

Facility Name & ID Number Meadowbrook Manor LaGrange

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	17,835	6,171	8,667	32,673	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,835	6,171	8,667	32,673	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 45.44%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 08/25/2005

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 94 and days of care provided 6,909

Medicare Intermediary Wisconsin Physicians Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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
	A. General Services										
1	Dietary	343,926	46,864	11,085	401,875		401,875		401,875		1
2	Food Purchase		258,150		258,150		258,150	93	258,243		2
3	Housekeeping	165,948	37,520		203,468		203,468		203,468		3
4	Laundry	52,753	17,229		69,982		69,982		69,982		4
5	Heat and Other Utilities			213,692	213,692		213,692	2,848	216,540		5
6	Maintenance	175,104	41,917	184,885	401,906		401,906	9,984	411,890		6
7	Other (specify):*										7
8	TOTAL General Services	737,731	401,680	409,662	1,549,073		1,549,073	12,925	1,561,998		8
	B. Health Care and Programs										
9	Medical Director			30,000	30,000		30,000	8,520	38,520		9
10	Nursing and Medical Records	3,015,074	336,604	14,209	3,365,887		3,365,887	6,225	3,372,112		10
10a	Therapy	758,561	5,259	13,311	777,131		777,131		777,131		10a
11	Activities	116,389	12,409	744	129,542		129,542	3	129,545		11
12	Social Services	82,631		553	83,184		83,184	8,369	91,553		12
13	CNA Training	18,349			18,349		18,349		18,349		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,991,004	354,272	58,817	4,404,093		4,404,093	23,117	4,427,210		16
	C. General Administration										
17	Administrative	231,375		525,399	756,774		756,774	(493,192)	263,582		17
18	Directors Fees										18
19	Professional Services			168,516	168,516		168,516	23,426	191,942		19
20	Dues, Fees, Subscriptions & Promotions			60,818	60,818		60,818	(6,371)	54,447		20
21	Clerical & General Office Expenses	280,983	31,143	196,379	508,505		508,505	114,366	622,871		21
22	Employee Benefits & Payroll Taxes			738,759	738,759		738,759		738,759		22
23	Inservice Training & Education			3,519	3,519		3,519	49	3,568		23
24	Travel and Seminar			329	329		329		329		24
25	Other Admin. Staff Transportation			9,992	9,992		9,992	2,101	12,093		25
26	Insurance-Prop.Liab.Malpractice			470,897	470,897		470,897	70,610	541,507		26
27	Other (specify):*							30,293	30,293		27
28	TOTAL General Administration	512,358	31,143	2,174,608	2,718,109		2,718,109	(258,718)	2,459,391		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,241,093	787,095	2,643,087	8,671,275		8,671,275	(222,676)	8,448,599		29

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

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

Facility Name & ID Number

Meadowbrook Manor LaGrange

#0047274

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			156,000	156,000		156,000	778,826	934,826			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			99,746	99,746		99,746	680,032	779,778			32
33	Real Estate Taxes							372,000	372,000			33
34	Rent-Facility & Grounds			1,660,000	1,660,000		1,660,000	(1,610,041)	49,959			34
35	Rent-Equipment & Vehicles			71,309	71,309		71,309	24,899	96,208			35
36	Other (specify):*											36
37	TOTAL Ownership			1,987,055	1,987,055		1,987,055	245,716	2,232,771			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			26,834	26,834		26,834		26,834			38
39	Ancillary Service Centers		385,392	31,787	417,179		417,179		417,179			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			255,274	255,274		255,274		255,274			42
43	Other (specify):*	153,932		260,681	414,613		414,613	(414,613)				43
44	TOTAL Special Cost Centers	153,932	385,392	574,576	1,113,900		1,113,900	(414,613)	699,287			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,395,025	1,172,487	5,204,718	11,772,230		11,772,230	(391,573)	11,380,657			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	(1,142)	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		30		9
10	Interest and Other Investment Income	(5,055)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(658)	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	(1,359)	43		18
19	Entertainment	(2,277)	43		19
20	Contributions	(1,500)	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	(97,984)	43		24
25	Fund Raising, Advertising and Promotional	(3,022)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(200)	43		28
29	Other-Attach Schedule See Sch5A	(365,378)	43		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (478,575)		\$	30

BHF USE ONLY							
48		49		50		51	

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)	87,002		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 87,002		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (391,573)		37

