



Facility Name & ID Number Meadowbrook Manor

# 0037366 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

**III. STATISTICAL DATA**

**A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds** N/A

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

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

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	64,897	10,311	17,287	92,495	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	64,897	10,311	17,287	92,495	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 85.04%

**D. How many bed reserve days during this year were paid by the Department?**  
0 (Do not include bed reserve days in Section B.)

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

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

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

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

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

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

**K. Was the facility certified for Medicare during the reporting year?**  
YES  NO  If YES, enter number of beds certified 298 and days of care provided 11,565

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

**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	464,087	40,539	22,370	526,996		526,996		526,996		1
2	Food Purchase		659,818		659,818		659,818	3,497	663,315		2
3	Housekeeping	319,340	73,341		392,681		392,681		392,681		3
4	Laundry	94,790	23,477		118,267		118,267		118,267		4
5	Heat and Other Utilities			284,847	284,847		284,847	5,395	290,242		5
6	Maintenance	121,031	16,186	169,472	306,689		306,689	30,624	337,313		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	999,248	813,361	476,689	2,289,298		2,289,298	39,516	2,328,814		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000	24,119	54,119		9
10	Nursing and Medical Records	6,788,112	487,651	65,500	7,341,263		7,341,263	17,621	7,358,884		10
10a	Therapy	1,411,282	16,063	33,584	1,460,929		1,460,929		1,460,929		10a
11	Activities	290,671	16,562	1,278	308,511		308,511	8	308,519		11
12	Social Services	179,438	37	260	179,735		179,735	23,692	203,427		12
13	CNA Training	4,079			4,079		4,079		4,079		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	8,673,582	520,313	130,622	9,324,517		9,324,517	65,440	9,389,957		16
	<b>C. General Administration</b>										
17	Administrative	134,368		1,320,766	1,455,134		1,455,134	(1,229,590)	225,544		17
18	Directors Fees										18
19	Professional Services			206,788	206,788		206,788	65,750	272,538		19
20	Dues, Fees, Subscriptions & Promotions			96,492	96,492		96,492	(10,907)	85,585		20
21	Clerical & General Office Expenses	428,376	28,273	119,809	576,458		576,458	442,755	1,019,213		21
22	Employee Benefits & Payroll Taxes			1,584,465	1,584,465		1,584,465		1,584,465		22
23	Inservice Training & Education			(747)	(747)		(747)	140	(607)		23
24	Travel and Seminar			45	45		45		45		24
25	Other Admin. Staff Transportation			6,859	6,859		6,859	5,949	12,808		25
26	Insurance-Prop.Liab.Malpractice			757,417	757,417		757,417	109,514	866,931		26
27	Other (specify):*							85,758	85,758		27
28	<b>TOTAL General Administration</b>	562,744	28,273	4,091,894	4,682,911		4,682,911	(530,631)	4,152,280		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	10,235,574	1,361,947	4,699,205	16,296,726		16,296,726	(425,675)	15,871,051		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			360,000	360,000		360,000	366,164	726,164		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			271,928	271,928		271,928	632,508	904,436		32
33	Real Estate Taxes							414,113	414,113		33
34	Rent-Facility & Grounds			1,836,000	1,836,000		1,836,000	(1,694,569)	141,431		34
35	Rent-Equipment & Vehicles			40,951	40,951		40,951	4,517	45,468		35
36	Other (specify):*										36
37	<b>TOTAL Ownership</b>			2,508,879	2,508,879		2,508,879	(277,267)	2,231,612		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation			94,773	94,773		94,773		94,773		38
39	Ancillary Service Centers		651,237		651,237		651,237		651,237		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			644,603	644,603		644,603		644,603		42
43	Other (specify):*	76,689		757,414	834,103		834,103	(834,103)			43
44	<b>TOTAL Special Cost Centers</b>	76,689	651,237	1,496,790	2,224,716		2,224,716	(834,103)	1,390,613		44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	10,312,263	2,013,184	8,704,874	21,030,321		21,030,321	(1,537,045)	19,493,276		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				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	(97,121)	30		9
10	Interest and Other Investment Income	(24,161)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,042)	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	7,062	43		18
19	Entertainment	(123)	43		19
20	Contributions	(2,500)	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	(479,034)	43		24
25	Fund Raising, Advertising and Promotional	(3,390)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(57,956)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(337,547)	43		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (995,812)		\$	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)	(541,233)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (541,233)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,537,045)		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	

Meadowbrook Manor

ID# 0037366

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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

**Meadowbrook Manor**

0037366

12/31/2018

**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	(12,047)	20
To disallow Consolidated Billing Services	(29,234)	43
To disallow Cable Television	(20,502)	43
To disallow X-Ray expense	(93,820)	43
To disallow Lab expense	(36,205)	43
To disallow Employee Gifts	(6,120)	43
To disallow Resident Gifts	(1,041)	43
To disallow Marketing Expense	(33,509)	43
To disallow collection fees	(6,831)	19
To disallow Marketing Wages	(76,689)	43
To disallow Marketing Wages	(20,120)	21
To offset Miscellaneous Income	(185)	21
To disallow Rea Estate Taxes on vacant lot	(1,244)	33
<b>Total</b>	<b>(337,547)</b>	

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor# 0037366

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
<b>1</b>	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	3,497	0	0	0	0	0	0	0	0	0	3,497	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	5,395	0	0	0	0	0	0	0	0	0	5,395	5
6	Maintenance	0	28,265	0	2,359	0	0	0	0	0	0	0	30,624	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
<b>8</b>	<b>TOTAL General Services</b>	<b>0</b>	<b>37,157</b>	<b>0</b>	<b>2,359</b>	<b>0</b>	<b>39,516</b>	<b>8</b>						
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	24,119	0	0	0	0	0	0	0	0	0	24,119	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	17,621	0	0	0	0	0	0	0	0	0	17,621	11
12	Social Services	0	8	0	0	0	0	0	0	0	0	0	8	12
13	CNA Training	0	23,692	0	0	0	0	0	0	0	0	0	23,692	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
<b>16</b>	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>65,440</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>65,440</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(1,229,590)	0	0	0	0	0	0	0	0	0	(1,229,590)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	31,603	0	40,978	0	0	0	0	0	0	0	72,581	19
20	Fees, Subscriptions & Promotions	0	948	0	192	0	0	0	0	0	0	0	1,140	20
21	Clerical & General Office Expenses	0	462,778	0	282	0	0	0	0	0	0	0	463,060	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	140	0	0	0	0	0	0	0	0	0	140	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	5,949	0	0	0	0	0	0	0	0	5,949	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,113	108,401	0	0	0	0	0	0	0	109,514	26
27	Other (specify):*	0	0	85,758	0	0	0	0	0	0	0	0	85,758	27
<b>28</b>	<b>TOTAL General Administration</b>	<b>0</b>	<b>(734,121)</b>	<b>92,820</b>	<b>149,853</b>	<b>0</b>	<b>(491,448)</b>	<b>28</b>						
<b>29</b>	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>0</b>	<b>(631,524)</b>	<b>92,820</b>	<b>152,212</b>	<b>0</b>	<b>(386,492)</b>	<b>29</b>						

