

		FOR BHF USE				

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

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

<p>I. IDPH License ID Number: <u>0037366</u></p> <p>Facility Name: <u>Meadowbrook Manor</u></p> <p>Address: <u>431 W Remington Blvd</u> <u>Bolingbrook</u> <u>60440</u> Number City Zip Code</p> <p>County: <u>Will</u></p> <p>Telephone Number: <u>(630) 759-1112</u> Fax # <u>(630) 759-4406</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>11/5/1991</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Amanda Springborn</u> Telephone Number: <u>(314) 925-3838</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; border: 1px solid black;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(Title) _____</td> </tr> <tr> <td style="border: 1px solid black;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td colspan="2">(Print Name and Title) _____</td> </tr> <tr> <td></td> <td colspan="2">(Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 517-7070</u></td> <td>Fax # <u>(847) 517-7067</u></td> </tr> </table> <p>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u>			(Telephone) <u>(847) 517-7070</u>	Fax # <u>(847) 517-7067</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name & ID Number Meadowbrook Manor

0037366 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed 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	<u>298</u>	Skilled (SNF)	<u>298</u>	<u>109,068</u>	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	<u>298</u>	TOTALS	<u>298</u>	<u>109,068</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	<u>29,284</u>	<u>3,302</u>	<u>32,481</u>	<u>65,067</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>29,284</u>	<u>3,302</u>	<u>32,481</u>	<u>65,067</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 59.66%

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 number of beds certified 298 and days of care provided 9,192

Medicare Intermediary

National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	516,689	53,976	33,200	603,865		603,865	352	604,217		1
2	Food Purchase		561,550		561,550		561,550	1,773	563,323		2
3	Housekeeping	332,688	73,388	-	406,076		406,076	6,121	412,197		3
4	Laundry	166,764	34,607	-	201,371		201,371		201,371		4
5	Heat and Other Utilities			232,420	232,420		232,420	3,369	235,789		5
6	Maintenance	189,419	10,393	210,695	410,507		410,507	31,914	442,421		6
7	Other (specify):* Mgmt Co Benefits	-	-	-				6,010	6,010		7
8	TOTAL General Services	1,205,560	733,914	476,315	2,415,789		2,415,789	49,539	2,465,328		8
	B. Health Care and Programs										
9	Medical Director	-	-	150,583	150,583		150,583	19,685	170,268		9
10	Nursing and Medical Records	6,490,090	813,625	177,491	7,481,206		7,481,206	20,661	7,501,867		10
10a	Therapy	-	-	-				1,303,834	1,303,834		10a
11	Activities	232,212	9,997	-	242,209		242,209	58	242,267		11
12	Social Services	238,931	-	1,431	240,362		240,362	97	240,459		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Mgmt Co Benefits	-	-	-				2,865	2,865		15
16	TOTAL Health Care and Programs	6,961,233	823,622	329,505	8,114,360		8,114,360	1,347,200	9,461,560		16
	C. General Administration										
17	Administrative	248,400	-	1,024,033	1,272,433		1,272,433	(96,158)	276,275		17
18	Directors Fees			-							18
19	Professional Services			552,879	552,879		552,879	81,220	634,099		19
20	Dues, Fees, Subscriptions & Promotions			86,105	86,105		86,105	2,167	88,272		20
21	Clerical & General Office Expenses	513,165	19,666	38,674	571,505		571,505	607,571	1,179,076		21
22	Employee Benefits & Payroll Taxes			1,525,930	1,525,930		1,525,930		1,525,930		22
23	Inservice Training & Education			6,565	6,565		6,565		6,565		23
24	Travel and Seminar			8,288	8,288		8,288	794	9,082		24
25	Other Admin. Staff Transportation		-	6,960	6,960		6,960	7,755	14,715		25
26	Insurance-Prop.Liab.Malpractice			1,039,254	1,039,254		1,039,254	135,378	1,174,632		26
27	Other (specify):* Mgmt Co Benefits			-				228,410	228,410		27
28	TOTAL General Administration	761,565	19,666	4,288,688	5,069,919		5,069,919	67,136	5,137,055		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,928,358	1,577,202	5,094,508	15,600,068		15,600,068	1,463,875	17,063,943		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			305,511	305,511		305,511	420,291	725,802			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			253,358	253,358		253,358	749,913	1,003,271			32
33	Real Estate Taxes			-				414,265	414,265			33
34	Rent-Facility & Grounds			1,836,000	1,836,000		1,836,000	(1,835,617)	383			34
35	Rent-Equipment & Vehicles			87,080	87,080		87,080	1,608	88,688			35
36	Other (specify):*			-								36
37	TOTAL Ownership			2,481,949	2,481,949		2,481,949	(249,540)	2,232,409			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	54,978	54,978		54,978		54,978			38
39	Ancillary Service Centers	-	493,326	1,521,465	2,014,791		2,014,791	(1,481,509)	533,282			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			532,301	532,301		532,301		532,301			42
43	Other (specify):* Non-Allowable Cos	178,873	-	597,609	776,482		776,482	(776,482)				43
44	TOTAL Special Cost Centers	178,873	493,326	2,706,353	3,378,552		3,378,552	(2,257,991)	1,120,561			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,107,231	2,070,528	10,282,810	21,460,569		21,460,569	(1,043,656)	20,416,913			45

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(67,415)	30		9
10	Interest and Other Investment Income	(58,502)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(857)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(18,333)	43		18
19	Entertainment				19
20	Contributions	(6,750)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(20,814)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(410,741)	43		24
25	Fund Raising, Advertising and Promotional	304	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(12,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(341,573)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (936,681)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(106,975)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (106,975)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,043,656)		37

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

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

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

Meadowbrook Manor

ID# 0037366

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Lobbying expenses	\$ (4,852)	20	1
2	Consolidated Billing	(1,438)	43	2
3	X-Ray	(50,101)	43	3
4	Radiology	27,920	43	4
5	Laboratory	(63,626)	43	5
6	Cable Television Expense	(27,753)	43	6
7	Marketing Expenses	(1,083)	43	7
8	Marketing Wages	(78,354)	43	8
9	Admission wages	(66,801)	43	9
10	Community Relations Staff	(25,642)	43	10
11	Customer Experience Director	(8,076)	43	11
12	State Replacement tax	(36,580)	43	12
13	Chamber of Commerce dues	(800)	20	13
14	Marketing Fees	(4,387)	43	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
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33				33
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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	(341,573)		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 Pg 6-Supp	See Pg6-Supp	Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor of Naperville	Naperville	J&D Partners, L.P.	Bolingbrook	Lessor
		Butterfield Health Care VII, LLC d/b/a Meadowbrook Manor of LaGrange	LaGrange	MMN Partners, L.P.	Naperville	Lessor
				Butterfield Health 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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	10 Nursing & Medical Records	\$ 0	Ability Therapy	100%	\$ 9,168	\$ 9,168	1
2	V	10A Therapy	0	Ability Therapy	100%	1,303,835	1,303,835	2
3	V	19 Professional Services	0	Ability Therapy	100%	3,479	3,479	3
4	V	20 Dues, Fees, Subscriptions & Promotions	0	Ability Therapy	100%	37	37	4
5	V	21 Clerical & General Office Expenses	0	Ability Therapy	100%	14,700	14,700	5
6	V	26 Insurance-Prop, Liab & Malpractice	0	Ability Therapy	100%	5,910	5,910	6
7	V	27 Other	0	Ability Therapy	100%	129,669	129,669	7
8	V	34 Rent - Facility & Grounds	0	Ability Therapy	100%	383	383	8
9	V	39 Ancillary Services-Other	1,481,514	Ability Therapy	100%	0	(1,481,514)	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,481,514			\$ 1,467,181	\$ * (14,333)	14

