

Facility Name & ID Number Meadowbrook Manor

0037366 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

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

	1	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)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	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	72,453	9,300	14,919	96,672	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	72,453	9,300	14,919	96,672	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.88%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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

YES NO

I. On what date did you start providing long term care at this location?

Date started 11/05/1991

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

YES Date 11/05/1991 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 11,148

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 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	501,189	51,665	18,814	571,668		571,668		571,668		1
2	Food Purchase		658,090		658,090		658,090	2,848	660,938		2
3	Housekeeping	412,603	103,288		515,891		515,891		515,891		3
4	Laundry	36,352	80,694		117,046		117,046		117,046		4
5	Heat and Other Utilities			289,494	289,494		289,494	4,217	293,711		5
6	Maintenance	202,451	55,768	213,912	472,131		472,131	41,405	513,536		6
7	Other (specify):*										7
8	TOTAL General Services	1,152,595	949,505	522,220	2,624,320		2,624,320	48,470	2,672,790		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000	26,856	50,856		9
10	Nursing and Medical Records	6,367,823	499,026	28,097	6,894,946		6,894,946	19,124	6,914,070		10
10a	Therapy	1,515,018	14,333	24,570	1,553,921		1,553,921		1,553,921		10a
11	Activities	287,570	18,143	2,496	308,209		308,209	61	308,270		11
12	Social Services	179,974		2,029	182,003		182,003	25,621	207,624		12
13	CNA Training	3,064			3,064		3,064		3,064		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	8,353,449	531,502	81,192	8,966,143		8,966,143	71,662	9,037,805		16
	C. General Administration										
17	Administrative	151,741		1,406,714	1,558,455		1,558,455	(1,315,202)	243,253		17
18	Directors Fees										18
19	Professional Services			184,304	184,304		184,304	95,241	279,545		19
20	Dues, Fees, Subscriptions & Promotions			66,006	66,006		66,006	(12,867)	53,139		20
21	Clerical & General Office Expenses	442,313	50,570	75,580	568,463		568,463	488,506	1,056,969		21
22	Employee Benefits & Payroll Taxes			1,558,212	1,558,212		1,558,212		1,558,212		22
23	Inservice Training & Education			7,875	7,875		7,875	181	8,056		23
24	Travel and Seminar			1,318	1,318		1,318	3,455	4,773		24
25	Other Admin. Staff Transportation			5,890	5,890		5,890	3,618	9,508		25
26	Insurance-Prop.Liab.Malpractice			503,251	503,251		503,251	119,484	622,735		26
27	Other (specify):*							93,583	93,583		27
28	TOTAL General Administration	594,054	50,570	3,809,150	4,453,774		4,453,774	(524,001)	3,929,773		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	10,100,098	1,531,577	4,412,562	16,044,237		16,044,237	(403,869)	15,640,368		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:

01/01/2015

Ending:

12/31/2015

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			340,813	340,813		340,813	353,163	693,976			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			105,401	105,401		105,401	645,686	751,087			32
33	Real Estate Taxes							409,930	409,930			33
34	Rent-Facility & Grounds			1,776,000	1,776,000		1,776,000	(1,650,211)	125,789			34
35	Rent-Equipment & Vehicles			43,321	43,321		43,321	14,190	57,511			35
36	Other (specify):*											36
37	TOTAL Ownership			2,265,535	2,265,535		2,265,535	(227,242)	2,038,293			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			82,394	82,394		82,394		82,394			38
39	Ancillary Service Centers	190,419	642,423		832,842		832,842		832,842			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			670,117	670,117		670,117		670,117			42
43	Other (specify):*			710,847	710,847		710,847	(710,847)				43
44	TOTAL Special Cost Centers	190,419	642,423	1,463,358	2,296,200		2,296,200	(710,847)	1,585,353			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	10,290,517	2,174,000	8,141,455	20,605,972		20,605,972	(1,341,958)	19,264,014			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: 01/01/2015

Ending: 12/31/2015

VI. ADJUSTMENT DETAIL

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

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

		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	(423)	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	(96,280)	30		9
10	Interest and Other Investment Income	(47,603)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,507)	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				18
19	Entertainment				19
20	Contributions	(4,472)	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	(469,098)	43		24
25	Fund Raising, Advertising and Promotional	(3,304)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(41,554)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(223,415)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (887,656)		\$	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)	(454,302)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (454,302)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,341,958)		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

ID# 0037366

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

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

12/31/2015

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow COPE Fees	(13,596)	20
To disallow Consolidated Billing Services	(25,753)	43
To disallow Cable Television	(12,464)	43
To disallow X-Ray expense	(69,810)	43
To disallow Lab expense	(31,992)	43
To disallow Employee Gifts	(28,203)	43
To disallow Patient Clothing	(2,237)	43
To disallow Resident Gifts	(200)	43
To disallow Sports Sponsorship	(790)	43
To disallow Marketing Expense	(19,463)	43
To disallow collection fees	(11,232)	19
To offset Miscellaneous Income	(7,675)	21
Total	<u>(223,415)</u>	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	(423)	3,271	0	0	0	0	0	0	0	0	0	2,848	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	4,217	0	0	0	0	0	0	0	0	0	4,217	5
6	Maintenance	0	41,405	0	0	0	0	0	0	0	0	0	41,405	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(423)	48,893	0	0	0	0	0	0	0	0	0	48,470	8
	B. Health Care and Programs													
9	Medical Director	0	26,856	0	0	0	0	0	0	0	0	0	26,856	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	19,124	0	0	0	0	0	0	0	0	0	19,124	11
12	Social Services	0	61	0	0	0	0	0	0	0	0	0	61	12
13	CNA Training	0	25,621	0	0	0	0	0	0	0	0	0	25,621	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	71,662	0	0	0	0	0	0	0	0	0	71,662	16
	C. General Administration													
17	Administrative	0	(1,315,202)	0	0	0	0	0	0	0	0	0	(1,315,202)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	83,920	0	22,553	0	0	0	0	0	0	0	106,473	19
20	Fees, Subscriptions & Promotions	0	729	0	0	0	0	0	0	0	0	0	729	20
21	Clerical & General Office Expenses	0	496,181	0	0	0	0	0	0	0	0	0	496,181	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	181	0	0	0	0	0	0	0	0	0	181	23
24	Travel and Seminar	0	0	3,455	0	0	0	0	0	0	0	0	3,455	24
25	Other Admin. Staff Transportation	0	0	3,618	0	0	0	0	0	0	0	0	3,618	25
26	Insurance-Prop.Liab.Malpractice	0	0	540	118,944	0	0	0	0	0	0	0	119,484	26
27	Other (specify):*	0	0	93,583	0	0	0	0	0	0	0	0	93,583	27
28	TOTAL General Administration	0	(734,191)	101,196	141,497	0	(491,498)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(423)	(613,636)	101,196	141,497	0	(371,366)	29						

STATE OF ILLINOIS

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2015 Ending:

Summary B

12/31/2015

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	(96,280)	0	10,473	438,970	0	0	0	0	0	0	0	353,163	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(47,603)	0	0	693,289	0	0	0	0	0	0	0	645,686	32
33	Real Estate Taxes	0	0	0	409,930	0	0	0	0	0	0	0	409,930	33
34	Rent-Facility & Grounds	0	0	125,789	(1,776,000)	0	0	0	0	0	0	0	(1,650,211)	34
35	Rent-Equipment & Vehicles	0	0	14,190	0	0	0	0	0	0	0	0	14,190	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(143,883)	0	150,452	(233,811)	0	(227,242)	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):*	(519,935)	0	0	0	0	0	0	0	0	0	0	(519,935)	43
44	TOTAL Special Cost Centers	(519,935)	0	0	0	0	0	0	0	0	0	0	(519,935)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(664,241)	(613,636)	251,648	(92,314)	0	0	0	0	0	0	0	(1,118,543)	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 II, Inc. d/b/a Meadowbrook Manor of Naperville	Naperville	J&D Partners, L.P.	Bolingbrook	Lessor
		Butterfield Health Care VII, LLC d/b/a Meadowbrook Manor of LaGrange	LaGrange	MMN Partners, L.P.	Naperville	Lessor
				Butterfield Health Care Group, Inc.	Bolingbrook	Management Co.
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	MML Properties, LLC	LaGrange	Lessor
				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 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%	\$ 3,271	\$ 3,271	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%			2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	4,217	4,217	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	41,405	41,405	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	26,856	26,856	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	19,124	19,124	6
7	V	12 Activities		Butterfield Health Care Group, Inc.	100.00%	61	61	7
8	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	25,621	25,621	8
9	V	17 Administrative Costs	1,406,714	Butterfield Health Care Group, Inc.	100.00%	91,512	(1,315,202)	9
10	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	83,920	83,920	10
11	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	729	729	11
12	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	496,181	496,181	12
13	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	181	181	13
14	Total		\$ 1,406,714			\$ 793,078	\$ * (613,636)	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	24 Travel & Seminar	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 3,455	\$	3,455	15
16	V	25 Auto Expense		Butterfield Health Care Group, Inc.	100.00%	3,618		3,618	16
17	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	540		540	17
18	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	93,583		93,583	18
19	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	10,473		10,473	19
20	V	32 Interest		Butterfield Health Care Group, Inc.	100.00%				20
21	V	34 Rent Building		Butterfield Health Care Group, Inc.	100.00%	125,789		125,789	21
22	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	14,190		14,190	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		\$			\$ 251,648	\$ *	251,648	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%	\$ 22,553	\$ 22,553
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%	118,944	118,944
18	V	30 Depreciation		J&D Partners, L.P.	100.00%	438,970	438,970
19	V	32 Interest		J&D Partners, L.P.	100.00%	689,490	689,490
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%	409,930	409,930
22	V	34 Rent - Facility & Grounds	1,776,000	J&D Partners, L.P.	100.00%		(1,776,000)
23	V	32 Interest Income - Repl Reserve		J&D Partners, L.P.	100.00%	(240)	(240)
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,776,000			\$ 1,683,686	\$ * (92,314)

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

Butterfield Health Care, Inc.
D/B/A Meadowbrook Manor
Provider # 0037366
12/31/2015

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 Christopher Vangel	0.50%
	<u>100.00%</u>

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Christopher Vangel	Operating Supvsr.	Administrative	5.00	110,968	8	20.00	Mgt Salaries	\$ 35,734	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	83,743	2	5.00	Mgt Salaries	18,994	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	54,165	2	5.00	Mgt Salaries	30,855	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	64,408	2	5.00	Mgt Salaries	5,929	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	47,144	10	25.00	Medical Director	26,856	9(7)	5
6	Robert Jafari	Operating Supvsr.	Administrative	25.00	91,122	0	0.00	Consulting	51,908	19	6
7	Dorothy Vangel	Operating Supvsr.	Administrative	12.50	50,400	0	0.00	N/A	0	N/A	7
8	Mark Hocuk	Administrator	Administrative	0.00	75,208	0	0.00	N/A	0	N/A	8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 170,276		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: 01/01/2015

Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

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	266,373	4	\$ 9,013	\$ 96,672	\$ 3,271	1
2	3	Housekeeping	Resident Days	266,373	4		96,672	0	2
3	5	Utilities	Resident Days	266,373	4	11,619	96,672	4,217	3
4	6	Repairs & Maintenance	Resident Days	266,373	4	114,089	86,325	41,405	4
5	9	Medical Director	Resident Days	266,373	4	74,000	96,672	26,856	5
6	11	Nursing	Resident Days	266,373	4	52,694	52,694	19,124	6
7	12	Activities	Resident Days	266,373	4	169	96,672	61	7
8	13	Social Services	Resident Days	266,373	4	70,598	70,598	25,621	8
9	17	Administrative Costs	Resident Days	266,373	4	252,156	252,156	91,512	9
10	19	Professional Services	Resident Days	266,373	4	231,235	96,672	83,920	10
11	20	Dues, Fees & Subscriptions	Resident Days	266,373	4	2,009	96,672	729	11
12	21	Clerical & General Office exp.	Resident Days	266,373	4	1,367,192	1,259,556	496,181	12
13	23	Training & Education	Resident Days	266,373	4	498	96,672	181	13
14	24	Travel & Seminar	Resident Days	266,373	4	9,519	96,672	3,455	14
15	25	Auto Expense	Resident Days	266,373	4	9,969	96,672	3,618	15
16	26	Insurance	Resident Days	266,373	4	1,487	96,672	540	16
17	27	Employee Benefits General & Admin.	Resident Days	266,373	4	257,861	96,672	93,583	17
18	30	Depreciation	Resident Days	266,373	4	28,858	96,672	10,473	18
19	32	Interest	Resident Days	266,373	4		96,672	0	19
20	34	Rent Building	Resident Days	266,373	4	346,604	96,672	125,789	20
21	35	Equipment Rental	Resident Days	266,373	4	39,100	96,672	14,190	21
22									22
23									23
24									24
25	TOTALS				\$ 2,878,670	\$ 1,721,329		\$ 1,044,726	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	\$ 19,540,674	10/01/46	0.3500	\$ 689,490	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		2,964,137	12/31/14	3.7500	105,401	6						
7												7						
8												8						
9	TOTAL Facility Related				\$137,422.55		\$ 20,876,000	\$ 22,504,811			\$ 798,930	9						
B. Non-Facility Related*																		
10										Offset Interest Income	(47,603)	10						
11										Interest Income Repl.	(240)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (47,843)	14						
15	TOTALS (line 9+line14)						\$ 20,876,000	\$ 22,504,811			\$ 751,087	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 98,496 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 2014 report.		\$	<u>381,751</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>389,681</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>7,930</u>		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>402,000</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>409,930</u>		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>317,126</u>	8		
	2011	<u>335,521</u>	9		
	2012	<u>347,383</u>	10		
	2013	<u>378,149</u>	11		
	2014	<u>389,681</u>	12		
<u>2014 Tax Bill = 389,680.56</u>				FOR BHF USE ONLY	
<u>Estimated increase = 1.032</u>				13	FROM R. E. TAX STATEMENT FOR 2014 \$
<u>Total = 402,150.34</u>				14	PLUS APPEAL COST FROM LINE 5 \$
<u>Use: 402,000</u>				15	LESS REFUND FROM LINE 6 \$
				16	AMOUNT TO USE FOR RATE CALCULATION \$