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

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

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

Meadowbrook Manor LaGrange

ID# 0047274

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	Total	0	49

Meadowbrook Manor LaGrange

0047274

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 Chamber Dues	(450)	43
To disallow Consolidated Billing Services	(8,583)	43
To disallow Marketing Expenses	(58,020)	43
To disallow X-Ray expense	(32,975)	43
To disallow Lab expense	(17,428)	43
To disallow Employee Gifts	(21,454)	43
To disallow Cable Television	(11,314)	43
To Offset Miscellaneous	(5,062)	21
To disallow Collection Fees	(1,084)	19
To disallow COPE Fee	(6,826)	20
To disallow Employees Cards	(153)	43
To disallow Residents Personal Items	(224)	43
To disallow Resident Cards/Gifts	(227)	43
To disallow Sport Outings - Sponsorship	(2,500)	43
To disallow Patient Clothing	(353)	43
To disallow Marketing Wages	(153,932)	43
To disallow Marketing Wages	(44,279)	21
To disallow BLDG Licenses	(514)	20
Total	(365,378)	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,142)	1,235	0	0	0	0	0	0	0	0	0	93	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	1,906	0	942	0	0	0	0	0	0	0	2,848	5
6	Maintenance	0	9,984	0	0	0	0	0	0	0	0	0	9,984	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,142)	13,125	0	942	0	12,925	8						
	B. Health Care and Programs													
9	Medical Director	0	8,520	0	0	0	0	0	0	0	0	0	8,520	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	6,225	0	0	0	0	0	0	0	0	0	6,225	11
12	Social Services	0	3	0	0	0	0	0	0	0	0	0	3	12
13	CNA Training	0	8,369	0	0	0	0	0	0	0	0	0	8,369	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	23,117	0	0	0	0	0	0	0	0	0	23,117	16
	C. General Administration													
17	Administrative	0	(493,192)	0	0	0	0	0	0	0	0	0	(493,192)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	11,164	0	13,346	0	0	0	0	0	0	0	24,510	19
20	Fees, Subscriptions & Promotions	0	335	0	634	0	0	0	0	0	0	0	969	20
21	Clerical & General Office Expenses	0	163,471	0	236	0	0	0	0	0	0	0	163,707	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	49	0	0	0	0	0	0	0	0	0	49	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	2,101	0	0	0	0	0	0	0	0	2,101	25
26	Insurance-Prop.Liab.Malpractice	0	0	393	70,217	0	0	0	0	0	0	0	70,610	26
27	Other (specify):*	0	0	30,293	0	0	0	0	0	0	0	0	30,293	27
28	TOTAL General Administration	0	(318,173)	32,787	84,433	0	(200,953)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,142)	(281,931)	32,787	85,375	0	(164,911)	29						

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor LaGrange# 0047274

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	2,573	776,253	0	0	0	0	0	0	0	778,826	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,055)	0	580	684,507	0	0	0	0	0	0	0	680,032	32
33	Real Estate Taxes	0	0	0	372,000	0	0	0	0	0	0	0	372,000	33
34	Rent-Facility & Grounds	0	0	49,959	(1,660,000)	0	0	0	0	0	0	0	(1,610,041)	34
35	Rent-Equipment & Vehicles	0	0	1,596	23,303	0	0	0	0	0	0	0	24,899	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(5,055)	0	54,708	196,063	0	245,716	37						
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(107,000)	0	0	0	0	0	0	0	0	0	0	(107,000)	43
44	TOTAL Special Cost Centers	(107,000)	0	0	0	0	0	0	0	0	0	0	(107,000)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(113,197)	(281,931)	87,495	281,438	0	(26,195)	45						

VII. RELATED PARTIES

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

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

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

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

1	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%	\$ 1,235	\$ 1,235	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%			2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	1,906	1,906	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	9,984	9,984	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	8,520	8,520	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	6,225	6,225	6
7	V	12 Activities		Butterfield Health Care Group, Inc.	100.00%	3	3	7
8	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	8,369	8,369	8
9	V	17 Administrative Costs	525,399	Butterfield Health Care Group, Inc.	100.00%	32,207	(493,192)	9
10	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	11,164	11,164	10
11	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	335	335	11
12	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	163,471	163,471	12
13	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	49	49	13
14	Total		\$ 525,399			\$ 243,468	\$ * (281,931)	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%	2,101	2,101	16
17	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	393	393	17
18	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	30,293	30,293	18
19	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	2,573	2,573	19
20	V	32 Interest		Butterfield Health Care Group, Inc.	100.00%	580	580	20
21	V	34 Rent Building		Butterfield Health Care Group, Inc.	100.00%	49,959	49,959	21
22	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	1,596	1,596	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		\$			\$ 87,495	\$ * 87,495	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	5 Utilities	\$	MML Properties, LLC	100.00%	\$ 942	\$	942	15
16	V	19 Professional Fees		MML Properties, LLC	100.00%	13,346		13,346	16
17	V	20 Fees & Subscriptions		MML Properties, LLC	100.00%	634		634	17
18	V	21 Clerical & General Office		MML Properties, LLC	100.00%	236		236	18
19	V	26 Insurance-Prop., Liab., Malpr.		MML Properties, LLC	100.00%	70,217		70,217	19
20	V	30 Depreciation		MML Properties, LLC	100.00%	776,253		776,253	20
21	V	32 Interest Expense		MML Properties, LLC	100.00%	684,507		684,507	21
22	V	32 Amort of Mortgage Costs		MML Properties, LLC	100.00%				22
23	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	372,000		372,000	23
24	V	34 Rent	1,660,000	MML Properties, LLC	100.00%			(1,660,000)	24
25	V	35 Equipment Rental		MML Properties, LLC	100.00%	23,303		23,303	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		\$ 1,660,000			\$ 1,941,438	\$ *	281,438	39

