



Facility Name & ID Number Meadowbrook Manor of Naperville

# 0041285 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	245	Skilled (SNF)	245	89,425	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	245	TOTALS	245	89,425	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	58,188	13,284	4,625	76,097	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	58,188	13,284	4,625	76,097	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.10%

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 02/09/1996

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 02/09/1996 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 245 and days of care provided 3,217

Medicare Intermediary Wisconsin Physicians Service

**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 of Naperville # 0041285 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	495,032	31,093	19,428	545,553		545,553		545,553		1
2	Food Purchase		510,190		510,190		510,190	1,306	511,496		2
3	Housekeeping	348,955	77,931		426,886		426,886	185	427,071		3
4	Laundry	64,840	50,266		115,106		115,106		115,106		4
5	Heat and Other Utilities			309,251	309,251		309,251	4,197	313,448		5
6	Maintenance	209,338	25,268	224,687	459,293		459,293	29,519	488,812		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	1,118,165	694,748	553,366	2,366,279		2,366,279	35,207	2,401,486		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			48,000	48,000		48,000	19,858	67,858		9
10	Nursing and Medical Records	5,657,817	495,013	318,450	6,471,280		6,471,280	13,737	6,485,017		10
10a	Therapy	907,245	13,230	28,859	949,334		949,334		949,334		10a
11	Activities	266,969	14,670	1,590	283,229		283,229	58	283,287		11
12	Social Services	118,145		293	118,438		118,438	19,180	137,618		12
13	CNA Training	536			536		536		536		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	6,950,712	522,913	397,192	7,870,817		7,870,817	52,833	7,923,650		16
	<b>C. General Administration</b>										
17	Administrative	137,554		979,118	1,116,672		1,116,672	(870,273)	246,399		17
18	Directors Fees										18
19	Professional Services			251,148	251,148		251,148	36,969	288,117		19
20	Dues, Fees, Subscriptions & Promotions			69,932	69,932		69,932	(11,207)	58,725		20
21	Clerical & General Office Expenses	344,963	35,536	97,491	477,990		477,990	348,724	826,714		21
22	Employee Benefits & Payroll Taxes			1,265,132	1,265,132		1,265,132		1,265,132		22
23	Inservice Training & Education			3,897	3,897		3,897		3,897		23
24	Travel and Seminar			7,446	7,446		7,446	(1,514)	5,932		24
25	Other Admin. Staff Transportation			9,934	9,934		9,934	2,257	12,191		25
26	Insurance-Prop.Liab.Malpractice			657,452	657,452		657,452	95,368	752,820		26
27	Other (specify):*							82,542	82,542		27
28	<b>TOTAL General Administration</b>	482,517	35,536	3,341,550	3,859,603		3,859,603	(317,134)	3,542,469		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	8,551,394	1,253,197	4,292,108	14,096,699		14,096,699	(229,094)	13,867,605		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 of Naperville

#0041285

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			197,604	197,604		197,604	343,404	541,008			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			160,177	160,177		160,177	487,880	648,057			32
33	Real Estate Taxes							240,762	240,762			33
34	Rent-Facility & Grounds			1,344,000	1,344,000		1,344,000	(1,240,028)	103,972			34
35	Rent-Equipment & Vehicles			92,090	92,090		92,090	5,149	97,239			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,793,871	1,793,871		1,793,871	(162,833)	1,631,038			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			21,726	21,726		21,726		21,726			38
39	Ancillary Service Centers	289,035	410,047	216	699,298		699,298		699,298			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			580,745	580,745		580,745		580,745			42
43	Other (specify):*			706,593	706,593		706,593	(706,593)				43
44	<b>TOTAL Special Cost Centers</b>	289,035	410,047	1,309,280	2,008,362		2,008,362	(706,593)	1,301,769			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	8,840,429	1,663,244	7,395,259	17,898,932		17,898,932	(1,098,520)	16,800,412			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	(790)	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	7,799	30		9
10	Interest and Other Investment Income	(34,591)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,689)	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	(41,923)	43		18
19	Entertainment				19
20	Contributions	(700)	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	(535,320)	43		24
25	Fund Raising, Advertising and Promotional	(1,094)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(1,654)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(148,285)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (758,247)</b>		<b>\$</b>	<b>30</b>

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)	(340,273)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (340,273)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (1,098,520)</b>		<b>37</b>

\*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>			<b>\$</b>		<b>47</b>

BHF USE ONLY							
48		49		50		51	

Meadowbrook Manor of Naperville

ID# 0041285

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 of Naperville**

0041285

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	(11,723)	20
To disallow Consolidated Billing Services	(14,026)	43
To disallow Marketing Expenses	(7,537)	43
To disallow Patient Clothing	(7,900)	43
To disallow X-Ray expense	(45,390)	43
To disallow Lab expense	(8,175)	43
To disallow Employee Gifts	(20,624)	43
To disallow Flowers	0	43
To disallow Resident Gifts	(630)	43
To disallow Cable Television	(16,631)	43
To disallow Seminar Expense	(1,826)	24
To offset Miscellaneous Income	(110)	21
To disallow collection fees	(9,163)	19
To disallow Sports Sponsorship	(3,300)	43
To disallow Marketing Consulting	(1,250)	19
<b>Total</b>	<b>(148,285)</b>	

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor of Naperville# 0041285

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	(790)	2,096	0	0	0	0	0	0	0	0	0	1,306	2
3	Housekeeping	0	185	0	0	0	0	0	0	0	0	0	185	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	4,197	0	0	0	0	0	0	0	0	0	4,197	5
6	Maintenance	0	28,573	0	946	0	0	0	0	0	0	0	29,519	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(790)</b>	<b>35,051</b>	<b>0</b>	<b>946</b>	<b>0</b>	<b>35,207</b>	<b>8</b>						
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	19,858	0	0	0	0	0	0	0	0	0	19,858	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	13,737	0	0	0	0	0	0	0	0	0	13,737	11
12	Social Services	0	58	0	0	0	0	0	0	0	0	0	58	12
13	CNA Training	0	19,180	0	0	0	0	0	0	0	0	0	19,180	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>52,833</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>52,833</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(870,273)	0	0	0	0	0	0	0	0	0	(870,273)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	28,936	0	18,446	0	0	0	0	0	0	0	47,382	19
20	Fees, Subscriptions & Promotions	0	416	0	100	0	0	0	0	0	0	0	516	20
21	Clerical & General Office Expenses	0	348,834	0	0	0	0	0	0	0	0	0	348,834	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	312	0	0	0	0	0	0	0	0	312	24
25	Other Admin. Staff Transportation	0	0	2,257	0	0	0	0	0	0	0	0	2,257	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,069	94,299	0	0	0	0	0	0	0	95,368	26
27	Other (specify):*	0	0	82,542	0	0	0	0	0	0	0	0	82,542	27
28	<b>TOTAL General Administration</b>	<b>0</b>	<b>(492,087)</b>	<b>86,180</b>	<b>112,845</b>	<b>0</b>	<b>(293,062)</b>	<b>28</b>						
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(790)</b>	<b>(404,203)</b>	<b>86,180</b>	<b>113,791</b>	<b>0</b>	<b>(205,022)</b>	<b>29</b>						

