Claim - Sharon Arnold

Telephone Conferences regarding the West Suburban Bank Loan

Preparation of Annual Report, letter & Consents for IL Sec of State

Telephone Conferences regarding the West Suburban Bank Loan

Reviewing of Documents regarding the West Suburban Bank Loan

Annual Report filing Fee

Discount Given for Prior Years Legal Bills for Araceli Cedenas Case

Legal Fees for Araceli Cadenas Case

October 2013 survey appeal issues - IDPH correspondence

October 2013 survey appeal issues - IDPH correspondence

000 Legal Fees for 2014

Details

October 2013 survey appeal issues - IDPH correspondence

Various complaints and lawsuits against facility

October 2013 survey appeal issues

October 2013 survey appeal issues - IDPH correspondence

Prehearing Conference regarding IDPH Appeal of Oct 2013 Survey

Incidentals

IDPH appeal of 2013 survey

Various communications - plan of correction - survey complaint - new residency agreement - MCO contract negotiation

Heager Guardianship issues - changes to residency agreement - MCO contract negotiations

CMS hearing appeal - Plan of Correction preparation

Collection issues on Maldonado - CMS hearing appeal - Plan of Correction preparation.

Various communications - plan of correction - survey complaint - new residency agreement

Final review of new residency agreement

Reimbursement of Legal Fees in Araceli Cadenas Lawsuit Settlement

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 Naperville

0041285

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-\$23,177
- (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? 8.32 yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 102,658 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. \$ 605,837
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. \$ 2,115
- (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	502,908	56,985	17,357	577,250	0	577,250	0	577,250
2. Food Purchase	0	531,792	0	531,792	0	531,792	796	532,588
3. Housekeeping	307,660	81,009	0	388,669	0	388,669	0	388,669
4. Laundry	94,524	65,825	0	160,349	0	160,349	0	160,349
5. Heat and Other Utilities	0	0	319,092	319,092	0	319,092	3,629	322,721
6. Maintenance	208,526	45,691	194,773	448,990	0	448,990	43,961	492,951
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,113,618	781,302	531,222	2,426,142	0	2,426,142	48,386	2,474,528
9. Medical Director	0	0	51,000	51,000	0	51,000	26,982	77,982
10. Nursing & Medical Records	5,603,746	394,979	75,934	6,074,659	0	6,074,659	19,048	6,093,707
10a. Therapy	940,811	18,817	10,670	970,298	0	970,298	0	970,298
11. Activities	268,454	14,151	2,496	285,101	0	285,101	0	285,101
12. Social Services	129,903	75	2,465	132,443	0	132,443	26,159	158,602
13. Nurse Aide Training	5,295	0	0	5,295	0	5,295	0	5,295
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	6,948,209	428,022	142,565	7,518,796	0	7,518,796	72,189	7,590,985
17. Administrative	70,181	0	1,095,060	1,165,241	0	1,165,241	-953,195	212,046
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	195,187	195,187	0	195,187	47,166	242,353
20. Fees, Subscriptions & Promotion	0	0	49,944	49,944	0	49,944	-8,431	41,513
21. Clerical & General Office	293,504	48,408	69,349	411,261	0	411,261	335,195	746,456
22. Employee Benefits & Payroll	0	0	1,393,818	1,393,818	0	1,393,818	0	1,393,818
23. Inservice Training & Education	0	0	2,069	2,069	0	2,069	219	2,288
24. Travel and Seminar	0	0	5,966	5,966	0	5,966	825	6,791
25. Other Admin. Staff Trans	0	0	6,473	6,473	0	6,473	2,809	9,282
26. Insurance-Prop.Liab.Malpractice	0	0	230,449	230,449	0	230,449	99,577	330,026
27. Other (specify)*	0	0	0	0	0	0	96,275	96,275
28. Total General Adminis	363,685	48,408	3,048,315	3,460,408	0	3,460,408	-379,560	3,080,848
29. Total General Administrative	8,425,512	1,257,732	3,722,102	13,405,346	0	13,405,346	-258,985	13,146,361
30. Depreciation	0	0	191,193	191,193	0	191,193	303,692	494,885
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	48,524	48,524	0	48,524	519,452	567,976
33. Real Estate	0	0	0	0	0	0	247,887	247,887