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

Facility Name & ID Number

Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2020

Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	1 Dietary	\$	Butterfield Health Care Group, Inc.	100%	\$ 352	\$	352	15
16	V	2 Food		Butterfield Health Care Group, Inc.	100%	1,773		1,773	16
17	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100%	6,121		6,121	17
18	V	5 Utilities		Butterfield Health Care Group, Inc.	100%	3,369		3,369	18
19	V	6 Maintenance		Butterfield Health Care Group, Inc.	100%	31,914		31,914	19
20	V	7 Other		Butterfield Health Care Group, Inc.	100%	6,010		6,010	20
21	V	9 Medical Director		Butterfield Health Care Group, Inc.	100%	19,685		19,685	21
22	V	10 Nursing & Medical Records		Butterfield Health Care Group, Inc.	100%	11,493		11,493	22
23	V	11 Activities		Butterfield Health Care Group, Inc.	100%	58		58	23
24	V	21 Clerical & General Office Expenses - Salary		Butterfield Health Care Group, Inc.	100%	97		97	24
25	V	15 Other		Butterfield Health Care Group, Inc.	100%	2,865		2,865	25
26	V	17 Administrative	1,024,033	Butterfield Health Care Group, Inc.	100%	27,875		(996,158)	26
27	V	19 Professional Services		Butterfield Health Care Group, Inc.	100%	48,653		48,653	27
28	V	20 Dues, Fees, Subscriptions & Promotions		Butterfield Health Care Group, Inc.	100%	7,682		7,682	28
29	V	21 Clerical & General Office Expenses		Butterfield Health Care Group, Inc.	100%	592,849		592,849	29
30	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100%	794		794	30
31	V	25 Other Admin. Staff Transportation		Butterfield Health Care Group, Inc.	100%	7,755		7,755	31
32	V	26 Insurance-Prop, Liab & Malpractice		Butterfield Health Care Group, Inc.	100%	3,182		3,182	32
33	V	27 Other		Butterfield Health Care Group, Inc.	100%	98,741		98,741	33
34	V	30 Depreciation		Butterfield Health Care Group, Inc.	100%	4,896		4,896	34
35	V	32 Interest		Butterfield Health Care Group, Inc.	100%	28,455		28,455	35
36	V	33 Real Estate Taxes		Butterfield Health Care Group, Inc.	100%	9,826		9,826	36
37	V	35 Rent - Equipment & Vehicles		Butterfield Health Care Group, Inc.	100%	1,608		1,608	37
38	V	39 Ancillary Service Centers		Butterfield Health Care Group, Inc.	100%	5		5	38
39	Total		\$ 1,024,033			\$ 916,058	\$ *	(107,975)	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%	\$ 19,830	\$	19,830	15
16	V	19 Accounting Fees		J&D Partners, L.P.	100%	20,733		20,733	16
17	V	26 General Insurance		J&D Partners, L.P.	100%	126,286		126,286	17
18	V	30 Depreciation		J&D Partners, L.P.	100%	482,810		482,810	18
19	V	32 Interest	44	J&D Partners, L.P.	100%	775,965		775,921	19
20	V	32 Amortization - Mortgage Cost		J&D Partners, L.P.	100%	4,039		4,039	20
21	V	33 Real Estate Taxes		J&D Partners, L.P.	100%	404,439		404,439	21
22	V	34 Rent - Facility & Grounds	1,836,000	J&D Partners, L.P.	100%			(1,836,000)	22
23	V	32 Interest Income - Repl Reserve		J&D Partners, L.P.	100%				23
24	V	43 State Replacement tax		J&D Partners, L.P.	100%	3,185		3,185	24
25	V	43 Penalties		J&D Partners, L.P.	100%	243		243	25
26	V	20 Licenses & Permits		J&D Partners, L.P.	100%	100		100	26
27	V	21 Bank Charges		J&D Partners, L.P.	100%	22		22	27
28	V	19 Legal fees		J&D Partners, L.P.	100%	13,725		13,725	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		\$ 1,836,044			\$ 1,851,377	\$ *	15,333	39

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

Facility Name & ID Number

Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Robert Jafari	25						1
2	Kianoosh Jafari	25						2
3	Descendants S Corp Trust F/B/O Sean Willi	6.67						3
4	Descendants S Corp Trust F/B/O Sasha Eva	6.67						4
5	Descendants S Corp Trust F/B/O Ashley Ma	6.66						5
6	Vangel Family Investments, LLP	20						6
7	Dorothy Vangel QSS Trust	7.5						7
8	Descendants Non GST Exempt S-Corp Trus	0.5						8
9	Descendants Non GST Exempt S-Corp Trus	0.5						9
10	Descendants Non GST Exempt S-Corp Trus	0.5						10
11	Descendants GST Exempt S-Corp Trust F/B	0.5						11
12	Descendants GST Exempt S-Corp Trust F/B	0.5						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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	Christopher Vangel	Operating Supvsr.	Administrative	5	177,750	8	20.00	Mgmt Salary	\$ 7,250	17(7) 1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.5	173,681	2	5.00	Mgmt Salary	11,319	17(7) 2
3	Robert Jafari	Operating Supvsr.	Administrative	25	14,000	2	5.00	Mgmt Salary	7,000	17(7) 3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5	146,825	2	5.00	Mgmt Salary	2,306	17(7) 4
5	Dorothy Vangel	Operating Supvsr.	Administrative	12.5	105,754	0	0.00	N/A		N/A 5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$ 27,875	13

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

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

Facility Name & ID Number Meadowbrook Manor

0037366 Report Period Beginning: 01/01/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Ability Rehab LLC
 Street Address 640 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	5,210,455	5	\$ 32,245	\$ 0	1,481,485	\$ 9,168	1
2	10A	Therapy	Therapy Revenue	5,210,455	5	4,585,650	4,584,873	1,481,485	1,303,835	2
3	19	Professional Services-Legal	Therapy Revenue	5,210,455	5	3,803	0	1,481,485	1,081	3
4	19	Professional Services-Other	Therapy Revenue	5,210,455	5	8,435	0	1,481,485	2,398	4
5	20	Dues, Fees, Subscriptions & Promotions	Therapy Revenue	5,210,455	5	131	0	1,481,485	37	5
6	21	Clerical & General Office Expense	Therapy Revenue	5,210,455	5	51,699	0	1,481,485	14,700	6
7	26	Insurance-Prop, Liab & Malpractice	Therapy Revenue	5,210,455	5	20,784	0	1,481,485	5,910	7
8	27	Other - Mgmt Allocation of Benefits	Therapy Revenue	5,210,455	5	456,052	0	1,481,485	129,669	8
9	34	Rent - Facility & Grounds	Therapy Revenue	5,210,455	5	1,348	0	1,481,485	383	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,160,147	\$ 4,584,873		\$ 1,467,181	25

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization

Butterfield Health Care Group, Inc.