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor of Naperville# 0041285

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	7,799	0	5,611	329,994	0	0	0	0	0	0	0	343,404	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(34,591)	0	0	522,471	0	0	0	0	0	0	0	487,880	32
33	Real Estate Taxes	0	0	0	240,762	0	0	0	0	0	0	0	240,762	33
34	Rent-Facility & Grounds	0	0	103,972	(1,344,000)	0	0	0	0	0	0	0	(1,240,028)	34
35	Rent-Equipment & Vehicles	0	0	5,149	0	0	0	0	0	0	0	0	5,149	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(26,792)</b>	<b>0</b>	<b>114,732</b>	<b>(250,773)</b>	<b>0</b>	<b>(162,833)</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):*	(582,380)	0	0	0	0	0	0	0	0	0	0	(582,380)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(582,380)</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>(582,380)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(609,962)</b>	<b>(404,203)</b>	<b>200,912</b>	<b>(136,982)</b>	<b>0</b>	<b>(950,235)</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 VII, LLC d/b/a Meadowbrook Manor of LaGrange	LaGrange	J&D Partners, LP	Bolingbrook	Lessor
		Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor of Bolingbrook	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	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%	\$ 2,096	\$	2,096	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%	185		185	2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	4,197		4,197	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	28,573		28,573	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	19,858		19,858	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	13,737		13,737	6
7	V	12 Activities		Butterfield Health Care Group, Inc.	100.00%	58		58	7
8	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	19,180		19,180	8
9	V	17 Administrative Costs	979,118	Butterfield Health Care Group, Inc.	100.00%	108,845		(870,273)	9
10	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	28,936		28,936	10
11	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	416		416	11
12	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	348,834		348,834	12
13	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%				13
14	Total		\$ 979,118			\$ 574,915	\$ *	(404,203)	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%	\$ 312	\$	312	15
16	V	25 Auto Expense		Butterfield Health Care Group, Inc.	100.00%	2,257		2,257	16
17	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	1,069		1,069	17
18	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	82,542		82,542	18
19	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	5,611		5,611	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%	103,972		103,972	21
22	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	5,149		5,149	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		\$			\$ 200,912	\$ *	200,912	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Fees	\$	MMN Properties, LLC	100.00%	\$ 18,446	\$ 18,446
16	V	21 Clerical & General Office exp.		MMN Properties, LLC	100.00%		
17	V	26 Insurance-Prop., Liab., Malpr.		MMN Properties, LLC	100.00%	94,299	94,299
18	V	30 Depreciation		MMN Properties, LLC	100.00%	329,994	329,994
19	V	32 Interest Expense	341	MMN Properties, LLC	100.00%		(341)
20	V	32 Interest Expense		MMN Properties, LLC	100.00%	519,441	519,441
21	V	32 Amort of Mortgage Cost		MMN Properties, LLC	100.00%	3,371	3,371
22	V	33 Real Estate Taxes		MMN Properties, LLC	100.00%	240,762	240,762
23	V	34 Rent	1,344,000	MMN Properties, LLC	100.00%		(1,344,000)
24	V	20 Licenses		MMN Properties, LLC	100.00%	100	100
25	V	6 Maintenance		MMN Properties, LLC	100.00%	946	946
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,344,341			\$ 1,207,359	\$ * (136,982)

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

Facility Name & ID Number Meadowbrook Manor of Naperville # 0041285 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	139,075	8	20.00	Mgt Salaries	\$ 33,317	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	87,597	2	5.00	Mgt Salaries	13,644	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	157,109	2	5.00	Mgt Salaries	57,625	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	69,778	2	5.00	Mgt Salaries	4,259	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	54,142	10	25.00	Medical Director	19,858	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	0	40	100.00	Administrator	57,010	17(1)	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 185,713		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 of Naperville

# 0041285

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	Residents Days	283,567	4	\$ 7,810	\$ 76,097	\$ 2,096	1	
2	3	Housekeeping	Residents Days	283,567	4	688	76,097	185	2	
3	5	Utilities	Residents Days	283,567	4	15,639	76,097	4,197	3	
4	6	Repairs & Maintenance	Residents Days	283,567	4	106,477	83,516	76,097	28,573	4
5	9	Medical Director	Residents Days	283,567	4	74,000	76,097	19,858	5	
6	11	Nursing	Residents Days	283,567	4	51,189	51,189	76,097	13,737	6
7	12	Activities	Residents Days	283,567	4	215	76,097	58	7	
8	13	Social Services	Residents Days	283,567	4	71,472	71,472	76,097	19,180	8
9	17	Administrative Costs	Residents Days	283,567	4	405,597	405,597	76,097	108,845	9
10	19	Professional Services	Residents Days	283,567	4	107,825	76,097	28,936	10	
11	20	Dues,Fees & Subscriptions	Residents Days	283,567	4	1,550	76,097	416	11	
12	21	Clerical & General Office exp.	Residents Days	283,567	4	1,299,889	1,176,721	76,097	348,834	12
13	23	Training & Education	Residents Days	283,567	4		76,097	0	13	
14	24	Travel & Seminar	Residents Days	283,567	4	1,161	76,097	312	14	
15	25	Auto Expense	Residents Days	283,567	4	8,412	76,097	2,257	15	
16	26	Insurance	Residents Days	283,567	4	3,983	76,097	1,069	16	
17	27	Employee Benefits General &Admin.	Residents Days	283,567	4	307,583	76,097	82,542	17	
18	30	Depreciation	Residents Days	283,567	4	20,910	76,097	5,611	18	
19	32	Interest	Residents Days	283,567	4		76,097	0	19	
20	34	Rent Building	Residents Days	283,567	4	387,439	76,097	103,972	20	
21	35	Equipment Rental	Residents Days	283,567	4	19,189	76,097	5,149	21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 2,891,028	\$ 1,788,495	\$ 775,827	25	