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor# 0037366

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## 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	(97,121)	0	7,285	456,000	0	0	0	0	0	0	0	366,164	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(24,161)	0	1,642	655,027	0	0	0	0	0	0	0	632,508	32
33	Real Estate Taxes	0	0	0	415,357	0	0	0	0	0	0	0	415,357	33
34	Rent-Facility & Grounds	0	0	141,431	(1,836,000)	0	0	0	0	0	0	0	(1,694,569)	34
35	Rent-Equipment & Vehicles	0	0	4,517	0	0	0	0	0	0	0	0	4,517	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(121,282)</b>	<b>0</b>	<b>154,875</b>	<b>(309,616)</b>	<b>0</b>	<b>(276,023)</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):*	(536,983)	0	0	0	0	0	0	0	0	0	0	(536,983)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(536,983)</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>(536,983)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(658,265)</b>	<b>(631,524)</b>	<b>247,695</b>	<b>(157,404)</b>	<b>0</b>	<b>(1,199,498)</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 % See Schedule	Name	City	Name	City	Type of Business
See Schedule 6A	6A	Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor of Naperville	Naperville	J&D Partners, L.P.	Bolingbrook	Lessor
		Butterfield Health Care VII, LLC d/b/a Meadowbrook Manor of LaGrange	LaGrange	MMN Partners, L.P.	Naperville	Lessor
				Butterfield Health Care Group, Inc.	Bolingbrook	Management Co.
				MML Properties, LLC	LaGrange	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Seneca Building, LP	Des Plaines	Lessor

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

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

1 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%	\$ 3,497	\$ 3,497	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%			2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	5,395	5,395	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	28,265	28,265	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	24,119	24,119	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	17,621	17,621	6
7	V	12 Activities		Butterfield Health Care Group, Inc.	100.00%	8	8	7
8	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	23,692	23,692	8
9	V	17 Administrative Costs	1,320,766	Butterfield Health Care Group, Inc.	100.00%	91,176	(1,229,590)	9
10	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	31,603	31,603	10
11	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	948	948	11
12	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	462,778	462,778	12
13	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	140	140	13
14	Total		\$ 1,320,766			\$ 689,242	\$ * (631,524)	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%	\$	\$	15
16	V	25 Auto Expense		Butterfield Health Care Group, Inc.	100.00%	5,949	5,949	16
17	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	1,113	1,113	17
18	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	85,758	85,758	18
19	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	7,285	7,285	19
20	V	32 Interest		Butterfield Health Care Group, Inc.	100.00%	1,642	1,642	20
21	V	34 Rent Building		Butterfield Health Care Group, Inc.	100.00%	141,431	141,431	21
22	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	4,517	4,517	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		\$			\$ 247,695	\$ * 247,695	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	19 Professional Services	\$	J&D Partners, L.P.	100.00%	\$ 40,978	\$	40,978	15
16	V	20 Licenses		J&D Partners, L.P.	100.00%	192		192	16
17	V	21 Clerical & General Office exp.		J&D Partners, L.P.	100.00%	282		282	17
18	V	26 Insurance - Prop & Liability		J&D Partners, L.P.	100.00%	108,401		108,401	18
19	V	30 Depreciation		J&D Partners, L.P.	100.00%	456,000		456,000	19
20	V	32 Interest		J&D Partners, L.P.	100.00%	651,354		651,354	20
21	V	32 Amortization - Mortgage Cost		J&D Partners, L.P.	100.00%	4,039		4,039	21
22	V	33 Real Estate Taxes		J&D Partners, L.P.	100.00%	415,357		415,357	22
23	V	34 Rent - Facility & Grounds	1,836,000	J&D Partners, L.P.	100.00%			(1,836,000)	23
24	V	32 Interest Income - Repl Reserve	366	J&D Partners, L.P.	100.00%			(366)	24
25	V	6 Maintenance Expense		J&D Partners, L.P.	100.00%	2,359		2,359	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		\$ 1,836,366			\$ 1,678,962	\$ *	(157,404)	39

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

Butterfield Health Care, Inc.  
D/B/A Meadowbrook Manor  
Provider # 0037366  
12/31/2018

Schedule 6A

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

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

Facility Name &amp; ID Number

Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## 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	80,853	8	20.00	Mgt Salaries	\$ 21,649	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	71,019	2	5.00	Mgt Salaries	17,502	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	96,299	2	5.00	Mgt Salaries	46,563	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	61,517	2	5.00	Mgt Salaries	5,463	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	49,881	10	25.00	Medical Director	24,119	9(7)	5
6	Dorothy Vangel	Operating Supvsr.	Administrative	12.50	35,017	0	0.00	N/A		N/A	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 115,296		13

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

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

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018

Ending: 2/31/2018

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	283,789	4	\$ 10,728	\$ 92,495	\$ 3,497	1	
2	3	Housekeeping	Resident Days	283,789	4	0	92,495	0	2	
3	5	Utilities	Resident Days	283,789	4	16,552	92,495	5,395	3	
4	6	Repairs & Maintenance	Resident Days	283,789	4	86,723	63,027	92,495	28,265	4
5	9	Medical Director	Resident Days	283,789	4	74,000	92,495	24,119	5	
6	11	Nursing	Resident Days	283,789	4	54,065	54,065	92,495	17,621	6
7	12	Activities	Resident Days	283,789	4	26	92,495	8	7	
8	13	Social Services	Resident Days	283,789	4	72,692	72,692	92,495	23,692	8
9	17	Administrative Costs	Resident Days	283,789	4	279,743	279,743	92,495	91,177	9
10	19	Professional Services	Resident Days	283,789	4	96,964	92,495	31,603	10	
11	20	Dues, Fees & Subscriptions	Resident Days	283,789	4	2,908	92,495	948	11	
12	21	Clerical & General Office exp.	Resident Days	283,789	4	1,419,873	1,302,090	92,495	462,778	12
13	23	Training & Education	Resident Days	283,789	4	429	92,495	140	13	
14	24	Travel & Seminar	Resident Days	283,789	4	0	92,495	0	14	
15	25	Auto Expense	Resident Days	283,789	4	18,251	92,495	5,949	15	
16	26	Insurance	Resident Days	283,789	4	3,414	92,495	1,113	16	
17	27	Employee Benefits General & Admin.	Resident Days	283,789	4	263,119	92,495	85,758	17	
18	30	Depreciation	Resident Days	283,789	4	22,350	92,495	7,285	18	
19	32	Interest	Resident Days	283,789	4	5,037	92,495	1,642	19	
20	34	Rent Building	Resident Days	283,789	4	433,933	92,495	141,431	20	
21	35	Equipment Rental	Resident Days	283,789	4	13,860	92,495	4,517	21	
22						462,778			22	
23									23	
24									24	
25	TOTALS				\$ 2,874,667	\$ 2,234,395		\$ 936,938	25	