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

Butterfield Health Care VIII, LLC
D/B/A Meadowbrook Manor of LaGrange
Provider # 0047274
12/31/2018

Schedule 6A

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2018 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	94,855	8	20.00	Mgt Salaries	\$ 7,647	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	94,703	2	5.00	Mgt Salaries	6,182	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	126,414	2	5.00	Mgt Salaries	16,448	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	65,050	2	5.00	Mgt Salaries	1,930	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	65,480	10	25.00	Medical Director	8,520	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	\$ 40,727		13

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2018

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 100
 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	\$ 32,673	\$ 1,235	1	
2	3	Housekeeping	Resident Days	283,789	4		32,673	0	2	
3	5	Utilities	Resident Days	283,789	4	16,552	32,673	1,906	3	
4	6	Repairs & Maintenance	Resident Days	283,789	4	86,723	63,027	32,673	9,984	4
5	9	Medical Director	Resident Days	283,789	4	74,000		32,673	8,520	5
6	11	Nursing	Resident Days	283,789	4	54,065	54,065	32,673	6,225	6
7	12	Activities	Resident Days	283,789	4	26		32,673	3	7
8	13	Social Services	Resident Days	283,789	4	72,692	72,692	32,673	8,369	8
9	17	Administrative Costs	Resident Days	283,789	4	279,743	279,743	32,673	32,207	9
10	19	Professional Services	Resident Days	283,789	4	96,964		32,673	11,164	10
11	20	Dues, Fees & Subscriptions	Resident Days	283,789	4	2,908		32,673	335	11
12	21	Clerical & General Office exp.	Resident Days	283,789	4	1,419,873	1,302,090	32,673	163,471	12
13	23	Training & Education	Resident Days	283,789	4	429		32,673	49	13
14	24	Travel & Seminar	Resident Days	283,789	4			32,673	0	14
15	25	Auto Expense	Resident Days	283,789	4	18,251		32,673	2,101	15
16	26	Insurance	Resident Days	283,789	4	3,414		32,673	393	16
17	27	Employee Benefits General & Admin.	Resident Days	283,789	4	263,119		32,673	30,293	17
18	30	Depreciation	Resident Days	283,789	4	22,350		32,673	2,573	18
19	32	Interest	Resident Days	283,789	4	5,037		32,673	580	19
20	34	Rent Building	Resident Days	283,789	4	433,933		32,673	49,959	20
21	35	Equipment Rental	Resident Days	283,789	4	13,860		32,673	1,596	21
22										22
23										23
24										24
25	TOTALS					\$ 2,874,667	\$ 1,771,617	\$ 330,963		25

Facility Name & ID Number

Meadowbrook Manor LaGrange

0047274

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			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge Realty Capital		x	Mortgage Payable			\$	(197,220)			\$	1						
2												2						
3												3						
4			x	Construction Loan				24,076,555				684,507						
5												5						
Working Capital																		
6	West Suburban		X	Working Capital	N/A	05/10/13		1,726,872	6/30/18	10.0000		99,746						
7	Shareholders Loan	X		Working Capital		06/01/17	1,107,500	1,107,500	Demand	4.0000								
8	Shareholders Loan	X		Working Capital				1,252,071	Demand	4.0000								
9	TOTAL Facility Related						\$ 1,107,500	\$ 27,965,778			\$ 784,253	9						
B. Non-Facility Related*																		
10									Offset Interest Income		(5,055)	10						
11									Shareholders Interest			11						
12									Mgmt Co. Allocation		580	12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (4,475)	14						
15	TOTALS (line 9+line14)						\$ 1,107,500	\$ 27,965,778			\$ 779,778	15						

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

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

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

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2017 report.	\$	372,000	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.)	\$	110,406	2
3. Under or (over) accrual (line 2 minus line 1).	\$	(261,594)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	633,594	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	372,000	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013	343,972	8
	2014	368,899	9
	2015	244,093	10
	2016	200,739	11
	2017	180,765	12

FOR BHF USE ONLY

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 LaGrange COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0047274

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>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. <u>18-04-423-001-0000</u>	<u>Nursing Facility</u>	\$ <u>180,765.08</u>	\$ <u>180,765.08</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>180,765.08</u></u>	\$ <u><u>180,765.08</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 LaGrange

0047274

Report Period Beginning:

01/01/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

None

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

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	203				\$	\$		\$	\$	\$
5										
6										
7										
8										
	Improvement Type**									
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