Facility Name & ID Number

Meadowbrook Manor of Naperville

# 0041285

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	Cambridge - HUD	X	Mortgage	\$67,449.00	10/31/11	16,320,000	14,707,818	10/01/46	3.5000	519,441										
3		X	Amortization of Loan Cost							3,371										
4																				
5																				
<b>Working Capital</b>																				
6	West Suburban	X	Working Capital	N/A		1,128,156	2,772,457	06/30/18	10.0000	127,978										
7																				
8	Shoreholders Loan	X	Working Capital	N/A			831,183	Demand	4.0000	32,199										
9	<b>TOTAL Facility Related</b>			\$67,449.00		\$ 17,448,156	\$ 18,311,458			\$ 682,989										
<b>B. Non-Facility Related*</b>																				
10								Offset Interest Income		(2,392)										
11								BLDG Co Repl. Reserve		(341)										
12								Shareholders Interest		(32,199)										
13																				
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ (34,932)										
15	<b>TOTALS (line 9+line14)</b>					\$ 17,448,156	\$ 18,311,458			\$ 648,057										

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 74,204      Line # 26

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

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

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

**B. Real Estate Taxes**

**Important, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.**

1. Real Estate Tax accrual used on 2016 report.		\$	<b>248,400</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>240,762</b>	<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(7,638)</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>248,400</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>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 \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</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>240,762</b>	<b>7</b>

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	<b>234,536</b>	<b>8</b>
	2013	<b>240,287</b>	<b>9</b>
	2014	<b>240,909</b>	<b>10</b>
	2015	<b>239,122</b>	<b>11</b>
	2016	<b>240,762</b>	<b>12</b>

**2016 Tax Bill= \$240,762**

**Estimated increase=1.030**

**Total = \$247,985.13**

**Use: \$ 248400**

<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:**

- Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
- 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 of Naperville COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0041285

CONTACT PERSON REGARDING THIS REPORT Scott Gabrys

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

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

Enter the tax index number and real estate tax assessed for 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>07-14-113-001</u>	<u>Nursing Facility</u>	\$ <u>240,762.28</u>	\$ <u>240,762.28</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>240,762.28</u></u>	\$ <u><u>240,762.28</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 of Naperville

# 0041285 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).

N/A

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Resident Care, 148,410, 1996, \$ 279,600, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 148,410, (blank), \$ 279,600, 3.

Facility Name &amp; ID Number Meadowbrook Manor of Naperville

# 0041285

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	245		1996	1996	\$ 9,863,922	\$	40	\$ 246,598	\$ 246,598	\$ 5,407,014	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Landscapping improvements	1996		22,797		15			22,797	9
10		Fence	1996		5,500		15			5,500	10
11		Land Improvements	1996		12,824		40	320	320	7,015	11
12		Doors	1998		5,961		20	298	298	6,109	12
13		Landscaping improvements-shrubs trees evergreen:	1998		22,729		20	1,136	1,136	22,720	13
14		Leasehold improvements-air ducts, dampers, chimney	2001		4,425		20	221	221	3,647	14
15		Electrical work - dialysis room	2005		4,024		20	201	201	3,115	15
16		Lockinvar burner	2005		3,584		20	179	179	2,777	16
17		Fence	2005		1,465		20	73	73	1,134	17
18		signs	2005		2,775		20	139	139	2,151	18
19		Exterior signs-electroical sork for signs	2003		1,575		20	79	79	1,260	19
20		Exterior signs-electroical sork for signs	2003		6,020		20	301	301	4,063	20
21		Plumbing for dialysis room	2003		5,540		20	277	277	4,429	21
22		Plumbing for dialysis room	2003		10,989		20	549	549	7,412	22
23		Install 7 doors	2003		3,433		20	172	172	2,322	23
24		Sealcoat parking lot	2003		3,000		20	150	150	2,025	24
25		Install vents in oxygen room	2003		2,061		20	103	103	1,651	25
26		Replace monitors and multiplexer for fire alarm	2003		1,890		20	94	94	1,503	26
27		Install fire alarm sensors	2003		9,517		20	476	476	6,426	27
28		Butterfly garden	2004		4,851		20	242	242	3,267	28
29		Install fence	2004		1,050		20	52	52	702	29
30		Install smoke dampers and motor:	2004		3,300		20	165	165	2,227	30
31		Install carpeting	2004		56,444		20	2,822	2,822	38,099	31
32		Install fan	2004		3,218		20	161	161	2,173	32
33		Rebuild hoe water valves	2004		1,657		20	83	83	1,120	33
34		Install two doors.	2004		1,312		20	66	66	891	34
35		Replace wiring/PC board in elevaror	2005		2,895		10			2,895	35
36		Furnish and install new roof exhaust fan	2005		1,995		10			1,995	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 of Naperville