Facility Name & ID Number

Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge - HUD		X	Mortgage	\$137,422.55	10/31/11	\$ 20,876,000	\$ 18,430,784	10/01/46	3.5000	\$ 651,354	1						
2	Cambridge - HUD		X	Amortization of Loan Cost							4,039	2						
3												3						
4												4						
5												5						
<b>Working Capital</b>																		
6	West Suburban		x	Working Capital	N/A	12/31/13		3,269,802	06/30/18	10.0000	271,928	6						
7												7						
8	Shareholder Loan	x		Working Capital				2,658,974	demand	4.0000		8						
9	<b>TOTAL Facility Related</b>				\$137,422.55		\$ 20,876,000	\$ 24,359,560			\$ 927,321	9						
<b>B. Non-Facility Related*</b>																		
10										Offset Interest Income	(24,161)	10						
11										Interest Income Repl.	(366)	11						
12										Owners Interest		12						
13										Allocated Management	1,642	13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (22,885)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 20,876,000	\$ 24,359,560			\$ 904,436	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 85,430 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 2017 report.	\$	<b>402,000</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	<b>403,035</b>	2
3. Under or (over) accrual (line 2 minus line 1).	\$	<b>1,035</b>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<b>413,078</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<b>414,113</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013	<b>378,149</b>	8
	2014	<b>389,681</b>	9
	2015	<b>389,445</b>	10
	2016	<b>393,101</b>	11
	2017	<b>403,035</b>	12

**2017 Tax Bill= \$ 403,035**

**Estimated increase=1.024918**

**Total = \$ 413,077.90**

**Use: \$ 413,078**

<b>FOR BHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2017	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**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.**

**2017 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Meadowbrook Manor COUNTY Will

FACILITY IDPH LICENSE NUMBER 0037366

CONTACT PERSON REGARDING THIS REPORT Liz Koshy

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 2017 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 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>12-02-102-031-0000</u>	<u>Nursing Facility</u>	\$ <u>403,035.12</u>	\$ <u>403,035.12</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>403,035.12</u></u>	\$ <u><u>403,035.12</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

Facility Name & ID Number Meadowbrook Manor

# 0037366 Report Period Beginning:

01/01/2018 Ending:

12/31/2018

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 109,175 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

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

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

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

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

If so, please complete the following:

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

Nature of Costs: N/A  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	270,508	1991	\$ 404,280	1
2	Resident Care	21,286	1996	287,781	2
3	TOTALS	291,794		\$ 692,061	3

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	235		1991	1991	\$ 8,276,993	\$	40	\$ 206,925	\$ 206,925	\$ 5,621,463	4
5	10		1994	1994	31,090		40	777	777	19,425	5
6	53		1996	1996	2,505,079		40	62,627	62,627	1,409,108	6
7											7
8											8
	<b>Improvement Type**</b>										
9		1992 Improvements	1992		32,614		20			32,614	9
10		1993 Improvements	1993		2,750		20			2,750	10
11		1993 Improvements	1993		4,822		40	121	121	3,085	11
12		1994 Improvements	1994		6,432		10			6,432	12
13		1994 Improvements	1994		18,192		20			18,192	13
14		1995 Improvements	1995		12,681					12,681	14
15		Electric Exterior Sign	1995		7,820					7,820	15
16		New Doors	1996		1,475					1,475	16
17		Hot Water Tank	1996		3,847					3,847	17
18		Landscaping	1996		13,490					13,490	18
19		Repaving Parking Lot	1996		7,412					7,412	19
20		Replace Irrigation System	1996		27,077					27,077	20
21		Walk in Freezer	1996		29,923					29,923	21
22		Landscaping	1996		17,283					17,283	22
23		Outside Parking Lot Lighting	1997		2,102					2,102	23
24		Nurse Call Station Extension Work	1997		3,310					3,310	24
25		Remodeling Work - Windsor Hall	1997		3,500					3,500	25
26		Basement Remodeling - Street Village Decor	1997		31,614		39	790	790	16,195	26
27		Remodeling - Ice Cream Parlor	1999		3,624		39	93	93	1,720	27
28		Remodeling Work - 3rd Floor Hamilton Unit	2000		16,421		39	421	421	7,789	28
29		Remodeling Work - Nurse Station (All Floors)	2000		20,103		39	515	515	9,528	29
30		Plumbing Electrical Work - Boiler Room (Basement)	2000		4,587		39	118	118	2,183	30
31		Remodeling Work - Dialysis Room	2000		7,253		39	186	186	3,441	31
32		1992 Improvements	1992		2,245		10			2,245	32
33		Parking Lot Paving	2001		48,629		20	2,431	2,431	42,543	33
34		Remodeling Work	2001		13,319		39	342	342	5,984	34
35		Window Treatments	2001		45,531		39	1,166	1,166	20,406	35
36		Double Door Insulation	2001		6,860		39	176	176	3,080	36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Carpeting - 1st Floor	2002	\$ 33,778	\$	20	\$ 1,688	\$ 1,688	\$ 27,853	37
38	Reconstruct Front Entrance Awning	2002	11,915		20	596	596	9,834	38
39	Window Treatments	2002	4,672		20	234	234	3,861	39
40	Ceiling Tiles	2002	2,306		20	115	115	1,898	40
41	Exterior Signs	2002	18,832		20	942	942	15,543	41
42	Ceiling Tiles	2003	2,029		10			2,029	42
43	Ceiling Tiles	2003	916		20	46	46	764	43
44	Exterior Signs	2003	12,600		20	630	630	9,765	44
45	Install 16 Horizontal Tubes in Stairwell	2003	1,600		20	80	80	1,240	45
46	Electric Work for Dialysis Room	2003	6,736		20	337	337	5,222	46
47	Install 9 Motors on Fire Dampers	2003	3,651		20	182	182	2,821	47
48	Plumbing for Dialysis Room	2003	10,989		10			10,989	48
49	Exterior Concrete Patchwork	2003	3,200		20	160	160	2,432	49
50	Ductwork for New Oxygen Room	2003	4,490		10			4,490	50
51	New Hot Water Storage Tank	2003	8,290		10			8,290	51
52	Installed 5 Fire Dampers	2003	7,091		10			7,091	52
53	Installed 5 Smoke Detectors	2003	2,581		10			2,581	53
54	Installation of Sprinklers in Awning	2003	9,624		10			9,624	54
55	Installed 4 Fire Dampers	2003	3,467		10			3,467	55
56	Installation of Fence around Dumpster	2003	1,658		10			1,658	56
57	Sealcoat Parking Lot	2003	5,500		10			5,500	57
58	Air Conditioner Overhaul	2004	3,769		10			3,769	58
59	Replace Water Pump	2004	1,473		10			1,473	59
60	Install 4 Doors	2004	1,348		10			1,348	60
61	Electrical Wiring to Garbage Compactor	2004	2,070		10			2,070	61
62	Install Sprinkler System - Front Canopy	2004	10,375		10			10,375	62
63	Install New Seal on Water Pump	2004	1,793		10			1,793	63
64	Install Motor on Boiler	2004	1,053		10			1,053	64
65	Ceiling Tiles	2004	5,620		20	281	281	4,073	65
66	Install Blinds	2004	5,002		20	250	250	3,625	66
67	Exterior Lighting	2004	3,808		20	190	190	2,755	67
68	Sealing on Roof	2004	2,300		20	115	115	1,668	68
69	Install Drainage for Roof	2004	5,000		20	250	250	3,625	69
70	TOTAL (lines 4 thru 69)		\$ 11,407,614	\$		\$ 282,784	\$ 282,784	\$ 7,532,682	70