Street Address

648 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 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	244,595	4	\$ 1,323	\$ 65,067	\$ 352	1
2	2	Food	Resident Days	244,595	4	6,664	65,067	1,773	2
3	3	Housekeeping-Salary	Resident Days	244,595	4	19,041	19,041	5,065	3
4	3	Housekeeping	Resident Days	244,595	4	3,969	65,067	1,056	4
5	5	Utilities	Resident Days	244,595	4	12,665	65,067	3,369	5
6	6	Maintenance - Salary	Resident Days	244,595	4	91,677	91,677	24,388	6
7	6	Maintenance	Resident Days	244,595	4	28,291	65,067	7,526	7
8	7	Other - Mgmt Allocation of Benefit	Resident Days	244,595	4	22,592	65,067	6,010	8
9	9	Medical Director	Resident Days	244,595	4	74,000	65,067	19,685	9
10	10	Nursing & Medical Records - Salary	Resident Days	244,595	4	52,782	52,782	14,041	10
11	10	Nursing & Medical Records	Resident Days	244,595	4	(9,577)	65,067	(2,548)	11
12	11	Activities	Resident Days	244,595	4	218	65,067	58	12
13	13	Social Services	Resident Days	244,595	4	364	65,067	97	13
14	15	Other - Mgmt Allocation of Benefit	Resident Days	244,595	4	10,770	65,067	2,865	14
15	17	Administrative - Salary	Average Hours Worked	14	4	16,141	16,141	2,306	15
16	17	Administrative - Salary	Average Hours Worked	6	3	21,000	21,000	7,000	16
17	18	Administrative - Salary	Average Hours Worked	14	4	79,236	79,236	11,319	17
18	19	Administrative - Salary	Average Hours Worked	32	4	29,000	29,000	7,250	18
19	19	Professional Services-Legal	Resident Days	244,595	4	57,392	65,067	15,267	19
20	19	Professional Services-Other	Resident Days	244,595	4	125,501	65,067	33,386	20
21	20	Dues, Fees, Subscriptions & Promotions	Resident Days	244,595	4	28,876	65,067	7,682	21
22	21	Clerical & General Office Expense	Resident Days	244,595	4	2,117,204	2,117,204	563,217	22
23	21	Clerical & General Office Expense	Resident Days	244,595	4	111,389	65,067	29,632	23
24	24	Travel & Seminar	Resident Days	244,595	4	2,984	65,067	794	24
25	TOTALS					\$ 2,903,502	\$ 2,426,081	\$ 761,590	25

Facility Name & ID Number Meadowbrook Manor

0037366 Report Period Beginning: 01/01/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Butterfield Health Care Group, Inc.
 Street Address 648 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 Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2	25	Other Admin. Staff Transportation	Resident Days	244,595	4	29,151	65,067	7,755	2
3	26	Insurance-Prop, Liab & Malpracti	Resident Days	244,595	4	11,960	65,067	3,182	3
4	27	Other - Mgmt Allocation of Benefit	Resident Days	244,595	4	371,180	65,067	98,741	4
5	30	Depreciation	Resident Days	244,595	4	18,404	65,067	4,896	5
6	32	Interest	Resident Days	244,595	4	106,967	65,067	28,455	6
7	33	Real Estate Taxes	Resident Days	244,595	4	36,936	65,067	9,826	7
8	34	Rent - Equipment & Vehicles	Resident Days	244,595	4	6,043	65,067	1,608	8
9	39	Ancillary Service Centers	Resident Days	244,595	4	17	65,067	5	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	580,658	\$	154,468	25

Facility Name & ID Number

Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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
		Related**					Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Monthly Payment Required	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)		
A. Directly Facility Related												
Long-Term												
1	Cambridgr - HUD		X	Mortgage	\$137,422.55	8/19/2020	\$ 20,876,000	\$ 17,623,504	10/1/1946	3.50%	\$ 623,452	1
2	Cambridgr - HUD		X	Amortization of Loan cost							4,039	2
3	West Suburban Bank		X	Surplus of cash	Monthly	8/19/2020	1,250,000	12,500,000	8/19/2021	Prime rate	152,344	3
4												4
5												5
Working Capital												
6	West Suburban Bank		X	Working capital	N/A	12/1/2019	5,000,000	3,269,802	6/1/2020	Prime+2%	160,220	6
7	Shareholder Loan	X		Working capital	N/A			2,497,656	Demand	4%	81,049	7
8	See 9A						4,498,343	4,497,953			-	8
9	TOTAL Facility Related				\$137,422.55		\$ 31,624,343	\$ 40,388,915			\$ 1,021,104	9
B. Non-Facility Related*												
10											(58,546)	10
11											12,258	11
12											28,455	12
13												13
14	TOTAL Non-Facility Related						\$	\$			(17,833)	14
15	TOTALS (line 9+line14)						\$ 31,624,343	\$ 40,388,915			\$ 1,003,271	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
 IDPH License ID Number: 0037366
 Fiscal Year End: 12/31/2020

Schedule 9A

IX. Interest Expense and Real Estate Tax Expense

1	2	3	4	5	6		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	Health Care and Family	X	Working ca	\$83,333.33	4/19/2019		1,000,000	999,610	9/18/2020	NA	-	6						
7	Midland Bank	X	PPP Loan	\$0.00	04/01/2020		2,201,640	2,201,640	4/1/2021	0	-	7						
8	National Government Se	X	Deferred Payment		03/28/20		1,296,703	1,296,703	3/30/2021	NA	-	8						
9	TOTAL Facility Related			\$83,333.33		\$	4,498,343	\$ 4,497,953			\$ -	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related			\$0.00		\$	-	\$ -			\$ -	14						

2019 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 2019 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2019.

(A)	(B)	(C)	(D) <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>396,744.06</u>	\$ <u>396,744.06</u>
2. <u>07-04-101-017</u>	<u>Mgmt Co Allocation</u>	\$ <u>83,134.42</u>	\$ <u>9,826.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>479,878.48</u></u>	\$ <u><u>406,570.06</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 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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 (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>270,508</u>	<u>1991</u>	<u>\$ 404,280</u>	1
2	<u>Resident Care</u>	<u>21,286</u>	<u>1996</u>	<u>287,781</u>	2
3	TOTALS	291,794		\$ 692,061	3