# 0041285

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	Sealcoat parking lot	2005	\$ 6,765	\$	10	\$	\$	\$ 6,765	37
38	Install wiring for outdoor light post	2005	3,980		10			3,980	38
39	Install 18 new fire doors	2005	6,700		10			6,700	39
40	New hot water heater	2005	66,259		10			66,259	40
41	Install new amp and transfer switch on generator	2006	3,309		10			3,309	41
42	Work laminent flooring for dining room	2006	12,206		10			12,206	42
43	Wiring for TB	2006	42,270		10			42,270	43
44	Interior sinage	2006	12,436		10			12,436	44
45	Vinyl & Wood flooring & scored ceiling tile	2007	64,390		10	3,220	3,220	64,390	45
46	Purchase and installation of central A/C system	2007	73,513		10	3,678	3,678	73,513	46
47	Replacement doors	2007	2,622		10	133	133	2,622	47
48	Purchase and installation of Trane Compressor	2007	31,600		10	1,580	1,580	31,600	48
49	Replace existing breakers & install 2nd/3rd floor receptacles	2007	4,283		10	217	217	4,283	49
50	Install Cabinets & Hardware	2008	5,775		10	578	578	5,491	50
51	Repair floor drain	2008	4,975		10	498	498	4,731	51
52	Cabinets	2008	9,254		10	925	925	8,788	52
53	Countertops & Cabinets	2008	17,157		10	1,716	1,716	16,302	53
54	Electrical outlets & lighting installation	2008	2,953		10	295	295	2,803	54
55	Install doors for buffet dining & nourishment room bar	2008	3,695		10	370	370	3,515	55
56	Patio & Seating Wall	2008	7,744		10	774	774	7,353	56
57	Parking Lot & Sidewalk Repairs	2008	9,243		10	924	924	8,778	57
58	Furnish & install motor & starter for A/C system	2008	2,585		10	259	259	2,460	58
59	Repair leak in hot water storage tank	2008	2,994		10	299	299	2,841	59
60	1st floor buffet cabinets and countertops	2009	48,761		10	4,876	4,876	41,446	60
61	Counter tops and cabinets for hamilton and beauty salon	2009	4,843		10	484	484	4,114	61
62	Concrete & foundation for trash enclosure	2009	26,051		10	2,605	2,605	22,143	62
63	Electrical work beauty salon	2009	2,533		10	253	253	2,151	63
64	Canopy sprinkler	2009	7,040		10	704	704	5,984	64
65	Labor and material for repair of chiller fence	2009	2,700		10	270	270	2,295	65
66	Replace sidewalk lights	2009	2,600		10	260	260	2,210	66
67	Limestone and asphalt work for new trash enclosure	2009	8,870		20	444	444	3,774	67
68	Work on temperature system	2009	2,574		10	257	257	2,185	68
69	Cabinets, Brackets & Sneezeguards for Buffet	2010	76,804		10	7,680	7,680	57,600	69
70	TOTAL (lines 4 thru 69)		\$ 10,650,237	\$		\$ 288,256	\$ 288,256	\$ 6,105,736	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>		\$ 10,650,237	\$		\$ 288,256	\$ 288,256	\$ 6,105,736	1
2	Install Sink	2010	5,675		10	568	568	4,260	2
3	Dialysis Remodel-Electrical,carpentry and tile	2010	20,949		10	2,095	2,095	15,712	3
4	Lounge Nourishment room-electrical	2010	3,661		10	366	366	2,745	4
5	North Wing remodel-Flooring, electrical and plumbing	2010	33,132		10	3,313	3,313	24,848	5
6	Cabinets Activity Office	2010	6,972		10	697	697	5,228	6
7	Cabinets Restorative Office	2010	6,633		10	663	663	4,973	7
8	Elevator Repairs	2010	7,376		10	738	738	5,535	8
9	Dining Room-Frame ceiling, new smoke detectors	2010	5,339		10	534	534	3,871	9
10	Corridor Remodel - Wall paper removal, Paint, Carpet	2011	85,765		10	8,577	8,577	60,039	10
11	Handrails								11
12	Common Shower Remodel - Plumbing, Tile, Ceramic Floors,	2011	84,930		10	8,493	8,493	59,451	12
13	and painting								13
14	Resident Room Remodel - Ceramic Tile floor, crown mould,	2011	73,907		10	7,391	7,391	51,737	14
15	painting								15
16	DON Office Remodel - New Vinyl floor, and Painting	2011	8,340		10	834	834	5,838	16
17	Private Dining Remodel - new vinyl floor and painting	2011	8,493		10	849	849	5,943	17
18	Chiller Repair	2011	3,633		10	363	363	2,541	18
19	Soffit Repair	2011	3,360		10	336	336	2,352	19
20	Installation of Build in Speaker System	2011	6,135		10	614	614	4,298	20
21	Repair to the firewall	2011	3,262		10	326	326	2,282	21
22	Install new Fire Dampers in Building	2012	115,487		10	11,549	11,549	63,519	22
23	Repairs to the Chiller - Compressor Fan , Coils	2013	13,354		10	1,335	1,335	6,008	23
24	Residents Rooms Second Floor -Painting, Stain Plumbing	2013	11,881		10	1,188	1,188	5,346	24
25	Lobby Renovation/Reception Area Vinyl Wallcovering	2013	4,842		10	484	484	2,178	25
26	Landscape around Facility -Mulch	2013	5,013		5	1,003	1,003	4,513	26
27	Design Fees for Lounge, Residential Rooms, Dinning Room	2013	9,333		10	933	933	4,199	27
28	Resident Rooms 2nd Flr-Flooring, Walls, Painting, Plumbing	2013	72,230		10	7,223	7,223	32,504	28
29	Carpet & Threshold Install - 2nd Floor Corridors and Lounge	2013	23,236		10	2,324	2,324	10,458	29
30	Front Exterior Sliding Door	2013	1,842		10	184	184	828	30
31	2nd Floor Lounge- Window Treatments, Paint, Granite Tops,	2014	5,275		10	527	527	1,845	31
32	Wall Paper, Cabinetry								32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,280,292	\$		\$ 351,763	\$ 351,763	\$ 6,498,787	34