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 11,407,614	\$		\$ 282,784	\$ 282,784	\$ 7,532,682	1
2	Ceramic Tile for Kitchen	2004	6,221		20	312	312	4,524	2
3	Plant 3 Trees	2004	1,125		20	56	56	812	3
4	Butterfly Garden	2004	3,423		20	171	171	2,480	4
5	Expand Phone System	2005	2,175		20	108	108	1,458	5
6	Replace Boiler	2005	23,894		20	1,195	1,195	16,132	6
7	Install new Compressor	2005	7,652		20	383	383	5,170	7
8	Install new Coil	2005	7,230		20	362	362	4,887	8
9	Replace fire doors	2005	3,116		20	156	156	2,106	9
10	Install carpeting in 3 offices	2005	1,608		20	80	80	1,080	10
11	Install wheelchair access ramp	2005	10,310		20	516	516	6,966	11
12	Sealcoat asphalt	2005	9,650		20	483	483	6,520	12
13	Furnish and install new taco pump - pavilion	2005	5,986		20	299	299	4,037	13
14	Install Blinds	2005	2,242		20	112	112	1,512	14
15	Exterior Lighting	2005	18,515		20	926	926	12,501	15
16	Furnish and Install new motors, belts & capacitors	2005	3,345		20	167	167	2,255	16
17	Furnish and install glycol to HVAC system	2005	10,925		20	546	546	7,371	17
18	Install patio	2005	15,232		20	762	762	10,287	18
19	Install wiring for new television	2006	37,345		20	1,867	1,867	23,338	19
20	Install new cabinets and countertops in supply room	2006	4,365		20	218	218	2,725	20
21	New flooring in dining room	2006	14,451		20	723	723	9,037	21
22	Remove and replace sidewalk section	2006	4,928		20	246	246	3,075	22
23	Replacement parts for air conditioner	2006	9,985		20	499	499	6,238	23
24	Interior signage	2006	13,720		20	686	686	8,575	24
25	Furnish and install new seals, triple duty valves	2006	7,495		20	375	375	4,687	25
26	Furnish and install new compressor	2006	14,500		20	725	725	9,062	26
27	Install new lighting in rehab room	2006	3,825		20	191	191	2,388	27
28	Tuckpointing on Building Exterior	2007	10,150		10			10,150	28
29	Granite Countertops for Lounge	2007	2,575		10			2,575	29
30	Purchase & Installation of vinyl & wood flooring	2007	47,794		10			47,794	30
31	Rebuild Fire Pump	2007	15,174		10			15,174	31
32	Purchase & Installation of cabinets	2007	23,509		10			23,509	32
33	Drywall	2007	4,200		10			4,200	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,754,279	\$		\$ 294,948	\$ 294,948	\$ 7,795,307	34

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 11,754,279	\$		\$ 294,948	\$ 294,948	\$ 7,795,307	1
2	Replace doors on 3rd floor service elevator & lounge	2007	11,931		10			11,931	2
3	Soffit over nurses station, install cleat base & wall cabinets	2007	21,900		10			21,900	3
4	Replace lockers in lower level locker room	2007	7,769		10			7,769	4
5	Electrical work - nurses station, 3rd floor & exterior sign	2007	10,310		10			10,310	5
6	Millwork, shop drawings & delivery	2007	4,240		10			4,240	6
7	Central A/C upgrade	2007	5,806		10			5,806	7
8									8
9	Window Treatments throughout facility	2008	46,409		10	2,320	2,320	46,409	9
10	Route 53 sign repair	2008	2,900		10	145	145	2,900	10
11	Therapy room, nutrition room, ice cream parlor, beauty shop	2008	85,060		10	4,253	4,253	85,060	11
12	& Physicians lounge renovations:								12
13	- Remove & install new cabinets, countertops, plumbing,								13
14	doors, electrical (install new outlets), replace drywall								14
15									15
16	R&M Reclass								16
17	- Repair pump #1 & #2 on air conditioning unit (furnish &	2008	6,067		10	301	301	6,067	17
18	install new seal kit, o-rings, water gauges, retainer cap,								18
19	gaskets & wood coupler)								19
20	- Plumbing repairs (schlage)	2008	5,123		10	259	259	5,123	20
21	- Repair main air conditioner (install new valve rebuilt	2008	7,736		10	383	383	7,736	21
22	kit, solenoid coil, relief valves, transducer, adaptor,								22
23	gaskets & drier cores for system # 1)								23
24	- Repair two boilers due to low pressure in system	2008	2,568		10	127	127	2,568	24
25	- Replace shaft coupler & head and manifold gasket on								25
26	main chiller	2008	2,944		10	151	151	2,944	26
27	R&M Reclass								27
28	- Building Sprinkler system repair (clear main feed	2008	4,256		10	209	209	4,256	28
29	blockage, check sprinkler heads on basement - 3rd floor,								29
30	alter pipe pitch per Life safety survey)								30
31	- Fire alarm ( restor basement audio/visual, trace basement	2008	2,641		10	133	133	2,641	31
32	circuitry to locate disconnect, replace defective motherboard								32
33	reprogram label changes for all buildings)								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,981,939	\$		\$ 303,229	\$ 303,229	\$ 8,022,967	34

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,981,939	\$		\$ 303,229	\$ 303,229	\$ 8,022,967	1
2	R&M Reclass								2
3	- Patching work - hot pour rubberized crack sealing, seal	2008	9,500		10	475	475	9,500	3
4	coating asphalt, striping parking lot								4
5	- Seating wall on patio area, repair sidewalk leading to	2008	3,300		10	165	165	3,300	5
6	patio area.								6
7	- Vinyl flooring	2008	14,062		10	705	705	14,062	7
8									8
9									9
10	Replace resident therapy glass windows	2009	3,175		10	318	318	3,021	10
11	Wiring and Electrial work	2009	5,085		10	509	509	4,835	11
12	Seal Coating & Striping parking lot	2009	8,500		10	850	850	8,075	12
13									13
14	Parking lot resurfacing	2010	40,500		10	4,050	4,050	36,450	14
15	Pavillion Remodel-Electrical,plumbing,carpentry	2010	166,855		20	8,343	8,343	75,087	15
16	Buffet-Cabinets, counter	2010	54,719		20	2,736	2,736	24,624	16
17	Public Restroom-Toliet and Faucet	2010	8,242		20	412	412	3,708	17
18	Main Building-carpeting	2010	48,116		20	2,406	2,406	21,654	18
19	DON office, Conf room and lounge-cabinets, chair rails	2010	6,790		20	340	340	3,060	19
20	Bathroom updates-showers, grout,tile	2010	4,037		20	202	202	1,818	20
21	Patinet Rooms-doors and windows	2010	4,743		20	237	237	2,133	21
22	Labor	2010	159,432		20	7,972	7,972	71,748	22
23	Elevator Repairs	2011	5,720		10	572	572	4,290	23
24	Tinting of the Windows	2011	5,755		10	576	576	4,320	24
25	Corridor Remodel -Wall paper, Light Fixture, Carpet,	2011	61,676		10	6,168	6,168	46,260	25
26	Shower Remodel - Plumbing, tile, ceramic floors,	2011	86,627		10	8,662	8,662	64,965	26
27	paint, & Fixtures								27
28	Resident Room Improvements - install new ceramic	2011	268,696		10	26,870	26,870	201,525	28
29	tile floor, crownmould, baseboards, paint								29
30	Lounge & Juice Bar Remodel - New Cabinet, flooring,	2011	43,336		10	4,334	4,334	32,505	30
31	wiring, paint, crown mould, base board								31
32	Nurse Station Remodel - flooring, paint, cabinets	2011	57,392		10	5,740	5,740	43,050	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,048,197	\$		\$ 385,871	\$ 385,871	\$ 8,702,957	34

