

		FOR BHF USE					

LL1

2025
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2025)

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 BlvdBolingbrook60440

County: Will

Telephone Number: (630) 759-1112Fax #: (630) 759-4406

HFS ID Number:

Date of Initial License for Current Owners: 11/5/1991

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: Amanda SpringbornTelephone Number: (314) 925-3838

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 01/01/2025 to 12/31/2025 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)

(Title)

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone)

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
2200 Churchill Rd.
Springfield, IL 62702-3406

(Date)

(Date)

(Fax # (847)517-7067)

Phone # (217) 782-1630

Facility Name & ID Number

Meadowbrook Manor

0037366

Report Period Beginning: 01/01/2025

Ending: 12/31/2025

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)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	298	TOTALS	298	108,770	7

B. Census-For the entire report period.

1

2

3

4

5

6

7

8

9

	Level of Care	Patient Days by Level of Care and Primary Source of Payment								
		Medicaid Fee for Service	Medicaid MLTSS	MMAI		Private Pay	Medicare Part A Only	Other	Total	
				Medicaid Primary	Medicare Primary					
8	SNF	17,437		39,431	432	8,786	6,727	13,107	85,920	8
9	SNF/PED									9
10	ICF									10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	17,437		39,431	432	8,786	6,727	13,107	85,920	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.)

78.99%

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

0

(Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES ☒ NO ☐

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 11/5/1991

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

YES ☒ Date 11/5/1991 NO ☐

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

YES ☒ NO ☐

If YES, enter certified beds.

number of certified beds 298

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒ NO ☐

Tax Year: 12/31/2025 Fiscal Year: 12/31/2025

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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2025 Ending: 12/31/2025

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	901,865	67,469	24,860	994,194		994,194		994,194			1
2	Food Purchase		690,345		690,345		690,345		690,345			2
3	Housekeeping	566,591	72,747		639,338		639,338	10,313	649,651			3
4	Laundry	139,225	47,777		187,002		187,002		187,002			4
5	Heat and Other Utilities			414,239	414,239		414,239	3,337	417,576			5
6	Maintenance	160,110	28,359	624,391	812,860		812,860	55,377	868,237			6
7	Other (specify):* Mgmt Co Benefits							9,126	9,126			7
8	TOTAL General Services	1,767,791	906,697	1,063,490	3,737,978		3,737,978	78,153	3,816,131			8
	B. Health Care and Programs											
9	Medical Director			120,000	120,000		120,000		120,000			9
10	Nursing and Medical Records	10,662,033	692,837	63,378	11,418,248		11,418,248	180,850	11,599,098			10
10a	Therapy							1,178,217	1,178,217			10a
11	Activities	433,160		8,923	442,083		442,083		442,083			11
12	Social Services	308,304		3,998	312,302		312,302		312,302			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Nursing Allocated ben							(2,224)	(2,224)			15
16	TOTAL Health Care and Programs	11,403,497	692,837	196,299	12,292,633		12,292,633	1,356,843	13,649,476			16
	C. General Administration											
17	Administrative	209,089		1,421,966	1,631,055		1,631,055	(763,260)	867,795			17
18	Directors Fees											18
19	Professional Services			579,162	579,162		579,162	(115,913)	463,249			19
20	Dues, Fees, Subscriptions & Promotions			90,876	90,876		90,876	15,137	106,013			20
21	Clerical & General Office Expenses	431,583	31,777	57,672	521,032		521,032	69,834	590,866			21
22	Employee Benefits & Payroll Taxes			2,138,426	2,138,426		2,138,426		2,138,426			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,842	2,842		2,842	10,202	13,044			24
25	Other Admin. Staff Transportation			14,327	14,327		14,327	17,694	32,021			25
26	Insurance-Prop.Liab.Malpractice			1,246,801	1,246,801		1,246,801	166,523	1,413,324			26
27	Other (specify):* Mgmt Co Benefits							283,013	283,013			27
28	TOTAL General Administration	640,672	31,777	5,552,072	6,224,521		6,224,521	(316,770)	5,907,751			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	13,811,960	1,631,311	6,811,861	22,255,132		22,255,132	1,118,226	23,373,358			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 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			103,100	103,100		103,100	430,911	534,011			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			110,473	110,473		110,473	604,032	714,505			32
33	Real Estate Taxes			2,498	2,498		2,498	335,361	337,859			33
34	Rent-Facility & Grounds			1,836,000	1,836,000		1,836,000	(1,831,023)	4,977			34
35	Rent-Equipment & Vehicles			248,322	248,322		248,322	3,485	251,807			35
36	Other (specify):*											36
37	TOTAL Ownership			2,300,393	2,300,393		2,300,393	(457,234)	1,843,159			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			87,810	87,810		87,810		87,810			38
39	Ancillary Service Centers		704,735	1,602,875	2,307,610		2,307,610	(1,571,523)	736,087			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			661,132	661,132		661,132		661,132			42
43	Other (specify):* Non-Allowable Cos	122,795		1,065,394	1,188,189		1,188,189	(1,188,189)				43
44	TOTAL Special Cost Centers	122,795	704,735	3,417,211	4,244,741		4,244,741	(2,759,712)	1,485,029			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	13,934,755	2,336,046	12,529,465	28,800,266		28,800,266	(2,098,720)	26,701,546			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				4
5	Telephone, TV & Radio in Resident Rooms	(23,419)	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	206,559	30		9
10	Interest and Other Investment Income	(16,041)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,288)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(54)	43		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(20,031)	43		18
19	Entertainment				19
20	Contributions	(161)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(28,102)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(800,615)	43		24
25	Fund Raising, Advertising and Promotional	(27,770)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(687)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(353,562)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,065,171)		\$	30

BHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1 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)	(1,033,549)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,033,549)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,098,720)		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	Political Action Committee Payments	\$ (623)	20	1
2	Other Expenses Related to Lobbying Activities			2
3	X-ray	(54,600)	43	3
4	Consolidated Billing	(8,256)	43	4
5	Radiology	(2,074)	43	5
6	Laboratory	(66,439)	43	6
7	Marketing Wages	(122,795)	43	7
8	State Replacement Tax	(64,500)	43	8
9	Misc. Income	(31,777)	21	9
10	Real Estate Taxes	(2,498)	33	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	(353,562)		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
See Ownership-1	See Ownership	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		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)	
1	V	10	Nursing & Medical Records	\$	Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	\$ 16,675	\$ 16,675	1
2	V	10A	Therapy		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	1,178,217	1,178,217	2
3	V	19	Professional Services		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	15,544	15,544	3
4	V	20	Dues, Fees, Subscriptions & Promotions		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	400	400	4
5	V	21	Clerical & General Office Expenses		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	68,678	68,678	5
6	V	24	Travel & Seminar		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	897	897	6
7	V	26	Insurance-Prop, Liab & Malpractice		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	8,061	8,061	7
8	V	27	Other		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	131,805	131,805	8
9	V	30	Depreciation		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	788	788	9
10	V	32	Interest		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	44,383	44,383	10
11	V	34	Rent - Facility & Grounds		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	4,977	4,977	11
12	V	39	Ancillary Services-Other	1,571,523	Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%		(1,571,523)	12
13	V	6	Maintenance		Ability Therapy / Accommodate, Restore & Collaborate LLC	100.00%	53	53	13
14	Total			\$ 1,571,523			\$ 1,470,478	\$ * (101,045)	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	1	Dietary	\$	Butterfield Health Care Group, Inc.	100.00%	\$	\$	15
16	V	2	Food		Butterfield Health Care Group, Inc.	100.00%			16
17	V	3	Housekeeping		Butterfield Health Care Group, Inc.	100.00%	10,313	10,313	17
18	V	5	Utilities		Butterfield Health Care Group, Inc.	100.00%	3,337	3,337	18
19	V	6	Maintenance		Butterfield Health Care Group, Inc.	100.00%	55,324	55,324	19
20	V	7	Other		Butterfield Health Care Group, Inc.	100.00%	9,126	9,126	20
21	V	9	Medical Director		Butterfield Health Care Group, Inc.	100.00%			21
22	V	10	Nursing & Medical Records		Butterfield Health Care Group, Inc.	100.00%	(9,687)	(9,687)	22
23	V	15	Other		Butterfield Health Care Group, Inc.	100.00%	(2,224)	(2,224)	23
24	V	17	Administrative	1,421,966	Butterfield Health Care Group, Inc.	100.00%		(1,421,966)	24
25	V	19	Professional Services		Butterfield Health Care Group, Inc.	100.00%	32,703	32,703	25
26	V	20	Dues, Fees, Subscriptions & Promotions		Butterfield Health Care Group, Inc.	100.00%	14,773	14,773	26
27	V	21	Clerical & General Office Expenses		Butterfield Health Care Group, Inc.	100.00%	691,500	691,500	27
28	V	24	Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	9,305	9,305	28
29	V	25	Other Admin. Staff Transportation		Butterfield Health Care Group, Inc.	100.00%	17,694	17,694	29
30	V	26	Insurance-Prop, Liab & Malpractice		Butterfield Health Care Group, Inc.	100.00%	8,900	8,900	30
31	V	27	Other		Butterfield Health Care Group, Inc.	100.00%	151,208	151,208	31
32	V	30	Depreciation		Butterfield Health Care Group, Inc.	100.00%	4,441	4,441	32
33	V	32	Interest		Butterfield Health Care Group, Inc.	100.00%	26,869	26,869	33
34	V	33	Real Estate Taxes		Butterfield Health Care Group, Inc.	100.00%	322	322	34
35	V	35	Rent - Equipment & Vehicles		Butterfield Health Care Group, Inc.	100.00%	3,485	3,485	35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,421,966			\$ 1,027,389	\$ * (394,577)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Fees	\$	J&D Partners, L.P.	100.00%	\$ 11,513	\$ 11,513	15
16	V	19	Accounting Fees		J&D Partners, L.P.	100.00%	26,025	26,025	16
17	V	26	General Insurance		J&D Partners, L.P.	100.00%	149,562	149,562	17
18	V	30	Depreciation		J&D Partners, L.P.	100.00%	219,123	219,123	18
19	V	32	Interest	23	J&D Partners, L.P.	100.00%	544,805	544,782	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%	337,537	337,537	21
22	V	34	Rent - Facility & Grounds	1,836,000	J&D Partners, L.P.	100.00%		(1,836,000)	22
23	V	43	State Replacement tax		J&D Partners, L.P.	100.00%	4,500	4,500	23
24	V								24
25	V	20	Dues and Subscription		J&D Partners, L.P.	100.00%	587	587	25
26	V	21	Bank Charges		J&D Partners, L.P.	100.00%	139	139	26
27	V	19	Legal Fees		J&D Partners, L.P.	100.00%	266	266	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			\$ 1,836,023			\$ 1,298,096	\$ * (537,927)	39