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

Facility Name &amp; ID Number Meadowbrook Manor of Naperville

# 0041285

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>		\$ 11,280,292	\$		\$ 351,763	\$ 351,763	\$ 6,498,787	1
2	1st&2nd Floor Common Showers- Plumbing Labor and Parts,	2014	4,696		10	470	470	1,644	2
3	Shower Tile and Ceiling Tile								3
4	Newsstands- Canopy, Awing's, Lighting, electric work, Walls	2014	6,120		10	612	612	2,142	4
5	Nursing Station-2nd&3rd Floor Electrical work, Flooring ,	2014	19,122		10	1,912	1,912	6,692	5
6	and Painting								6
7	Administrators office - two built in Cabinets	2014	1,746		10	175	175	612	7
8	Residents Rooms-39 Valances, Headboards, Cabinets	2014	15,459		10	1,545	1,545	5,408	8
9	Remolding the Therapy Rooms - Tile, Vinyl, Cabinets,	2014	6,980		10	698	698	2,443	9
10	Molding, Drywall, Windows, Painting, Eclectic Work								10
11	Dietary/Kitchen Office - Installed Cabinets, Doors	2014	14,463		10	1,446	1,446	5,061	11
12	Maintenance install Automatic Door Opener for Front Door	2014	4,687		10	469	469	1,641	12
13	Social Services Electric Work for Lighting, Cabinets	2014	9,167		10	917	917	3,210	13
14	Parking Lot Upgrade	2014	13,200		10	1,320	1,320	4,620	14
15	Remolding the Therapy Rooms - Wood Trim and Paint	2014	1,919		10	192	192	672	15
16	Residents Rooms-39 Valances, Headboards, Cabinets	2014	29,400		10	2,940	2,940	10,290	16
17	Nursing Station-2nd&3rd Floor Electrical work, Flooring ,	2014	162,934		10	16,293	16,293	57,026	17
18	and Painting, Vinyl								18
19	1st&2nd Floor Common Showers- Plumbing Labor and Parts,	2014	148,191		10	14,819	14,819	51,866	19
20	Shower Tile and Ceiling Tile, Painting								20
21	2nd Floor Lounge- Window Treatments, Paint, Granite Tops,	2014	4,080		10	408	408	1,428	21
22	Wall Paper, Cabinetry, Vinyl Edging, Wall Paper								22
23	Social Services Electric Work for Lighting, Cabinets	2014	2,166		10	217	217	759	23
24									24
25	Administrators office - two built in Cabinets	2014	2,790		10	279	279	1,256	25
26	Remolding the Therapy Rooms - Tile, Vinyl, Cabinets,	2014	111,953		10	11,195	11,195	50,378	26
27	Remodeling Ice Creram Palor - Sign Lighting, Sink parts,	2015	7,136		10	714	714	2,142	27
28	Doors and parts , Painting								28
29	Automatic Door Opener	2015	4,686		10	468	468	1,404	29
30	Ice Cream Parlor - Materials, Plumbing, Electrical, Cabinets	2015	47,056		10	4,706	4,706	11,765	30
31	First Floor Storage Unit - Tile,Trim, electrical, Paint, Fire	2015	49,401		10	4,940	4,940	12,350	31
32	Sprinkler, Drywall								32
33	Social Serv. Office Remodel - Plumbing, Electrical, Painting	2015	4,940		10	494	494	1,235	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,952,584	\$		\$ 418,992	\$ 418,992	\$ 6,734,831	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 12C, Carried Forward</b>		\$ 11,952,584	\$		\$ 418,992	\$ 418,992	\$ 6,734,831	1
2	Therapy Remodel - Materials Plumbing Parts, Labor	2015	11,368		10	1,137	1,137	2,842	2
3					10				3
4	Bathroom Remodeling - Tile in Bathroom South Corridor	2016	1,982		10	198	198	297	4
5	Ice Cream Parlor - Premium Drywall and Vinyl Sheets	2016	8,307		10	831	831	1,246	5
6	Oxygen Room - Heating & Cooling, Fire Dampers	2016	2,940		10	294	294	441	6
7	Central Supply Renovation - Metal Doors	2016	2,163		10	216	216	324	7
8	Residents Room Renovation - Electrical Work and Cabinets	2016	79,416		10	7,942	7,942	11,913	8
9	Corridor Lighting - Electrical and Hardware	2016	33,505		10	3,351	3,351	5,026	9
10	Human Resources Remodel - Counter Tops and Cabinets	2016	7,311		10	731	731	1,097	10
11	Madison Lounge Renovation - Wallcovering, Vinyl, Window	2016	60,671		10	6,067	6,067	9,101	11
12	Treatments, Crown Moulding, and Cabinets								12
13	Shower Renovation Third Floor electrical, tile, doors	2016	22,465		10	2,247	2,247	3,370	13
14	Facility Improvements Ceiling tiles, and Lighting for celing	2016	24,170		10	2,417	2,417	3,626	14
15	Corridor Improvement - Trim and Wall Panels	2016	8,521		10	852	852	1,278	15
16	Dinning Rooms on 1st,2nd&3rd floors cabinets	2017	74,672		10	3,734	3,734	3,734	16
17	Upgrade to the Chiller Patch Cooler Tower, Fan Motors, Chiller	2017	27,067		10	1,354	1,354	1,354	17
18	Upgrade to the Elevator - Starter, Cylinder, Door, & Piston	2017	68,324		10	3,416	3,416	3,416	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Current Book Depreciation			120,235			(120,235)		33
34	TOTAL (lines 1 thru 33)		\$ 12,385,466	\$ 120,235		\$ 453,779	\$ 333,544	\$ 6,783,896	34

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

Facility Name & ID Number Meadowbrook Manor of Naperville

# 0041285

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	\$ 664,376	\$ 66,871	\$ 66,871	\$	5-10 yrs.	\$ 408,292	71
72	Current Year Purchases	166,202	10,498	10,498		5-7 yrs.	10,498	72
73	Fully Depreciated Assets	658,304				5-10 yrs.	658,304	73
74	Alloc. From Mgmt. Co. & BLDG	1,006,322		9,860	9,860		974,562	74
75	TOTALS	\$ 2,495,204	\$ 77,369	\$ 87,229	\$ 9,860		\$ 2,051,656	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)	\$ 15,160,270	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 197,604	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 541,008	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 343,404	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,835,552	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	Working on Residents Rooms	\$ 47,294	92
93			93
94			94
95		\$ 47,294	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 of Naperville

# 0041285

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>103,972</u>			6
7	TOTAL				\$ <u>103,972</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: \$ 97,239 Description: See Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>N/A</u>		\$	\$	17
18					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 of Naperville  
0041285  
12/31/2017

Schedule 14 A

Schedule 14A

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

Copier	19,309
Internet Equipment	480
Water Cooler	8,695
Medical Equipment	31,840
Mattress & Beds	29,892
Postage Meter	1,874
Management Co.	<u>5,149</u>
Total	<u><u>97,239</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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		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)		536		536
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 536	\$	\$ 536
10	SUM OF line 9, col. 1 and 2 (e)	\$	536		

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	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 & 2)	7273	hrs	\$ 300,792	15	\$ 959	\$	7,288	\$ 301,751	1
2	Licensed Speech and Language Development Therapist	10A(1)	2259	hrs	97,568				2,259	97,568	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10A(1)	11137	hrs	508,885			13,230	11,137	522,115	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				337,927		337,927	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)						72,120		72,120	12
13	Other (specify): <u>Dialysis</u>	39(1 & 2)	13014		289,035	6	216		13,020	289,251	13
14	TOTAL				\$ 1,196,280	21	\$ 1,175	\$ 423,277	33,704	\$ 1,620,732	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 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 266,040	\$ 266,040	1
2	Cash-Patient Deposits	26,609	26,609	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 480,251 )	6,156,253		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	45,558	131,791	6
7	Other Prepaid Expenses	338,502	338,502	7
8	Accounts Receivable (owners or related parties)	1,732,701	1,732,601	8
9	Other(specify): <u>See Sch 17C</u>	1,897	140,292	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 8,567,560	\$ 2,635,835	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		279,600	13
14	Buildings, at Historical Cost		9,863,922	14
15	Leasehold Improvements, at Historical Cost	1,516,285	2,521,544	15
16	Equipment, at Historical Cost	1,488,882	2,495,204	16
17	Accumulated Depreciation (book methods)	(2,048,749)	(8,835,552)	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)	47,294	47,294	22
23	Other(specify): <u>Mortgage Cost Net</u>		97,184	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,003,712	\$ 6,469,196	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,571,272	\$ 9,105,031	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,967,791	\$ 1,987,886	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,772,457	2,772,457	29
30	Accrued Salaries Payable	685,027	685,027	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		248,400	32
33	Accrued Interest Payable	35,176	78,074	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Sch 17C</u>	2,220,951	2,220,951	36
37	<u>See Sch 17C</u>	5,329,504	119,934	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 13,010,906	\$ 8,112,729	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	831,183	831,183	39
40	Mortgage Payable		14,707,818	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>	\$ 831,183	\$ 15,539,001	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 13,842,089	\$ 23,651,730	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (4,270,817)	\$ (14,546,699)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 9,571,272	\$ 9,105,031	48

\*(See instructions.)

