



Facility Name & ID Number Meadowbrook Manor

# 0037366 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**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** N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	298	Skilled (SNF)	298	108,770	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	298	TOTALS	298	108,770	7

**B. Census-For the entire report period.**

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	67,715	9,790	15,569	93,074	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	67,715	9,790	15,569	93,074	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 85.57%

**D. How many bed reserve days during this year were paid by the Department?**  
None (Do not include bed reserve days in Section B.)

**E. List all services provided by your facility for non-patients.**  
(E.g., day care, "meals on wheels", outpatient therapy)  
None

**F. Does the facility maintain a daily midnight census?** Yes

**G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?**  
YES  NO

**H. Does the BALANCE SHEET (page 17) reflect any non-care assets?**  
YES  NO

**I. On what date did you start providing long term care at this location?**  
Date started 11/05/1991

**J. Was the facility purchased or leased after January 1, 1978?**  
YES  Date 11/05/1991 NO

**K. Was the facility certified for Medicare during the reporting year?**  
YES  NO  If YES, enter number of beds certified 298 and days of care provided 9,564

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	473,885	55,832	21,250	550,967		550,967		550,967		1
2	Food Purchase		651,937		651,937		651,937	2,272	654,209		2
3	Housekeeping	335,448	83,362		418,810		418,810	226	419,036		3
4	Laundry	85,603	37,254		122,857		122,857		122,857		4
5	Heat and Other Utilities			299,735	299,735		299,735	5,133	304,868		5
6	Maintenance	186,538	29,880	173,388	389,806		389,806	34,948	424,754		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	1,081,474	858,265	494,373	2,434,112		2,434,112	42,579	2,476,691		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			31,625	31,625		31,625	24,289	55,914		9
10	Nursing and Medical Records	6,788,288	491,560	81,621	7,361,469		7,361,469	16,802	7,378,271		10
10a	Therapy	1,351,320	14,354	36,344	1,402,018		1,402,018		1,402,018		10a
11	Activities	298,234	16,102	1,590	315,926		315,926	71	315,997		11
12	Social Services	146,312		1,414	147,726		147,726	23,459	171,185		12
13	CNA Training	30,759			30,759		30,759		30,759		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	8,614,913	522,016	152,594	9,289,523		9,289,523	64,621	9,354,144		16
	<b>C. General Administration</b>										
17	Administrative	117,754		1,378,836	1,496,590		1,496,590	(1,245,709)	250,881		17
18	Directors Fees										18
19	Professional Services			258,032	258,032		258,032	51,879	309,911		19
20	Dues, Fees, Subscriptions & Promotions			64,108	64,108		64,108	(12,833)	51,275		20
21	Clerical & General Office Expenses	533,205	30,179	91,715	655,099		655,099	427,714	1,082,813		21
22	Employee Benefits & Payroll Taxes			1,463,264	1,463,264		1,463,264		1,463,264		22
23	Inservice Training & Education			4,446	4,446		4,446		4,446		23
24	Travel and Seminar			3,490	3,490		3,490	381	3,871		24
25	Other Admin. Staff Transportation			8,431	8,431		8,431	2,761	11,192		25
26	Insurance-Prop.Liab.Malpractice			699,730	699,730		699,730	119,962	819,692		26
27	Other (specify):*							100,957	100,957		27
28	<b>TOTAL General Administration</b>	650,959	30,179	3,972,052	4,653,190		4,653,190	(554,888)	4,098,302		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	10,347,346	1,410,460	4,619,019	16,376,825		16,376,825	(447,688)	15,929,137		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 &amp; ID Number

Meadowbrook Manor

#0037366

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			346,863	346,863		346,863	394,711	741,574			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			222,955	222,955		222,955	597,883	820,838			32
33	Real Estate Taxes							393,006	393,006			33
34	Rent-Facility & Grounds			1,836,000	1,836,000		1,836,000	(1,708,833)	127,167			34
35	Rent-Equipment & Vehicles			36,336	36,336		36,336	6,298	42,634			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,442,154	2,442,154		2,442,154	(316,935)	2,125,219			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			37,342	37,342		37,342		37,342			38
39	Ancillary Service Centers	23,748	568,621		592,369		592,369		592,369			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			658,164	658,164		658,164		658,164			42
43	Other (specify):*			690,759	690,759		690,759	(690,759)				43
44	<b>TOTAL Special Cost Centers</b>	23,748	568,621	1,386,265	1,978,634		1,978,634	(690,759)	1,287,875			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	10,371,094	1,979,081	8,447,438	20,797,613		20,797,613	(1,455,382)	19,342,231			45

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

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017

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**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	(291)	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	(58,916)	30		9
10	Interest and Other Investment Income	(70,309)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,778)	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	(30,588)	43		18
19	Entertainment		43		19
20	Contributions	(3,600)	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	(458,292)	43		24
25	Fund Raising, Advertising and Promotional	(3,667)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax		43		26
27	CNA Training for Non-Employees		43		27
28	Yellow Page Advertising		43		28
29	Other-Attach Schedule See Sch 5A	(213,792)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (841,233)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(614,149)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (614,149)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,455,382)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Meadowbrook Manor

ID# 0037366

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	<b>Total</b>	0	49

**Meadowbrook Manor**

0037366

12/31/2017

**Schedule 5A**

Schedule 5A

**VI. ADJUSTMENT DETAIL**

**NON-ALLOWABLE EXPENSES**

**LINE 29 - Other**

<u>Description</u>	<u>Amount</u>	<u>Schedule V Reference</u>
To disallow COPE Fees	(13,442)	20
To disallow Consolidated Billing Services	(6,176)	43
To disallow Cable Television	(18,187)	43
To disallow X-Ray expense	(97,840)	43
To disallow Lab expense	(22,232)	43
To disallow Employee Gifts	(25,095)	43
To disallow Patient Clothing	(11)	43
To disallow Resident Gifts	0	43
To disallow Physicians Gifts	0	43
To disallow Marketing Expense	(23,293)	43
To disallow collection fees	(6,266)	19
To disallow Marketing Consulting	(1,250)	19
<b>Total</b>	<b><u>(213,792)</u></b>	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	(291)	2,563	0	0	0	0	0	0	0	0	0	2,272	2
3	Housekeeping	0	226	0	0	0	0	0	0	0	0	0	226	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	5,133	0	0	0	0	0	0	0	0	0	5,133	5
6	Maintenance	0	34,948	0	0	0	0	0	0	0	0	0	34,948	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(291)</b>	<b>42,870</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42,579</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	24,289	0	0	0	0	0	0	0	0	0	24,289	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	16,802	0	0	0	0	0	0	0	0	0	16,802	11
12	Social Services	0	71	0	0	0	0	0	0	0	0	0	71	12
13	CNA Training	0	23,459	0	0	0	0	0	0	0	0	0	23,459	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>64,621</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64,621</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(1,245,709)	0	0	0	0	0	0	0	0	0	(1,245,709)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	35,391	0	24,004	0	0	0	0	0	0	0	59,395	19
20	Fees, Subscriptions & Promotions	0	509	0	100	0	0	0	0	0	0	0	609	20
21	Clerical & General Office Expenses	0	426,656	0	1,058	0	0	0	0	0	0	0	427,714	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	381	0	0	0	0	0	0	0	0	381	24
25	Other Admin. Staff Transportation	0	0	2,761	0	0	0	0	0	0	0	0	2,761	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,307	118,655	0	0	0	0	0	0	0	119,962	26
27	Other (specify):*	0	0	100,957	0	0	0	0	0	0	0	0	100,957	27
28	<b>TOTAL General Administration</b>	<b>0</b>	<b>(783,153)</b>	<b>105,406</b>	<b>143,817</b>	<b>0</b>	<b>(533,930)</b>	<b>28</b>						
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(291)</b>	<b>(675,662)</b>	<b>105,406</b>	<b>143,817</b>	<b>0</b>	<b>(426,730)</b>	<b>29</b>						