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
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	\$ 6,035,313	4
5	10	1994	1994	31,090	-	40	777	777	20,979	5
6	53	1996	1996	2,505,079	-	40	62,627	62,627	1,534,362	6
7					-		-			7
8					-		-			8
Improvement Type**										
9	1992 Improvements	1992		32,614	-	20	-		32,614	9
10	1993 Improvements	1993		2,750	-	20	-		2,750	10
11	1993 Improvements	1993		4,822	-	40	121	121	3,327	11
12	1994 Improvements	1994		6,432	-	10	-		6,432	12
13	1994 Improvements	1994		18,192	-	20	-		18,192	13
14	1995 Improvements	1995		12,681	-		-		12,681	14
15	Electric Exterior Sign	1995		7,820	-		-		7,820	15
16	New Doors	1996		1,475	-		-		1,475	16
17	Hot Water Tank	1996		3,847	-		-		3,847	17
18	Landscaping	1996		13,490	-		-		13,490	18
19	Repaving Parking Lot	1996		7,412	-		-		7,412	19
20	Replace Irrigation System	1996		27,077	-		-		27,077	20
21	Walk in Freezer	1996		29,923	-		-		29,923	21
22	Landscaping	1996		17,283	-		-		17,283	22
23	Outside Parking Lot Lighting	1997		2,102	-		-		2,102	23
24	Nurse Call Station Extension Work	1997		3,310	-		-		3,310	24
25	Remodeling Work- Windsor Hall	1997		3,500	-		-		3,500	25
26	Basement Remodeling- Street Village Decor	1997		31,614	-	39	790	790	17,775	26
27	Remodeling- Ice Cream Parlor	1999		3,624	-	39	93	93	1,906	27
28	Remodeling Work - rd Floor Hamilton Unit	2000		16,421	-	39	421	421	8,631	28
29	Remodeling Work - NurseStation (All Floors)	2000		20,103	-	39	515	515	10,558	29
30	Plumbing Electrical Work - Boiler Room (Basement)	2000		4,587	-	39	118	118	2,419	30
31	Remodeling Work - Dialysis Room	2000		7,253	-	39	186	186	3,813	31
32	1992 Improvements	1992		2,245	-	10	-		2,245	32
33	Parking Lot Paving	2001		48,629	-	20	2,431	2,431	47,405	33
34	Remodeling Work	2001		13,319	-	39	342	342	6,668	34
35	Window Treatments	2001		45,531	-	39	1,166	1,166	22,738	35
36	Double Door Insulation	2001		6,860	-	39	176		3,432	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

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Report Period Beginning:

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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	\$ 1,688	\$ 1,688	\$ 31,229	37
38	Reconstruct Front Entrance Awning	2002	11,915	-	20	596	596	11,026	38
39	Window Treatments	2002	4,672	-	20	234	234	4,329	39
40	Ceiling Tiles	2002	2,306	-	20	115	115	2,128	40
41	Exterior Signs	2002	18,832	-	20	942	942	17,427	41
42	Ceiling Tiles	2003	2,029	-	10	-	-	2,029	42
43	Ceiling Tiles	2003	916	-	20	46	46	856	43
44	Exterior Signs	2003	12,600	-	20	630	630	11,025	44
45	Install 16 Horizontal Tubes in Stairwell	2003	1,600	-	20	80	80	1,400	45
46	Electric Work for Dialysis Room	2003	6,736	-	20	337	337	5,896	46
47	Install 9 Motors on Fire Dampers	2003	3,651	-	20	182	182	3,185	47
48	Plumbing for Dialysis Room	2003	10,989	-	10	-	-	10,989	48
49	Exterior Concrete Patchwork	2003	3,200	-	20	160	160	2,752	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	281	281	4,635	65
66	Install Blinds	2004	5,002	-	20	250	250	4,125	66
67	Exterior Lighting	2004	3,808	-	20	190	190	3,135	67
68	Sealing on Roof	2004	2,300	-	20	115	115	1,898	68
69	Install Drainage for Roof	2004	5,000	-	20	250	250	4,125	69
70	TOTAL (lines 4 thru 69)		\$ 11,407,614	\$ -		\$ 282,784	\$ 282,608	\$ 8,098,250	70

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

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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	\$ -		\$ 282,784	\$ 282,784	\$ 8,098,250	1
2	Ceramic Tile for Kitchen	2004	6,221	-	20	312	312	5,148	2
3	Plant 3 Trees	2004	1,125	-	20	56	56	924	3
4	Butterfly Garden	2004	3,423	-	20	171	171	2,822	4
5	Expand Phone System	2005	2,175	-	20	108	108	1,674	5
6	Replace Boiler	2005	23,894	-	20	1,195	1,195	18,522	6
7	Install new Compressor	2005	7,652	-	20	383	383	5,936	7
8	Install new Coil	2005	7,230	-	20	362	362	5,611	8
9	Replace fire doors	2005	3,116	-	20	156	156	2,418	9
10	Install carpeting in 3 offices	2005	1,608	-	20	80	80	1,240	10
11	Install wheelchair access ramp	2005	10,310	-	20	516	516	7,998	11
12	Sealcoat asphalt	2005	9,650	-	20	483	483	7,486	12
13	Furnish and install new taco pump - pavilion	2005	5,986	-	20	299	299	4,635	13
14	Install Blinds	2005	2,242	-	20	112	112	1,736	14
15	Exterior Lighting	2005	18,515	-	20	926	926	14,353	15
16	Furnish and Install new motors, belts & capacitors	2005	3,345	-	20	167	167	2,589	16
17	Furnish and install glycol to HVAC system	2005	10,925	-	20	546	546	8,463	17
18	Install patio	2005	15,232	-	20	762	762	11,811	18
19	Install wiring for new television	2006	37,345	-	20	1,867	1,867	27,072	19
20	Install new cabinets and countertops in supply room	2006	4,365	-	20	218	218	3,161	20
21	New flooring in dining room	2006	14,451	-	20	723	723	10,483	21
22	Remove and replace sidewalk section	2006	4,928	-	20	246	246	3,567	22
23	Replacement parts for air conditioner	2006	9,985	-	20	499	499	7,236	23
24	Interior signage	2006	13,720	-	20	686	686	9,947	24
25	Furnish and install new seals, triple duty valves	2006	7,495	-	20	375	375	5,437	25
26	Furnish and install new compressor	2006	14,500	-	20	725	725	10,512	26
27	Install new lighting in rehab room	2006	3,825	-	20	191	191	2,770	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	\$ -		\$ 294,948	\$ 294,948	\$ 8,385,203	34

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

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Report Period Beginning:

01/01/2020 Ending:

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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	\$ -		\$ 294,948	\$ 294,948	\$ 8,385,203	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 & Physicians lounge renovations:	2008	85,060	-	10	-		85,060	11
12				-		-			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 & install new seal kit, o-rings, water gauges, retainer cap, Gaskets & wood coupler)	2008	6,067	-	10	-		6,067	17
18				-		-			18
19				-		-			19
20	- Plumbing repairs (schlage)	2008	5,123	-	10	-		5,123	20
21	- Repair main air conditioner (install new valve rebuilt Kit, solenoid coil, relief valves, transducer, adaptor, Gaskets & drier cores for system # 1)	2008	7,736	-	10	-		7,736	21
22				-		-			22
23				-		-			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 Main chiller	2008	2,944	-	10	-		2,944	25
26				-		-			26
27	R&M Reclass			-		-			27
28	- Building Sprinkler system repair (clear main feed Blockage, check sprinkler heads on basement - 3rd floor, Alter pipe pitch per Life safety survey)	2008	4,256	-	10	-		4,256	28
29				-		-			29
30				-		-			30
31	- Fire alarm (restor basement audio/visual, trace basement Circuitry to locate disconnect, replace defective motherboard)	2008	2,641	-	10	-		2,641	31
32				-		-			32
33	Reprogram label changes for all buildings)			-		-			33
34	TOTAL (lines 1 thru 33)		\$ 11,981,939	\$ -		\$ 294,948	\$ 294,948	\$ 8,612,863	34