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

STATE OF ILLINOIS

Ownership Listing-1

Meadowbrook Manor

ID#0037366

Report Period Beginning:01/01/2025

Ending:12/31/2025

Butterfield Healthcare C

J&D partners, LP

Management

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)

-Owners of companies must be listed instead of company names.

-Names of trust beneficiaries must be listed.

Place of Residence

Operator/Licensee

Building Co.

Co./Home Office

First Name

M.I.

Last Name

City

State

Ownership Percentage

Ownership Percentage

Ownership Percentage

1	Robert		Jafari	Dana Point	FL	25.00		1
2	Kianoosh		Jafari	Oak Brook	IL	25.00		2
3	Sean		Dimas	Lutz	FL	7.17		3
4	Sasha		Dimas	Elmhurst	IL	7.17		4
5	Ashley		Dimas	Elmhurst	IL	7.16		5
6	Dorothy		Vangel	Oak Brook	IL	17.50		6
7	Katherine		Hocuk	Bloomington	IL	5.50		7
8	Christopher		Vangel	Oak Brook	IL	5.50		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								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
71								71
72								72
73								73
74								74
75								75

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	5.50	156,000			NA	\$	NA	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	17.50	96,000			NA		NA	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00				NA		NA	3
4	Katherine Hocuk	Empl Benefits Admin	Administrative	5.50	103,500			NA		NA	4
5	Dorothy Vangel	Operating Supvsr.	Administrative	17.50	96,000			N/A		NA	5
6											6
7											7
8											8
9	No owners received compensation from this facility.										9
10											10
11											11
12											12
13								TOTAL	\$		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: 01/01/2025 Ending: 2/31/2025

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 N 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	6,293,202	12	\$ 66,776	\$	1,571,522	\$ 16,675	1
2	10A	Therapy Salaries	Therapy Revenue	6,293,202	12	4,718,202	4,718,202	1,571,522	1,178,217	2
3	19	Professional Services-Legal	Therapy Revenue	6,293,202	12			1,571,522	0	3
4	19	Professional Services-Other	Therapy Revenue	6,293,202	12	62,248		1,571,522	15,544	4
5	20	Dues, Fees, Subscriptions & Prom	Therapy Revenue	6,293,202	12	1,602		1,571,522	400	5
6	21	Clerical & General Office Expense	Therapy Revenue	6,293,202	12	275,024		1,571,522	68,678	6
7	24	Travel & Seminar	Therapy Revenue	6,293,202	12	3,592		1,571,522	897	7
8	26	Insurance-Prop, Liab & Malpract	Therapy Revenue	6,293,202	12	32,280		1,571,522	8,061	8
9	27	Other - Mgmt Allocation of Benefi	Therapy Revenue	6,293,202	12	527,817		1,571,522	131,805	9
10	30	Depreciation	Therapy Revenue	6,293,202	12	3,155		1,571,522	788	10
11	32	Interest	Therapy Revenue	6,293,202	12	177,733		1,571,522	44,383	11
12	34	Rent - Facility & Grounds	Therapy Revenue	6,293,202	12	19,931		1,571,522	4,977	12
13	6	Maintenance	Therapy Revenue	6,293,202	12	211		1,571,522	53	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					\$ 5,888,571	\$ 4,718,202		\$ 1,470,478	25

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2025 Ending: 2/31/2025

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 N River Road, Suite 100
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		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	1	Dietary	Resident Days	289,833	4	\$	\$	85,920	\$	1
2	2	Food	Resident Days	289,833	4			85,920		2
3	3	Housekeeping-Salary	Resident Days	289,833	4	31,005	31,005	85,920	9,191	3
4	3	Housekeeping	Resident Days	289,833	4	3,784		85,920	1,122	4
5	5	Utilities	Resident Days	289,833	4	11,255		85,920	3,337	5
6	6	Maintenance - Salary	Resident Days	289,833	4	103,104	103,104	85,920	30,565	6
7	6	Maintenance	Resident Days	289,833	4	83,518		85,920	24,759	7
8	7	Other - Mgmt Allocation of Benefi	Resident Days	289,833	4	30,785		85,920	9,126	8
9	9	Medical Director	Resident Days	289,833	4			85,920		9
10	10	Nursing & Medical Records - Sala	Resident Days	289,833	4	(32,676)	(32,676)	85,920	(9,687)	10
11	15	Other - Mgmt Allocation of Benefi	Resident Days	289,833	4	(7,501)		85,920	(2,224)	11
12	19	Professional Services-Legal	Resident Days	289,833	4	260		85,920	77	12
13	19	Professional Services-Other	Resident Days	289,833	4	110,056		85,920	32,626	13
14	20	Dues, Fees, Subscriptions & Prom	Resident Days	289,833	4	49,835		85,920	14,773	14
15	21	Clerical & General Office Expense	Resident Days	289,833	4	2,222,007	2,222,007	85,920	658,706	15
16	21	Clerical & General Office Expense	Resident Days	289,833	4	110,622		85,920	32,794	16
17	24	Travel & Seminar	Resident Days	289,833	4	31,389		85,920	9,305	17
18	25	Other Admin. Staff Transportation	Resident Days	289,833	4	59,686		85,920	17,694	18
19	26	Insurance-Prop, Liab & Malpract	Resident Days	289,833	4	30,021		85,920	8,900	19
20	27	Other - Mgmt Allocation of Benefi	Resident Days	289,833	4	510,069		85,920	151,208	20
21	30	Depreciation	Resident Days	289,833	4	14,981		85,920	4,441	21
22	32	Interest	Resident Days	289,833	4	90,638		85,920	26,869	22
23	33	Real Estate Taxes	Resident Days	289,833	4	1,086		85,920	322	23
24	35	Rent - Equipment & Vehicles	Resident Days	289,833	4	11,756		85,920	3,485	24
25	TOTALS					\$ 3,465,680	\$ 2,323,440		\$ 1,027,389	25

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	Cambridgr - HUD		X	Mortgage	\$137,422.55	8/19/2020	\$ 20,876,000	\$ 15,340,265	10/1/2046	0.035	\$ 544,805	1	
2	Cambridgr - HUD		X	Amortization of Loan cost							4,039	2	
3												3	
4												4	
5												5	
	Working Capital												
6	Shareholder Loan	X		Working capital	N/A			2,974,848	Demand	0.0400		6	
7	See Sch 9A						3,756,742	3,403,796			19,974	7	
8	West Suburban Bank		X	Working Capital	NA	12/1/2019	5,000,000	545,000	6/1/2025	Prime +2%	90,499	8	
9	TOTAL Facility Related				\$137,422.55		\$ 29,632,742	\$ 22,263,909			\$ 659,317	9	
	B. Non-Facility Related*												
10								Interest Income Offset			(16,064)	10	
11												11	
12								Allocated from Management			71,252	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ 55,188	14	
15	TOTALS (line 9+line14)						\$ 29,632,742	\$ 22,263,909			\$ 714,505	15	

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 Bolingbrook
IDPH License ID Number: 0037366
Fiscal Year End: 12/31/2025

Schedule 9A

IX. Interest Expense and Real Estate Tax Expense

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							\$					\$	1
2													2
3													3
4													4
5													5
	Working Capital												
6	HCFS		X	Working Capital	\$83,333.33	4/19/19	1,000,000	971,832	9/18/25	NA			6
7	Midland Bank		X	PPP Loan	\$0.00	4/1/20	2,201,640	2,201,640	4/1/25	0.0100			7
8	BHC Construction	X		Working Capital	\$10,548.25	9/29/22	555,102	230,324	10/5/27	0.0525	19,974		8
9	TOTAL Facility Related				\$93,881.58		\$ 3,756,742	\$ 3,403,796			\$ 19,974		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 2024 report.				\$	394,996	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.)		2024		\$	356,237	2
3. Under or (over) accrual (line 2 minus line 1).				\$	(38,759)	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	376,296	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.		322	
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.				\$	337,859	7
Assessed Value from Real Estate Tax Bill:		2024	3,857,259	8		
Real Estate Tax Bill for Calendar Year:		2020	388,957	9		
		2021	387,138	10		
		2022	380,097	11		
		2023	373,014	12		
		2024	356,237	13		
2024 Tax Bill = \$356,237						
Estimated increase-1.053						
Total=376,296						

	FOR BHF USE ONLY		
14	FROM R. E. TAX STATEMENT FOR 2024	\$	14
15	PLUS APPEAL COST FROM LINE 5	\$	15
16	LESS REFUND FROM LINE 6	\$	16
17	AMOUNT TO USE FOR RATE CALCULATION	\$	17

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.