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 13,048,197	\$		\$ 385,871	\$ 385,871	\$ 8,702,957	1
2	Nourishment & PAV Rooms Remodel - flooring, paint,	2011	32,886		10	3,288	3,288	24,660	2
3	cabinets, trim								3
4	Repairs to the Air Cooled Chiller	2011	124,656		10	12,466	12,466	93,495	4
5	Replace the 40 ton Rooftop unit	2011	52,640		10	5,264	5,264	39,480	5
6	Repairs to the nursing home	2011	5,473		10	547	547	4,103	6
7	Dialysis Conversion - Drywall, Carpeting, Paint, Flooring	2012	44,973		10	4,497	4,497	29,231	7
8	Trash Contains Enclosure - excavation, asphalt gates	2012	56,880		10	5,688	5,688	36,972	8
9	Stairway remodeling -steel panels, ceiling frme, handrails	2012	17,692		10	1,769	1,769	11,499	9
10	Therapy Room remodel -drywall, ceiling tilt, cabinets, glass	2012	48,929		10	4,893	4,893	31,804	10
11	First Floor Conference -drywall, ceiling tile, cabinetry, traim	2012	16,454		10	1,645	1,645	10,693	11
12	Housekeeping Office remodel -ceiling tile, vinyl cove	2012	9,741		10	974	974	6,331	12
13	Nurses Station remodeling - plumbing	2012	13,419		10	1,342	1,342	8,723	13
14	Nurses Station remodeling - electrical work, tempered glass	2012	2,284		10	228	228	1,482	14
15	Juice Shop Remodeling Cabinetry, tiles	2012	5,478		10	548	548	3,562	15
16	Room remodel 1st, 2nd&3rd FL Celng Tile, Studs, Drywall	2012	92,907		10	9,291	9,291	60,391	16
17	tempered glass, electrical work cabinets								17
18	Resident Room Improvements - Rooms 230,330,316 Tile and	2013	3,549		10	355	355	1,952	18
19	electric								19
20	Third Floor Restorative - Flooring, Trim, Drywall Counters	2013	30,733		10	3,073	3,073	16,902	20
21	Boiler Room Remodel - Plumbing	2013	9,605		10	961	961	5,285	21
22	Remodel Design Fees - Dining Room, Nursing Station, Etc	2013	29,219		10	2,922	2,922	16,071	22
23	Water Heater	2013	6,800		10	680	680	3,740	23
24	H/R and Administration Offices Remodeling Flooring	2013	2,795		10	280	280	1,540	24
25	Stairway remodeling -Panels	2013	3,077		10	308	308	1,694	25
26	Fire Sprinkler Remodeling 3 Floor, Boiler Rm	2013	1,643		10	164	164	902	26
27	Vents Remodeling in Bathroom, Dinning Rm Boiler Rm	2013	1,776		10	178	178	979	27
28	Replace Heasters and electric work Common Bathrooms	2013	3,811		10	381	381	2,096	28
29	Fire Door Remodeling	2013	5,727		10	573	573	3,151	29
30	Trash Enclosure Remodeling - Gates replacement	2013	511		10	51	51	281	30
31	Land Improvement - Plant, Trees, Sprinkler Sys, Mulch	2013	15,522		5	1,554	1,554	15,522	31
32									32
33	3RD Floor Bathrooms - Vinyl & Adhesive	2013	12,603		10	1,260	1,260	6,930	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,699,980	\$		\$ 451,051	\$ 451,051	\$ 9,142,428	34

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 13,699,980	\$		\$ 451,051	\$ 451,051	\$ 9,142,428	1
2	Residents Rooms - Flooring, Walls, Paint, Plumbing, Electric	2013	49,226		10	4,923	4,923	27,076	2
3	Parking Lot Expansion	2013	77,177		10	7,718	7,718	42,449	3
4	Elevator Repair Install 2 reverse Phase Protection Relays	2014	4,645		10	464	464	2,088	4
5	Common Showers Improvements - 2nd & 3rd Floor Rails, Doors, Plumber Parts, Demolition, Tile Granite Countertops	2014	96,909		10	9,691	9,691	43,609	5
6	Drywall, Ceiling Tile								6
7	Common Showers Improvements - 1st & 2nd Floor Rails, Doors, Plumber Parts, Demolition, Tile Granite Countertops	2014	76,186		10	7,619	7,619	34,285	7
8	Drywall, Ceiling Tile, Electrical work, Sprinkler System								8
9	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	4,951		10	495	495	2,228	9
10	Electrical work and Parts Granite Tops								10
11	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	141,314		10	14,131	14,131	63,590	11
12	Electrical work and Parts Granite Tops, Vinyl Flooring, Ceiling Tile, Wood Work, Cabinetry, Demolition Work								12
13	Painting, Carpet, and Plumbing Work								13
14	Newsstand Improvements - Awning, Electrical Work and Materials, Canopy	2014	11,316		10	1,132	1,132	5,094	14
15	Therapy Room Improvements Old Creek Fixtures	2014	6,208		10	621	621	2,794	15
16	Residents Rooms -Electrical, Plumbing, Headboards	2014	4,843		10	484	484	2,178	16
17	Admissions Office Electrical Work and Materials, Counter Tops, Cabinets, Carpeting	2014	13,370		10	1,337	1,337	6,017	17
18	Fire Alarm/Dampers - Replace Equipment, Heating and Cooling, Electrical Work, and Dampers	2014	98,104		10	9,810	9,810	44,145	18
19	Fire Alarm/Dampers - Replace Equipment	2014	75,168		10	7,517	7,517	33,826	19
20	Window Improvements - Window Trim and Blinds for Offices	2014	4,586		10	459	459	2,065	20
21	Replace the Back Door	2014	2,043		10	204	204	918	21
22	Dietary Office - Counter Tops	2014	6,409		10	641	641	2,884	22
23	Roof Inspection and Repair	2014	6,360		10	636	636	2,862	23
24	Boiler Up Grade- Labor, Circulating Pump, Boiler Seals	2014	22,297		10	2,230	2,230	10,035	24
25	Boiler Up Grade- Installation of Boilers	2014	90,012		10	9,901	9,901	44,105	25
26	Corridors - Flooring and Railings, Wall Covering	2014	28,011		10	2,801	2,801	12,605	26
27	New Patio Installed - Paver, Pergola Columns, Lawn Sprinkler Sys	2014	17,087		5	3,417	3,417	15,377	27
28	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,536,202	\$		\$ 537,282	\$ 537,282	\$ 9,542,658	28