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

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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	\$ -		\$ 294,948	\$ 294,948	\$ 8,612,863	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	91,773	14
15	Buffet-Cabinets, counter	2010	54,719	-	20	2,736	2,736	30,096	15
16	Public Restroom-Toliet and Faucet	2010	8,242	-	20	412	412	4,532	16
17	Main Building-carpeting	2010	48,116	-	20	2,406	2,406	26,466	17
18	DON office, Conf room and lounge-cabinets, chair rails	2010	6,790	-	20	340	340	3,740	18
19	Bathroom updates-showers, grout,tile	2010	4,037	-	20	202	202	2,222	19
20	Patinet Rooms-doors and windows	2010	4,743	-	20	237	237	2,607	20
21	Labor	2010	159,432	-	20	7,972	7,972	87,692	21
22	Elevator Repairs	2011	5,720	-	10	572	572	5,434	22
23	Tinting of the Windows	2011	5,755	-	10	576	576	5,472	23
24	Corridor Remodel -Wall paper, Light Fixture, Carpet,	2011	61,676	-	10	6,168	6,168	58,596	24
25	Shower Remodel - Plumbing, tile, ceramic foors,	2011	86,627	-	10	8,662	8,662	82,289	25
26	Paint, & Fixtures			-		-			26
27	Resident Room Improvements - install new ceramic	2011	268,696	-	10	26,870	26,870	255,265	27
28	Tile foor, crownmould, baseboards, paint			-		-			28
29	Lounge & Juice Bar Remodel - New Cabinet, flooring,	2011	43,336	-	10	4,334	4,334	41,173	29
30	Wiring, paint, crown mould, base board			-		-			30
31	Nurse Station Remodel - flooring, paint, cabinets	2011	57,392	-	10	5,740	5,740	54,530	31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 13,048,197	\$ -		\$ 370,518	\$ 370,518	\$ 9,448,872	34

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

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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	\$ -		\$ 370,518	\$ 370,518	\$ 9,448,872	1
2	<u>Nourishment & PAY Rooms Remodel - flooring, paint,</u>	2011	32,886	-	10	3,288	3,288	31,236	2
3	<u>Cabinets, trim</u>			-		-			3
4	<u>Repairs to the Air Cooled Chiller</u>	2011	124,656	-	10	12,466	12,466	118,427	4
5	<u>Replace the 40 ton Rooftop unit</u>	2011	52,640	-	10	5,264	5,264	50,008	5
6	<u>Repairs to the nursing home</u>	2011	5,473	-	10	547	547	5,197	6
7	<u>Dialysis Conversion - Drywall, Carpeting, Paint, Flooring</u>	2012	44,973	-	10	4,497	4,497	38,225	7
8	<u>Trash Contains Enclosure - excavation, asphalt gates</u>	2012	56,880	-	10	5,688	5,688	48,348	8
9	<u>Stairway remodeling -steel panels, celing from, handrails</u>	2012	17,692	-	10	1,769	1,769	15,037	9
10	<u>Therapy Room remodel -drywall, ceiling tilt, cabinets, glass</u>	2012	48,929	-	10	4,893	4,893	41,590	10
11	<u>First Floor Conference -drywall, celing tile, cabinetry, traim</u>	2012	16,454	-	10	1,645	1,645	13,983	11
12	<u>/ Housekeeping Office remodel -celing tile, vinyl cove</u>	2012	9,741	-	10	974	974	8,279	12
13	<u>Nurses Station remodeling - plumbing</u>	2012	13,419	-	10	1,342	1,342	11,407	13
14	<u>Nurses Station remodeling - electrical work, tempered glass</u>	2012	2,284	-	10	228	228	1,938	14
15	<u>Juice Shop Remodeling Cabinetry, tiles</u>	2012	5,478	-	10	548	548	4,658	15
16	<u>Room remodel 1st, 2nd & 3rd FL Ceiling Tile, Studs, Drywall</u>	2012	92,907	-	10	9,291	9,291	78,973	16
17	<u>Tempered glass, electrical work cabinets</u>			-		-			17
18	<u>Resident Room Improvements - Rooms 230,330,316 Tile and</u>	2013	3,549	-	10	355	355	2,662	18
19	<u>Electric</u>			-		-			19
20	<u>Third Floor Restorative - Flooring, Trim, Drywall Counters</u>	2013	30,733	-	10	3,073	3,073	23,048	20
21	<u>Boiler Room Remodel - Plumbing</u>	2013	9,605	-	10	961	961	7,207	21
22	<u>Remodel Design Fees - Dining Room, Nursing Station, Etc</u>	2013	29,219	-	10	2,922	2,922	21,915	22
23	<u>Water Heater</u>	2013	6,800	-	10	680	680	5,100	23
24	<u>H/R and Administration Offices Remodeling Flooring</u>	2013	2,795	-	10	280	280	2,100	24
25	<u>Stairway remodeling -Panels</u>	2013	3,077	-	10	308	308	2,310	25
26	<u>Fire Sprinkler Remodeling 3 Floor, Boiler Rm</u>	2013	1,643	-	10	164	164	1,230	26
27	<u>Vents Remodeling in Bathroom, Dinning Rm Boiler Rm</u>	2013	1,776	-	10	178	178	1,335	27
28	<u>Replace Heasters and electric work Common Bathrooms</u>	2013	3,811	-	10	381	381	2,858	28
29	<u>Fire Door Remodeling</u>	2013	5,727	-	10	573	573	4,297	29
30	<u>Trash Enclosure Remodeling - Gates replacement</u>	2013	511	-	10	51	51	383	30
31	<u>Land Improvement - Plant, Trees, Sprinkler Sys, Mulch</u>	2013	15,522	-	5	-		15,522	31
32	<u>Land Improvement - Plant, Trees, Sprinkler Sys, Mulch</u>			-		-			32
33	<u>3rd Floor Bathrooms - Vinyl & Adhesive</u>	2013	12,603	-	10	1,260	1,260	9,450	33
34	TOTAL (lines 1 thru 33)		\$ 13,699,980	\$ -		\$ 434,144	\$ 434,144	\$ 10,015,595	34

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

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Report Period Beginning:

01/01/2020 Ending:

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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 12E, Carried Forward		\$ 13,699,980	\$ -		\$ 434,144	\$ 434,144	\$ 10,015,595	1
2	Residents Rooms - Flooring, Walls, Paint, Plumbing, Electric	2013	49,226	-	10	4,923	4,923	36,922	2
3	Parking Lot Expansion	2013	77,177	-	10	7,718	7,718	57,885	3
4	Elevator Repair Install 2 reverse Phase Protection Relays	2014	4,645	-	10	464	464	3,016	4
5	Common Showers Improvements - 2nd & 3rd Floor Rails,	2014	96,909	-	10	9,691	9,691	62,991	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	7,619	7,619	49,523	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	495	495	3,218	11
12	Electrical work and Parts Granite To ps			-		-			12
13	Nursing Stations Improvements 1st, 2nd & 3rd Floors	2014	141,314	-	10	14,131	14,131	91,852	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	1,132	1,132	7,358	17
18	Materials, Canopy			-		-			18
19	Therapy Room Improvements Old Creek Fixtures	2014	6,208	-	10	621	621	4,036	19
20	Residents Rooms -Electrical, Plumbing, Headboards	2014	4,843	-	10	484	484	3,146	20
21	Admissions Office Electrical Work and Materials, Counter	2014	13,370	-	10	1,337	1,337	8,691	21
22	Tops, Cabinets, Carpeting			-		-			22
23	Fire Alarm/Dampers - Replace Equipment, Heating and	2014	98,104	-	10	9,810	9,810	63,765	23
24	Cooling, Electrical Work, and Dampers			-		-			24
25	Fire Alarm/Dampers - Replace Equipment	2014	75,168	-	10	7,517	7,517	48,860	25
26	Window Improvements - Window Trim and Blinds for Offices	2014	4,586	-	10	459	459	2,983	26
27	Replace the Back Door	2014	2,043	-	10	204	204	1,326	27
28	Dietary Office - Counter Tops	2014	6,409	-	10	641	641	4,166	28
29	Roof Inspection and Repair	2014	6,360	-	10	636	636	4,134	29
30	Boiler Up Grade- Labor, Circulating Pump, Boiler Seals	2014	22,297	-	10	2,230	2,230	14,495	30
31	Boiler Up Grade- Installation of Boilers	2014	90,012	-	10	9,901	9,901	63,907	31
32	Corridors - Flooring and Railings, Wall Covering	2014	28,011	-	10	2,801	2,801	18,207	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	\$ -		\$ 516,958	\$ 516,958	\$ 10,583,163	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	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	\$ -		\$ 516,958	\$ 516,958	\$ 10,583,163	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	1,288	1,288	12,876	4
5	Tuckpointing East & North Side Facade	2015	11,730	-	10	1,173	1,173	6,452	5
6	Pavilion Buffet - Pumbing work, Flooring, Staining, Tile,Electctical.	2015	47,027	-	10	4,703	4,703	25,866	6
7	Labor, Glass, other Materials			-					7
8	Skyfight Repairs to the South, 3rd floor and North Wing	2016	4,080	-	10	408	408	1,836	8
9	Remodel the Cofee Shop - Wal covering,built-in bar, vimyl	2016	33,780	-	10	3,378	3,378	15,201	9
10	Remodel the dining Rooms - Wall tile for rooms	2016	11,182	-	10	1,118	1,118	5,031	10
11	Office Renovations - Doors and Counter tops	2016	19,379	-	10	1,938	1,938	8,721	11
12	Town Square Renovation- Signs, Century Tile, Electic work, Built	2016	141,104	-	10	14,110	14,110	63,495	12
13	Theater Renovations Labor Wall Covering, Trim Work	2016	14,346	-	10	1,435	1,435	6,457	13
14	Work Stations Renovation Painting and Built in Cabinets	2016	19,878	-	10	1,988	1,988	8,946	14
15	Install new Resident Medicine Cabinets	2916	7,941	-	10	794	794	3,573	15
16	Snack Shop Renovations	2016	3,895	-	10	390	390	1,755	16
17	Residents Rooms Window Treatments Valances.Trim and Blinds	2016	57,633	-	10	5,763	5,763	25,934	17
18	Door Closers in Residents room 211 & 301	2016	4,003	-	10	400	400	1,800	18
19	Remodel of Private Dinning Room 3rd Fl Steel Studs, Paint, Electrical	2017	10,214	-	10	1,021	1,021	3,574	19
20	Window Relacement Ist,nd&rd FL	2017	12,221	-	10	1,222	1,222	4,277	20
21	Remodel Pavilion Dining Cabinet,Design Fees, Counter tops, Title	2017	84,632	-	10	8,463	8,463	29,621	21
22	Remodel Dining 1st & 3rd FL Cabinet,Desig,n Fees, Counter Tops	2017	108,498	-	10	10,850	10,850	37,975	22
23	Title, electrical			-					23
24	Remodel Pavilion Town Square Drywall, Ceiling, Electrical, Cabinets	2017	44,243	-	10	4,424	4,424	15,484	24
25	Two new Water Heaters and Piping from Quality Mechanical	2017	63,594	-	10	6,359	6,359	22,257	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	\$ -		\$ 588,183	\$ 588,183	\$ 10,907,594	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:

01/01/2020 Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 15,271,758	\$ -		\$ 588,183	\$ 588,183	\$ 10,907,594	1
2	Corridor Lighting - LED Upgrade	2018	42,498	-	10	4,250	4,250	10,625	2
3	Labor, frames, wall art - Model Room	2018	7,310	-	20	365	365	914	3
4	Demo, install drywall & suspended acoustical ceiling - Pavilion The	2018	26,245	-	27.5	955	955	2,387	4
5	Plumbing work - Temporary Kitche	2018	5,548	-	27.5	202	202	504	5
6	New Boiler	2018	23,706	-	27.5	862	862	2,155	6
7	Lighting - Kitchen & Dining rooms	2018	4,419	-	10	442	442	1,105	7
8	Lighting - Resident rooms & bath a	2018	1,505	-	10	151	151	376	8
9	Seventeen Custom Valances for 2nc	2018	4,052	-	10	405	405	1,013	9
10	Wall covering for internet cafe & T	2018	708	-	10	71	71	177	10
11				-		-			11
12	Remove & replace elevator car ill- replace with new aluminum	2019	10,058	-	27.5	366	366	549	12
13	sill			-					13
14	Repair east wing EPDM roof with new flasing	2019	17,000	-	27.5	618	618	927	14
15	Completion of plumbing work - Therapy kitchen trim/basement	2019	17,400	-	27.5	633	633	949	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	321	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	281	20
21	Therapy kitchen counter cut out and undemount sink	2019	2,860	-	27.5	104	104	156	21
22	Tear off old metal on entrance & put new Kynar 24GA metal up	2019	4,700	-	27.5	171	171	256	22
23	Oak doors - 1 each- front and back entrance	2019	9,725	-	27.5	354	354	531	23
24	Floor scales	2019	10,357	-	27.5	377	377	565	24
25	Roof Repairs (Real Estate)	2019	200,000	-	27.5	7,273	7,273	10,909	25
26	Walk in Freezer (Real Estate)	2019	11,990	-	27.5	436	436	654	26
27	Bioler (Real Estate)	2019	23,706	-	27.5	862	862	1,293	27
28	Allocation from management co.	2019		-					28
29			-						29
30			-						30
31			-						31
32			-						32
33			-						33
34	TOTAL (lines 1 thru 33)		\$ 15,706,574	\$ -		\$ 607,481	\$ 607,481	\$ 10,944,242	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 15,706,574	\$		\$ 607,481	\$ 607,481	\$ 10,944,242	1
2									2
3	Fire Alarm/Sprinkler System	2020	14,496		27.5	264	264	264	3
4	Kitchen Exhaust	2020	13,555		27.5	246	246	246	4
5	Circuit Setter	2020	3,969		27.5	72	72	72	5
6	Flooring- Corridors, Dining Rooms	2020	152,265		27.5	2,768	2,768	2,768	6
7	Remove and install new Chiller	2020	115,595		27.5	2,102	2,102	2,102	7
8	3- way AHU value for water pipes	2020	12,211		27.5	222	222	222	8
9	Replace pavement, sealcoat & install bollards, storm sewer	2020	17,900		27.5	597	597	597	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18	Current book depreciation			198,357			(198,357)		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)		\$ 16,036,566	\$ 198,357		\$ 613,752	\$ 415,395	\$ 10,950,513	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	\$ 642,642	\$ 98,976	\$ 98,977	\$ 1	5-10	\$ 581,087	71
72	Current Year Purchases	139,626	7,618	7,618		5-10	7,618	72
73	Fully Depreciated Assets	2,062,249				5-10	2,062,249	73
74	See Schedule 13A	114,798		3,884	3,884		93,909	74
75	TOTALS	\$ 2,959,315	\$ 106,594	\$ 110,479	\$ 3,885		\$ 2,744,863	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident van	1998 Ford E350 Van	1998	\$ 40,790	\$ -	\$ -	\$ -	5	\$ 40,790	76
77	Resident passenger care	2000 Chevrolet Express Van	2000	29,261	-	-	-	5	29,261	77
78	Bus	2007 Ford Champion	2014	43,117	-	-	-	5	43,117	78
79	See Schedule 13A			32,861	560	1,571	1,011		23,163	79
80	TOTALS			\$ 146,029	\$ 560	\$ 1,571	\$ 1,011		\$ 136,331	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 19,833,971	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 305,511	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 725,802	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 420,291	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 13,831,707	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	Construction in Progress	\$ 55,362	92
93			93
94			94
95		\$ 55,362	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: 12/31/2020

