

		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: 0047274

Facility Name: Meadowbrook Manor LaGrange

Address: 339 9th AvenueLaGrange60525

County: Cook

Telephone Number: (708) 354-4660Fax # (708) 354-1355

HFS ID Number:

Date of Initial License for Current Owners: 08/25/2005

Type of Ownership:

VOLUNTARY,NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

X

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)

(Signed)

(Date)

Paid Preparer

(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

(Fax # (847)517-7067)

Phone # (217) 782-1630

Facility Name & ID Number

Meadowbrook Manor LaGrange

#

0047274

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

N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	197	Skilled (SNF)	197	71,905	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	197	TOTALS	197	71,905	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	6,763		12,541	224	13,239	10,716	7,544	51,027	8
9	SNF/PED									9
10	ICF									10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	6,763		12,541	224	13,239	10,716	7,544	51,027	14

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

70.96%

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

None

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES

X

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

x

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

Date started

08/25/2005

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

YES

X

Date

08/25/2005

NO

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

YES

X

NO

If YES, enter certified beds.

number of certified beds

197

Medicare Intermediary

Wisconsin Physicians Services

IV. ACCOUNTING BASIS

ACCRUAL

X

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 LaGrange # 0047274 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	746,849	46,333	20,502	813,684		813,684		813,684			1
2	Food Purchase		411,713		411,713		411,713		411,713			2
3	Housekeeping	567,448	61,490		628,938		628,938	6,125	635,063			3
4	Laundry	63,010	40,341		103,351		103,351		103,351			4
5	Heat and Other Utilities			384,780	384,780		384,780	1,982	386,762			5
6	Maintenance	98,526	12,726	552,656	663,908		663,908	32,921	696,829			6
7	Other (specify):* Mgmt Co Benefits							5,420	5,420			7
8	TOTAL General Services	1,475,833	572,603	957,938	3,006,374		3,006,374	46,448	3,052,822			8
	B. Health Care and Programs											
9	Medical Director			144,000	144,000		144,000		144,000			9
10	Nursing and Medical Records	7,561,307	463,542	214,337	8,239,186		8,239,186	95,133	8,334,319			10
10a	Therapy	80,583			80,583		80,583	1,451,676	1,532,259			10a
11	Activities	174,917	65	11,601	186,583		186,583		186,583			11
12	Social Services	204,098			204,098		204,098		204,098			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Mgmt Co Benefits							(1,321)	(1,321)			15
16	TOTAL Health Care and Programs	8,020,905	463,607	369,938	8,854,450		8,854,450	1,545,488	10,399,938			16
	C. General Administration											
17	Administrative	199,940		1,114,637	1,314,577		1,314,577	(1,114,637)	199,940			17
18	Directors Fees											18
19	Professional Services			368,768	368,768		368,768	(22,734)	346,034			19
20	Dues, Fees, Subscriptions & Promotions			77,323	77,323		77,323	9,206	86,529			20
21	Clerical & General Office Expenses	315,505	23,758	87,918	427,181		427,181	494,945	922,126			21
22	Employee Benefits & Payroll Taxes			1,571,339	1,571,339		1,571,339		1,571,339			22
23	Inservice Training & Education											23
24	Travel and Seminar							6,631	6,631			24
25	Other Admin. Staff Transportation			15,466	15,466		15,466	10,508	25,974			25
26	Insurance-Prop.Liab.Malpractice			624,039	624,039		624,039	271,872	895,911			26
27	Other (specify):* Mgmt Co Benefits							252,197	252,197			27
28	TOTAL General Administration	515,445	23,758	3,859,490	4,398,693		4,398,693	(92,012)	4,306,681			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	10,012,183	1,059,968	5,187,366	16,259,517		16,259,517	1,499,924	17,759,441			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			156,000	156,000		156,000	1,138,055	1,294,055			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			91,462	91,462		91,462	899,123	990,585			32
33	Real Estate Taxes							1,072,191	1,072,191			33
34	Rent-Facility & Grounds			2,571,000	2,571,000		2,571,000	(2,564,868)	6,132			34
35	Rent-Equipment & Vehicles			142,826	142,826		142,826	2,070	144,896			35
36	Other (specify):*											36
37	TOTAL Ownership			2,961,288	2,961,288		2,961,288	546,571	3,507,859			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			54,836	54,836		54,836		54,836			38
39	Ancillary Service Centers		641,379	1,938,971	2,580,350		2,580,350	(1,936,263)	644,087			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			472,417	472,417		472,417		472,417			42
43	Other (specify):* Non-Allowable Cos	187,288		789,295	976,583		976,583	(976,583)				43
44	TOTAL Special Cost Centers	187,288	641,379	3,255,519	4,084,186		4,084,186	(2,912,846)	1,171,340			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	10,199,471	1,701,347	11,404,173	23,304,991		23,304,991	(866,351)	22,438,640			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	(16,297)	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	(373,772)	30		9
10	Interest and Other Investment Income	(5,013)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,760)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(77)	43		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(15,611)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(31,778)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(612,324)	43		24
25	Fund Raising, Advertising and Promotional	(128,168)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(5,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(196,482)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,386,282)		\$	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)	519,931		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 519,931		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (866,351)		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			Sch. V Line
	Amount	Reference	
1	Political Action Committee Payments	\$ (623)	20
2	Other Expenses Related to Lobbying Activities		
3	To disallow Laboratory	(55,333)	43
4	To disallow consolidated billing	(1,416)	43
5	To disallow X-ray	(56,025)	43
6	To disallow Customer Experience Salary	(38,143)	43
7	To disallow Community Relations staff	(46,389)	43
8	To disallow parking	(40)	43
9	Misc. Income	(360)	21
10	Real Estate Tax	1,847	33
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49	Total	(196,482)	

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. - Meadowbrook Manor	Naperville	J&D Partners, LP	Bolingbrook	Lessor
		Butterfield Health Care, Inc. - Meadowbrook Manor	Bolingbrook	MMN Partners, LP	Naperville	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Butterfield Health		
				Care Group, Inc.	Bolingbrook	Management Co.
				MML Properties LLC	LaGrange	Lessor
				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	20	Fees, Subscriptions & Promotions	\$	MML Properties, LLC	100.00%	\$ 562	\$ 562	1
2	V	21	Bank Charges		MML Properties, LLC	100.00%	12	12	2
3	V	26	Insurance- Prof & Liab		MML Properties, LLC	100.00%	256,655	256,655	3
4	V	30	Depreciation & Amortization		MML Properties, LLC	100.00%	1,508,218	1,508,218	4
5	V	32	Interest	77	MML Properties, LLC	100.00%	817,824	817,747	5
6	V	33	Real Estate Taxes		MML Properties, LLC	100.00%	1,070,153	1,070,153	6
7	V	34	Rent - Facility & Grounds	2,571,000	MML Properties, LLC	100.00%		(2,571,000)	7
8	V	19	Professional Fees		MML Properties, LLC	100.00%	300	300	8
9	V	19	Accounting fees		MML Properties, LLC	100.00%	47,938	47,938	9
10	V	19	Professional Services		MML Properties, LLC	100.00%	1,871	1,871	10
11	V	32	Amortization - Mortgage costs		MML Properties, LLC	100.00%	15,748	15,748	11
12	V	19	Legal Fees		MML Properties, LLC	100.00%	702	702	12
13	V								13
14	Total			\$ 2,571,077			\$ 3,719,983	\$ * 1,148,906	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	6	Maintenance	\$	Accommodate, Restore & Collaborate LLC	100.00%	\$ 65	\$ 65	15
16	V	10A	Therapy		Accommodate, Restore & Collaborate LLC	100.00%	1,451,676	1,451,676	16
17	V	19	Professional Services		Accommodate, Restore & Collaborate LLC	100.00%	19,152	19,152	17
18	V	20	Dues, Fees, Subscriptions & Promotions		Accommodate, Restore & Collaborate LLC	100.00%	493	493	18
19	V	21	Clerical & General Office Expenses		Accommodate, Restore & Collaborate LLC	100.00%	84,618	84,618	19
20	V	24	Travel & Seminar		Accommodate, Restore & Collaborate LLC	100.00%	1,105	1,105	20
21	V	26	Insurance-Prop, Liab & Malpractice		Accommodate, Restore & Collaborate LLC	100.00%	9,932	9,932	21
22	V	27	Other		Accommodate, Restore & Collaborate LLC	100.00%	162,396	162,396	22
23	V	30	Depreciation		Accommodate, Restore & Collaborate LLC	100.00%	971	971	23
24	V	32	Interest		Accommodate, Restore & Collaborate LLC	100.00%	54,684	54,684	24
25	V	34	Rent - Facility & Grounds		Accommodate, Restore & Collaborate LLC	100.00%	6,132	6,132	25
26	V	39	Ancillary Services-Other	1,936,263	Accommodate, Restore & Collaborate LLC	100.00%		(1,936,263)	26
27	V	10	Nursing & Medical Records		Accommodate, Restore & Collaborate LLC	100.00%	20,545	20,545	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			\$ 1,936,263			\$ 1,811,769	\$ * (124,494)	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	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%	6,125	6,125	17
18	V	5	Utilities		Butterfield Health Care Group, Inc.	100.00%	1,982	1,982	18
19	V	6	Maintenance		Butterfield Health Care Group, Inc.	100.00%	32,856	32,856	19
20	V	7	Other		Butterfield Health Care Group, Inc.	100.00%	5,420	5,420	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%	(5,753)	(5,753)	22
23	V	15	Other		Butterfield Health Care Group, Inc.	100.00%	(1,321)	(1,321)	23
24	V	17	Administrative	1,114,637	Butterfield Health Care Group, Inc.	100.00%		(1,114,637)	24
25	V	19	Professional Services		Butterfield Health Care Group, Inc.	100.00%	19,422	19,422	25
26	V	20	Dues, Fees, Subscriptions & Promotions		Butterfield Health Care Group, Inc.	100.00%	8,774	8,774	26
27	V	21	Clerical & General Office Expenses		Butterfield Health Care Group, Inc.	100.00%	410,675	410,675	27
28	V	24	Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	5,526	5,526	28
29	V	25	Other Admin. Staff Transportation		Butterfield Health Care Group, Inc.	100.00%	10,508	10,508	29
30	V	26	Insurance-Prop, Liab & Malpractice		Butterfield Health Care Group, Inc.	100.00%	5,285	5,285	30
31	V	27	Other		Butterfield Health Care Group, Inc.	100.00%	89,801	89,801	31
32	V	30	Depreciation		Butterfield Health Care Group, Inc.	100.00%	2,638	2,638	32
33	V	32	Interest		Butterfield Health Care Group, Inc.	100.00%	15,957	15,957	33
34	V	33	Real Estate Taxes		Butterfield Health Care Group, Inc.	100.00%	191	191	34
35	V	34	Rent - Equipment & Vehicles		Butterfield Health Care Group, Inc.	100.00%	2,070	2,070	35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,114,637			\$ 610,156	\$ * (504,481)	39

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

Ownership Listing-1

0047274

ID# 0047274

Butterfield Healthcare C

MML Properties, LLC

Operator/Licensee

Building Co. Co. /Home Office

Place of Residence

Ownership

Ownership

Ownership

	First Name	M.I.	Last Name	City	State	Percentage	Percentage	Percentage
1	Robert		Jafari	Dana Point	FL	25.00000		1
2	Kianoosh		Jafari	Oak Brook	IL	25.00000		2
3	Sean		Dimas	Lutz	FL	5.00000		3
4	Sasha		Dimas	Elmhurst	IL	5.00000		4
5	Ashley		Dimas	Elmhurst	IL	5.00000		5
6	Dorothy		Vangel	Oak Brook	IL	15.00000		6
7	Katherine		Hocuk	Bloomington	IL	10.00000		7
8	Christopher		Vangel	Oak Brook	IL	10.00000		8
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33								33
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64								64
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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	Katherine Hocuk	Empl Benefits Admin	Administrative	10	103,500			NA	\$	NA	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	15	96,000			NA		NA	2
3	Christopher Vangel	Operating Supvsr.	Administrative	10	156,000			NA		NA	3
4	Dorothy Vangel	Operating Supvsr.	Administrative	15	96,000			NA		NA	4
5											5
6											6
7	No owners received compensation from this facility.										7
8											8
9											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 LaGrange # 0047274 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 Accommodate, Restore & Collaborate, LLC
Street Address 640 North River Road Suite 206
City / State / Zip Code Naperville, IL. 60563
Phone Number (949) 482-9365
Fax Number (949) 482-9365

	1	2	3	4	5	6	7	8	9	
	Schedule V		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	6	Maintenance	Therapy Revenue	6,293,202	12	\$ 211	\$	1,936,265	\$ 65	1
2	10	Nursing & Medical Records	Therapy Revenue	6,293,202	12	66,776		1,936,265	20,545	2
3	10A	Therapy Salaries	Therapy Revenue	6,293,202	12	4,718,202	4,718,202	1,936,265	1,451,676	3
4	19	Professional Services-Other	Therapy Revenue	6,293,202	12	62,248		1,936,265	19,152	4
5	20	Dues, Fees, Subscriptions & Prom	Therapy Revenue	6,293,202	12	1,602		1,936,265	493	5
6	21	Clerical & General Office Expense	Therapy Revenue	6,293,202	12	275,024		1,936,265	84,618	6
7	24	Travel & Seminar	Therapy Revenue	6,293,202	12	3,592		1,936,265	1,105	7
8	26	Insurance-Prop, Liab & Malpract	Therapy Revenue	6,293,202	12	32,280		1,936,265	9,932	8
9	27	Other - Mgmt Allocation of Benefi	Therapy Revenue	6,293,202	12	527,817		1,936,265	162,396	9
10	30	Depreciation	Therapy Revenue	6,293,202	12	3,155		1,936,265	971	10
11	32	Interest	Therapy Revenue	6,293,202	12	177,733		1,936,265	54,684	11
12	34	Rent - Facility & Grounds	Therapy Revenue	6,293,202	12	19,931		1,936,265	6,132	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,888,571	\$ 4,718,202		\$ 1,811,769	25

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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 North River Road Suite 100
City / State / Zip Code Naperville, IL. 60563
Phone Number (331) 472-4500
Fax Number (331) 472-4510

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Resident Days	289,833	4	\$	\$	51,027	\$	1
2	2	Food	Resident Days	289,833	4			51,027		2
3	3	Housekeeping-Salary	Resident Days	289,833	4	31,005	31,005	51,027	5,459	3
4	3	Housekeeping	Resident Days	289,833	4	3,784		51,027	666	4
5	5	Utilities	Resident Days	289,833	4	11,255		51,027	1,982	5
6	6	Maintenance - Salary	Resident Days	289,833	4	103,104	103,104	51,027	18,152	6
7	6	Maintenance	Resident Days	289,833	4	83,518		51,027	14,704	7
8	7	Other - Mgmt Allocation of Benefi	Resident Days	289,833	4	30,785		51,027	5,420	8
9	9	Medical Director	Resident Days	289,833	4			51,027		9
10	10	Nursing & Medical Records - Sala	Resident Days	289,833	4	(32,676)	(32,676)	51,027	(5,753)	10
11	15	Other - Mgmt Allocation of Benefi	Resident Days	289,833	4	(7,501)		51,027	(1,321)	11
12	19	Professional Services-Legal	Resident Days	289,833	4	260		51,027	46	12
13	19	Professional Services-Other	Resident Days	289,833	4	110,056		51,027	19,376	13
14	20	Dues, Fees, Subscriptions & Prom	Resident Days	289,833	4	49,835		51,027	8,774	14
15	21	Clerical & General Office Expense	Resident Days	289,833	4	2,222,007	2,222,007	51,027	391,199	15
16	21	Clerical & General Office Expense	Resident Days	289,833	4	110,622		51,027	19,476	16
17	24	Travel & Seminar	Resident Days	289,833	4	31,389		51,027	5,526	17
18	25	Other Admin. Staff Transportation	Resident Days	289,833	4	59,686		51,027	10,508	18
19	26	Insurance-Prop, Liab & Malpract	Resident Days	289,833	4	30,021		51,027	5,285	19
20	27	Other - Mgmt Allocation of Benefi	Resident Days	289,833	4	510,069		51,027	89,801	20
21	30	Depreciation	Resident Days	289,833	4	14,981		51,027	2,638	21
22	32	Interest	Resident Days	289,833	4	90,638		51,027	15,957	22
23	33	Real Estate Taxes	Resident Days	289,833	4	1,086		51,027	191	23
24	35	Rent - Equipment & Vehicles	Resident Days	289,833	4	11,756		51,027	2,070	24
25	TOTALS					\$ 3,465,680	\$ 2,323,440		\$ 610,156	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6		7	8	9	10			
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense				
		YES	NO				Original	Balance							
	A. Directly Facility Related														
	Long-Term														
1	Cambridge Realty Capital		x	Mortgage Payable			\$	24,549,128			\$	817,824	1		
2													2		
3													3		
4				Amortization - Mortgage Cost								15,748	4		
5													5		
	Working Capital														
6	West Suburban		X	Working Capital		05/10/13		485,000	6/30/2025	5%		83,063	6		
7	Shareholders Loan	X		Working Capital		06/01/17	1,107,500	1,067,500	Demand	4%			7		
8	See 9A						4,299,991	4,827,987				8,399	8		
9	TOTAL Facility Related						\$	5,407,491	\$	30,929,615			\$	925,034	9
	B. Non-Facility Related*														
10									Offset Interest Income			(5,090)	10		
11													11		
12									Mgmt Co. Allocation			70,641	12		
13													13		
14	TOTAL Non-Facility Related						\$		\$				\$	65,551	14
15	TOTALS (line 9+line14)						\$	5,407,491	\$	30,929,615			\$	990,585	15