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	New doors, hardware, laminating & refinishing for Dementia	2008	\$ 7,540	\$ 377	10	\$ 377	\$	\$ 7,540	37
38	Repair parking lot lights (ballasts, cutting asphalt, trenching								38
39	& running new wiring)	2008	4,989	256	10	256		4,989	39
40	Roof Repairs (rear emergency room entrance & front entrance)	2008	3,949	204	10	204		3,949	40
41	Wiring - Therapy room	2008	5,879	293	10	293		5,879	41
42	Chimney Cap & Tuckpointing	2008	11,993	602	10	602		11,993	42
43	Rebuilt compressor for HVAC unit	2008	19,864	979	10	997	18	19,864	43
44									44
45	R&M Reclasses								45
46	- Emergency service for steam leak on heating system-								46
47	furnished & installed new diaphragm & steam trap.	2008	4,699		10	204	204	4,669	47
48	- Emergency service for no heat - furnished & installed								48
49	new fluid head & valve body.	2008	3,045		10	148	148	3,045	49
50	- Tile flooring for facility	2008	14,637		10	729	729	14,637	50
51									51
52	Concrete flooring, electrical, new tub & faucet, drywall,	2009	26,068	2,607	10	2,607		24,768	52
53	studs & reframe door for Laundry Room Remodel								53
54	Repair masonry on top of building	2009	6,241	624	10	624		5,928	54
55	Install outdoor lighting	2009	11,332	1,133	10	1,133		10,764	55
56	replace 2 shower valves & trims	2009	2,755	276	10	276		2,622	56
57	Fill & roll potholes, crack sealing, sealcoating & striping	2009	6,000		5			6,000	57
58	parking lot								58
59									59
60	R&M Reclasses								60
61	-Remove and replace automatic transfer switch	2009	3,695		10	370	370	3,515	61
62	-Replace air separator and rework piping for new style	2009	5,350		10	535	535	5,083	62
63	air separator.								63
64	-Air conditioner -repair leaks, add drier cores and refrigerant	2009	5,204		10	520	520	4,940	64
65	replace belt and pulley								65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 143,240	\$ 7,351		\$ 9,875	\$ 2,524	\$ 140,185	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	Totals from Page 12A, Carried Forward		\$ 143,240	\$ 7,351		\$ 9,875	\$ 2,524	\$ 140,185	1
2	Cabinets and countertops for therapy office	2010	6,117	612	10	612		5,202	2
3	Install drywall for new wall, rearrange/repair light fixtures	2010	2,705	270	10	270		2,295	3
4	in business office								4
5	Remove & rebuild rear loading dock	2010	2,650	265	10	265		2,253	5
6	Transfer & install reception door, 3 sets of 36" cabinets and	2010	4,974	497	10	497		4,225	6
7	countertops for dining room								7
8	22 - 4 tier lockers with sloped tops	2010	5,138	514	10	514		4,368	8
9	Lavatory faucets, shut offs & trap, tempered glass for restroom	2010	3,436	344	10	344		2,924	9
10	door								10
11	Fill potholes, sealcoating & striping of parking log	2010	5,100		5			5,100	11
12	Fill potholes, sealcoating & striping of parking log	2011	2,000		5			2,000	12
13	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2011	95,612	9,561	10	9,561		71,707	13
14	floors, & Painting								14
15	Corridor Remodel - remove wall paper, paint, handrails,	2011	46,474	4,647	10	4,647		34,853	15
16	carpet								16
17	Dinning Roon & Kichen - new vinyl floors, paint all walls	2011	36,795	3,680	10	3,680		27,600	17
18	Tile & Trim for Offices replace all the tile & trim	2011	21,653	2,165	10	2,165		16,238	18
19	Install in Fire Doors	2011	3,135	314	10	314		2,355	19
20									20
21	Elevator repair	2011	4,350	435	10	435		3,262	21
22	Foyer Remodeling	2012	26,756	2,676	10	2,676		17,394	22
23	Enclosure of Trash Contains	2012	2,212	221	10	221		1,437	23
24	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2012	26,735	2,674	10	2,674		17,381	24
25	Fire System - Check Valve Remodeling	2012	11,946	1,195	10	1,195		7,767	25
26	Chiller Unit on Roof UpGrade Improvements	2012	5,643	564	10	564		3,666	26
27	Dinning Room Remodelig - Build in Cabinets and Blinds	2012	18,406	1,840	10	1,840		11,960	27
28	Dialysis Room Conversion - ceiling tile, vinyl flooring,	2012	39,774	3,977	10	3,977		25,851	28
29	electric work, trim work								29
30	Therapy Room Remodel first floor -glass,drywall,ceiling tile	2012	10,368	1,037	10	1,037		6,740	30
31	prime all walls								31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 525,219	\$ 44,839		\$ 47,363	\$ 2,524	\$ 416,763	34