34. Rent - Facility & Grounds	0	0	1,344,000	1,344,000	0	1,344,000	-1,243,045	100,955
35. Rent - Equipment & Vehicles	0	0	114,044	114,044	0	114,044	16,173	130,217
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,697,761	1,697,761	0	1,697,761	-155,841	1,541,920
38. Medically Necessary T	0	0	13,117	13,117	0	13,117	0	13,117
39. Ancillary Service Cent	152,478	379,138	0	531,616	0	531,616	0	531,616
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	605,837	605,837	0	605,837	0	605,837
43. Other (specify):*	0	0	619,200	619,200	0	619,200	-619,200	0
44. Total Special Cost Ce	152,478	379,138	1,238,154	1,769,770	0	1,769,770	-619,200	1,150,570
45. Grand Total	8,577,990	1,636,870	6,658,017	16,872,877	0	16,872,877	-1,034,026	15,838,851

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	494,805	494,805
2. Cash - Patient Deposits	24,230	24,230
3. Accounts & Notes Recievable	3,475,568	3,475,568
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	386,574	386,574
7. Other Prepaid Expenses	3,134	3,134
8. Accounts Receivable-Owner/Related Party	2,270,219	2,270,219
9. Other (specify):	525	115,721
10. Total current assets	6,655,055	6,770,251
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	279,600
14. Buildings, at Historical Cost	0	9,863,922
15. Leasehold Improvements, Historical Cost	1,268,793	1,975,443
16. Equipment, at Historical Cost	1,245,595	2,227,228
17. Accumulated Depreciation (book methods)	-1,496,059	-7,258,188
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):	55,871	111,820
23. other (specify):	0	107,296
24. Total Long-Term Assets	1,074,200	7,307,121
25. Total Assets	7,729,255	14,077,372
CURRENT LIABILITIES		
26. Accounts Payable	946,948	946,948
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	2,222,795	2,222,795
30. Accrued Salaries Payable	576,374	576,374
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	249,600
33. Accrued Interest Payable	4,846	4,846
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	433,539	433,539

37. Other Current Liabilities (specify):	5,891,157	298,171
38. Total Current Liabilities	10,075,659	4,732,273
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	15,545,684
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	15,545,684
46.Total Liabilities	10,075,659	20,277,957
47.Total Equity	-2,346,404	-6,200,585
48.Total Liabilities and Equity	7,729,255	14,077,372

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	15,828,103
2. Discounts and Allowances for all Levels	-307,017
Subtotal - Inpatient Care	15,521,086
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	2,084,811
7. Oxygen	81,238
Subtotal - Anciliary Revenue	2,166,049
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	5,325
14. Non-Patient Meals	2,115
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	282,811
18. Sale of Supplies to Non-Patients	0
19. Laboratory	45,610
20. Radiology and X-Ray	27,190
21. Other Medical Services	165,605
22. Laundry	12,388
Subtotal - Other Operating Revenue	541,044
24. Contributions	0
25. Interest and Other Investments Income	31,733
Subtotal - Non-Operating Revenue	31,733
27. Other Revenue (specify):	2,244
28. Other Revenue (specify):	0
Subtotal - Other Revenue	2,244
30. Total Revenue	18,262,156
31. General Services	2,426,142
32. Health Care	7,518,796
33. General Administration	3,460,408
34. Ownership	1,697,761

35. Special Cost Centers	1,163,933
35. Provider Participation Fee	605,837
37. Other	0
40. Total Expenses	16,872,877
41. Income Before Income Taxes	1,389,279
42. Income Taxes	0
43. Net Income or Loss for the Year	1,389,279