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(58,916)	0	6,863	446,764	0	0	0	0	0	0	0	394,711	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(70,309)	0	0	668,192	0	0	0	0	0	0	0	597,883	32
33	Real Estate Taxes	0	0	0	393,006	0	0	0	0	0	0	0	393,006	33
34	Rent-Facility & Grounds	0	0	127,167	(1,836,000)	0	0	0	0	0	0	0	(1,708,833)	34
35	Rent-Equipment & Vehicles	0	0	6,298	0	0	0	0	0	0	0	0	6,298	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(129,225)</b>	<b>0</b>	<b>140,328</b>	<b>(328,038)</b>	<b>0</b>	<b>(316,935)</b>	<b>37</b>						
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(497,925)	0	0	0	0	0	0	0	0	0	0	(497,925)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(497,925)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(497,925)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(627,441)</b>	<b>(675,662)</b>	<b>245,734</b>	<b>(184,221)</b>	<b>0</b>	<b>(1,241,590)</b>	<b>45</b>						

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Schedule 6A	See Schedule 6A	Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor of Naperville	Naperville	J&D Partners, L.P.	Bolingbrook	Lessor
		Butterfield Health Care VII, LLC d/b/a Meadowbrook Manor of LaGrange	LaGrange	MMN Partners, L.P.	Naperville	Lessor
				Butterfield Health Care Group, Inc.	Bolingbrook	Management Co.
				MML Properties, LLC	LaGrange	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Seneca Building, LP	Des Plaines	Lessor

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 2,563	\$ 2,563	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%	226	226	2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	5,133	5,133	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	34,948	34,948	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	24,289	24,289	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	16,802	16,802	6
7	V	12 Activities		Butterfield Health Care Group, Inc.	100.00%	71	71	7
8	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	23,459	23,459	8
9	V	17 Administrative Costs	1,378,836	Butterfield Health Care Group, Inc.	100.00%	133,127	(1,245,709)	9
10	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	35,391	35,391	10
11	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	509	509	11
12	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	426,656	426,656	12
13	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%			13
14	Total		\$ 1,378,836			\$ 703,174	\$ * (675,662)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	24 Travel & Seminar	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 381	\$	381	15
16	V	25 Auto Expense		Butterfield Health Care Group, Inc.	100.00%	2,761		2,761	16
17	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	1,307		1,307	17
18	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	100,957		100,957	18
19	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	6,863		6,863	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%	127,167		127,167	21
22	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	6,298		6,298	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		\$			\$ 245,734	\$ *	245,734	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Services	\$	J&D Partners, L.P.	100.00%	\$ 24,004	\$ 24,004
16	V	21 Clerical & General Office exp.		J&D Partners, L.P.	100.00%	1,058	1,058
17	V	26 Insurance - Prop & Liability		J&D Partners, L.P.	100.00%	118,655	118,655
18	V	30 Depreciation		J&D Partners, L.P.	100.00%	446,764	446,764
19	V	32 Interest		J&D Partners, L.P.	100.00%	664,451	664,451
20	V	32 Amortization - Mortgage Cost		J&D Partners, L.P.	100.00%	4,039	4,039
21	V	33 Real Estate Taxes		J&D Partners, L.P.	100.00%	393,006	393,006
22	V	34 Rent - Facility & Grounds	1,836,000	J&D Partners, L.P.	100.00%		(1,836,000)
23	V	32 Interest Income - Repl Reserve	298	J&D Partners, L.P.	100.00%		(298)
24	V	20 Licenses		J&D Partners, L.P.	100.00%	100	100
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		\$ 1,836,298			\$ 1,652,077	\$ * (184,221)

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

Butterfield Health Care, Inc.  
D/B/A Meadowbrook Manor  
Provider # 0037366  
12/31/2017

Schedule 6A

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

<u>Name</u>	<u>Ownership %</u>
Robert Jafari	25.00%
Kianoosh Jafari	25.00%
Descendants S Corp Trust F/B/O Sean William Dimas	6.67%
Descendants S Corp Trust F/B/O Sasha Eva Dimas	6.67%
Descendants S Corp Trust F/B/O Ashley Maria Dimas	6.66%
Vangel Family Investments, LLP	20.00%
Dorothy Vangel QSS Trust	7.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Ashley Maria Dimas	0.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Sasha Eva Dimas	0.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Sean William Dimas	0.50%
Descendants GST Exempt S-Corp Trust F/B/O Katherine Hocuk	0.50%
Descendants GST Exempt S-Corp Trust F/B/O Christoper Vangel	0.50%
	<u>100.00%</u>

Facility Name &amp; ID Number

Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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	131,642	8	20.00	Mgt Salaries	\$ 40,750	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	84,554	2	5.00	Mgt Salaries	16,687	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	144,253	2	5.00	Mgt Salaries	70,481	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	68,828	2	5.00	Mgt Salaries	5,209	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	49,711	10	25.00	Medical Director	24,289	9(7)	5
6	Dorothy Vangel	Operating Supvsr.	Administrative	12.50	50,400	0	0.00	N/A		N/A	6
7	Mark Hocuk	Administrator	Administrative	0.00	57,010	0	0.00	N/A		N/A	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 157,416		13

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

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

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

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

B. Show the allocation of costs below. If necessary, please attach worksheets.

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

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	283,567	4	\$ 7,810	\$ 93,074	\$ 2,563	1	
2	3	Housekeeping	Resident Days	283,567	4	688	93,074	226	2	
3	5	Utilities	Resident Days	283,567	4	15,639	93,074	5,133	3	
4	6	Repairs & Maintenance	Resident Days	283,567	4	106,477	83,516	93,074	34,948	4
5	9	Medical Director	Resident Days	283,567	4	74,000	93,074	24,289	5	
6	11	Nursing	Resident Days	283,567	4	51,189	51,189	93,074	16,802	6
7	12	Activities	Resident Days	283,567	4	215	93,074	71	7	
8	13	Social Services	Resident Days	283,567	4	71,472	71,472	93,074	23,459	8
9	17	Administrative Costs	Resident Days	283,567	4	405,597	405,597	93,074	133,127	9
10	19	Professional Services	Resident Days	283,567	4	107,825	93,074	35,391	10	
11	20	Dues, Fees & Subscriptions	Resident Days	283,567	4	1,550	93,074	509	11	
12	21	Clerical & General Office exp.	Resident Days	283,567	4	1,299,889	1,176,721	93,074	426,656	12
13	23	Training & Education	Resident Days	283,567	4		93,074	0	13	
14	24	Travel & Seminar	Resident Days	283,567	4	1,161	93,074	381	14	
15	25	Auto Expense	Resident Days	283,567	4	8,412	93,074	2,761	15	
16	26	Insurance	Resident Days	283,567	4	3,983	93,074	1,307	16	
17	27	Employee Benefits General & Admin.	Resident Days	283,567	4	307,583	93,074	100,957	17	
18	30	Depreciation	Resident Days	283,567	4	20,910	93,074	6,863	18	
19	32	Interest	Resident Days	283,567	4	0	93,074	0	19	
20	34	Rent Building	Resident Days	283,567	4	387,439	93,074	127,167	20	
21	35	Equipment Rental	Resident Days	283,567	4	19,189	93,074	6,298	21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 2,891,028	\$ 1,788,495	\$ 948,908	25	

Facility Name & ID Number

Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

**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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge - HUD		X	Mortgage	\$137,422.55	10/31/11	\$ 20,876,000	\$ 18,813,750	10/01/46	3.5000	\$ 664,451	1						
2	Cambridge - HUD		X	Amortization of Loan Cost							4,039	2						
3												3						
4												4						
5												5						
<b>Working Capital</b>																		
6	West Suburban		x	Working Capital	N/A	12/31/13		3,269,802	06/30/18	10.0000	162,708	6						
7												7						
8	Shareholder Loan	x		Working Capital				2,413,974	demand	4.0000	60,247	8						
9	<b>TOTAL Facility Related</b>				\$137,422.55		\$ 20,876,000	\$ 24,497,526			\$ 891,445	9						
<b>B. Non-Facility Related*</b>																		
10									Offset Interest Income		(10,062)	10						
11									Interest Income Repl.		(298)	11						
12									Owners Interest		(60,247)	12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (70,607)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 20,876,000	\$ 24,497,526			\$ 820,838	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 94,919      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.)



**2016 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Meadowbrook Manor COUNTY Will

FACILITY IDPH LICENSE NUMBER 0037366

CONTACT PERSON REGARDING THIS REPORT Scott Gabrys

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

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2016 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 2016.

(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>12-02-102-031-0000</u>	<u>Nursing Facility</u>	\$ <u>393,100.76</u>	\$ <u>393,100.76</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>393,100.76</u></u>	\$ <u><u>393,100.76</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        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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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

Facility Name & ID Number Meadowbrook Manor

# 0037366 Report Period Beginning:

01/01/2017 Ending:

12/31/2017

**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).

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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	Resident Care	270,508	1991	\$ 404,280	1
2	Resident Care	21,286	1996	287,781	2
3	TOTALS	291,794		\$ 692,061	3

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	235		1991	1991	\$ 8,276,993	\$	40	\$ 206,925	\$ 206,925	\$ 5,414,538	4
5	10		1994	1994	31,090		40	777	777	18,648	5
6	53		1996	1996	2,505,079		40	62,627	62,627	1,346,481	6
7											7
8											8
	<b>Improvement Type**</b>										
9		1992 Improvements	1992		32,614		20			32,614	9
10		1993 Improvements	1993		2,750		20			2,750	10
11		1993 Improvements	1993		4,822		40	121	121	2,964	11
12		1994 Improvements	1994		6,432		10			6,432	12
13		1994 Improvements	1994		18,192		20			18,192	13
14		1995 Improvements	1995		12,681					12,681	14
15		Electric Exterior Sign	1995		7,820					7,820	15
16		New Doors	1996		1,475					1,475	16
17		Hot Water Tank	1996		3,847					3,847	17
18		Landscaping	1996		13,490					13,490	18
19		Repaving Parking Lot	1996		7,412					7,412	19
20		Replace Irrigation System	1996		27,077					27,077	20
21		Walk in Freezer	1996		29,923					29,923	21
22		Landscaping	1996		17,283					17,283	22
23		Outside Parking Lot Lighting	1997		2,102					2,102	23
24		Nurse Call Station Extension Work	1997		3,310					3,310	24
25		Remodeling Work - Windsor Hall	1997		3,500					3,500	25
26		Basement Remodeling - Street Village Decor	1997		31,614		39	790	790	15,405	26
27		Remodeling - Ice Cream Parlor	1999		3,624		39	93	93	1,627	27
28		Remodeling Work - 3rd Floor Hamilton Unit	2000		16,421		39	421	421	7,368	28
29		Remodeling Work - Nurse Station (All Floors)	2000		20,103		39	515	515	9,013	29
30		Plumbing Electrical Work - Boiler Room (Basement)	2000		4,587		39	118	118	2,065	30
31		Remodeling Work - Dialysis Room	2000		7,253		39	186	186	3,255	31
32		1992 Improvements	1992		2,245		10			2,245	32
33		Parking Lot Paving	2001		48,629		20	2,431	2,431	40,112	33
34		Remodeling Work	2001		13,319		39	342	342	5,642	34
35		Window Treatments	2001		45,531		39	1,166	1,166	19,240	35
36		Double Door Insulation	2001		6,860		39	176	176	2,904	36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

**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	Carpeting - 1st Floor	2002	\$ 33,778	\$	20	\$ 1,688	\$ 1,688	\$ 26,165	37
38	Reconstruct Front Entrance Awning	2002	11,915		20	596	596	9,238	38
39	Window Treatments	2002	4,672		20	234	234	3,627	39
40	Ceiling Tiles	2002	2,306		20	115	115	1,783	40
41	Exterior Signs	2002	18,832		20	942	942	14,601	41
42	Ceiling Tiles	2003	2,029		10			2,029	42
43	Ceiling Tiles	2003	916		20	46	46	718	43
44	Exterior Signs	2003	12,600		20	630	630	9,135	44
45	Install 16 Horizontal Tubes in Stairwell	2003	1,600		20	80	80	1,160	45
46	Electric Work for Dialysis Room	2003	6,736		20	337	337	4,885	46
47	Install 9 Motors on Fire Dampers	2003	3,651		20	182	182	2,639	47
48	Plumbing for Dialysis Room	2003	10,989		10			10,989	48
49	Exterior Concrete Patchwork	2003	3,200		20	160	160	2,272	49
50	Ductwork for New Oxygen Room	2003	4,490		10			4,490	50
51	New Hot Water Storage Tank	2003	8,290		10			8,290	51
52	Installed 5 Fire Dampers	2003	7,091		10			7,091	52
53	Installed 5 Smoke Detectors	2003	2,581		10			2,581	53
54	Installation of Sprinklers in Awning	2003	9,624		10			9,624	54
55	Installed 4 Fire Dampers	2003	3,467		10			3,467	55
56	Installation of Fence around Dumpster	2003	1,658		10			1,658	56
57	Sealcoat Parking Lot	2003	5,500		10			5,500	57
58	Air Conditioner Overhaul	2004	3,769		10			3,769	58
59	Replace Water Pump	2004	1,473		10			1,473	59
60	Install 4 Doors	2004	1,348		10			1,348	60
61	Electrical Wiring to Garbage Compactor	2004	2,070		10			2,070	61
62	Install Sprinkler System - Front Canopy	2004	10,375		10			10,375	62
63	Install New Seal on Water Pump	2004	1,793		10			1,793	63
64	Install Motor on Boiler	2004	1,053		10			1,053	64
65	Ceiling Tiles	2004	5,620		20	281	281	3,792	65
66	Install Blinds	2004	5,002		20	250	250	3,375	66
67	Exterior Lighting	2004	3,808		20	190	190	2,565	67
68	Sealing on Roof	2004	2,300		20	115	115	1,553	68
69	Install Drainage for Roof	2004	5,000		20	250	250	3,375	69
70	TOTAL (lines 4 thru 69)		\$ 11,407,614	\$		\$ 282,784	\$ 282,784	\$ 7,249,898	70

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 11,407,614	\$		\$ 282,784	\$ 282,784	\$ 7,249,898	1
2	Ceramic Tile for Kitchen	2004	6,221		20	312	312	4,212	2
3	Plant 3 Trees	2004	1,125		20	56	56	756	3
4	Butterfly Garden	2004	3,423		20	171	171	2,309	4
5	Expand Phone System	2005	2,175		20	108	108	1,350	5
6	Replace Boiler	2005	23,894		20	1,195	1,195	14,937	6
7	Install new Compressor	2005	7,652		20	383	383	4,787	7
8	Install new Coil	2005	7,230		20	362	362	4,525	8
9	Replace fire doors	2005	3,116		20	156	156	1,950	9
10	Install carpeting in 3 offices	2005	1,608		20	80	80	1,000	10
11	Install wheelchair access ramp	2005	10,310		20	516	516	6,450	11
12	Sealcoat asphalt	2005	9,650		20	483	483	6,037	12
13	Furnish and install new taco pump - pavilion	2005	5,986		20	299	299	3,738	13
14	Install Blinds	2005	2,242		20	112	112	1,400	14
15	Exterior Lighting	2005	18,515		20	926	926	11,575	15
16	Furnish and Install new motors, belts & capacitors	2005	3,345		20	167	167	2,088	16
17	Furnish and install glycol to HVAC system	2005	10,925		20	546	546	6,825	17
18	Install patio	2005	15,232		20	762	762	9,525	18
19	Install wiring for new television	2006	37,345		20	1,867	1,867	21,471	19
20	Install new cabinets and countertops in supply room	2006	4,365		20	218	218	2,507	20
21	New flooring in dining room	2006	14,451		20	723	723	8,314	21
22	Remove and replace sidewalk section	2006	4,928		20	246	246	2,829	22
23	Replacement parts for air conditioner	2006	9,985		20	499	499	5,739	23
24	Interior signage	2006	13,720		20	686	686	7,889	24
25	Furnish and install new seals, triple duty valves	2006	7,495		20	375	375	4,312	25
26	Furnish and install new compressor	2006	14,500		20	725	725	8,337	26
27	Install new lighting in rehab room	2006	3,825		20	191	191	2,197	27
28	Tuckpointing on Building Exterior	2007	10,150		10	507	507	10,150	28
29	Granite Countertops for Lounge	2007	2,575		10	133	133	2,575	29
30	Purchase & Installation of vinyl & wood flooring	2007	47,794		10	2,393	2,393	47,794	30
31	Rebuild Fire Pump	2007	15,174		10	762	762	15,174	31
32	Purchase & Installation of cabinets	2007	23,509		10	1,175	1,175	23,509	32
33	Drywall	2007	4,200		10	210	210	4,200	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,754,279	\$		\$ 300,128	\$ 300,128	\$ 7,500,359	34

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 11,754,279	\$		\$ 300,128	\$ 300,128	\$ 7,500,359	1
2	Replace doors on 3rd floor service elevator & lounge	2007	11,931		10	597	597	11,931	2
3	Soffit over nurses station, install cleat base & wall cabinets	2007	21,900		10	1,095	1,095	21,900	3
4	Replace lockers in lower level locker room	2007	7,769		10	388	388	7,769	4
5	Electrical work - nurses station, 3rd floor & exterior sign	2007	10,310		10	515	515	10,310	5
6	Millwork, shop drawings & delivery	2007	4,240		10	212	212	4,240	6
7	Central A/C upgrade	2007	5,806		10	287	287	5,806	7
8									8
9	Window Treatments throughout facility	2008	46,409		10	4,641	4,641	44,089	9
10	Route 53 sign repair	2008	2,900		10	290	290	2,755	10
11	Therapy room, nutrition room, ice cream parlor, beauty shop	2008	85,060		10	8,506	8,506	80,807	11
12	& Physicians lounge renovations:								12
13	- Remove & install new cabinets, countertops, plumbing,								13
14	doors, electrical (install new outlets), replace drywall								14
15									15
16	R&M Reclass								16
17	- Repair pump #1 & #2 on air conditioning unit (furnish &	2008	6,067		10	607	607	5,766	17
18	install new seal kit, o-rings, water gauges, retainer cap,								18
19	gaskets & wood coupler)								19
20	- Plumbing repairs (schlage)	2008	5,123		10	512	512	4,864	20
21	- Repair main air conditioner (install new valve rebuilt	2008	7,736		10	774	774	7,353	21
22	kit, solenoid coil, relief valves, transducer, adaptor,								22
23	gaskets & drier cores for system # 1)								23
24	- Repair two boilers due to low pressure in system	2008	2,568		10	257	257	2,441	24
25	- Replace shaft coupler & head and manifold gasket on								25
26	main chiller	2008	2,944		10	294	294	2,793	26
27	R&M Reclass								27
28	- Building Sprinkler system repair (clear main feed	2008	4,256		10	426	426	4,047	28
29	blockage, check sprinkler heads on basement - 3rd floor,								29
30	alter pipe pitch per Life safety survey)								30
31	- Fire alarm ( restor basement audio/visual, trace basement	2008	2,641		10	264	264	2,508	31
32	circuitry to locate disconnect, replace defective motherboard								32
33	reprogram label changes for all buildings)								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,981,939	\$		\$ 319,793	\$ 319,793	\$ 7,719,738	34

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,981,939	\$		\$ 319,793	\$ 319,793	\$ 7,719,738	1
2	R&M Reclass								2
3	- Patching work - hot pour rubberized crack sealing, seal	2008	9,500		10	950	950	9,025	3
4	coating asphalt, striping parking lot								4
5	- Seating wall on patio area, repair sidewalk leading to	2008	3,300		10	330	330	3,135	5
6	patio area.								6
7	- Vinyl flooring	2008	14,062		10	1,406	1,406	13,357	7
8									8
9									9
10	Replace resident therapy glass windows	2009	3,175		10	318	318	2,703	10
11	Wiring and Electiral work	2009	5,085		10	509	509	4,326	11
12	Seal Coating & Striping parking lot	2009	8,500		10	850	850	7,225	12
13									13
14	Parking lot resurfacing	2010	40,500		10	4,050	4,050	32,400	14
15	Pavillion Remodel-Electrical,plumbing,carpentry	2010	166,855		20	8,343	8,343	66,744	15
16	Buffet-Cabinets, counter	2010	54,719		20	2,736	2,736	21,888	16
17	Public Restroom-Toliet and Faucet	2010	8,242		20	412	412	3,296	17
18	Main Building-carpeting	2010	48,116		20	2,406	2,406	19,248	18
19	DON office, Conf room and lounge-cabinets, chair rails	2010	6,790		20	340	340	2,720	19
20	Bathroom updates-showers, grout,tile	2010	4,037		20	202	202	1,616	20
21	Patinet Rooms-doors and windows	2010	4,743		20	237	237	1,896	21
22	Labor	2010	159,432		20	7,972	7,972	63,776	22
23	Elevator Repairs	2011	5,720		10	572	572	3,718	23
24	Tinting of the Windows	2011	5,755		10	576	576	3,744	24
25	Corridor Remodel -Wall paper, Light Fixture, Carpet,	2011	61,676		10	6,168	6,168	40,092	25
26	Shower Remodel - Plumbing, tile, ceramic floors,	2011	86,627		10	8,662	8,662	56,303	26
27	paint, & Fixtures								27
28	Resident Room Improvements - install new ceramic	2011	268,696		10	26,870	26,870	174,655	28
29	tile floor, crownmould, baseboards, paint								29
30	Lounge & Juice Bar Remodel - New Cabinet, flooring,	2011	43,336		10	4,334	4,334	28,171	30
31	wiring, paint, crown mould, base board								31
32	Nurse Station Remodel - flooring, paint, cabinets	2011	57,392		10	5,740	5,740	37,310	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,048,197	\$		\$ 403,776	\$ 403,776	\$ 8,317,086	34

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 13,048,197	\$		\$ 403,776	\$ 403,776	\$ 8,317,086	1
2	Nourishment & PAV Rooms Remodel - flooring, paint,	2011	32,886		10	3,288	3,288	21,372	2
3	cabinets, trim								3
4	Repairs to the Air Cooled Chiller	2011	124,656		10	12,466	12,466	81,029	4
5	Replace the 40 ton Rooftop unit	2011	52,640		10	5,264	5,264	34,216	5
6	Repairs to the nursing home	2011	5,473		10	547	547	3,556	6
7	Dialysis Conversion - Drywall, Carpeting, Paint, Flooring	2012	44,973		10	4,497	4,497	24,734	7
8	Trash Contains Enclosure - excavation, asphalt gates	2012	56,880		10	5,688	5,688	31,284	8
9	Stairway remodeling -steel panels, ceiling frme, handrails	2012	17,692		10	1,769	1,769	9,730	9
10	Therapy Room remodel -drywall, ceiling tilt, cabinets, glass	2012	48,929		10	4,893	4,893	26,911	10
11	First Floor Conference -drywall, ceiling tile, cabinetry, traim	2012	16,454		10	1,645	1,645	9,048	11
12	Housekeeping Office remodel -celing tile, vinyl cove	2012	9,741		10	974	974	5,357	12
13	Nurses Station remodeling - plumbing	2012	13,419		10	1,342	1,342	7,381	13
14	Nurses Station remodeling - electrical work, tempered glass	2012	2,284		10	228	228	1,254	14
15	Juice Shop Remodeling Cabinetry, files	2012	5,478		10	548	548	3,014	15
16	Room remodel 1st, 2nd&3rd FL Celing Tile, Studs, Drywall	2012	92,907		10	9,291	9,291	51,100	16
17	tempered glass, electrical work cabinets								17
18	Resident Room Improvements - Rooms 230,330,316 Tile and	2013	3,549		10	355	355	1,597	18
19	electric								19
20	Third Floor Restorative - Flooring, Trim, Drywall Counters	2013	30,733		10	3,073	3,073	13,829	20
21	Boiler Room Remodel - Plumbing	2013	9,605		10	961	961	4,324	21
22	Remodel Design Fees - Dining Room, Nursing Station, Etc	2013	29,219		10	2,922	2,922	13,149	22
23	Water Heater	2013	6,800		10	680	680	3,060	23
24	H/R and Administration Offices Remodeling Flooring	2013	2,795		10	280	280	1,260	24
25	Stairway remodeling -Panels	2013	3,077		10	308	308	1,386	25
26	Fire Sprinkler Remodeling 3 Floor, Boiler Rm	2013	1,643		10	164	164	738	26
27	Vents Remodeling in Bathroom, Dinning Rm Boiler Rm	2013	1,776		10	178	178	801	27
28	Replace Heasters and electric work Common Bathrooms	2013	3,811		10	381	381	1,715	28
29	Fire Door Remodeling	2013	5,727		10	573	573	2,578	29
30	Trash Enclosure Remodeling - Gates replacement	2013	511		10	51	51	230	30
31	Land Improvement - Plant, Trees, Sprinkler Sys, Mulch	2013	15,522		5	3,104	3,104	13,968	31
32									32
33	3RD Floor Bathrooms - Vinyl & Adhesive	2013	12,603		10	1,260	1,260	5,670	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,699,980	\$		\$ 470,506	\$ 470,506	\$ 8,691,377	34

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 13,699,980	\$		\$ 470,506	\$ 470,506	\$ 8,691,377	1
2	Residents Rooms - Flooring, Walls, Paint, Plumbing, Electric	2013	49,226		10	4,923	4,923	22,153	2
3	Parking Lot Expansion	2013	77,177		10	7,718	7,718	34,731	3
4	Elevator Repair Install 2 reverse Phase Protection Relays	2014	4,645		10	464	464	1,624	4
5	Common Showers Improvements - 2nd & 3rd Floor Rails, Doors, Plumber Parts, Demolition, Tile Granite Countertops	2014	96,909		10	9,691	9,691	33,918	5
6	Drywall, Ceiling Tile								6
7	Common Showers Improvements - 1st & 2nd Floor Rails, Doors, Plumber Parts, Demolition, Tile Granite Countertops	2014	76,186		10	7,619	7,619	26,666	8
8	Drywall, Ceiling Tile, Electrical work, Sprinkler System								9
9	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	4,951		10	495	495	1,733	11
10	Electrical work and Parts Granite Tops								12
11	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	141,314		10	14,131	14,131	49,459	13
12	Electrical work and Parts Granite Tops, Vinyl Flooring, Ceiling Tile, Wood Work, Cabinetry, Demolition Work								14
13	Painting, Carpet, and Plumbing Work								15
14	Newsstand Improvements - Awning, Electrical Work and Materials, Canopy	2014	11,316		10	1,132	1,132	3,962	17
15	Therapy Room Improvements Old Creek Fixtures	2014	6,208		10	621	621	2,173	19
16	Residents Rooms -Electrical, Plumbing, Headboards	2014	4,843		10	484	484	1,694	20
17	Admissions Office Electrical Work and Materials, Counter Tops, Cabinets, Carpeting	2014	13,370		10	1,337	1,337	4,680	21
18	Fire Alarm/Dampers - Replace Equipment, Heating and Cooling, Electrical Work, and Dampers	2014	98,104		10	9,810	9,810	34,335	23
19	Fire Alarm/Dampers - Replace Equipment	2014	75,168		10	7,517	7,517	26,309	25
20	Window Improvements - Window Trim and Blinds for Offices	2014	4,586		10	459	459	1,606	26
21	Replace the Back Door	2014	2,043		10	204	204	714	27
22	Dietary Office - Counter Tops	2014	6,409		10	641	641	2,243	28
23	Roof Inspection and Repair	2014	6,360		10	636	636	2,226	29
24	Boiler Up Grade- Labor, Circulating Pump, Boiler Seals	2014	22,297		10	2,230	2,230	7,805	30
25	Boiler Up Grade- Installation of Boilers	2014	90,012		10	9,901	9,901	34,204	31
26	Corridors - Flooring and Railings, Wall Covering	2014	28,011		10	2,801	2,801	9,804	32
27	New Patio Installed - Paver, Pergola Columns, Lawn Sprinkler Sys	2014	17,087		5	3,417	3,417	11,960	33
28	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,536,202	\$		\$ 556,737	\$ 556,737	\$ 9,005,376	34

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 14,536,202	\$		\$ 556,737	\$ 556,737	\$ 9,005,376	1
2	Parking Lot Expansion- Seal coated & Striped Asphalt	2014	14,576		5	2,915	2,915	10,203	2
3	Concrete Sidewalk - Front Entry	2014	8,724		5	1,745	1,745	6,107	3
4	Remove & Replace front sidewalk	2015	12,876		5	2,575	2,575	6,438	4
5	Tuckpointing East & North Side Façade	2015	11,730		10	1,173	1,173	2,933	5
6	Pavilion Buffet - Pumbing work, Flooring, Staining, Tile,Electrical,	2015	47,027		10	4,703	4,703	11,757	6
7	Labor, Glass, other Materials								7
8	Skyfight Repairs to the South, 3rd floor and North Wing	2016	4,080		10	408	408	612	8
9	Remodel the Coffee Shop - Wall covering,built-in bar, vimyl	2016	33,780		10	3,378	3,378	5,067	9
10	Remodel the dining Rooms - Wall tile for rooms	2016	11,182		10	1,118	1,118	1,677	10
11	Office Renovations - Doors and Counter tops	2016	19,379		10	1,938	1,938	2,907	11
12	Town Square Renovation- Signs, Century Tile, Electic work, Built	2016	141,104		10	14,110	14,110	21,165	12
13	Theater Renovations Labor Wall Covering, Trim Work	2016	14,346		10	1,435	1,435	2,152	13
14	Work Stations Renovation Painting and Built in Cabinets	2016	19,878		10	1,988	1,988	2,982	14
15	Install new Resident Medicine Cabinets	2016	7,941		10	794	794	1,191	15
16	Snack Shop Renovations	2016	3,895		10	390	390	585	16
17	Residents Rooms Window Treatments Valances.Trim and Blinds	2016	57,633		10	5,763	5,763	8,645	17
18	Door Closers in Residents room 211 & 301	2016	4,003		10	400	400	600	18
19	Remodel of Private Dinning Room 3rd Fl Steel Studs, Paint, Electrical	2017	10,214		10	511	511	511	19
20	Window Relacement 1st,2nd&3rd FL	2017	12,221		10	611	611	611	20
21	Remodel Pavilion Dining Cabinet,Design Fees, Counter tops, Title	2017	84,632		10	4,232	4,232	4,232	21
22	Remodel Dining 1st & 3rd FL Cabinet,Design Fees, Counter Tops	2017	108,498		10	5,425	5,425	5,425	22
23	Title, electrical								23
24	Remodel Pavilion Town Square Drywall, Ceiling, Electrical, Cabinets	2017	44,243		10	2,212	2,212	2,212	24
25	Two new Water Heaters and Piping from Quality Mechanical	2017	63,594		10	3,180	3,180	3,180	25
26									26
27									27
28									28
29									29
30									30
31									31
32	Current Year Depreciation			247,852			(247,852)		32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,271,758	\$ 247,852		\$ 617,741	\$ 369,889	\$ 9,106,568	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	\$ 652,020	\$ 88,313	\$ 88,313	\$	5-10 yrs.	\$ 453,995	71
72	Current Year Purchases	27,835	2,074	2,074		5-7 yrs.	2,074	72
73	Fully Depreciated Assets	1,916,725				5-10 yrs.	1,916,725	73
74	Alloc. From Mgmt. Co. & BLDG	1,281,306		24,823	24,823		1,144,968	74
75	TOTALS	\$ 3,877,886	\$ 90,387	\$ 115,210	\$ 24,823		\$ 3,517,762	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Van	1998 Ford E350 Van	1998	\$ 40,790	\$	\$	\$	5	\$ 40,790	76
77	Resident Passenger Care	2000 Chevrolet Express Van	2000	29,261				5	29,261	77
78	BUS	2007 Ford Champion	2014	43,117	8,623	8,623		5	30,181	78
79										79
80	TOTALS			\$ 113,168	\$ 8,623	\$ 8,623	\$		\$ 100,232	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 19,954,873	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 346,862	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 741,574	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 394,712	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,724,562	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Corridor Lighting, Rooms	\$ 64,654	92
93			93
94			94
95		\$ 64,654	95

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

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

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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>127,167</u>			6
7	TOTAL				\$ <u>127,167</u>			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending                      Annual Rent

12.	<u>/2018</u>	\$ <u>N/A</u>
13.	<u>/2019</u>	\$ <u>N/A</u>
14.	<u>/2020</u>	\$ <u>N/A</u>

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A. N/A

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 42,634 Description: Copier-\$24,123;Cooler- \$10,303 :Med Equip-\$110;Postage\$1,800-;\$Mgmt Co.-\$6,298

(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.

**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			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)		30,759		30,759
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$ 30,759	\$	\$ 30,759
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$	30,759		

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10A(1 & 2)	12411	hrs	\$ 487,624	53	\$ 3,450	\$	12,464	\$ 491,074	1
2	Licensed Speech and Language Development Therapist	10A(1)	4468	hrs	195,012				4,468	195,012	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10A(1 & 2)	16520	hrs	668,684	34	2,194	14,354	16,554	685,232	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 prescripts				502,643		502,643	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs				65,978		65,978	11
12	Other (specify): <u>Oxygen</u>	39(2)									12
13	Other (specify): <u>Dialysis</u>	39(1)	1245		23,748				1,245	23,748	13
14	TOTAL				\$ 1,375,068	87	\$ 5,644	\$ 582,975	34,731	\$ 1,963,687	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.

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 155,902	\$ 155,902	1
2	Cash-Patient Deposits	43,954	43,954	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 13,466 )	5,535,309		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	59,738	168,139	6
7	Other Prepaid Expenses	913,222	913,222	7
8	Accounts Receivable (owners or related parties)	3,713,724	3,714,124	8
9	Other(specify): See Sch 17C	4,531	344,661	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 10,426,380	\$ 5,340,002	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		692,061	13
14	Buildings, at Historical Cost		10,466,075	14
15	Leasehold Improvements, at Historical Cost	3,305,644	4,805,683	15
16	Equipment, at Historical Cost	2,716,545	3,991,054	16
17	Accumulated Depreciation (book methods)	(4,328,954)	(12,724,562)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe CIP)	64,654	64,654	22
23	Other(specify): Mortgage Cost Net		116,449	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,757,889	\$ 7,411,414	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 12,184,269	\$ 12,751,416	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,766,360	\$ 1,812,896	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	37,496	37,496	28
29	Short-Term Notes Payable	3,269,802	3,269,802	29
30	Accrued Salaries Payable	847,469	847,469	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		402,000	32
33	Accrued Interest Payable	41,486	96,359	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	See Sch 17C	47,462	47,462	36
37	See Sch 17C	(659,052)		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,351,023	\$ 6,513,484	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	2,413,974	2,413,974	39
40	Mortgage Payable		18,813,750	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 2,413,974	\$ 21,227,724	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 7,764,997	\$ 27,741,208	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 4,419,272	\$ (14,989,792)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 12,184,269	\$ 12,751,416	48

\*(See instructions.)

Meadowbrook Manor  
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Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Employee Advance	2,000	2,000
Hazard Insurance Escrow		24,416
Real Estate Tax-Escrow		255,919
Mortgage Insurance Escrow		30,920
Construction Escrow		28,875
Wage Garnishment	1,919	1,919
Accrued Life Ins	-	-
Accrued 401K	612	612
	4,531	344,661

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Receivable from Ins Recoveries	(93,024)	(93,024)
Professional Liability Claims	93,024	93,024
Accrued-Payroll Taxes	47,462	47,462
	47,462	47,462

C. Current Liabilities	Operating	After Consolidation
Line 37 -Other Current Liabilities		
Accrued Rent	659,052	-
Due from Nick & Dorothy Vangel	-	-
Due from Bolingbrook	-	-
Due from BHC VIII	-	-
	659,052	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,036,714	1
2	Restatements (describe):		2
3	Rounding	(2)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,036,712	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	2,182,560	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	(800,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,382,560	17
<b>B. Transfers (Itemize):</b>			
18	Rounding		18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,419,272	24 *

\* This must agree with page 17, line 47.

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

**classifications of revenue and expense must be provided on this form, even if financial statements are attached.**

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

1			
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 18,830,284	1
2	Discounts and Allowances for all Levels	1,117	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 18,831,401	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,353,352	6
7	Oxygen	97,912	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 3,451,264	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,969	13
14	Non-Patient Meals	291	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	473,669	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	22,330	19
20	Radiology and X-Ray	99,200	20
21	Other Medical Services	80,514	21
22	Laundry	8,473	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 687,446	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	10,062	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 10,062	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 22,980,173	30

2			
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,434,112	31
32	Health Care	9,289,523	32
33	General Administration	4,653,190	33
<b>B. Capital Expense</b>			
34	Ownership	2,442,154	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,320,470	35
36	Provider Participation Fee	658,164	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 20,797,613	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	2,182,560	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 2,182,560	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 12,914,017	44
45	Private Pay - Net Inpatient Revenue	1,471,544	45
46	Medicare - Net Inpatient Revenue	2,264,652	46
47	Other-(specify) <u>Veterans</u>	962,195	47
48	Other-(specify) <u>Insurance</u>	1,218,993	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 18,831,401	49

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

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

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

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.  
Entity is a Cash Basis Tax Payer

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,881	3,181	\$ 125,225	\$ 39.37	1
2	Assistant Director of Nursing	5,719	6,487	249,482	38.46	2
3	Registered Nurses	38,919	41,363	1,254,844	30.34	3
4	Licensed Practical Nurses	60,779	65,551	1,669,583	25.47	4
5	CNAs & Orderlies	169,543	178,877	2,628,043	14.69	5
6	CNA Trainees	2,799	2,857	30,759	10.77	6
7	Licensed Therapist	29,575	33,399	1,351,320	40.46	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	28,144	30,040	298,234	9.93	10
11	Social Service Workers	7,173	8,170	146,312	17.91	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	38,432	41,109	473,885	11.53	15
16	Dishwashers					16
17	Maintenance Workers	7,703	8,575	186,538	21.75	17
18	Housekeepers	33,093	34,888	335,448	9.61	18
19	Laundry	7,543	8,212	85,603	10.42	19
20	Administrator	1,942	2,198	117,754	53.57	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	25,708	28,145	533,205	18.94	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,476	2,793	39,436	14.12	31
32	Other Health C: See Sch 21A	41,542	46,329	821,675	17.74	32
33	Other(specify) <u>Dialysis Wages</u>	1,157	1,245	23,748	19.07	33
34	TOTAL (lines 1 - 33)	505,128	543,419	\$ 10,371,094 *	\$ 19.08	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	474	\$ 21,250	1(3)	35
36	Medical Director	Monthly	31,625	9(3)	36
37	Medical Records Consultant	16	792	10(3)	37
38	Nurse Consultant	Monthly	31,490	10(3)	38
39	Pharmacist Consultant	#of Residents	25,807	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	768	30,700	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	30	1,590	11(3)	44
45	Social Service Consultant	22	1,414	12(3)	45
46	Other(specify) <u>Quality Assurance</u>			10(3)	46
47	<u>Wound Care Director</u>	471	23,532	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	1,781	\$ 168,200		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  
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Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	5,485	6,034	89,320	14.80
Central Supply	1,847	2,223	22,035	9.91
Nursing Administration	4,061	4,457	58,099	13.04
MDS Coordinator	10,042	11,716	304,331	25.98
Treatment Assistant Nurse	1,924	2,024	30,701	15.17
Rehabilitation Nursing Wages	3,243	3,539	102,981	29.10
Rehabilitation Aides Wages	13,276	14,356	195,770	13.64
Resident Asst Wages	1,664	1,980	18,438	9.31
Total	41,542	46,329	821,675	17.74



Meadowbrook Manor  
 Provider #: 0037366  
 01/01/2017 to 12/31/2017

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

MGKappy Consulting Services	Accounting Services	3,025
Ronald L Courmaya	Accounting Services	5,000
RSM US LLP	Accounting Services	22,169
Butterfield Healthcare	Residents Services	39
Polsinelli Shughart PC	Legal	67,706
Markoff Law Firm	Collection Fees	6,266
Hunt, Aranda, & Subach LTD	Legal	904
Hamilton Thies & Lorch	Legal	826
West Suburban Bank	Legal Line of Credit	1,172
Illinois Secretary of State	Annual Report	100
Butterfield Healthcare		

Total for Schedule 21A	<u>107,207</u>
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Total (agree to Schedule V, line 19, column 3)	258,032
------------------------------------------------	---------

Allocation from Butterfield Health Care Group	35,391
Allocation from J&D Partners Professiona Fees	4,000
Allocation from J&D Partners Accounting Fees	19,856
Allocation from J&D Partners Legal Fees	148
To disallow non-allowable legal fees	
To disallow non-allowable Professional Fees	(1,250)
Disallow Collection Fees	(6,266)

Total (agree to Schedule V, line 19, column 8)	<u>309,911</u>
------------------------------------------------	----------------







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-\$40,733
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 6.71Yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 101,543 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. \$ 658,164  
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? es
- (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. \$ 291
- (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	Adjustments	Adjusted Total
1. Dietary	473,885	55,832	21,250	550,967	0	550,967	0	550,967
2. Food Purchase	0	651,937	0	651,937	0	651,937	2,272	654,209
3. Housekeeping	335,448	83,362	0	418,810	0	418,810	226	419,036
4. Laundry	85,603	37,254	0	122,857	0	122,857	0	122,857
5. Heat and Other Utilities	0	0	299,735	299,735	0	299,735	5,133	304,868
6. Maintenance	186,538	29,880	173,388	389,806	0	389,806	34,948	424,754
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,081,474	858,265	494,373	2,434,112	0	2,434,112	42,579	2,476,691
9. Medical Director	0	0	31,625	31,625	0	31,625	24,289	55,914
10. Nursing & Medical Records	6,788,288	491,560	81,621	7,361,469	0	7,361,469	16,802	7,378,271
10a. Therapy	1,351,320	14,354	36,344	1,402,018	0	1,402,018	0	1,402,018
11. Activities	298,234	16,102	1,590	315,926	0	315,926	71	315,997
12. Social Services	146,312	0	1,414	147,726	0	147,726	23,459	171,185
13. Nurse Aide Training	30,759	0	0	30,759	0	30,759	0	30,759
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	8,614,913	522,016	152,594	9,289,523	0	9,289,523	64,621	9,354,144
17. Administrative	117,754	0	1,378,836	1,496,590	0	1,496,590	-1,245,709	250,881
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	258,032	258,032	0	258,032	51,879	309,911
20. Fees, Subscriptions & Promotion	0	0	64,108	64,108	0	64,108	-12,833	51,275
21. Clerical & General Office	533,205	30,179	91,715	655,099	0	655,099	427,714	1,082,813
22. Employee Benefits & Payroll	0	0	1,463,264	1,463,264	0	1,463,264	0	1,463,264
23. Inservice Training & Education	0	0	4,446	4,446	0	4,446	0	4,446
24. Travel and Seminar	0	0	3,490	3,490	0	3,490	381	3,871
25. Other Admin. Staff Trans	0	0	8,431	8,431	0	8,431	2,761	11,192
26. Insurance-Prop.Liab.Malpractice	0	0	699,730	699,730	0	699,730	119,962	819,692
27. Other (specify)*	0	0	0	0	0	0	100,957	100,957
28. Total General Adminis	650,959	30,179	3,972,052	4,653,190	0	4,653,190	-554,888	4,098,302
29. Total General Administrative	#####	1,410,460	4,619,019	16,376,825	0	16,376,825	-447,688	15,929,137
30. Depreciation	0	0	346,863	346,863	0	346,863	394,711	741,574
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	222,955	222,955	0	222,955	597,883	820,838
33. Real Estate	0	0	0	0	0	0	393,006	393,006
34. Rent - Facility & Grounds	0	0	1,836,000	1,836,000	0	1,836,000	-1,708,833	127,167
35. Rent - Equipment & Vehicles	0	0	36,336	36,336	0	36,336	6,298	42,634
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	2,442,154	2,442,154	0	2,442,154	-316,935	2,125,219
38. Medically Necessary T	0	0	37,342	37,342	0	37,342	0	37,342
39. Ancillary Service Cent	23,748	568,621	0	592,369	0	592,369	0	592,369
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	658,164	658,164	0	658,164	0	658,164
43. Other (specify):*	0	0	690,759	690,759	0	690,759	-690,759	0
44. Total Special Cost Ce	23,748	568,621	1,386,265	1,978,634	0	1,978,634	-690,759	1,287,875
45. Grand Total	#####	1,979,081	8,447,438	20,797,613	0	20,797,613	-1,455,382	19,342,231

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	155,902	155,902
2. Cash - Patient Deposits	43,954	43,954
3. Accounts & Notes Receivable	5,535,309	5,535,309
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	59,738	168,139
7. Other Prepaid Expenses	913,222	913,222
8. Accounts Receivable-Owner/Related Party	3,713,724	3,714,124
9. Other (specify):	4,531	344,661
10. Total current assets	10,426,380	10,875,311
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	692,061
14. Buildings, at Historical Cost	0	10,466,075
15. Leasehold Improvements, Historical Cost	3,305,644	4,805,683
16. Equipment, at Historical Cost	2,716,545	3,991,054
17. Accumulated Depreciation (book methods)	-4,328,954	-12,724,562
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):	64,654	64,654
23. other (specify):	0	116,449
24. Total Long-Term Assets	1,757,889	7,411,414
25. Total Assets	12,184,269	18,286,725
CURRENT LIABILITIES		
26. Accounts Payable	1,766,360	1,812,896
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	37,496	37,496
29. Short-Term Notes Payable	3,269,802	3,269,802
30. Accrued Salaries Payable	847,469	847,469
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	402,000
33. Accrued Interest Payable	41,486	96,359
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	47,462	47,462
37. Other Current Liabilities (specify):	-659,052	0
38. Total Current Liabilities	5,351,023	6,513,484
LONG TERM LIABILITES		
39. Long-Term Notes Payable	2,413,974	2,413,974
40. Mortgage Payable	0	18,813,750
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	2,413,974	21,227,724
46. Total Liabilities	7,764,997	27,741,208
47. Total Equity	4,419,272	-9,454,483
48. Total Liabilities and Equity	12,184,269	18,286,725

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	18,830,284
2. Discounts and Allowances for all Levels	1,117
Subtotal - Inpatient Care	18,831,401
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	3,353,352
7. Oxygen	97,912
Subtotal - Ancillary Revenue	3,451,264
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	2,969
14. Non-Patient Meals	291
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	473,669
18. Sale of Supplies to Non-Patients	0
19. Laboratory	22,330
20. Radiology and X-Ray	99,200
21. Other Medical Services	80,514
22. Laundry	8,473
Subtotal - Other Operating Revenue	687,446
24. Contributions	0
25. Interest and Other Investments Income	10,062
Subtotal - Non-Operating Revenue	10,062
27. Other Revenue (specify):	0
28. Other Revenue (specify):	0
Subtotal - Other Revenue	-
30. Total Revenue	22,980,173
31. General Services	2,434,112
32. Health Care	9,289,523
33. General Administration	4,653,190
34. Ownership	2,442,154
35. Special Cost Centers	1,320,470
35. Provider Participation Fee	658,164
37. Other	0
40. Total Expenses	20,797,613
41. Income Before Income Taxes	2,182,560
42. Income Taxes	0
43. Net Income or Loss for the Year	2,182,560