



Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274 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	94	Skilled (SNF)	94	34,310	1
2		Skilled Pediatric (SNF/PED)		0	2
3	103	Intermediate (ICF)	103	37,595	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	197	TOTALS	197	71,905	7

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

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	25,182	4,852	2,762	32,796	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,182	4,852	2,762	32,796	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 45.61%

**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 08/25/2005

**J. Was the facility purchased or leased after January 1, 1978?**  
YES  Date 08/25/2005 NO

**K. Was the facility certified for Medicare during the reporting year?**  
YES  NO  If YES, enter number of beds certified 94 and days of care provided 2,326

Medicare Intermediary Wisconsin Physicians 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 LaGrange # 0047274 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	315,009	26,300	14,294	355,603		355,603		355,603		1
2	Food Purchase		225,972		225,972		225,972	735	226,707		2
3	Housekeeping	173,740	40,876		214,616		214,616	80	214,696		3
4	Laundry	67,522	15,657		83,179		83,179		83,179		4
5	Heat and Other Utilities			180,498	180,498		180,498	1,809	182,307		5
6	Maintenance	215,904	24,679	138,873	379,456		379,456	15,505	394,961		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	772,175	333,484	333,665	1,439,324		1,439,324	18,129	1,457,453		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000	8,558	38,558		9
10	Nursing and Medical Records	2,941,098	277,261	35,977	3,254,336		3,254,336	5,920	3,260,256		10
10a	Therapy	448,126	2,637	210	450,973		450,973		450,973		10a
11	Activities	115,604	10,874	967	127,445		127,445	25	127,470		11
12	Social Services	71,793		1,333	73,126		73,126	8,266	81,392		12
13	CNA Training	2,214			2,214		2,214		2,214		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,578,835	290,772	68,487	3,938,094		3,938,094	22,769	3,960,863		16
	<b>C. General Administration</b>										
17	Administrative	152,298		422,374	574,672		574,672	(375,465)	199,207		17
18	Directors Fees										18
19	Professional Services			155,053	155,053		155,053	20,865	175,918		19
20	Dues, Fees, Subscriptions & Promotions			58,731	58,731		58,731	(9,447)	49,284		20
21	Clerical & General Office Expenses	269,520	24,114	96,421	390,055		390,055	150,579	540,634		21
22	Employee Benefits & Payroll Taxes			651,069	651,069		651,069		651,069		22
23	Inservice Training & Education			95	95		95		95		23
24	Travel and Seminar			675	675		675	134	809		24
25	Other Admin. Staff Transportation			7,955	7,955		7,955	973	8,928		25
26	Insurance-Prop.Liab.Malpractice			676,395	676,395		676,395	461	676,856		26
27	Other (specify):*							35,574	35,574		27
28	<b>TOTAL General Administration</b>	421,818	24,114	2,068,768	2,514,700		2,514,700	(176,326)	2,338,374		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,772,828	648,370	2,470,920	7,892,118		7,892,118	(135,428)	7,756,690		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 LaGrange

#0047274

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			131,899	131,899		131,899	51,674	183,573			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			73,090	73,090		73,090	(17,329)	55,761			32
33	Real Estate Taxes							176,234	176,234			33
34	Rent-Facility & Grounds			1,320,000	1,320,000		1,320,000	(1,275,191)	44,809			34
35	Rent-Equipment & Vehicles			37,881	37,881		37,881	41,902	79,783			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,562,870	1,562,870		1,562,870	(1,022,710)	540,160			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			8,261	8,261		8,261		8,261			38
39	Ancillary Service Centers		148,138	37,933	186,071		186,071		186,071			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			303,736	303,736		303,736		303,736			42
43	Other (specify):*			299,165	299,165		299,165	(299,165)				43
44	<b>TOTAL Special Cost Centers</b>		148,138	649,095	797,233		797,233	(299,165)	498,068			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,772,828	796,508	4,682,885	10,252,221		10,252,221	(1,457,303)	8,794,918			45

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

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	(168)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	11,410	30		9
10	Interest and Other Investment Income	(17,329)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(669)	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	(5,884)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(139,616)	43		24
25	Fund Raising, Advertising and Promotional	(1,373)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(165,601)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (319,230)		\$	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)	(1,138,073)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,138,073)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,457,303)		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 LaGrange

ID# 0047274

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 LaGrange**

0047274

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 Chamber Dues	(300)	43
To disallow Chamber Dues	(200)	20
To disallow Consolidated Billing Services	(7,487)	43
To disallow Marketing Expenses	(5,933)	43
To disallow X-Ray expense	(17,875)	43
To disallow Lab expense	(4,595)	43
To disallow Employee Gifts	(13,038)	43
To disallow Cable Television	(10,007)	43
To Offset Miscellaneous	(50)	21
To disallow Collection Fees	(41)	19
To disallow COPE Fee	(9,426)	20
To disallow Employees Cards	(71)	43
To disallow Physicians Gifts	(400)	43
To disallow Resident Cards/Gifts	(23)	43
To disallow Flower/Cards		43
To disallow Sport Outings - Sponsorship		43
To disallow Patient Clothing	(456)	43
Loss on Abandonment of Assets	(91,438)	43
To disallow Marketing Consultant	(1,250)	19
To disallow the Penalties on Real Estate Tax payments	(3,011)	33
<b>Total</b>	<b><u>(165,601)</u></b>	