Meadowbrook Manor of Naperville  
0041285  
12/31/2017

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Employee Advance	1,897	1,897
Hazard Insurance Escrow		20,983
Real estate tax Escrow		78,000
Mortgage Insurance Escrow		17,005
Construction Escrow		22,407
	<u>1,897</u>	<u>140,292</u>

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Professional Liability Claims	1,113,161	1,113,161
Accrued - Payroll Taxes	39,919	39,919
Wage Garnishment	564	564
Credit Union		
Accrued - Life Ins Withholding	304	304
Resident Credit Balance	1,067,003	1,067,003
	<u>2,220,951</u>	<u>2,220,951</u>

C. Current Liabilities	Operating	After Consolidation
Line 37 -Other Current Liabilities		
Other Deposits	-	
Due From/To Bolingbrook	99,581	99,581
Due From/To BHC Construction	5,106	5,106
Due From/To BHC VIII	14,527	14,527
Accrued - Rent	5,209,570	
N/P - State	720	720
	<u>5,329,504</u>	<u>119,934</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,498,246)	1
2	Restatements (describe):		2
3	Rounding	4	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,498,242)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(1,572,575)	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)	\$ (772,575)	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)	\$ (4,270,817)	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	\$ 14,530,918	1
2	Discounts and Allowances for all Levels	(479,056)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 14,051,862	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,707,571	6
7	Oxygen	55,794	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,763,365	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	4,215	13
14	Non-Patient Meals	790	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	285,519	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	6,634	19
20	Radiology and X-Ray	43,450	20
21	Other Medical Services	159,905	21
22	Laundry	8,015	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 508,528	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	100	24
25	Interest and Other Investment Income***	2,392	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 2,492	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Misc. Income</u>	110	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 110	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 16,326,357	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,366,279	31
32	Health Care	7,870,817	32
33	General Administration	3,859,603	33
<b>B. Capital Expense</b>			
34	Ownership	1,793,871	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,427,617	35
36	Provider Participation Fee	580,745	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 17,898,932	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,572,575)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,572,575)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,625,981	44
45	Private Pay - Net Inpatient Revenue	2,426,357	45
46	Medicare - Net Inpatient Revenue	194,601	46
47	Other-(specify) <u>Private Insurance</u>	804,923	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 14,051,862	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 of Naperville

# 0041285

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	2,189	2,492	\$ 120,378	\$ 48.31	1
2	Assistant Director of Nursing	1,622	1,912	64,835	33.91	2
3	Registered Nurses	35,226	36,837	1,136,688	30.86	3
4	Licensed Practical Nurses	51,867	55,659	1,570,536	28.22	4
5	CNAs & Orderlies	129,348	136,809	2,104,937	15.39	5
6	CNA Trainees	50	50	536	10.72	6
7	Licensed Therapist	17,711	20,669	907,245	43.89	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	21,458	23,540	266,969	11.34	10
11	Social Service Workers	6,807	7,408	118,145	15.95	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	41,222	44,509	495,032	11.12	15
16	Dishwashers					16
17	Maintenance Workers	10,280	11,190	209,338	18.71	17
18	Housekeepers	34,384	36,620	348,955	9.53	18
19	Laundry	5,974	6,492	64,840	9.99	19
20	Administrator	1,937	2,144	96,635	45.07	20
21	Assistant Administrator	1,449	1,708	40,919	23.96	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,506	19,056	344,963	18.10	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	1,967	2,080	38,366	18.45	31
32	Other Health C: See Sch 20A	29,032	32,109	622,077	19.37	32
33	Other(specify) <u>Dialysis</u>	11,734	13,014	289,035	22.21	33
34	TOTAL (lines 1 - 33)	421,763	454,298	\$ 8,840,429 *	\$ 19.46	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	446	\$ 19,428	1(3)	35
36	Medical Director	Monthly	48,000	9(3)	36
37	Medical Records Consultant	16	784	10(3)	37
38	Nurse Consultant	497	27,360	10(3)	38
39	Pharmacist Consultant			10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	698	27,900	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	30	1,590	11(3)	44
45	Social Service Consultant	5	293	12(3)	45
46	Other(specify) <u>Quality Assurance</u>	# of Resident	20,108	10(3)	46
47	<u>Wound Care Director</u>	Monthly	24,500	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	1,692	\$ 169,963		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	777	\$ 49,227	10(3)	50
51	Licensed Practical Nurses	584	29,682	10(3)	51
52	Certified Nurse Assistants/Aides	6,234	166,789	10(3)	52
53	TOTAL (lines 50 - 52)	7,595	\$ 245,698		53

Meadowbrook Manor of Naperville  
0041285  
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
Ward Clerks	6,988	7,711	106,066	13.76
Central Supply	2,101	2,233	32,343	14.48
Nursing Administration	2,622	2,773	58,211	20.99
MDS Coordinator	8,212	9,144	235,263	25.73
Rehabilitation Nurses	108	108	3,577	33.12
Rehabilitation Aides	9,001	10,140	186,617	18.40
Total	<u>29,032</u>	<u>32,109</u>	<u>622,077</u>	<u>19.37</u>



**Meadowbrook Manor of Naperville**

**Provider #: 0041285**

**01/01/2017 to 12/31/2017**

**Schedule 21A**

XIX. SUPPORT SCHEDULE

C. Professional Services

Ignite Post Acute Solutions	Marketing Consulting	1,250
American Express - E Filing	Computer Services	537
CLK Financial	Financial Services	10,000
RSM US LLP	Accounting Services	17,038
Ronald L Cournaya	Accounting Services	5,000
Polsinelli Shughart PC	Legal	56,840
Markoff Law Firm	Collection Fees	9,163
Hamilton Thies & Lorch	Legal	2,533
Illinois Secretary of State	Annual Report	100
Hunt, Aranda, & Subach LTD	Legal	904
Duane Morris LLP	Legal	7,109

Total for Schedule 21A 110,474

Total (agree to Schedule V, line 19, column 3) 251,148

Allocation from Butterfield Health Care Group	Professional Services	28,936
Allocation from MMN Partners	Accounting Fees	17,532
Allocation from MMN Partners	Legal Fees	914
To disallow non-allowable legal fees		
To disallow non-allowable Professional Fees		(1,250)
Disallow Collection Fees		(9,163)