Schedule 13A

Line 74 - Equipment Depreciation

Category of Equipment	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocation from Ability Rehab LLC	10,101		0	0	1	7,734
Allocation from BHCG INC.	104,697		3,884	3,884	5	86,175
			-			
			-			
TOTAL	114,798		3,884	3,884		93,909

XI. Ownership Costs

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 installa	2005 Ford 250 SW LB	2019	5,602	560	560	-	10	700
Allocation from BHCG Inc.		2017	27,259		1,011	1,011		22,463
						-		
						-		
TOTAL			32,861	560	1,571	1,011		23,163

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:				\$ <u>N/A</u>			3
4	Additions							4
5								5
6	Allocation from Management				<u>383</u>			6
7	TOTAL				\$ <u>383</u>			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12.	_____ /2021	\$ <u>N/A</u>
13.	_____ /2022	\$ <u>N/A</u>
14.	_____ /2023	\$ _____

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 N/A
by the length of the lease _____ 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: \$ 88,688 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			\$ <u>N/A</u>	\$ _____	17
18					18
19					19
20					20
21	TOTAL		\$ _____	\$ _____	21

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

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

Facility Name: Meadowbrook Manor
IDPH License ID Number: 0037366
Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Copier	19,338
Postage Machine	698.04
Signage	1,624
Storage Rental	5,977
Mattress and bed rental	9,242
Nursing Rental	50,202
Allocation from BHCG Management	1,608
Total - Line 16	<u>88,688</u>

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	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(3)	7,352 hrs	\$ 477,854		\$	\$	7,352	\$ 477,854	1
2	Licensed Speech and Language Development Therapist	39(3)	3,804 hrs	247,235				3,804	247,235	2
3	Licensed Recreational Therapist		hrs				3,498		3,498	3
4	Licensed Physical Therapist	39(3)	8,900 hrs	578,524				8,900	578,524	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				456,680		456,680	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					33,148		33,148	12
13	Other (specify): <u>Respiratory</u>	39(3)			590	38,370		590	38,370	13
14	TOTAL			\$ 1,303,613	590	\$ 38,370	\$ 493,326	20,646	\$ 1,835,309	14

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

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 3,006,441	\$ 15,514,371	1
2	Cash-Patient Deposits	-	-	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,009,307)	7,152,186	7,152,186	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	42,434	123,119	6
7	Other Prepaid Expenses	2,078,208	2,180,915	7
8	Accounts Receivable (owners or related parties)	4,531,064	4,531,064	8
9	Other(specify): See Sch 17A	72,355	176,688	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 16,882,688	\$ 29,678,343	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	5,223,404	15
16	Equipment, at Historical Cost	2,893,195	3,105,344	16
17	Accumulated Depreciation (book methods)	(5,346,831)	(13,831,707)	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 CIP	-	55,362	22
23	Other(specify):	-	-	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,059,442	\$ 6,057,626	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,942,130	\$ 35,735,969	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,987,815	\$ 2,035,028	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	-	-	28
29	Short-Term Notes Payable	3,269,802	3,269,802	29
30	Accrued Salaries Payable	529,359	529,359	30
31	Accrued Taxes Payable (excluding real estate taxes)	40,575	40,575	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	418,482	32
33	Accrued Interest Payable	14,782	101,167	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
Other Current Liabilities(specify):				
36	See Sch 17A	5,081,109	6,292,896	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,923,442	\$ 12,687,309	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	6,995,609	19,495,609	39
40	Mortgage Payable	-	17,623,504	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)	\$ 6,995,609	\$ 37,119,113	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 17,919,051	\$ 49,806,422	46
47	TOTAL EQUITY(page 18, line 24)	\$ 23,079	\$ (14,070,453)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 17,942,130	\$ 35,735,969	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,620,282	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,620,282	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(297,203)	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	(1,300,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,597,203)	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)	\$ 23,079	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1			
	I. Revenue	Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 16,757,514	1
2	Discounts and Allowances for all Levels	99,282	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,856,796	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	2,907,293	6
7	Oxygen	60,687	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,967,980	8
C. Other Operating Revenue			
9	Payments for Education	-	9
10	Other Government Grants	659,867	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	338,143	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	170,787	19
20	Radiology and X-Ray	47,660	20
21	Other Medical Services	51,281	21
22	Laundry	513	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,268,251	23
D. Non-Operating Revenue			
24	Contributions	-	24
25	Interest and Other Investment Income***	58,502	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 58,502	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Sch 19A	11,837	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 11,837	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,163,366	30

2			
	II. Expenses	Amount	
A. Operating Expenses			
31	General Services	2,415,789	31
32	Health Care	8,114,360	32
33	General Administration	5,069,919	33
B. Capital Expense			
34	Ownership	2,481,949	34
C. Ancillary Expense			
35	Special Cost Centers	2,846,251	35
36	Provider Participation Fee	532,301	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 21,460,569	40
41	Income before Income Taxes (line 30 minus line 40)**	(297,203)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (297,203)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,713,379	44
45	Private Pay - Net Inpatient Revenue	1,087,547	45
46	Medicare - Net Inpatient Revenue	4,145,192	46
47	Other-(specify) Hospice & Veterans	1,234,594	47
48	Other-(specify) Insurance	676,084	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,856,796	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.

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

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.
^Entity is a cash basis taxpayer.