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor COUNTY Will

FACILITY IDPH LICENSE NUMBER 0037366

CONTACT PERSON REGARDING THIS REPORT Liz Koshy

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2024 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 2024.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>12-02-22-102-031-0000</u>	<u>Nursing facility</u>	\$ <u>355,140.82</u>	\$ <u>355,140.82</u>
2. <u>07-14-101-017</u>	<u>Mgmt Co Allocation</u>	\$ <u>108,707.94</u>	\$ <u>322.00</u>
3. <u>12-02-22-102-034-0000</u>	<u>Nursing facility</u>	\$ <u>1,096.36</u>	\$ <u>1,096.36</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>464,945.12</u></u>	\$ <u><u>356,559.18</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? 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 2024 tax bills which were listed in Section A to this statement. Be sure to use the 2024 tax bill which is normally paid during 2025.

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: 109,175 B. General Construction Type: Exterior Brick Frame Steel Number of Stories Three

C. Does the Operating Entity? (a) Own the Facility (X) (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? (X) (a) Own the Equipment (X) (b) Rent equipment from a Related Organization. (X) (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. List the bed capacity for the building if it differs from the licensed total. N
G. Have you properly capitalized all major repairs and equipment purchases? Y
H. Are you presently operating under a sale and leaseback arrangement? N
If YES, give effective date of lease. N/A
I. Are you presently operating under a sublease agreement? N
J. Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YES NO N If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over.

K. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES N 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:
(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	\$ 7,069,938
5	10		1994	1994	31,090		40	777	777	24,864
6	53		1996	1996	2,505,079		40	62,627	62,627	1,847,497
7										
8										
	Improvement Type**									
9	1992 Improvements			1992	32,614		20			32,614
10	1993 Improvements			1993	2,750		20			2,750
11	1993 Improvements			1993	4,822		40	121	121	3,811
12	1994 Improvements			1994	6,432		10			6,432
13	1994 Improvements			1994	18,192		20			18,192
14	1995 Improvements			1995	12,681					12,681
15	Electric Exterior Sign			1995	7,820					7,820
16	New Doors			1996	1,475					1,475
17	Hot Water Tank			1996	3,847					3,847
18	Landscaping			1996	13,490					13,490
19	Repaving Parking Lot			1996	7,412					7,412
20	Replace Irrigation System			1996	27,077					27,077
21	Walk in Freezer			1996	29,923					29,923
22	Landscaping			1996	17,283					17,283
23	Outside Parking Lot Lighting			1997	2,102					2,102
24	Nurse Call Station Extension Work			1997	3,310					3,310
25	Remodeling Work- Windsor Hall			1997	3,500					3,500
26	Basement Remodeling- Street Village Decor			1997	31,614		39	790	790	22,515
27	Remodeling- Ice Cream Parlor			1999	3,624		39	93	93	2,464
28	Remodeling Work - rd Floor Hamilton Unit			2000	16,421		39	421	421	11,157
29	Remodeling Work - NurseStation (All Floors)			2000	20,103		39	515	515	13,648
30	Plumbing Electrical Work - Boiler Room (Basement)			2000	4,587		39	118	118	3,127
31	Remodeling Work - Dialysis Room			2000	7,253		39	186	186	4,929
32	1992 Improvements			1992	2,245		10			2,245
33	Parking Lot Paving			2001	48,629		20			48,629
34	Remodeling Work			2001	13,319		39	342	342	8,720
35	Window Treatments			2001	45,531		39	1,166	1,166	29,734
36	Double Door Insulation			2001	6,860		39	176		4,312

*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:

01/01/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Carpeting - 1st Floor	2002	\$ 33,778	\$	20	\$	\$	\$ 33,778	37
38	Reconstruct Front Entrance Awning	2002	11,915		20			11,915	38
39	Window Treatments	2002	4,672		20			4,672	39
40	Ceiling Tiles	2002	2,306		20			2,306	40
41	Exterior Signs	2002	18,832		20			18,832	41
42	Ceiling Tiles	2003	2,029		10			2,029	42
43	Ceiling Tiles	2003	916		20			916	43
44	Exterior Signs	2003	12,600		20			12,600	44
45	Install 16 Horizontal Tubes in Stairwell	2003	1,600		20			1,600	45
46	Electric Work for Dialysis Room	2003	6,736		20			6,736	46
47	Install 9 Motors on Fire Dampers	2003	3,651		20			3,651	47
48	Plumbing for Dialysis Room	2003	10,989		10			10,989	48
49	Exterior Concrete Patchwork	2003	3,200		20			3,200	49
50	Ductwork for New Oxygen Room	2003	4,490		10			4,490	50
51	New Hot Water Storage Tank	2003	8,290		10			8,290	51
52	Installed 5 Fire Dampers	2003	7,091		10			7,091	52
53	Installed 5 Smoke Detectors	2003	2,581		10			2,581	53
54	Installation of Sprinklers in Awning	2003	9,624		10			9,624	54
55	Installed 4 Fire Dampers	2003	3,467		10			3,467	55
56	Installation of Fence around Dumpster	2003	1,658		10			1,658	56
57	Sealcoat Parking Lot	2003	5,500		10			5,500	57
58	Air Conditioner Overhaul	2004	3,769		10			3,769	58
59	Replace Water Pump	2004	1,473		10			1,473	59
60	Install 4 Doors	2004	1,348		10			1,348	60
61	Electrical Wiring to Garbage Compactor	2004	2,070		10			2,070	61
62	Install Sprinkler System - Front Canopy	2004	10,375		10			10,375	62
63	Install New Seal on Water Pump	2004	1,793		10			1,793	63
64	Install Motor on Boiler	2004	1,053		10			1,053	64
65	Ceiling Tiles	2004	5,620		20			5,620	65
66	Install Blinds	2004	5,002		20			5,002	66
67	Exterior Lighting	2004	3,808		20			3,808	67
68	Sealing on Roof	2004	2,300		20			2,300	68
69	Install Drainage for Roof	2004	5,000		20			5,000	69
70	TOTAL (lines 4 thru 69)		\$ 11,407,614	\$		\$ 274,257	\$ 274,081	\$ 9,487,034	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:

01/01/2025

Ending:

12/31/2025

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,407,614	\$		\$ 274,257	\$ 274,257	\$ 9,487,034	1
2	Ceramic Tile for Kitchen	2004	6,221		20			6,221	2
3	Plant 3 Trees	2004	1,125		20			1,125	3
4	Butterfly Garden	2004	3,423		20			3,423	4
5	Expand Phone System	2005	2,175		20	69	69	2,175	5
6	Replace Boiler	2005	23,894		20	592	592	23,894	6
7	Install new Compressor	2005	7,652		20	184	184	7,652	7
8	Install new Coil	2005	7,230		20	171	171	7,230	8
9	Replace fire doors	2005	3,116		20	74	74	3,116	9
10	Install carpeting in 3 offices	2005	1,608		20	48	48	1,608	10
11	Install wheelchair access ramp	2005	10,310		20	248	248	10,310	11
12	Sealcoat asphalt	2005	9,650		20	232	232	9,650	12
13	Furnish and install new taco pump - pavilion	2005	5,986		20	155	155	5,986	13
14	Install Blinds	2005	2,242		20	58	58	2,242	14
15	Exterior Lighting	2005	18,515		20	458	458	18,515	15
16	Furnish and Install new motors, belts & capacitors	2005	3,345		20	88	88	3,345	16
17	Furnish and install glycol to HVAC system	2005	10,925		20	278	278	10,925	17
18	Install patio	2005	15,232		20	373	373	15,232	18
19	Install wiring for new television	2006	37,345		20	1,867	1,867	36,407	19
20	Install new cabinets and countertops in supply room	2006	4,365		20	218	218	4,251	20
21	New flooring in dining room	2006	14,451		20	723	723	14,098	21
22	Remove and replace sidewalk section	2006	4,928		20	246	246	4,797	22
23	Replacement parts for air conditioner	2006	9,985		20	499	499	9,731	23
24	Interior signage	2006	13,720		20	686	686	13,377	24
25	Furnish and install new seals, triple duty valves	2006	7,495		20	375	375	7,312	25
26	Furnish and install new compressor	2006	14,500		20	725	725	14,137	26
27	Install new lighting in rehab room	2006	3,825		20	191	191	3,725	27
28	Tuckpointing on Building Exterior	2007	10,150		10			10,150	28
29	Granite Countertops for Lounge	2007	2,575		10			2,575	29
30	Purchase & Installation of vinyl & wood flooring	2007	47,794		10			47,794	30
31	Rebuild Fire Pump	2007	15,174		10			15,174	31
32	Purchase & Installation of cabinets	2007	23,509		10			23,509	32
33	Drywall	2007	4,200		10			4,200	33
34	TOTAL (lines 1 thru 33)		\$ 11,754,279	\$		\$ 282,815	\$ 282,815	\$ 9,830,920	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:

01/01/2025 Ending: 12/31/2025

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		\$ 11,754,279	\$		\$ 282,815	\$ 282,815	\$ 9,830,920	1
2	Replace doors on 3rd floor service elevator & lounge	2007	11,931		10			11,931	2
3	Soffit over nurses station, install cleat base & wall cabinets	2007	21,900		10			21,900	3
4	Replace lockers in lower level locker room	2007	7,769		10			7,769	4
5	Electrical work - nurses station, 3rd floor & exterior sign	2007	10,310		10			10,310	5
6	Millwork, shop drawings & delivery	2007	4,240		10			4,240	6
7	Central A/C upgrade	2007	5,806		10			5,806	7
8									8
9	Window Treatments throughout facility	2008	46,409		10			46,409	9
10	Route 53 sign repair	2008	2,900		10			2,900	10
11	Therapy room, nutrition room, ice cream parlor, beauty shop	2008	85,060		10			85,060	11
12	& Physicians lounge renovations:								12
13	- Remove & install new cabinets, countertops, plumbing,								13
14	Doors, electrical (install new outlets), replace drywall								14
15									15
16	R&M Reclass								16
17	- Repair pump #1 & #2 on air conditioning unit (furnish &	2008	6,067		10			6,067	17
18	Install new seal kit, o-rings, water gauges, retainer cap,								18
19	Gaskets & wood coupler)								19
20	- Plumbing repairs (schlage)	2008	5,123		10			5,123	20
21	- Repair main air conditioner (install new valve rebuilt	2008	7,736		10			7,736	21
22	Kit, solenoid coil, relief valves, transducer, adaptor,								22
23	Gaskets & drier cores for system # 1)								23
24	- Repair two boilers due to low pressure in system	2008	2,568		10			2,568	24
25	- Replace shaft coupler & head and manifold gasket on								25
26	Main chiller	2008	2,944		10			2,944	26
27	R&M Reclass								27
28	- Building Sprinkler system repair (clear main feed	2008	4,256		10			4,256	28
29	Blockage, check sprinkler heads on basement - 3rd floor,								29
30	Alter pipe pitch per Life safety survey)								30
31	- Fire alarm (restore basement audio/visual, trace basement	2008	2,641		10			2,641	31
32	Circuitry to locate disconnect, replace defective motherboard								32
33	Reprogram label changes for all buildings)								33
34	TOTAL (lines 1 thru 33)		\$ 11,981,939	\$		\$ 282,815	\$ 282,815	\$ 10,058,580	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:

01/01/2025 Ending: 12/31/2025

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		\$ 11,981,939	\$		\$ 282,815	\$ 282,815	\$ 10,058,580	1
2	R&M Reclass	2008	9,500		10			9,500	2
3	- Patching work - hot pour rubberized crack sealing, seal								3
4	Coating asphalt, striping parking lot	2008	3,300		10			3,300	4
5	- Seating wall on patio area, Repair sidewalk leading to								5
6	Patio area.	2008	14,062		10			14,062	6
7	- Vinyl flooring								7
8									8
9	Replace resident therapy glass windows	2009	3,175		10			3,175	9
10	Wiring and Electiral work	2009	5,085		10			5,085	10
11	Seal Coating & Striping parking lot	2009	8,500		10			8,500	11
12									12
13	Parking lot resurfacing	2010	40,500		10			40,500	13
14	Pavillion Remodel-Electrical,plumbing,carpentry	2010	166,855		20	8,343	8,343	133,488	14
15	Buffet-Cabinets, counter	2010	54,719		20	2,736	2,736	43,776	15
16	Public Restroom-Toliet and Faucet	2010	8,242		20	412	412	6,592	16
17	Main Building-carpeting	2010	48,116		20	2,406	2,406	38,496	17
18	DON office, Conf room and lounge-cabinets, chair rails	2010	6,790		20	340	340	5,440	18
19	Bathroom updates-showers, grout,tile	2010	4,037		20	202	202	3,232	19
20	Patinet Rooms-doors and windows	2010	4,743		20	237	237	3,792	20
21	Labor	2010	159,432		20	7,972	7,972	127,552	21
22	Elevator Repairs	2011	5,720		10			5,720	22
23	Tinting of the Windows	2011	5,755		10			5,755	23
24	Corridor Remodel -Wall paper, Light Fixture, Carpet,	2011	61,676		10			61,676	24
25	Shower Remodel - Plumbing, tile, ceramic foors,	2011	86,627		10			86,627	25
26	Paint, & Fixtures								26
27	Resident Room Improvements - install new ceramic	2011	268,696		10			268,696	27
28	Tile foor, crownmould, baseboards, paint								28
29	Lounge & Juice Bar Remodel - New Cabinet, fooring,	2011	43,336		10			43,336	29
30	Wiring, paint, crown mould, base board								30
31	Nurse Station Remodel - fooring, paint, cabinets	2011	57,392		10			57,392	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,048,197	\$		\$ 305,463	\$ 305,463	\$ 11,034,272	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:

01/01/2025 Ending: 12/31/2025

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 12D, Carried Forward		\$ 13,048,197	\$		\$ 305,463	\$ 305,463	\$ 11,034,272	1
2	Nourishment & PAY Rooms Remodel - flooring, paint,	2011	32,886		10			32,886	2
3	Cabinets, trim								3
4	Repairs to the Air Cooled Chiller	2011	124,656		10			124,656	4
5	Replace the 40 ton Rooftop unit	2011	52,640		10			52,640	5
6	Repairs to the nursing home	2011	5,473		10			5,473	6
7	Dialysis Conversion - Drywall, Carpeting, Paint, Flooring	2012	44,973		10			44,973	7
8	Trash Contains Enclosure - excavation, asphalt gates	2012	56,880		10			56,880	8
9	Stairway remodeling -steel panels, celing from, handrails	2012	17,692		10			17,692	9
10	Therapy Room remodel -drywall, ceiling tilt, cabinets, glass	2012	48,929		10			48,929	10
11	First Floor Conference -drywall, celing tile, cabinetry, traim	2012	16,454		10			16,454	11
12	/ Housekeeping Office remodel -celing tile, vinyl cove	2012	9,741		10			9,741	12
13	Nurses Station remodeling - plumbing	2012	13,419		10			13,419	13
14	Nurses Station remodeling - electrical work, tempered glass	2012	2,284		10			2,284	14
15	Juice Shop Remodeling Cabinetry, tiles	2012	5,478		10			5,478	15
16	Room remodel 1st, 2nd & 3rd FL Ceiling Tile, Studs, Drywall	2012	92,907		10			92,907	16
17	Tempered glass, electrical work cabinets								17
18	Resident Room Improvements - Rooms 230,330,316 Tile and	2013	3,549		10			3,549	18
19	Electric								19
20	Third Floor Restorative - Flooring, Trim, Drywall Counters	2013	30,733		10			30,733	20
21	Boiler Room Remodel - Plumbing	2013	9,605		10			9,605	21
22	Remodel Design Fees - Dining Room, Nursing Station, Etc	2013	29,219		10			29,219	22
23	Water Heater	2013	6,800		10			6,800	23
24	H/R and Administration Offices Remodeling Flooring	2013	2,795		10			2,795	24
25	Stairway remodeling -Panels	2013	3,077		10			3,077	25
26	Fire Sprinkler Remodeling 3 Floor, Boiler Rm	2013	1,643		10			1,643	26
27	Vents Remodeling in Bathroom, Dinning Rm Boiler Rm	2013	1,776		10			1,776	27
28	Replace Heasters and electric work Common Bathrooms	2013	3,811		10			3,811	28
29	Fire Door Remodeling	2013	5,727		10			5,727	29
30	Trash Enclosure Remodeling - Gates replacement	2013	511		10			511	30
31	Land Improvement - Plant, Trees, Sprinkler Sys, Mulch	2013	15,522		5			15,522	31
32	Land Improvement - Plant, Trees, Sprinkler Sys, Mulch								32
33	3rd Floor Bathrooms - Vinyl & Adhesive	2013	12,603		10			12,603	33
34	TOTAL (lines 1 thru 33)		\$ 13,699,980	\$		\$ 305,463	\$ 305,463	\$ 11,686,055	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:

01/01/2025

Ending:

12/31/2025

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		\$ 13,699,980	\$		\$ 305,463	\$ 305,463	\$ 11,686,055	1
2	Residents Rooms - Flooring, Walls, Paint, Plumbing, Electric	2013	49,226		10			49,226	2
3	Parking Lot Expansion	2013	77,177		10			77,177	3
4	Elevator Repair Install 2 reverse Phase Protection Relays	2014	4,645		10			4,645	4
5	Common Showers Improvements - 2nd & 3rd Floor Rails,	2014	96,909		10			96,909	5
6	Doors, Plumber Parts, Demolition, Tile Granite Countertops								6
7	Drywall, Ceiling Tile								7
8	Common Showers Improvements - 1st & 2nd Floor Rails,	2014	76,186		10			76,186	8
9	Doors, Plumber Parts, Demolition, Tile Granite Countertops								9
10	Drywall, Ceiling Tile, Electrical work, Sprinkler System								10
11	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	4,951		10			4,951	11
12	Electrical work and Parts Granite To ps								12
13	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	141,314		10			141,314	13
14	Electrical work and Parts Granite Tops, Vinyl flooring,								14
15	Ceiling Tile, Wood Work, Cabinetry, Demolition Work								15
16	Painting, Carpet, and Plumbing Work								16
17	Newsstand Improvements - Awning, Electrical Work and	2014	11,316		10			11,316	17
18	Materials, Canopy								18
19	Therapy Room Improvements Old Creek Fixtures	2014	6,208		10			6,208	19
20	Residents Rooms -Electrical, Plumbing, Headboards	2014	4,843		10			4,843	20
21	Admissions Office Electrical Work and Materials, Counter	2014	13,370		10			13,370	21
22	Tops, Cabinets, Carpeting								22
23	Fire Alarm/Dampers - Replace Equipment, Heating and	2014	98,104		10			98,104	23
24	Cooling, Electrical Work, and Dampers								24
25	Fire Alarm/Dampers - Replace Equipment	2014	75,168		10			75,168	25
26	Window Improvements - Window Trim and Blinds for Offices	2014	4,586		10			4,586	26
27	Replace the Back Door	2014	2,043		10			2,043	27
28	Dietary Office - Counter Tops	2014	6,409		10			6,409	28
29	Roof Inspection and Repair	2014	6,360		10			6,360	29
30	Boiler Up Grade- Labor, Circulating Pump, Boiler Seals	2014	22,297		10			22,297	30
31	Boiler Up Grade- Installation of Boilers	2014	90,012		10			90,012	31
32	Corridors - Flooring and Railings, Wall Covering	2014	28,011		10			28,011	32
33	New Patio Installed - Paver, Pergola Columns, Lawn Sprinkler Sys	2014	17,087		5			17,087	33
34	TOTAL (lines 1 thru 33)		\$ 14,536,202	\$		\$ 305,463	\$ 305,463	\$ 12,522,277	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:

01/01/2025 Ending: 12/31/2025

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		\$ 14,536,202	\$		\$ 305,463	\$ 305,463	\$ 12,522,277	1
2	Parking Lot Expansion- Seal coated & Striped Asphalt	2014	14,576		5			14,576	2
3	Concrete Sidewalk - Front Entry	2014	8,724		5			8,724	3
4	Remove & Replace front sidewalk	2015	12,876		5			12,876	4
5	Tuckpointing East & North Side Facade	2015	11,730		10	586	586	11,730	5
6	Pavilion Buffet - Pumbing work, Flooring, Staining, Tile,Electtical,	2015	47,027		10	2,349	2,349	47,027	6
7	Labor, Glass, other Materials								7
8	Skyfight Repairs to the South, 3rd floor and North Wing	2016	4,080		10	408	408	3,876	8
9	Remodel the Cofee Shop - Wal covering,built-in bar, vimyl	2016	33,780		10	3,378	3,378	32,091	9
10	Remodel the dining Rooms - Wall tile for rooms	2016	11,182		10	1,118	1,118	10,621	10
11	Office Renovations - Doors and Counter tops	2016	19,379		10	1,938	1,938	18,411	11
12	Town Square Renovation- Signs, Century Tile, Electic work, Built	2016	141,104		10	14,110	14,110	134,045	12
13	Theater Renovations Labor Wall Covering, Trim Work	2016	14,346		10	1,435	1,435	13,632	13
14	Work Stations Renovation Painting and Built in Cabinets	2016	19,878		10	1,988	1,988	18,886	14
15	Install new Resident Medicine Cabinets	2916	7,941		10	794	794	7,543	15
16	Snack Shop Renovations	2016	3,895		10	390	390	3,705	16
17	Residents Rooms Window Treatments Valances.Trim and Blinds	2016	57,633		10	5,763	5,763	54,749	17
18	Door Closers in Residents room 211 & 301	2016	4,003		10	400	400	3,800	18
19	Remodel of Private Dinning Room 3rd Fl Steel Studs, Paint, Electrical	2017	10,214		10	1,021	1,021	8,679	19
20	Window Relacement 1st,nd&rd FL	2017	12,221		10	1,222	1,222	10,387	20
21	Remodel Pavilion Dining Cabinet,Design Fees, Counter tops, Title	2017	84,632		10	8,463	8,463	71,936	21
22	Remodel Dining 1st & 3rd FL Cabinet,Desig,n Fees, Counter Tops	2017	108,498		10	10,850	10,850	92,225	22
23	Title, electrical								23
24	Remodel Pavilion Town Square Drywall, Ceiling, Electrical, Cabinets	2017	44,243		10	4,424	4,424	37,604	24
25	Two new Water Heaters and Piping from Quality Mechanical	2017	63,594		10	6,359	6,359	54,052	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,271,758	\$		\$ 372,459	\$ 372,459	\$ 13,193,452	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:

01/01/2025

Ending:

12/31/2025

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 12G, Carried Forward		\$ 15,271,758	\$		\$ 372,459	\$ 372,459	\$ 13,193,452	1
2	Corridor Lighting - LED Upgrade	2018	42,498		10	4,250	4,250	31,874	2
3	Labor, frames, wall art - Model Room	2018	7,310		20	365	365	2,741	3
4	Demo, install drywall & suspended acoustical ceiling - Pavilion Th	2018	26,245		27.5	955	955	7,164	4
5	Plumbing work - Temporary Kitche	2018	5,548		27.5	202	202	1,513	5
6	New Boiler	2018	23,706		27.5	862	862	6,465	6
7	Lighting - Kitchen & Dining rooms	2018	4,419		10	442	442	3,315	7
8	Lighting - Resident rooms & bath a	2018	1,505		10	151	151	1,129	8
9	Seventeen Custom Valances for 2nc	2018	4,052		10	405	405	3,039	9
10	Wall covering for internet cafe & T	2018	708		10	71	71	531	10
11									11
12	Remove & replace elevator car ill- replace with new aluminum	2019	10,058		27.5	366	366	2,379	12
13	sill								13
14	Repair east wing EPDM roof with new flasing	2019	17,000		27.5	618	618	4,017	14
15	Completion of plumbing work - Therapy kitchen trim/basement	2019	17,400		27.5	633	633	4,114	15
16	sewer in kitchen/1st floor bathrooms/ Cooling tower/ hot								16
17	water tank								17
18	Furnish & install 15 insulated units in the 3rd flr cafeteria	2019	5,885		27.5	214	214	1,391	18
19	and 2 units (3rd flr storage & Rm 138)								19
20	Nurse call and fire alarm addition	2019	5,143		27.5	187	187	1,216	20
21	Therapy kitchen counter cut out and undemount sink	2019	2,860		27.5	104	104	676	21
22	Tear off old metal on entrance & put new Kynar 24GA metal up	2019	4,700		27.5	171	171	1,111	22
23	Oak doors - 1 each- front and back entrance	2019	9,725		27.5	354	354	2,301	23
24	Floor scales	2019	10,357		27.5	377	377	2,450	24
25	Roof Repairs (Real Estate)	2019	200,000		27.5	7,273	7,273	47,274	25
26	Walk in Freezer (Real Estate)	2019	11,990		27.5	436	436	2,834	26
27	Bioler (Real Estate)	2019	23,706		27.5	862	862	5,603	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,706,574	\$		\$ 391,757	\$ 391,757	\$ 13,326,589	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:

01/01/2025 Ending: 12/31/2025

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 12H, Carried Forward		\$ 15,706,574	\$		\$ 391,757	\$ 391,757	\$ 13,326,589	1
2									2
3	Fire Alarm/Sprinkler System	2020	14,496		27.5	527	527	2,901	3
4	Kitchen Exhaust	2020	13,555		27.5	493	493	2,711	4
5	Circuit Setter	2020	3,969		27.5	144	144	794	5
6	Flooring- Corridors, Dining Rooms	2020	152,265		27.5	5,537	5,537	30,453	6
7	Remove and install new Chiller	2020	115,595		27.5	4,203	4,203	23,119	7
8	3- way AHU value for water pipes	2020	12,211		27.5	444	444	2,442	8
9	Replace pavement, sealcoat & install bollards, storm sewer	2020	17,900		27.5	651	651	3,851	9
10	Furnish and install new optiguard 2D Door	2021	4,536		20	227	227	1,021	10
11	Parking lot lighting repairs	2021	3,313		10	331	331	1,490	11
12	Commercial HVAC Service Call	2021	6,595		27.5	240	240	1,080	12
13	Commercial HVAC Service Call	2021	2,802		27.5	102	102	459	13
14	Commercial HVAC Service Call	2021	3,870		27.5	141	141	634	14
15	Boiler repair	2021	3,868		27.5	141	141	634	15
16	2X2 LED Panel, Labor Rate, Install DR Can	2021	8,850		27.5	322	322	1,449	16
17	Install wheel chair washing station. Connecting water,								17
18	Installing mixing valve, RPZ valve and drain.	2021	2,930		27.5	106	106	477	18
19	Monument Sign	2021	15,056		15	2,007	2,007	9,032	19
20	Flooring-2nd floor resident rooms	2021	55,362		27.5	3,020	3,020	13,590	20
21	Flooring - natural woodgrains	2021	5,850		27.5	319	319	1,436	21
22	HVAC Systems - MAU	2021	47,143		27.5	2,286	2,286	10,287	22
23	3 way valve replacement	2021	5,487		27.5	200	200	900	23
24	Boiler valve replacement	2021	5,244		27.5	254	254	1,143	24
25	Upper main roof and lobby roof	2021	158,050		27.5	3,832	3,832	17,244	25
26	Circulation Pump	2021	6,590		27.5	200	200	900	26
27	RPZ valve replacement	2021	8,580		27.5	52	52	234	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,380,693	\$		\$ 417,537	\$ 417,537	\$ 13,454,870	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:

01/01/2025

Ending:

12/31/2025

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12I, Carried Forward		\$ 16,380,693	\$		\$ 417,537	\$ 417,537	\$ 13,454,870	1
2								2
3 Replace 2 sections of leaking 6" main to include new couplings	2022	4,225		28	154	154	538	3
4 ,flange adapters and mechanical tees located in the fire pump								4
5 room.Replace one 4" flow switch on main wet riser								5
6								6
7 Broken trap replacement under 3 compartment sink. Remove	2022	3,400		28	124	124	433	7
8 3 compartment sink if needed. Excavate 2' by 3' area.Replace								8
9 trap and floor sink. Backfill and patch concrete. Haul away								9
10 debris.Reinstall sink Hydro Jett the grease line and do a video								10
11 inspection of the line after the line has drained.								11
12								12
13 Rework waters from 110 hot line to 140 hot line for 3	2022	2,660		28	97	97	339	13
14 compartment sink in the kitchen.Supply and install new pipe								14
15 valves and Insullation as needed								15
16 OTIS Elevator -Oil Replacement From Pump Overheating	2022	5,955		28	217	217	758	16
17				28				17
18								18
19								19
20								20
21 Completion of Hydronic Heat Piping Repairs	2022	3,412		28	124	124	434	21
22 MPC PUMP end	2022	5,088		28	185	185	648	22
23 Air Handler Lever Repair Remove All Debre Inside, Remove	2022	5,440		28	198	198	692	23
24 old screen Install New Outside Screen.								24
25 Remove and replace concrete (Real Estate)	2022	7,100		28	258	258	904	25
26 Temprorary Boiler (Real Estate)	2022	16,300		28	593	593	2,075	26
27 New Bolier Tape plate system (Real Estate)	2022	317,267		28	11,537	11,537	40,379	27
28 Remove and replace steel pipes(Real Estate)	2022	19,324		28	703	703	2,459	28
29 Condenser Coil for Chiller(Real Estate)	2022	53,870		28	1,959	1,959	6,856	29
30 New Coil for MAU (Real Estate)	2022	43,110		28	1,568	1,568	5,487	30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 16,867,844	\$		\$ 435,251	\$ 435,251	\$ 13,516,871	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:

01/01/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12J, Carried Forward		\$ 16,867,844	\$		\$ 435,251	\$ 435,251	\$ 13,516,871	1
2 HVAC Flushing & Protection Installation	2023	11,067		28	402	402	1,006	2
3 Fire Protection System	2023	18,701		28	680	680	1,700	3
4 Wak In Cooler Replacement	2023	10,700		28	389	389	973	4
5 Replace contactors for chiller	2023	7,367		28	268	268	670	5
6 Replace pump for boiler	2023	3,933		28	143	143	357	6
7 Replace burned out condenser fan motor & blad-Kitchen HVAC	2023	3,420		28	124	124	311	7
8 Purchase & install new coil for boiler	2023	20,837		28	758	758	1,894	8
9 Replace 2 electronic door closures	2023	3,254		28	118	118	296	9
10 Repair top coil of air handler	2023	3,489		28	127	127	317	10
11 R&M-Hamilton Lounge Remodel - Cabinets, countertops, sink, flooring, paint	2023	19,882		10	1,988	1,988	4,970	11
12 R&M-Clean Utility Remodel- New sinks, cabinets, countertops, shelving,	2023	8,436		10	844	844	2,109	12
13 paint-Hamilton Lounge Remodel - Cabinets, countertops, sink, flooring, paint								13
14 R&M-Camera/Internet Expansion-15 Internet access points, 30 camera wire	2023	21,667		10	2,167	2,167	5,416	14
15 pulls, 1 light pole & concrete								15
16 Project Coordination; Pavilion window repairs; Corridor repairs,	2024	11,972		28	435	435	653	16
17 furniture sets pavilion								17
18 Project Coordination; Snowplow, truck repair; Snowplow, salt deliveries;	2024	13,136		28	478	478	717	18
19 Resident room repaints								19
20 Project Coordination; Resident rm bed light installs pav; Snowplow,	2024	15,885		28	578	578	866	20
21 salt deliveries; Resident room repaints								21
22 Project Coordination; Resident rm bed light installs pav; Snowplow,	2024	15,885		28	578	578	866	22
23 salt deliveries; Resident room repaints								23
24 Project Coordination; Window replacement; Resident room repaints	2024	18,241		28	663	663	995	24
25 Project Coordination; Network wiring corridors; Snowplow, truck	2024	15,885		28	578	578	866	25
26 repair; Resident room repaints								26
27 Project Coordination; Pump repairs, snow equip maintenance;	2024	15,885		28	578	578	866	27
28 Snow equipment repairs, storage; Lobby floor repairs, window repairs								28
29 ACH Control, Stanley Swing Door MC521 Control Dual Door; EACH Guide,	2024	2,552		28	93	93	139	29
30 Stanley Dura Bottom Guide 1-1/4 Roller (LH); EACH Roller, Left Hand								30
31 Bottom Guide Roller - Fixed Sidelite; FOOT Weatherstrip, Pile, T-Style -								31
32 Brown Pile; FEET Glass Stop, Square Stop, Snap On, Dark Bronze Finish								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 17,110,037	\$		\$ 447,239	\$ 447,239	\$ 13,542,860	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12K, Carried Forward		\$ 17,110,037	\$		\$ 447,239	\$ 447,239	\$ 13,542,860	1
2 Project Coordination; Camera installs; Corridor, Resident	2024	19,033		28	692	692	1,038	2
3 rooms painting; Lobby floor repairs, window repairs								3
4 Project Coordination; Camera installs; Pavilion repaint	2024	19,729		28	717	717	1,076	4
5 Project Coordination; Camera installs; 2nd Floor repaint	2024	19,729		28	717	717	1,076	5
6 resident rms								6
7 Project Coordination; Camera installs, wire pulling; 3rd Floor	2024	20,140		28	732	732	1,099	7
8 repaint resident rms								8
9 WESTMONT INTERIOR SUPPLY	2024	2,504		28	91	91	137	9
10 Project Coordination; Mulch transports, install; Floor	2024	18,410		28	669	669	1,004	10
11 Repairs, Mulch, Painting								11
12 Light switch, plumbing fittings repairs, propane for grill, drain	2024	4,418		28	161	161	241	12
13 cleaner, plumbing parts, toggle bolts, network jacks, flower pots,								13
14 wire, black paint, ez anchors, outlet covr, batteries, duct tape,								14
15 paint, drill bits, main tools pilers, gazebo, flowers for pots, base								15
16 for pots, paint suppliers, house keeping supplies								16
17 Project cordination, Gazebo build	2024	4,466		28	162	162	244	17
18 Project coordination; Door handle repairs, ceiling tiles	2024	4,506		28	164	164	246	18
19 Project coordination; ceiling tiles; ceiling tiles replace	2024	3,934		28	143	143	215	19
20 Project coordination; light replacement	2024	4,289		28	156	156	234	20
21 Project coordination; ceiling tiles, camera installs	2024	4,289		28	156	156	234	21
22 Project coordination; exterior bldg repairs, shrubs, landscape	2024	4,289		28	156	156	234	22
23 Project coordination; Patio repairs	2024	4,289		28	156	156	234	23
24 Project coordination; Bollard Repairs, tree trim, patio repairs	2024	4,209		28	153	153	230	24
25 Project coordination; Kitchen tile repair, dishwash R and R,	2024	11,878		28	432	432	648	25
26 concrete repairs								26
27 Project coordination; Kitchen tile repair, dishwash R and R,	2024	10,410		28	379	379	568	27
28 concrete repairs; room 227, 206 repairs, ceiling tiles, paint,								28
29 basement corridor								29
30 Project coordination; Trash enclosure repairs; room 408, 412,	2024	10,313		28	375	375	563	30
31 407 repaints, ceiling tiles, paint, floor repair								31
32 Heating boiler 1 (north end mechanical room)	2024	3,989		28	145	145	218	32
33								33
34 TOTAL (lines 1 thru 33)		\$ 17,284,862	\$		\$ 453,596	\$ 453,596	\$ 13,552,396	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:

01/01/2025

Ending:

12/31/2025

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12L, Carried Forward		\$ 17,284,862	\$		\$ 453,596	\$ 453,596	\$ 13,552,396	1
2 Yellow stripe paint, silicone; mums, planters; tree pruners, fuel	2024	2,596		28	94	94	142	2
3 for weed eater, lanscape adhsve, Prne seal, bulbs, hose keys,								3
4 shovel, mulch tines, weed eater fuel, paint trays, yellow traffic,								4
5 paint brsh, faucet, entrance lock, power strips, paint tray,								5
6 brushes, rollers, outlets, zip poles, bags, sand, hose, bleach, spray								6
7 bottle, rental deposit tile chipper, grout, solder, glue, primer,								7
8 fittings, plumbing fittings, pipe, water lines fitting, bolts, nuts,								8
9 washers, screwdriver, wood board, shoe molder, pins, boards,								9
10 screws, glue, driver pins, shots, microwave								10
11 Project coordination; Pavilion LED replacements; ceiling tile	2024	12,058		28	438	438	658	11
12 replacement pavilion; window installation, corridor paints								12
13 Project coordination; basement clean up; Resident rm repaints	2024	13,410		28	488	488	731	13
14 Project coordination; basement clean up, medical records;	2024	12,152		28	442	442	663	14
15 Resident rm repaints 326, 338, 322, 321, 303, 307, 138, 312								15
16 Project coordination; basement clean up, medical records; Resident	2024	10,335		28	376	376	564	16
17 rm repaints 315, 318, 336, 335, 223, 307, 138, 312 corridors 3rd floor								17
18 Design for the installation of LED lights for the entire building	2024	5,062		28	184	184	276	18
19 Wiring/Installation of controls/panel for LED lights	2024	15,000		28	545	545	818	19
20 New Walk-in cooler	2024	11,480		28	417	417	626	20
21 Shunt trip wiring for Elevator	2024	27,585		28	1,003	1,003	1,505	21
22 Installation of Flue pipe for Boiler/OEM interface & OEM fan	2024	15,450		28	562	562	843	22
23 Install 2 smoke detectors in two elevators	2024	7,870		28	286	286	429	23
24 Remove & replace pavement/Install crackfiller and sealcoat	2024	19,200		28	698	698	1,047	24
25 Saweut conenite floor 10ft cash iron hot cold supply	2025	11,011		28	197	197	197	25
26 Remove and replace exhaust fan on roof	2025	4,950		28	88	88	88	26
27 Remove & replace circulating pump air conditioning	2025	3,945		28	70	70	70	27
28 Install new sump pump	2025	11,016		28	197	197	197	28
29 Install stell intels employee break room	2025	3,500		28	63	63	63	29
30 Remove and replace three 350 gallon storage tanks	2025	31,000		28	554	554	554	30
31 Install new honeywell control system for boiler	2025	26,544		28	474	474	474	31
32 Install hot and cold valve including copper line	2025	6,480		28	116	116	116	32
33 Fix gas line leak	2025	18,480		28	330	330	330	33
34 TOTAL (lines 1 thru 33)		\$ 17,553,987	\$		\$ 461,219	\$ 461,219	\$ 13,562,785	34

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

XI. OWNERSHIP COSTS (continued)									
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12L, Carried Forward		\$ 17,553,987	\$		\$ 461,219	\$ 461,219	\$ 13,562,785	1
2	Replace bowl valve, coupling in boiler	2025	3,204		28	57	57	57	2
3	Door operator elevator repair	2025	18,600		28	332	332	332	3
4	Replace & Install new fire hydrant	2025	15,580		28	278	278	278	4
5									5
6									6
7									7
8	Reconcile book depreciation			59,472			(59,472)		8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,591,371	\$ 59,472		\$ 461,886	\$ 402,414	\$ 13,563,453	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	\$ 215,340	\$ 43,068	\$ 43,068	\$	5-10	\$ 158,909	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	2,862,249					2,862,249	73
74	See Schedule 13A	1,188,326		27,666	27,666		1,066,829	74
75	TOTALS	\$ 4,265,915	\$ 43,068	\$ 70,734	\$ 27,666		\$ 4,087,987	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 Cheverolet Express Van	2000	29,261				5	29,261	77
78	Bus	2007 Ford Champion	2014	43,117				5	43,117	78
79	See Schedule 13A			35,979	560	1,391	831		30,914	79
80	TOTALS			\$ 149,147	\$ 560	\$ 1,391	\$ 831		\$ 144,082	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)	\$ 22,698,494	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 103,100	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 534,011	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 430,911	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 17,795,522	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	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

IDPH License ID Number: 0037366

Fiscal Year End: 12/31/2025

Schedule 13A

XI. Ownership Costs
Line 74 - Equipment

Category of Equipment	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
Allocation from Real Estate	1,045,983		23,268	-		939,764
Allocation from Ability Rehab LLC	14,514		788	-	10	12,939
Allocation from BHCG INC.	127,829		3,610	-	10	114,126
TOTAL	1,188,326		27,666	-	20	1,066,829

Line 79 - Vehicle Depreciation

Use	Model, Make & Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
New CM ALRD Flatbed Body installation	2005 Ford 250	2019	5,602	560	560	-	5	3,500
Allocation from BHCG Inc.			30,377		831		10	27,414
TOTAL			35,979	560	1,391	-		30,914

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				4,977			6
7	TOTAL				\$ 4,977			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: \$ 251,807
- Description: See Sch 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					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.	/2026	\$
13.	/2027	\$
14.	/2028	\$

* 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.

Facility Name: Meadowbrook Manor Bolingbrook

IDPH License ID Number: 0037366

Fiscal Year End: 12/31/2025

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Equipment	22,298
Storage Rental	33,347
Mattress & Bed Rental	103,887
Nursing Rental	88,790
Allocation from Mgmt Co	3,485
Total - Line 16	251,807

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)	\$			

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	39(7)	6296	hrs	\$ 409,259		\$	6,296	\$ 409,259	1	
2	Licensed Speech and Language Development Therapist	39(7)	3714	hrs	241,387			3,714	241,387	2	
3	Licensed Recreational Therapist			hrs						3	
4	Licensed Physical Therapist	39(7)	8116	hrs	527,571		4,991	8,116	532,562	4	
5	Physician Care			visits						5	
6	Dental Care			visits						6	
7	Work Related Program			hrs						7	
8	Habilitation			hrs						8	
9	Pharmacy	39(2)		# of prescripts			654,986		654,986	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs						10	
11	Academic Education			hrs						11	
12	Other (specify): <u>Oxygen</u>	39(2)					44,758		44,758	12	
13	Other (specify): <u>Respiratory</u>	39(3)				482	31,352	482	31,352	13	
14	TOTAL				\$ 1,178,217	482	\$ 31,352	\$ 704,735	18,608	\$ 1,914,304	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.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 723,085	\$ 879,162	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 3,061,713)	9,209,613	9,209,613	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	(368,036)	(297,968)	6
7	Other Prepaid Expenses	1,572,502	1,572,502	7
8	Accounts Receivable (owners or related parties)	4,436,572	4,436,572	8
9	Other(specify): See Sch 17A	1,284,592	1,167,698	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 16,858,328	\$ 16,967,579	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		10,813,162	14
15	Leasehold Improvements, at Historical Cost	3,513,078	6,778,209	15
16	Equipment, at Historical Cost	3,033,021	4,415,062	16
17	Accumulated Depreciation (book methods)	(6,133,041)	(17,795,522)	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	(249,307)	(249,307)	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 163,751	\$ 4,653,665	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,022,079	\$ 21,621,244	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,427,125	\$ 2,467,614	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	545,000	545,000	29
30	Accrued Salaries Payable	992,409	992,409	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,269,428	1,269,428	31
32	Accrued Real Estate Taxes(Sch.IX-B)		376,296	32
33	Accrued Interest Payable	(8,023)	36,719	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Sch 17A	5,323,801	7,030,047	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,549,740	\$ 12,717,513	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	6,378,644	6,378,644	39
40	Mortgage Payable		15,340,265	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)	\$ 6,378,644	\$ 21,718,909	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 16,928,384	\$ 34,436,422	46
47	TOTAL EQUITY(page 18, line 24)	\$ 93,695	\$ (12,815,178)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 17,022,079	\$ 21,621,244	48

*(See instructions.)

Facility Name: Meadowbrook Manor
IDPH License ID Number: 0037366
Fiscal Year End: 12/31/2025

Schedule 17A

XV. Balance Sheet
Line 9 Current Assets Other (specify):

		After	
	Description	Operating	Consolidation
1200	Reserve for Replacements	-	217,370
1201	Hazard Insurance Escrow	-	24,000
1202	Real Estate Tax - Escrow	-	564,436
1203	Mortgage Insurance Escrow	-	124,747
10017	West Suburban - Trust Fund	2,621	2,621
10026	Refund Exchange	29,090	29,090
10027	Trust Fund Transfer	3,486	3,486
16540	Mortgage Cost	58,683	200,037
17000	Related Party	-	-
17220	Due From J&D Partners LLC	720	1,301
18020	Due From 475 BB Partners Inc.	280	280
18030	Due From 475 BB Partners LP	330	330
18100	Due From Campton 38 Partners	-	-
18950	Due from Wealshire Entities	-	-
20250	Accrued Rent	1,189,382	-
Total - Line 9		1,284,592	1,167,698
		-	-

XV. Balance Sheet
Line 23 Long-Term Assets Other (specify):

		After	
	Description	Operating	Consolidation
16700	Preferred Stock-Short Term Inv	15,000	15,000
20260	Accrued Management Fees	(471,966)	(471,966)
21100	Workman's Compensation Liabil	208,111	208,111
15126-0	Insurance Deductible	(452)	(452)
Total - Line 23		(249,307)	(249,307)
		-	-

Line 36 Other Current Liabilities (specify):

		After	
	Description	Operating	Consolidation
2958	Due To Related Party	-	-
12280	Medicare Settlement	-	-
14010	Due from Dr Jafari	-	-
14050	Due from Nick & Dorothy Vangel	(89,000)	(89,000)
15125	Property Insurance	-	-
16550	Accum Amort-Mortgage Costs	58,683	115,898
17300	Due To/From Naperville	1,072,441	1,072,441
20030	Accrued Operating Expense	32,970	55,970
20205	Accrued 401k Matching Fund	31,096	31,096
21150	Professional Liability Claims	1,804,000	1,804,000
21510	Resident Refunds	2,409,538	2,409,538
21530	Resident Trust	4,073	4,073
21562	State of Ill-CARES Pandemic	-	-
1997.1	Due from Bolingbrook	-	1,626,031
Total - Line 36		5,323,801	7,030,047
		-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (13,421)	1
2	Restatements (describe):		2
3	Prior Period Adjustment	57,134	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 43,713	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	49,982	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)	\$ 49,982	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)	\$ 93,695	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning: 01/01/2025

Ending: 12/31/2025

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	\$ 24,332,117	1
2	Discounts and Allowances for all Levels	1,059,039	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 25,391,156	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,709,150	6
7	Oxygen	42,037	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,751,187	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		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	384,042	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	143,281	19
20	Radiology and X-Ray	40,800	20
21	Other Medical Services	39,898	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 608,021	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	16,041	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 16,041	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	83,843	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 83,843	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 28,850,248	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	3,737,978	31
32	Health Care	12,292,633	32
33	General Administration	6,224,521	33
	B. Capital Expense		
34	Ownership	2,300,393	34
	C. Ancillary Expense		
35	Special Cost Centers	3,583,609	35
36	Provider Participation Fee	661,132	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 28,800,266	40
41	Income before Income Taxes (line 30 minus line 40)**	49,982	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 49,982	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	\$ 4,334,192.00	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)		45
46	MMAI-Medicaid is the Primary Payer	9,801,086.00	46
47	MMAI-Medicare is the Primary Payer	223,095.00	47
48	Private Pay	2,611,795.00	48
49	Medicare Part A	3,473,987.00	49
50	Other-(specify) Shelter Care		50
51	Other-(specify) Medicare B	-49,004.00	51
52	Other-(specify) Hospice	3,287,927.00	52
53	Other-(specify) Insurance	1,708,078.00	53
54	Other-(specify)		54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 25,391,156	56

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	1,610	1,972	\$ 150,478	\$ 76.31	1
2	Assistant Director of Nursing	3,252	3,984	203,994	51.20	2
3	Registered Nurses	44,971	55,097	2,610,179	47.37	3
4	Licensed Practical Nurses	44,119	54,054	2,588,428	47.89	4
5	CNAs & Orderlies	148,324	181,722	4,450,231	24.49	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,253	2,761	47,008	17.03	9
10	Activity Assistants	18,510	22,678	386,152	17.03	10
11	Social Service Workers	9,081	11,126	308,304	27.71	11
12	Dietician					12
13	Food Service Supervisor	7,774	9,524	187,023	19.64	13
14	Head Cook	5,022	6,153	120,820	19.64	14
15	Cook Helpers/Assistants	24,691	30,250	594,022	19.64	15
16	Dishwashers					16
17	Maintenance Workers	4,428	5,425	160,110	29.51	17
18	Housekeepers	24,293	29,763	566,591	19.04	18
19	Laundry	6,112	7,489	139,225	18.59	19
20	Administrator	1,495	1,832	169,026	92.26	20
21	Assistant Administrator	619	759	40,063	52.78	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,458	10,363	431,583	41.65	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified ID Prof (QIDP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,482	1,816	45,126	24.85	31
32	Other Health C: See Sch 20A	11,884	14,562	613,597	42.14	32
33	Other(specify) Marketing	1,430	1,752	122,795	70.09	33
34	TOTAL (lines 1 - 33)	369,808	453,082	\$ 13,934,755 *	\$ 30.76	34

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	\$ 24,860	1(3)	35
36	Medical Director	Monthly	120,000	9(3) (7)	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	51,378	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	540	11(3)	44
45	Social Service Consultant	Monthly	3,998	12(7)	45
46	Other(specify) Infectious disease	Monthly	12,000	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 212,776		49

C. CONTRACT NURSES

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

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

** See instructions.

Facility Name: Meadowbrook Manor Bolingbrook
IDPH License ID Number: 0037366
Fiscal Year End: 12/31/2025

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
Central Supply	1,685	2,065	62,288	\$ 30.16
Wound Care	3,656	4,479	238,890	\$ 53.34
Staffing Coordinator	1,102	1,351	81,574	\$ 60.38
Care plan Coordinator	5,441	6,667	230,845	\$ 34.63
Total - Line 32 Other Health Care (specify):	11,884	14,562	613,597	

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	
Juvenal Gonzalez	Administrator	0	\$ 169,026	Workers' Compensation Insurance	\$	240,000	IDPH License Fee	\$	
Jennifer Bebinger	Asst. Admin.	0	40,063	Unemployment Compensation Insurance		55,102	Advertising: Employee Recruitment		
				FICA Taxes		1,068,921	Health Care Worker Background Check		
				Employee Health Insurance		628,609	(Indicate # of checks performed)		
				Employee Meals			Patient Background Checks	3416,820	
				Illinois Municipal Retirement Fund (IMRF)*			Health Care Council of IL	1,245	
				Employee Lab Tests		1,054	Miscellaneous Licenses & Fees	24,293	
				Employee Retirements(401K)		77,558	Miscellaneous Dues & Subscriptions	45,911	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 209,089				Advertising Classified	12,607	
(List each licensed administrator separately.)				Uniform Allowance	1,156	Allocated from Mgmt Co.	15,760		
B. Administrative - Other				Other Employee benefits	66,026	Less: Public Relations Expense	()		
Description			Amount				PAC and Lobbying payments	(623)	
Management Fees			\$ 1,421,966				All non-allowable advertising	()	
Eliminated in Col. 7									
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,421,966	TOTAL (agree to Schedule V, line 22, col.8)			\$ 2,138,426	TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount	
Vendor/Payee	Type		Amount						
See Attached Schedule 21C	See Sch. 21C		\$ 579,162	N/A			Out-of-State Travel	\$	
							In-State Travel	50	
							Seminar Expense	2,792	
							Allocated from Mgmt Co.	10,202	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)			\$ 579,162	TOTAL			(agree to Sch. V, line 24, col. 8)		
(For legal fee disclosure, see page 39 of instructions)				TOTAL			\$ 13,044		

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Meadowbrook Manor
IDPH License ID Number: 0037366
Fiscal Year End: 12/31/2025

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
PERSONNEL PLANNERS INC	Professional Fees	1,650
TERRILL CONSULTING SERVICES INC	Professional Fees	30,775
INNOVATIVE LTC SOLUTIONS	Professional Fees	7,978
PAMSKI SOLUTIONS	Professional Fees	75
BUTTERFIELD HEALTHCARE GROUP INC	Professional Fees	5,000
RENEE RAMOS	Professional Fees	395
EQUIFAX WORKFORCE	Professional Fees	161
BEN LAZARE CONSULTING INC	Professional Fees	2,500
PAYLOCITY	Payroll Processing Fees	53,101
POINTCLICKCARE TECHNOLOGIES INC	Data Processing Fees	173,862
SMARTLINX SOLUTIONS LLC	Data Processing Fees	55,813
LAKESHORE RECYCLING	Data Processing Fees	14
RSM US LLP	Accounting	104,883
CHERRY BEKAERT Advisory LLC	Accounting	5,635
ALLEGRO RECORD SOLUTIONS	Professional Services	1,323
MAVEN HEALTH PARTNERS LLC	Professional Services	700
Johnson & Bell	Legal	45
Ganan & Shapiro PC	Legal	1,850
Morgan Lewis & Bockius LLP	Legal	27,332
Hipp Law Office	Legal	15,505
Polsinelli PC	Legal	46,968
US Legal Support Inc.	Legal	(220)
Paragon Heating & Cooling	Legal	505
Kilpatrick Townsend & Stockton LLP	Legal	2,340
CROKE FAIRCHILD MORGAN & BERES LLC	Legal	722
KINSER LAW PC	Legal	1,870
SNELL & WILMER	Legal	14,809
OSBORNE EMPLOYMENT LAW LLC	Legal	11,667
MCDERMOTT WILL & EMERY	Legal	110
Legal Settlements	Legal	11,794
Total (agree to Schedule V, line 19, column 3)		579,162
Allocated from Management Company Legal Fees		77
Allocated from Management Company Professional Services		48,170
Allocated Real Estate Legal Fees		266
Allocated Real Estate Accounting		26,025
Allocated Real Estate Professional Fees		11,513
Less: Non-Allowable Legal Fees		(28,102)
Reclass PointClickCare		(173,862)
Total (agree to Schedule V, line 19, column 8)		463,249

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below.
Use the drop down list to identify the association.
- | Association Name | Amount |
|---|------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>622</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| | <u>622</u> Total |
- (3) List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.
- | | |
|---|------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>623</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| | <u>623</u> Total |
- (4) EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE (2 and 3 combined)
- | | |
|---|--------------------|
| <u>HEALTH CARE COUNCIL OF IL (HCCI)</u> | <u>1,245</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |
| | <u>1,245</u> Total |
- (5) Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. \$ 105,152 Line 10
- (6) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (7) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 661,132
This amount is to be recorded on line 42 of Schedule V.
- (8) 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.

- (9) 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
- (10) 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.
- (11) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? N/A Indicate the amount. \$
- (12) 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? No
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (13) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (14) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (15) 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.