

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0037366 Facility Name: Meadowbrook Manor Address: 431 W Remington Blvd Bolingbrook 60440 County: Will Telephone Number: (630) 759-1112 Fax #: (630) 759-4406 HFS ID Number: Date of Initial License for Current Owners: 11/05/1991 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation X "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Allan S. Gabrys Telephone Number: 331-472-4500 Email Address:	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) (Type or Print Name) Christopher Vangel (Title) Executive Director Paid Preparer (Signed) (Print Name and Title) (Firm Name & Address) (Telephone) () Fax # () MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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Facility Name & ID Number Meadowbrook Manor

0037366 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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 _____

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

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	68,049	12,426	14,308	94,783	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	68,049	12,426	14,308	94,783	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.14%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold 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 X NO

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

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 X Date 11/5/1991 NO

K. Was the facility certified for Medicare during the reporting year? YES X NO If YES, enter number of beds certified 289 and days of care provided 9,742

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

MODIFIED ACCRUAL X CASH* CASH*

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

Tax Year: 12/31/2016 Fiscal Year: 12/31/2016

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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	508,187	50,860	20,649	579,696		579,696		579,696			1
2	Food Purchase		652,876		652,876		652,876	1,278	654,154			2
3	Housekeeping	367,777	99,432		467,209		467,209		467,209			3
4	Laundry	86,810	70,896		157,706		157,706		157,706			4
5	Heat and Other Utilities			295,795	295,795		295,795	4,900	300,695			5
6	Maintenance	197,900	34,468	291,998	524,366		524,366	34,188	558,554			6
7	Other (specify):*											7
8	TOTAL General Services	1,160,674	908,532	608,442	2,677,648		2,677,648	40,366	2,718,014			8
	B. Health Care and Programs											
9	Medical Director			29,000	29,000		29,000	23,194	52,194			9
10	Nursing and Medical Records	6,372,491	460,661	42,663	6,875,815		6,875,815	17,558	6,893,373			10
10a	Therapy	1,393,658	12,518	27,720	1,433,896		1,433,896		1,433,896			10a
11	Activities	287,571	17,072	2,490	307,133		307,133	135	307,268			11
12	Social Services	181,760		2,064	183,824		183,824	23,163	206,987			12
13	CNA Training	54,018			54,018		54,018		54,018			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	8,289,498	490,251	103,937	8,883,686		8,883,686	64,050	8,947,736			16
	C. General Administration											
17	Administrative	130,170		1,372,737	1,502,907		1,502,907	(1,246,747)	256,160			17
18	Directors Fees											18
19	Professional Services			222,073	222,073		222,073	23,461	245,534			19
20	Dues, Fees, Subscriptions & Promotions			46,078	46,078		46,078	(8,841)	37,237			20
21	Clerical & General Office Expenses	501,355	43,640	103,940	648,935		648,935	384,762	1,033,697			21
22	Employee Benefits & Payroll Taxes			1,548,237	1,548,237		1,548,237		1,548,237			22
23	Inservice Training & Education			8,998	8,998		8,998	(1,190)	7,808			23
24	Travel and Seminar			1,153	1,153		1,153	301	1,454			24
25	Other Admin. Staff Transportation			9,093	9,093		9,093	3,036	12,129			25
26	Insurance-Prop.Liab.Malpractice			571,841	571,841		571,841	119,245	691,086			26
27	Other (specify):*							91,206	91,206			27
28	TOTAL General Administration	631,525	43,640	3,884,150	4,559,315		4,559,315	(634,767)	3,924,548			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	10,081,697	1,442,423	4,596,529	16,120,649		16,120,649	(530,351)	15,590,298			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			365,919	365,919		365,919	351,350	717,269			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			80,629	80,629		80,629	680,894	761,523			32
33	Real Estate Taxes							389,445	389,445			33
34	Rent-Facility & Grounds			1,836,000	1,836,000		1,836,000	(1,706,594)	129,406			34
35	Rent-Equipment & Vehicles			40,633	40,633		40,633	6,504	47,137			35
36	Other (specify):*											36
37	TOTAL Ownership			2,323,181	2,323,181		2,323,181	(278,401)	2,044,780			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			65,633	65,633		65,633		65,633			38
39	Ancillary Service Centers	153,594	595,874	200	749,668		749,668		749,668			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			672,588	672,588		672,588		672,588			42
43	Other (specify):*			1,084,058	1,084,058		1,084,058	(1,084,058)				43
44	TOTAL Special Cost Centers	153,594	595,874	1,822,479	2,571,947		2,571,947	(1,084,058)	1,487,889			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	10,235,291	2,038,297	8,742,189	21,015,777		21,015,777	(1,892,810)	19,122,967			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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,168)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(88,308)	30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(942)	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		43		18
19	Entertainment	(550)	43		19
20	Contributions	(2,700)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(817,313)	43		24
25	Fund Raising, Advertising and Promotional	(3,719)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(80,408)	43		26
27	CNA Training for Non-Employees		43		27
28	Yellow Page Advertising		43		28
29	Other-Attach Schedule See Sch 5A	(196,123)	43		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,191,231)		\$	30

BHF USE ONLY								
48		49		50		51		52

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 Amount	2 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)	(701,579)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (701,579)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,892,810)		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 Yes	2 No	3 Amount	4 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

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

12/31/2016

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow COPE Fees	(9,465)	20
To disallow Consolidated Billing Services	(18,714)	43
To disallow Cable Television	(14,537)	43
To disallow X-Ray expense	(88,900)	43
To disallow Lab expense	(19,946)	43
To disallow Employee Gifts	(16,930)	43
To disallow Patient Clothing	(295)	43
To disallow Resident Gifts	(247)	43
To disallow Physicians Gifts	(510)	43
To disallow Marketing Expense	(18,347)	43
To disallow collection fees	(7,042)	19
To disallow Out of Period Seminar Expense	(1,190)	24
Total	(196,123)	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor# 0037366

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	(1,168)	2,446	0	0	0	0	0	0	0	0	0	1,278	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	4,900	0	0	0	0	0	0	0	0	0	4,900	5
6	Maintenance	0	34,188	0	0	0	0	0	0	0	0	0	34,188	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,168)	41,534	0	0	0	0	0	0	0	0	0	40,366	8
	B. Health Care and Programs													
9	Medical Director	0	23,194	0	0	0	0	0	0	0	0	0	23,194	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	17,558	0	0	0	0	0	0	0	0	0	17,558	11
12	Social Services	0	135	0	0	0	0	0	0	0	0	0	135	12
13	CNA Training	0	23,163	0	0	0	0	0	0	0	0	0	23,163	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	64,050	0	0	0	0	0	0	0	0	0	64,050	16
	C. General Administration													
17	Administrative	0	(1,246,747)	0	0	0	0	0	0	0	0	0	(1,246,747)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	14,341	0	16,162	0	0	0	0	0	0	0	30,503	19
20	Fees, Subscriptions & Promotions	0	474	0	150	0	0	0	0	0	0	0	624	20
21	Clerical & General Office Expenses	0	383,604	0	1,158	0	0	0	0	0	0	0	384,762	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	301	0	0	0	0	0	0	0	0	301	24
25	Other Admin. Staff Transportation	0	0	3,036	0	0	0	0	0	0	0	0	3,036	25
26	Insurance-Prop.Liab.Malpractice	0	0	724	118,521	0	0	0	0	0	0	0	119,245	26
27	Other (specify):*	0	0	91,206	0	0	0	0	0	0	0	0	91,206	27
28	TOTAL General Administration	0	(848,328)	95,267	135,991	0	0	0	0	0	0	0	(617,070)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,168)	(742,744)	95,267	135,991	0	0	0	0	0	0	0	(512,654)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	(88,308)	0	7,786	431,872	0	0	0	0	0	0	0	351,350	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	680,894	0	0	0	0	0	0	0	680,894	32
33	Real Estate Taxes	0	0	0	389,445	0	0	0	0	0	0	0	389,445	33
34	Rent-Facility & Grounds	0	0	129,406	(1,836,000)	0	0	0	0	0	0	0	(1,706,594)	34
35	Rent-Equipment & Vehicles	0	0	6,504	0	0	0	0	0	0	0	0	6,504	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(88,308)	0	143,696	(333,789)	0	0	0	0	0	0	0	(278,401)	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):*	(905,632)	0	0	0	0	0	0	0	0	0	0	(905,632)	43
44	TOTAL Special Cost Centers	(905,632)	0	0	0	0	0	0	0	0	0	0	(905,632)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(995,108)	(742,744)	238,963	(197,798)	0	0	0	0	0	0	0	(1,696,687)	45

