

		FOR BHF USE					

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**2015**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT (COST REPORT)**  
**FOR LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2015)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p><b>I. IDPH License ID Number:</b> <u>0047274</u></p> <p><b>Facility Name:</b> <u>Meadowbrook Manor LaGrange</u></p> <p><b>Address:</b> <u>339 9th Avenue</u> <u>LaGrange</u> <u>60525</u>  Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(708) 354-4660</u> <b>Fax #</b> <u>(708) 354-1355</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>08/25/2005</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust  <b>IRS Exemption Code</b> _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input checked="" type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____ </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Allan S. Gabrys</u> <b>Telephone Number:</b> <u>331-472-4500</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2015</u> to <u>12/31/2015</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) <u>Christopher Vangel</u> (Title) <u>Executive Director</u></td> </tr> <tr> <td style="width:15%; padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (Telephone) ( ) _____ Fax # ( ) _____</td> </tr> </table> <p align="right"><b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>  201 S. Grand Avenue East  Springfield, IL 62763-0001 <span style="float: right;">Phone # (217) 782-1630</span></p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Christopher Vangel</u> (Title) <u>Executive Director</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( ) _____ Fax # ( ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Christopher Vangel</u> (Title) <u>Executive Director</u>							
Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( ) _____ Fax # ( ) _____							

Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274 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	94	Skilled (SNF)	94	34,310	1
2		Skilled Pediatric (SNF/PED)		0	2
3	103	Intermediate (ICF)	103	37,595	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	197	TOTALS	197	71,905	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	35,196	6,997	3,424	45,617	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,196	6,997	3,424	45,617	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.44%

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 08/25/2005

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

YES  Date 08/25/2005 NO

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

YES  NO  If YES, enter number of beds certified 94 and days of care provided 3,111

Medicare Intermediary Wisconsin Physicians Services

IV. ACCOUNTING BASIS

ACCRAUAL  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 &amp; ID Number

Meadowbrook Manor LaGrange

# 0047274

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
	<b>A. General Services</b>										
1	Dietary	318,086	37,207	13,974	369,267		369,267		369,267		1
2	Food Purchase		288,516		288,516		288,516	783	289,299		2
3	Housekeeping	217,563	47,641		265,204		265,204		265,204		3
4	Laundry	74,960	14,118		89,078		89,078		89,078		4
5	Heat and Other Utilities			198,272	198,272		198,272	1,990	200,262		5
6	Maintenance	155,941	32,745	169,072	357,758		357,758	19,538	377,296		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	766,550	420,227	381,318	1,568,095		1,568,095	22,311	1,590,406		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000	12,673	42,673		9
10	Nursing and Medical Records	3,191,521	307,680	20,071	3,519,272		3,519,272	9,024	3,528,296		10
10a	Therapy	504,621	4,929	4,420	513,970		513,970		513,970		10a
11	Activities	129,985	4,474	2,496	136,955		136,955	29	136,984		11
12	Social Services	60,990		1,307	62,297		62,297	12,090	74,387		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,887,117	317,083	58,294	4,262,494		4,262,494	33,816	4,296,310		16
	<b>C. General Administration</b>										
17	Administrative	81,461		572,806	654,267		654,267	(529,624)	124,643		17
18	Directors Fees										18
19	Professional Services			99,774	99,774		99,774	66,418	166,192		19
20	Dues, Fees, Subscriptions & Promotions			47,740	47,740		47,740	(10,282)	37,458		20
21	Clerical & General Office Expenses	209,840	34,942	64,535	309,317		309,317	231,511	540,828		21
22	Employee Benefits & Payroll Taxes			765,807	765,807		765,807		765,807		22
23	Inservice Training & Education			2,563	2,563		2,563	85	2,648		23
24	Travel and Seminar			2,145	2,145		2,145	1,630	3,775		24
25	Other Admin. Staff Transportation			5,414	5,414		5,414	1,707	7,121		25
26	Insurance-Prop.Liab.Malpractice			403,354	403,354		403,354	17,312	420,666		26
27	Other (specify):*							44,159	44,159		27
28	<b>TOTAL General Administration</b>	291,301	34,942	1,964,138	2,290,381		2,290,381	(177,084)	2,113,297		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,944,968	772,252	2,403,750	8,120,970		8,120,970	(120,957)	8,000,013		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.

## 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	
	<b>D. Ownership</b>											
30	Depreciation			152,308	152,308		152,308	116,860	269,168			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			32,707	32,707		32,707	77,321	110,028			32
33	Real Estate Taxes							328,594	328,594			33
34	Rent-Facility & Grounds			1,320,000	1,320,000		1,320,000	(1,260,643)	59,357			34
35	Rent-Equipment & Vehicles			35,264	35,264		35,264	6,696	41,960			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,540,279	1,540,279		1,540,279	(731,172)	809,107			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			9,138	9,138		9,138		9,138			38
39	Ancillary Service Centers		179,881	40,007	219,888		219,888		219,888			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			372,729	372,729		372,729		372,729			42
43	Other (specify):*			259,924	259,924		259,924	(259,924)				43
44	<b>TOTAL Special Cost Centers</b>		179,881	681,798	861,679		861,679	(259,924)	601,755			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,944,968	952,133	4,625,827	10,522,928		10,522,928	(1,112,053)	9,410,875			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 LaGrange

# 0047274

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	(760)	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	11,410	30		9
10	Interest and Other Investment Income	(2,787)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(717)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,430)	43		18
19	Entertainment	(122)	43		19
20	Contributions		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	(192,481)	43		24
25	Fund Raising, Advertising and Promotional		43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(78,610)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (265,497)		\$	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)	(846,556)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (846,556)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (1,112,053)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