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor LaGrange# 0047274

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	(168)	903	0	0	0	0	0	0	0	0	0	735	2
3	Housekeeping	0	80	0	0	0	0	0	0	0	0	0	80	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	1,809	0	0	0	0	0	0	0	0	0	1,809	5
6	Maintenance	0	12,315	0	3,190	0	0	0	0	0	0	0	15,505	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(168)</b>	<b>15,107</b>	<b>0</b>	<b>3,190</b>	<b>0</b>	<b>18,129</b>	<b>8</b>						
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	8,558	0	0	0	0	0	0	0	0	0	8,558	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	5,920	0	0	0	0	0	0	0	0	0	5,920	11
12	Social Services	0	25	0	0	0	0	0	0	0	0	0	25	12
13	CNA Training	0	8,266	0	0	0	0	0	0	0	0	0	8,266	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>22,769</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,769</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(375,465)	0	0	0	0	0	0	0	0	0	(375,465)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	12,471	0	9,685	0	0	0	0	0	0	0	22,156	19
20	Fees, Subscriptions & Promotions	0	179	0	0	0	0	0	0	0	0	0	179	20
21	Clerical & General Office Expenses	0	150,339	0	290	0	0	0	0	0	0	0	150,629	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	134	0	0	0	0	0	0	0	0	134	24
25	Other Admin. Staff Transportation	0	0	973	0	0	0	0	0	0	0	0	973	25
26	Insurance-Prop.Liab.Malpractice	0	0	461	0	0	0	0	0	0	0	0	461	26
27	Other (specify):*	0	0	35,574	0	0	0	0	0	0	0	0	35,574	27
28	<b>TOTAL General Administration</b>	<b>0</b>	<b>(212,476)</b>	<b>37,142</b>	<b>9,975</b>	<b>0</b>	<b>(165,359)</b>	<b>28</b>						
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(168)</b>	<b>(174,600)</b>	<b>37,142</b>	<b>13,165</b>	<b>0</b>	<b>(124,461)</b>	<b>29</b>						

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor LaGrange# 0047274

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	11,410	0	2,418	37,846	0	0	0	0	0	0	0	51,674	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(17,329)	0	0	0	0	0	0	0	0	0	0	(17,329)	32
33	Real Estate Taxes	0	0	0	179,245	0	0	0	0	0	0	0	179,245	33
34	Rent-Facility & Grounds	0	0	44,809	(1,320,000)	0	0	0	0	0	0	0	(1,275,191)	34
35	Rent-Equipment & Vehicles	0	0	2,219	39,683	0	0	0	0	0	0	0	41,902	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(5,919)</b>	<b>0</b>	<b>49,446</b>	<b>(1,063,226)</b>	<b>0</b>	<b>(1,019,699)</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):*	(147,542)	0	0	0	0	0	0	0	0	0	0	(147,542)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(147,542)</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>(147,542)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(153,629)</b>	<b>(174,600)</b>	<b>86,588</b>	<b>(1,050,061)</b>	<b>0</b>	<b>(1,291,702)</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, LP	Bolingbrook	Lessor
		Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor of	Bolingbrook	MMN Partners, LP	Naperville	Lessor
				Butterfield Health Care Group, Inc.	Bolingbrook	Management Co.
				MML Properties LLC	LaGrange	Lessor
				Seneca Building LP	Des Plaines	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines			

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 903	\$ 903	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%	80	80	2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	1,809	1,809	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	12,315	12,315	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	8,558	8,558	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	5,920	5,920	6
7	V	12 Activities		Butterfield Health Care Group, Inc.	100.00%	25	25	7
8	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	8,266	8,266	8
9	V	17 Administrative Costs	422,374	Butterfield Health Care Group, Inc.	100.00%	46,909	(375,465)	9
10	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	12,471	12,471	10
11	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	179	179	11
12	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	150,339	150,339	12
13	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%			13
14	Total		\$ 422,374			\$ 247,774	\$ * (174,600)	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%	\$ 134	\$	134	15
16	V	25 Auto Expense		Butterfield Health Care Group, Inc.	100.00%	973		973	16
17	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	461		461	17
18	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	35,574		35,574	18
19	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	2,418		2,418	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%	44,809		44,809	21
22	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	2,219		2,219	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		\$			\$ 86,588	\$ *	86,588	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Fees	\$	MML Properties, LLC	100.00%	\$ 9,685	\$ 9,685
16	V	20 Fees & Subscriptions		MML Properties, LLC	100.00%		
17	V	21 Clerical & General Office		MML Properties, LLC	100.00%	290	290
18	V	26 Insurance-Prop., Liab., Malpr.		MML Properties, LLC	100.00%		
19	V	30 Depreciation		MML Properties, LLC	100.00%	37,846	37,846
20	V	32 Interest Expense		MML Properties, LLC	100.00%		
21	V	32 Amort of Mortgage Costs		MML Properties, LLC	100.00%		
22	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	152,080	152,080
23	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	27,165	27,165
24	V	34 Rent	1,320,000	MML Properties, LLC	100.00%		(1,320,000)
25	V	35 Equipment Rental		MML Properties, LLC	100.00%	39,683	39,683
26	V	6 Repairs and Maintenance		MML Properties, LLC	100.00%	3,190	3,190
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,320,000			\$ 269,939	\$ * (1,050,061)