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	Naperville	J&D Partners, L.P.	Bolingbrook	Lessor
		Meadowbrook Manor of Naperville		MMN Partners, L.P.	Naperville	Lessor
		Butterfield Health Care VII, LLC d/b/a	LaGrange	Butterfield Health		
		Meadowbrook Manor of LaGrange		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%	\$ 2,446	\$ 2,446	1
2	V	3	Housekeeping		Butterfield Health Care Group, Inc.	100.00%			2
3	V	5	Utilities		Butterfield Health Care Group, Inc.	100.00%	4,900	4,900	3
4	V	6	Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	34,188	34,188	4
5	V	9	Medical Director		Butterfield Health Care Group, Inc.	100.00%	23,194	23,194	5
6	V	11	Nursing		Butterfield Health Care Group, Inc.	100.00%	17,558	17,558	6
7	V	12	Activities		Butterfield Health Care Group, Inc.	100.00%	135	135	7
8	V	13	Social Services		Butterfield Health Care Group, Inc.	100.00%	23,163	23,163	8
9	V	17	Administrative Costs	1,372,737	Butterfield Health Care Group, Inc.	100.00%	125,990	(1,246,747)	9
10	V	19	Professional Services		Butterfield Health Care Group, Inc.	100.00%	14,341	14,341	10
11	V	20	Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	474	474	11
12	V	21	Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	383,604	383,604	12
13	V	23	Training & Education		Butterfield Health Care Group, Inc.	100.00%			13
14	Total			\$ 1,372,737			\$ 629,993	\$ * (742,744)	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%	\$ 301	\$ 301	15
16	V	25	Auto Expense		Butterfield Health Care Group, Inc.	100.00%	3,036	3,036	16
17	V	26	Insurance		Butterfield Health Care Group, Inc.	100.00%	724	724	17
18	V	27	Employee Benefits General &Admin.		Butterfield Health Care Group, Inc.	100.00%	91,206	91,206	18
19	V	30	Depreciation		Butterfield Health Care Group, Inc.	100.00%	7,786	7,786	19
20	V	32	Interest		Butterfield Health Care Group, Inc.	100.00%			20
21	V	34	Rent Building		Butterfield Health Care Group, Inc.	100.00%	129,406	129,406	21
22	V	35	Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	6,504	6,504	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			\$			\$ 238,963	\$ * 238,963	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.

☒ X

 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%	\$ 16,162	\$ 16,162	15
16	V	21	Clerical & General Office exp.		J&D Partners, L.P.	100.00%	1,158	1,158	16
17	V	26	Insurance - Prop & Liability		J&D Partners, L.P.	100.00%	118,521	118,521	17
18	V	30	Depreciation		J&D Partners, L.P.	100.00%	431,872	431,872	18
19	V	32	Interest		J&D Partners, L.P.	100.00%	677,190	677,190	19
20	V	32	Amortization - Mortgage Cost		J&D Partners, L.P.	100.00%	4,039	4,039	20
21	V	33	Real Estate Taxes		J&D Partners, L.P.	100.00%	389,445	389,445	21
22	V	34	Rent - Facility & Grounds	1,836,000	J&D Partners, L.P.	100.00%		(1,836,000)	22
23	V	32	Interest Income - Repl Reserve	335	J&D Partners, L.P.	100.00%		(335)	23
24	V	20	Licenses		J&D Partners, L.P.	100.00%	150	150	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			\$ 1,836,335			\$ 1,638,537	\$ * (197,798)	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
12/31/2016

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 & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	124,328	8	20.00	Mgt Salaries	\$ 36,049	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	89,532	2	5.00	Mgt Salaries	16,834	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	143,035	2	5.00	Mgt Salaries	67,766	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	65,273	2	5.00	Mgt Salaries	5,341	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	48,956	10	25.00	Medical Director	23,194	9(7)	5
6	Robert Jafari	Operating Supvsr.	Administrative	25.00	0	0	0.00	Consulting	0	19	6
7	Dorthy Vangel	Operating Supvsr.	Administrative	12.50	50,400	0	0.00	N/A		N/A	7
8	Mark Hocuk	Administrator	Administrative	0.00	78,944	0	0.00	N/A		N/A	8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 149,184		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:

01/01/2016Ending: 2/31/2016

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		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line	Item	(i.e., Days, Direct Cost, Square Feet)	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference				Allocated Among	Allocated	in Column 6			
1	2	Food	Resident Days	4	\$ 7,608	\$	94,783	\$ 2,446	1
2	3	Housekeeping	Resident Days	4			94,783	0	2
3	5	Utilities	Resident Days	4	15,243		94,783	4,900	3
4	6	Repairs & Maintenance	Resident Days	4	106,350	86,233	94,783	34,188	4
5	9	Medical Director	Resident Days	4	72,150		94,783	23,194	5
6	11	Nursing	Resident Days	4	54,619	54,619	94,783	17,558	6
7	12	Activities	Resident Days	4	421		94,783	135	7
8	13	Social Services	Resident Days	4	72,054	72,054	94,783	23,163	8
9	17	Administrative Costs	Resident Days	4	391,918	391,918	94,783	125,990	9
10	19	Professional Services	Resident Days	4	44,612		94,783	14,341	10
11	20	Dues, Fees & Subscriptions	Resident Days	4	1,475		94,783	474	11
12	21	Clerical & General Office exp.	Resident Days	4	1,193,284	1,073,152	94,783	383,604	12
13	23	Training & Education	Resident Days	4	0		94,783	0	13
14	24	Travel & Seminar	Resident Days	4	936		94,783	301	14
15	25	Auto Expense	Resident Days	4	9,444		94,783	3,036	15
16	26	Insurance	Resident Days	4	2,253		94,783	724	16
17	27	Employee Benefits General & Admin.	Resident Days	4	283,715		94,783	91,206	17
18	30	Depreciation	Resident Days	4	24,219		94,783	7,786	18
19	32	Interest	Resident Days	4			94,783	0	19
20	34	Rent Building	Resident Days	4	402,545		94,783	129,406	20
21	35	Equipment Rental	Resident Days	4	20,232		94,783	6,504	21
22									22
23									23
24									24
25	TOTALS				\$ 2,703,078	\$ 1,677,976		\$ 868,956	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge - HUD		X	Mortgage	\$137,422.55	10/31/11	\$ 20,876,000	\$ 19,183,563	10/01/46	0.3500	\$ 677,190	1	
2	Cambridge - HUD		X	Amortization of Loan Cost							4,039	2	
3												3	
4												4	
5												5	
	Working Capital												
6	West Suburban		x	Working Capital	N/A	12/31/13		2,921,243	12/31/14	3.7500	80,629	6	
7												7	
8												8	
9	TOTAL Facility Related				\$137,422.55		\$ 20,876,000	\$ 22,104,806			\$ 761,858	9	
	B. Non-Facility Related*												
10									Offset Interest Income			10	
11									Interest Income Repl.		(335)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (335)	14	
15	TOTALS (line 9+line14)						\$ 20,876,000	\$ 22,104,806			\$ 761,523	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 96,739 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