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,065	2,530	\$ 130,483	\$ 51.57	1
2	Assistant Director of Nursing	6,199	7,595	299,133	39.39	2
3	Registered Nurses	50,347	61,684	1,444,069	23.41	3
4	Licensed Practical Nurses	59,352	72,717	1,439,223	19.79	4
5	CNAs & Orderlies	175,238	214,697	2,518,867	11.73	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	16,625	20,368	232,212	11.40	10
11	Social Service Workers	10,085	12,356	238,931	19.34	11
12	Dietician					12
13	Food Service Supervisor	8,813	10,798	121,282	11.23	13
14	Head Cook	6,513	7,979	89,621	11.23	14
15	Cook Helpers/Assistants	22,221	27,224	305,786	11.23	15
16	Dishwashers					16
17	Maintenance Workers	8,590	10,525	189,419	18.00	17
18	Housekeepers	26,173	32,067	332,688	10.37	18
19	Laundry	11,169	13,684	166,764	12.19	19
20	Administrator	1,938	2,374	156,112	65.76	20
21	Assistant Administrator	3,627	4,443	92,288	20.77	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	19,741	24,186	513,165	21.22	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,968	4,862	82,184	16.90	31
32	Other Health C: See Sch 20A	21,025	25,758	576,131	22.37	32
33	Other(specify) See Sch 20A	6,958	8,524	178,873	20.98	33
34	TOTAL (lines 1 - 33)	460,647	564,371	\$ 9,107,231 *	\$ 16.14	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 21,440	1(3) 35
36	Medical Director	Monthly	150,583	9(3,7) 36
37	Medical Records Consultant	Monthly	1,960	10(3) 37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly	20,157	10(3) 39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant	Monthly	1,586	39(3) 42
43	Speech Therapy Consultant			43
44	Activity Consultant			11(3) 44
45	Social Service Consultant	Monthly	1,431	12(3) 45
46	Other(specify) <u>Infectious disease</u>	Monthly	16,000	10(3) 46
47				47
48				48
49	TOTAL (lines 35 - 48)		\$ 213,157	49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	15	\$ 551	10(3) 50
51	Licensed Practical Nurses	58	1,728	10(3) 51
52	Certified Nurse Assistants/Aides	456	8,240	10(3) 52
53	TOTAL (lines 50 - 52)	529	\$ 10,519	53

Facility Name: Meadowbrook Manor
IDPH License ID Number: 0037366
Fiscal Year End: 12/31/2020

Schedule 20A

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Central Supply Wages	828	1,014	11,212	\$ 11.06
MDS Coordinator	9,709	11,895	299,394	\$ 25.17
Staffing Coordinator	4,521	5,539	99,998	\$ 18.05
Wound care	5,967	7,310	165,527	\$ 22.64
Total - Line 32 Other Health Care	21,025	25,758	576,131	

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Marketing	2,279	2,792	78,354	\$ 28.06
Admissions Wages	2,570	3,148	66,801	\$ 21.22
Customer Experience Director	623	764	8,076	\$ 10.57
Community Relation Staff	1,486	1,820	25,642	\$ 14.09
Total - Line 33 Other (specify)	6,958	8,524	178,873	

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	
Amy Hammond	Administrator	0%	\$ 156,112	Workers' Compensation Insurance	\$ 236,001	IDPH License Fee	\$ 1,990	
Kathleen Sefcik	Asst. Administrator	0%	92,288	Unemployment Compensation Insurance	34,801	Advertising: Employee Recruitment		
				FICA Taxes	664,254	Health Care Worker Background Check		
				Employee Health Insurance	453,182	(Indicate # of checks performed 362)	1,319	
				Employee Meals		Patient Background Checks	820 3,310	
				Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of IL	9,704	
				Employee Lab Tests	62,891	Miscellaneous Licenses & Fees	11,815	
				Employee Retirements(401K)	56,245	Miscellaneous Dues & Subscriptions and pub	32,548	
				Holiday Expense	5,861	Advertising Classified	25,519	
				Uniform Allowance	1,933	Allocation from management company	7,719	
				Other Employee benefits	10,762	Less: Public Relations Expense	(4,852)	
				Allocated from management company		Non-allowable advertising	(800)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 248,400				\$ 1,525,930			\$ 88,272	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees			\$ 1,024,033	N/A		\$	Out-of-State Travel	\$
Eliminated in Col. 7								
							In-State Travel	6,603
							Seminar Expense	1,685
							Allocation from management co.	794
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 1,024,033				\$			\$ 9,082	
C. Professional Services				* Attach copy of IMRF notifications				
Vendor/Payee	Type		Amount					
See Attached Schedule 21C	See Sch. 21C		\$ 552,879					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				**See instructions.				
\$ 552,879								

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Meadowbrook Manor
 IDPH License ID Number: 0037366
 Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Powell Stern Capital, Inc	Real Estate Consultant	10,000
Butterfield Healthcare Group Inc.	Professional Services	90,000
Much Shelist	Legal Fees	2,518
Aronberg Goldgehn Davis & Carmisa	Legal Fees	7,505
Polsinelli Pc	Legal Fees	38,639
Stone Poggrund & Korey Llc	Legal Fees	1,811
Hipp Law Office	Legal Fees	510
Hamilton Thies & Lorch	Legal Fees	635
Steptoe & Johnson Pllc	Legal Fees	5,000
Rusin & Maciorowski	Legal Fees	4,875
Terrill Consulting Services Inc	MDS Assessments Consultant	38,856
Innovative Ltc Solutions	Oxygen Billing Company	13,545
Ben Lazare Consulting	Liaison between State and Facilities	18,167
Maven Health Partners Llc	JCAHO Consulting Company	850
Personnel Planners Inc	U/E Consultant	1,800
Company Nurse Llc	Work Comp	4,208
Res Publica Group	Marketing	4,387
Compcorepro	Work Comp	3,000
Unemployment Consultants Inc	Unemployment Claim processing	810
Adjusting Entry	Adjusting Entry	7,993
Relias	Covid pecific Professional Fee	2,229
Aga World Partners Inc	Data Processing fees	1,089
Point Click Care Technologies Inc	Data Processing fees	125,376
Smartlinx Solutions LLC	Data Processing fees	62,892
BOA	Data Processing fees	718
RSM US LLP	Accounting fees	41,228
Mueller & Co. LLP	Accounting fees	9,350
Paylocity	Payroll Processing fees	37,630
Adp Inc	Payroll Processing fees	11,614
Beaver Creek	Payroll Processing fees	4,889
Polsinelli PC	Covid Legal Expenses	756
Total (agree to Schedule V, line 19, column 3)		552,879
Allocated from Real Estate	Legal Fees	13,725
Allocated from Real Estate	Professional Services	40,563
Allocated from Management Company	Accounting Fees	977
Allocated from Management Company	Professional Services	51,156
Less: Non-Allowable Legal Fees		(20,814)
Less: Marketing Fees		(4,387)
Total (agree to Schedule V, line 19, column 8)		634,099

Facility Name & ID Number Meadowbrook Manor

0037366

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of IL - \$ 9,704
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 104,714 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 532,301
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ - Has any meal income been offset against related costs? N/A Indicate the amount. \$ -
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 0
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? 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
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees