

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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: <u>0047274</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>Meadowbrook Manor LaGrange</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> 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.	
Address: <u>339 9th Avenue</u> <u>LaGrange</u> <u>60525</u>			
Number City Zip Code			
County: <u>Cook</u>			
Telephone Number: <u>(708) 354-4660</u> Fax # <u>(708) 354-1355</u>			
HFS ID Number: _____			
Date of Initial License for Current Owners: <u>08/25/2005</u>			
Type of Ownership:			
☐ VOLUNTARY, NON-PROFIT		☒ PROPRIETARY	
☐ Charitable Corp.		☐ Individual	
☐ Trust		☐ Partnership	
IRS Exemption Code _____		☐ Corporation	
		☐ "Sub-S" Corp.	
		☒ Limited Liability Co.	
		☐ Trust	
		☐ Other _____	
In the event there are further questions about this report, please contact:			
Name: <u>Amanda Springborn</u>		Telephone Number: <u>(314) 925-3838</u>	
Email Address: _____			
		Officer or Administrator of Provider	
		(Signed) _____ (Date) _____	
		(Type or Print Name) _____	
		(Title) _____	
		(Signed) _____ (Date) _____	
		Paid Preparer	
		(Print Name and Title) _____	
		(Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u>	
		(Telephone) <u>(847) 517-7070</u> Fax # <u>(847) 517-7067</u>	
		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	

Facility Name & ID Number Meadowbrook Manor LaGrange# 0047274 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	197	Skilled (SNF)	197	72,102	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	197	TOTALS	197	72,102	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	11,126	7,324	21,463	39,913	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,126	7,324	21,463	39,913	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 55.36%

D. How many bed reserve days during this year were paid by the Department?

None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐Note : Non-allowable costs have been
eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 08/25/2005

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 08/25/2005NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐If YES, enter number
of beds certified 197 and days of care provided 8,788

Medicare Intermediary

Wisconsin Physicians Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☐NO ☐Tax Year: 12/30/2020Fiscal Year: 12/30/2020

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	471,446	73,413	19,760	564,619		564,619	216	564,835			1
2	Food Purchase		398,711		398,711		398,711	955	399,666			2
3	Housekeeping	257,638	43,804	-	301,442		301,442	3,755	305,197			3
4	Laundry	63,484	20,396	-	83,880		83,880		83,880			4
5	Heat and Other Utilities			207,416	207,416		207,416	2,067	209,483			5
6	Maintenance	101,162	13,324	142,690	257,176		257,176	19,577	276,753			6
7	Other (specify):* Mgmt Co Benefits	-	-	-				3,687	3,687			7
8	TOTAL General Services	893,730	549,648	369,866	1,813,244		1,813,244	30,257	1,843,501			8
	B. Health Care and Programs											
9	Medical Director	-	-	147,583	147,583		147,583	12,075	159,658			9
10	Nursing and Medical Records	4,678,864	762,695	164,329	5,605,888		5,605,888	14,473	5,620,361			10
10a	Therapy	-	-	-				1,055,709	1,055,709			10a
11	Activities	103,971	11,664	1,431	117,066		117,066	36	117,102			11
12	Social Services	108,851	-	-	108,851		108,851	59	108,910			12
13	CNA Training	-	-	-								13
14	Program Transportation	-	-	-								14
15	Other (specify):* Mgmt Co Benefits	-	-	-				62,326	62,326			15
16	TOTAL Health Care and Programs	4,891,686	774,359	313,343	5,979,388		5,979,388	1,144,678	7,124,066			16
	C. General Administration											
17	Administrative	206,965	-	462,405	669,370		669,370	(434,530)	234,840			17
18	Directors Fees			-								18
19	Professional Services			393,465	393,465		393,465	107,121	500,586			19
20	Dues, Fees, Subscriptions & Promotions			79,672	79,672		79,672	190	79,862			20
21	Clerical & General Office Expenses	294,848	21,577	64,149	380,574		380,574	376,018	756,592			21
22	Employee Benefits & Payroll Taxes			924,700	924,700		924,700		924,700			22
23	Inservice Training & Education			546	546		546		546			23
24	Travel and Seminar			1,000	1,000		1,000	487	1,487			24
25	Other Admin. Staff Transportation		-	7,788	7,788		7,788	4,757	12,545			25
26	Insurance-Prop.Liab.Malpractice			395,596	395,596		395,596	253,070	648,666			26
27	Other (specify):* Mgmt Co Benefits			-				104,992	104,992			27
28	TOTAL General Administration	501,813	21,577	2,329,321	2,852,711		2,852,711	412,106	3,264,817			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,287,229	1,345,584	3,012,530	10,645,343		10,645,343	1,587,041	12,232,384			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			303,309	303,309		303,309	(123,305)	180,004			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			156,607	156,607		156,607	995,788	1,152,395			32
33	Real Estate Taxes			-				804,238	804,238			33
34	Rent-Facility & Grounds			2,538,300	2,538,300		2,538,300	(2,537,990)	310			34
35	Rent-Equipment & Vehicles			84,939	84,939		84,939	986	85,925			35
36	Other (specify):*			-								36
37	TOTAL Ownership			3,083,155	3,083,155		3,083,155	(860,283)	2,222,872			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	21,912	21,912		21,912		21,912			38
39	Ancillary Service Centers	-	466,227	1,240,387	1,706,614		1,706,614	(1,199,144)	507,470			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			280,133	280,133		280,133		280,133			42
43	Other (specify):* Non-Allowable Cos	112,489	-	252,934	365,423		365,423	(365,423)				43
44	TOTAL Special Cost Centers	112,489	466,227	1,795,366	2,374,082		2,374,082	(1,564,567)	809,515			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,399,718	1,811,811	7,891,051	16,102,580		16,102,580	(837,808)	15,264,772			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	(132)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,677)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(1,489,908)	30		9
10	Interest and Other Investment Income	(19,563)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(901)	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	(23,108)	43		18
19	Entertainment				19
20	Contributions	(3,150)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(35,793)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(144,741)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(197,627)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,927,600)		\$	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)	1,089,792		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 1,089,792		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (837,808)		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	To disallow Radiology	\$ 6,040	43	1
2	To disallow Laboratory	(42,029)	43	2
3	To disallow Consolidated Billing	1,246	43	3
4	To disallow X-Ray Part A	(9,245)	43	4
5	To disallow Marketing Expenses	(8,883)	43	5
6	To disallow Community Relation staff	(21,680)	43	6
7	To disallow Admissions Wages	(90,809)	43	7
8	To disallow Lobbying expenses	(4,852)	20	8
9	To Offset Misc Income	(543)	21	9
10	To disallow Taxes non property	(12,222)	43	10
11	To disallow Patient Clothing Expense	(300)	43	11
12	To disallow X-Ray Managed Care	(4,350)	43	12
13	To disallow Debt Forgiveness	(10,000)	43	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
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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	(197,627)		49

