

		FOR BHF USE					

LL1

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>I. IDPH License ID Number: <u>0041285</u></p> <p>Facility Name: <u>Meadowbrook Manor Naperville</u></p> <p>Address: <u>720 Raymond Drive</u> <u>Naperville</u> <u>60563</u> <small>Number City Zip Code</small></p> <p>County: <u>DuPage</u></p> <p>Telephone Number: <u>(630) 355-0220</u> Fax # <u>(630) 717-5180</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>02/09/1996</u></p> <p>Type of Ownership:</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 IRS Exemption Code _____ </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 checked="" type="checkbox"/> "Sub-S" Corp. <input 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>In the event there are further questions about this report, please contact: Name: <u>Allan S. Gabrys</u> Telephone Number: <u>331-472-4500</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input 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>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</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:20%; padding: 5px; vertical-align: top;">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="padding: 5px; vertical-align: top;">Paid Preparer</td> <td style="padding: 5px;"> (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u> </td> </tr> </table> <p align="right"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Christopher Vangel</u> (Title) <u>Executive Director</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input 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) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>							

Facility Name & ID Number Meadowbrook Manor Naperville

0041285 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	245	Skilled (SNF)	245	89,425	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	245	TOTALS	245	89,425	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	65,675	11,086	6,479	83,240	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	65,675	11,086	6,479	83,240	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.08%

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 02/09/1996

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

YES Date 02/09/1996 NO

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

YES NO If YES, enter number of beds certified 245 and days of care provided 5,324

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name & ID Number

Meadowbrook Manor Naperville

0041285

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	523,453	49,010	18,857	591,320		591,320		591,320		1
2	Food Purchase		510,944		510,944		510,944	1,530	512,474		2
3	Housekeeping	304,152	81,455		385,607		385,607		385,607		3
4	Laundry	87,791	61,748		149,539		149,539		149,539		4
5	Heat and Other Utilities			305,125	305,125		305,125	3,631	308,756		5
6	Maintenance	206,594	31,978	193,218	431,790		431,790	35,652	467,442		6
7	Other (specify):*										7
8	TOTAL General Services	1,121,990	735,135	517,200	2,374,325		2,374,325	40,813	2,415,138		8
	B. Health Care and Programs										
9	Medical Director			48,000	48,000		48,000	23,125	71,125		9
10	Nursing and Medical Records	5,751,174	423,780	53,950	6,228,904		6,228,904	16,467	6,245,371		10
10a	Therapy	928,366	12,648	24,478	965,492		965,492		965,492		10a
11	Activities	284,674	17,089	2,496	304,259		304,259	53	304,312		11
12	Social Services	116,101		1,575	117,676		117,676	22,061	139,737		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	7,080,315	453,517	130,499	7,664,331		7,664,331	61,706	7,726,037		16
	C. General Administration										
17	Administrative	134,779		1,077,348	1,212,127		1,212,127	(998,551)	213,576		17
18	Directors Fees										18
19	Professional Services			153,438	153,438		153,438	94,616	248,054		19
20	Dues, Fees, Subscriptions & Promotions			55,262	55,262		55,262	(11,137)	44,125		20
21	Clerical & General Office Expenses	286,037	51,626	71,221	408,884		408,884	412,288	821,172		21
22	Employee Benefits & Payroll Taxes			1,387,066	1,387,066		1,387,066		1,387,066		22
23	Inservice Training & Education			8,903	8,903		8,903	156	9,059		23
24	Travel and Seminar			5,113	5,113		5,113	3,512	8,625		24
25	Other Admin. Staff Transportation			5,538	5,538		5,538	3,115	8,653		25
26	Insurance-Prop.Liab.Malpractice			374,486	374,486		374,486	95,291	469,777		26
27	Other (specify):*							80,580	80,580		27
28	TOTAL General Administration	420,816	51,626	3,138,375	3,610,817		3,610,817	(320,130)	3,290,687		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,623,121	1,240,278	3,786,074	13,649,473		13,649,473	(217,611)	13,431,862		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Meadowbrook Manor Naperville

#0041285

Report Period Beginning: 01/01/2015 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			181,687	181,687	181,687	346,703	528,390				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			53,328	53,328	53,328	508,033	561,361				32
33	Real Estate Taxes						239,709	239,709				33
34	Rent-Facility & Grounds			1,344,000	1,344,000	1,344,000	(1,235,688)	108,312				34
35	Rent-Equipment & Vehicles			107,806	107,806	107,806	12,219	120,025				35
36	Other (specify):*											36
37	TOTAL Ownership			1,686,821	1,686,821	1,686,821	(129,024)	1,557,797				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			23,349	23,349	23,349		23,349				38
39	Ancillary Service Centers	190,257	337,366		527,623	527,623		527,623				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			600,599	600,599	600,599		600,599				42
43	Other (specify):*			477,132	477,132	477,132	(477,132)					43
44	TOTAL Special Cost Centers	190,257	337,366	1,101,080	1,628,703	1,628,703	(477,132)	1,151,571				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,813,378	1,577,644	6,573,975	16,964,997	16,964,997	(823,767)	16,141,230				45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

Report Period Beginning: 01/01/2015

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	(1,287)	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	12,398	30		9
10	Interest and Other Investment Income	(33,973)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,087)	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		43		18
19	Entertainment		43		19
20	Contributions	(3,264)	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	(358,420)	43		24
25	Fund Raising, Advertising and Promotional		43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(7,800)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(133,080)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (526,513)		\$	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)	(297,254)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (297,254)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (823,767)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Meadowbrook Manor Naperville

ID# 0041285

Report Period Beginning: 01/01/2015

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 Naperville

0041285

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	(11,765)	20
To disallow Consolidated Billing Services	(16,274)	43
To disallow Marketing Expenses	(9,993)	43
To disallow Patient Clothing	(2,526)	43
To disallow X-Ray expense	(31,770)	43
To disallow Lab expense	(11,793)	43
To disallow Employee Gifts	(17,960)	43
To disallow Flowers	(29)	43
To disallow Resident Gifts	(3,822)	43
To disallow Cable Television	(12,094)	43
To add back last year Out of period Seminar	537	24
To offset Miscellaneous Income	(14,951)	21
To disallow collection fees	(340)	19
To disallow Sports Sponsorship	(300)	43
Total	(133,080)	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