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 14,536,202	\$		\$ 537,282	\$ 537,282	\$ 9,542,658	1
2	Parking Lot Expansion- Seal coated & Striped Asphalt	2014	14,576		5	2,915	2,915	13,118	2
3	Concrete Sidewalk - Front Entry	2014	8,724		5	1,745	1,745	7,852	3
4	Remove & Replace front sidewalk	2015	12,876		5	2,575	2,575	9,013	4
5	Tuckpointing East & North Side Façade	2015	11,730		10	1,173	1,173	4,106	5
6	Pavilion Buffet - Pumbing work, Flooring, Staining, Tile,Electrical,	2015	47,027		10	4,703	4,703	16,460	6
7	Labor, Glass, other Materials								7
8	Skyfight Repairs to the South, 3rd floor and North Wing	2016	4,080		10	408	408	1,020	8
9	Remodel the Coffee Shop - Wall covering,built-in bar, vimyl	2016	33,780		10	3,378	3,378	8,445	9
10	Remodel the dining Rooms - Wall tile for rooms	2016	11,182		10	1,118	1,118	2,795	10
11	Office Renovations - Doors and Counter tops	2016	19,379		10	1,938	1,938	4,845	11
12	Town Square Renovation- Signs, Century Tile, Electic work, Built	2016	141,104		10	14,110	14,110	35,275	12
13	Theater Renovations Labor Wall Covering, Trim Work	2016	14,346		10	1,435	1,435	3,587	13
14	Work Stations Renovation Painting and Built in Cabinets	2016	19,878		10	1,988	1,988	4,970	14
15	Install new Resident Medicine Cabinets	2016	7,941		10	794	794	1,985	15
16	Snack Shop Renovations	2016	3,895		10	390	390	975	16
17	Residents Rooms Window Treatments Valances.Trim and Blinds	2016	57,633		10	5,763	5,763	14,408	17
18	Door Closers in Residents room 211 & 301	2016	4,003		10	400	400	1,000	18
19	Remodel of Private Dinning Room 3rd Fl Steel Studs, Paint, Electrical	2017	10,214		10	1,021	1,021	1,532	19
20	Window Relacement 1st,2nd&3rd FL	2017	12,221		10	1,222	1,222	1,833	20
21	Remodel Pavilion Dining Cabinet,Design Fees, Counter tops, Title	2017	84,632		10	8,463	8,463	12,695	21
22	Remodel Dining 1st &3rd FL Cabinet,Design Fees, Counter Tops	2017	108,498		10	10,850	10,850	16,275	22
23	Title, electrical								23
24	Remodel Pavilion Town Square Drywall, Ceiling, Electrical, Cabinets	2017	44,243		10	4,424	4,424	6,636	24
25	Two new Water Heaters and Piping from Quality Mechanical	2017	63,594		10	6,359	6,359	9,539	25
26									26
27									27
28									28
29									29
30									30
31									31
32	Current Year Depreciation			275,565			(275,565)		32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,271,758	\$ 275,565		\$ 614,454	\$ 338,889	\$ 9,721,022	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 534,331	\$ 75,812	\$ 75,812	\$	5-10 yrs.	\$ 386,357	71
72	Current Year Purchases					5-7 yrs.		72
73	Fully Depreciated Assets	2,062,249				5-10 yrs.	2,062,249	73
74	Alloc. From Mgmt. Co. & BLDG	1,281,305		27,275	27,275		1,164,958	74
75	TOTALS	\$ 3,877,885	\$ 75,812	\$ 103,087	\$ 27,275		\$ 3,613,564	75

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

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Van	1998 Ford E350 Van	1998	\$ 40,790	\$	\$	\$	5	\$ 40,790	76
77	Resident Passenger Care	2000 Chevrolet Express Van	2000	29,261				5	29,261	77
78	BUS	2007 Ford Champion	2014	43,117	8,623	8,623		5	38,804	78
79										79
80	TOTALS			\$ 113,168	\$ 8,623	\$ 8,623	\$		\$ 108,855	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 19,954,872	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 360,000	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 726,164	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 366,164	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 13,443,441	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

**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>141,431</u>			6
7	TOTAL				\$ <u>141,431</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>/2019</u>	\$ <u>N/A</u>
13.	<u>/2020</u>	\$ <u>N/A</u>
14.	<u>/2021</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: \$ 45,468 Description: Copier-\$23,143;Cooler- \$8,091 :Med Equip-\$8,341;Postage\$1,376-\$;Mgmt Co.-\$4,517

(Attach a schedule detailing the breakdown of movable equipment)

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

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

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)		4,079		4,079
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 4,079	\$	\$ 4,079
10	SUM OF line 9, col. 1 and 2 (e)	\$	4,079		

**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	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
			Units	Cost												
1	Licensed Occupational Therapist	10A(1 & 2)	hrs	\$ 475,920											\$ 475,920	1
2	Licensed Speech and Language Development Therapist	10A(1)	hrs	208,822											208,822	2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	10A(1 & 2)	hrs	726,540	22	1,414	16,063	22							744,017	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				581,265								581,265	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Oxygen</u>	39(2)					69,972								69,972	12
13	Other (specify): _____															13
14	TOTAL			\$ 1,411,282	22	\$ 1,414	\$ 667,300	22	\$		\$ 2,079,996					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  
 XV. BALANCE SHEET - Unrestricted Operating Fund.

# 0037366  
 As of 12/31/2018

Report Period Beginning: 01/01/2018  
 (last day of reporting year)

Ending: 12/31/2018

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	\$ 44,257	\$ 44,257	1
2	Cash-Patient Deposits	96,356	96,356	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 911,575 )	5,647,430	5,647,430	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,225	18,225	6
7	Other Prepaid Expenses	1,170,371	1,176,371	7
8	Accounts Receivable (owners or related parties)	1,648,415	1,021,815	8
9	Other(specify): See Sch 17C	106,866	1,124,931	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 8,731,920	\$ 9,129,385	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		692,061	13
14	Buildings, at Historical Cost		10,466,076	14
15	Leasehold Improvements, at Historical Cost	3,305,644	4,805,682	15
16	Equipment, at Historical Cost	2,716,545	3,991,053	16
17	Accumulated Depreciation (book methods)	(4,688,954)	(13,443,441)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe CIP)	201,694	667,781	22
23	Other(specify): Mortgage Cost Net		112,410	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,534,929	\$ 7,291,622	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,266,849	\$ 16,421,007	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 2,278,137	\$ 2,513,273	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	103,218	103,218	28
29	Short-Term Notes Payable	3,269,802	3,269,802	29
30	Accrued Salaries Payable	530,079	530,079	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		413,078	32
33	Accrued Interest Payable	62,343	116,194	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	See Sch 17C	116,365	116,365	36
37	See Sch 17C	(1,441,360)	(610,400)	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 4,918,584	\$ 6,451,609	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	2,658,974	2,658,974	39
40	Mortgage Payable		18,430,784	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 2,658,974	\$ 21,089,758	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 7,577,558	\$ 27,541,367	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 2,689,291	\$ (11,120,360)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 10,266,849	\$ 16,421,007	48

\*(See instructions.)