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

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

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

Facility Name: Meadowbrook Manor LaGrange
IDPH License ID Number: 0047274
Fiscal Year End: 12/31/2025

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				
		YE	NO				Original	Balance							
	A. Directly Facility Related Long-Term														
1							\$				\$	1			
2												2			
3												3			
4												4			
5												5			
	Working Capital														
6	Midland Bank		X	PPP Loan	\$0.00	04/01/2020		1,286,595		1,286,595	4/1/2021	1%			6
7	Shareholders Loan	X		Working Capital						1,544,068	Demand	4%			7
8	HFS		X	Working Capital	\$55,555.56			2,000,000		777,778		0%			8
9	Shareholders Loan	X		Working Capital				1,013,396		1,177,685	Demand				9
10	BHC Construction	X		Working Capital						41,861	Demand			8,399	10
11	TOTAL Facility Related				\$55,555.56		\$	4,299,991	\$	4,827,987			\$	8,399	11
	B. Non-Facility Related*														
12															12
13															13
14															14
15															15
16	TOTAL Non-Facility Related				\$0.00		\$	-	\$	-			\$	8,399	16

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.				\$	908,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		2024		\$	966,000	2
3. Under or (over) accrual (line 2 minus line 1).				\$	58,000	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	1,014,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5
			Alloc. Fr. Mgmt. Co.		191	
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.				\$	1,072,191	7
Assessed Value from Real Estate Tax Bill:		2024	908,000	8		
Real Estate Tax Bill for Calendar Year:		2020	767,642	9		
		2021	842,423	10		
		2022	960,966	11		
		2023	864,604	12		
		2024	908,000	13		
2024 Tax Bill: 966,000						
Estimated Increase 5%						
Total: 1,014,301						
Use: 1,014,000						
				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 LaGrange COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0047274

CONTACT PERSON REGARDING THIS REPORT Liz Koshy

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
				<u>Nursing Home</u>
1.	18-04-423-001-0000	Nursing Facility	\$ 966,000.00	\$ 966,000.00
2.	07-14-101-017	Mgmt Co Allocation	\$ 108,708.00	\$ 191.00
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$ 1,074,708.00	\$ 966,191.00

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach 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: 74,985 **B. General Construction Type:** Exterior Brick Frame Wood Number of Stories 1

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. List the bed capacity for the building if it differs from the licensed total.

No

G. Have you properly capitalized all major repairs and equipment purchases?

Yes

H. Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease. N/A

I. Are you presently operating under a sublease agreement?

No

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

YES NO **X** If YES, please indicate name of the facility,

IDPH license number of this related party and the date the present owners took over.

K. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES ☒ NO

If so, please complete the following:

1. Total Amount Incurred:	N/A	2. Number of Years Over Which it is Being Amortized:	N/A
----------------------------------	------------	---	------------

3. Current Period Amortization:	N/A	4. Dates Incurred:	N/A
--	------------	---------------------------	------------

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

1	2	3	4		
	Use	Square Feet	Year Acquired	Cost	
1	Resident Care	178,272	2005	\$ 1,561,408	1
2	Allocated from MML			1,648,002	2
3	TOTALS	178,272		\$ 3,209,410	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	197		2005	1911	\$ 1,323,086	\$	40	\$ 33,077	\$ 33,077	\$ 678,078
5				2009	510,195		40	6,377	6,377	108,409
6										
7										
8										
	Improvement Type**									
9	New doors, hardware, laminating & refinishing for Dementia			2008	7,540		10			7,540
10	Repair parking lot lights (ballasts, cutting asphalt, trenching									
11	& running new wiring)			2008	4,989		10			4,989
12	Roof Repairs (rear emergency room entrance & front entrance			2008	3,949		10			3,949
13	Wiring - Therapy room			2008	5,879		10			5,879
14	Chimney Cap & Tuckpointing			2008	11,993		10			11,993
15	Rebuilt compressor for HVAC unit			2008	19,864		10			19,864
16										
17	R&M Reclasses									
18	- Emergency service for steam leak on heating system-									
19	furnished & installed new diaphragm & steam trap.			2008	4,699		10			4,699
20	- Emergency service for no heat - furnished & installed									
21	new fluid head & valve body.			2008	3,045		10			3,045
22	- Tile flooring for facility			2008	14,637		10			14,637
23										
24	Concrete flooring, electrical, new tub & faucet, drywall,			2009	26,068		10			26,068
25	studs & reframe door for Laundry Room Remode									
26	Repair masonry on top of building			2009	6,241		10			6,241
27	Install outdoor lighting			2009	11,332		10			11,332
28	replace 2 shower valves & trims			2009	2,755		10			2,755
29	Fill & roll potholes, crack sealing, sealcoating & striping			2009	6,000		5			6,000
30	parking lot									
31	R&M Reclasses									
32	-Remove and replace automatic transfer switch			2009	3,695		10			3,695
33	-Replace air separator and rework piping for new style			2009	5,350		10			5,350
34	air separator.									
35										
36										

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2025

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	-Air conditioner -repair leaks, add drier cores and refrigerant	2009	\$ 5,204	\$	10	\$	\$	\$ 5,204	37
38	replace belt and pulley								38
39	Cabinets and countertops for therapy office	2010	6,117		10			6,117	39
40	Install drywall for new wall, rearrange/repair light fixtures	2010	2,705		10			2,705	40
41	in business office								41
42	Remove & rebuild rear loading dock	2010	2,650		10			2,650	42
43	Transfer & install reception door, 3 sets of 36" cabinets and	2010	4,974		10			4,974	43
44	countertops for dining room								44
45	22 - 4 tier lockers with sloped tops	2010	5,138		10			5,138	45
46	Lavatory faucets, shut offs & trap, tempered glass for restroom	2010	3,436		10			3,436	46
47	door								47
48	Fill potholes, sealcoating & striping of parking log	2010	5,100		5			5,100	48
49	Fill potholes, sealcoating & striping of parking log	2011	2,000		5			2,000	49
50	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2011	95,612		10			95,612	50
51	floors, & Painting								51
52	Corridor Remodel - remove wall paper, paint, handrails,	2011	46,474		10			46,474	52
53	carpet								53
54	Dinning Roon & Kichen - new vinyl floors, paint all walls	2011	36,795		10			36,795	54
55	Tile & Trim for Offices replace all the tile & trim	2011	21,653		10			21,653	55
56	Install in Fire Doors	2011	3,135		10			3,135	56
57									57
58	Elevator repair	2011	4,350		10			4,350	58
59	Foyer Remodeling	2012	26,756		10			26,756	59
60	Enclosure of Trash Contains	2012	2,212		10			2,212	60
61	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2012	26,735		10			26,735	61
62	Fire System - Check Valve Remodeling	2012	11,946		10			11,946	62
63	Chiller Unit on Roof UpGrade Improvements	2012	5,643		10			5,643	63
64	Dinning Room Remodelig - Build in Cabinets and Blinds	2012	18,406		10			18,406	64
65	Dialysis Room Conversion - ceiling tile, vinyl flooring,	2012	39,774		10			39,774	65
66	electric work, trim work								66
67	Therapy Room Remodel first floor -glass,drywall,ceiling title	2012	10,368		10			10,368	67
68	prime all walls								68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,358,500	\$		\$ 39,454	\$ 39,454	\$ 1,311,706	70

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2025 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		\$ 2,358,500	\$		\$ 39,454	\$ 39,454	\$ 1,311,706	1
2	Dialysis Room Conversion - ceiling tile, vinyl flooring,	2013	63,006		10			63,006	2
3	electric work, trim work								3
4	Therapy Room Remodel first floor -Counter Tops	2013	2,919		10			2,919	4
5	Kitchen Remodel - Paint, Cabinets	2013	6,136		10			6,136	5
6	Facility Roof Repairs	2013	6,424		10			6,424	6
7	Doctors Lounge South Wing-Electric, Drywall, Paint, Flooring	2013	38,577		10			38,577	7
8	Res Rooms 1st Floor - Mirrors, Flooring, Plumbing, fan coils	2013	11,339		10			11,339	8
9	New Exterior Lighting	2013	3,405		10			3,405	9
10	Remodel the Juice Bar with Cabinets and Counter tops	2013	2,260		10			2,260	10
11	Remodel the Fire Sprinkler Sys in Beauty Shop, Kitchen	2013	1,440		10			1,440	11
12									12
13	Replace the Asphalt Parking Lot & Stripping	2014	8,109		5			8,109	13
14									14
15	Replace the Door Operator on the North Elevator	2014	5,800	290	10		(290)	5,800	15
16	Upgrade of the Laundry Room,= - Plumbing, Walls, Electric,	2014	95,256	4,759	10		(4,759)	95,256	16
17	vent work, Painting, tile, gas and water lines								17
18	Upgrade the Nurse Station - Built in cabinets, blinds,& walls	2014	4,960	222	10		(222)	4,960	18
19									19
20	Elevator Modernization	2014	42,120	2,106	10		(2,106)	42,120	20
21	Corridor Lighting and Supplies	2015	1,276	128	10	60	(68)	1,276	21
22	Rsident Rooms Remodeling - painting, lights, vanities. And	2015	6,720	672	10	336	(336)	6,720	22
23	grab bars								23
24									24
25	Wood Flooring in Medical Records Office	2016	5,986	599	10	599		5,690	25
26	Remodel Dining Room -Cabinets, Counter Tops, Tile	2016	9,296	930	10	930		8,835	26
27	Install new Doors for Life Safety	2016	14,007	1,401	10	1,401		13,308	27
28									28
29	Kitchen Remodel - Drywall repair, fixed kitchen floor tile	2017	66,593	3,330	10	3,330		9,990	29
30	Painting, vinyl celing title, Replace Sprinkler Heads								30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,754,129	\$ 14,437		\$ 46,110	\$ 31,673	\$ 1,649,276	34

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2025 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		\$ 3,054,580	\$ 26,569		\$ 58,242	\$ 31,673	\$ 1,717,921	1
2	<u>Install Concrete Stair-Patio work</u>	2020	29,618	1,077	28	1,077		5,924	2
3									3
4	<u>Install Fence</u>	2020	2,795	102	28	102		559	4
5									5
6	<u>Install 19 trees and slinibs and perennials Remove Debris</u>	2020	25,071	912	28	912		5,014	6
7	<u>and 15 loads of spoils anddisposal</u>								7
8									8
9	<u>Install new manholes and pipe between manholes</u>	2020	29,476	1,072	28	1,072		5,895	9
10									10
11	<u>Sanitary Sewer Repair</u>	2020	32,240	1,172	28	1,172		6,448	11
12									12
13	<u>Preparation Cleaning & CCTV inspection- Sanitary Sower</u>	2020	3,675	134	28	134		735	13
14									14
15	<u>Asphalt Patches and gravel backfill all trenches</u>	2020	6,800	680	10	680		3,740	15
16									16
17	<u>Commercial Chiller</u>	2021	4,852	485	10	485		1,698	17
18									18
19	<u>Plumbing work to install wheelchair washing station</u>	2021	4,010	146	28	146		656	19
20	<u>Supply and replace double bowl sink</u>	2021	3,820	139	28	139		625	20
21	<u>Revise existing stairwell railing per 2021 Annual life safety tag</u>	2021	15,600	567	28	567		2,553	21
22	<u>Fix kitchen ceiling, install fire code drywall, and firestop with 3M</u>	2021	7,500	273	28	273		1,227	22
23	<u>Provide new conduit pathway from basement to Life Safety panel</u>	2021	4,800	175	28	175		785	23
24	<u>Legionella testing and repairs, remove all sinks, plumbing fixtures</u>	2021	6,500	236	28	236		1,064	24
25	<u>Pipe repairs and new insulation for existing lines, legionella repair</u>	2021	5,500	200	28	200		900	25
26	<u>2 delayed chex-it egress bars, 1 replacement circuit board, door co</u>	2021	10,600	385	28	385		1,735	26
27	<u>Remove garbage disposal circuit not in use, add new circuit to exh</u>	2021	6,580	239	28	239		1,077	27
28	<u>Remove abandoned old plumbing from bathrooms, removed unus</u>	2021	5,040	183	28	183		825	28
29	<u>Third floor and second floor air handlers removal and installation</u>	2021	5,320	193	28	193		871	29
30	<u>Boiler vent - welding stainless steel inside duct, bands, salient</u>	2021	5,299	193	28	193		867	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,269,676	\$ 35,132		\$ 66,805	\$ 31,673	\$ 1,761,119	34

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2025

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		\$ 3,269,676	\$ 35,132		\$ 66,805	\$ 31,673	\$ 1,761,119	1
2									2
3	Allocated from MML	2022	22,399,206		28	814,517	814,517	6,251,680	3
4	Allocated from MML	2022	2,037,317		15	135,821	135,821	1,020,194	4
5									5
6									6
7	AHU-06 Blower Motor-Labor, parts	2023	2,904	290	10	290		726	7
8									8
9	RE-Install vinyl floor, carpet-second floor	2023	10,286	374	28	374		1,262	9
10	RE-Compressor for walk in freezer	2023	4,879	177	28	177		599	10
11	RE-Replace 4" gate valve	2023	4,137	150	28	150		508	11
12	RE-Furnish & install 2 raypak boilers	2023	12,942	471	28	471		1,588	12
13	RE-Removed & Installed new pot feeder with housing	2023	3,055	111	28	111		375	13
14	RE-Replace 2 pipe wall air handler	2023	3,072	112	28	112		376	14
15	RE-Remove 90 degree trap and install inline valve	2023	7,100	258	28	258		871	15
16	RE-Install vinyl floor-second floor	2023	12,373	450	28	450		1,519	16
17	RE-Lift station pump repair & replace	2023	6,485	236	28	236		796	17
18	Re-Concrete Flatwork	2023	5,400	540	10	540		1,350	18
19									19
20	RE-R&M floor replacement corridors, 2nd-4th floor plank	2023	70,421		10	7,042	7,042	17,605	20
21	RE-R&M landscaping, shrubs, trees around facility	2023	42,674		10	4,267	4,267	10,669	21
22	RE-Install new isolation valve and drain - boiler	2024	4,487		28	163	163	245	22
23	RE-Packing & check valve replacement - Elevator 3	2024	23,982		28	872	872	1,308	23
24	RE-Install new carpets for 2nd floor corridors	2024	16,713		15	1,114	1,114	1,671	24
25	RE-Filter core for chiller	2024	8,610		28	313	313	470	25
26	RE-Fireproofing beams	2024	8,268		28	301	301	451	26
27	RE-New compressors for dining room RTU	2024	12,368		28	450	450	676	27
28	RE-Hydraulic Oil for Elevator	2024	9,680		28	352	352	528	28
29	RE-RTU return blower for front entrance	2024	7,540		28	274	274	411	29
30	RE-Brick Paver materials for Patio	2024	4,800		10	480	480	720	30
31	RE-Sealcoat Pavement	2024	7,000		10	700	700	1,050	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 27,995,375	\$ 38,302		\$ 1,036,642	\$ 998,340	\$ 9,078,767	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 12E, Carried Forward	\$ 27,995,375	\$ 38,302		\$ 1,036,642	\$ 998,340	\$ 9,078,767	1
2	Flooring 3rd floor east hallway	202510,250		27.5	342	342	342	2
3	Flooring 3rd flor old building corridors	202516,847		27.5	562	562	562	3
4	Installation of condensing unit for walk in freezer	202510,884		27.5	363	363	363	4
5	Elevator #1 hydraulic jack, valves	202533,965		27.5	618	618	618	5
6	New building main AH blower motor replacement	202512,854		27.5	195	195	195	6
7	Elevator #2 Replace hydraulic jack, valves	202530,878		27.5	468	468	468	7
8								8
9								9
10	Reconcile to book depreciation		117,698			(117,698)		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)	\$ 28,111,053	\$ 156,000		\$ 1,039,188	\$ 883,188	\$ 9,081,313	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	\$954,183	\$	\$104,231	\$104,231		\$896,305	71
72	Current Year Purchases	49,005		3,751	3,751		3,751	72
73	Fully Depreciated Assets	4,833,849					4,833,849	73
74	See Sch 13A	950,628		128,987	128,987		673,143	74
75	TOTALS	\$6,787,665	\$	\$236,969	\$236,969		\$6,407,048	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	2004-017 Genie Z45/25j Art Boom Diesel		2021	\$4,594	\$	\$919	\$919	5	\$3,905	76
77										77
78	LAG VOYAGER 2022 P		2023	82,427		16,485	16,485	5	41,214	78
79	Allocated from MGMT co.			18,040		494	494		16,281	79
80	TOTALS			\$105,061	\$	\$17,898	\$17,898		\$61,400	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)	\$38,213,189	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$156,000	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$1,294,055	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$1,138,055	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$15,549,761	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	\$497,171	92
93			93
94			94
95		\$497,171	95

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

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

Facility Name: Meadowbrook Manor LaGrange

IDPH License ID Number: 0047274

Fiscal Year End: 12/31/2025

Schedule 13A

XI. Ownership Costs

Line 74 - Equipment Depreciation

	Category of	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
	Equipment						
74	Allocation from MML 2021	60,684		12,137		5	42,479
74	Allocation from MML 2021	796,145		113,735		7	546,944
74	Allocation from BHCG	75,916		2,144		7	67,778
74	Allocation from Ability Therapy / Accommodate, Restore & Collaborate LLC	17,883		971		7	15,942
	TOTAL	950,628	-	128,987	-		673,143

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	Mgmt Alloc.				6,132			6
7	TOTAL				\$ 6,132			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:
- *

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: \$ 144,896
- Description: See Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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 LaGrange

IDPH License ID Number: 0047274

Fiscal Year End: 12/31/2025

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Nursing	80,365
Mattress and Bed Rental	31,919
Copier	4,651
Postage Machine	1,245
Rent Storage	24,646
Allocated from BHCG	2,070
Total - Line 16	144,896

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	10A(7)	10459	hrs	\$ 575,229		\$	10,459	\$ 575,229	1	
2	Licensed Speech and Language Development Therapist	10A(7)	4019	hrs	221,058			4,019	221,058	2	
3	Licensed Recreational Therapist			hrs						3	
4	Licensed Physical Therapist	10A(7),39(2)	11916	hrs	655,389			3,804	11,916	659,193	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				541,324		541,324	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs						10	
11	Academic Education			hrs						11	
12	Other (specify): <u>Oxygen</u>	39(2)						96,251		96,251	12
13	Other (specify): <u>Respiratory Therapist</u>	39(1,3)	1443		80,583	42	2,708		1,485	83,291	13
14	TOTAL				\$ 1,532,259	42	\$ 2,708	\$ 641,379	27,879	\$ 2,176,346	14

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

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 375,043	\$ 692,254	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,350,684)	5,422,634	5,422,634	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	(81,031)	(18,725)	6
7	Other Prepaid Expenses	25,737	25,737	7
8	Accounts Receivable (owners or related parties)	(2,079,474)	(1,967,439)	8
9	Other(specify): See Sch 17A	70,909	2,700,654	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,733,818	\$ 6,855,115	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		3,209,410	13
14	Buildings, at Historical Cost		1,833,282	14
15	Leasehold Improvements, at Historical Cost	5,496,706	26,277,771	15
16	Equipment, at Historical Cost	1,239,372	6,892,726	16
17	Accumulated Depreciation (book methods)	(2,914,114)	(15,549,761)	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 (spec) CIP		497,171	22
23	Other(specify): See Sch 17A	94,298	1,143,026	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,916,262	\$ 24,303,625	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,650,080	\$ 31,158,740	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,327,879	\$ 2,555,414	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,440,463	2,440,463	29
30	Accrued Salaries Payable	790,298	790,298	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,139,889	1,139,889	31
32	Accrued Real Estate Taxes(Sch.IX-B)		1,014,000	32
33	Accrued Interest Payable	(14,883)	52,627	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Sch 17A	8,407,417	3,354,569	36
37	Due to Related Parties	812,030	1,660,761	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 15,903,093	\$ 13,008,021	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,940,024	3,940,024	39
40	Mortgage Payable		24,549,128	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)	\$ 3,940,024	\$ 28,489,152	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 19,843,117	\$ 41,497,173	46
47	TOTAL EQUITY(page 18, line 24)	\$ (12,193,037)	\$ (10,338,433)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,650,080	\$ 31,158,740	48

*(See instructions.)

Facility Name: Meadowbrook Manor LaGrange
IDPH License ID Number: 0047274
Fiscal Year End: 12/31/2025

Schedule 17A

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

	Description	Operating	After Consolidation
10026	Refund Exchange	70,012	70,012
10027	Trust Fund Transfer	897	897
16540	Trust Fund Transfer	-	521,745
16550	Trust Fund Transfer	-	(117,474)
17400	Trust Fund Transfer	-	2,225,474
Total - Line 9		70,909	2,700,654

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

	Description	Operating	After Consolidation
14050	Due from Nick & Dorothy Vangel	80,000	80,000
16700	Preferred Stock-Short Term Inv	15,000	15,000
17420	Due to Lagrange Development	(702)	(702)
15100	Due to Lagrange Development	-	316,925
15110	Due to Lagrange Development	-	509,369
15115	Due to Lagrange Development	-	30,000
15135	Due to Lagrange Development	-	192,434
Total - Line 23		94,298	1,143,026

Line 36 Other Current Liabilities (specify):

	Description	Operating	After Consolidation
10041	Amex Credit Card	19,693	19,693
17200	Due To/From Bolingbrook	(14,307)	(14,307)
17300	Due To/From Naperville	1,526,690	1,526,690
17810	Due From MMG Partners LP	96,795	96,795
18400	Due from Beaver Creek Constr	(10,318)	(10,318)
20030	Accrued Operating Expense	121,741	144,741
20205	Accrued 401k Matching Fund	9,890	9,890
20250	Accrued Rent	5,075,848	-
20260	Accrued Management Fees	820,254	820,254
21100	Workman's Compensation Liabil	(163,122)	(163,122)
21150	Professional Liability Claims	75,000	75,000
21510	Resident Refunds	849,253	849,253
Total - Line 36		8,407,417	3,354,569

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (9,681,499)	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(1,682,122)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,363,621)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(829,416)	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)	\$ (829,416)	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)	\$ (12,193,037)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

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	\$ 17,026,090	1
2	Discounts and Allowances for all Levels	1,606,043	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,632,133	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,935,539	6
7	Oxygen	49,136	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,984,675	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	470,687	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	188,326	19
20	Radiology and X-Ray	44,240	20
21	Other Medical Services	100,888	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 804,141	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,013	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,013	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Sch 19A</u>	49,613	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 49,613	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 22,475,575	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	3,006,374	31
32	Health Care	8,854,450	32
33	General Administration	4,398,693	33
	B. Capital Expense		
34	Ownership	2,961,288	34
	C. Ancillary Expense		
35	Special Cost Centers	3,611,769	35
36	Provider Participation Fee	472,417	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 23,304,991	40
41	Income before Income Taxes (line 30 minus line 40)**	(829,416)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (829,416)	43

III. Net Inpatient Revenue detailed by Payer Source for each line			
44	Medicaid Fee for Service	\$ 2,469,460.00	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)		45
46	MMAI-Medicaid is the Primary Payer	4,579,254.00	46
47	MMAI-Medicare is the Primary Payer	81,792.00	47
48	Private Pay	4,834,123.00	48
49	Medicare Part A	3,912,868.00	49
50	Other-(specify) <u>Hospice & Veterans</u>	2,754,636.00	50
51	Other-(specify)		51
52	Other-(specify)		52
53	Other-(specify)		53
54	Other-(specify)		54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,632,133	56

Facility Name: Meadowbrook Manor LaGrange

IDPH License ID Number: 0047274

Fiscal Year End: 12/31/2025

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

	Description	Amount
59311	Transportation	2,400
59911	Misc. Income	47,213
Total - Line 28		49,613
		-

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	1,428	1,728	\$ 188,522	\$ 109.10	1
2	Assistant Director of Nursing	1,368	1,656	124,424	75.14	2
3	Registered Nurses	27,539	33,329	1,635,566	49.07	3
4	Licensed Practical Nurses	38,710	46,849	2,070,174	44.19	4
5	CNAs & Orderlies	118,777	143,750	3,387,855	23.57	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,658	2,006	80,583	40.17	8
9	Activity Director					9
10	Activity Assistants	7,681	9,296	174,917	18.82	10
11	Social Service Workers	5,216	6,312	204,098	32.33	11
12	Dietician					12
13	Food Service Supervisor	83	100	1,884	18.84	13
14	Head Cook	9,020	10,917	204,765	18.76	14
15	Cook Helpers/Assistants	23,797	28,800	540,200	18.76	15
16	Dishwashers					16
17	Maintenance Workers	3,561	4,310	98,526	22.86	17
18	Housekeepers	26,203	31,713	567,448	17.89	18
19	Laundry	3,125	3,782	63,010	16.66	19
20	Administrator	1,520	1,840	160,761	87.37	20
21	Assistant Administrator	965	1,168	39,179	33.54	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,501	10,289	254,940	24.78	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	2,116	2,581	46,713	18.10	31
32	Other Health Care Staffing Coordinator	2,633	3,187	108,053	33.90	32
33	Other(specify) See SCH20A	5,991	7,251	247,853	34.18	33
34	TOTAL (lines 1 - 33)	289,892	350,864	\$ 10,199,471 *	\$ 29.07	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	\$ 20,502	1(3)	35
36	Medical Director	Monthly	144,000	9(7)	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	35,065	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	915	11(3)	44
45	Social Service Consultant				45
46	Other(specify) Infectious disease	Monthly	12,000	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 212,482		49

C. CONTRACT NURSES

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

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

** See instructions.

Facility Name: Meadowbrook Manor LaGrange
IDPH License ID Number: 0047274
Fiscal Year End: 12/31/2025

Schedule 20A

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Wages- Marketing	1,633	1,976	102,756	\$ 52.00
Community Relations Staff	1,568	1,898	46,389	\$ 24.44
Human Resources Wages	1,500	1,816	60,565	\$ 33.35
Community Relations Staff	1,290	1,561	38,143	\$ 24.43
Total - Line 33 Other (specify):	5,991	7,251	247,853	

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount
Lisa M. Williams	Administrator		\$ 160,761	Workers' Compensation Insurance		\$ 77,657	IDPH License Fee		\$
Isabel Gomez	Assistant Administrator		39,179	Unemployment Compensation Insurance		41,701	Advertising: Employee Recruitment		
				FICA Taxes		769,192	Health Care Worker Background Check		
				Employee Health Insurance		587,575	(Indicate # of checks performed 147)		1,761
				Employee Meals			Patient Background Checks 508		6,535
				Illinois Municipal Retirement Fund (IMRF)*			Association Dues (total from pg 22, #4)		1,246
				Employee Lab Tests		5,440	Miscellaneous Licenses & Fees		17,723
				Employee Retirements(401K)		31,242	Miscellaneous Dues & Subscriptions		38,013
				Holiday Expense			Advertising Classified		12,607
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				Uniform Allowance		167	Allocated from Home Office		9,267
				Other Employee benefits		58,365	Less: Public Relations Expense		()
							PAC and Lobbying payments		(623)
							All non-allowable advertising		()
							TOTAL (agree to Sch. V, line 20, col. 8)		\$ 86,529
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,571,339			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
				Description		Line #	Description		Amount

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name: Meadowbrook Manor LaGrange
IDPH License ID Number: 0047274
Fiscal Year End: 12/31/2025

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Allegro Record Solutions	Professional Services	1,490
Maven Health Partners LLC	Professional Services	1,400
RSM US LLP	Accounting Fees	87,631
Cherry Bekaert Advisory LLC	Accounting Fees	5,635
Pointclickcare Technologies	Data Processing Fees	80,341
Smartlinx Solutions LLC	Data Processing Fees	44,566
Personnel Planners Inc	Professional Services	1,725
Terrill Consulting Services Inc.	Professional Services	24,387
Innovative LTC Solutions	Professional Services	8,573
Equifax Workforce	Professional Services	161
Butterfield Healthcare Group Inc.	Professional Services	5,000
Ben Lazare Consulting Inc.	Professional Services	2,500
Paylocity	Payroll Processing Fees	40,339
Polsinelli PC	Legal Fees	18,153
HIPP Law Office	Legal Fees	29,574
Paragon Heating & Cooling	Legal Fees	505
Kilpatrick	Legal Fees	953
Croke Fairchild Morgan & Beres LLC	Legal Fees	523
Morgan Lewis & Bockius LLP	Legal Fees	15,312
Total (agree to Schedule V, line 19, column 3)		368,768
Allocated from RE Entity Accounting Fees		47,938
Allocated from RE Entity Legal Fees		702
Allocated from RE Entity Professional Fees		300
Allocated from RE Entity Professional Services		1,871
Allocated from BHCG		19,422
Allocated from Ability		19,152
Less: Non-Allowable Legal Fees		(31,778)
Reclass Data processing		(80,341)
Total (agree to Schedule V, line 19, column 8)		346,034

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>623</u> |
| | |
| | |
| | <u>623</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>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>1,246</u> |
| | |
| | |
| | <u>1,246</u> Total |
- (5) Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. \$ 89,515 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. \$ 472,417
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. \$ No Has any meal income been offset against related costs? No 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? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (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.