Meadowbrook Manor LaGrange

ID# 0047274

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	<b>Total</b>		0	49

**Meadowbrook Manor LaGrange**

0047274

12/31/2015

**Schedule 5A**

**Schedule 5A**

**VI. ADJUSTMENT DETAIL**

**NON-ALLOWABLE EXPENSES**

**LINE 29 - Other**

<b>Description</b>	<b>Amount</b>	<b>Schedule V Reference</b>
To disallow Chamber Dues	(500)	20
To disallow Consolidated Billing Services	(1,427)	43
To disallow Marketing Expenses	(23,048)	43
To disallow X-Ray expense	(9,345)	43
To disallow Lab expense	(10,366)	43
To disallow Employee Gifts	(14,171)	43
To disallow Cable Television	(6,817)	43
To Offset Miscellaneous	(2,624)	21
To disallow Collection Fees	(186)	19
To disallow COPE Fee	(10,126)	20
<b>Total</b>	<b><u>(78,610)</u></b>	

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

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	(760)	1,543	0	0	0	0	0	0	0	0	0	783	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	1,990	0	0	0	0	0	0	0	0	0	1,990	5
6	Maintenance	0	19,538	0	0	0	0	0	0	0	0	0	19,538	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(760)</b>	<b>23,071</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,311</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	12,673	0	0	0	0	0	0	0	0	0	12,673	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	9,024	0	0	0	0	0	0	0	0	0	9,024	11
12	Social Services	0	29	0	0	0	0	0	0	0	0	0	29	12
13	CNA Training	0	12,090	0	0	0	0	0	0	0	0	0	12,090	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	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>33,816</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33,816</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(529,624)	0	0	0	0	0	0	0	0	0	(529,624)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	39,600	0	27,004	0	0	0	0	0	0	0	66,604	19
20	Fees, Subscriptions & Promotions	0	344	0	0	0	0	0	0	0	0	0	344	20
21	Clerical & General Office Expenses	0	234,135	0	0	0	0	0	0	0	0	0	234,135	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	85	0	0	0	0	0	0	0	0	0	85	23
24	Travel and Seminar	0	0	1,630	0	0	0	0	0	0	0	0	1,630	24
25	Other Admin. Staff Transportation	0	0	1,707	0	0	0	0	0	0	0	0	1,707	25
26	Insurance-Prop.Liab.Malpractice	0	0	255	17,057	0	0	0	0	0	0	0	17,312	26
27	Other (specify):*	0	0	44,159	0	0	0	0	0	0	0	0	44,159	27
28	<b>TOTAL General Administration</b>	<b>0</b>	<b>(255,460)</b>	<b>47,751</b>	<b>44,061</b>	<b>0</b>	<b>(163,648)</b>	<b>28</b>						
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(760)</b>	<b>(198,573)</b>	<b>47,751</b>	<b>44,061</b>	<b>0</b>	<b>(107,521)</b>	<b>29</b>						

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

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

	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)	
	<b>D. Ownership</b>													
30	Depreciation	11,410	0	4,942	100,508	0	0	0	0	0	0	0	116,860	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,787)	0	0	80,108	0	0	0	0	0	0	0	77,321	32
33	Real Estate Taxes	0	0	0	328,594	0	0	0	0	0	0	0	328,594	33
34	Rent-Facility & Grounds	0	0	59,357	(1,320,000)	0	0	0	0	0	0	0	(1,260,643)	34
35	Rent-Equipment & Vehicles	0	0	6,696	0	0	0	0	0	0	0	0	6,696	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>8,623</b>	<b>0</b>	<b>70,995</b>	<b>(810,790)</b>	<b>0</b>	<b>(731,172)</b>	<b>37</b>						
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(194,750)	0	0	0	0	0	0	0	0	0	0	(194,750)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(194,750)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(194,750)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(186,887)	(198,573)	118,746	(766,729)	0	0	0	0	0	0	0	(1,033,443)	45

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		Butterfield Health Care II, Inc. d/b/a	Naperville	J&D Partners, LP	Bolingbrook	Lessor
See Schedule 6A	See Schedule 6A	Meadowbrook Manor of Naperville		MMN Partners, LP	Naperville	Lessor
				Butterfield Health		Management Co.
		Butterfield Health Care II, Inc. d/b/a	Bolingbrook	Care Group, Inc.	Bolingbrook	
		Meadowbrook Manor of		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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 1,543	\$ 1,543	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%			2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	1,990	1,990	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	19,538	19,538	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	12,673	12,673	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	9,024	9,024	6
7	V	12 Activiteis		Butterfield Health Care Group, Inc.	100.00%	29	29	7
8	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	12,090	12,090	8
9	V	17 Administrative Costs	572,806	Butterfield Health Care Group, Inc.	100.00%	43,182	(529,624)	9
10	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	39,600	39,600	10
11	V	20 Dues,Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	344	344	11
12	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	234,135	234,135	12
13	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	85	85	13
14	Total		\$ 572,806			\$ 374,233	\$ * (198,573)	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 and Seminal	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 1,630	\$	1,630	15
16	V	25 Auto Expense		Butterfield Health Care Group, Inc.	100.00%	1,707		1,707	16
17	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	255		255	17
18	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	44,159		44,159	18
19	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	4,942		4,942	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%	59,357		59,357	21
22	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	6,696		6,696	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		\$			\$ 118,746	\$ *	118,746	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%	\$ 27,004	\$ 27,004
16	V	20 Fees & Subscriptions		MML Properties, LLC	100.00%		
17	V	21 Clerical & General Office		MML Properties, LLC	100.00%		
18	V	26 Insurance-Prop., Liab., Malpr.		MML Properties, LLC	100.00%	17,057	17,057
19	V	30 Depreciation		MML Properties, LLC	100.00%	100,508	100,508
20	V	32 Interest Expense		MML Properties, LLC	100.00%	27,986	27,986
21	V	32 Amort of Mortgage Costs		MML Properties, LLC	100.00%	52,122	52,122
22	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	308,738	308,738
23	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	19,856	19,856
24	V	34 Rent	1,320,000	MML Properties, LLC	100.00%		(1,320,000)
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		\$ 1,320,000			\$ 553,271	\$ * (766,729)