Meadowbrook Manor  
0037366  
12/31/2018

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Employee Advance	(1,250)	(1,250)
Receivable from Ins Recoveries	93,024	93,024
Reserve for Replacement Hazard Insurance Escrow		544,306
Real Estate Tax-Escrow		24,680
Mortgage Insurance Escrow		284,884
Construction Escrow		135,320
Amex - BBK	12,806	28,875
Wage Garnishment	1,724	12,806
Accrued Life Ins	(50)	1,724
Accrued 401K	612	(50)
	106,866	1,124,931

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued Bed & Provider Tax	(8,391)	(8,391)
Professional Liability Claims	(93,024)	(93,024)
Accrued-Payroll Taxes	(14,950)	(14,950)
	(116,365)	(116,365)

C. Current Liabilities	Operating	After Consolidation
Line 37 -Other Current Liabilities		
Accrued Rent	1,441,360	610,400
Due from Nick & Dorothy Vangel	-	-
Due from Bolingbrook	-	-
Due from BHC VIII	-	-
	1,441,360	610,400

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,419,272	1
2	Restatements (describe):		2
3	Rounding	(1)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,419,271	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	2,910,020	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	(4,640,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,729,980)	17
<b>B. Transfers (Itemize):</b>			
18			18
19	Rounding		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)	\$ 2,689,291	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	\$ 20,994,977	1
2	Discounts and Allowances for all Levels	(1,597,619)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 19,397,358	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,739,656	6
7	Oxygen	95,803	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 3,835,459	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,906	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	491,422	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	30,653	19
20	Radiology and X-Ray	91,360	20
21	Other Medical Services	59,297	21
22	Laundry	7,540	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 683,178	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	24,161	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 24,161	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Miscellaneous Income</u>	185	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 185	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 23,940,341	30

2			
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,289,298	31
32	Health Care	9,324,517	32
33	General Administration	4,682,911	33
<b>B. Capital Expense</b>			
34	Ownership	2,508,879	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,580,113	35
36	Provider Participation Fee	644,603	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 21,030,321	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	2,910,020	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 2,910,020	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 11,781,381	44
45	Private Pay - Net Inpatient Revenue	2,315,591	45
46	Medicare - Net Inpatient Revenue	3,817,229	46
47	Other-(specify) <u>Veterans</u>	797,423	47
48	Other-(specify) <u>Insurance</u>	685,734	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 19,397,358	49

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

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

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

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

^ Entity is a Cash Basis Tax Payer

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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	2,035	2,360	\$ 122,818	\$ 52.04	1
2	Assistant Director of Nursing	5,822	6,602	247,356	37.47	2
3	Registered Nurses	38,437	51,497	1,184,481	23.00	3
4	Licensed Practical Nurses	65,834	88,713	1,808,954	20.39	4
5	CNAs & Orderlies	173,292	231,032	2,632,618	11.40	5
6	CNA Trainees	370	491	4,079	8.31	6
7	Licensed Therapist	31,870	35,925	1,411,282	39.28	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	28,425	30,105	290,671	9.66	10
11	Social Service Workers	9,928	10,887	179,438	16.48	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	38,528	41,043	464,087	11.31	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	6,281	6,959	121,031	17.39	17
18	Housekeepers	31,190	33,254	319,340	9.60	18
19	Laundry	8,445	9,173	94,790	10.33	19
20	Administrator	2,112	2,320	128,583	55.42	20
21	Assistant Administrator	261	289	5,785	20.02	21
22	Other Administrative					22
23	Office Manager	1,832	2,168	39,871	18.39	23
24	Clerical	21,443	22,880	388,505	16.98	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	1,907	2,073	29,991	14.47	31
32	Other Health C: <u>See Sch 21A</u>	37,424	41,785	761,894	18.23	32
33	Other(specify) <u>Marketing</u>	1,560	1,600	76,689	47.93	33
34	TOTAL (lines 1 - 33)	506,996	621,156	\$ 10,312,263 *	\$ 16.60	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	514	\$ 22,370	1(3)	35
36	Medical Director	Monthly	30,000	9(3)	36
37	Medical Records Consultant	64	3,144	10(3)	37
38	Nurse Consultant	Monthly	15,395	10(3)	38
39	Pharmacist Consultant	#of Residents	29,968	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	804	32,170	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	24	1,278	11(3)	44
45	Social Service Consultant	4	260	12(3)	45
46	Other(specify) <u>Wound Care</u>	(72)	(3,549)	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,338	\$ 131,036		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	497	\$ 18,609	10(3)	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	107	1,933	10(3)	52
53	TOTAL (lines 50 - 52)	604	\$ 20,542		53

Meadowbrook Manor  
0037366  
12/31/2018

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	5,574	6,361	86,214	13.55
Central Supply	2,078	2,254	24,350	10.80
Nursing Administration	3,112	3,472	49,318	14.20
MDS Coordinator	9,098	10,319	264,136	25.60
Treatment Nurse	1,482	1,711	56,100	32.79
Treatment Assistant Nurse	580	698	7,655	10.97
Rehabilitation Nursing Wages	3,211	3,580	108,775	30.38
Rehabilitation Aides Wages	10,989	11,763	152,439	12.96
Resident Asst Wages	1,300	1,627	12,907	7.93
Total	37,424	41,785	761,894	18.23



**Meadowbrook Manor**

**Provider #: 0037366**  
**01/01/2018 to 12/31/2018**

**Schedule 21A**

XIX. SUPPORT SCHEDULE

C. Professional Services

Ronald L Cournaya	Accounting Services	5,000
RSM US LLP	Accounting Services	19,147
Butterfield Healthcare	Residents Services	38
Polsinelli Shughart PC	Legal	33,050
Markoff Law Firm	Collection Fees	6,039
Hunt, Aranda, & Subach LTD	Legal	2,490
Hamilton Thies & Lorch	Legal	486
West Suburban Bank	Legal Line of Credit	
Illinois Secretary of State	Annual Report	100
Aronberg Goldgehn Davis & Garmisa	Legal	489
Stone Progrund & Korey LLC	Legal	792

Total for Schedule 21A 67,631

Total (agree to Schedule V, line 19, column 3) 206,788

Allocation from Butterfield Health Care Group	31,603
Allocation from J&D Partners Professiona Fees	139
Allocation from J&D Partners Accounting Fees	25,568
Allocation from J&D Partners Legal Fees	15,271
To disallow non-allowable legal fees	
To disallow non-allowable Professional Fees	
Disallow Collection Fees	(6,831)