1. Real Estate Tax accrual used on 2015 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	402,000	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.)				\$	389,445	2
3. Under or (over) accrual (line 2 minus line 1).				\$	(12,555)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	402,000	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.				\$	389,445	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		2011	335,521	8		
		2012	347,383	9		
		2013	378,149	10		
		2014	389,681	11		
		2015	389,445	12		
2015Tax Bill= 389,445						
Estimated increase=1.032						
Total = 401907						
Use: 402,000						
				FOR BHF USE ONLY		
				13	FROM R. E. TAX STATEMENT FOR 2015 \$	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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor COUNTY Will

FACILITY IDPH LICENSE NUMBER 0037366

CONTACT PERSON REGARDING THIS REPORT Scott Gabrys

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

(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. 12-02-102-031-0000	Nursing Facility	\$ 389,445.00	\$ 389,445.00
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 389,445.00	\$ 389,445.00

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

A. Square Feet: 109,175

B. General Construction Type: Exterior BrickFrame SteelNumber 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).

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	Resident Care	270,508	1991	\$ 404,280	1
2	Resident Care	21,286	1996	287,781	2
3	TOTALS	291,794		\$ 692,061	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	235		1991	1991	\$ 8,276,993	\$	40	\$ 206,925	\$ 206,925	\$ 5,207,613	4
5	10		1994	1994	31,090		40	777	777	17,871	5
6	53		1996	1996	2,505,079		40	62,627	62,627	1,283,854	6
7											7
8											8
	Improvement Type**										
9	1992 Improvements			1992	32,614		20			32,614	9
10	1993 Improvements			1993	2,750		20			2,750	10
11	1993 Improvements			1993	4,822		40	121	121	2,843	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	14,615	26
27	Remodeling - Ice Cream Parlor			1999	3,624		39	93	93	1,534	27
28	Remodeling Work - 3rd Floor Hamilton Unit			2000	16,421		39	421	421	6,947	28
29	Remodeling Work - Nurse Station (All Floors)			2000	20,103		39	515	515	8,498	29
30	Plumbing Electrical Work - Boiler Room (Basement)			2000	4,587		39	118	118	1,947	30
31	Remodeling Work - Dialysis Room			2000	7,253		39	186	186	3,069	31
32	1992 Improvements			1992	2,245		10			2,245	32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	
37 Parking Lot Paving	2001	\$ 48,629	\$	20	\$ 2,431	\$ 2,431	\$ 37,681	37
38 Remodeling Work	2001	13,319		39	342	342	5,300	38
39 Window Treatments	2001	45,531		39	1,166	1,166	18,074	39
40 Double Door Insulation	2001	6,860		39	176	176	2,728	40
41 Carpeting - 1st Floor	2002	33,778		20	1,688	1,688	24,477	41
42 Reconstruct Front Entrance Awning	2002	11,915		20	596	596	8,642	42
43 Window Treatments	2002	4,672		20	234	234	3,393	43
44 Ceiling Tiles	2002	2,306		20	115	115	1,668	44
45 Exterior Signs	2002	18,832		20	942	942	13,659	45
46 Ceiling Tiles	2003	2,029		10			2,029	46
47 Ceiling Tiles	2003	916		20	46	46	672	47
48 Exterior Signs	2003	12,600		20	630	630	8,505	48
49 Install 16 Horizontal Tubes in Stairwell	2003	1,600		20	80	80	1,080	49
50 Electric Work for Dialysis Room	2003	6,736		20	337	337	4,548	50
51 Install 9 Motors on Fire Dampers	2003	3,651		20	182	182	2,457	51
52 Plumbing for Dialysis Room	2003	10,989		10			10,989	52
53 Exterior Concrete Patchwork	2003	3,200		20	160	160	2,112	53
54 Ductwork for New Oxygen Room	2003	4,490		10			4,490	54
55 New Hot Water Storage Tank	2003	8,290		10			8,290	55
56 Installed 5 Fire Dampers	2003	7,091		10			7,091	56
57 Installed 5 Smoke Detectors	2003	2,581		10			2,581	57
58 Installation of Sprinklers in Awning	2003	9,624		10			9,624	58
59 Installed 4 Fire Dampers	2003	3,467		10			3,467	59
60 Installation of Fence around Dumpster	2003	1,658		10			1,658	60
61 Sealcoat Parking Lot	2003	5,500		10			5,500	61
62 Air Conditioner Overhaul	2004	3,769		10			3,769	62
63 Replace Water Pump	2004	1,473		10			1,473	63
64 Install 4 Doors	2004	1,348		10			1,348	64
65 Electrical Wiring to Garbage Compactor	2004	2,070		10			2,070	65
66 Install Sprinkler System - Front Canopy	2004	10,375		10			10,375	66
67 Install New Seal on Water Pump	2004	1,793		10			1,793	67
68 Install Motor on Boiler	2004	1,053		10			1,053	68
69 Ceiling Tiles	2004	5,620		20	281	281	3,511	69
70 TOTAL (lines 4 thru 69)		\$ 11,391,504	\$		\$ 281,979	\$ 281,979	\$ 6,957,051	70

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,391,504	\$		\$ 281,979	\$ 281,979	\$ 6,957,051	1
2	Install Blinds	2004	5,002		20	250	250	3,125	2
3	Exterior Lighting	2004	3,808		20	190	190	2,375	3
4	Sealing on Roof	2004	2,300		20	115	115	1,438	4
5	Install Drainage for Roof	2004	5,000		20	250	250	3,125	5
6	Ceramic Tile for Kitchen	2004	6,221		20	312	312	3,900	6
7	Plant 3 Trees	2004	1,125		20	56	56	700	7
8	Butterfly Garden	2004	3,423		20	171	171	2,138	8
9	Expand Phone System	2005	2,175		20	108	108	1,242	9
10	Replace Boiler	2005	23,894		20	1,195	1,195	13,742	10
11	Install new Compressor	2005	7,652		20	383	383	4,404	11
12	Install new Coil	2005	7,230		20	362	362	4,163	12
13	Replace fire doors	2005	3,116		20	156	156	1,794	13
14	Install carpeting in 3 offices	2005	1,608		20	80	80	920	14
15	Install wheelchair access ramp	2005	10,310		20	516	516	5,934	15
16	Sealcoat asphalt	2005	9,650		20	483	483	5,554	16
17	Furnish and install new taco pump - pavilion	2005	5,986		20	299	299	3,439	17
18	Install Blinds	2005	2,242		20	112	112	1,288	18
19	Exterior Lighting	2005	18,515		20	926	926	10,649	19
20	Furnish and Install new motors, belts & capacitors	2005	3,345		20	167	167	1,921	20
21	Furnish and install glycol to HVAC system	2005	10,925		20	546	546	6,279	21
22	Install patio	2005	15,232		20	762	762	8,763	22
23	Install wiring for new television	2006	37,345		20	1,867	1,867	19,604	23
24	Install new cabinets and countertops in supply room	2006	4,365		20	218	218	2,289	24
25	New flooring in dining room	2006	14,451		20	723	723	7,591	25
26	Remove and replace sidewalk section	2006	4,928		20	246	246	2,583	26
27	Replacement parts for air conditioner	2006	9,985		20	499	499	5,240	27
28	Interior signage	2006	13,720		20	686	686	7,203	28
29	Furnish and install new seals, triple duty valves	2006	7,495		20	375	375	3,937	29
30	Furnish and install new compressor	2006	14,500		20	725	725	7,612	30
31	Install new lighting in rehab room	2006	3,825		20	191	191	2,006	31
32	Tuckpointing on Building Exterior	2007	10,150		10	1,015	1,015	9,643	32
33	Granite Countertops for Lounge	2007	2,575		10	257	257	2,442	33
34	TOTAL (lines 1 thru 33)		\$ 11,663,602	\$		\$ 296,220	\$ 296,220	\$ 7,114,094	34