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

**Butterfield Health Care VIII, LLC**  
**D/B/A Meadowbrook Manor of LaGrange**  
**Provider # 0047274**  
**12/31/2015**

Schedule 6A

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

<u>Name</u>	<u>Ownership %</u>
RBJ Investments, LP	25%
Jafari Family LLC	25%
Louis William Dimas Family Limited Partnership	15%
Vangel Family Investments LLP	25%
Christopher Vangel Descendant's GST Exempt Trusd U/A D 6/21/99	5%
Katherine Hocuk Descendant's GST Exempt Trusd U/A D 6/21/99	5%
	<u>100.00%</u>

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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	129,840	8	20.00	Mgt Salaries	\$ 16,862	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	93,774	2	5.00	Mgt Salaries	8,963	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	70,460	2	5.00	Mgt Salaries	114,560	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	67,539	2	5.00	Mgt Salaries	2,798	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	61,327	10	25.00	Medical Director	12,673	9(7)	5
6	Robert Jafari	Operating Supvsr.	Administrative	25.00	118,536	0	0.00	Consulting	24,494	N/A	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	\$ 180,350		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 LaGrange

# 0047274

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	\$ 45,617	\$ 1,543	1	
2	3	Housekeeping	Resident Days	266,373	4		45,617	0	2	
3	5	Utilities	Resident Days	266,373	4	11,619	45,617	1,990	3	
4	6	Repairs & Maintenance	Resident Days	266,373	4	114,089	86,325	45,617	19,538	4
5	9	Medical Director	Resident Days	266,373	4	74,000	45,617	12,673	5	
6	11	Nursing	Resident Days	266,373	4	52,694	52,694	45,617	9,024	6
7	12	Activities	Resident Days	266,373	4	169	45,617	29	7	
8	13	Social Services	Resident Days	266,373	4	70,598	70,598	45,617	12,090	8
9	17	Administrative Costs	Resident Days	266,373	4	252,156	252,156	45,617	43,182	9
10	19	Professional Services	Resident Days	266,373	4	231,235	45,617	39,600	10	
11	20	Dues, Fees & Subscriptions	Resident Days	266,373	4	2,009	45,617	344	11	
12	21	Clerical & General Office exp.	Resident Days	266,373	4	1,367,192	1,259,556	45,617	234,135	12
13	23	Training & Education	Resident Days	266,373	4	498	45,617	85	13	
14	24	Travel & Seminar	Resident Days	266,373	4	9,519	45,617	1,630	14	
15	25	Auto Expense	Resident Days	266,373	4	9,969	45,617	1,707	15	
16	26	Insurance	Resident Days	266,373	4	1,487	45,617	255	16	
17	27	Employee Benefits General & Admin.	Resident Days	266,373	4	257,861	45,617	44,159	17	
18	30	Depreciation	Resident Days	266,373	4	28,858	45,617	4,942	18	
19	32	Interest	Resident Days	266,373	4		45,617	0	19	
20	34	Rent Building	Resident Days	266,373	4	346,604	45,617	59,357	20	
21	35	Equipment Rental	Resident Days	266,373	4	39,100	45,617	6,696	21	
22									22	
23									23	
24									24	
25	TOTALS				\$ 2,878,670	\$ 1,721,329	\$ 492,979		25	

Facility Name & ID Number

Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**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			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1							\$	\$		\$	1						
2	Alliant Credit Union		X	Mortgage	\$49,649.00	103/16/12	3,000,000	3,763,107	10/1/17	0.5000	27,986	2					
3												3					
4	Alliant Credit Union		X	Amortization of Loan Cost							52,122	4					
5												5					
<b>Working Capital</b>																	
6	West Suburban		X	Working Capital	N/A	05/10/13		926,903	5/10/14	3.7500	32,707	6					
7												7					
8	Shareholders Loan	X		Working Capital			1,107,500	1,107,500		5.0000		8					
9	<b>TOTAL Facility Related</b>				\$49,649.00		\$ 4,107,500	\$ 5,797,510			\$ 112,815	9					
<b>B. Non-Facility Related*</b>																	
10												10					
11											(2,787)	11					
12												12					
13												13					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(2,787)	14					
15	<b>TOTALS (line 9+line14)</b>						\$ 4,107,500	\$ 5,797,510			\$ 110,028	15					

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

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

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

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

B. Real Estate Taxes

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2014 report.		\$	<u>361,000</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>368,899</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>7,899</u>		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>387,000</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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<u>19,856</u>		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. <b>TOTAL REFUND \$ <u>81,161</u> For <u>10&amp;1</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<u>(86,161)</u>		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>328,594</u>		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>281,204</u>	8	<b>FOR BHF USE ONLY</b>	
	2011	<u>319,900</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>334,496</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>343,972</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>368,899</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<u>2014 Tax Bill= 368,899.34</u>					
<u>Estimated increase=1.05</u>					
<u>Total= \$387,344.31</u>					
<u>Use: \$ 387,000</u>					

NOTES:

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

## 2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor LaGrange COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0047274

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>18-04-423-001-0000</u>	<u>Nursing Facility</u>	\$ <u>368,899.34</u>	\$ <u>368,899.34</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>368,899.34</u></u>	\$ <u><u>368,899.34</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 LaGrange

# 0047274 Report Period Beginning:

01/01/2015 Ending:

12/31/2015

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 74,985 B. General Construction Type: Exterior Brick Frame Wood Number of Stories \_\_\_\_\_

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).

Nine  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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	
1	<u>Resident Care</u>	<u>178,272</u>	<u>2005</u>	<u>\$ 1,561,408</u>	1
2					2
3	<b>TOTALS</b>	<u>178,272</u>		<u>\$ 1,561,408</u>	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	203	2005	1911	\$ 2,646,175	\$	40	\$ 66,154	\$ 66,154	\$ 694,617	4
5			2009	510,195		40	6,377	6,377	44,639	5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	Install compressor	2005		1,750	88	10	88		1,750	9
10	Elevator overhaul	2005		4,245	217	10	217		4,245	10
11	Front porch carpeting	2005		2,086	100	10	100		2,086	11
12	Remodel 1st floor - tile & paint	2005		26,770	1,412	10	1,412		26,770	12
13	Refurbish boiler	2005		21,650	1,082	10	1,082		21,650	13
14	Furnish & install boiler feed pump	2005		2,750	137	10	137		2,750	14
15	Furnish & install condensate pump	2005		2,565	133	10	133		2,565	15
16	Furnish & install extrol & relief valve	2005		1,729	86	10	86		1,729	16
17										17
18	Sign	2006		8,725	873	10	873		8,293	18
19	Remodel 1st floor - tile, paint & draperies	2006		37,805	3,781	10	3,781		35,919	19
20	Remodel 1st floor - carpet	2006		6,831	683	10	683		6,489	20
21	Fire Department standpipe connections	2006		1,443	144	10	144		1,368	21
22	Furnish & install new heating coil on MUA unit	2006		5,595	560	10	560		5,320	22
23	Repair MUA	2006		3,300	330	10	330		3,135	23
24	Repair water line/pipe	2006		4,800	480	10	480		4,560	24
25	Dialysis room	2006		57,470	5,746	10	5,746		54,377	25
26	Replace faulty fuses	2006		3,590	359	10	359		3,411	26
27	Install panic exit door devices	2006		8,400	840	10	840		7,980	27
28										28
29	Electrical Repairs	2007		4,590	459	10	459		3,902	29
30	Wiremold, covers, cables & supplies for Satellite TV	2007		15,787	1,579	10	1,579		13,421	30
31	Cable & Phone Lines - Installation & Termination	2007		58,250	5,825	10	5,825		49,513	31
32	Remove, repair & replace tile & wood, repair downspouts	2007		2,569	257	10	257		2,184	32
33	Install 5 new 2 1/2 fire hose valves	2007		4,160	416	10	416		3,536	33
34	Demolition & removal of house and garage - 339 S. Ninth St.	2007		11,225	1,122	10	1,122		9,537	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 &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

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	New doors, hardware, laminating & refinishing for Dementia	2008	\$ 7,540	\$	10	\$ 754	\$ 754	\$ 5,655	37
38	Repair parking lot lights (ballasts, cutting asphalt, trenching								38
39	& running new wiring)	2008	4,989	498	10	498		3,737	39
40	Roof Repairs (rear emergency room entrance & front entrance)	2008	3,949	394	10	394		2,957	40
41	Wiring - Therapy room	2008	5,879		10	588	588	4,410	41
42	Chimney Cap & Tuckpointing	2008	11,993	1,199	10	1,199		8,993	42
43	Rebuilt compressor for HVAC unit	2008	19,864	1,959	10	1,986	27	14,895	43
44									44
45	R&M Reclasses								45
46	- Emergency service for steam leak on heating system-								46
47	furnished & installed new diaphragm & steam trap.	2008	4,699		10	470	470	3,525	47
48	- Emergency service for no heat - furnished & installed								48
49	new fluid head & valve body.	2008	3,045		10	305	305	2,287	49
50	- Tile flooring for facility	2008	14,637		10	1,464	1,464	10,980	50
51									51
52	Concrete flooring, electrical, new tub & faucet, drywall,	2009	26,068	2,607	10	2,607		16,947	52
53	studs & reframe door for Laundry Room Remodel								53
54	Repair masonry on top of building	2009	6,241	624	10	624		4,056	54
55	Install outdoor lighting	2009	11,332	1,133	10	1,133		7,365	55
56	replace 2 shower valves & trims	2009	2,755	276	10	276		1,794	56
57	Fill & roll potholes, crack sealing, sealcoating & striping	2009	6,000		5			6,000	57
58	parking lot								58
59									59
60	R&M Reclasses								60
61	-Remove and replace automatic transfer switch	2009	3,695		10	370	370	2,405	61
62	-Replace air separator and rework piping for new style	2009	5,350		10	535	535	3,478	62
63	air separator.								63
64	-Air conditioner -repair leaks, add drier cores and refrigerant	2009	5,204		10	520	520	3,380	64
65	replace belt and pulley								65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,597,695	\$ 35,399		\$ 112,963	\$ 77,564	\$ 1,118,610	70