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

**Butterfield Health Care VIII, LLC**  
**D/B/A Meadowbrook Manor of LaGrange**  
**Provider # 0047274**  
**12/31/2017**

Schedule 6A

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2017 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	158,033	8	20.00	Mgt Salaries	\$ 14,359	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	95,361	2	5.00	Mgt Salaries	5,880	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	240,299	2	5.00	Mgt Salaries	24,835	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	72,202	2	5.00	Mgt Salaries	1,835	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	65,442	10	25.00	Medical Director	8,558	9(7)	5
6	Dorothy Vangel	Operating Supvsr.	Administrative	12.50	0	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	\$ 55,467		13

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/2017

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	\$ 32,796	\$ 903	1	
2	3	Housekeeping	Resident Days	283,567	4	688	32,796	80	2	
3	5	Utilities	Resident Days	283,567	4	15,639	32,796	1,809	3	
4	6	Repairs & Maintenance	Resident Days	283,567	4	106,477	83,516	32,796	12,315	4
5	9	Medical Director	Resident Days	283,567	4	74,000	32,796	8,558	5	
6	11	Nursing	Resident Days	283,567	4	51,189	51,189	32,796	5,920	6
7	12	Activities	Resident Days	283,567	4	215	32,796	25	7	
8	13	Social Services	Resident Days	283,567	4	71,472	71,472	32,796	8,266	8
9	17	Administrative Costs	Resident Days	283,567	4	405,597	405,597	32,796	46,909	9
10	19	Professional Services	Resident Days	283,567	4	107,825	32,796	12,471	10	
11	20	Dues, Fees & Subscriptions	Resident Days	283,567	4	1,550	32,796	179	11	
12	21	Clerical & General Office exp.	Resident Days	283,567	4	1,299,889	1,176,721	32,796	150,339	12
13	23	Training & Education	Resident Days	283,567	4		32,796	0	13	
14	24	Travel & Seminar	Resident Days	283,567	4	1,161	32,796	134	14	
15	25	Auto Expense	Resident Days	283,567	4	8,412	32,796	973	15	
16	26	Insurance	Resident Days	283,567	4	3,983	32,796	461	16	
17	27	Employee Benefits General & Admin.	Resident Days	283,567	4	307,583	32,796	35,574	17	
18	30	Depreciation	Resident Days	283,567	4	20,910	32,796	2,418	18	
19	32	Interest	Resident Days	283,567	4		32,796	0	19	
20	34	Rent Building	Resident Days	283,567	4	387,439	32,796	44,809	20	
21	35	Equipment Rental	Resident Days	283,567	4	19,189	32,796	2,219	21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 2,891,028	\$ 1,788,495	\$ 334,362	25	

Facility Name & ID Number

Meadowbrook Manor LaGrange

# 0047274

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	2	3	4	5	6	7	8	9	10											
										Name of Lender	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																				
2			Construction Loan																	
3																				
4																				
5																				
<b>Working Capital</b>																				
6	West Suburban	X	Working Capital	N/A	05/10/13		1,213,872	6/30/18	10.0000	59,072										
7	Shareholders Loan	X	Working Capital		06/01/17	1,107,500	1,332,500	Demand	4.0000											
8	Shareholders Loan	X	Working Capital				883,071	Demand	4.0000	14,018										
9	<b>TOTAL Facility Related</b>					\$ 1,107,500	\$ 25,638,291			\$ 73,090										
<b>B. Non-Facility Related*</b>																				
10								Offset Interest Income		(3,311)										
11								Shareholders Interest		(14,018)										
12																				
13																				
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ (17,329)										
15	<b>TOTALS (line 9+line14)</b>					\$ 1,107,500	\$ 25,638,291			\$ 55,761										

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

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

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

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

**B. Real Estate Taxes**

**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 2016 report.		\$	<b>372,001</b>	<b>1</b>
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.)		\$	<b>200,739</b>	<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(171,262)</b>	<b>3</b>
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>372,001</b>	<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<b>27,165</b>	<b>5</b>
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ 51,670 For 13 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<b>(51,670)</b>	<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>176,234</b>	<b>7</b>

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	<b>334,496</b>	<b>8</b>
	2013	<b>343,972</b>	<b>9</b>
	2014	<b>368,899</b>	<b>10</b>
	2015	<b>244,093</b>	<b>11</b>
	2016	<b>200,739</b>	<b>12</b>

**2016 Tax Bill= 200,738.61**

**Estimated increase=1.8532**

**Total = 372,008.79**

**Use: 372,001**

<b>FOR BHF USE ONLY</b>			
<b>13</b>	FROM R. E. TAX STATEMENT FOR 2016	\$	<b>13</b>
<b>14</b>	PLUS APPEAL COST FROM LINE 5	\$	<b>14</b>
<b>15</b>	LESS REFUND FROM LINE 6	\$	<b>15</b>
<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION	\$	<b>16</b>

**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.**

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

FACILITY NAME Meadowbrook Manor LaGrange COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0047274

CONTACT PERSON REGARDING THIS REPORT Scott Gabrys

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

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

Enter the tax index number and real estate tax assessed for 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>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. <u>18-04-423-001-0000</u>	<u>Nursing Facility</u>	\$ <u>200,738.61</u>	\$ <u>200,738.61</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>200,738.61</u></u>	\$ <u><u>200,738.61</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 LaGrange