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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		\$ 11,663,602	\$		\$ 296,220	\$ 296,220	\$ 7,114,094	1
2	Purchase & Installation of vinyl & wood flooring	2007	47,794		10	4,779	4,779	45,401	2
3	Rebuild Fire Pump	2007	15,174		10	1,517	1,517	14,412	3
4	Purchase & Installation of cabinets	2007	23,509		10	2,351	2,351	22,334	4
5	Drywall	2007	4,200		10	420	420	3,990	5
6	Replace doors on 3rd floor service elevator & lounge	2007	11,931		10	1,193	1,193	11,334	6
7	Soffit over nurses station, install cleat base & wall cabinets	2007	21,900		10	2,190	2,190	20,805	7
8	Replace lockers in lower level locker room	2007	7,769		10	777	777	7,381	8
9	Electrical work - nurses station, 3rd floor & exterior sign	2007	10,310		10	1,031	1,031	9,795	9
10	Millwork, shop drawings & delivery	2007	4,240		10	424	424	4,028	10
11	Central A/C upgrade	2007	5,806		10	581	581	5,519	11
12									12
13	Window Treatments throughout facility	2008	46,409		10	4,641	4,641	39,448	13
14	Route 53 sign repair	2008	2,900		10	290	290	2,465	14
15	Therapy room, nutrition room, ice cream parlor, beauty shop	2008	85,060		10	8,506	8,506	72,301	15
16	& Physicians lounge renovations:								16
17	- Remove & install new cabinets, countertops, plumbing,								17
18	doors, electrical (install new outlets), replace drywall								18
19									19
20	R&M Reclass								20
21	- Repair pump #1 & #2 on air conditioning unit (furnish &	2008	6,067		10	607	607	5,159	21
22	install new seal kit, o-rings, water gauges, retainer cap,								22
23	gaskets & wood coupler)								23
24	- Plumbing repairs (schlage)	2008	5,123		10	512	512	4,352	24
25	- Repair main air conditioner (install new valve rebuilt	2008	7,736		10	774	774	6,579	25
26	kit, solenoid coil, relief valves, transducer, adaptor,								26
27	gaskets & drier cores for system # 1)								27
28	- Repair two boilers due to low pressure in system	2008	2,568		10	257	257	2,184	28
29	- Replace shaft coupler & head and manifold gasket on								29
30	main chiller	2008	2,944		10	294	294	2,499	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,975,042	\$		\$ 327,364	\$ 327,364	\$ 7,394,080	34

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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 12C, Carried Forward		\$ 11,975,042	\$		\$ 327,364	\$ 327,364	\$ 7,394,080	1
2	R&M Reclass								2
3	- Building Sprinkler system repair (clear main feed	2008	4,256		10	426	426	3,621	3
4	blockage, check sprinkler heads on basement - 3rd floor,								4
5	alter pipe pitch per Life safety survey)								5
6	- Fire alarm (restor basement audio/visual, trace basement	2008	2,641		10	264	264	2,244	6
7	circuitry to locate disconnect, replace defective motherboard								7
8	reprogram label changes for all buildings)								8
9	- Patching work - hot pour rubberized crack sealing, seal	2008	9,500		10	950	950	8,075	9
10	coating asphalt, striping parking lot								10
11	- Seating wall on patio area, repair sidewalk leading to	2008	3,300		10	330	330	2,805	11
12	patio area.								12
13	- Vinyl flooring	2008	14,062		10	1,406	1,406	11,951	13
14									14
15									15
16	Replace resident therapy glass windows	2009	3,175		10	318	318	2,385	16
17	Wiring and Electiral work	2009	5,085		10	509	509	3,817	17
18	Seal Coating & Striping parking lot	2009	8,500		10	850	850	6,375	18
19									19
20	Parking lot resurfacing	2010	40,500		10	4,050	4,050	28,350	20
21	Pavillion Remodel-Electrical,plumbing,carpentry	2010	166,855		20	8,343	8,343	58,401	21
22	Buffet-Cabinets, counter	2010	54,719		20	2,736	2,736	19,152	22
23	Public Restroom-Toliet and Faucet	2010	8,242		20	412	412	2,884	23
24	Main Building-carpeting	2010	48,116		20	2,406	2,406	16,842	24
25	DON office, Conf room and lounge-cabinets, chair rails	2010	6,790		20	340	340	2,380	25
26	Bathroom updates-showers, grout,tile	2010	4,037		20	202	202	1,414	26
27	Patinet Rooms-doors and windows	2010	4,743		20	237	237	1,659	27
28	Labor	2010	159,432		20	7,972	7,972	55,804	28
29									29
30	Elevator Repairs	2011	5,720		10	572	572	3,146	30
31	Tinting of the Windows	2011	5,755		10	576	576	3,168	31
32	Corridor Remodel -Wall paper, Light Fixture, Carpet,	2011	61,676		10	6,168	6,168	33,924	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,592,146	\$		\$ 366,431	\$ 366,431	\$ 7,662,477	34

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,592,146	\$		\$ 366,431	\$ 366,431	\$ 7,662,477	1
2	Shower Remodel - Plumbing, tile, ceramic floors,	2011	86,627		10	8,662	8,662	47,641	2
3	paint, & Fixtures								3
4	Resident Room Improvements - install new ceramic	2011	268,696		10	26,870	26,870	147,785	4
5	tile floor, crownmould, baseboards, paint								5
6	Lounge & Juice Bar Remodel - New Cabinet, flooring,	2011	43,336		10	4,334	4,334	23,837	6
7	wiring, paint, crown mould, base board								7
8	Nurse Station Remodel - flooring, paint, cabinets	2011	57,392		10	5,740	5,740	31,570	8
9	Nourishment & PAV Rooms Remodel - flooring, paint,	2011	32,886		10	3,288	3,288	18,084	9
10	cabinets, trim								10
11	Repairs to the Air Cooled Chiller	2011	124,656		10	12,466	12,466	68,563	11
12	Replace the 40 ton Rooftop unit	2011	52,640		10	5,264	5,264	28,952	12
13	Repairs to the nursing home	2011	5,473		10	547	547	3,009	13
14	Dialysis Conversion - Drywall, Carpeting, Paint, Flooring	2012	44,973		10	4,497	4,497	20,237	14
15	Trash Contains Enclosure - excavation, asphalt gates	2012	56,880		10	5,688	5,688	25,596	15
16	Stairway remodeling -steel panels, celing frme, handrails	2012	17,692		10	1,769	1,769	7,961	16
17	Therapy Room remodel -drywall, ceiling tilt, cabinets, glass	2012	48,929		10	4,893	4,893	22,018	17
18	First Floor Conference -drywall, celing tile, cabinetry, traim	2012	16,454		10	1,645	1,645	7,403	18
19	Housekeeping Office remodel -celing tile, vinyl cove	2012	9,741		10	974	974	4,383	19
20	Nurses Station remodeling - plumbing	2012	13,419		10	1,342	1,342	6,039	20
21	Nurses Station remodeling - electrical work, tempered glass	2012	2,284		10	228	228	1,026	21
22	Juice Shop Remodeling Cabinetry, tiles	2012	5,478		10	548	548	2,466	22
23	Room remodel 1st, 2nd&3rd FL Celing Tile, Studs, Drywall	2012	92,907		10	9,291	9,291	41,809	23
24	tempered glass, electrical work cabinets								24
25	Resident Room Improvements - Rooms 230,330,316 Tile and	2013	3,549		10	355	355	1,242	25
26	electric								26
27	Third Floor Restorative - Flooring, Trim, Drywall Counters	2013	30,733		10	3,073	3,073	10,756	27
28	Boiler Room Remodel - Plumbing	2013	9,605		10	961	961	3,363	28
29	Remodel Design Fees - Dining Room, Nursing Station, Etc	2013	29,219		10	2,922	2,922	10,227	29
30	Water Heater	2013	6,800		10	680	680	2,380	30
31	H/R and Administration Offices Remodeling Flooring	2013	2,795		10	280	280	980	31
32	Stairway remodeling -Panels	2013	3,077		10	308	308	1,078	32
33	Fire Sprinkler Remodeling 3 Floor, Boiler Rm	2013	1,643		10	164	164	574	33
34	TOTAL (lines 1 thru 33)		\$ 13,660,030	\$		\$ 473,220	\$ 473,220	\$ 8,201,456	34