Total (agree to Schedule V, line 19, column 8) 288,117





Meadowbrook Manor of Naperville  
 Provider #: 0041285  
 01/01/2017 to 12/31/2017

6302.000 - Travel and Seminar

DATE	PAYEE	TOPIC	ATTENDEE	JOB CLASS	LOCATION	FEE
02/09/17	Healthcare Information Network	New Requirements of Participation: Final Rule	Mark Hocuk KC Karanth Lynn Lesperance	Administrator Assistant Administrator Corporate Nurse	Schaumburg, IL	597.00
04/06/17	Ruth Panlilio	Understanding Difficult & Aggressive Behavior presented by INR	Ruth Panlilio	Occupational Therapist	Naperville, IL	81.00
02/09/17	Lynn Metke	Therapeutic Strategies for Degenerative Joint Disease presented by PESI Health	Lynn Metke	Occupational Therapist	Lisle, IL	199.00
02/09/17	Mark Hocuk	New Requirements of Participation: Final Rule presented by Healthcare Information Network (HIN)	Syed Zaidi	Infection Control	Schaumburg, IL	219.00
02/28/17	Mark Hocuk	New Requirements of Participation: Impact on Social Work & Activity Departments presented by HIN	Mark Hocuk Marcia Nickols Crystal Yates Tina	Administrator Social Services Director CNA Activities Director	Webinar	258.00
03/30/17	Butterfield Healthcare Activities	Wipeout Wounds 2017 National Conference Tour presented by Wound Care Education Institute	Lynn Lesperance Megi Poda Paravathy Ponnusamy Remedios Santiago	DON LPN RN Treatment Nurse	Downers Grove, IL	240.00
05/02/17	Caryn Hough	Total Joint Rehabilitation: Matching Intervention to Knee & Hip Impairment presented by PESI Rehab	Caryn Hough	Physical Therapist	Lisle, IL	219.99
06/08/17	Lynn Metke	Brain Health: Mood, Metabolism & Cognition seminar presented by Institute for Natural Resources (INR)	Lynn Metke	Occupational Therapist	Oak Brook, IL	81.00
06/22/17	Liezi Oreta	Pharmacology for the Rehabilitation Professional presented by Vyne Education	Liezi Oreta	Physical Therapist	Naperville, IL	209.99
09/27/17	HIN	SNF PPS FY2018 Final Rule presented by Healthcare Information Network, Inc.	Cecilia Love Dorothy Lawless Amparp Sadcopen Nonato Rueda	MDS Supervisor RN/CPC LPN/CPC CPC	Chicago, IL	796.00
03/10/17	Amanda Barlow	Reasoning with Unreasonable People: Focus on Disorders of Emotional Regulation presented by Institute for Brain Potential	Amanda Barlow	Occupational Therapist	Oak Brook, IL	79.00
08/25/17	Amanda Barlow	Evidence-Based for Post-Operative Rehabilitation & Joint Replacement presented by Summit Professional Education	Amanda Barlow	Occupational Therapist	Lisle, IL	209.99
08/21/17	Mark Hocuk	Phase 2 Requirements of Participation presented by HIN	Mark Hocuk	Administrator	Schaumburg, IL	199.00
08/21/17	Mark Hocuk	Phase 2 Requirements of Participation presented by HIN	Nenita Angelio	DON	Schaumburg, IL	199.00
08/21/17	Mark Hocuk	Phase 2 Requirements of Participation presented by HIN	Lynn Lesperance	Corporate Nurse	Schaumburg, IL	199.00
08/21/17	Mark Hocuk	Phase 2 Requirements of Participation presented by HIN	KC Karanth	Assistant Administrator	Schaumburg, IL	199.00
10/27/17	Ruth Panlilio	Cardiopulmonary Therapy for the Rehab Professional: An Evidence-Based Therapeutic Approach presented by Vyne Education	Ruth Panlilio	Occupational Therapist	Naperville, IL	179.99
09/26/17	Caryn Hough	Rehabilitation to Support Memory & Cognitive Decline: Effective Interventions for Managing the Aging Brain presented by PESI	Caryn Hough	Physical Therapist	Downers Grove, IL	219.99
09/29/17	Justin Tubbs	Documentation: A Clinician's Roadmap	Justin Tubbs	Therapy Director	Carol Stream, IL	179.00
09/15/17	Justin Tubbs	Comprehensive Prosthetics & Orthotics: Restoring Mobility and	Justin Tubbs	Therapy Director	Oak Lawn, IL	99.00
09/27/17	Melvin Arbolado	Understanding Pathophysiology: Its Direct Impact on Patient C	Melvin Arbolado	Physical Therapist	Naperville, IL	199.99
09/27/18	Butterfield Healthcare Activities	SNF PPS FY2018 Final Rule presented by Healthcare Information Network, Inc.	Cecilia Love Dorothy Lawless Amparp Sadcopen Nonato Rueda	MDS Supervisor RN/CPC LPN/CPC CPC	Chicago, IL	80.00
10/27/17	Cynthia Chow & Associates, LLC	2017 Continuing Education Conference & Vendor Expo presented by Cynthia Chow & Associates	Patricia Spoonmore	Dietary Tech	Chicago, IL	130.00
11/07/17	Tina Disha	Alzheimers & Dementia Care Course presented by Quality Car	Tina Disha	Activity Director	Chicago, IL	185.00
11/15/17	Melvin Arbolado	Obesity, Diet & Behavior seminar presented by Institute for Natural Resources (INR)	Melvin Arbolado	Physical Therapist	Oak Brook, IL	81.00
4/29/18 - 5/2/18	Lincoln Healthcare Leadership	2018 LTC 100 Conference	Lucian Jafari	Owner	Colorado Springs, CO	450.00
01/16/18	PESI, Inc.	Fall Prevention Challenges: Real Solutions to Reduce Falls, Prevent Injuries and Limit Liability	Nanette Angelio Tania Razon Mark Lacuata	DON/RN RN LPN	Naperville, IL	599.97
02/14/18	Healthcare Information Services	The New Survey Process..What Has Changed?	Nanette Angelio Michelle Frank KC Karanth	DON/RN Assistant DON Assistant Administrator	Schaumburg, IL	597.00
02/14/18	Healthcare Information Services	The New Survey Process..What Has Changed?	Alison Elsner	Administrator	Schaumburg, IL	199.00
12/20/17	Liezi Oreta	Summit Education - All Access, unlimited CE for one year	Liezi Oreta	Physical Therapist		279.99
<b>TOTAL</b>						<b>\$ 7,465.90</b>

Disallow

(450.00)

(599.97)

(597.00)

(199.00)