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

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 3,597,695	\$ 35,399		\$ 112,963	\$ 77,564	\$ 1,118,610	1
2	Cabinets and countertops for therapy office	2010	6,117	612	10	612		3,366	2
3	Install drywall for new wall, rearrange/repair light fixtures in business office	2010	2,705	270	10	270		1,485	3
4									4
5	Remove & rebuild rear loading dock	2010	2,650	265	10	265		1,458	5
6	Transfer & install reception door, 3 sets of 36" cabinets and countertops for dining room	2010	4,974	497	10	497		2,734	6
7									7
8	22 - 4 tier lockers with sloped tops	2010	5,138	514	10	514		2,826	8
9	Lavatory faucets, shut offs & trap, tempered glass for restroom door	2010	3,436	344	10	344		1,892	9
10									10
11	Fill potholes, sealcoating & striping of parking log	2010	5,100	510	5	510		5,100	11
12	Fill potholes, sealcoating & striping of parking log	2011	2,000	400	5	400		1,800	12
13	Bathroom & Shower Remodel - Plumbing, Tile, ceramic floors, & Painting	2011	95,612	9,561	10	9,561		43,024	13
14									14
15	Corridor Remodel - remove wall paper, paint, handrails, carpet	2011	46,474	4,647	10	4,647		20,912	15
16									16
17	Dinning Room & Kichen - new vinyl floors, paint all walls	2011	36,795	3,680	10	3,680		16,560	17
18	Tile & Trim for Offices replace all the tile & trim	2011	21,653	2,165	10	2,165		9,743	18
19	Install in Fire Doors	2011	3,135	314	10	314		1,413	19
20									20
21	Elevator repair	2011	4,350	435	10	435		1,957	21
22	Fover Remodeling	2012	26,756	2,676	10	2,676		9,366	22
23	Enclosure of Trash Contains	2012	2,212	221	10	221		774	23
24	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2012	26,735	2,674	10	2,674		9,359	24
25	Fire System - Check Valve Remodeling	2012	11,946	1,195	10	1,195		4,182	25
26	Chiller Unit on Roof UpGrade Improvements	2012	5,643	564	10	564		1,974	26
27	Dinning Room Remodelig - Build in Cabinets and Blinds	2012	18,406	1,840	10	1,840		6,440	27
28	Dialysis Room Conversion - ceiling tile, vinyl flooring, electric work, trim work	2012	39,774	3,977	10	3,977		13,920	28
29									29
30	Therapy Room Remodel first floor -glass,drywall,ceiling title prime all walls	2012	10,368	1,037	10	1,037		3,629	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,979,674	\$ 73,797		\$ 151,361	\$ 77,564	\$ 1,282,524	34

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

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

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	<b>Totals from Page 12B, Carried Forward</b>		\$ 3,979,674	\$ 73,797		\$ 151,361	\$ 77,564	\$ 1,282,524	1
2	Dialysis Room Conversion - ceiling tile, vinyl flooring,	2013	63,006	6,301	10	6,301		15,752	2
3	electric work, trim work								3
4	Therapy Room Remodel first floor -Counter Tops	2013	2,919	292	10	292		730	4
5	Kitchen Remodel - Paint, Cabinets	2013	6,136	614	10	614		1,535	5
6	Facility Roof Repairs	2013	6,424	642	10	642		1,605	6
7	Doctors Lounge South Wing-Electric, Drywall, Paint, Flooring	2013	38,577	3,858	10	3,858		9,645	7
8	Res Rooms 1st Floor - Mirrors, Flooring, Plumbing, fan coils	2013	11,339	1,134	10	1,134		2,835	8
9	New Exterior Lighting	2013	3,405	341	10	341		852	9
10	Remodel the Juice Bar with Cabinets and Counter tops	2013	2,260	226	10	226		565	10
11	Remodel the Fire Sprinkler Sys in Beauty Shop, Kitchen	2013	1,440	144	10	144		360	11
12									12
13	Replace the Asphalt Parking Lot & Stripping	2014	8,109	1,622	5	1,622		2,433	13
14									14
15	Replace the Door Operator on the North Elevator	2014	5,800	580	10	580		870	15
16	Upgrade of the Laundry Room,= - Plumbing, Walls, Electric,	2014	95,256	9,526	10	9,526		14,289	16
17	vent work, Painting, tile, gas and water lines								17
18	Upgrade the Nurse Station - Built in cabinets, blinds,& walls	2014	4,960	496	10	496		770	18
19									19
20	Elevator Modernization	2014	42,120		10	4,212	4,212	6,318	20
21	Corridor Lighting and Supplies	2015	1,276	64	10	64		64	21
22	Resident Rooms Remodeling - painting, lights, vanities. And	2015	6,720	336	10	336		336	22
23	grab bars								23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,279,421	\$ 99,973		\$ 181,749	\$ 81,776	\$ 1,341,483	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	\$ 523,421	\$ 50,399	\$ 50,399	\$	5-10 yrs	\$ 280,169	71
72	Current Year Purchases	32,418	1,938	1,938		10 yrs	1,938	72
73	Fully Depreciated Assets	30,106				5 yrs	30,106	73
74	Alloc. From Mgmt. Co. & BLDG	597,261		35,082	35,082	10 yrs	592,492	74
75	TOTALS	\$ 1,183,206	\$ 52,337	\$ 87,419	\$ 35,082		\$ 904,705	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	N/A									77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 7,024,035	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 152,310	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 269,168	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 116,858	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,246,188	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	N/A				87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Building Improvements	\$ 931,417	92
93	Building Improv. (BLDG CO.)	5,463,470	93
94			94
95		\$	95

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

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

**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>59,357</u>			6
7	<b>TOTAL</b>				\$ <b>59,357</b>			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: \$ 41,960 Description: See Attached 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	<u>N/A</u>				18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	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 LaGrange  
0047274  
12/31/2015

Schedule 14 A

Schedule 14A

XII. Rental Costs  
**Line 16 - Description**

Copier	13,945
Water Cooler	4,147
Office Equipment	210
Medical Equipment	6,723
Mattress & Beds	7,363
Postage Meter	2,876
Management Co.	<u>6,696</u>
Total	<u><u>41,960</u></u>

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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**

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

- (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		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	3 Cost	Units	5 Cost				
1	Licensed Occupational Therapist	10A(1)	hrs	\$ 128,995		\$			\$ 128,995	1
2	Licensed Speech and Language Development Therapist	10A(1)	hrs	87,458					87,458	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(1,2 & 3)	hrs	288,168	10	520	4,929	10	293,617	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				152,627		152,627	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					27,254		27,254	12
13	Other (specify): <u>Dialysis</u>	39(3)				40,007			40,007	13
14	TOTAL			\$ 504,621	10	\$ 40,527	\$ 184,810	10	\$ 729,958	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 LaGrange

# 0047274

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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 46,515	\$ 46,515	1
2	Cash-Patient Deposits	158,487	158,487	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>391,301</u> )	2,832,414	2,832,414	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	401,669	410,907	6
7	Other Prepaid Expenses	1,066	1,066	7
8	Accounts Receivable (owners or related parties)	61,228	61,228	8
9	Other(specify): <u>See Sch 17C</u>	30,980	30,980	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 3,532,359</b>	<b>\$ 3,541,597</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,561,408	13
14	Buildings, at Historical Cost		3,198,490	14
15	Leasehold Improvements, at Historical Cost	1,026,241	1,080,931	15
16	Equipment, at Historical Cost	585,945	1,183,206	16
17	Accumulated Depreciation (book methods)	(871,763)	(2,246,188)	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 (specify) <u>CIP</u>	931,417	6,394,887	22
23	Other(specify): <u>Mortgage Cost Net</u>		3,967	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 1,671,840</b>	<b>\$ 11,176,701</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 5,204,199</b>	<b>\$ 14,718,298</b>	<b>25</b>

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 837,154	\$ 837,154	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	104,941	104,941	28
29	Short-Term Notes Payable	926,903	926,903	29
30	Accrued Salaries Payable	324,731	324,731	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		387,000	32
33	Accrued Interest Payable	2,623	2,623	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Sch17C</u>	829,801	829,801	36
37	<u>Due to Related Parties</u>	8,035,634	3,219,616	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 11,061,787</b>	<b>\$ 6,632,769</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	1,107,500	1,107,500	39
40	Mortgage Payable		3,763,107	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$ 1,107,500</b>	<b>\$ 4,870,607</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 12,169,287</b>	<b>\$ 11,503,376</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ (6,965,088)</b>	<b>\$ 3,214,922</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 5,204,199</b>	<b>\$ 14,718,298</b>	<b>48</b>

\*(See instructions.)

Meadowbrook Manor LaGrange  
0047274  
12/31/2015

**Schedule 17C**

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Refund Transfer	23,130	23,130
Employee Advances	4,471	4,471
Real Estate Tax-Escrow		
Due From Beaver Creek Construction	3,379	3,379
	30,980	30,980

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued-Payroll Taxes	24,563	24,563
Wage Garnishments	(133)	(133)
Credit Union		
Professional Liability Claims	805,371	805,371
	829,801	829,801

C. Current Liabilities	Operating	After Consolidation
Line 37 -Other Current Liabilities		
Due from Bolingbrook	1,679,318	1,679,318
Due from Naperville	1,229,986	1,229,986
Due from BHC VIII	135,352	135,352

Due from BHC Construction	4,498	4,498
Accrued Rent	4,816,018	
Resident Credit Balances	75,100	75,100
N/P State	95,362	95,362
	<u>8,035,634</u>	<u>3,219,616</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (5,988,927)	1
2	Restatements (describe):		2
3	<b>Rounding</b>	(1)	3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (5,988,928)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(976,160)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (976,160)	17
<b>B. Transfers (Itemize):</b>			
18	<b>Rounding</b>		18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (6,965,088)	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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 8,475,130	1
2	Discounts and Allowances for all Levels	(210,643)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 8,264,487</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	964,112	6
7	Oxygen	53,196	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,017,308</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
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	1,457	13
14	Non-Patient Meals	760	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	146,666	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	11,233	19
20	Radiology and X-Ray	14,800	20
21	Other Medical Services	72,904	21
22	Laundry	11,742	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 259,562</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	2,787	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 2,787</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Miscellaneous and Vending Income</b>	2,624	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 2,624</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 9,546,768</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,568,095	31
32	Health Care	4,262,494	32
33	General Administration	2,290,381	33
<b>B. Capital Expense</b>			
34	Ownership	1,540,279	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	488,950	35
36	Provider Participation Fee	372,729	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 10,522,928</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(976,160)</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (976,160)</b>	<b>43</b>

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,785,576	44
45	Private Pay - Net Inpatient Revenue	1,309,852	45
46	Medicare - Net Inpatient Revenue	773,111	46
47	Other-(specify) <u>Private Insurance</u>	258,306	47
48	Other-(specify) <u>Hospice</u>	137,642	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 8,264,487</b>	<b>49</b>

\* 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 LaGrange

# 0047274

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	1,982	2,467	\$ 90,844	\$ 36.82	1
2	Assistant Director of Nursing	1,880	2,049	67,087	32.74	2
3	Registered Nurses	15,240	16,192	475,444	29.36	3
4	Licensed Practical Nurses	37,563	40,550	1,072,220	26.44	4
5	CNAs & Orderlies	76,929	79,648	1,037,824	13.03	5
6	CNA Trainees					6
7	Licensed Therapist	10,416	11,614	504,621	43.45	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,259	13,104	129,985	9.92	10
11	Social Service Workers	3,393	3,628	60,990	16.81	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	25,490	26,907	318,086	11.82	15
16	Dishwashers					16
17	Maintenance Workers	8,413	9,120	155,941	17.10	17
18	Housekeepers	21,809	23,984	217,563	9.07	18
19	Laundry	8,116	8,657	74,960	8.66	19
20	Administrator	1,864	1,962	81,461	41.52	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,807	11,698	209,840	17.94	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	2,026	2,180	29,955	13.74	31
32	Other Health C: <a href="#">See Sch 20A</a>	18,077	19,409	418,147	21.54	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	256,264	273,169	\$ 4,944,968 *	\$ 18.10	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	321	\$ 13,974	1(3)	35
36	Medical Director	Monthly	30,000	9(3)	36
37	Medical Records Consultant	Monthly	4,704	10(3)	37
38	Nurse Consultant	114	4,559	10(3)	38
39	Pharmacist Consultant			10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	98	3,900	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,496	11(3)	44
45	Social Service Consultant	21	1,307	12(3)	45
46	Other(specify) <a href="#">Quality Assurance</a>	Monthly	7,808	10(3)	46
47	<a href="#">Wound Care Director</a>	Monthly	3,000	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	602	\$ 71,748		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 LaGrange  
0047274  
12/31/2015

Schedule 20 A

XXVIII. A. Staffing and Salary costs

<u>Name</u>	<u>Number of Hrs Worked</u>	<u>Number Hrs Paid</u>	<u>Tot Sal &amp; Wages</u>	<u>Ave. Hourly</u>
Central Supply	2,019	2,280	38,816	17.02
Nursing Administration	4,784	5,094	121,822	23.91
MDS Coordinator	1,984	2,160	86,597	40.09
Rehabilitation Nursing Wages	3,964	4,150	94,919	22.87
Rehabilitation Aides Wages	5,326	5,725	75,993	13.27
Total	<u>18,077</u>	<u>19,409</u>	<u>418,147</u>	<u>21.54</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	
Kathleen Sefcik	Administrator	0	\$ 37,528	Workers' Compensation Insurance	\$ 126,910	IDPH License Fee	\$ 1,990	
Gina McCarthy	Administrator	0	43,933	Unemployment Compensation Insurance	64,672	Advertising: Employee Recruitment	675	
				FICA Taxes	368,984	Health Care Worker Background Check	1,756	
				Employee Health Insurance	159,595	(Indicate # of checks performed 61)		
				Employee Meals		Patient Background Checks	50	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council Long Term Care	30,685	
				Employee Retirement	25,896	Less COPE Fee	(10,126)	
				Employee Lab Test	515	Misc. Dues & Subscriptions	9,708	
				Uniform Allowance	1,097	Misc. Licenses	1,926	
				Other Employee Benefits	7,610	Alloc. Mgmt. Co.	344	
				Medical Reimbursement	9,139	Less: Public Relations Expense	( )	
				Employee Picnics	1,389	Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 81,461			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
Management Fees (eliminated on Sch V, col. 7)				N/A			Out-of-State Travel	
\$ 572,806							\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			In-State Travel	
				\$ 765,807				
\$ 572,806								
C. Professional Services							Seminar Expense	
Vendor/Payee		Type	Amount				2,145	
Rehab Management Systems		Billing Services	\$ 40,800				Allocated from Mgmt. Co.	
ADP Inc.		Payroll Services	14,069				1,630	
Innovative LTC Solutions		Professional Services	7,830					
Unemployment Consultants		Unemployment Consultant	810				Entertainment Expense	
Cardiac Diagnostics, Inc.		Professional Services	41				( )	
Terrill Consulting Services		Professional Services MDS	1,369				(agree to Sch. V, line 24, col. 8)	
Litwiller Consulting LLC		Professional Services	1,600				TOTAL	
The Lannert Group, Inc		Professional Services	(248)				\$ 3,775	
My TL Care LLC		Professional Services	170					
McGladrey, LLP		Accounting	11,393					
Ronald L Cournaya		Accounting	5,000					
See Schedule 21A			16,940					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)								
\$ 99,774								

\* Attach copy of IMRF notifications

\*\*See instructions.

Butterfield Health Care VII, LLC  
Meadowbrook Manor LaGrange  
Provider #: 0047274  
01/01/2015 To 12/31/2015

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Polsinelli Shughart PC	Legal	14,520
Hamilton Thies Lorch & Hagnell	Legal	465
Grabowski Law Center LLC	Legal	186
Marquardt & Belmonte, P.C.	Legal	1,769
Total for Schedule 21A		<u>16,940</u>
Total (agree to Schedule V, line 19, column 3)		99,774
Allocation from Butterfield Health Care Group	Professional Services	39,600
Allocation From MML Properties	Accounting Fees	27,004
Less: Disallowed legal fees - Collections		(186)
Total (agree to Schedule V, line 19, column 8)		<u>166,192</u>

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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$





Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

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-\$30,685
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 62,309 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. \$ 372,729  
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. \$ 760
- (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	318,086	37,207	13,974	369,267	0	369,267	0	369,267
2. Food Purchase	0	288,516	0	288,516	0	288,516	783	289,299
3. Housekeeping	217,563	47,641	0	265,204	0	265,204	0	265,204
4. Laundry	74,960	14,118	0	89,078	0	89,078	0	89,078
5. Heat and Other Utilities	0	0	198,272	198,272	0	198,272	1,990	200,262
6. Maintenance	155,941	32,745	169,072	357,758	0	357,758	19,538	377,296
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	766,550	420,227	381,318	1,568,095	0	1,568,095	22,311	1,590,406
9. Medical Director	0	0	30,000	30,000	0	30,000	12,673	42,673
10. Nursing & Medical Records	3,191,521	307,680	20,071	3,519,272	0	3,519,272	9,024	3,528,296
10a. Therapy	504,621	4,929	4,420	513,970	0	513,970	0	513,970
11. Activities	129,985	4,474	2,496	136,955	0	136,955	29	136,984
12. Social Services	60,990	0	1,307	62,297	0	62,297	12,090	74,387
13. Nurse Aide Training	0	0	0	0	0	0	0	0
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	3,887,117	317,083	58,294	4,262,494	0	4,262,494	33,816	4,296,310
17. Administrative	81,461	0	572,806	654,267	0	654,267	-529,624	124,643
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	99,774	99,774	0	99,774	66,418	166,192
20. Fees, Subscriptions & Promotion	0	0	47,740	47,740	0	47,740	-10,282	37,458
21. Clerical & General Office	209,840	34,942	64,535	309,317	0	309,317	231,511	540,828
22. Employee Benefits & Payroll	0	0	765,807	765,807	0	765,807	0	765,807
23. Inservice Training & Education	0	0	2,563	2,563	0	2,563	85	2,648
24. Travel and Seminar	0	0	2,145	2,145	0	2,145	1,630	3,775
25. Other Admin. Staff Trans	0	0	5,414	5,414	0	5,414	1,707	7,121
26. Insurance-Prop.Liab.Malpractice	0	0	403,354	403,354	0	403,354	17,312	420,666
27. Other (specify)*	0	0	0	0	0	0	44,159	44,159
28. Total General Adminis	291,301	34,942	1,964,138	2,290,381	0	2,290,381	-177,084	2,113,297
29. Total General Administrative	4,944,968	772,252	2,403,750	8,120,970	0	8,120,970	-120,957	8,000,013
30. Depreciation	0	0	152,308	152,308	0	152,308	116,860	269,168
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	32,707	32,707	0	32,707	77,321	110,028
33. Real Estate	0	0	0	0	0	0	328,594	328,594

34. Rent - Facility & Grounds	0	0	1,320,000	1,320,000	0	1,320,000	-1,260,643	59,357
35. Rent - Equipment & Vehicles	0	0	35,264	35,264	0	35,264	6,696	41,960
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,540,279	1,540,279	0	1,540,279	-731,172	809,107
38. Medically Necessary T	0	0	9,138	9,138	0	9,138	0	9,138
39. Ancillary Service Cent	0	179,881	40,007	219,888	0	219,888	0	219,888
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. Other (specify):*	0	0	372,729	372,729	0	372,729	0	372,729
43. Total Special Cost Ce	0	179,881	681,798	861,679	0	861,679	-259,924	601,755
44. Grand Total	4,944,968	952,133	4,625,827	10,522,928	0	10,522,928	-1,112,053	9,410,875

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	46,515	46,515
2. Cash - Patient Deposits	158,487	158,487
3. Accounts & Notes Receivable	2,832,414	2,832,414
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	401,669	410,907
7. Other Prepaid Expenses	1,066	1,066
8. Accounts Receivable-Owner/Related Party	61,228	61,228
9. Other (specify):	30,980	30,980
10. Total current assets	3,532,359	3,541,597
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	1,561,408
14. Buildings, at Historical Cost	0	3,198,490
15. Leasehold Improvements, Historical Cost	1,026,241	1,080,931
16. Equipment, at Historical Cost	585,945	1,183,206
17. Accumulated Depreciation (book methods)	-871,763	-2,246,188
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):	931,417	6,394,887
23. other (specify):	0	3,967
24. Total Long-Term Assets	1,671,840	11,176,701
25. Total Assets	5,204,199	14,718,298
CURRENT LIABILITIES		
26. Accounts Payable	837,154	837,154
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	104,941	104,941
29. Short-Term Notes Payable	926,903	926,903
30. Accrued Salaries Payable	324,731	324,731
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	387,000
33. Accrued Interest Payable	2,623	2,623
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	829,801	829,801

37. Other Current Liabilities (specify):	8,035,634	3,219,616
38. Total Current Liabilities	11,061,787	6,632,769
LONG TERM LIABILITES		
39. Long-Term Notes Payable	1,107,500	1,107,500
40. Mortgage Payable	0	3,763,107
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	1,107,500	4,870,607
46. Total Liabilities	12,169,287	11,503,376
47. Total Equity	-6,965,088	3,214,922
48. Total Liabilities and Equity	5,204,199	14,718,298

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	8,475,130
2. Discounts and Allowances for all Levels	-210,643
Subtotal - Inpatient Care	8,264,487
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	964,112
7. Oxygen	53,196
Subtotal - Anciliary Revenue	1,017,308
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	1,457
14. Non-Patient Meals	760
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	146,666
18. Sale of Supplies to Non-Patients	0
19. Laboratory	11,233
20. Radiology and X-Ray	14,800
21. Other Medical Services	72,904
22. Laundry	11,742
Subtotal - Other Operating Revenue	259,562
24. Contributions	0
25. Interest and Other Investments Income	2,787
Subtotal - Non-Operating Revenue	2,787
27. Other Revenue (specify):	2,624
28. Other Revenue (specify):	0
Subtotal - Other Revenue	2,624
30. Total Revenue	9,546,768
31. General Services	1,568,095
32. Health Care	4,262,494
33. General Administration	2,290,381
34. Ownership	1,540,279

35. Special Cost Centers	488,950
35. Provider Participation Fee	372,729
37. Other	0
40. Total Expenses	10,522,928
41. Income Before Income Taxes	-976,160
42. Income Taxes	0
43. Net Income or Loss for the Year	-976,160