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2018 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	Totals from Page 12B, Carried Forward		\$ 525,219	\$ 44,839		\$ 47,363	\$ 2,524	\$ 416,763	1
2	Dialysis Room Conversion - ceiling tile, vinyl flooring,	2013	63,006	6,301	10	6,301		34,655	2
3	electric work, trim work								3
4	Therapy Room Remodel first floor -Counter Tops	2013	2,919	292	10	292		1,606	4
5	Kitchen Remodel - Paint, Cabinets	2013	6,136	614	10	614		3,377	5
6	Facility Roof Repairs	2013	6,424	642	10	642		3,531	6
7	Doctors Lounge South Wing-Electric, Drywall, Paint, Flooring	2013	38,577	3,858	10	3,858		21,219	7
8	Res Rooms 1st Floor - Mirrors, Flooring, Plumbing, fan coils	2013	11,339	1,134	10	1,134		6,237	8
9	New Exterior Lighting	2013	3,405	341	10	341		1,875	9
10	Remodel the Juice Bar with Cabinets and Counter tops	2013	2,260	226	10	226		1,243	10
11	Remodel the Fire Sprinkler Sys in Beauty Shop, Kitchen	2013	1,440	144	10	144		792	11
12									12
13	Replace the Asphalt Parking Lot & Stripping	2014	8,109	1,622	5	1,622		7,299	13
14									14
15	Replace the Door Operator on the North Elevator	2014	5,800	580	10	580		2,610	15
16	Upgrade of the Laundry Room,= - Plumbing, Walls, Electric,	2014	95,256	9,526	10	9,526		42,867	16
17	vent work, Painting, tile, gas and water lines								17
18	Upgrade the Nurse Station - Built in cabinets, blinds,& walls	2014	4,960	496	10	496		2,258	18
19									19
20	Elevator Modernization	2014	42,120		10	4,212	4,212	18,954	20
21	Corridor Lighting and Supplies	2015	1,276	128	10	128		448	21
22	Rsident Rooms Remodeling - painting, lights, vanities. And	2015	6,720	672	10	672		2,352	22
23	grab bars								23
24									24
25	Wood Flooring in Medical Records Office	2016	5,986	599	10	599		1,497	25
26	Remodel Dining Room -Cabinets, Counter Tops, Tile	2016	9,296	930	10	930		2,325	26
27	Install new Doors for Life Safety	2016	14,007	1,401	10	1,401		3,502	27
28									28
29	Kitchen Remodel - Drywall repair, fixed kitchen floor tile	2017	66,593		10			3,330	29
30	Painting, vinyl celing title, Replace Sprinkler Heads								30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 920,848	\$ 74,345		\$ 81,081	\$ 6,736	\$ 578,740	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	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		\$ 920,848	\$ 74,345		\$ 81,081	\$ 6,736	\$ 578,740	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	TOTAL (lines 1 thru 33)	\$ 920,848	\$ 74,345		\$ 81,081	\$ 6,736	\$ 578,740	34

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	\$	\$	\$	\$	5-10 yrs	\$	71
72	Current Year Purchases					10 yrs		72
73	Fully Depreciated Assets					5 yrs		73
74	Alloc. From Mgmt. Co. & BLDG					10 yrs		74
75	TOTALS	\$	\$	\$	\$		\$	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	N/A									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)	\$ 2,482,256	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 74,345	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 81,081	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 6,736	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 578,740	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Building Improvements	\$	92
93	Building Improv. (BLDG CO.)		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 LaGrange

0047274

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>49,959</u>			6
7	TOTAL				\$ <u>49,959</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>	\$ _____
13.	<u>/2020</u>	\$ _____
14.	<u>/2021</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: _____*

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: \$ 96,208 Description: See Attached Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Meadowbrook Manor LaGrange
0047274
12/31/2018

Schedule 14 A

Schedule 14A

XII. Rental Costs
Line 16 - Description

Copier	17,963
Water Cooler	3,999
Medical Equipment	26,357
Mattress & Beds	21,281
Postage Meter	1,709
Building Company Management Co.	<u>23,303</u> 1,596
Total	<u><u>96,208</u></u>

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)		18,349		18,349
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 18,349	\$	\$ 18,349
10	SUM OF line 9, col. 1 and 2 (e)	\$	18,349		

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	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10A(1)	5762	hrs	\$ 247,449		\$	\$	5,762	\$ 247,449	1
2	Licensed Speech and Language Development Therapist	10A(1)	5166	hrs	215,860				5,166	215,860	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10A(1,2 & 3)	7472	hrs	295,252	144	9,328	5,259	7,616	309,839	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				350,824		350,824	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)						34,568		34,568	12
13	Other (specify): <u>Dialysis</u>	39(3)				1,213	31,787		1,213	31,787	13
14	TOTAL				\$ 758,561	1,357	\$ 41,115	\$ 390,651	19,757	\$ 1,190,327	14