(1,845.97)

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IL CLTC-\$ 35,525
- (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? N/A If YES, what is the capacity? No
- (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? 7.92 Yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 91,712 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. \$ 580,745  
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. \$ 790
- (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	495,032	31,093	19,428	545,553	0	545,553	0	545,553
2. Food Purchase	0	510,190	0	510,190	0	510,190	1,306	511,496
3. Housekeeping	348,955	77,931	0	426,886	0	426,886	185	427,071
4. Laundry	64,840	50,266	0	115,106	0	115,106	0	115,106
5. Heat and Other Utilities	0	0	309,251	309,251	0	309,251	4,197	313,448
6. Maintenance	209,338	25,268	224,687	459,293	0	459,293	29,519	488,812
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,118,165	694,748	553,366	2,366,279	0	2,366,279	35,207	2,401,486
9. Medical Director	0	0	48,000	48,000	0	48,000	19,858	67,858
10. Nursing & Medical Records	5,657,817	495,013	318,450	6,471,280	0	6,471,280	13,737	6,485,017
10a. Therapy	907,245	13,230	28,859	949,334	0	949,334	0	949,334
11. Activities	266,969	14,670	1,590	283,229	0	283,229	58	283,287
12. Social Services	118,145	0	293	118,438	0	118,438	19,180	137,618
13. Nurse Aide Training	536	0	0	536	0	536	0	536
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	6,950,712	522,913	397,192	7,870,817	0	7,870,817	52,833	7,923,650
17. Administrative	137,554	0	979,118	1,116,672	0	1,116,672	-870,273	246,399
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	251,148	251,148	0	251,148	36,969	288,117
20. Fees, Subscriptions & Promotion	0	0	69,932	69,932	0	69,932	-11,207	58,725
21. Clerical & General Office	344,963	35,536	97,491	477,990	0	477,990	348,724	826,714
22. Employee Benefits & Payroll	0	0	1,265,132	1,265,132	0	1,265,132	0	1,265,132
23. Inservice Training & Education	0	0	3,897	3,897	0	3,897	0	3,897
24. Travel and Seminar	0	0	7,446	7,446	0	7,446	-1,514	5,932
25. Other Admin. Staff Trans	0	0	9,934	9,934	0	9,934	2,257	12,191
26. Insurance-Prop.Liab.Malpractice	0	0	657,452	657,452	0	657,452	95,368	752,820
27. Other (specify)*	0	0	0	0	0	0	82,542	82,542
28. Total General Adminis	482,517	35,536	3,341,550	3,859,603	0	3,859,603	-317,134	3,542,469
29. Total General Administrative	8,551,394	1,253,197	4,292,108	14,096,699	0	14,096,699	-229,094	13,867,605
30. Depreciation	0	0	197,604	197,604	0	197,604	343,404	541,008
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	160,177	160,177	0	160,177	487,880	648,057
33. Real Estate	0	0	0	0	0	0	240,762	240,762
34. Rent - Facility & Grounds	0	0	1,344,000	1,344,000	0	1,344,000	-1,240,028	103,972
35. Rent - Equipment & Vehicles	0	0	92,090	92,090	0	92,090	5,149	97,239
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,793,871	1,793,871	0	1,793,871	-162,833	1,631,038
38. Medically Necessary T	0	0	21,726	21,726	0	21,726	0	21,726
39. Ancillary Service Cent	289,035	410,047	216	699,298	0	699,298	0	699,298
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	580,745	580,745	0	580,745	0	580,745
43. Other (specify):*	0	0	706,593	706,593	0	706,593	-706,593	0
44. Total Special Cost Ce	289,035	410,047	1,309,280	2,008,362	0	2,008,362	-706,593	1,301,769
45. Grand Total	8,840,429	1,663,244	7,395,259	17,898,932	0	17,898,932	-1,098,520	16,800,412

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	266,040	266,040
2. Cash - Patient Deposits	26,609	26,609
3. Accounts & Notes Recievable	6,156,253	6,156,253
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	45,558	131,791
7. Other Prepaid Expenses	338,502	338,502
8. Accounts Receivable-Owner/Related Party	1,732,701	1,732,601
9. Other (specify):	1,897	140,292
10. Total current assets	8,567,560	8,792,088
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	279,600
14. Buildings, at Historical Cost	0	9,863,922
15. Leasehold Improvements, Historical Cost	1,516,285	2,521,544
16. Equipment, at Historical Cost	1,488,882	2,495,204
17. Accumulated Depreciation (book methods)	-2,048,749	-8,835,552
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):	47,294	47,294
23. other (specify):	0	97,184
24. Total Long-Term Assets	1,003,712	6,469,196
25. Total Assets	9,571,272	15,261,284
CURRENT LIABILITIES		
26. Accounts Payable	1,967,791	1,987,886
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	2,772,457	2,772,457
30. Accrued Salaries Payable	685,027	685,027
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	248,400
33. Accrued Interest Payable	35,176	78,074
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	2,220,951	2,220,951
37. Other Current Liabilities (specify):	5,329,504	119,934
38. Total Current Liabilities	13,010,906	8,112,729
LONG TERM LIABILITES		
39.Long-Term Notes Payable	831,183	831,183
40.Mortgage Payable	0	14,707,818
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	831,183	15,539,001
46.Total Liabilities	13,842,089	23,651,730
47.Total Equity	-4,270,817	-8,390,446
48.Total Liabilities and Equity	9,571,272	15,261,284

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	14,530,918
2. Discounts and Allowances for all Levels	-479,056
Subtotal - Inpatient Care	14,051,862
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,707,571
7. Oxygen	55,794
Subtotal - Ancillary Revenue	1,763,365
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	4,215
14. Non-Patient Meals	790
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	285,519
18. Sale of Supplies to Non-Patients	0
19. Laboratory	6,634
20. Radiology and X-Ray	43,450
21. Other Medical Services	159,905
22. Laundry	8,015
Subtotal - Other Operating Revenue	508,528
24. Contributions	100
25. Interest and Other Investments Income	2,392
Subtotal - Non-Operating Revenue	2,492
27. Other Revenue (specify):	110
28. Other Revenue (specify):	0
Subtotal - Other Revenue	110
30. Total Revenue	16,326,357
31. General Services	2,366,279
32. Health Care	7,870,817
33. General Administration	3,859,603
34. Ownership	1,793,871
35. Special Cost Centers	1,427,617
35. Provider Participation Fee	580,745
37. Other	0
40. Total Expenses	17,898,932
41. Income Before Income Taxes	-1,572,575
42. Income Taxes	0
43. Net Income or Loss for the Year	-1,572,575