Total (agree to Schedule V, line 19, column 8) 272,538







Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

**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. Health Care Council of IL - \$ 36,505
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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? N/A  
What was the average life used for new equipment added during this period? \_\_\_\_\_
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 73,326 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. \$ 644,603  
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 benefit on Schedule V. \$ 0 Has any meal income been offset against related costs? N/A Indicate the amount. \$ 0
- (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. \$ 0  
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? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
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	464,087	40,539	22,370	526,996	0	526,996	0	526,996
2. Food Purchase	0	659,818	0	659,818	0	659,818	3,497	663,315
3. Housekeeping	319,340	73,341	0	392,681	0	392,681	0	392,681
4. Laundry	94,790	23,477	0	118,267	0	118,267	0	118,267
5. Heat and Other Utilities	0	0	284,847	284,847	0	284,847	5,395	290,242
6. Maintenance	121,031	16,186	169,472	306,689	0	306,689	30,624	337,313
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	999,248	813,361	476,689	2,289,298	0	2,289,298	39,516	2,328,814
9. Medical Director	0	0	30,000	30,000	0	30,000	24,119	54,119
10. Nursing & Medical Records	6,788,112	487,651	65,500	7,341,263	0	7,341,263	17,621	7,358,884
10a. Therapy	1,411,282	16,063	33,584	1,460,929	0	1,460,929	0	1,460,929
11. Activities	290,671	16,562	1,278	308,511	0	308,511	8	308,519
12. Social Services	179,438	37	260	179,735	0	179,735	23,692	203,427
13. Nurse Aide Training	4,079	0	0	4,079	0	4,079	0	4,079
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	8,673,582	520,313	130,622	9,324,517	0	9,324,517	65,440	9,389,957
17. Administrative	134,368	0	1,320,766	1,455,134	0	1,455,134	-1,229,590	225,544
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	206,788	206,788	0	206,788	65,750	272,538
20. Fees, Subscriptions & Promotion	0	0	96,492	96,492	0	96,492	-10,907	85,585
21. Clerical & General Office	428,376	28,273	119,809	576,458	0	576,458	442,755	1,019,213
22. Employee Benefits & Payroll	0	0	1,584,465	1,584,465	0	1,584,465	0	1,584,465
23. Inservice Training & Education	0	0	-747	-747	0	-747	140	-607
24. Travel and Seminar	0	0	45	45	0	45	0	45
25. Other Admin. Staff Trans	0	0	6,859	6,859	0	6,859	5,949	12,808
26. Insurance-Prop.Liab.Malpractice	0	0	757,417	757,417	0	757,417	109,514	866,931
27. Other (specify)*	0	0	0	0	0	0	85,758	85,758
28. Total General Adminis	562,744	28,273	4,091,894	4,682,911	0	4,682,911	-530,631	4,152,280
29. Total General Administrative	10,235,574	1,361,947	4,699,205	16,296,726	0	16,296,726	-425,675	15,871,051
30. Depreciation	0	0	360,000	360,000	0	360,000	366,164	726,164
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	271,928	271,928	0	271,928	632,508	904,436
33. Real Estate	0	0	0	0	0	0	414,113	414,113
34. Rent - Facility & Grounds	0	0	1,836,000	1,836,000	0	1,836,000	-1,694,569	141,431
35. Rent - Equipment & Vehicles	0	0	40,951	40,951	0	40,951	4,517	45,468
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	2,508,879	2,508,879	0	2,508,879	-277,267	2,231,612
38. Medically Necessary T	0	0	94,773	94,773	0	94,773	0	94,773
39. Ancillary Service Cent	0	651,237	0	651,237	0	651,237	0	651,237
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	644,603	644,603	0	644,603	0	644,603
43. Other (specify):*	76,689	0	757,414	834,103	0	834,103	-834,103	0
44. Total Special Cost Ce	76,689	651,237	1,496,790	2,224,716	0	2,224,716	-834,103	1,390,613
45. Grand Total	10,312,263	2,013,184	8,704,874	21,030,321	0	21,030,321	-1,537,045	19,493,276

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	44,257	44,257
2. Cash - Patient Deposits	96,356	96,356
3. Accounts & Notes Recievable	5,647,430	5,647,430
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	18,225	18,225
7. Other Prepaid Expenses	1,170,371	1,176,371
8. Accounts Receivable-Owner/Related Party	1,648,415	1,021,815
9. Other (specify):	106,866	1,124,931
10. Total current assets	8,731,920	9,129,385
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	692,061
14. Buildings, at Historical Cost	0	10,466,076
15. Leasehold Improvements, Historical Cost	3,305,644	4,805,682
16. Equipment, at Historical Cost	2,716,545	3,991,053
17. Accumulated Depreciation (book methods)	-4,688,954	-13,443,441
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):	201,694	667,781
23. other (specify):	0	112,410
24. Total Long-Term Assets	1,534,929	7,291,622
25. Total Assets	10,266,849	16,421,007
CURRENT LIABILITIES		
26. Accounts Payable	2,278,137	2,513,273
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	103,218	103,218
29. Short-Term Notes Payable	3,269,802	3,269,802
30. Accrued Salaries Payable	530,079	530,079
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	413,078
33. Accrued Interest Payable	62,343	116,194
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	116,365	116,365
37. Other Current Liabilities (specify):	-1,441,360	-610,400
38. Total Current Liabilities	4,918,584	6,451,609
LONG TERM LIABILITES		
39.Long-Term Notes Payable	2,658,974	2,658,974
40.Mortgage Payable	0	18,430,784
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	2,658,974	21,089,758
46.Total Liabilities	7,577,558	27,541,367
47.Total Equity	2,689,291	-11,120,360
48.Total Liabilities and Equity	10,266,849	16,421,007

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	20,994,977
2. Discounts and Allowances for all Levels	-1,597,619
Subtotal - Inpatient Care	19,397,358
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	3,739,656
7. Oxygen	95,803
Subtotal - Ancillary Revenue	3,835,459
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	2,906
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	491,422
18. Sale of Supplies to Non-Patients	0
19. Laboratory	30,653
20. Radiology and X-Ray	91,360
21. Other Medical Services	59,297
22. Laundry	7,540
Subtotal - Other Operating Revenue	683,178
24. Contributions	0
25. Interest and Other Investments Income	24,161
Subtotal - Non-Operating Revenue	24,161
27. Other Revenue (specify):	185
28. Other Revenue (specify):	0
Subtotal - Other Revenue	185
30. Total Revenue	23,940,341
31. General Services	2,289,298
32. Health Care	9,324,517
33. General Administration	4,682,911
34. Ownership	2,508,879
35. Special Cost Centers	1,580,113
35. Provider Participation Fee	644,603
37. Other	0
40. Total Expenses	21,030,321
41. Income Before Income Taxes	2,910,020
42. Income Taxes	0
43. Net Income or Loss for the Year	2,910,020