# 0047274

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 74,985 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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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:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>178,272</u>	<u>2005</u>	<u>\$ 1,561,408</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<u>178,272</u>		<u>\$ 1,561,408</u>	<u>3</u>

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	203	2005	1911	\$ 1,323,087	\$	40	\$ 33,077	\$ 33,077	\$ 413,462	4
5			2009	510,195		40	6,377	6,377	57,393	5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Install compressor		2005	1,750		10			1,750	9
10	Elevator overhaul		2005	4,245		10			4,245	10
11	Front porch carpeting		2005	2,086		10			2,086	11
12	Remodel 1st floor - tile & paint		2005	26,770		10			26,770	12
13	Refurbish boiler		2005	21,650		10			21,650	13
14	Furnish & install boiler feed pump		2005	2,750		10			2,750	14
15	Furnish & install condensate pump		2005	2,565		10			2,565	15
16	Furnish & install extrol & relief valve		2005	1,729		10			1,729	16
17										17
18	Sign		2006	8,725		10			8,725	18
19	Remodel 1st floor - tile, paint & draperies		2006	37,805		10			37,805	19
20	Remodel 1st floor - carpet		2006	6,831		10			6,831	20
21	Fire Department standpipe connections		2006	1,443		10			1,443	21
22	Furnish & install new heating coil on MUA unit		2006	5,595		10			5,595	22
23	Repair MUA		2006	3,300		10			3,300	23
24	Repair water line/pipe		2006	4,800		10			4,800	24
25	Dialysis room		2006	57,470		10			57,470	25
26	Replace faulty fuses		2006	3,590		10			3,590	26
27	Install panic exit door devices		2006	8,400		10			8,400	27
28										28
29	Electrical Repairs		2007	4,590	229	10	229		4,590	29
30	Wiremold, covers, cables & supplies for Satellite TV		2007	15,787	787	10	787		15,787	30
31	Cable & Phone Lines - Installation & Termination		2007	58,250	2,912	10	2,912		58,250	31
32	Remove, repair & replace tile & wood, repair downspouts		2007	2,569	128	10	128		2,569	32
33	Install 5 new 2 1/2 fire hose valves		2007	4,160	208	10	208		4,160	33
34	Demolition & removal of house and garage - 339 S. Ninth St.		2007	11,225	566	10	566		11,225	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/2017 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	New doors, hardware, laminating & refinishing for Dementia	2008	\$ 7,540	\$	10	\$ 754	\$ 754	\$ 7,163	37
38	Repair parking lot lights (ballasts, cutting asphalt, trenching								38
39	& running new wiring)	2008	4,989	498	10	498		4,733	39
40	Roof Repairs (rear emergency room entrance & front entrance)	2008	3,949	394	10	394		3,745	40
41	Wiring - Therapy room	2008	5,879		10	588	588	5,586	41
42	Chimney Cap & Tuckpointing	2008	11,993	1,199	10	1,199		11,391	42
43	Rebuilt compressor for HVAC unit	2008	19,864	1,959	10	1,986	27	18,867	43
44									44
45	R&M Reclasses								45
46	- Emergency service for steam leak on heating system-								46
47	furnished & installed new diaphragm & steam trap.	2008	4,699		10	470	470	4,465	47
48	- Emergency service for no heat - furnished & installed								48
49	new fluid head & valve body.	2008	3,045		10	305	305	2,897	49
50	- Tile flooring for facility	2008	14,637		10	1,464	1,464	13,908	50
51									51
52	Concrete flooring, electrical, new tub & faucet, drywall,	2009	26,068	2,607	10	2,607		22,161	52
53	studs & reframe door for Laundry Room Remodel								53
54	Repair masonry on top of building	2009	6,241	624	10	624		5,304	54
55	Install outdoor lighting	2009	11,332	1,133	10	1,133		9,631	55
56	replace 2 shower valves & trims	2009	2,755	276	10	276		2,346	56
57	Fill & roll potholes, crack sealing, sealcoating & striping	2009	6,000		5			6,000	57
58	parking lot								58
59									59
60	R&M Reclasses								60
61	-Remove and replace automatic transfer switch	2009	3,695		10	370	370	3,145	61
62	-Replace air separator and rework piping for new style	2009	5,350		10	535	535	4,548	62
63	air separator.								63
64	-Air conditioner -repair leaks, add drier cores and refrigerant	2009	5,204		10	520	520	4,420	64
65	replace belt and pulley								65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,274,607	\$ 13,520		\$ 58,007	\$ 44,487	\$ 899,250	70

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	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>		\$ 2,274,607	\$ 13,520		\$ 58,007	\$ 44,487	\$ 899,250	1
2	Cabinets and countertops for therapy office	2010	6,117	612	10	612		4,590	2
3	Install drywall for new wall, rearrange/repair light fixtures	2010	2,705	270	10	270		2,025	3
4	in business office								4
5	Remove & rebuild rear loading dock	2010	2,650	265	10	265		1,988	5
6	Transfer & install reception door, 3 sets of 36" cabinets and	2010	4,974	497	10	497		3,728	6
7	countertops for dining room								7
8	22 - 4 tier lockers with sloped tops	2010	5,138	514	10	514		3,854	8
9	Lavatory faucets, shut offs & trap, tempered glass for restroom	2010	3,436	344	10	344		2,580	9
10	door								10
11	Fill potholes, sealcoating & striping of parking log	2010	5,100		5			5,100	11
12	Fill potholes, sealcoating & striping of parking log	2011	2,000		5			2,000	12
13	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2011	95,612	9,561	10	9,561		62,146	13
14	floors, & Painting								14
15	Corridor Remodel - remove wall paper, paint, handrails,	2011	46,474	4,647	10	4,647		30,206	15
16	carpet								16
17	Dinning Roon & Kichen - new vinyl floors, paint all walls	2011	36,795	3,680	10	3,680		23,920	17
18	Tile & Trim for Offices replace all the tile & trim	2011	21,653	2,165	10	2,165		14,073	18
19	Install in Fire Doors	2011	3,135	314	10	314		2,041	19
20									20
21	Elevator repair	2011	4,350	435	10	435		2,827	21
22	Foyer Remodeling	2012	26,756	2,676	10	2,676		14,718	22
23	Enclosure of Trash Contains	2012	2,212	221	10	221		1,216	23
24	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2012	26,735	2,674	10	2,674		14,707	24
25	Fire System - Check Valve Remodeling	2012	11,946	1,195	10	1,195		6,572	25
26	Chiller Unit on Roof UpGrade Improvements	2012	5,643	564	10	564		3,102	26
27	Dinning Room Remodelig - Build in Cabinets and Blinds	2012	18,406	1,840	10	1,840		10,120	27
28	Dialysis Room Conversion - ceiling tile, vinyl flooring,	2012	39,774	3,977	10	3,977		21,874	28
29	electric work, trim work								29
30	Therapy Room Remodel first floor -glass,drywall,ceiling title	2012	10,368	1,037	10	1,037		5,703	30
31	prime all walls								31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,656,586	\$ 51,008		\$ 95,495	\$ 44,487	\$ 1,138,340	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	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>		\$ 2,656,586	\$ 51,008		\$ 95,495	\$ 44,487	\$ 1,138,340	1
2	Dialysis Room Conversion - ceiling tile, vinyl flooring,	2013	63,006	6,301	10	6,301		28,354	2
3	electric work, trim work								3
4	Therapy Room Remodel first floor -Counter Tops	2013	2,919	292	10	292		1,314	4
5	Kitchen Remodel - Paint, Cabinets	2013	6,136	614	10	614		2,763	5
6	Facility Roof Repairs	2013	6,424	642	10	642		2,889	6
7	Doctors Lounge South Wing-Electric, Drywall, Paint, Flooring	2013	38,577	3,858	10	3,858		17,361	7
8	Res Rooms 1st Floor - Mirrors, Flooring, Plumbing, fan coils	2013	11,339	1,134	10	1,134		5,103	8
9	New Exterior Lighting	2013	3,405	341	10	341		1,534	9
10	Remodel the Juice Bar with Cabinets and Counter tops	2013	2,260	226	10	226		1,017	10
11	Remodel the Fire Sprinkler Sys in Beauty Shop, Kitchen	2013	1,440	144	10	144		648	11
12									12
13	Replace the Asphalt Parking Lot & Stripping	2014	8,109	1,622	5	1,622		5,677	13
14									14
15	Replace the Door Operator on the North Elevator	2014	5,800	580	10	580		2,030	15
16	Upgrade of the Laundry Room,= - Plumbing, Walls, Electric,	2014	95,256	9,526	10	9,526		33,341	16
17	vent work, Painting, tile, gas and water lines								17
18	Upgrade the Nurse Station - Built in cabinets, blinds,& walls	2014	4,960	496	10	496		1,762	18
19									19
20	Elevator Modernization	2014	42,120		10	4,212	4,212	14,742	20
21	Corridor Lighting and Supplies	2015	1,276	128	10	128		320	21
22	Rsident Rooms Remodeling - painting, lights, vanities. And	2015	6,720	672	10	672		1,680	22
23	grab bars								23
24									24
25	Wood Flooring in Medical Records Office	2016	5,986	599	10	599		898	25
26	Remodel Dining Room -Cabinets, Counter Tops, Tile	2016	9,296	930	10	930		1,395	26
27	Install new Doors for Life Safety	2016	14,007	1,401	10	1,401		2,101	27
28									28
29	Kitchen Remodel - Drywall repair, fixed kitchen floor tile	2017	66,593	3,330	10	3,330		3,330	29
30	Painting, vinyl celing title, Replace Sprinkler Heads								30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,052,215	\$ 83,844		\$ 132,543	\$ 48,699	\$ 1,266,599	34

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

Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 481,790	\$ 46,152	\$ 46,152	\$	5-10 yrs	\$ 303,314	71
72	Current Year Purchases	35,073	1,903	1,903		10 yrs	1,903	72
73	Fully Depreciated Assets	104,979				5 yrs	104,979	73
74	Alloc. From Mgmt. Co. & BLDG	597,261		2,975	2,975	10 yrs	593,641	74
75	TOTALS	\$ 1,219,103	\$ 48,055	\$ 51,030	\$ 2,975		\$ 1,003,837	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	N/A			\$	\$	\$	\$		\$	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)	\$ 5,832,726	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 131,899	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 183,573	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 51,674	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,270,436	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Building Improvements	\$ 490,416	92
93	Building Improv. (BLDG CO.)	26,070,608	93
94			94
95		\$ 26,561,024	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 LaGrange

# 0047274

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>44,809</u>			6
7	TOTAL				\$ <u>44,809</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>	\$ _____
13.	<u>/2019</u>	\$ _____
14.	<u>/2020</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: \$ 79,783 Description: See Attached Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	<u>N/A</u>				18
19					19
20					20
21	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 LaGrange  
0047274  
12/31/2017

Schedule 14 A

Schedule 14A

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

Copier	15,309
Water Cooler	3,807
Office Equipment	-
Internet Equipment	469
Medical Equipment	4,111
Mattress & Beds	12,774
Postage Meter	1,411
Building Company Management Co.	39,683 <u>2,219</u>
Total	<u><u>79,783</u></u>

**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			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		2,214		2,214
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$ 2,214	\$	\$ 2,214
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$	2,214		

**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)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(1)	3438 hrs	\$ 136,820		\$		3,438	\$ 136,820	1
2	Licensed Speech and Language Development Therapist	10A(1)	3983 hrs	178,138				3,983	178,138	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(1,2 & 3)	3129 hrs	133,168			2,637	3,129	135,805	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				114,697		114,697	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					33,441		33,441	12
13	Other (specify): <u>Dialysis</u>	39(3)			1,224	37,933		1,224	37,933	13
14	<b>TOTAL</b>			\$ 448,126	1,224	\$ 37,933	\$ 150,775	11,774	\$ 636,834	14

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

Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

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	\$ 8,164	\$ 8,164	1
2	Cash-Patient Deposits	66,762	66,762	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,622,844		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,986	38,083	6
7	Other Prepaid Expenses	7,632	7,632	7
8	Accounts Receivable (owners or related parties)	63,307	63,307	8
9	Other(specify): <u>See Sch 17C</u>	18,223	1,890,226	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,814,918	\$ 2,074,174	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,561,408	13
14	Buildings, at Historical Cost		1,875,402	14
15	Leasehold Improvements, at Historical Cost	611,498	1,176,813	15
16	Equipment, at Historical Cost	621,842	1,219,103	16
17	Accumulated Depreciation (book methods)	(870,229)	(2,270,436)	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 CPI)	490,416	26,561,024	22
23	Other(specify): <u>Mortgage Cost Net</u>		3,967	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 853,527	\$ 30,127,281	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,668,445	\$ 32,201,455	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,211,326	\$ 1,211,326	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	42,750	42,750	28
29	Short-Term Notes Payable	1,213,872	1,213,872	29
30	Accrued Salaries Payable	296,227	296,227	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		372,001	32
33	Accrued Interest Payable	15,401	15,401	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Sch 17C</u>	535,749	535,749	36
37	<u>Due to Related Parties</u>	10,042,251	5,566,190	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 13,357,576	\$ 9,253,516	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,990,571	24,424,419	39
40	Mortgage Payable			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>	\$ 1,990,571	\$ 24,424,419	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 15,348,147	\$ 33,677,935	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (12,679,702)	\$ (1,476,480)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,668,445	\$ 32,201,455	48

\*(See instructions.)

Meadowbrook Manor LaGrange  
0047274  
12/31/2017

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Refund Transfer	17,916	17,916
Employee Advances	307	307
Other Deposit		27,019
Real Estate Tax-Escrow		
Due From Beaver Creek Construction		1,834,984
Due From Chesapeake Bay Construction		10,000
	<u>18,223</u>	<u>1,890,226</u>

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Professional Liability Claims	516,095	516,095
Accrued-Payroll Taxes	19,453	19,453
Wage Garnishments	165	165
Accrued - Life Ins. Withholding	36	36
	<u>535,749</u>	<u>535,749</u>

C. Current Liabilities	Operating	After Consolidation
Line 37 -Other Current Liabilities		
Due from Shareholder	(648)	(648)
Due from Bolingbrook	2,500,924	2,500,924
Due from Naperville	1,640,367	1,640,367
Due From BHC Group	315,257	836,988
Due from BHC Construction	4,498	4,498
Due from BHC VIII	346,593	346,593
Due from BHC Labor, LLC	(25,132)	(112,132)
Accrued Rent	4,910,792	
Resident Credit Balances	349,600	349,600
N/P State		
	<u>10,042,251</u>	<u>5,566,190</u>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(9,479,059)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<u>Rounding</u>	(1)	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(9,479,060)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(3,200,642)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(3,200,642)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>	<u>Rounding</u>		<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(12,679,702)</b>	<b>24</b> *

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

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 6,036,535	1
2	Discounts and Allowances for all Levels	(101,417)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,935,118	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	882,461	6
7	Oxygen	42,680	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 925,141	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	920	13
14	Non-Patient Meals	168	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	105,822	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,637	19
20	Radiology and X-Ray	17,075	20
21	Other Medical Services	55,328	21
22	Laundry	5,009	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 187,959	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	3,311	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 3,311	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Miscellaneous	50	28
28a	Vending Income		28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 50	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 7,051,579	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,439,324	31
32	Health Care	3,938,094	32
33	General Administration	2,514,700	33
<b>B. Capital Expense</b>			
34	Ownership	1,562,870	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	493,497	35
36	Provider Participation Fee	303,736	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 10,252,221	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(3,200,642)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (3,200,642)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 4,451,285	44
45	Private Pay - Net Inpatient Revenue	687,975	45
46	Medicare - Net Inpatient Revenue	432,728	46
47	Other-(specify) <u>Veterans</u>		47
48	Other-(specify) <u>Insurance</u>	363,130	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 5,935,118	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 LaGrange

# 0047274

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	2,055	2,229	\$ 98,228	\$ 44.07	1
2	Assistant Director of Nursing	1,917	2,115	80,625	38.12	2
3	Registered Nurses	12,857	13,939	439,130	31.50	3
4	Licensed Practical Nurses	32,865	35,890	970,583	27.04	4
5	CNAs & Orderlies	63,176	66,044	951,650	14.41	5
6	CNA Trainees	333	340	2,214	6.51	6
7	Licensed Therapist	9,468	10,550	448,126	42.48	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,612	10,097	115,604	11.45	10
11	Social Service Workers	3,792	4,093	71,793	17.54	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	26,031	27,558	315,009	11.43	15
16	Dishwashers					16
17	Maintenance Workers	11,200	11,909	215,904	18.13	17
18	Housekeepers	17,072	18,798	173,740	9.24	18
19	Laundry	6,885	7,275	67,522	9.28	19
20	Administrator	1,953	2,051	139,628	68.08	20
21	Assistant Administrator	298	298	12,670	42.52	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,433	13,350	269,520	20.19	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	1,800	1,832	27,865	15.21	31
32	Other Health C: <u>See SCH20A</u>	17,375	18,829	373,017	19.81	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	231,122	247,197	\$ 4,772,828 *	\$ 19.31	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	328	\$ 14,294	1(3)	35
36	Medical Director	Monthly	30,000	9(3)	36
37	Medical Records Consultant	16	784	10(3)	37
38	Nurse Consultant	165	9,075	10(3)	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	5	210	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	18	967	11(3)	44
45	Social Service Consultant	21	1,333	12(3)	45
46	Other(specify) <u>Quality Assurance</u>	# of Resident	8,743	10(3)	46
47	<u>Wound Care Director</u>	Monthly	17,375	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	553	\$ 82,781		49

C. CONTRACT NURSES

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

Meadowbrook Manor LaGrange  
0047274  
12/31/2017

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Central Supply	2,032	2,280	39,002	17.11
Ward Clerk	3,233	3,419	39,328	11.50
Nursing Administration	1,447	1,475	38,560	26.14
MDS Coordinator	2,033	2,338	81,339	34.79
Rehabilitation Nursing Wages	2,043	2,268	75,673	33.37
Rehabilitation Aides Wages	6,587	7,049	99,115	14.06
Total	<u>17,375</u>	<u>18,829</u>	<u>373,017</u>	<u>19.81</u>



**Meadowbrook Manor LaGrange**  
**Provider #: 0047274**  
**01/01/2017 to 12/31/2017**

**Schedule 21A**

XIX. SUPPORT SCHEDULE  
 C. Professional Services

Pinnacle Quality	Employee Training Program	320
MY TLCare LLC	Pacemaker Consulting	41
American Express	Computer Services	332
RSM US LLP	Accounting	12,558
Ronald L Cournaya	Accounting Services	5,000
Polsinelli Shughart PC	Legal	35,212
Hamilton Thies Lorch & Hagnell	Legal	2,485
Markoff Law Firm	Legal	41
Seymour, Kremer & Leikhorn	Legal	250
Illinois Secretary of State	Annual Report	250
Hunt, Aranda, & Subach LTD	Legal	904
Total for Schedule 21A		<u>57,393</u>
Total (agree to Schedule V, line 19, column 3)		155,053
Allocation from Butterfield Health Care Group		12,471
Allocation From MML Properties	Accounting Fees	7,800
Allocation From MML Properties	Legal Fees	1,885
Out of period legal		
To disallow non-allowable legal fees		
To disallow non-allowable Professional Fees		-
Disallow Marketing Consulting		(1,250)
Disallow Collection Fees		(41)
Total (agree to Schedule V, line 19, column 8)		<u>175,918</u>







Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? N
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IL CLTC-\$ 28,565
- (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? 9.49 Yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 59,585 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. \$ 303,736  
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. \$ 168
- (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	315,009	26,300	14,294	355,603	0	355,603	0	355,603
2. Food Purchase	0	225,972	0	225,972	0	225,972	735	226,707
3. Housekeeping	173,740	40,876	0	214,616	0	214,616	80	214,696
4. Laundry	67,522	15,657	0	83,179	0	83,179	0	83,179
5. Heat and Other Utilities	0	0	180,498	180,498	0	180,498	1,809	182,307
6. Maintenance	215,904	24,679	138,873	379,456	0	379,456	15,505	394,961
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	772,175	333,484	333,665	1,439,324	0	1,439,324	18,129	1,457,453
9. Medical Director	0	0	30,000	30,000	0	30,000	8,558	38,558
10. Nursing & Medical Records	2,941,098	277,261	35,977	3,254,336	0	3,254,336	5,920	3,260,256
10a. Therapy	448,126	2,637	210	450,973	0	450,973	0	450,973
11. Activities	115,604	10,874	967	127,445	0	127,445	25	127,470
12. Social Services	71,793	0	1,333	73,126	0	73,126	8,266	81,392
13. Nurse Aide Training	2,214	0	0	2,214	0	2,214	0	2,214
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	3,578,835	290,772	68,487	3,938,094	0	3,938,094	22,769	3,960,863
17. Administrative	152,298	0	422,374	574,672	0	574,672	-375,465	199,207
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	155,053	155,053	0	155,053	20,865	175,918
20. Fees, Subscriptions & Promotion	0	0	58,731	58,731	0	58,731	-9,447	49,284
21. Clerical & General Office	269,520	24,114	96,421	390,055	0	390,055	150,579	540,634
22. Employee Benefits & Payroll	0	0	651,069	651,069	0	651,069	0	651,069
23. Inservice Training & Education	0	0	95	95	0	95	0	95
24. Travel and Seminar	0	0	675	675	0	675	134	809
25. Other Admin. Staff Trans	0	0	7,955	7,955	0	7,955	973	8,928
26. Insurance-Prop.Liab.Malpractice	0	0	676,395	676,395	0	676,395	461	676,856
27. Other (specify)*	0	0	0	0	0	0	35,574	35,574
28. Total General Adminis	421,818	24,114	2,068,768	2,514,700	0	2,514,700	-176,326	2,338,374
29. Total General Administrative	4,772,828	648,370	2,470,920	7,892,118	0	7,892,118	-135,428	7,756,690
30. Depreciation	0	0	131,899	131,899	0	131,899	51,674	183,573
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	73,090	73,090	0	73,090	-17,329	55,761
33. Real Estate	0	0	0	0	0	0	176,234	176,234
34. Rent - Facility & Grounds	0	0	1,320,000	1,320,000	0	1,320,000	-1,275,191	44,809
35. Rent - Equipment & Vehicles	0	0	37,881	37,881	0	37,881	41,902	79,783
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,562,870	1,562,870	0	1,562,870	-1,022,710	540,160
38. Medically Necessary T	0	0	8,261	8,261	0	8,261	0	8,261
39. Ancillary Service Cent	0	148,138	37,933	186,071	0	186,071	0	186,071
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	303,736	303,736	0	303,736	0	303,736
43. Other (specify):*	0	0	299,165	299,165	0	299,165	-299,165	0
44. Total Special Cost Ce	0	148,138	649,095	797,233	0	797,233	-299,165	498,068
45. Grand Total	4,772,828	796,508	4,682,885	10,252,221	0	10,252,221	-1,457,303	8,794,918

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	8,164	8,164
2. Cash - Patient Deposits	66,762	66,762
3. Accounts & Notes Recievable	1,622,844	1,622,844
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	27,986	38,083
7. Other Prepaid Expenses	7,632	7,632
8. Accounts Receivable-Owner/Related Party	63,307	63,307
9. Other (specify):	18,223	1,890,226
10. Total current assets	1,814,918	3,697,018
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	1,561,408
14. Buildings, at Historical Cost	0	1,875,402
15. Leasehold Improvements, Historical Cost	611,498	1,176,813
16. Equipment, at Historical Cost	621,842	1,219,103
17. Accumulated Depreciation (book methods)	-870,229	-2,270,436
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):	490,416	26,561,024
23. other (specify):	0	3,967
24. Total Long-Term Assets	853,527	30,127,281
25. Total Assets	2,668,445	33,824,299
CURRENT LIABILITIES		
26. Accounts Payable	1,211,326	1,211,326
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	42,750	42,750
29. Short-Term Notes Payable	1,213,872	1,213,872
30. Accrued Salaries Payable	296,227	296,227
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	372,001
33. Accrued Interest Payable	15,401	15,401
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	535,749	535,749
37. Other Current Liabilities (specify):	10,042,251	5,566,190
38. Total Current Liabilities	13,357,576	9,253,516
LONG TERM LIABILITES		
39.Long-Term Notes Payable	1,990,571	24,424,419
40.Mortgage Payable	0	0
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	1,990,571	24,424,419
46.Total Liabilities	15,348,147	33,677,935
47.Total Equity	#####	146,364
48.Total Liabilities and Equity	2,668,445	33,824,299

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	6,036,535
2. Discounts and Allowances for all Levels	-101,417
Subtotal - Inpatient Care	5,935,118
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	882,461
7. Oxygen	42,680
Subtotal - Ancillary Revenue	925,141
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	920
14. Non-Patient Meals	168
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	105,822
18. Sale of Supplies to Non-Patients	0
19. Laboratory	3,637
20. Radiology and X-Ray	17,075
21. Other Medical Services	55,328
22. Laundry	5,009
Subtotal - Other Operating Revenue	187,959
24. Contributions	0
25. Interest and Other Investments Income	3,311
Subtotal - Non-Operating Revenue	3,311
27. Other Revenue (specify):	50
28. Other Revenue (specify):	0
Subtotal - Other Revenue	50
30. Total Revenue	7,051,579
31. General Services	1,439,324
32. Health Care	3,938,094
33. General Administration	2,514,700
34. Ownership	1,562,870
35. Special Cost Centers	493,497
35. Provider Participation Fee	303,736
37. Other	0
40. Total Expenses	10,252,221
41. Income Before Income Taxes	-3,200,642
42. Income Taxes	0
43. Net Income or Loss for the Year	-3,200,642