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 6,354	\$ 14,842	1
2	Cash-Patient Deposits	62,355	62,355	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,450,764	2,450,764	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	132,232	257,306	6
7	Other Prepaid Expenses	(10,360)	(10,360)	7
8	Accounts Receivable (owners or related parties)	1,111,142	1,188,272	8
9	Other(specify): <u>See Sch 17C</u>	41,042	1,324,454	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,793,529	\$ 5,287,633	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,561,408	13
14	Buildings, at Historical Cost	106,121	1,480,741	14
15	Leasehold Improvements, at Historical Cost	688,617	690,338	15
16	Equipment, at Historical Cost	826,487	1,588,150	16
17	Accumulated Depreciation (book methods)	(1,011,957)	(2,810,055)	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)	2,157	34,630,265	22
23	Other(specify): <u>Mortgage Cost Net</u>		22,967	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 611,425	\$ 37,163,814	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,404,954	\$ 42,451,447	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,463,107	\$ 3,173,990	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	36,843	36,843	28
29	Short-Term Notes Payable	1,726,872	1,726,872	29
30	Accrued Salaries Payable	(33,951)	(33,951)	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		633,594	32
33	Accrued Interest Payable	10,760	97,837	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Sch 17C</u>	849,239	849,239	36
37	<u>Due to Related Parties</u>	7,811,827	3,534,427	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 12,864,697	\$ 10,018,851	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,359,571	26,436,126	39
40	Mortgage Payable		(197,220)	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,359,571	\$ 26,238,906	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 15,224,268	\$ 36,257,757	46
47	TOTAL EQUITY(page 18, line 24)	\$ (10,819,314)	\$ 6,193,690	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,404,954	\$ 42,451,447	48

*(See instructions.)

Meadowbrook Manor LaGrange
0047274
12/31/2018

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Refund Transfer	21,033	21,033
Employee Advances	307	307
Reserve for Replacement		183,656
Real Estate Tax Escrow		126,996
Mortgage Insurance Escrow		145,197
Debt Services Reserve		732,308
Demolition Escrow		58,236
Other Deposit	14,702	41,721
Due From Beaver Creek Construction	5,000	5,000
Due From Chesapeake Bay Construction		10,000
	<u>41,042</u>	<u>1,324,454</u>

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued Bed & Provider Tax	(4,778)	(4,778)
Professional Liability Claims	516,095	516,095
Accrued-Payroll Taxes	11,746	11,746
Accrued-Federal Withholding	(281)	(281)
Accrued -FICA Withholdings	(20,537)	(20,537)
Acrued-State Withholding	(797)	(797)
Wage Garnishments	(818)	(818)
Accrued - Life Ins. Withholding	36	36
Accrued 401K	(1,027)	(1,027)
Resident Credit Balances	349,600	349,600
	<u>849,239</u>	<u>849,239</u>

C. Current Liabilities	Operating	After Consolidation
Line 37 -Other Current Liabilities		
Due from Dr Jafari	51,146	27,302
Due from MMLProperties	45,000	45,000
Due to/from Bolington	859,110	859,110
Due to/from Naperville	1,175,953	1,175,953
Due to/from LaGrange		612,000
Due From BHC Group	(191,087)	748,644
Due from BHC Construction	4,498	4,498
Due from BHC VIII	461,920	461,920
Accrued Rent	5,405,287	(400,000)
	<u>7,811,827</u>	<u>3,534,427</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (12,679,702)	1
2	Restatements (describe):		2
3	Rounding	(1)	3
4	Depreciation Expense	14,272	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (12,665,431)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,973,883)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Contributions from Owners	3,820,000	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,846,117	17
	B. Transfers (Itemize):		
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)	\$ (10,819,314)	24 *

* This must agree with page 17, line 47.

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

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,373,742	1
2	Discounts and Allowances for all Levels	(113,542)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,260,200	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,995,301	6
7	Oxygen	17,443	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,012,744	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	758	13
14	Non-Patient Meals	1,142	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	352,440	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	13,021	19
20	Radiology and X-Ray	36,387	20
21	Other Medical Services	104,804	21
22	Laundry	6,734	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 515,286	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,055	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,055	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous	5,062	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,062	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,798,347	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,549,073	31
32	Health Care	4,404,093	32
33	General Administration	2,718,109	33
B. Capital Expense			
34	Ownership	1,987,055	34
C. Ancillary Expense			
35	Special Cost Centers	858,626	35
36	Provider Participation Fee	255,274	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,772,230	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,973,883)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,973,883)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 3,074,750	44
45	Private Pay - Net Inpatient Revenue	1,592,996	45
46	Medicare - Net Inpatient Revenue	2,169,249	46
47	Other-(specify) <u>Insurance</u>	423,205	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,260,200	49