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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor COUNTY Will

FACILITY IDPH LICENSE NUMBER 0037366

CONTACT PERSON REGARDING THIS REPORT Scott Gabrys

TELEPHONE (630) 759-1112 FAX #: (630) 759-4406

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2014.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>12-02-102-031-0000</u>	<u>Nursing Facility</u>	\$ <u>389,680.56</u>	\$ <u>389,680.56</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>389,680.56</u></u>	\$ <u><u>389,680.56</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

Facility Name & ID Number Meadowbrook Manor

0037366 Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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: N/A
 (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

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	\$ 5,000,688	4
5	10	1994	1994	31,090		40	777	777	17,094	5
6	53	1996	1996	2,505,079		40	62,627	62,627	1,221,227	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	2,722	11
12	1994 Improvements		1994	6,432		10			6,432	12
13	1994 Improvements		1994	18,192		20	447	447	18,192	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	13,825	26
27	Remodeling - Ice Cream Parlor		1999	3,624		39	93	93	1,441	27
28	Remodeling Work - 3rd Floor Hamilton Unit		2000	16,421		39	421	421	6,526	28
29	Remodeling Work - Nurse Station (All Floors)		2000	20,103		39	515	515	7,983	29
30	Plumbing Electrical Work - Boiler Room (Basement)		2000	4,587		39	118	118	1,829	30
31	Remodeling Work - Dialysis Room		2000	7,253		39	186	186	2,883	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:

01/01/2015

Ending:

12/31/2015

XI. OWNERSHIP COSTS (continued)

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

1	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	\$ 35,250	37
38	Remodeling Work	2001	13,319		39	342	342	4,958	38
39	Window Treatments	2001	45,531		39	1,166	1,166	16,908	39
40	Double Door Insulation	2001	6,860		39	176	176	2,552	40
41	Carpeting - 1st Floor	2002	33,778		20	1,688	1,688	22,789	41
42	Reconstruct Front Entrance Awning	2002	11,915		20	596	596	8,046	42
43	Window Treatments	2002	4,672		20	234	234	3,159	43
44	Ceiling Tiles	2002	2,306		20	115	115	1,553	44
45	Exterior Signs	2002	18,832		20	942	942	12,717	45
46	Ceiling Tiles	2003	2,029		10			2,029	46
47	Ceiling Tiles	2003	916		20	46	46	626	47
48	Exterior Signs	2003	12,600		20	630	630	7,875	48
49	Install 16 Horizontal Tubes in Stairwell	2003	1,600		20	80	80	1,000	49
50	Electric Work for Dialysis Room	2003	6,736		20	337	337	4,211	50
51	Install 9 Motors on Fire Dampers	2003	3,651		20	182	182	2,275	51
52	Plumbing for Dialysis Room	2003	10,989		10			10,989	52
53	Exterior Concrete Patchwork	2003	3,200		20	160	160	1,952	53
54	Ductwork for New Oxygen Room	2003	4,490		10			4,490	54
55	New Hot Water Storage Tank	2003	8,290		10			8,290	55
56	Installed 5 Fire Dampers	2003	7,091		10			7,091	56
57	Installed 5 Smoke Detectors	2003	2,581		10			2,581	57
58	Installation of Sprinklers in Awning	2003	9,624		10			9,624	58
59	Installed 4 Fire Dampers	2003	3,467		10			3,467	59
60	Installation of Fence around Dumpster	2003	1,658		10			1,658	60
61	Sealcoat Parking Lot	2003	5,500		10			5,500	61
62	Air Conditioner Overhaul	2004	3,769		10			3,769	62
63	Replace Water Pump	2004	1,473		10			1,473	63
64	Install 4 Doors	2004	1,348		10			1,348	64
65	Electrical Wiring to Garbage Compactor	2004	2,070		10			2,070	65
66	Install Sprinkler System - Front Canopy	2004	10,375		10			10,375	66
67	Install New Seal on Water Pump	2004	1,793		10			1,793	67
68	Install Motor on Boiler	2004	1,053		10			1,053	68
69	Ceiling Tiles	2004	5,620		20	281	281	3,230	69
70	TOTAL (lines 4 thru 69)		\$ 11,391,504	\$		\$ 282,426	\$ 282,426	\$ 6,675,072	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:

01/01/2015

Ending:

12/31/2015

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

1	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 12A, Carried Forward		\$ 11,391,504	\$		\$ 282,426	\$ 282,426	\$ 6,675,072	1
2	Install Blinds	2004	5,002		20	250	250	2,875	2
3	Exterior Lighting	2004	3,808		20	190	190	2,185	3
4	Sealing on Roof	2004	2,300		20	115	115	1,323	4
5	Install Drainage for Roof	2004	5,000		20	250	250	2,875	5
6	Ceramic Tile for Kitchen	2004	6,221		20	312	312	3,588	6
7	Plant 3 Trees	2004	1,125		20	56	56	644	7
8	Butterfly Garden	2004	3,423		20	171	171	1,967	8
9	Expand Phone System	2005	2,175		20	108	108	1,134	9
10	Replace Boiler	2005	23,894		20	1,195	1,195	12,547	10
11	Install new Compressor	2005	7,652		20	383	383	4,021	11
12	Install new Coil	2005	7,230		20	362	362	3,801	12
13	Replace fire doors	2005	3,116		20	156	156	1,638	13
14	Install carpeting in 3 offices	2005	1,608		20	80	80	840	14
15	Install wheelchair access ramp	2005	10,310		20	516	516	5,418	15
16	Sealcoat asphalt	2005	9,650		20	483	483	5,071	16
17	Furnish and install new taco pump - pavilion	2005	5,986		20	299	299	3,140	17
18	Install Blinds	2005	2,242		20	112	112	1,176	18
19	Exterior Lighting	2005	18,515		20	926	926	9,723	19
20	Furnish and Install new motors, belts & capacitors	2005	3,345		20	167	167	1,754	20
21	Furnish and install glycol to HVAC system	2005	10,925		20	546	546	5,733	21
22	Install patio	2005	15,232		20	762	762	8,001	22
23	Install wiring for new television	2006	37,345		20	1,867	1,867	17,737	23
24	Install new cabinets and countertops in supply room	2006	4,365		20	218	218	2,071	24
25	New flooring in dining room	2006	14,451		20	723	723	6,868	25
26	Remove and replace sidewalk section	2006	4,928		20	246	246	2,337	26
27	Replacement parts for air conditioner	2006	9,985		20	499	499	4,741	27
28	Interior signage	2006	13,720		20	686	686	6,517	28
29	Furnish and install new seals, triple duty valves	2006	7,495		20	375	375	3,562	29
30	Furnish and install new compressor	2006	14,500		20	725	725	6,887	30
31	Install new lighting in rehab room	2006	3,825		20	191	191	1,815	31
32	Tuckpointing on Building Exterior	2007	10,150		10	1,015	1,015	8,628	32
33	Granite Countertops for Lounge	2007	2,575		10	257	257	2,185	33
34	TOTAL (lines 1 thru 33)		\$ 11,663,602	\$		\$ 296,667	\$ 296,667	\$ 6,817,874	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:

01/01/2015

Ending:

12/31/2015

XI. OWNERSHIP COSTS (continued)

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

1	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	\$		\$ 296,667	\$ 296,667	\$ 6,817,874	1
2	Purchase & Installation of vinyl & wood flooring	2007	47,794		10	4,779	4,779	40,622	2
3	Rebuild Fire Pump	2007	15,174		10	1,517	1,517	12,895	3
4	Purchase & Installation of cabinets	2007	23,509		10	2,351	2,351	19,983	4
5	Drywall	2007	4,200		10	420	420	3,570	5
6	Replace doors on 3rd floor service elevator & lounge	2007	11,931		10	1,193	1,193	10,141	6
7	Soffit over nurses station, install cleat base & wall cabinets	2007	21,900		10	2,190	2,190	18,615	7
8	Replace lockers in lower level locker room	2007	7,769		10	777	777	6,604	8
9	Electrical work - nurses station, 3rd floor & exterior sign	2007	10,310		10	1,031	1,031	8,764	9
10	Millwork, shop drawings & delivery	2007	4,240		10	424	424	3,604	10
11	Central A/C upgrade	2007	5,806		10	581	581	4,938	11
12									12
13	Window Treatments throughout facility	2008	46,409		10	4,641	4,641	34,807	13
14	Route 53 sign repair	2008	2,900		10	290	290	2,175	14
15	Therapy room, nutrition room, ice cream parlor, beauty shop & Physicians lounge renovations:	2008	85,060		10	8,506	8,506	63,795	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	4,552	21
22									22
23									23
24	- Plumbing repairs (schlage)	2008	5,123		10	512	512	3,840	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	5,805	25
26									26
27									27
28	- Repair two boilers due to low pressure in system	2008	2,568		10	257	257	1,927	28
29	- Replace shaft coupler & head and manifold gasket on main chiller	2008	2,944		10	294	294	2,205	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,975,042	\$		\$ 327,811	\$ 327,811	\$ 7,066,716	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	\$		\$ 327,811	\$ 327,811	\$ 7,066,716	1
2	R&M Reclass								2
3	- Building Sprinkler system repair (clear main feed	2008	4,256		10	426	426	3,195	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	1,980	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	7,125	9
10	coating asphalt, striping parking lot								10
11	- Seating wall on patio area, repair sidewalk leading to	2008	3,300		10	330	330	2,475	11
12	patio area.								12
13	- Vinyl flooring	2008	14,062		10	1,406	1,406	10,545	13
14									14
15									15
16	Replace resident therapy glass windows	2009	3,175		10	318	318	2,067	16
17	Wiring and Electiral work	2009	5,085		10	509	509	3,308	17
18	Seal Coating & Striping parking lot	2009	8,500		10	850	850	5,525	18
19									19
20	Parking lot resurfacing	2010	40,500		10	4,050	4,050	24,300	20
21	Pavillion Remodel-Electrical,plumbing,carpentry	2010	166,855		20	8,343	8,343	50,058	21
22	Buffet-Cabinets, counter	2010	54,719		20	2,736	2,736	16,416	22
23	Public Restroom-Toliet and Faucet	2010	8,242		20	412	412	2,472	23
24	Main Building-carpeting	2010	48,116		20	2,406	2,406	14,436	24
25	DON office, Conf room and lounge-cabinets, chair rails	2010	6,790		20	340	340	2,040	25
26	Bathroom updates-showers, grout,tile	2010	4,037		20	202	202	1,212	26
27	Patinet Rooms-doors and windows	2010	4,743		20	237	237	1,422	27
28	Labor	2010	159,432		20	7,972	7,972	47,832	28
29									29
30	Elevator Repairs	2011	5,720		10	572	572	2,574	30
31	Tinting of the Windows	2011	5,755		10	576	576	2,592	31
32	Corridor Remodel -Wall paper, Light Fixture, Carpet,	2011	61,676		10	6,168	6,168	27,756	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,592,146	\$		\$ 366,878	\$ 366,878	\$ 7,296,046	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:

01/01/2015

Ending:

12/31/2015

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

1	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	\$		\$ 366,878	\$ 366,878	\$ 7,296,046	1
2	Shower Remodel - Plumbing, tile, ceramic floors,	2011	86,627		10	8,662	8,662	38,979	2
3	paint, & Fixtures								3
4	Resident Room Improvements - install new ceramic	2011	268,696		10	26,870	26,870	120,915	4
5	tile floor, crownmould, baseboards, paint								5
6	Lounge & Juice Bar Remodel - New Cabinet, flooring,	2011	43,336		10	4,334	4,334	19,503	6
7	wiring, paint, crown mould, base board								7
8	Nurse Station Remodel - flooring, paint, cabinets	2011	57,392		10	5,740	5,740	25,830	8
9	Nourishment & PAV Rooms Remodel - flooring, paint,	2011	32,886		10	3,288	3,288	14,796	9
10	cabinets, trim								10
11	Repairs to the Air Cooled Chiller	2011	124,656		10	12,466	12,466	56,097	11
12	Replace the 40 ton Rooftop unit	2011	52,640		10	5,264	5,264	23,688	12
13	Repairs to the nursing home	2011	5,473		10	547	547	2,462	13
14	Dialysis Conversion - Drywall, Carpeting, Paint, Flooring	2012	44,973		10	4,497	4,497	15,740	14
15	Trash Contains Enclosure - excavation, asphalt gates	2012	56,880		10	5,688	5,688	19,908	15
16	Stairway remodeling -steel panels, ceiling frme, handrails	2012	17,692		10	1,769	1,769	6,192	16
17	Therapy Room remodel -drywall, ceiling tilt, cabinets, glass	2012	48,929		10	4,893	4,893	17,125	17
18	First Floor Conference -drywall, ceiling tile, cabinetry, traim	2012	16,454		10	1,645	1,645	5,758	18
19	Housekeeping Office remodel -ceiling tile, vinyl cove	2012	9,741		10	974	974	3,409	19
20	Nurses Station remodeling - plumbing	2012	13,419		10	1,342	1,342	4,697	20
21	Nurses Station remodeling - electrical work, tempered glass	2012	2,284		10	228	228	798	21
22	Juice Shop Remodeling Cabinetry, tiles	2012	5,478		10	548	548	1,918	22
23	Room remodel 1st, 2nd&3rd FL Ceiling Tile, Studs, Drywall	2012	92,907		10	9,291	9,291	32,518	23
24	tempered glass, electrical work cabinets								24
25	Resident Room Improvements - Rooms 230,330,316 Tile and	2013	3,549		10	355	355	887	25
26	electric								26
27	Third Floor Restorative - Flooring, Trim, Drywall Counters	2013	30,733		10	3,073	3,073	7,683	27
28	Boiler Room Remodel - Plumbing	2013	9,605		10	961	961	2,402	28
29	Remodel Design Fees - Dining Room, Nursing Station, Etc	2013	29,219		10	2,922	2,922	7,305	29
30	Water Heater	2013	6,800		10	680	680	1,700	30
31	H/R and Administration Offices Remodeling Flooring	2013	2,795		10	280	280	700	31
32	Stairway remodeling -Panels	2013	3,077		10	308	308	770	32
33	Fire Sprinkler Remodeling 3 Floor, Boiler Rm	2013	1,643		10	164	164	410	33
34	TOTAL (lines 1 thru 33)		\$ 13,660,030	\$		\$ 473,667	\$ 473,667	\$ 7,728,236	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:

01/01/2015 Ending: 12/31/2015

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

1	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	\$		\$ 473,667	\$ 473,667	\$ 7,728,236	1
2	Vents Remodeling in Bathroom, Dinning Rm Boiler Rm	2013	1,776		10	178	178	445	2
3	Replace Heasters and electric work Common Bathrooms	2013	3,811		10	381	381	953	3
4	Fire Door Remodeling	2013	5,727		10	573	573	1,432	4
5	Trash Enclosure Remodeling - Gates replacement	2013	511		10	51	51	128	5
6	Land Improvement - Plant, Trees, Sprinkler Sys, Mulch	2013	15,522		5	3,104	3,104	7,760	6
7									7
8	3RD Floor Bathrooms - Vinyl & Adhesive	2013	12,603		10	1,260	1,260	3,150	8
9	Residents Rooms - Flooring, Walls, Paint, Plumbing, Electric	2013	49,226		10	4,923	4,923	12,307	9
10	Parking Lot Expansion	2013	77,177		10	7,718	7,718	19,295	10
11	Elevator Repair Install 2 reverse Phase Protection Relays	2014	4,645		10	464	464	696	11
12	Common Showers Improvements - 2nd & 3rd Floor Rails,	2014	96,909		10	9,691	9,691	14,536	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	7,619	7,619	11,428	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	495	495	743	18
19	Electrical work and Parts Granite Tops								19
20	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	141,314		10	14,131	14,131	21,197	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	1,132	1,132	1,698	24
25	Materials, Canopy								25
26	Therapy Room Improvements Old Creek Fixtures	2014	6,208		10	621	621	931	26
27	Residents Rooms -Electrical, Plumbing, Headboards	2014	4,843		10	484	484	726	27
28	Admissions Office Electrical Work and Materials, Counter	2014	13,370		10	1,337	1,337	2,006	28
29	Tops, Cabinets, Carpeting								29
30	Fire Alarm/Dampers - Replace Equipment, Heating and	2014	98,104		10	9,810	9,810	14,715	30
31	Cooling, Electrical Work, and Dampers								31
32	Fire Alarm/Dampers - Replace Equipment	2014	75,168		10	7,517	7,517	11,275	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,359,397	\$		\$ 545,156	\$ 545,156	\$ 7,853,657	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	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 12F, Carried Forward		\$ 14,359,397	\$		\$ 545,156	\$ 545,156	\$ 7,853,657	1
2	Window Improvements - Window Trim and Blinds for Offices	2014	4,586		10	459	459	688	2
3	Replace the Back Door	2014	2,043		10	204	204	306	3
4	Dietary Office - Counter Tops	2014	6,409		10	641	641	961	4
5	Roof Inspection and Repair	2014	6,360		10	636	636	954	5
6	Boiler Up Grade- Labor, Circulating Pump, Boiler Seals	2014	22,297		10	2,230	2,230	3,345	6
7	Boiler Up Grade- Installation of Boilers	2014	90,012		10	9,901	9,901	14,402	7
8	Corridors - Flooring and Railings, Wall Covering	2014	28,011		10	2,801	2,801	4,202	8
9	New Patio Installed - Paver, Pergola Columns, Lawn Sprinkler Sys	2014	17,087		5	3,417	3,417	5,126	9
10	Parking Lot Expansion- Seal coated & Striped Asphalt	2014	14,576		5	2,915	2,915	4,373	10
11	Concrete Sidewalk - Front Entry	2014	8,724		5	1,745	1,745	2,617	11
12	Remove & Replace front sidewalk	2015	12,876		5	1,288	1,288	1,288	12
13	Tuckpointing East & North Side Façade	2015	11,730		10	587	587	587	13
14	Pavilion Buffet - Pumbing work, Flooring, Staining, Tile,Electrical, Labor, Glass, other Materials	2015	47,027		10	2,351	2,351	2,351	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	Current year Depreciation			243,889			(243,889)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,631,135	\$ 243,889		\$ 574,331	\$ 330,442	\$ 7,894,857	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	\$ 682,287	\$ 84,169	\$ 84,169	\$	5-10 yrs.	\$ 447,950	71
72	Current Year Purchases	50,221	4,132	4,132		5-7 yrs.	4,132	72
73	Fully Depreciated Assets	1,737,523				5-10 yrs.	1,737,523	73
74	Alloc. From Mgmt. Co. & BLDG	1,203,891		22,721	22,721		1,112,919	74
75	TOTALS	\$ 3,673,922	\$ 88,301	\$ 111,022	\$ 22,721		\$ 3,302,524	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	8,623	8,623		5 yrs.	12,935	78
79										79
80	TOTALS			\$ 113,168	\$ 8,623	\$ 8,623	\$		\$ 82,986	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)	\$ 19,110,286	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 340,813	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 693,976	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 353,163	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,280,367	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Admission & Pavilion	\$ 108,135	92
93	Building Improvements	140,068	93
94	Building Company CIP	196,188	94
95		\$ 444,391	95