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	(1,287)	2,817	0	0	0	0	0	0	0	0	0	1,530	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	3,631	0	0	0	0	0	0	0	0	0	3,631	5
6	Maintenance	0	35,652	0	0	0	0	0	0	0	0	0	35,652	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,287)	42,100	0	0	0	0	0	0	0	0	0	40,813	8
	B. Health Care and Programs													
9	Medical Director	0	23,125	0	0	0	0	0	0	0	0	0	23,125	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	16,467	0	0	0	0	0	0	0	0	0	16,467	11
12	Social Services	0	53	0	0	0	0	0	0	0	0	0	53	12
13	CNA Training	0	22,061	0	0	0	0	0	0	0	0	0	22,061	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	61,706	0	0	0	0	0	0	0	0	0	61,706	16
	C. General Administration													
17	Administrative	0	(998,551)	0	0	0	0	0	0	0	0	0	(998,551)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	72,260	0	22,696	0	0	0	0	0	0	0	94,956	19
20	Fees, Subscriptions & Promotions	0	628	0	0	0	0	0	0	0	0	0	628	20
21	Clerical & General Office Expenses	0	427,239	0	0	0	0	0	0	0	0	0	427,239	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	156	0	0	0	0	0	0	0	0	0	156	23
24	Travel and Seminar	0	0	2,975	0	0	0	0	0	0	0	0	2,975	24
25	Other Admin. Staff Transportation	0	0	3,115	0	0	0	0	0	0	0	0	3,115	25
26	Insurance-Prop.Liab.Malpractice	0	0	465	94,826	0	0	0	0	0	0	0	95,291	26
27	Other (specify):*	0	0	80,580	0	0	0	0	0	0	0	0	80,580	27
28	TOTAL General Administration	0	(498,268)	87,135	117,522	0	(293,611)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,287)	(394,462)	87,135	117,522	0	(191,092)	29						

STATE OF ILLINOIS

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

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	12,398	0	9,018	325,287	0	0	0	0	0	0	0	346,703	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(33,973)	0	0	542,006	0	0	0	0	0	0	0	508,033	32
33	Real Estate Taxes	0	0	0	239,709	0	0	0	0	0	0	0	239,709	33
34	Rent-Facility & Grounds	0	0	108,312	(1,344,000)	0	0	0	0	0	0	0	(1,235,688)	34
35	Rent-Equipment & Vehicles	0	0	12,219	0	0	0	0	0	0	0	0	12,219	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(21,575)	0	129,549	(236,998)	0	(129,024)	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):*	(370,571)	0	0	0	0	0	0	0	0	0	0	(370,571)	43
44	TOTAL Special Cost Centers	(370,571)	0	0	0	0	0	0	0	0	0	0	(370,571)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(393,433)	(394,462)	216,684	(119,476)	0	(690,687)	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 VII, LLC d/b/a	LaGrange	J&D Partners, LP	Bolingbrook	Lessor
See Schedule 6A	See Schedule 6A	Meadowbrook Manor of LaGrange		MMN Partners, LP	Naperville	Lessor
		Butterfield Health Care II, Inc. d/b/a	Bolingbrook	Butterfield Health Care Group, Inc.	Bolingbrook	Management Co.
		Meadowbrook Manor of Bolingbrook		MML Properties, LLC	LaGrange	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Seneca Building LP	Des Plaines	Lessor

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 2,817	\$ 2,817	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%			2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	3,631	3,631	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	35,652	35,652	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	23,125	23,125	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	16,467	16,467	6
7	V	12 Activities		Butterfield Health Care Group, Inc.	100.00%	53	53	7
8	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	22,061	22,061	8
9	V	17 Administrative Costs	1,077,348	Butterfield Health Care Group, Inc.	100.00%	78,797	(998,551)	9
10	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	72,260	72,260	10
11	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	628	628	11
12	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	427,239	427,239	12
13	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	156	156	13
14	Total		\$ 1,077,348			\$ 682,886	\$ * (394,462)	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 Seminar	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 2,975	\$	2,975	15
16	V	25 Auto Expense		Butterfield Health Care Group, Inc.	100.00%	3,115		3,115	16
17	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	465		465	17
18	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	80,580		80,580	18
19	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	9,018		9,018	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%	108,312		108,312	21
22	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	12,219		12,219	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		\$			\$ 216,684	\$ *	216,684	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	\$	MMN Properties, LLC	100.00%	\$ 22,696	\$ 22,696
16	V	21 Clerical & General Office exp.		MMN Properties, LLC	100.00%		
17	V	26 Insurance-Prop., Liab., Malpr.		MMN Properties, LLC	100.00%	94,826	94,826
18	V	30 Depreciation		MMN Properties, LLC	100.00%	325,287	325,287
19	V	32 Interest Expense		MMN Properties, LLC	100.00%	539,015	539,015
20	V	32 Interest Expense	380	MMN Properties, LLC	100.00%		(380)
21	V	32 Amort of Mortgage Cost		MMN Properties, LLC	100.00%	3,371	3,371
22	V	33 Real Estate Taxes		MMN Properties, LLC	100.00%	239,709	239,709
23	V	34 Rent	1,344,000	MMN Properties, LLC	100.00%		(1,344,000)
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,344,380			\$ 1,224,904	\$ * (119,476)

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

Butterfield Health Care II, Inc.
D/B/A Meadowbrook Manor of Naperville
Provider # 0041285
12/31/2015

Schedule 6A

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

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

Facility Name & ID Number Meadowbrook Manor Naperville # 0041285 Report Period Beginning: 01/01/2015 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	115,933	8	20.00	Mgt Salaries	\$ 30,769	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	86,382	2	5.00	Mgt Salaries	16,355	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	58,452	2	5.00	Mgt Salaries	26,568	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	65,232	2	5.00	Mgt Salaries	5,105	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	50,875	10	25.00	Medical Director	23,125	9(7)	5
6	Robert Jafari	Operating Supvsr.	Administrative	25.00	98,334	0	0.00	Consulting	44,696	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	0	0	0.00	N/A	75,208	17(1)	8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 221,826		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

Report Period Beginning:

01/01/2015

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	\$ 83,240	\$ 2,817	1
2	3	Housekeeping	Resident Days	266,373	4		83,240	0	2
3	5	Utilities	Resident Days	266,373	4	11,619	83,240	3,631	3
4	6	Repairs & Maintenance	Resident Days	266,373	4	114,089	86,325	35,652	4
5	9	Medical Director	Resident Days	266,373	4	74,000	83,240	23,125	5
6	11	Nursing	Resident Days	266,373	4	52,694	52,694	16,467	6
7	12	Activities	Resident Days	266,373	4	169	83,240	53	7
8	13	Social Services	Resident Days	266,373	4	70,598	70,598	22,061	8
9	17	Administrative Costs	Resident Days	266,373	4	252,156	252,156	78,797	9
10	19	Professional Services	Resident Days	266,373	4	231,235	83,240	72,260	10
11	20	Dues, Fees & Subscriptions	Resident Days	266,373	4	2,009	83,240	628	11
12	21	Clerical & General Office exp.	Resident Days	266,373	4	1,367,192	1,259,556	427,239	12
13	23	Training & Education	Resident Days	266,373	4	498	83,240	156	13
14	24	Travel & Seminar	Resident Days	266,373	4	9,519	83,240	2,975	14
15	25	Auto Expense	Resident Days	266,373	4	9,969	83,240	3,115	15
16	26	Insurance	Resident Days	266,373	4	1,487	83,240	465	16
17	27	Employee Benefits General & Admin.	Resident Days	266,373	4	257,861	83,240	80,580	17
18	30	Depreciation	Resident Days	266,373	4	28,858	83,240	9,018	18
19	32	Interest	Resident Days	266,373	4		83,240	0	19
20	34	Rent Building	Resident Days	266,373	4	346,604	83,240	108,312	20
21	35	Equipment Rental	Resident Days	266,373	4	39,100	83,240	12,219	21
22									22
23									23
24									24
25	TOTALS				\$ 2,878,670	\$ 1,721,329		\$ 899,570	25