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
RBJ Investments, LP	25	Butterfield Health Care II, Inc. - Meadowbrook Manor	Naperville	J&D Partners, LP	Bolingbrook	Lessor
Jafari Family LLC	25	Butterfield Health Care, Inc. - Meadowbrook Manor	Bolingbrook	MMN Partners, LP	Naperville	Lessor
Louis William Dimas Family Limited Partners	15	Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Butterfield Health		
Vangel Family Investments LLP	25			Care Group, Inc.	Bolingbrook	Management Co.
Christopher Vangel Descendant's GST Exempt	5			MML Properties LLC	LaGrange	Lessor
Katherine Hocuk Descendant's GST Exempt	5			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	19	Legal Fees	\$	MML Properties, LLC	100%	\$ 3,932	\$ 3,932	1
2	V	20	Fees, Subscriptions & Promotions		MML Properties, LLC	100%	300	300	2
3	V	21	Bank Charges		MML Properties, LLC	100%	998	998	3
4	V	26	Insurance- Prof & Liab		MML Properties, LLC	100%	246,333	246,333	4
5	V	30	Depreciation & Amortization		MML Properties, LLC	100%	1,377,751	1,377,751	5
6	V	32	Interest	147	MML Properties, LLC	100%	983,892	983,745	6
7	V	33	Real Estate Taxes		MML Properties, LLC	100%	798,211	798,211	7
8	V	34	Rent - Facility & Grounds	2,538,300	MML Properties, LLC	100%		(2,538,300)	8
9	V	19	Professional Fees		MML Properties, LLC	100%	103,513	103,513	9
10	V	19	Accounting fees		MML Properties, LLC	100%	7,195	7,195	10
11	V	43	Taxes Non Property		MML Properties, LLC	100%	7,000	7,000	11
12	V								12
13	V								13
14	Total			\$ 2,538,447			\$ 3,529,125	\$ * 990,678	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	10	Nursing & Medical Records		Ability Rehab LLC	100%	\$ 7,423	\$ 7,423	15
16	V	10A	Therapy		Ability Rehab LLC	100%	1,055,709	1,055,709	16
17	V	19	Professional Services		Ability Rehab LLC	100%	2,818	2,818	17
18	V	20	Dues, Fees, Subscriptions & Promotions		Ability Rehab LLC	100%	30	30	18
19	V	21	Clerical & General Office Expenses		Ability Rehab LLC	100%	11,902	11,902	19
20	V	26	Insurance-Prop, Liab & Malpractice		Ability Rehab LLC	100%	4,785	4,785	20
21	V	27	Other		Ability Rehab LLC	100%	104,992	104,992	21
22	V	34	Rent - Facility & Grounds		Ability Rehab LLC	100%	310	310	22
23	V	39	Ancillary Services-Other	1,199,147	Ability Rehab LLC	100%		(1,199,147)	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			\$ 1,199,147			\$ 1,187,969	\$ * (11,178)	39

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	1 Dietary	\$	Butterfield Health Care Group, Inc.	100%	\$ 216	\$ 216	15
16	V	2 Food		Butterfield Health Care Group, Inc.	100%	1,087	1,087	16
17	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100%	3,755	3,755	17
18	V	5 Utilities		Butterfield Health Care Group, Inc.	100%	2,067	2,067	18
19	V	6 Maintenance		Butterfield Health Care Group, Inc.	100%	19,577	19,577	19
20	V	7 Other		Butterfield Health Care Group, Inc.	100%	3,687	3,687	20
21	V	9 Medical Director		Butterfield Health Care Group, Inc.	100%	12,075	12,075	21
22	V	10 Nursing & Medical Records		Butterfield Health Care Group, Inc.	100%	7,050	7,050	22
23	V	11 Activities		Butterfield Health Care Group, Inc.	100%	36	36	23
24	V	13 Social Services		Butterfield Health Care Group, Inc.	100%	59	59	24
25	V	15 Other		Butterfield Health Care Group, Inc.	100%	1,757	1,757	25
26	V	17 Administrative	462,405	Butterfield Health Care Group, Inc.	100%	27,875	(434,530)	26
27	V	19 Professional Services		Butterfield Health Care Group, Inc.	100%	29,844	29,844	27
28	V	20 Dues, Fees, Subscriptions & Promotions		Butterfield Health Care Group, Inc.	100%	4,712	4,712	28
29	V	21 Clerical & General Office Expenses		Butterfield Health Care Group, Inc.	100%	363,661	363,661	29
30	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100%	487	487	30
31	V	25 Other Admin. Staff Transportation		Butterfield Health Care Group, Inc.	100%	4,757	4,757	31
32	V	26 Insurance-Prop, Liab & Malpractice		Butterfield Health Care Group, Inc.	100%	1,952	1,952	32
33	V	27 Other		Butterfield Health Care Group, Inc.	100%	60,569	60,569	33
34	V	30 Depreciation		Butterfield Health Care Group, Inc.	100%	3,003	3,003	34
35	V	32 Interest		Butterfield Health Care Group, Inc.	100%	17,455	17,455	35
36	V	33 Real Estate Taxes		Butterfield Health Care Group, Inc.	100%	6,027	6,027	36
37	V	34 Rent - Equipment & Vehicles		Butterfield Health Care Group, Inc.	100%	986	986	37
38	V	39 Ancillary Service Centers		Butterfield Health Care Group, Inc.	100%	3	3	38
39	Total		\$ 462,405			\$ 572,697	\$ * 110,292	39

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

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	177,750	8	20.00	Mgmt Salary	\$ 7,250	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.5	173,681	2	5.00	Mgmt Salary	11,319	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25	14,000	2	5.00	Mgmt Salary	7,000	17(7)	3
4	Katherine Hocuk	Empl Benefits Admin	Administrative	5	146,825	2	5.00	Mgmt Salary	2,306	17(7)	4
5	Dorthy Vangel	Operating Supvsr.	Administrative	12.5	105,754	0	0.00	N/A	0	N/A	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 27,875		13

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2020 Ending: 2/31/2020

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 Ability Rehab LLC
Street Address 640 North River Road Suite 206
City / State / Zip Code Naperville, IL. 60563
Phone Number (949) 482-9365
Fax Number (949) 482-9365

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing & Medical Records	Therapy Revenue	5,210,455	5	\$ 32,245	\$ 0	1,199,552	\$ 7,423	1
2	10A	Therapy	Therapy Revenue	5,210,455	5	4,585,650	4,584,873	1,199,552	1,055,709	2
3	19	Professional Services-Legal	Therapy Revenue	5,210,455	5	3,803	0	1,199,552	876	3
4	19	Professional Services-Other	Therapy Revenue	5,210,455	5	8,435	0	1,199,552	1,942	4
5	20	Dues, Fees, Subscriptions & Promo	Therapy Revenue	5,210,455	5	131	0	1,199,552	30	5
6	21	Clerical & General Office Expense	Therapy Revenue	5,210,455	5	51,699	0	1,199,552	11,902	6
7	26	Insurance-Prop, Liab & Malpracti	Therapy Revenue	5,210,455	5	20,784	0	1,199,552	4,785	7
8	27	Other - Mgmt Allocation of Benefi	Therapy Revenue	5,210,455	5	456,052	0	1,199,552	104,992	8
9	34	Rent - Facility & Grounds	Therapy Revenue	5,210,455	5	1,348	0	1,199,552	310	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	TOTALS					\$ 5,160,147	\$ 4,584,873		\$ 1,187,969	25

Facility Name & ID Number Meadowbrook Manor LaGrange# 0047274

Report Period Beginning:

01/01/2020Ending: 2/31/2020

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

648 North River Road Suite 100

City / State / Zip Code

Naperville, IL. 60563

Phone Number

(331) 472-4500

Fax Number

(331) 472-4510

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Resident Days	244,595	4	\$ 1,323	\$	39,913	\$ 216	1
2	2	Food	Resident Days	244,595	4	6,664		39,913	1,087	2
3	3	Housekeeping-Salary	Resident Days	244,595	4	19,041	19,041	39,913	3,107	3
4	3	Housekeeping	Resident Days	244,595	4	3,969		39,913	648	4
5	5	Utilities	Resident Days	244,595	4	12,665		39,913	2,067	5
6	6	Maintenance - Salary	Resident Days	244,595	4	91,677	91,677	39,913	14,960	6
7	6	Maintenance	Resident Days	244,595	4	28,291		39,913	4,617	7
8	7	Other - Mgmt Allocation of Benefit	Resident Days	244,595	4	22,592		39,913	3,687	8
9	9	Medical Director	Resident Days	244,595	4	74,000		39,913	12,075	9
10	10	Nursing & Medical Records - Salary	Resident Days	244,595	4	52,782	52,782	39,913	8,613	10
11	10	Nursing & Medical Records	Resident Days	244,595	4	(9,577)		39,913	(1,563)	11
12	11	Activities	Resident Days	244,595	4	218		39,913	36	12
13	13	Social Services	Resident Days	244,595	4	364		39,913	59	13
14	15	Other - Mgmt Allocation of Benefit	Resident Days	244,595	4	10,770		39,913	1,757	14
15	17	Administrative - Salary	Average Hours Worked	14	4	16,141	16,141	2	2,306	15
16	17	Administrative - Salary	Average Hours Worked	6	3	21,000	21,000	2	7,000	16
17	18	Administrative - Salary	Average Hours Worked	14	4	79,236	79,236	2	11,319	17
18	19	Administrative - Salary	Average Hours Worked	32	4	29,000	29,000	8	7,250	18
19	19	Professional Services-Legal	Resident Days	244,595	4	57,392		39,913	9,365	19
20	19	Professional Services-Other	Resident Days	244,595	4	125,501		39,913	20,479	20
21	20	Dues, Fees, Subscriptions & Promotions	Resident Days	244,595	4	28,876		39,913	4,712	21
22	21	Clerical & General Office Expense	Resident Days	244,595	4	2,117,204	2,117,204	39,913	345,485	22
23	21	Clerical & General Office Expense	Resident Days	244,595	4	111,389		39,913	18,176	23
24	24	Travel & Seminar	Resident Days	244,595	4	2,984		39,913	487	24
25	TOTALS					\$ 2,903,502	\$ 2,426,081		\$ 477,945	25

Facility Name & ID Number Meadowbrook Manor LaGrange# 0047274 Report Period Beginning: 01/01/2020 Ending: 2/31/2020

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

648 North River Road Suite 100

City / State / Zip Code

Naperville, IL. 60563

Phone Number

(331) 472-4500

Fax Number

(331) 472-4510

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2	25	Other Admin. Staff Transportation	Resident Days	244,595	4	29,151	39,913	4,757	2
3	26	Insurance-Prop, Liab & Malpracti	Resident Days	244,595	4	11,960	39,913	1,952	3
4	27	Other - Mgmt Allocation of Benefit	Resident Days	244,595	4	371,180	39,913	60,569	4
5	30	Depreciation	Resident Days	244,595	4	18,404	39,913	3,003	5
6	32	Interest	Resident Days	244,595	4	106,967	39,913	17,455	6
7	33	Real Estate Taxes	Resident Days	244,595	4	36,936	39,913	6,027	7
8	34	Rent - Equipment & Vehicles	Resident Days	244,595	4	6,043	39,913	986	8
9	39	Ancillary Service Centers	Resident Days	244,595	4	17	39,913	3	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	TOTALS				\$	580,658	\$	94,752	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 Realty Capital		x	Mortgage Payable			\$	26,921,427			\$ 983,892	1
2												2
3				Amortization - Mortgage Cost							14,151	3
4				Misc. Income							4,065	4
5												5
	Working Capital											
6	West Suburban		X	Working Capital	N/A	05/10/13		1,356,872	6/30/2019	5%	87,919	6
7	Shareholders Loan	X		Working Capital		06/01/17	1,107,500	1,107,500	Demand	4%	7,420	7
8	See 9A							4,470,414			57,203	8
9	TOTAL Facility Related						\$ 1,107,500	\$ 33,856,213			\$ 1,154,650	9
	B. Non-Facility Related*											
10									Mgmt co. Allocation		17,455	10
11												11
12									Offset Interest Income		(19,710)	12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (2,255)	14
15	TOTALS (line 9+line14)						\$ 1,107,500	\$ 33,856,213			\$ 1,152,395	15

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

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

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

Facility Name: Meadowbrook Manor LaGrange
IDPH License ID Number: 0047274
Fiscal Year End: 12/31/2020

Schedule 9A

IX. Interest Expense and Real Estate Tax Expense

	1	2		3	4	5	6		7	8	9	10	
	Name of Lend	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													1
2													2
3													3
4													4
5													5
	Working Capital												
6	Midland Bank		X	PPP Loan		04/01/2020	\$ 1,607,175	\$ 1,607,175	4/1/2021	0.0100	\$ -		6
7	National Government Se		X	Deferred Payment		04/03/20	1,400,000	1,400,000	04/02/21	NA	-		7
8	Shareholder	X		Working Capital				1,463,239	Demand	0.0400	57,203		8
9	TOTAL Facility Related				\$0.00		\$ 3,007,175	\$ 4,470,414			\$ 57,203		9
	B. Non-Facility Related*												
10													10
11													11
12													12
13													13
14	TOTAL Non-Facility Related				\$0.00		\$ -	\$ -			\$ -		14

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2019 report.			\$	762,584	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.)		2019	\$	761,363	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(1,221)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	799,432	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
		Alloc. Fr. Mgmt. Co.		6,027	
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.			\$	804,238	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2015	244,093	8	
		2016	200,739	9	
		2017	180,765	10	
		2018	761,364	11	
		2019	761,364	12	
2019 Tax Bill = \$761,364					
Estimated increase = 5%					
Total = 799,432					
Use : 799,432					
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2019	\$	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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor LaGrange COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0047274

CONTACT PERSON REGARDING THIS REPORT Liz Koshy

TELEPHONE (331) 472-4502 FAX #: (630) 759-4406

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 18-04-423-001-0000	Nursing Facility	\$ 761,363.85	\$ 761,363.85
2. 07-14-101-017	Mgmt Co Allocation	\$ 83,134.42	\$ 6,027.00
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 844,498.27	\$ 767,390.85

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? X 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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 74,985

B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).
None

E. Does this cost report reflect any organization or pre-operating costs which are being amortized?
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:
(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	178,272	2005	\$ 1,561,408	1
2					2
3	TOTALS	178,272		\$ 1,561,408	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	197		2005	1911	\$ 1,323,087	\$ -	40	\$ 33,077	\$ 33,077	\$ 512,693	4
5				2009	510,195	-	40	6,377	6,377	76,524	5
6						-		-			6
7						-		-			7
8						-		-			8
	Improvement Type**										
9	New doors, hardware, laminating & refinishing for Dementia			2008	7,540	-	10	-		7,540	9
10	Repair parking lot lights (ballasts, cutting asphalt, trenching					-		-			10
11	& running new wiring)			2008	4,989	-	10	-		4,989	11
12	Roof Repairs (rear emergency room entrance & front entrance)			2008	3,949	-	10	-		3,949	12
13	Wiring - Therapy room			2008	5,879	-	10	-		5,879	13
14	Chimney Cap & Tuckpointing			2008	11,993	-	10	-		11,993	14
15	Rebuilt compressor for HVAC unit			2008	19,864	-	10	-		19,864	15
16						-		-			16
17	R&M Reclasses					-		-			17
18	- Emergency service for steam leak on heating system-					-		-			18
19	furnished & installed new diaphragm & steam trap.			2008	4,699		10			4,699	19
20	- Emergency service for no heat - furnished & installed					-		-			20
21	new fluid head & valve body.			2008	3,045	-	10	-		3,045	21
22	- Tile flooring for facility			2008	14,637	-	10	-		14,637	22
23						-		-			23
24	Concrete flooring, electrical, new tub & faucet, drywall,			2009	26,068		10			26,068	24
25	studs & reframe door for Laundry Room Remodel					-		-			25
26	Repair masonry on top of building			2009	6,241		10			6,241	26
27	Install outdoor lighting			2009	11,332		10			11,332	27
28	replace 2 shower valves & trims			2009	2,755		10			2,755	28
29	Fill & roll potholes, crack sealing, sealcoating & striping			2009	6,000	-	5	-		6,000	29
30	parking lot					-		-			30
31	R&M Reclasses					-		-			31
32	-Remove and replace automatic transfer switch			2009	3,695		10			3,695	32
33	-Replace air separator and rework piping for new style			2009	5,350		10			5,350	33
34	air separator.					-		-			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 LaGrange

0047274

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	-Air conditioner -repair leaks, add drier cores and refrigerant	2009	\$ 5,204	\$ -	10	\$ -	\$ -	\$ 5,204	37
38	replace belt and pulley			-		-			38
39	Cabinets and countertops for therapy office	2010	6,117	303	10	303		6,117	39
40	Install drywall for new wall, rearrange/repair light fixtures	2010	2,705	140	10	140		2,705	40
41	in business office			-		-			41
42	Remove & rebuild rear loading dock	2010	2,650	132	10	132		2,650	42
43	Transfer & install reception door, 3 sets of 36" cabinets and	2010	4,974	252	10	252		4,974	43
44	countertops for dining room			-		-			44
45	22 - 4 tier lockers with sloped tops	2010	5,138	256	10	256		5,138	45
46	Lavatory faucets, shut offs & trap, tempered glass for restroom	2010	3,436	168	10	168		3,436	46
47	door			-		-			47
48	Fill potholes, sealcoating & striping of parking log	2010	5,100	-	5	-		5,100	48
49	Fill potholes, sealcoating & striping of parking log	2011	2,000	-	5	-		2,000	49
50	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2011	95,612	9,561	10	9,561		90,829	50
51	floors, & Painting			-		-			51
52	Corridor Remodel - remove wall paper, paint, handrails,	2011	46,474	4,647	10	4,647		44,147	52
53	carpet			-		-			53
54	Dinning Roon & Kichen - new vinyl floors, paint all walls	2011	36,795	3,680	10	3,680		34,960	54
55	Tile & Trim for Offices replace all the tile & trim	2011	21,653	2,165	10	2,165		20,568	55
56	Install in Fire Doors	2011	3,135	314	10	314		2,983	56
57				-		-			57
58	Elevator repair	2011	4,350	435	10	435		4,132	58
59	Foyer Remodeling	2012	26,756	2,676	10	2,676		22,746	59
60	Enclosure of Trash Contains	2012	2,212	221	10	221		1,879	60
61	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2012	26,735	2,674	10	2,674		22,729	61
62	Fire System - Check Valve Remodeling	2012	11,946	1,195	10	1,195		10,157	62
63	Chiller Unit on Roof UpGrade Improvements	2012	5,643	564	10	564		4,794	63
64	Dinning Room Remodelig - Build in Cabinets and Blinds	2012	18,406	1,840	10	1,840		15,640	64
65	Dialysis Room Conversion - ceiling tile, vinyl flooring,	2012	39,774	3,977	10	3,977		33,805	65
66	electric work, trim work			-		-			66
67	Therapy Room Remodel first floor -glass,drywall,ceiling title	2012	10,368	1,037	10	1,037		8,814	67
68	prime all walls			-		-			68
69				-		-			69
70	TOTAL (lines 4 thru 69)		\$ 2,358,501	\$ 36,237		\$ 75,691	\$ 39,454	\$ 1,082,760	70

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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 12A, Carried Forward		\$ 2,358,501	\$ 36,237		\$ 75,691	\$ 39,454	\$ 1,082,760	1
2	Dialysis Room Conversion - ceiling tile, vinyl flooring,	2013	63,006	6,301	10	6,301		47,257	2
3	electric work, trim work			-		-			3
4	Therapy Room Remodel first floor -Counter Tops	2013	2,919	292	10	292		2,190	4
5	Kitchen Remodel - Paint, Cabinets	2013	6,136	614	10	614		4,605	5
6	Facility Roof Repairs	2013	6,424	642	10	642		4,815	6
7	Doctors Lounge South Wing-Electric, Drywall, Paint, Flooring	2013	38,577	3,858	10	3,858		28,935	7
8	Res Rooms 1st Floor - Mirrors, Flooring, Plumbing, fan coils	2013	11,339	1,134	10	1,134		8,505	8
9	New Exterior Lighting	2013	3,405	341	10	341		2,557	9
10	Remodel the Juice Bar with Cabinets and Counter tops	2013	2,260	226	10	226		1,695	10
11	Remodel the Fire Sprinkler Sys in Beauty Shop, Kitchen	2013	1,440	144	10	144		1,080	11
12				-		-			12
13	Replace the Asphalt Parking Lot & Stripping	2014	8,109	-	5	-		8,109	13
14				-		-			14
15	Replace the Door Operator on the North Elevator	2014	5,800	580	10	580		3,770	15
16	Upgrade of the Laundry Room,= - Plumbing, Walls, Electric,	2014	95,256	9,526	10	9,526		61,919	16
17	vent work, Painting, tile, gas and water lines			-		-			17
18	Upgrade the Nurse Station - Built in cabinets, blinds,& walls	2014	4,960	496	10	496		3,250	18
19				-		-			19
20	Elevator Modernization	2014	42,120	4,212	10	4,212		27,378	20
21	Corridor Lighting and Supplies	2015	1,276	128	10	128		704	21
22	Rsident Rooms Remodeling - painting, lights, vanities. And	2015	6,720	672	10	672		3,696	22
23	grab bars			-		-			23
24				-		-			24
25	Wood Flooring in Medical Records Office	2016	5,986	599	10	599		2,695	25
26	Remodel Dining Room -Cabinets, Counter Tops, Tile	2016	9,296	930	10	930		4,185	26
27	Install new Doors for Life Safety	2016	14,007	1,401	10	1,401		6,303	27
28				-		-			28
29	Kitchen Remodel - Drywall repair, fixed kitchen floor tile	2017	66,593	-	10	-		3,330	29
30	Painting, vinyl celing title, Replace Sprinkler Heads			-		-			30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 2,754,130	\$ 68,333		\$ 107,787	\$ 39,454	\$ 1,309,738	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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 12B, Carried Forward		\$ 2,754,130	\$ 68,333		\$ 107,787	\$ 39,454	\$ 1,309,738	1
2				-		-			2
3	Installed new glass in all fire exit doors throughout facility	2019	6,309	610	10	610		925	3
4				-		-			4
5	Replace Simplex devices in lower level attic. Tie in water/	2019	7,381	738	10	738		1,107	5
6	flow tamper switches in LL.			-		-			6
7				-		-			7
8	Install 6' high 3 rail black aluminum	2019	5,595	560	10	560		840	8
9	fence - facility grounds			-		-			9
10				-		-			10
11	Rail & Pickets at the North Entry	2020	5,300	96	27.5	96		96	11
12				-		-			12
13	Replace Simplex devices in lower level attic.	2020	12,700	231	27.5	231		231	13
14	Tie in Water/flow tamper switches in LL			-		-			14
15				-		-			15
16	Remove existing pipe that was not properly installed and	2020	38,143	694	27.5	694		694	16
17	install per city guidelines			-		-			17
18				-		-			18
19	Rebuild wall on North side of Building	2020	40,748	741	27.5	741		741	19
20				-		-			20
21	Remove Gable roof to deck, plywood existing Deck and ice and	2020	46,979	854	27.5	854		854	21
22	water shield. Frame in upper eve And soffit. Install gutters			-		-			22
23	and downspouts			-		-			23
24	North Elevation entry stair landing stone cut	2020	7,292	133	27.5	133		133	24
25				-		-			25
26	Install Windows-storefron windows	2020	95,000	1,727	27.5	1,727		1,727	26
27				-		-			27
28	Furnish & install new Ductwork & New Registers	2020	8,840	161	27.5	161		161	28
29				-		-			29
30	Run new Hot and Cold water lines from New budding to original b	2020	21,904	398	27.5	398		398	30
31				-		-			31
32	Replace 2.5'and 2' cold water supply fittings - dry pantry ceiling.	2020	4,260	77	27.5	77		77	32
33	Replace 80 PVC male adapers for ejector pump			-		-			33
34	TOTAL (lines 1 thru 33)		\$ 3,054,581	\$ 75,353		\$ 114,807	\$ 39,454	\$ 1,317,722	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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 12C, Carried Forward		\$ 3,054,581	\$ 75,353		\$ 114,807	\$ 39,454	\$ 1,317,722	1
2	Install Concrete Stair-Patio work	2020	29,618	539	27.5	539		539	2
3				-		-			3
4	Install Fence	2020	2,795	51	27.5	51		51	4
5				-		-			5
6	Install 19 trees and slinibs and perennials Remove Debris	2020	25,071	456	27.5	456		456	6
7	and 15 loads of spoils anddisposal			-		-			7
8				-		-			8
9	Install new manholes and pipe between manholes	2020	29,476	536	27.5	536		536	9
10				-		-			10
11	Sanitary Sewer Repair	2020	32,240	586	27.5	586		586	11
12				-		-			12
13	Preparation Cleaning & CCTV inspection- Sanitary Sower	2020	3,675	67	27.5	67		67	13
14				-		-			14
15	Asphalt Patches and gravel backfill all trenches	2020	6,800	340	10	340		340	15
16				-		-			16
17				-		-			17
18				-		-			18
19				-		-			19
20				-		-			20
21				-		-			21
22	Current Book Depreciation Adjustment			221,175		-	(221,175)		22
23				-		-			23
24				-		-			24
25				-		-			25
26				-		-			26
27				-		-			27
28				-		-			28
29				-		-			29
30				-		-			30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 3,184,256	\$ 299,102		\$ 117,381	\$ (181,721)	\$ 1,320,296	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	\$ 590,450	\$	\$ 55,413	\$ 55,413		\$ 460,421	71
72	Current Year Purchases	84,136	4,207	4,207		10	4,207	72
73	Fully Depreciated Assets	104,979					104,979	73
74	See Sch 13A	72,401		2,383	2,383		59,123	74
75	TOTALS	\$ 851,966	\$ 4,207	\$ 62,003	\$ 57,796		\$ 628,730	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	Allocation from BHCG		2017	\$ 16,721	\$ -	\$ 620	\$ 620	5	\$ 13,779	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$ 16,721	\$	\$ 620	\$ 620		\$ 13,779	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 5,614,352	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 303,309	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 180,004	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (123,305)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,962,805	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

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

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

Facility Name: Meadowbrook Manor LaGrange

IDPH License ID Number: 0047274

Fiscal Year End: 12/31/2020

Schedule 13A

XI. Ownership Costs

Line 74 - Equipment Depreciation

Category of Equipment	Cost	Current Book Depreciation	Straight line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocation from Ability Rehab LLC	8,178		0	0	1	6,262
Allocation from Butterfield Health Care Group Inc	64,223		2,383	2,383	5	52,861
Total	72,401	0	2,383	2,383		59,123

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	Allocation from Management				310			6
7	TOTAL				\$ 310			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
- N/A

9. Option to Buy: ☐ YES ☒ NO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☒ YES ☐ NO
16. Rental Amount for movable equipment: \$ 85,925 Description: See Attached Schedule 14A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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.	/2021	\$
13.	/2022	\$
14.	/2023	\$

Facility Name: Meadowbrook Manor LaGrange

IDPH License ID Number: 0047274

Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Nursing/Oxygen	3,894
Nursing	38,346
Mattress and Bed Rental	11,321
Medical Equipment	7,318
Copier	17,010
Yard Sign Rental	1,624
Postage Machine	1,403
Rent Storage	4,023
Allocated from BHCG	986
Total - Line 16	85,925

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

It is the policy of this facility to only hire certified nurses aides.
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)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

(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.

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	

(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(7)	8,966	hrs	\$	385,528		\$	8,966	\$	385,528	1			
2	Licensed Speech and Language Development Therapist	10A(7)	4,076	hrs		175,254			4,076		175,254	2			
3	Licensed Recreational Therapist			hrs								3			
4	Licensed Physical Therapist	10A(7),39(2)	11,506	hrs		494,748			1,525		11,506	496,273	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					445,390		445,390	9			
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs								10			
11	Academic Education			hrs								11			
12	Other (specify): <u>Oxygen</u>	39(2)					38,213	19,312			57,525	12			
13	Other (specify): _____											13			
14	TOTAL				\$	1,055,530		\$	38,213	\$	466,227	24,548	\$	1,559,970	14

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

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,052,474	\$ 1,223,879	1
2	Cash-Patient Deposits	-	-	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 355,217)	2,801,383	2,801,383	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	23,889	54,943	6
7	Other Prepaid Expenses	-	55,000	7
8	Accounts Receivable (owners or related parties)	1,152,162	413,645	8
9	Other(specify): See Sch 17A	49,189	570,934	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,079,097	\$ 5,119,784	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	1,561,408	13
14	Buildings, at Historical Cost	-	1,833,282	14
15	Leasehold Improvements, at Historical Cost	5,496,706	1,350,974	15
16	Equipment, at Historical Cost	1,085,638	868,687	16
17	Accumulated Depreciation (book methods)	(1,656,426)	(1,962,805)	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 (specify):	-	-	22
23	Other(specify): See Sch 17A	-	4,250,032	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,925,918	\$ 7,901,578	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,005,015	\$ 13,021,362	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,901,231	\$ 2,039,447	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	-	-	28
29	Short-Term Notes Payable	1,356,872	1,356,872	29
30	Accrued Salaries Payable	333,288	333,288	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,899	30,899	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	799,432	32
33	Accrued Interest Payable	12,071	86,105	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Sch 17A	10,516,564	5,461,333	36
37	Due to Related Parties	-	773,899	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 14,150,925	\$ 10,881,275	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	5,577,914	5,577,914	39
40	Mortgage Payable	-	26,921,427	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43		-	-	43
44		-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,577,914	\$ 32,499,341	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 19,728,839	\$ 43,380,616	46
47	TOTAL EQUITY(page 18, line 24)	\$ (9,723,824)	\$ (30,359,254)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,005,015	\$ 13,021,362	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (9,765,439)	1
2	Restatements (describe):		2
3	Prior year adjustment	1,363,600	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,401,839)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,321,985)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,321,985)	17
	B. Transfers (Itemize):		
18			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)	\$ (9,723,824)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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	\$ 11,488,826	1
2	Discounts and Allowances for all Levels	(166,638)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,322,188	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	2,292,445	6
7	Oxygen	26,054	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,318,499	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	539,727	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	132	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	270	16
17	Sale of Drugs	392,018	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	109,942	19
20	Radiology and X-Ray	31,165	20
21	Other Medical Services	45,825	21
22	Laundry	723	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,119,802	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	19,563	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,563	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous</u>	543	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 543	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,780,595	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,813,244	31
32	Health Care	5,979,388	32
33	General Administration	2,852,711	33
	B. Capital Expense		
34	Ownership	3,083,155	34
	C. Ancillary Expense		
35	Special Cost Centers	2,093,949	35
36	Provider Participation Fee	280,133	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,102,580	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,321,985)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,321,985)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 4,434,907	44
45	Private Pay - Net Inpatient Revenue	2,149,803	45
46	Medicare - Net Inpatient Revenue	3,921,564	46
47	Other-(specify) <u>Insurance</u>	430,181	47
48	Other-(specify) <u>Hospice & Veterans</u>	385,733	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,322,188	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 taxpayer.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,827	2,211	\$ 129,981	\$ 58.79	1
2	Assistant Director of Nursing	72	87	3,971	45.64	2
3	Registered Nurses	41,949	50,769	1,358,186	26.75	3
4	Licensed Practical Nurses	48,770	59,024	1,345,107	22.79	4
5	CNAs & Orderlies	99,094	119,929	1,536,004	12.81	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	7,876	9,532	103,971	10.91	10
11	Social Service Workers	4,936	5,974	108,851	18.22	11
12	Dietician					12
13	Food Service Supervisor	4,157	5,031	68,947	13.70	13
14	Head Cook	9,046	10,948	150,023	13.70	14
15	Cook Helpers/Assistants	15,223	18,424	252,476	13.70	15
16	Dishwashers					16
17	Maintenance Workers	5,741	6,948	101,162	14.56	17
18	Housekeepers	19,142	23,467	257,638	10.98	18
19	Laundry	5,468	6,317	63,484	10.05	19
20	Administrator	2,001	2,422	131,255	54.19	20
21	Assistant Administrator	2,042	2,472	75,710	30.63	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,349	14,946	294,848	19.73	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,890	2,287	32,519	14.22	31
32	Other Health Care See SCH20A	7,002	8,474	273,096	32.23	32
33	Other(specify) See SCH20A	5,831	7,057	112,489	15.94	33
34	TOTAL (lines 1 - 33)	294,416	356,320	\$ 6,399,718 *	\$ 17.96	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	Monthly	\$ 11,660	1(3)	35
36	Medical Director	Monthly	159,658	9(3,7)	36
37	Medical Records Consultant	Monthly	1,960	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	11,648	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	3,030	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,431	11(3)	44
45	Social Service Consultant				45
46	Other(specify) Infectious disease	Monthly	16,000	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 205,387		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	84	2,989	10(7)	52
53	TOTAL (lines 50 - 52)	84	\$ 2,989		53

Facility Name: Meadowbrook Manor LaGrange
IDPH License ID Number: 0047274
Fiscal Year End: 12/31/2020

Schedule 20A

XVIII. Staffing and Salary Costs
Line 32 Other Health Care (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Wages-Care Plan Coordinator	4,053	4,905	187,485	\$ 38.22
Wages-Medicare Coordinator	968	1,172	44,796	\$ 38.22
Wages - Nursing Clerical	55	67	2,548	\$ 38.22
Wound Care Coordinator	339	410	6,960	\$ 16.97
Central Supply Wages	1,587	1,920	31,307	\$ 16.30
Total - Line 32 Other Health Care (specify):	7,002	8,474	273,096	

XVIII. Staffing and Salary Costs
Line 33 Other (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Admissions Wages	3,803	4,903	90,809	\$ 18.52
Community Relations Staff	2,028	2,154	21,680	\$ 10.06
Total - Line 33 Other (specify):	5,831	7,057	112,489	

STATE OF ILLINOIS

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning: 01/01/2020

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Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Lisa M. Williams	Administrator	0	\$ 131,255	Workers' Compensation Insurance	\$ 120,808	IDPH License Fee	\$	
Enrique Jimenez	Asst Administrator		75,710	Unemployment Compensation Insurance	38,834	Advertising: Employee Recruitment		
				FICA Taxes	468,614	Health Care Worker Background Check		
				Employee Health Insurance	248,478	(Indicate # of checks performed 112)	835	
				Employee Meals		Patient Background Checks	387 5,480	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	10,712	
				Employee Lab Tests	4,099	Miscellaneous Dues & Subscriptions	28,412	
				Employee Retirements(401K)	27,238	Advertising Classified	24,829	
				Holiday Expense	4,258	Allocated from Home Office	4,742	
				Uniform Allowance	6,008	Health Care Council of Illinois	9,704	
				Other Employee benefits	6,363	Less: Public Relations Expense	(4,852)	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 206,965	TOTAL (agree to Schedule V, line 22, col.8)		\$ 924,700		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
Description		Amount		Description	Line #	Amount	Description	
Management Fees (eliminated on Sch V, col. 7)		\$ 462,405		N/A			Out-of-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 462,405	TOTAL		\$	In-State Travel	
C. Professional Services								
Vendor/Payee	Type	Amount						
Powell Stern Capital, Inc	Profesional Services	\$ 10,000						
Butterfield Healthcare Group Inc	Profesional Services	90,000						
Much Shelist	Legal Fees	2,518						
Aronberg Goldgehn Davis & Carmis	Legal Fees	6,439						
Polsinelli PC	Legal Fees	47,309						
Stone Pogrund & Korey Llc	Legal Fees	300						
Rc Immigration	Legal Fees	7,650						
The Law Office Of Jeffrey J Kmoch	Legal Fees	1,500						
Hipp Law Office	Legal Fees	15,187						
CT Corporation	Legal Fees	148						
Rochelle Hollie	Legal Fees	2,500						
See Schedule 21C		209,914						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 393,465				Seminar Expense	
							1,000	
							Allocated from Home Office	
							487	
							Entertainment Expense	
							()	
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	
							\$ 1,487	

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Meadowbrook Manor LaGrange
IDPH License ID Number: 0047274
Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Custardo Law LLC	Legal Fees	2,500
Hamilton Thies & Lorch	Legal Fees	174
Terrill Consulting Services Inc	MDS Assessments Consultant	23,846
Innovative Ltc Solutions	Oxygen Billing Company	5,474
Ben Lazare Consulting	Liaison between State and Facilities	18,167
Maven Health Partners Llc	Compliance	850
Personnel Planners Inc	Unemployment Consultant	1,050
U.S. Department Of Homeland Security	Compliance	2,140
Company Nurse Llc	Work Comp	4,208
Res Publica Group	Marketing	4,387
Compcorepro	Work Compensation	2,500
Unemployment Consultants Inc	Unemployment Consultant	810
Village Of Lagrange	Professional Services	1,667
Hire Tech	WOTC	312
Adj. to Insurance Schedule	Adjustment entry	(4,208)
RSM US LLP	Accounting Fees	25,585
Smartlinx Solutions Llc	Data Processing Fees	29,255
Pointclickcare Technologies Inc	Data Processing Fees	59,212
Journal Entry	Data Processing Fees	717
Paylocity	Payroll Processing Fees	29,041
RELIAS	Covid Specific Professional Fee	2,229
Total (agree to Schedule V, line 19, column 3)		393,465
Allocated from Management Company Legal Fees		3,932
Allocated from Management Company Accounting Fees		7,986
Allocated from Management Company Professional Services		135,384
Less: Non-Allowable Legal Fees		(35,793)
Less: Non-Allowable Marketing Fees		(4,387)
Total (agree to Schedule V, line 19, column 8)		500,586

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. Health Care Council-\$ 9,704

Yes

(3) Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?

Yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

N/A

(5) Have you properly capitalized all major repairs and equipment purchases?

What was the average life used for new equipment added during this period?

N/A

10 years

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

\$ 84,778

Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

N/A

(9) Are you presently operating under a sublease agreement?

YES

x

NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

x

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 280,133

This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.)

If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$

Has any meal income been offset against related costs?

Yes

Indicate the amount.

\$ 132

(16) Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

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?

Yes

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$ N/A

(17) Has an audit been performed by an independent certified public accounting firm?

Firm Name:

N/A

No

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility?

See page 39 of the instructions for details.

Yes

Attach invoices and a summary of services for all architect and appraisal fees

HFS 3745 (N-4-99)

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