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

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

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>125,789</u>			6
7	TOTAL				\$ <u>125,789</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. _____ /2016 \$ N/A

13. _____ /2017 \$ N/A

14. _____ /2018 \$ N/A

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

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

by the length of the lease N/A.

N/A

N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 57,511 Description: Copier-\$24,885;Cooler- \$ 11,793;Med Equip-\$4,143;Postage-\$2,500;Mgmt Co.-\$14,190

(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	<u>N/A</u>				18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2015 Ending: 12/31/2015
 XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		3,064		3,064
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 3,064	\$	\$ 3,064
10	SUM OF line 9, col. 1 and 2 (e)	\$	3,064		

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)	hrs	\$ 564,604		\$	\$		\$ 564,604	1	
2	Licensed Speech and Language Development Therapist	10A(1)	hrs	206,772					206,772	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	10A(1 & 2)	hrs	743,642			14,333		757,975	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				572,558		572,558	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify): <u>Oxygen</u>	39(2)					69,865		69,865	12	
13	Other (specify): <u>Dialysis</u>	39(1)		190,419					190,419	13	
14	TOTAL			\$ 1,705,437		\$	\$ 656,756		\$ 2,362,193	14	

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 493,430	\$ 493,430	1
2	Cash-Patient Deposits	97,581	97,581	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 781,298)	5,794,596	5,794,596	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	635,600	635,600	6
7	Other Prepaid Expenses	34,966	34,966	7
8	Accounts Receivable (owners or related parties)	3,326,268	3,326,268	8
9	Other(specify): See Sch 17C	2,527	187,536	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,384,968	\$ 10,569,977	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		10,466,076	14
15	Leasehold Improvements, at Historical Cost	2,885,436	4,165,059	15
16	Equipment, at Historical Cost	2,589,996	3,787,090	16
17	Accumulated Depreciation (book methods)	(3,634,713)	(11,280,367)	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 (spe CIP)	248,203	444,391	22
23	Other(specify): Mortgage Cost Net		124,526	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,088,922	\$ 8,398,836	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,473,890	\$ 18,968,813	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,521,940	\$ 1,521,940	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	82,315	82,315	28
29	Short-Term Notes Payable	2,964,137	2,964,137	29
30	Accrued Salaries Payable	760,877	760,877	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		402,000	32
33	Accrued Interest Payable	7,361	7,361	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Sch 17C	620,219	620,219	36
37	See Sch 17C	2,500,343		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,457,192	\$ 6,358,849	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,540,674	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)	\$	\$ 19,540,674	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,457,192	\$ 25,899,523	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,016,698	\$ (6,930,710)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,473,890	\$ 18,968,813	48

*(See instructions.)

Meadowbrook Manor
0037366
12/31/2015

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Employee Advance		
Hazard Insurance Escrow		152
Real Estate Tax-Escrow		174,465
Mortgage Insurance Escrow		10,392
Wage Garnishment	2,003	2,003
Accrued Life Ins	74	74
Accrued 401K	450	450
	2,527	187,536

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued-Payroll Taxes	39,872	39,872
Due to the State	580,347	580,347
	620,219	620,219

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

C. Current Liabilities

Line 37 -Other Current Liabilities

Accrued Rent	2,500,343	-
Due from Nick & Dorothy Vangel	-	-
Due from Bolingbrook	-	-
Due from BHC VIII	-	-
	<u>2,500,343</u>	<u>-</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,477,380	1
2	Restatements (describe):		2
3	Rounding	2	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,477,382	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	2,839,316	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	(300,000)	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)	\$ 2,539,316	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)	\$ 4,016,698	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	\$ 19,679,718	1
2	Discounts and Allowances for all Levels	(1,032,868)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,646,850	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,730,940	6
7	Oxygen	110,357	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,841,297	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	3,479	13
14	Non-Patient Meals	423	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	619,865	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	63,443	19
20	Radiology and X-Ray	123,980	20
21	Other Medical Services	88,014	21
22	Laundry	2,659	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 901,863	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	47,603	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 47,603	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Misc. Income</u>	7,675	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,675	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 23,445,288	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,624,320	31
32	Health Care	8,966,143	32
33	General Administration	4,453,774	33
B. Capital Expense			
34	Ownership	2,265,535	34
C. Ancillary Expense			
35	Special Cost Centers	1,626,083	35
36	Provider Participation Fee	670,117	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,605,972	40
41	Income before Income Taxes (line 30 minus line 40)**	2,839,316	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,839,316	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 12,594,674	44
45	Private Pay - Net Inpatient Revenue	1,691,678	45
46	Medicare - Net Inpatient Revenue	2,344,204	46
47	Other-(specify) <u>Veterans</u>	511,533	47
48	Other-(specify) <u>Insurance</u>	1,504,761	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,646,850	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:

01/01/2015

Ending:

12/31/2015

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,072	2,267	\$ 121,742	\$ 53.70	1
2	Assistant Director of Nursing	5,839	6,379	255,827	40.10	2
3	Registered Nurses	43,181	45,897	1,300,415	28.33	3
4	Licensed Practical Nurses	53,715	57,874	1,473,753	25.46	4
5	CNAs & Orderlies	180,579	191,547	2,372,081	12.38	5
6	CNA Trainees	120	127	3,064	24.13	6
7	Licensed Therapist	33,212	36,951	1,515,018	41.00	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	28,395	30,128	287,570	9.54	10
11	Social Service Workers	9,816	11,075	179,974	16.25	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	40,622	42,856	501,189	11.69	15
16	Dishwashers					16
17	Maintenance Workers	11,113	12,287	202,451	16.48	17
18	Housekeepers	40,129	42,380	412,603	9.74	18
19	Laundry	3,058	3,246	36,352	11.20	19
20	Administrator	1,904	2,152	104,297	48.47	20
21	Assistant Administrator	1,913	2,067	47,444	22.95	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	23,357	25,133	442,313	17.60	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	4,115	4,550	69,347	15.24	31
32	Other Health C: See Sch 20A	35,824	38,961	774,658	19.88	32
33	Other(specify) Dialysis Wages	10,195	10,700	190,419	17.80	33
34	TOTAL (lines 1 - 33)	529,159	566,577	\$ 10,290,517 *	\$ 18.16	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	433	\$ 18,814	1(3)	35
36	Medical Director	Monthly	24,000	9(3)	36
37	Medical Records Consultant	Monthly	4,704	10(3)	37
38	Nurse Consultant	236	9,460	10(3)	38
39	Pharmacist Consultant	Number	13,933	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	614	24,570	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,496	11(3)	44
45	Social Service Consultant	32	2,029	12(3)	45
46	Other(specify) Quality Assurance			10(3)	46
47	Wound Care Director	Monthly		10(3)	47
48					48
49	TOTAL (lines 35 - 48)	1,363	\$ 100,006		49

C. CONTRACT NURSES

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

Meadowbrook Manor
0037366
12/31/2015

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	4,020	4,256	63,432	14.90
Central Supply	1,903	2,095	22,549	10.76
Nursing Administration	1,992	2,170	40,743	18.78
MDS Coordinator	9,705	10,726	319,511	29.79
Rehabilitation Nursing Wages	3,926	4,231	129,459	30.60
Rehabilitation Aides Wages	12,333	13,317	179,888	13.51
Resident Asst Wages	1,945	2,166	19,076	8.81
Total	<u>35,824</u>	<u>38,961</u>	<u>774,658</u>	<u>19.88</u>

Meadowbrook Manor
Provider #: 0037366
01/01/2015 to 12/31/2015

Schedule 21A

XIX. SUPPORT SCHEDULE
 C. Professional Services

Polsinelli Shughart PC	Legal	15,078
Grabowski Law Center LLC	Collection Fees	11,232
Atweel, LLC	Legal	5,400
Marquardt & Belmonte, P.C.	Legal	3,729
Raymond Dolan	Legal	2,048
West Suburban Bank	Legal Line of Credit	500
Hamilton Thies & Lorch	Legal	228
Illinois Secretary of State	Report	100
Johnson, Bell	Legal General Liability	
Aspen Specialty Insurance Company	Professional Services	
Total for Schedule 21A		<u>38,315</u>

Total (agree to Schedule V, line 19, column 3) 184,304

Allocation from Butterfield Health Care Group	83,920
Allocation from J&D Partners Accounting Fees	22,553
Out of period legal	
To disallow non-allowable legal fees	
To disallow non-allowable Professional Fees	
Disallow Collection Fees	(11,232)
Total (agree to Schedule V, line 19, column 8)	<u>279,545</u>

Meadowbrook Manor

Provider #: 0037366

01/01/2015 to 12/31/2015

DATE	PAYEE	TOPIC
03/12/15	Illinois Council on Long Term Care	Important Changes to the State Operations Manual
03/28/15	Joy Cacayan (North American Seminar)	The Hip Complex: An Advance Evidence Based Eval.
04/17/15	Mitra Yarandi	Functional Cognitive Activities for Adults with Brain Injury
	American Express	ICD -10 Code Books and Training Manuals
04/18/15	Chrisptopher Deal (Foodservices Education)	Foodservices Managers Certification
04/28/15	Alfredo Ramos JR.(Summit Professional Ed.)	Creating Accessible Home Modifications
04/12/15	Glen Gomez (Balance Solutions)	Vestibular Disorders: Assessment & Management
07/16/15	Illinois Council on Long Term Care	Integrating 5 Star Rating & QAPI: A 5 Star Team
06/26/15	Madhuri Mahadevia (Summit Professional Ed.)	Documentation Bootcamp for Skilled Therapy Services
July & August 2015	Affiliated Home Dialysis	RN Training Support at Facility
10/09/15	Healthcare Information Network	CMS Implements New MDS Focused Survey Webinar
10/14/15	Illinois Council on Long Term Care	Understanding the Complicated LTC Survey Process
10/16/15	Cynthia Chow & associates	Together Towards Tomorrow Annual Healthcare Conference
12/10/15	Healthcare Information Network	PPS Final Rule Learn How Change Impact 5 Star &
03/04/15	Joni Gruen	Functional Freedom Despite Dementia
05/22/15	Sheri Smith	Reasoning with Unreasonable People Focus on Disorders
09/21/15	Andrea Lena	Therapeutic Exercise for Older Adults
	Allocation from Management Company	
	Out of Period Expenses	
TOTAL		

Inservice Training & Education

ATTENDEE	JOB CLASS	LOCATION	FEE
Ralph Ricana, Isabel Perez	Administrator, DON	Oak Lawn, IL	210.00
Joy Cacayan	Physical Therapist	Chicago, IL	425.00
Mitra Yarandi	Speech Therapist	Naperville, Il	199.00
N/A	N/A	Facility	499.76
Christophher Deal	Dietary Aide	Chicago, IL	230.00
Alfredo Ramos	Physical Therapist	Lisle, IL	219.00
Glen Gomez	Physical Therapist	Naperville, Il	425.00
Ralph Ricana, Isabel Perez	Administrator, DON	Oak Lawn, IL	210.00
Madhuri Mahadevia	Occupational Therapist	Naperville, Il	189.00
All RN Staff	RN'S	Bolingbrook, IL	3,800.00
Ralph Ricana	Administrator	Bolingbrook, IL	258.00
Ralph Ricana, Isabel Perez	Administrator, DON	Oak Lawn, IL	210.00
Jessica Feltes	Dietary Tech	Chicago, IL	130.00
Ralph Ricana, Isabel Perez	Administrator, DON	Schaumburg, IL	398.00
Joni Gruen	Physical Therapist	Naperville, Il	199.00
Sheri Smith	Occupational Therapist	Joliet, IL	74.00
Andrea Lena	Physical Therapist	On-Line	199.00
			181.00
			0.00
			8,055.76

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

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL CLTC-\$41,201
- (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? yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 101,116 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. \$ 670,117
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. \$ 423
- (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	501,189	51,665	18,814	571,668	0	571,668	0	571,668
2. Food Purchase	0	658,090	0	658,090	0	658,090	2,848	660,938
3. Housekeeping	412,603	103,288	0	515,891	0	515,891	0	515,891
4. Laundry	36,352	80,694	0	117,046	0	117,046	0	117,046
5. Heat and Other Utilities	0	0	289,494	289,494	0	289,494	4,217	293,711
6. Maintenance	202,451	55,768	213,912	472,131	0	472,131	41,405	513,536
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,152,595	949,505	522,220	2,624,320	0	2,624,320	48,470	2,672,790
9. Medical Director	0	0	24,000	24,000	0	24,000	26,856	50,856
10. Nursing & Medical Records	6,367,823	499,026	28,097	6,894,946	0	6,894,946	19,124	6,914,070
10a. Therapy	1,515,018	14,333	24,570	1,553,921	0	1,553,921	0	1,553,921
11. Activities	287,570	18,143	2,496	308,209	0	308,209	61	308,270
12. Social Services	179,974	0	2,029	182,003	0	182,003	25,621	207,624
13. Nurse Aide Training	3,064	0	0	3,064	0	3,064	0	3,064
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	8,353,449	531,502	81,192	8,966,143	0	8,966,143	71,662	9,037,805
17. Administrative	151,741	0	1,406,714	1,558,455	0	1,558,455	-1,315,202	243,253
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	184,304	184,304	0	184,304	95,241	279,545
20. Fees, Subscriptions & Promotion	0	0	66,006	66,006	0	66,006	-12,867	53,139
21. Clerical & General Office	442,313	50,570	75,580	568,463	0	568,463	488,506	1,056,969
22. Employee Benefits & Payroll	0	0	1,558,212	1,558,212	0	1,558,212	0	1,558,212
23. Inservice Training & Education	0	0	7,875	7,875	0	7,875	181	8,056
24. Travel and Seminar	0	0	1,318	1,318	0	1,318	3,455	4,773
25. Other Admin. Staff Trans	0	0	5,890	5,890	0	5,890	3,618	9,508
26. Insurance-Prop.Liab.Malpractice	0	0	503,251	503,251	0	503,251	119,484	622,735
27. Other (specify)*	0	0	0	0	0	0	93,583	93,583
28. Total General Adminis	594,054	50,570	3,809,150	4,453,774	0	4,453,774	-524,001	3,929,773
29. Total General Administrative	#####	1,531,577	4,412,562	16,044,237	0	16,044,237	-403,869	15,640,368
30. Depreciation	0	0	340,813	340,813	0	340,813	353,163	693,976
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	105,401	105,401	0	105,401	645,686	751,087
33. Real Estate	0	0	0	0	0	0	409,930	409,930

34. Rent - Facility & Grounds	0	0	1,776,000	1,776,000	0	1,776,000	-1,650,211	125,789
35. Rent - Equipment & Vehicles	0	0	43,321	43,321	0	43,321	14,190	57,511
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	2,265,535	2,265,535	0	2,265,535	-227,242	2,038,293
38. Medically Necessary T	0	0	82,394	82,394	0	82,394	0	82,394
39. Ancillary Service Cent	190,419	642,423	0	832,842	0	832,842	0	832,842
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	670,117	670,117	0	670,117	0	670,117
43. Other (specify):*	0	0	710,847	710,847	0	710,847	-710,847	0
44. Total Special Cost Ce	190,419	642,423	1,463,358	2,296,200	0	2,296,200	-710,847	1,585,353
45. Grand Total	#####	2,174,000	8,141,455	20,605,972	0	20,605,972	-1,341,958	19,264,014

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	493,430	493,430
2. Cash - Patient Deposits	97,581	97,581
3. Accounts & Notes Receivable	5,794,596	5,794,596
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	635,600	635,600
7. Other Prepaid Expenses	34,966	34,966
8. Accounts Receivable-Owner/Related Party	3,326,268	3,326,268
9. Other (specify):	2,527	187,536
10. Total current assets	10,384,968	10,569,977
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	10,466,076
15. Leasehold Improvements, Historical Cost	2,885,436	4,165,059
16. Equipment, at Historical Cost	2,589,996	3,787,090
17. Accumulated Depreciation (book methods)	-3,634,713	-11,280,367
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):	248,203	444,391
23. other (specify):	0	124,526
24. Total Long-Term Assets	2,088,922	8,398,836
25. Total Assets	12,473,890	18,968,813
CURRENT LIABILITIES		
26. Accounts Payable	1,521,940	1,521,940
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	82,315	82,315
29. Short-Term Notes Payable	2,964,137	2,964,137
30. Accrued Salaries Payable	760,877	760,877
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	402,000
33. Accrued Interest Payable	7,361	7,361
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	620,219	620,219

37. Other Current Liabilities (specify):	2,500,343	0
38. Total Current Liabilities	8,457,192	6,358,849
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	19,540,674
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	19,540,674
46. Total Liabilities	8,457,192	25,899,523
47. Total Equity	4,016,698	-6,930,710
48. Total Liabilities and Equity	12,473,890	18,968,813

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	19,679,718
2. Discounts and Allowances for all Levels	-1,032,868
Subtotal - Inpatient Care	18,646,850
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	3,730,940
7. Oxygen	110,357
Subtotal - Anciliary Revenue	3,841,297
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	3,479
14. Non-Patient Meals	423
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	619,865
18. Sale of Supplies to Non-Patients	0
19. Laboratory	63,443
20. Radiology and X-Ray	123,980
21. Other Medical Services	88,014
22. Laundry	2,659
Subtotal - Other Operating Revenue	901,863
24. Contributions	0
25. Interest and Other Investments Income	47,603
Subtotal - Non-Operating Revenue	47,603
27. Other Revenue (specify):	7,675
28. Other Revenue (specify):	0
Subtotal - Other Revenue	7,675
30. Total Revenue	23,445,288
31. General Services	2,624,320
32. Health Care	8,966,143
33. General Administration	4,453,774
34. Ownership	2,265,535

35. Special Cost Centers	1,626,083
35. Provider Participation Fee	670,117
37. Other	0
40. Total Expenses	20,605,972
41. Income Before Income Taxes	2,839,316
42. Income Taxes	0
43. Net Income or Loss for the Year	2,839,316