Facility Name & ID Number

Meadowbrook Manor Naperville

0041285

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		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1							\$	\$			\$	1						
2	Cambridge - HUD		X	Mortgage	\$67,449.00	10/31/11	16,320,000	15,276,097	10/01/46	3.5000	539,015	2						
3			X	Amortization of Loan Cost					10/01/46	3.5000	3,371	3						
4												4						
5												5						
Working Capital																		
6	West Suburban		X	Working Capital	N/A		1,128,156	1,589,888		3.7500	53,328	6						
7												7						
8			X	Amortization of Loan Cost								8						
9	TOTAL Facility Related				\$67,449.00		\$ 17,448,156	\$ 16,865,985			\$ 595,714	9						
B. Non-Facility Related*																		
10										Offset Interest Income	(33,973)	10						
11										BLDG Co Repl. Reserve	(380)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (34,353)	14						
15	TOTALS (line 9+line14)						\$ 17,448,156	\$ 16,865,985			\$ 561,361	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 77,000 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>249,600</u>		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>240,909</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(8,691)</u>		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>248,400</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>239,709</u>		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>221,650</u>	8	FOR BHF USE ONLY	
	2011	<u>231,778</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>234,536</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>240,287</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>240,909</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<u>2013 Tax Bill= 240,908.94</u>					
<u>Estimated increase=1.031</u>					
<u>Total= \$ 248,377.11</u>					
<u>use = \$ 248,400</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 Naperville COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0041285

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</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>07-14-113-001</u>	<u>Nursing Facility</u>	\$ <u>240,908.94</u>	\$ <u>240,908.94</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>240,908.94</u></u>	\$ <u><u>240,908.94</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 Naperville

0041285 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 3

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

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

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

None

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

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

Nature of Costs: 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>148,410</u>	<u>1996</u>	<u>\$ 279,600</u>	1
2					2
3	TOTALS	148,410		\$ 279,600	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	245	1996	1996	\$ 9,863,922	\$	40	\$ 246,598	\$ 246,598	\$ 4,913,818	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Landscapping improvements	1996	1996	22,797		15			22,797	9
10	Fence	1996	1996	5,500		15			5,500	10
11	Land Improvements	1996	1996	12,824		40	320	320	6,375	11
12	Doors	1998	1998	5,961		20	298	298	5,513	12
13	Landscaping improvements-shrubs trees evergreen:	1998	1998	22,729		20	1,136	1,136	20,448	13
14	Leasehold improvements-air ducts, dampers, chimney	2001	2001	4,425		20	221	221	3,205	14
15	Electrical work - dialysis room	2005	2005	4,024		20	201	201	2,713	15
16	Lockinvar burner	2005	2005	3,584		20	179	179	2,419	16
17	Fence	2005	2005	1,465		20	73	73	988	17
18	signs	2005	2005	2,775		20	139	139	1,873	18
19	Exterior signs-electroical sork for signs	2003	2003	1,575		20	79	79	1,102	19
20	Exterior signs-electroical sork for signs	2003	2003	6,020		20	301	301	3,461	20
21	Plumbing for dialysis room	2003	2003	5,540		20	277	277	3,875	21
22	Plumbing for dialysis room	2003	2003	10,989		20	549	549	6,314	22
23	Install 7 doors	2003	2003	3,433		20	172	172	1,978	23
24	Sealcoat parking lot	2003	2003	3,000		20	150	150	1,725	24
25	Install vents in oxygen room	2003	2003	2,061		20	103	103	1,445	25
26	Replace monitors and multiplexer for fire alarm	2003	2003	1,890		20	94	94	1,315	26
27	Install fire alarm sensors	2003	2003	9,517		20	476	476	5,474	27
28	Butterfly garden	2004	2004	4,851		20	242	242	2,783	28
29	Install fence	2004	2004	1,050		20	52	52	598	29
30	Install smoke dampers and motor:	2004	2004	3,300		20	165	165	1,897	30
31	Install carpeting	2004	2004	56,444		20	2,822	2,822	32,455	31
32	Install fan	2004	2004	3,218		20	161	161	1,851	32
33	Rebuild hoe water valves	2004	2004	1,657		20	83	83	954	33
34	Install two doors.	2004	2004	1,312		20	66	66	759	34
35										35
36										36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

Report Period Beginning:

01/01/2015

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	Replace wiring/PC board in elevator	2005	\$ 2,895	\$	10	\$ 149	\$ 149	\$ 2,895	37
38	Furnish and install new roof exhaust fan	2005	1,995		10	95	95	1,995	38
39	Sealcoat parking lot	2005	6,765		10	343	343	6,765	39
40	Install wiring for outdoor light post	2005	3,980		10	199	199	3,980	40
41	Install 18 new fire doors	2005	6,700		10	335	335	6,700	41
42	New hot water heater	2005	66,259		10	3,312	3,312	66,259	42
43	Install new amp and transfer switch on generator	2006	3,309		10	331	331	3,144	43
44	Work laminant flooring for dining room	2006	12,206		10	1,221	1,221	11,599	44
45	Wiring for TB	2006	42,270		10	4,227	4,227	40,157	45
46	Interior signage	2006	12,436		10	1,244	1,244	11,818	46
47	Vinyl & Wood flooring & scored ceiling tile	2007	64,390		10	6,439	6,439	54,731	47
48	Purchase and installation of central A/C system	2007	73,513		10	7,351	7,351	62,484	48
49	Replacement doors	2007	2,622		10	262	262	2,227	49
50	Purchase and installation of Trane Compressor	2007	31,600		10	3,160	3,160	26,860	50
51	Replace existing breakers & install 2nd/3rd floor receptacles	2007	4,283		10	428	428	3,638	51
52	Install Cabinets & Hardware	2008	5,775		10	578	578	4,335	52
53	Repair floor drain	2008	4,975		10	498	498	3,735	53
54	Cabinets	2008	9,254		10	925	925	6,938	54
55	Countertops & Cabinets	2008	17,157		10	1,716	1,716	12,870	55
56	Electrical outlets & lighting installation	2008	2,953		10	295	295	2,213	56
57	Install doors for buffet dining & nourishment room bar	2008	3,695		10	370	370	2,775	57
58	Patio & Seating Wall	2008	7,744		10	774	774	5,805	58
59	Parking Lot & Sidewalk Repairs	2008	9,243		10	924	924	6,930	59
60	Furnish & install motor & starter for A/C system	2008	2,585		10	259	259	1,942	60
61	Repair leak in hot water storage tank	2008	2,994		10	299	299	2,243	61
62	1st floor buffet cabinets and countertops	2009	48,761		10	4,876	4,876	31,694	62
63	Counter tops and cabinets for hamilton and beauty salon	2009	4,843		10	484	484	3,146	63
64	Concrete & foundation for trash enclosure	2009	26,051		10	2,605	2,605	16,933	64
65	Electrical work beauty salon	2009	2,533		10	253	253	1,645	65
66	Canopy sprinkler	2009	7,040		10	704	704	4,576	66
67	Labor and material for repair of chiller fence	2009	2,700		10	270	270	1,755	67
68	Replace sidewalk lights	2009	2,600		10	260	260	1,690	68
69	Limestone and asphalt work for new trash enclosure	2009	8,870		20	444	444	2,886	69
70	TOTAL (lines 4 thru 69)		\$ 10,570,859	\$		\$ 300,587	\$ 300,587	\$ 5,472,998	70

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

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

Report Period Beginning:

01/01/2015

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 12A, Carried Forward		\$ 10,570,859	\$		\$ 300,587	\$ 300,587	\$ 5,472,998	1
2	<u>Work on temperature system</u>	2009	2,574		10	257	257	1,671	2
3									3
4	<u>Cabinets, Brackets & Sneezeguards for Buffet</u>	2010	76,804		10	7,680	7,680	42,240	4
5	<u>Install Sink</u>	2010	5,675		10	568	568	3,124	5
6	<u>Dialysis Remodel-Electrical,carpentry and tile</u>	2010	20,949		10	2,095	2,095	11,522	6
7	<u>Lounge Nourishment room-electrical</u>	2010	3,661		10	366	366	2,013	7
8	<u>North Wing remodel-Flooring, electrical and plumbing</u>	2010	33,132		10	3,313	3,313	18,222	8
9	<u>Cabinets Activity Office</u>	2010	6,972		10	697	697	3,834	9
10	<u>Cabinets Restorative Office</u>	2010	6,633		10	663	663	3,647	10
11	<u>Elevator Repairs</u>	2010	7,376		10	738	738	4,059	11
12	<u>Dining Room-Frame ceiling, new smoke detectors</u>	2010	5,339		10	534	534	2,803	12
13	<u>Corridor Remodel - Wall paper removal, Paint, Carpet</u>	2011	85,765		10	8,577	8,577	42,885	13
14	<u>Handrails</u>								14
15	<u>Common Shower Remodel - Plumbing, Tile, Ceramic Floors, and painting</u>	2011	84,930		10	8,493	8,493	42,465	15
16									16
17	<u>Resident Room Remodel - Ceramic Tile floor, crown mould, painting</u>	2011	73,907		10	7,391	7,391	36,955	17
18									18
19	<u>DON Office Remodel - New Vinyl floor, and Painting</u>	2011	8,340		10	834	834	4,170	19
20	<u>Private Dining Remodel - new vinyl floor and painting</u>	2011	8,493		10	849	849	4,245	20
21	<u>Chiller Repair</u>	2011	3,633		10	363	363	1,815	21
22	<u>Soffit Repair</u>	2011	3,360		10	336	336	1,680	22
23	<u>Installation of Build in Speaker System</u>	2011	6,135		10	614	614	3,070	23
24	<u>Repair to the firewall</u>	2011	3,262		10	326	326	1,630	24
25	<u>Install new Fire Dampers in Building</u>	2012	115,487		10	11,549	11,549	40,421	25
26	<u>Repairs to the Chiller - Compressor Fan , Coils</u>	2013	13,354		10	1,335	1,335	3,338	26
27	<u>Residents Rooms Second Floor -Painting, Stain Plumbing</u>	2013	11,881		10	1,188	1,188	2,970	27
28	<u>Lobby Renovation/Reception Area Vinyl Wallcovering</u>	2013	4,842		10	484	484	1,210	28
29	<u>Landscape around Facility -Mulch</u>	2013	5,013		5	1,003	1,003	2,507	29
30	<u>Design Fees for Lounge, Residential Rooms, Dinning Room</u>	2013	9,333		10	933	933	2,333	30
31	<u>Resident Rooms 2nd Flr-Flooring, Walls, Painting, Plumbing</u>	2013	72,230		10	7,223	7,223	18,058	31
32	<u>Carpet & Threshold Install - 2nd Floor Corridors and Lounge</u>	2013	23,236		10	2,324	2,324	5,810	32
33	<u>Front Exterior Sliding Door</u>	2013	1,842		10	184	184	460	33
34	TOTAL (lines 1 thru 33)		\$ 11,275,017	\$		\$ 371,504	\$ 371,504	\$ 5,782,155	34

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

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

Report Period Beginning:

01/01/2015

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		\$ 11,275,017	\$		\$ 371,504	\$ 371,504	\$ 5,782,155	1
2	2nd Floor Lounge- Window Treatments, Paint, Granite Tops,	2014	5,275		10	527	527	791	2
3	Wall Paper, Cabinetry								3
4	1st&2nd Floor Common Showers- Plumbing Labor and Parts,	2014	4,696		10	470	470	704	4
5	Shower Tile and Ceiling Tile								5
6	Newsstands- Canopy, Awing's, Lighting, electric work, Walls	2014	6,120		10	612	612	918	6
7	Nursing Station-2nd&3rd Floor Electrical work, Flooring ,	2014	19,122		10	1,912	1,912	2,868	7
8	and Painting								8
9	Administrators office - two built in Cabinets	2014	1,746		10	175	175	262	9
10	Residents Rooms-39 Valances, Headboards, Cabinets	2014	15,459		10	1,545	1,545	2,318	10
11	Remolding the Therapy Rooms - Tile, Vinyl, Cabinets,	2014	6,980		10	698	698	1,047	11
12	Molding, Drywall, Windows, Painting, Eclectic Work								12
13	Dietary/Kitchen Office - Installed Cabinets, Doors	2014	14,463		10	1,446	1,446	2,169	13
14	Maintenance install Automatic Door Opener for Front Door	2014	4,687		10	469	469	703	14
15	Social Services Electric Work for Lighting, Cabinets	2014	9,167		10	917	917	1,376	15
16									16
17	Parking Lot Upgrade	2014	13,200		10	1,320	1,320	1,980	17
18									18
19	Remolding the Therapy Rooms - Wood Trim and Paint	2014	1,919		10	192	192	288	19
20	Residents Rooms-39 Valances, Headboards, Cabinets	2014	29,400		10	2,940	2,940	4,410	20
21	Nursing Station-2nd&3rd Floor Electrical work, Flooring ,	2014	162,934		10	16,293	16,293	24,440	21
22	and Painting, Vinyl								22
23	1st&2nd Floor Common Showers- Plumbing Labor and Parts,	2014	148,191		10	14,819	14,819	22,228	23
24	Shower Tile and Ceiling Tile, Painting								24
25	2nd Floor Lounge- Window Treatments, Paint, Granite Tops,	2014	4,080		10	408	408	612	25
26	Wall Paper, Cabinetry, Vinyl Edging, Wall Paper								26
27	Social Services Electric Work for Lighting, Cabinets	2014	2,166		10	217	217	325	27
28									28
29	Administrators office - two built in Cabinets	2014	2,790		10	279	279	419	29
30	Remolding the Therapy Rooms - Tile, Vinyl, Cabinets,	2014	111,953		10	11,195	11,195	16,793	30
31	Remodeling Ice Creram Palor - Sign Lighting, Sink parts,	2015	7,136		10	714	714	714	31
32	Doors and parts , Painting								32
33	Automatic Door Opener	2015	4,686		10	468	468	468	33
34	TOTAL (lines 1 thru 33)		\$ 11,851,187	\$		\$ 429,120	\$ 429,120	\$ 5,867,988	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 11,851,187	\$		\$ 429,120	\$ 429,120	\$ 5,867,988	1
2	Ice Cream Parlor - Materials, Plumbing, Electrical, Cabinets	2015	47,056		10	4,706	4,706	4,706	2
3	First Floor Storage Unit - Tile, Trim, electrical, Paint, Fire	2015	49,401		10	4,940	4,940	4,940	3
4	Sprinkler, Drywall								4
5	Social Serv, Office Remodel - Plumbing, Electrical, Painting	2015	4,940		10	494	494	494	5
6	Therapy Remodel - Materials Plumbing Parts, Labor	2015	11,368		10	1,137	1,137	1,137	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	Current Book Depreciation			105,219			(105,219)		33
34	TOTAL (lines 1 thru 33)		\$ 11,963,952	\$ 105,219		\$ 440,397	\$ 335,178	\$ 5,879,265	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	\$ 821,302	\$ 76,136	\$ 76,136	\$	5-10 yrs	\$ 506,372	71
72	Current Year Purchases	6,637	332	332		5-10 yrs	332	72
73	Fully Depreciated Assets	424,294				5-10 yrs	424,294	73
74	Alloc. From Mgmt. Co. & BLDG	996,157		11,525	11,525	5-7 yrs	967,297	74
75	TOTALS	\$ 2,248,390	\$ 76,468	\$ 87,993	\$ 11,525		\$ 1,898,295	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 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)	\$ 14,491,942	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 181,687	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 528,390	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 346,703	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,777,560	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	Working on Residents Rooms	\$ 205,713	92
93	Building Company	71,955	93
94			94
95		\$ 277,668	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>108,312</u>			6
7	TOTAL				\$ 108,312			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: \$ 120,025 Description: See Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	<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.

Meadowbrook Manor Naperville
0041285
12/31/2015

Schedule 14 A

Schedule 14A

XII. Rental Costs
Line 16 - Description

Copier	20,094
Water Cooler	5,938
Medical Equipment	51,082
Mattress & Beds	29,006
Postage Meter	1,686
Management Co.	<u>12,219</u>
Total	<u><u>120,025</u></u>

Facility Name & ID Number Meadowbrook Manor Naperville # 0041285 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?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			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	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
1	Licensed Occupational Therapist	10A(1)	7060 hrs	\$ 304,005						7,060	\$ 304,005	1
2	Licensed Speech and Language Development Therapist	10A(1)	2127 hrs	103,470						2,127	103,470	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	10A(1 & 2)	11428 hrs	520,891	11	528	12,648	11,439	534,067	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				274,854		274,854	9		
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Oxygen</u>	39(2)					62,512		62,512	12		
13	Other (specify): <u>Dialysis</u>	39(1)	9521	190,257				9,521	190,257	13		
14	TOTAL			\$ 1,118,623	11	\$ 528	\$ 350,014	30,147	\$ 1,469,165	14		

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

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

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	\$ 247,673	\$ 247,673	1
2	Cash-Patient Deposits	25,023	25,023	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>529,932</u>)	3,513,391	3,513,391	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	520,169	520,169	6
7	Other Prepaid Expenses	3,168	3,168	7
8	Accounts Receivable (owners or related parties)	2,379,028	2,379,028	8
9	Other(specify): <u>See Schedule 17C</u>	275	96,226	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,688,727	\$ 6,784,678	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		279,600	13
14	Buildings, at Historical Cost		9,863,922	14
15	Leasehold Improvements, at Historical Cost	1,266,816	2,100,030	15
16	Equipment, at Historical Cost	1,252,233	2,248,390	16
17	Accumulated Depreciation (book methods)	(1,677,746)	(7,777,560)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec CIP)	205,713	277,668	22
23	Other(specify): <u>Mortgage Cost Net</u>		103,925	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,047,016	\$ 7,095,975	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,735,743	\$ 13,880,653	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,409,851	\$ 1,409,851	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,589,888	1,589,888	29
30	Accrued Salaries Payable	625,635	625,635	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		248,400	32
33	Accrued Interest Payable	3,921	48,476	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17C</u>	721,515	721,515	36
37	<u>See Schedule 17C</u>	4,740,469	391,654	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,091,279	\$ 5,035,419	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,276,097	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 15,276,097	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,091,279	\$ 20,311,516	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,355,536)	\$ (6,430,863)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,735,743	\$ 13,880,653	48

*(See instructions.)

Meadowbrook Manor Naperville
0041285
12/31/2015

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Employee Advance	275	275
Real estate tax escrow		78,000
Mortgage Insurance escrow		12,873
Hazard Insurance escrow		5,078
	275	96,226

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued - Payroll Taxes	35,615	35,615
Wage Garnishment	(16)	(16)
Credit Union	(200)	(200)
Accrued - Life Ins Withholding	244	244
Resident Credit Balance	113,723	113,723
Professional Liability Claims	572,149	572,149
	721,515	721,515

	<u>Operating</u>	<u>After Consolidation</u>
<u>C. Current Liabilities</u>		
Line 37 -Other Current Liabilities		
Other Deposits	386	386
Due From/To Bolingbrook	402,391	402,391
Due From/To BHC Construction	5,106	5,106
Due From/To BHC VIII	(16,229)	(16,229)
Accrued - Rent	4,348,815	
N/P - State		
	<u>4,740,469</u>	<u>391,654</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,346,404)	1
2	Restatements (describe):		2
3	Rounding	1	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,346,403)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	990,867	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	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 990,867	17
B. Transfers (Itemize):			
18	Rounding		18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,355,536)	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 15,980,289	1
2	Discounts and Allowances for all Levels	(808,371)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,171,918	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,156,116	6
7	Oxygen	58,357	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,214,473	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	4,880	13
14	Non-Patient Meals	1,287	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	252,325	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	25,586	19
20	Radiology and X-Ray	59,475	20
21	Other Medical Services	165,397	21
22	Laundry	11,599	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 520,549	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	33,973	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 33,973	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc. Income	14,951	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 14,951	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,955,864	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,374,325	31
32	Health Care	7,664,331	32
33	General Administration	3,610,817	33
B. Capital Expense			
34	Ownership	1,686,821	34
C. Ancillary Expense			
35	Special Cost Centers	1,028,104	35
36	Provider Participation Fee	600,599	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,964,997	40
41	Income before Income Taxes (line 30 minus line 40)**	990,867	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 990,867	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 11,124,026	44
45	Private Pay - Net Inpatient Revenue	2,025,898	45
46	Medicare - Net Inpatient Revenue	1,419,297	46
47	Other-(specify) Private Insurance	602,697	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,171,918	49

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

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

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

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

^ Entity is a cash basis taxpayer.

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

Report Period Beginning: 01/01/2015

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	1,966	2,216	\$ 85,853	\$ 38.74	1
2	Assistant Director of Nursing	1,539	1,847	64,024	34.66	2
3	Registered Nurses	38,216	41,072	1,256,347	30.59	3
4	Licensed Practical Nurses	57,089	60,580	1,609,839	26.57	4
5	CNAs & Orderlies	139,731	150,707	1,973,135	13.09	5
6	CNA Trainees					6
7	Licensed Therapist	18,041	20,615	928,366	45.03	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	24,483	26,118	284,674	10.90	10
11	Social Service Workers	7,229	7,862	116,101	14.77	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	43,248	46,725	523,453	11.20	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	11,681	12,344	206,594	16.74	17
18	Housekeepers	28,822	31,705	304,152	9.59	18
19	Laundry	8,263	9,320	87,791	9.42	19
20	Administrator	1,824	2,080	75,208	36.16	20
21	Assistant Administrator	1,868	2,080	59,571	28.64	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,851	17,104	286,037	16.72	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,960	2,180	38,685	17.75	31
32	Other Health C: See Sch 20A	37,935	41,533	723,291	17.41	32
33	Other(specify) <u>Dialysis Wages</u>	9,521	10,086	190,257	18.86	33
34	TOTAL (lines 1 - 33)	449,267	486,174	\$ 8,813,378 *	\$ 18.13	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	\$ 18,857	1(3)	35
36	Medical Director	Monthly	48,000	9(3)	36
37	Medical Records Consultant	Monthly	4,704	10(3)	37
38	Nurse Consultant	192	7,695	10(3)	38
39	Pharmacist Consultant	Number		10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	599	23,950	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,496	11(3)	44
45	Social Service Consultant	25	1,575	12(3)	45
46	Other(specify) <u>Quality Assurance</u>	Monthly	14,426	10(3)	46
47	<u>Would Care</u>	Monthly	27,125	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	1,297	\$ 148,828		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 Naperville
0041285
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	5,751	6,437	79,794	12.40
Central Supply	2,043	2,242	31,888	14.22
Nursing Administration	9,504	10,445	194,613	18.63
MDS Coordinator	6,289	6,852	143,474	20.94
Rehabilitation Aides	14,348	15,557	273,522	17.58
Total	<u>37,935</u>	<u>41,533</u>	<u>723,291</u>	<u>17.41</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	
Mark Hocuk	Administrator	0	\$ 75,208	Workers' Compensation Insurance	\$ 225,135	IDPH License Fee	\$	
Kanchana Karanth	Asst Administrator	0	\$ 59,571	Unemployment Compensation Insurance	57,256	Advertising: Employee Recruitment	2,870	
				FICA Taxes	653,975	Health Care Worker Background Check		
				Employee Health Insurance	367,957	(Indicate # of checks performed 35)	1,024	
				Employee Meals		Patient Background Checks	3,000	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council Long Term Care	35,652	
				401K	59,193	Less: COPE Fees	(11,765)	
				Other Employee Benefits	15,599	Misc. Dues & Subscriptions	7,191	
				Employee Lab Test	909	Misc. Licenses	5,525	
				Uniform Allowance	1,936	Alloc. Mgmt. Co.	628	
				Medical Reimbursement	404	Less: Public Relations Expense	()	
				Employees Picnics and Lunch Meetings	4,702	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 134,779				\$ 1,387,066			\$ 44,125	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (eliminated on Sch V, col. 7)			\$ 1,077,348				Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL	
\$ 1,077,348				\$			(agree to Sch. V, line 24, col. 8)	
\$ 1,077,348				\$			\$ 8,625	
C. Professional Services								
Vendor/Payee	Type		Amount					
Rehab Management Systems	Billing Services		\$ 40,800					
Innovative LTC Solutions	Billing Services		9,144					
ADP Inc.	Payroll Services		20,602					
Unemployment Consultants	Unemployment Consultant		810					
Koralynn Dark	Computer Consultant		1,414					
My TL Care, LLC	Professional Services		80					
Dr. Thomas M Piazza	Professional Services		14					
McGladrey, LLP	Accounting Services		17,562				Seminar Expense	
Ronald L Cournaya	Accounting Services		5,000				5,650	
See Total from SCH21A			58,012				Allocated from Mgmt. Co.	
							2,975	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL			Entertainment Expense	
\$ 153,438				\$			()	

* Attach copy of IMRF notifications

**See instructions.

Meadowbrook Manor Naperville
Provider #: 0041285
01/01/2015 to 12/31/2015

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Polsinelli Shughart PC	Legal	56,652
Grabowski Law Center LLS	Collection Fees	340
Hamilton Thies & Lorch	Legal	270
Illinois Secretary of State	Annual Report	250
West Suburban Bank	Line of Credit Expenses	500

Total for Schedule 21A	<u>58,012</u>
------------------------	---------------

Total (agree to Schedule V, line 19, column 3)	153,438
------------------------------------------------	---------

Allocation from MMN Partners	Accounting Fees	22,553
Allocation from MMN Partners	Legal Fees	143
Allocation from Butterfield Health Care Group	Professional Services	72,260
Less: Disallowed legal fees Collections		(340)