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,660,030	\$		\$ 473,220	\$ 473,220	\$ 8,201,456	1
2	Vents Remodeling in Bathroom, Dinning Rm Boiler Rm	2013	1,776		10	178	178	623	2
3	Replace Heasters and electric work Common Bathrooms	2013	3,811		10	381	381	1,334	3
4	Fire Door Remodeling	2013	5,727		10	573	573	2,005	4
5	Trash Enclosure Remodeling - Gates replacement	2013	511		10	51	51	179	5
6	Land Improvement - Plant, Trees, Sprinkler Sys, Mulch	2013	15,522		5	3,104	3,104	10,864	6
7									7
8	3RD Floor Bathrooms - Vinyl & Adhesive	2013	12,603		10	1,260	1,260	4,410	8
9	Residents Rooms - Flooring, Walls, Paint, Plumbing, Electric	2013	49,226		10	4,923	4,923	17,230	9
10	Parking Lot Expansion	2013	77,177		10	7,718	7,718	27,013	10
11	Elevator Repair Install 2 reverse Phase Protection Relays	2014	4,645		10	464	464	1,160	11
12	Common Showers Improvements - 2nd & 3rd Floor Rails,	2014	96,909		10	9,691	9,691	24,227	12
13	Doors, Plumber Parts, Demolition, Tile Granite Countertops								13
14	Drywall, Ceiling Tile								14
15	Common Showers Improvements - 1st & 2nd Floor Rails,	2014	76,186		10	7,619	7,619	19,047	15
16	Doors, Plumber Parts, Demolition, Tile Granite Countertops								16
17	Drywall, Ceiling Tile, Electrical work, Sprinkler System								17
18	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	4,951		10	495	495	1,238	18
19	Electrical work and Parts Granite Tops								19
20	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	141,314		10	14,131	14,131	35,328	20
21	Electrical work and Parts Granite Tops, Vinyl Flooring,								21
22	Ceiling Tile, Wood Work, Cabinetry, Demolition Work								22
23	Painting, Carpet, and Plumbing Work								23
24	Newsstand Improvements - Awning, Electrical Work and	2014	11,316		10	1,132	1,132	2,830	24
25	Materials, Canopy								25
26	Therapy Room Improvements Old Creek Fixtures	2014	6,208		10	621	621	1,552	26
27	Residents Rooms -Electrical, Plumbing, Headboards	2014	4,843		10	484	484	1,210	27
28	Admissions Office Electrical Work and Materials, Counter	2014	13,370		10	1,337	1,337	3,343	28
29	Tops, Cabinets, Carpeting								29
30	Fire Alarm/Dampers - Replace Equipment, Heating and	2014	98,104		10	9,810	9,810	24,525	30
31	Cooling, Electrical Work, and Dampers								31
32	Fire Alarm/Dampers - Replace Equipment	2014	75,168		10	7,517	7,517	18,792	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,359,397	\$		\$ 544,709	\$ 544,709	\$ 8,398,366	34

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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 12F, Carried Forward		\$ 14,359,397	\$		\$ 544,709	\$ 544,709	\$ 8,398,366	1
2	Window Improvements - Window Trim and Blinds for Offices	2014	4,586		10	459	459	1,147	2
3	Replace the Back Door	2014	2,043		10	204	204	510	3
4	Dietary Office - Counter Tops	2014	6,409		10	641	641	1,602	4
5	Roof Inspection and Repair	2014	6,360		10	636	636	1,590	5
6	Boiler Up Grade- Labor, Circulating Pump, Boiler Seals	2014	22,297		10	2,230	2,230	5,575	6
7	Boiler Up Grade- Installation of Boilers	2014	90,012		10	9,901	9,901	24,303	7
8	Corridors - Flooring and Railings, Wall Covering	2014	28,011		10	2,801	2,801	7,003	8
9	New Patio Installed - Paver, Pergola Columns, Lawn Sprinkler Sys	2014	17,087		5	3,417	3,417	8,543	9
10	Parking Lot Expansion- Seal coated & Striped Asphalt	2014	14,576		5	2,915	2,915	7,288	10
11	Concrete Sidewalk - Front Entry	2014	8,724		5	1,745	1,745	4,362	11
12	Remove & Replace front sidewalk	2015	12,876		5	2,575	2,575	3,863	12
13	Tuckpointing East & North Side Façade	2015	11,730		10	1,173	1,173	1,760	13
14	Pavilion Buffet - Pumbing work, Flooring, Staining, Tile,Electrical,	2015	47,027		10	4,703	4,703	7,054	14
15	Labor, Glass, other Materials								15
16	Skyfight Repairs to the South, 3rd floor and North Wing	2016	4,080		10	204	204	204	16
17	Remodel the Coffee Shop - Wall covering,built-in bar, vimyl	2016	33,780		10	1,689	1,689	1,689	17
18	Remodel the dining Rooms - Wall tile for rooms	2016	11,182		10	559	559	559	18
19	Office Renovations - Doors and Counter tops	2016	19,379		10	969	969	969	19
20	Town Square Renovation- Signs, Century Tile, Electic work, Built	2016	141,104		10	7,055	7,055	7,055	20
21	Theater Renovations Labor Wall Covering, Trim Work	2016	14,346		10	717	717	717	21
22	Work Stations Renovation Painting and Built in Cabinets	2016	19,878		10	994	994	994	22
23	Install new Resident Medicine Cabinets	2016	7,941		10	397	397	397	23
24	Snack Shop Renovations	2016	3,895		10	195	195	195	24
25	Residents Rooms Window Treatments Valances.Trim and Blinds	2016	57,633		10	2,882	2,882	2,882	25
26	Door Closers in Residents room 211 & 301	2016	4,003		10	200	200	200	26
27									27
28									28
29									29
30									30
31									31
32									32
33	Current Year Depreciation			264,495			(264,495)		33
34	TOTAL (lines 1 thru 33)		\$ 14,948,356	\$ 264,495		\$ 593,970	\$ 329,475	\$ 8,488,827	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	\$ 584,948	\$ 84,634	\$ 84,634	\$	5-10 yrs.	\$ 389,155	71
72	Current Year Purchases	98,714	8,167	8,167		5-7 yrs.	8,167	72
73	Fully Depreciated Assets	1,885,083				5-10 yrs.	1,885,083	73
74	Alloc. From Mgmt. Co. & BLDG	1,240,719	21,875	21,875			1,127,008	74
75	TOTALS	\$ 3,809,464	\$ 114,676	\$ 114,676	\$		\$ 3,409,413	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	21,558	78
79										79
80	TOTALS			\$ 113,168	\$ 8,623	\$ 8,623	\$		\$ 91,609	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)	\$ 19,563,049	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 387,794	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 717,269	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 329,475	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,989,849	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	Admission & Pavilion	\$ 84,631	92
93	Window and Corridor	40,481	93
94	Building Company CIP	171,710	94
95		\$ 296,822	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.

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	Allocated from Management Company				129,406			6
7	TOTAL				\$ 129,406			7

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: \$ 47,137
- Description: Copier-\$24,885;Cooler- \$7,775 :Med Equip-\$5,173;Postage2,800-;\$Mgmt Co.-\$6,504
- (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	N/A				18
19					19
20					20
21	TOTAL		\$	\$	21

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>/2017</u>	\$ <u>N/A</u>
13.	<u>/2018</u>	\$ <u>N/A</u>
14.	<u>/2019</u>	\$ <u>N/A</u>

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☒ YES

☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		54,018		54,018
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 54,018	\$	\$ 54,018
10	SUM OF line 9, col. 1 and 2 (e)	\$ 54,018			

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.)										
		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(1)	12750	hrs	\$ 483,973		\$	12,750	\$ 483,973	1
2	Licensed Speech and Language Development Therapist	10A(1)	4429	hrs	201,950			4,429	201,950	2
3	Licensed Recreational Therapist			hrs						3
4	Licensed Physical Therapist	10A(1 & 2)	15463	hrs	707,735		12,518	15,463	720,253	4
5	Physician Care			visits						5
6	Dental Care			visits						6
7	Work Related Program			hrs						7
8	Habilitation			hrs						8
9	Pharmacy	39(2)		# of prescrpts			537,890		537,890	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs						10
11	Academic Education			hrs						11
12	Other (specify): <u>Oxygen</u>	39(2)					57,984		57,984	12
13	Other (specify): <u>Dialysis</u>	39(1)			153,594	4	200	4	153,794	13
14	TOTAL				\$ 1,547,252	4	\$ 200	\$ 608,392	32,646 \$ 2,155,844	14

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

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 56,902	\$ 56,902	1
2	Cash-Patient Deposits	76,457	76,457	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 666,132)	5,647,347	5,647,347	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	681,595	681,595	6
7	Other Prepaid Expenses	396,096	396,096	7
8	Accounts Receivable (owners or related parties)	2,366,844	2,366,844	8
9	Other(specify): See Sch 17C	4,241	265,129	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 9,229,482	\$ 9,490,370	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		692,061	13
14	Buildings, at Historical Cost		10,466,077	14
15	Leasehold Improvements, at Historical Cost	3,198,576	4,482,279	15
16	Equipment, at Historical Cost	2,688,710	3,922,632	16
17	Accumulated Depreciation (book methods)	(3,982,091)	(11,989,849)	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	125,112	296,822	22
23	Other(specify): Mortgage Cost Net		120,487	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,030,307	\$ 7,990,509	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,259,789	\$ 17,480,879	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,874,505	\$ 1,874,505	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	60,873	60,873	28
29	Short-Term Notes Payable	2,921,243	2,921,243	29
30	Accrued Salaries Payable	808,564	808,564	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		402,000	32
33	Accrued Interest Payable	8,905	8,905	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Sch 17C	44,243	44,243	36
37	See Sch 17C	601,015		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,319,348	\$ 6,120,333	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,183,563	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Shareholders Liability	1,903,727	1,903,727	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,903,727	\$ 21,087,290	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,223,075	\$ 27,207,623	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,036,714	\$ (9,726,744)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,259,789	\$ 17,480,879	48

*(See instructions.)

Meadowbrook Manor
0037366
12/31/2016

Schedule 17C

XV. Balance Sheet

<u>A. Current Assets</u>	<u>Operating</u>	<u>After Consolidation</u>
Line 9 -Other		
Employee Advance	1,250	1,250
Hazard Insurance Escrow		24,152
Real Estate Tax-Escrow		217,020
Mortgage Insurance Escrow		19,716
Wage Garnishment	2,329	2,329
Accrued Life Ins	50	50
Accrued 401K	612	612
	<u>4,241</u>	<u>265,129</u>

<u>C. Current Liabilities</u>	<u>Operating</u>	<u>After Consolidation</u>
Line 36 -Other Current Liabilities		
Accrued-Payroll Taxes	44,243	44,243
Due to the State	-	
	<u>44,243</u>	<u>44,243</u>

<u>C. Current Liabilities</u>	<u>Operating</u>	<u>After Consolidation</u>
Line 37 -Other Current Liabilities		
Accrued Rent	601,015	-
Due from Nick & Dorothy Vangel	-	-
Due from Bolingbrook	-	-
Due from BHC VIII	-	-
	<u>601,015</u>	<u>-</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,016,698	1
2	Restatements (describe):		2
3	Rounding	(5)	3
4	Year-end adjustments for Replacement Tax	21,493	4
5	Year-end adjustments for Depreciation Expense	18,541	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,056,727	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,879,987	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	(2,900,000)	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)	\$ (1,020,013)	17
	B. Transfers (Itemize):		
18	Rounding		18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,036,714	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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	\$ 19,018,850	1
2	Discounts and Allowances for all Levels	(504,724)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,514,126	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,484,606	6
7	Oxygen	99,785	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,584,391	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	3,691	13
14	Non-Patient Meals	1,168	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	546,450	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	19,739	19
20	Radiology and X-Ray	105,775	20
21	Other Medical Services	111,341	21
22	Laundry	9,083	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 797,247	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 22,895,764	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,677,648	31
32	Health Care	8,883,686	32
33	General Administration	4,559,315	33
	B. Capital Expense		
34	Ownership	2,323,181	34
	C. Ancillary Expense		
35	Special Cost Centers	1,899,359	35
36	Provider Participation Fee	672,588	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 21,015,777	40
41	Income before Income Taxes (line 30 minus line 40)**	1,879,987	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,879,987	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 12,168,290	44
45	Private Pay - Net Inpatient Revenue	2,343,182	45
46	Medicare - Net Inpatient Revenue	2,191,905	46
47	Other-(specify) <u>Veterans</u>	700,016	47
48	Other-(specify) <u>Insurance</u>	1,110,733	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,514,126	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

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	2,344	2,635	\$ 110,709	\$ 42.01	1
2	Assistant Director of Nursing	5,699	6,552	242,070	36.95	2
3	Registered Nurses	33,786	36,143	1,055,973	29.22	3
4	Licensed Practical Nurses	62,121	67,031	1,706,996	25.47	4
5	CNAs & Orderlies	166,975	179,187	2,377,511	13.27	5
6	CNA Trainees	5,146	5,206	54,018	10.38	6
7	Licensed Therapist	30,631	34,376	1,393,658	40.54	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	27,739	30,138	287,571	9.54	10
11	Social Service Workers	9,226	9,950	181,760	18.27	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	40,550	43,573	508,187	11.66	15
16	Dishwashers					16
17	Maintenance Workers	9,333	10,234	197,900	19.34	17
18	Housekeepers	33,837	35,928	367,777	10.24	18
19	Laundry	7,768	8,486	86,810	10.23	19
20	Administrator	1,995	2,200	110,139	50.06	20
21	Assistant Administrator	875	1,068	20,031	18.76	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	26,920	28,681	501,355	17.48	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	3,591	3,940	58,332	14.81	31
32	Other Health C: See Sch 21A	38,466	42,513	820,900	19.31	32
33	Other(specify) Dialysis Wages	7,374	7,761	153,594	19.79	33
34	TOTAL (lines 1 - 33)	514,376	555,602	\$ 10,235,291 *	\$ 18.42	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	456	\$ 20,649	1(3)	35
36	Medical Director	Monthly	29,000	9(3)	36
37	Medical Records Consultant	72	3,528	10(3)	37
38	Nurse Consultant	Monthly	14,210	10(3)	38
39	Pharmacist Consultant	Number	20,146	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	693	27,720	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,490	11(3)	44
45	Social Service Consultant	32	2,064	12(3)	45
46	Other(specify) Quality Assurance		0	10(3)	46
47	Wound Care Director	19	4,779	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	1,320	\$ 124,586		49

C. CONTRACT NURSES

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

Meadowbrook Manor
0037366
12/31/2016

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	3,603	4,155	61,084	14.70
Central Supply	1,939	2,115	23,079	10.91
Nursing Administration	2,328	2,440	41,769	17.12
MDS Coordinator	12,054	13,594	359,956	26.48
Rehabilitation Nursing Wages	3,932	4,190	126,068	30.09
Rehabilitation Aides Wages	12,941	14,084	190,846	13.55
Resident Asst Wages	1,669	1,935	18,098	9.35
Total	38,466	42,513	820,900	19.31

STATE OF ILLINOIS

Page 21

Facility Name & ID Number

Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Ralph Ricana	Administrator	0	\$ 110,139
Randy Wong	Asst Administrator	0	20,031
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 130,170

B. Administrative - Other

Description	Amount
Management Fees (eliminated on Sch V, col. 7)	\$ 1,372,737
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$ 1,372,737

C. Professional Services

Vendor/Payee	Type	Amount
ADP Inc.	Payroll Services	\$ 27,658
Company Nurse	Workers Compensaton	3,600
Innovative LTC Solutions	Billing Services	19,841
Koralynn Dark/ Dark Consulting	Computer Consultant	6,680
Rehab Management Systems	Billing Services	41,250
Unemployment Consultants	Unemployment Consultants	1,215
Terrill Consulting Services	MDS Consulting	21,900
Butterfield Healthcare Group	Bookkeeping	44,473
Richard R Keen	Professional Services	125
Greatland Corp	Professional Services	424
E- Filer Center	Billing Services	1,497
See Schedule 21A		53,410
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 222,073

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 196,747
Unemployment Compensation Insurance	45,810
FICA Taxes	763,594
Employee Health Insurance	456,329
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Retirement	70,896
Employee Lab Tests	976
Other Employee Benefits	8,209
Medical Reimbursement	17
Employee Picnics	3,746
Uniform Allowance	1,913
TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,548,237

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$
Advertising: Employee Recruitment	
Health Care Worker Background Check (Indicate # of checks performed 42)	1,218
Patient Background Checks 326	3,260
Illinois Council Long Term Care	28,683
Less: COPE Fees	(9,465)
Misc. Dues & Subscriptions	6,017
Misc. Licenses	7,050
Alloc. Mgmt. Co.	474
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 37,237

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Seminar Expense	1,153
Allocated from Mgmt. Co.	301
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 1,454

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

Meadowbrook Manor
Provider #: 0037366
01/01/2016 to 12/31/2016

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

MGKappy Consulting Services	Accounting Services	3,000
RSM US LLP	Accounting Services	23,076
Polsinelli Shughart PC	Legal	17,914
Grabowski Law Center LLC	Collection Fees	7,042
Marquardt & Belmonte, P.C.	Legal	(1,010)
Hunt, Aranda, & Subach LTD	Legal	2,468
Hamilton Thies & Lorch	Legal	543
West Suburban Bank	Legal Line of Credit	0
Guerrad, Kalina & Butkas	Legal	277
Illinois Secretary of State	Report	100
Total for Schedule 21A		<u>53,410</u>
Total (agree to Schedule V, line 19, column 3)		222,073
Allocation from Butterfield Health Care Group		14,341
Allocation from J&D Partners Accounting Fees		15,941
Allocation from J&D Partners Accounting Fees		221
To disallow non-allowable legal fees		
To disallow non-allowable Professional Fees		
Disallow Collection Fees		(7,042)
Total (agree to Schedule V, line 19, column 8)		<u>245,534</u>

6016.000 Training and Education
6013.000 Continuous Education

Payee	Person(s) Attending	Title	Date Attended	Location	Title/Sponsor	Cost
National Restaurant	n/a	n/a	n/a	n/a	2016 Manuals - ServSafe Food Handler Guides and ServSafe Food Handler Assessment Answer Sheets	\$ 250.00
Mitra Yarandi	Mitra Yarandi	Speech Therapist	09/17/15	Downers Grove, IL	"The Aging Brain: Assessments, Treatments & Interventions for Alzheimer's Disease & Other Dementias" seminar presented by Pesi, Inc.	189.99
Kwadwo Gyang	Kwadwo Gyang	LPN	Fall of 2015	ITT Technical Institute	Tuition reimbursement for nursing classes	1,000.00
Nina DeMari	Nina DeMari	Speech Therapist	03/09/16	Arlington Heights, IL	"Dysphagia: From Assessment to Discharge" seminar presented by Pesi, Inc.	99.99
Abraham Dangla	John DeSanto Abraham Dangla Victor Vazquez Ricardo Franco	Maintenance Director Housekeeping Director (BBK) Housekeeping Director (NAP) Housekeeping Director (LAG)	4/11/16 and 4/12/16	Racine, WI	The HOST School Training & Certification program presented by The HOST School	93.38
Irma Dondiego	Irma Dondiego	RN	Spring/ Summer 2016	Purdue University - Calumet	Tuition reimbursement for nursing classes	885.00
Rachelle Mirallegro	Rachelle Mirallegro	Occupational Therapist	04/30/16	Naperville, IL	"Functional Testing & Skilled Documentation in Geriatric Therapy" course presented by Progressive Therapy Education	279.00
Glen Gomez	Glen Gomez	Physical Therapist	04/30/16	Naperville, IL	"Functional Testing & Skilled Documentation in Geriatric Therapy" course presented by Progressive Therapy Education	289.00
Quality of Life Publishn	n/a	n/a	n/a	n/a	Branded Booklets re: Facing Hard Choices: A Guide to Artificial Nutrition and Hydration; When the Time Comes; Managing Your Pain; What is Palliative Care?; When You Are Grieving	210.00
Cornelia Ajayi	Cornelia Ajayi	Dietary	04/28/16	Wheaton, IL	Sanitation Class presented by Linda Roberts & Associates	149.00
Butterfield Healthcare	Ralph Ricana Isabel Perez	Administrator Director of Nursing	06/16/16	Skokie, IL	"Business Office Hot Topics: PBJ & Other Compliance Issues" presented by Illinois Council on LTC	250.00
Butterfield Healthcare	Ralph Ricana Isabel Perez	Administrator Director of Nursing	07/28/16	Skokie, IL	"CMS 5-Stars - Getting, Keeping and Earning Stars in the 'New' Star Day" presented by Illinois Council on LTC	250.00
Cherryl Cabase	Cherryl Cabase	Physical Therapist	06/23/16	Naperville, IL	"Brain Trauma, Concussion, & Dementia" seminar presented by INR Seminars	81.00
Genesis Health Care	Isabel Perez	DON	Fall of 2016	Warrenville, IL	Medical Billing and Coding Training course presented by Genesis Health Care Institute	1,495.00
Wilfredo Ariap, Jr.	Wilfredo Ariap, Jr.	Dietary Aide	04/28/16	Wheaton, IL	Sanitation Class presented by Linda Roberts & Associates	149.00
Mitra Yarandi	Mitra Yarandi	Speech Therapist	04/11/16	Downers Grove, IL	"Cognitive Therapy for Dementia: Effective Evaluation & Therapeutic Interventions" presented by Pesi Rehab	199.00
Ashley Thude	Ashley Thude	Activity Director	9/11/16 - 9/13/16	Lombard, IL	2016 ATRA Annual Conference presented by American Therapeutic Recreation Association	380.00
Ana Liza Maningas	Ana Liza Maningas	Physical Therapist	2016 Spring	College of St. Scholastica	Tuition reimbursement for Pharmacology for PTs classes	1,000.00
Butterfield Healthcare	Ralph Ricana	Administrator	09/26/16	Webinar	Coding Instructions for GG" presented by The Healthcare Information Network, Inc.	129.00
Nina Demari	Nina DeMari	Speech Therapist	09/29/16	Glen Ellyn, IL	"Dementia Intervention: A Multidisciplinary, Hands-on Approach to Evidence-Based Techniques" presented by Cross Country Education	199.99
Mitra Yarandi	Mitra Yarandi	Speech Therapist	10/14/16	Naperville, IL	"Setting and Achieving Functional Geriatric Goals" presented by Summit Professional Education	199.99
Butterfield Healthcare	Ralph Ricana	Administrator	11/01/16	Webinar	Certification for DOT HAZMAT Transportation Security/Awareness presented by Compliance Solutions	35.00
Omar Guzman	Omar Guzman	C.N.A	Fall Of 2016	PCCTI Healthcare	Tuition reimbursement for Anatomy & physiology classes	1,000.00
Leticia Suarez	Leticia Suarez	Social Service Director	11/16/16	Clarendon Hills, IL	Alzheimer's Disease and Dementia Care - RachelleBlough, LTD	185.00
				Less out of Period		(1,190.00)
					\$	7,808.34

Provider #: 0037366
01/01/2016 to 12/31/2016

DATE	Employee/Vendor	Position	Auto Expense				Transportation
			IPASS	Gas	Mileage	Repairs	
	Facility Truck		1,725.00	2,571.00		4,783.00	
	Employee Mileage				14.00		
	Employee Transportation						
	Allocated from Mgmt Co			3,036.00			
TOTALS			\$ 1,725.00	\$ 5,607.00	\$ 14.00	\$ 4,783.00	\$ -

Provider #: 0037366
01/01/2016 to 12/31/2016

Non
Allowable

DATE	PAYEE/VENDOR	AMOUNT
	Hunt, Aranda, & Subach LTD Corporate Matters - Alpha Medical	2,468.00
	Polsinelli Shughart PC Employee Related	17,914.00
	Residents Contracts with Insurance Co.	
	Grabowski Law Center LLC Collections	7,042.00
	Guerrard, Kalina & Butkas Corporate Matters - Line of Credit	277.00
	Marquardt & Belmont P.C Corporate Matters - Employee Cases	(1,010.00)
	Hamilton Thies & Lorch Corporate Matters - Annual Report	543.00
	`	\$ 27,234.00

(7,042.00)

(7,042.00)

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?
If YES, give association name and amount.

Yes
IL CLTC-\$28,683

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

Yes
Yes

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No
N/A

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
6.04 yrs

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 103,739 Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No
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.
This amount is to be recorded on line 42 of Schedule V.

\$ 672,588

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No

(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?
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.

No

(15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.
Has any meal income been offset against related costs?

\$ N/A
Yes
Indicate the amount. \$ 1,168

(16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No
N/A

c.

What percent of all travel expense relates to transportation of nurses and patients?

N/A

d.

Have vehicle usage logs been maintained?

Adequate records have been maintained.

e.

Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f.

Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g.

Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such transportation during this reporting period.

No
N/A

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

No
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.
Attach invoices and a summary of services for all architect and appraisal fees

Yes

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	508,187	50,860	20,649	579,696	0	579,696	0	579,696
2. Food Purchase	0	652,876	0	652,876	0	652,876	1,278	654,154
3. Housekeeping	367,777	99,432	0	467,209	0	467,209	0	467,209
4. Laundry	86,810	70,896	0	157,706	0	157,706	0	157,706
5. Heat and Other Utilities	0	0	295,795	295,795	0	295,795	4,900	300,695
6. Maintenance	197,900	34,468	291,998	524,366	0	524,366	34,188	558,554
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,160,674	908,532	608,442	2,677,648	0	2,677,648	40,366	2,718,014
9. Medical Director	0	0	29,000	29,000	0	29,000	23,194	52,194
10. Nursing & Medical Records	6,372,491	460,661	42,663	6,875,815	0	6,875,815	17,558	6,893,373
10a. Therapy	1,393,658	12,518	27,720	1,433,896	0	1,433,896	0	1,433,896
11. Activities	287,571	17,072	2,490	307,133	0	307,133	135	307,268
12. Social Services	181,760	0	2,064	183,824	0	183,824	23,163	206,987
13. Nurse Aide Training	54,018	0	0	54,018	0	54,018	0	54,018
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	8,289,498	490,251	103,937	8,883,686	0	8,883,686	64,050	8,947,736
17. Administrative	130,170	0	1,372,737	1,502,907	0	1,502,907	-1,246,747	256,160
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	222,073	222,073	0	222,073	23,461	245,534
20. Fees, Subscriptions & Promotion	0	0	46,078	46,078	0	46,078	-8,841	37,237
21. Clerical & General Office	501,355	43,640	103,940	648,935	0	648,935	384,762	1,033,697
22. Employee Benefits & Payroll	0	0	1,548,237	1,548,237	0	1,548,237	0	1,548,237
23. Inservice Training & Education	0	0	8,998	8,998	0	8,998	-1,190	7,808
24. Travel and Seminar	0	0	1,153	1,153	0	1,153	301	1,454
25. Other Admin. Staff Trans	0	0	9,093	9,093	0	9,093	3,036	12,129
26. Insurance-Prop.Liab.Malpractice	0	0	571,841	571,841	0	571,841	119,245	691,086
27. Other (specify)*	0	0	0	0	0	0	91,206	91,206
28. Total General Adminis	631,525	43,640	3,884,150	4,559,315	0	4,559,315	-634,767	3,924,548
29. Total General Administrative	#####	1,442,423	4,596,529	16,120,649	0	16,120,649	-530,351	15,590,298
30. Depreciation	0	0	365,919	365,919	0	365,919	351,350	717,269
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	80,629	80,629	0	80,629	680,894	761,523
33. Real Estate	0	0	0	0	0	0	389,445	389,445
34. Rent - Facility & Grounds	0	0	1,836,000	1,836,000	0	1,836,000	-1,706,594	129,406
35. Rent - Equipment & Vehicles	0	0	40,633	40,633	0	40,633	6,504	47,137
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	2,323,181	2,323,181	0	2,323,181	-278,401	2,044,780
38. Medically Necessary T	0	0	65,633	65,633	0	65,633	0	65,633
39. Ancillary Service Cent	153,594	595,874	200	749,668	0	749,668	0	749,668
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	672,588	672,588	0	672,588	0	672,588
43. Other (specify):*	0	0	1,084,058	1,084,058	0	1,084,058	-1,084,058	0
44. Total Special Cost Ce	153,594	595,874	1,822,479	2,571,947	0	2,571,947	-1,084,058	1,487,889
45. Grand Total	#####	2,038,297	8,742,189	21,015,777	0	21,015,777	-1,892,810	19,122,967

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	56,902	56,902
2. Cash - Patient Deposits	76,457	76,457
3. Accounts & Notes Recievable	5,647,347	5,647,347
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	681,595	681,595
7. Other Prepaid Expenses	396,096	396,096
8. Accounts Receivable-Owner/Related Party	2,366,844	2,366,844
9. Other (specify):	4,241	265,129
10. Total current assets	9,229,482	9,490,370
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	10,466,077
15. Leasehold Improvements, Historical Cost	3,198,576	4,482,279
16. Equipment, at Historical Cost	2,688,710	3,922,632
17. Accumulated Depreciation (book methods)	-3,982,091	-11,989,849
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):	125,112	296,822
23. other (specify):	0	120,487
24. Total Long-Term Assets	2,030,307	7,990,509
25. Total Assets	11,259,789	17,480,879
CURRENT LIABILITIES		
26. Accounts Payable	1,874,505	1,874,505
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	60,873	60,873
29. Short-Term Notes Payable	2,921,243	2,921,243
30. Accrued Salaries Payable	808,564	808,564
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	402,000
33. Accrued Interest Payable	8,905	8,905
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	44,243	44,243
37. Other Current Liabilities (specify):	601,015	0
38. Total Current Liabilities	6,319,348	6,120,333
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	19,183,563
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	1,903,727	1,903,727
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	1,903,727	21,087,290
46.Total Liabilities	8,223,075	27,207,623
47.Total Equity	3,036,714	-9,726,744
48.Total Liabilities and Equity	11,259,789	17,480,879

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	19,018,850
2. Discounts and Allowances for all Levels	-504,724
Subtotal - Inpatient Care	18,514,126
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	3,484,606
7. Oxygen	99,785
Subtotal - Anciliary Revenue	3,584,391
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	3,691
14. Non-Patient Meals	1,168
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	546,450
18. Sale of Supplies to Non-Patients	0
19. Laboratory	19,739
20. Radiologyand X-Ray	105,775
21. Other Medical Services	111,341
22. Laundry	9,083
Subtotal - Other Operating Revenue	797,247
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	-
27. Other Revenue (specify):	0
28. Other Revenue (specify):	0
Subtotal - Other Revenue	-
30. Total Revenue	22,895,764
31. General Services	2,677,648
32. Health Care	8,883,686
33. General Administration	4,559,315
34. Ownership	2,323,181
35. Special Cost Centers	1,899,359
35. Provider Participation Fee	672,588
37. Other	0
40. Total Expenses	21,015,777
41. Income Before Income Taxes	1,879,987
42. Income Taxes	0
43. Net Income or Loss for the Year	1,879,987