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

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

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

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

^ Entity is a Cash Basis Tax Payer

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning: 01/01/2018

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	1,941	2,157	\$ 125,798	\$ 58.32	1
2	Assistant Director of Nursing	2,102	2,158	94,091	43.60	2
3	Registered Nurses	24,325	32,534	830,386	25.52	3
4	Licensed Practical Nurses	23,843	34,435	692,518	20.11	4
5	CNAs & Orderlies	59,541	81,684	886,241	10.85	5
6	CNA Trainees	1,847	2,167	18,349	8.47	6
7	Licensed Therapist	18,096	19,323	758,561	39.26	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,079	9,779	116,389	11.90	10
11	Social Service Workers	4,729	5,018	82,631	16.47	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	26,198	27,627	343,926	12.45	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	11,581	12,069	175,104	14.51	17
18	Housekeepers	15,659	16,964	165,948	9.78	18
19	Laundry	5,787	6,082	52,753	8.67	19
20	Administrator	2,052	2,200	166,598	75.73	20
21	Assistant Administrator	2,035	2,190	64,777	29.58	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,232	14,560	280,983	19.30	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	1,991	2,168	29,932	13.81	31
32	Other Health C: See SCH20A	16,229	18,077	356,108	19.70	32
33	Other(specify) <u>Marketing</u>	3,021	3,249	153,932	47.38	33
34	TOTAL (lines 1 - 33)	243,288	294,441	\$ 5,395,025 *	\$ 18.32	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	328	\$ 11,085	1(3)	35
36	Medical Director	Monthly	30,000	9(3)	36
37	Medical Records Consultant	56	2,752	10(3)	37
38	Nurse Consultant	80	4,378	10(3)	38
39	Pharmacist Consultant		1,180	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	281	3,983	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	14	744	11(3)	44
45	Social Service Consultant	9	553	12(3)	45
46	Other(specify) <u>Quality Assurance</u>	# of Resident	5,044	10(3)	46
47	<u>Wound Care Director</u>	Monthly	(1,750)	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	768	\$ 57,969		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	114	\$ 1,648	10(3)	50
51	Licensed Practical Nurses		0	10(3)	51
52	Certified Nurse Assistants/Aides	38	957	10(3)	52
53	TOTAL (lines 50 - 52)	152	\$ 2,605		53

Meadowbrook Manor LaGrange

0047274

12/31/2018

Schedule 20 A

XXVIII. A. Staffing and Salary costs

<u>Name</u>	<u>Number of Hrs Worked</u>	<u>Number Hrs Paid</u>	<u>Tot Sal & Wages</u>	<u>Ave. Hourly</u>
Central Supply	2,092	2,280	36,674	16.09
Ward Clerk	1,663	1,854	21,422	11.55
Nursing Administration	1,203	1,269	38,514	30.35
MDS Coordinator	2,246	2,513	85,769	34.13
Rehabilitation Nursing Wages	2,176	2,368	75,358	31.82
Rehabilitation Aides Wages	6,849	7,793	98,371	12.62
Total	<u>16,229</u>	<u>18,077</u>	<u>356,108</u>	<u>19.70</u>

Meadowbrook Manor LaGrange

Provider #: 0047274

01/01/2018 to 12/31/2018

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

RSM US LLP	Accounting	32,282
Ronald L Cournaya	Accounting Services	5,000
Polseineli PC	Legal	37,699
Hunt, Aranda, & Subach LTD	Legal	2,490
Hamilton Thies Lorch & Hagnell	Legal	1,048
Markoff Law Firm	Legal	1,084
Immigration Attorneys LLP	Legal	5,520
Aronberg Goldgehn Davis & Carmisa	Legal	2,374
Illinois Secretary of State	Annual Report	75
Total for Schedule 21A		<u>87,572</u>
Total (agree to Schedule V, line 19, column 3)		127,116
Allocation from Butterfield Health Care Group		11,164
Allocation From MML Properties	Accounting Fees	6,030
Allocation From MML Properties	Legal Fees	7,316
To disallow non-allowable legal fees		-
To disallow non-allowable Professional Fees		-
Disallow Collection Fees		(1,084)
Total (agree to Schedule V, line 19, column 8)		<u>150,542</u>

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

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-\$ 33,490
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? 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. \$ 31,687 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. \$ 255,274
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. \$ N/a Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,142
- (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? NoYes
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	Adjustments	Adjusted Total
1. Dietary	343,926	46,864	11,085	401,875	0	401,875	0	401,875
2. Food Purchase	0	258,150	0	258,150	0	258,150	93	258,243
3. Housekeeping	165,948	37,520	0	203,468	0	203,468	0	203,468
4. Laundry	52,753	17,229	0	69,982	0	69,982	0	69,982
5. Heat and Other Utilities	0	0	213,692	213,692	0	213,692	2,848	216,540
6. Maintenance	175,104	41,917	184,885	401,906	0	401,906	9,984	411,890
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	737,731	401,680	409,662	1,549,073	0	1,549,073	12,925	1,561,998
9. Medical Director	0	0	30,000	30,000	0	30,000	8,520	38,520
10. Nursing & Medical Records	3,015,074	336,604	14,209	3,365,887	0	3,365,887	6,225	3,372,112
10a. Therapy	758,561	5,259	13,311	777,131	0	777,131	0	777,131
11. Activities	116,389	12,409	744	129,542	0	129,542	3	129,545
12. Social Services	82,631	0	553	83,184	0	83,184	8,369	91,553
13. Nurse Aide Training	18,349	0	0	18,349	0	18,349	0	18,349
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	3,991,004	354,272	58,817	4,404,093	0	4,404,093	23,117	4,427,210
17. Administrative	231,375	0	525,399	756,774	0	756,774	-493,192	263,582
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	168,516	168,516	0	168,516	23,426	191,942
20. Fees, Subscriptions & Promotion	0	0	60,818	60,818	0	60,818	-6,371	54,447
21. Clerical & General Office	280,983	31,143	196,379	508,505	0	508,505	114,366	622,871
22. Employee Benefits & Payroll	0	0	738,759	738,759	0	738,759	0	738,759
23. Inservice Training & Education	0	0	3,519	3,519	0	3,519	49	3,568
24. Travel and Seminar	0	0	329	329	0	329	0	329
25. Other Admin. Staff Trans	0	0	9,992	9,992	0	9,992	2,101	12,093
26. Insurance-Prop.Liab.Malpractice	0	0	470,897	470,897	0	470,897	70,610	541,507
27. Other (specify)*	0	0	0	0	0	0	30,293	30,293
28. Total General Adminis	512,358	31,143	2,174,608	2,718,109	0	2,718,109	-258,718	2,459,391
29. Total General Administrative	5,241,093	787,095	2,643,087	8,671,275	0	8,671,275	-222,676	8,448,599
30. Depreciation	0	0	156,000	156,000	0	156,000	778,826	934,826
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	99,746	99,746	0	99,746	680,032	779,778
33. Real Estate	0	0	0	0	0	0	372,000	372,000
34. Rent - Facility & Grounds	0	0	1,660,000	1,660,000	0	1,660,000	-1,610,041	49,959
35. Rent - Equipment & Vehicles	0	0	71,309	71,309	0	71,309	24,899	96,208
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,987,055	1,987,055	0	1,987,055	245,716	2,232,771
38. Medically Necessary T	0	0	26,834	26,834	0	26,834	0	26,834
39. Ancillary Service Cent	0	385,392	31,787	417,179	0	417,179	0	417,179
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	255,274	255,274	0	255,274	0	255,274
43. Other (specify):*	153,932	0	260,681	414,613	0	414,613	-414,613	0
44. Total Special Cost Ce	153,932	385,392	574,576	1,113,900	0	1,113,900	-414,613	699,287
45. Grand Total	5,395,025	1,172,487	5,204,718	11,772,230	0	11,772,230	-391,573	11,380,657

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	6,354	14,842
2. Cash - Patient Deposits	62,355	62,355
3. Accounts & Notes Recievable	2,450,764	2,450,764
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	132,232	257,306
7. Other Prepaid Expenses	-10,360	-10,360
8. Accounts Receivable-Owner/Related Party	1,111,142	1,188,272
9. Other (specify):	41,042	1,324,454
10. Total current assets	3,793,529	5,287,633
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	1,561,408
14. Buildings, at Historical Cost	106,121	1,480,741
15. Leasehold Improvements, Historical Cost	688,617	690,338
16. Equipment, at Historical Cost	826,487	1,588,150
17. Accumulated Depreciation (book methods)	-1,011,957	-2,810,055
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):	2,157	34,630,265
23. other (specify):	0	22,967
24. Total Long-Term Assets	611,425	37,163,814
25. Total Assets	4,404,954	42,451,447
CURRENT LIABILITIES		
26. Accounts Payable	2,463,107	3,173,990
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	36,843	36,843
29. Short-Term Notes Payable	1,726,872	1,726,872
30. Accrued Salaries Payable	-33,951	-33,951
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	633,594
33. Accrued Interest Payable	10,760	97,837
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	849,239	849,239
37. Other Current Liabilities (specify):	7,811,827	3,534,427
38. Total Current Liabilities	12,864,697	10,018,851
LONG TERM LIABILITES		
39.Long-Term Notes Payable	2,359,571	26,436,126
40.Mortgage Payable	0	-197,220
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	2,359,571	26,238,906
46.Total Liabilities	15,224,268	36,257,757
47.Total Equity	#####	6,193,690
48.Total Liabilities and Equity	4,404,954	42,451,447

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	7,373,742
2. Discounts and Allowances for all Levels	-113,542
Subtotal - Inpatient Care	7,260,200
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,995,301
7. Oxygen	17,443
Subtotal - Ancillary Revenue	2,012,744
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	758
14. Non-Patient Meals	1,142
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	352,440
18. Sale of Supplies to Non-Patients	0
19. Laboratory	13,021
20. Radiology and X-Ray	36,387
21. Other Medical Services	104,804
22. Laundry	6,734
Subtotal - Other Operating Revenue	515,286
24. Contributions	0
25. Interest and Other Investments Income	5,055
Subtotal - Non-Operating Revenue	5,055
27. Other Revenue (specify):	5,062
28. Other Revenue (specify):	0
Subtotal - Other Revenue	5,062
30. Total Revenue	9,798,347
31. General Services	1,549,073
32. Health Care	4,404,093
33. General Administration	2,718,109
34. Ownership	1,987,055
35. Special Cost Centers	858,626
35. Provider Participation Fee	255,274
37. Other	0
40. Total Expenses	11,772,230
41. Income Before Income Taxes	-1,973,883
42. Income Taxes	0
43. Net Income or Loss for the Year	-1,973,883