Total (agree to Schedule V, line 19, column 8)	<u>248,054</u>
------------------------------------------------	----------------

Meadowbrook Manor Naperville
 Provider #: 0041285
 01/01/2015 to 12/31/2015

Training and Education

DATE	PAYEE	TOPIC	ATTENDEE	JOB CLASS
06/17/15	Summit Professional Education	Hands-On Assessment & Treatment for Functional Geriatric	Caryn Hough	Physical Therapist
06/21/15	Institute for Brain Potential	Preventing and Managing Chronic Special Focus: Nutritional Interventions	Lynn Metke	Occupational Therapist
06/26/15	Summit Professional Education	Documentation Bootcamp for Skilled Therapy Services: Supporting Denial-Proof Medicare Documentation	Kristen Rivera	Physical Therapist
08/13/15	Cross Country Education	Optimizing Performance & Rehab Using Kinesiology: Innovative Concepts	Liezl Oreta	Physical Therapist
03/15/15	Pathway Health Services, Inc.	Restorative/ Rehabilitation Certification Program for Licensed Nurses	Mark Lacuata	Restorative Nurse
Spring 2015	Mega Poda	Tuition Reimbursement for Nursing	Mega Poda	Administrative Assistant
July and August	Affiliated Dialysis of Glen Ellyn	RN Training Support	All RN Staff	RN
04/15/15	Pathway Health Services, Inc.	Restorative Basics for Aides	Summer Teurezi, Terri	C.N.A.
March and April	EN VA NA Healthcare Training Center	Basic Nursing Assistant Training Program	Frida Zotaj, Maria Martinez, Stephanie Delgado	Activity Aide
03/11/15	EN VA NA Healthcare Training Center	Program Reimbursement	Frida Zotaj	Activity Aide
01/24/15	Mark Hocuk	Books	Mark Hocuk	Administrator
01/02/15	Cross Country Education	Training by Yakel Educations	Mark Hocuk, KC Karanth, Tina Disha, Julie Polachria, Tammy Borak	Administrator, Asst Administrator, Activity Director, Soc Service Director DON
03/27/15	EN VA NA Healthcare Training Center	Illinois Nurse Aide training	Maria Alejandra-Martinez	Activity Aide
03/26/15	Affiliated Dialysis of Glen Ellyn	RN Training Support	All RN Staff	RN
04/02/16	Frida Zotaj	Education Reimbursement	Frida Zotaj	Activity Aides
04/25/15	EN VA NA Healthcare Training Center	Program Reimbursement	Maria Salvador, Stefanny Ndip	Ward Clerk, Scheduler
04/02/16	Stephanie Delgado	Education Reimbursement	Stephanie Delgado	Activity Aides
04/15/15	Maria Martinez- Espino	Education Reimbursement	Maria Martinez- Espino	Activity Aides
04/12/12	EN VA NA Healthcare Training Center	Program Reimbursement	Maria Martinez- Espino	Activity Aides
July and August	EN VA NA Healthcare Training Center	Program Reimbursement	Steffany Ndip	Scheduler

LOCATION	FEE
Naperville, IL	199.00
Glen Ellyn, IL	79.00
Naperville, IL	219.00
Naperville, IL	199.00
Westmont, IL	899.00
on-line	1,000.00
Naperville, IL	1,600.00
Westmont, IL	278.00
Naperville, IL	150.00
Naperville, IL	350.00
N/A	64.99
on-line	145.42
Joliet, IL	1,050.00
Naperville, IL	200.00
N/A	90.00
Joliet, IL	100.00
N/A	90.00
N/A	65.00
Joliet, IL	350.00
Joliet, IL	50.00

LOCATION	FEE
Joliet, Il	350.00
on-line	375.00
on-line	1,000.00
	156.00
	9,059.41

Meadowbrook Manor Naperville
 Provider #: 0041285
 01/01/2015 to 12/31/2015

SEMINAR EXPENSE

DATE	PAYEE	TOPIC	ATTENDEE	JOB CLASS
01/13/15	The Healthcare Information Network	MDS 3.0 Basics Part 1-8	Nursing Staff	Nursing
01/22/15	The Healthcare Information Network	Revision of State Operations Manual	Nursing Staff	Nursing
06/23/15	Pesi Healthcare	The Brain in Detail Seminar	Amanda Barlow	Occupational Therapist
03/04/15	Cross Country Education	Functional Freedom Despite Dementia	Amanda Barlow	Occupational Therapist
05/04/15	Pesi Healthcare	Managing Challenging Patient & Family Behaviors	Mike Mocerino	Therapy Director
09/17/15	Pesi Healthcare	The Aging Brain: Assessments, Treatments & Interventions for Alzheimer's Disease & Other Dementias	Mark Hocuk, KC Karanth, Tina Disha, Julie Polachria, Tammy Borak	Administrator, Asst Administrator, Activity Director, Soc Service Director DON
11/06/15	PESI Rehab	Yoga, TaiChi & Feldenkrois: an Integrative Approach to Rehabilitation	Ruth Oanlilio	Occupational Therapist
08/20/15	Healthcare Information Network	CMS Implements a New MDS-Focused Survey	Tammy Borak, Nonie Rueda, Nikole Cruzado Gasgonia	DON, MDS Coordinator, ADON
08/22/15	Cross Country Education	Rehabilitation Leadership & Management: A Vision for Success	Mike Mocerino	Therapy Director
10/27/15	PESI Rehab	Survival Spanish for Occupational & Physical Therapy	Melvin Arbolado	Physical Therapist
09/01/15	Summit Professional Education	A Functional Tsting Approach to Geriatric Rehab	Ruth Oanlilio	Occupational Therapist
08/22/15	Illinois Health Care Associations	Review Course	Clare Gill	HR Director
10/16/15	Cynthia Chow & Associates	Annual Healthcare Educational Conference and Vendor Expo	Pat Spoonmore	Dietary Technician
12/07/15	Pesi Healthcare	The Brain Detail Seminar	Melvin Arbolado	Physical Therapist
11/12/15	Pesi Healthcare	The Total Joint Replacement Patient: Supporting a Successful Journey	Liezl Oreta	Physical Therapist
	Allocation from Management Company			
01/08/15	The Healthcare Information Network	New State Operations Manual	Mark Houck, KC Karanth, Tammy Boark,	Administrator, Asst Admin., DON,
	Non Allowable Seminars			

	Out of Period Seminars			
TOTAL				

LOCATION	FEE
Webinar	759.00
Webinar	129.00
Lisle, IL	199.99
Naperville, IL	199.99
Schaumburg, IL	199.99
Downers Grove, IL	949.95
Downers Grove, IL	199.00
Webinar	657.00
Schaumburg, IL	219.00
Lisle, IL	199.99
Naperville, IL	199.99
Lisle, IL	670.00
Chicago,IL	130.00
Lisle, IL	199.99
Downers Grove, IL	199.99
	2,975.00
Schaumburg, IL	537.00
	0.00

	0.00
	8,624.88

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												
4												
5	N/A											
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Meadowbrook Manor Naperville

0041285

Report Period Beginning: 01/01/2015

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-\$35,652
- (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. \$ 94,595 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. \$ 600,599
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. \$ 1,287
- (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	523,453	49,010	18,857	591,320	0	591,320	0	591,320
2. Food Purchase	0	510,944	0	510,944	0	510,944	1,530	512,474
3. Housekeeping	304,152	81,455	0	385,607	0	385,607	0	385,607
4. Laundry	87,791	61,748	0	149,539	0	149,539	0	149,539
5. Heat and Other Utilities	0	0	305,125	305,125	0	305,125	3,631	308,756
6. Maintenance	206,594	31,978	193,218	431,790	0	431,790	35,652	467,442
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,121,990	735,135	517,200	2,374,325	0	2,374,325	40,813	2,415,138
9. Medical Director	0	0	48,000	48,000	0	48,000	23,125	71,125
10. Nursing & Medical Records	5,751,174	423,780	53,950	6,228,904	0	6,228,904	16,467	6,245,371
10a. Therapy	928,366	12,648	24,478	965,492	0	965,492	0	965,492
11. Activities	284,674	17,089	2,496	304,259	0	304,259	53	304,312
12. Social Services	116,101	0	1,575	117,676	0	117,676	22,061	139,737
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	7,080,315	453,517	130,499	7,664,331	0	7,664,331	61,706	7,726,037
17. Administrative	134,779	0	1,077,348	1,212,127	0	1,212,127	-998,551	213,576
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	153,438	153,438	0	153,438	94,616	248,054
20. Fees, Subscriptions & Promotion	0	0	55,262	55,262	0	55,262	-11,137	44,125
21. Clerical & General Office	286,037	51,626	71,221	408,884	0	408,884	412,288	821,172
22. Employee Benefits & Payroll	0	0	1,387,066	1,387,066	0	1,387,066	0	1,387,066
23. Inservice Training & Education	0	0	8,903	8,903	0	8,903	156	9,059
24. Travel and Seminar	0	0	5,113	5,113	0	5,113	3,512	8,625
25. Other Admin. Staff Trans	0	0	5,538	5,538	0	5,538	3,115	8,653
26. Insurance-Prop.Liab.Malpractice	0	0	374,486	374,486	0	374,486	95,291	469,777
27. Other (specify)*	0	0	0	0	0	0	80,580	80,580
28. Total General Adminis	420,816	51,626	3,138,375	3,610,817	0	3,610,817	-320,130	3,290,687
29. Total General Administrative	8,623,121	1,240,278	3,786,074	13,649,473	0	13,649,473	-217,611	13,431,862
30. Depreciation	0	0	181,687	181,687	0	181,687	346,703	528,390
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	53,328	53,328	0	53,328	508,033	561,361
33. Real Estate	0	0	0	0	0	0	239,709	239,709

34. Rent - Facility & Grounds	0	0	1,344,000	1,344,000	0	1,344,000	-1,235,688	108,312
35. Rent - Equipment & Vehicles	0	0	107,806	107,806	0	107,806	12,219	120,025
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,686,821	1,686,821	0	1,686,821	-129,024	1,557,797
38. Medically Necessary T	0	0	23,349	23,349	0	23,349	0	23,349
39. Ancillary Service Cent	190,257	337,366	0	527,623	0	527,623	0	527,623
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	600,599	600,599	0	600,599	0	600,599
43. Other (specify):*	0	0	477,132	477,132	0	477,132	-477,132	0
44. Total Special Cost Ce	190,257	337,366	1,101,080	1,628,703	0	1,628,703	-477,132	1,151,571
45. Grand Total	8,813,378	1,577,644	6,573,975	16,964,997	0	16,964,997	-823,767	16,141,230

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	247,673	247,673
2. Cash - Patient Deposits	25,023	25,023
3. Accounts & Notes Receivable	3,513,391	3,513,391
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	520,169	520,169
7. Other Prepaid Expenses	3,168	3,168
8. Accounts Receivable-Owner/Related Party	2,379,028	2,379,028
9. Other (specify):	275	96,226
10. Total current assets	6,688,727	6,784,678
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	279,600
14. Buildings, at Historical Cost	0	9,863,922
15. Leasehold Improvements, Historical Cost	1,266,816	2,100,030
16. Equipment, at Historical Cost	1,252,233	2,248,390
17. Accumulated Depreciation (book methods)	-1,677,746	-7,777,560
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):	205,713	277,668
23. other (specify):	0	103,925
24. Total Long-Term Assets	1,047,016	7,095,975
25. Total Assets	7,735,743	13,880,653
CURRENT LIABILITIES		
26. Accounts Payable	1,409,851	1,409,851
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	1,589,888	1,589,888
30. Accrued Salaries Payable	625,635	625,635
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	248,400
33. Accrued Interest Payable	3,921	48,476
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	721,515	721,515

37. Other Current Liabilities (specify):	4,740,469	391,654
38. Total Current Liabilities	9,091,279	5,035,419
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	15,276,097
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	0	15,276,097
46.Total Liabilities	9,091,279	20,311,516
47.Total Equity	-1,355,536	-6,430,863
48.Total Liabilities and Equity	7,735,743	13,880,653

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	15,980,289
2. Discounts and Allowances for all Levels	-808,371
Subtotal - Inpatient Care	15,171,918
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	2,156,116
7. Oxygen	58,357
Subtotal - Anciliary Revenue	2,214,473
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	4,880
14. Non-Patient Meals	1,287
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	252,325
18. Sale of Supplies to Non-Patients	0
19. Laboratory	25,586
20. Radiology and X-Ray	59,475
21. Other Medical Services	165,397
22. Laundry	11,599
Subtotal - Other Operating Revenue	520,549
24. Contributions	0
25. Interest and Other Investments Income	33,973
Subtotal - Non-Operating Revenue	33,973
27. Other Revenue (specify):	14,951
28. Other Revenue (specify):	0
Subtotal - Other Revenue	14,951
30. Total Revenue	17,955,864
31. General Services	2,374,325
32. Health Care	7,664,331
33. General Administration	3,610,817
34. Ownership	1,686,821

35. Special Cost Centers	1,028,104
35. Provider Participation Fee	600,599
37. Other	0
40. Total Expenses	16,964,997
41. Income Before Income Taxes	990,867
42. Income Taxes	0
43. Net Income or Loss for the Year	990,867