FOR BHF USE

LL1

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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

I. IDPH License ID Number: 0037366

Facility Name: Meadowbrook Manor

Address: 431 West Remington Boulevard (Number) Bolingbrook (City) 60440 (Zip Code)

County: Will

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

HFS ID Number:

Date of Initial License for Current Owners: 11/05/91

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Allan S. Gabrys **Telephone Number:** 331-472-4500
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2011 to 12/31/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Christopher Vangel
(Title) Executive Director

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	73,899	8,790	16,369	99,058	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	73,899	8,790	16,369	99,058	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.07%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

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

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

I. On what date did you start providing long term care at this location?
Date started 11/05/91

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/05/91 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 298 and days of care provided 13,705

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 12/31/2011 Fiscal Year: 12/31/2011

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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	545,768	74,862	19,499	640,129		640,129	(25)	640,104			1
2	Food Purchase		668,100		668,100		668,100	1,649	669,749			2
3	Housekeeping	389,709	109,484		499,193		499,193		499,193			3
4	Laundry	79,946	108,368		188,314		188,314		188,314			4
5	Heat and Other Utilities			312,379	312,379		312,379	2,745	315,124			5
6	Maintenance	131,676	23,813	224,646	380,135		380,135	92,212	472,347			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,147,099	984,627	556,524	2,688,250		2,688,250	96,581	2,784,831			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000	28,255	52,255			9
10	Nursing and Medical Records	5,625,714	523,497	42,948	6,192,159		6,192,159		6,192,159			10
10a	Therapy	1,222,937	8,668	13,201	1,244,806		1,244,806		1,244,806			10a
11	Activities	269,628	16,744	2,496	288,868		288,868		288,868			11
12	Social Services	198,753	35	3,307	202,095		202,095		202,095			12
13	CNA Training	42,015			42,015		42,015		42,015			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	7,359,047	548,944	85,952	7,993,943		7,993,943	28,255	8,022,198			16
	C. General Administration											
17	Administrative	175,422		2,237,873	2,413,295		2,413,295	(2,126,692)	286,603			17
18	Directors Fees											18
19	Professional Services			200,040	200,040		200,040	157,522	357,562			19
20	Dues, Fees, Subscriptions & Promotions			51,195	51,195		51,195	8,298	59,493			20
21	Clerical & General Office Expenses	303,261	75,768	76,247	455,276		455,276	537,345	992,621			21
22	Employee Benefits & Payroll Taxes			1,171,480	1,171,480		1,171,480		1,171,480			22
23	Inservice Training & Education			5,343	5,343		5,343	1,267	6,610			23
24	Travel and Seminar			1,083	1,083		1,083	883	1,966			24
25	Other Admin. Staff Transportation			3,183	3,183		3,183	8,704	11,887			25
26	Insurance-Prop.Liab.Malpractice			327,647	327,647		327,647	124,752	452,399			26
27	Other (specify):*							118,712	118,712			27
28	**TOTAL General Administration**	478,683	75,768	4,074,091	4,628,542		4,628,542	(1,169,209)	3,459,333			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	8,984,829	1,609,339	4,716,567	15,310,735		15,310,735	(1,044,373)	14,266,362			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.

Facility Name & ID Number Meadowbrook Manor #0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			254,631	254,631		254,631	266,667	521,298			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			91,423	91,423		91,423	1,056,997	1,148,420			32
33	Real Estate Taxes							337,526	337,526			33
34	Rent-Facility & Grounds			3,263,100	3,263,100		3,263,100	(2,980,254)	282,846			34
35	Rent-Equipment & Vehicles			44,164	44,164		44,164	13,377	57,541			35
36	Other (specify):*											36
37	TOTAL Ownership			3,653,318	3,653,318		3,653,318	(1,305,687)	2,347,631			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			20,861	20,861		20,861		20,861			38
39	Ancillary Service Centers	43,355	782,407	73,340	899,102		899,102		899,102			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			163,155	163,155		163,155		163,155			42
43	Other (specify):* Non-Allow Costs			446,407	446,407		446,407	(446,407)				43
44	TOTAL Special Cost Centers	43,355	782,407	703,763	1,529,525		1,529,525	(446,407)	1,083,118			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,028,184	2,391,746	9,073,648	20,493,578		20,493,578	(2,796,467)	17,697,111			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: 01/01/2011 Ending: 12/31/2011

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(490)	2		4
5	Telephone, TV & Radio in Resident Rooms	(9,477)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(89,181)	30		9
10	Interest and Other Investment Income	(24,191)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(916)	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	(12,025)	43		18
19	Entertainment				19
20	Contributions	(2,500)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(324,385)	43		24
25	Fund Raising, Advertising and Promotional	(1,227)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(21,980)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See SCH5A	(87,711)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (574,083)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(2,222,384)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (2,222,384)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (2,796,467)		37

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

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

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

Meadowbrook Manor

ID# 0037366

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

Schedule 5A

VI. ADJUSTMENT DETAIL
NON-ALLOWABLE EXPENSES
LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow COPE Fees	(7,419)	20
To disallow Consolidated Billing Services	(26,617)	43
To disallow Patient Clothing	(378)	43
To disallow X-Ray expense	(16,828)	43
To disallow Lab expense	(12,704)	43
To disallow Employee Gifts	(6,033)	43
To disallow Resident Gifts	(1,292)	43
To disallow Gifts	(77)	43
To disallow Marketing Expense	(9,968)	43
To disallow out of period legal fees	(3,887)	19
To disallow collection fees	(1,888)	19
To offset vending Income	(25)	1
To offset Miscellaneous Income	(595)	21
Total	**(87,711)**	

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Schedule 6A	See Sch 6A	Butterfield Health Care II, Inc. d/b/a	Naperville	J&D Partners, L.P.	Bolingbrook	Lessor
		Meadowbrook Manor of Naperville		MMN Partners, L.P.	Naperville	Lessor
		Butterfield Health Care VII, LLC d/b/a	LaGrange	Butterfield Health		
		Meadowbrook Manor of LaGrange		Care Group, Inc.	Bolingbrook	Management Co.
				MML Properties, LLC	LaGrange	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Seneca Building, LP	Des Plaines	Lessor

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2	Food	$	Butterfield Health Care Group, Inc.	100.00%	$ 2,139	$ 2,139	1
2	V	3	Housekeeping		Butterfield Health Care Group, Inc.	100.00%			2
3	V	5	Utilities		Butterfield Health Care Group, Inc.	100.00%	2,745	2,745	3
4	V	6	Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	92,212	92,212	4
5	V	9	Medical Director		Butterfield Health Care Group, Inc.	100.00%	28,255	28,255	5
6	V	11	Activities		Butterfield Health Care Group, Inc.	100.00%			6
7	V	17	Administrative Costs	2,237,873	Butterfield Health Care Group, Inc.	100.00%	111,181	(2,126,692)	7
8	V	19	Professional Services		Butterfield Health Care Group, Inc.	100.00%	163,297	163,297	8
9	V	20	Dues,Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	15,717	15,717	9
10	V	21	Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	537,940	537,940	10
11	V	23	Training & Education		Butterfield Health Care Group, Inc.	100.00%	1,267	1,267	11
12	V	24	Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	883	883	12
13	V	25	Auto Expense		Butterfield Health Care Group, Inc.	100.00%	8,704	8,704	13
14	Total			$ 2,237,873			$ 964,340	$ * (1,273,533)	14

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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	26	Insurance	$	Butterfield Health Care Group, Inc.	100.00%	$ 869	$ 869	15
16	V	27	Employee Benefits General &Admin.		Butterfield Health Care Group, Inc.	100.00%	118,712	118,712	16
17	V	30	Depreciation		Butterfield Health Care Group, Inc.	100.00%	29,278	29,278	17
18	V	32	Interest		Butterfield Health Care Group, Inc.	100.00%	316	316	18
19	V	34	Rent Building		Butterfield Health Care Group, Inc.	100.00%	282,846	282,846	19
20	V	35	Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	13,377	13,377	20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 445,398	$ * 445,398	39

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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	26	Insurance - Prop & Liability	$	J&D Partners, L.P.	100.00%	$ 123,883	$ 123,883	15
16	V	30	Depreciation		J&D Partners, L.P.	100.00%	326,570	326,570	16
17	V	32	Interest		J&D Partners, L.P.	100.00%	947,149	947,149	17
18	V	32	Amortization - Mortgage Cost		J&D Partners, L.P.	100.00%	134,043	134,043	18
19	V	33	Real Estate Taxes		J&D Partners, L.P.	100.00%	337,526	337,526	19
20	V	34	Rent - Facility & Grounds	3,263,100	J&D Partners, L.P.	100.00%		(3,263,100)	20
21	V	32	Interest Income - Repl Reserve		J&D Partners, L.P.	100.00%	(320)	(320)	21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 3,263,100			$ 1,868,851	$ * (1,394,249)	39

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

Butterfield Health Care, Inc.
D/B/A Meadowbrook Manor
Provider # 0037366
12/31/2011

Schedule 6A

VII. Section A. - Related Parties - Column 1 (Owners)

Name	Ownership %
Robert Jafari	25.00%
Kianoosh Jafari	25.00%
Descendants S Corp Trust F/B/O Sean William Dimas	6.67%
Descendants S Corp Trust F/B/O Sasha Eva Dimas	6.67%
Descendants S Corp Trust F/B/O Ashley Maria Dimas	6.66%
Vangel Family Investments, LLP	20.00%
Dorothy Vangel QSS Trust	7.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Ashley Maria Dimas	0.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Sasha Eva Dimas	0.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Sean William Dimas	0.50%
Descendants GST Exempt S-Corp Trust F/B/O Katherine Hocuk	0.50%
Descendants GST Exempt S-Corp Trust F/B/O Christoper Vangel	0.50%
	100.00%

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Christopher Vangel	Operating Supvsr.	Administrative	5.00	176,955	8	20.00	Mgt Salaries	$ 44,260	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	79,913	2	5.00	Mgt Salaries	22,735	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	46,920	2	5.00	Mgt Salaries	37,088	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	8,980	2	5.00	Mgt Salaries	7,097	17(7)	4
5	Robert Jafari	Consultant	Administrative	25.00	146,612	2	5.00	Prof Fees	115,888	19(7)	5
6	Kianoosh Jafari	Medical Director	Administrative	25.00	35,745	10	25.00	Medical Director	28,255	9(7)	6
7	Dorthy Vangel	Operating Supvsr.	Administrative	12.50	30,690	0	0.00	N/A	0	N/A	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 255,323		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: 01/01/2011 Ending: 2/31/2011

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 [X] NO [ ]

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

Name of Related Organization: Butterfield Health Care Group, Inc.
Street Address: 18 W. 140 Butterfield Road, Suite 1670
City / State / Zip Code: Oak Brook Terrace, IL 60181
Phone Number: ((630) 932-3220
Fax Number: ((630) 759-4406

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	Food	Resident Days	224,378	3	$ 4,845	$	99,058	$ 2,139	1
2	3	Housekeeping	Resident Days	224,378	3	0		99,058	0	2
3	5	Utilities	Resident Days	224,378	3	6,217		99,058	2,745	3
4	6	Repairs & Maintenance	Resident Days	224,378	3	208,871	194,407	99,058	92,212	4
5	9	Medical Director	Resident Days	224,378	3	64,000		99,058	28,255	5
6	11	Activities	Resident Days	224,378	3	0		99,058	0	6
7	17	Administrative Costs	Resident Days	224,378	3	251,838	251,838	99,058	111,181	7
8	19	Professional Services	Resident Days	224,378	3	369,887		99,058	163,297	8
9	20	Dues,Fees & Subscriptions	Resident Days	224,378	3	35,601		99,058	15,717	9
10	21	Clerical & General Office exp.	Resident Days	224,378	3	1,218,498	1,114,078	99,058	537,940	10
11	23	Training & Education	Resident Days	224,378	3	2,870		99,058	1,267	11
12	24	Travel & Seminar	Resident Days	224,378	3	2,000		99,058	883	12
13	25	Auto Expense	Resident Days	224,378	3	19,715		99,058	8,704	13
14	26	Insurance	Resident Days	224,378	3	1,968		99,058	869	14
15	27	Employee Benefits General &Admin.	Resident Days	224,378	3	268,897		99,058	118,712	15
16	30	Depreciation	Resident Days	224,378	3	66,317		99,058	29,278	16
17	32	Interest	Resident Days	224,378	3	716		99,058	316	17
18	34	Rent Building	Resident Days	224,378	3	640,680		99,058	282,846	18
19	35	Equipment Rental	Resident Days	224,378	3	30,301		99,058	13,377	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 3,193,221	$ 1,560,323		$ 1,409,738	25

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	GMAC		X	Mortgage	$145,302.25	5/22/03	$ 20,876,000	$ 20,850,610		0.0525	$ 947,149	1
2	GMAC		X	Amortization of Loan Cost							134,043	2
3												3
4												4
5												5
	Working Capital											
6	JP Morgan Chase		X	Working Capital	N/A	5/31/05	3,000,000	809,780		Prime -.5	27,166	6
7	Omnicare		X	Trade Payables	$15,805.00	3/19/09	837,378	401,489		5.0000	55,913	7
8	See Sch 9A				1,329		58,100				8,344	8
9	TOTAL Facility Related				$162,436.25		$ 24,771,478	$ 22,061,879			$ 1,172,615	9
	B. Non-Facility Related*											
10								Offset Interest Income			(24,511)	10
11								Allocated from Home Office			316	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (24,195)	14
15	TOTALS (line 9+line14)						$ 24,771,478	$ 22,061,879			$ 1,148,420	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 & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1								$			$	1
2												2
3												3
4												4
5												5
6												6
7	Avaya Financial Services		X	Caapital Lease	$1,392.00	1/1/2006	58,100	0	1/1/2011	8.0000	391	7
8				Amortization of Loan Cost							7,953	8
9	TOTAL Facility Related				$1,392.00		$ 58,100	$ 0			$ 8,344	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$ 0	$ 0			$ 0	14
15	TOTALS (line 9+line14)						$ 58,100	$ 0			$ 8,344	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 & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**		$ 309,600	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2010	$ 317,126	2
3. Under or (over) accrual (line 2 minus line 1).		$ 7,526	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 330,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 337,526	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	272,174	8
	2007	280,838	9
	2008	281,157	10
	2009	300,614	11
	2010	317,126	12

2010 Tax Bill=317126
Estimated increase=.04
Total = 329811
Use: 330,000

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor COUNTY Will

FACILITY IDPH LICENSE NUMBER 0037366

CONTACT PERSON REGARDING THIS REPORT Scott Gabrys

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

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2010 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 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	12-02-102-031-0000	Nursing Home	$ 317,126.00	$ 317,126.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 317,126.00	$ 317,126.00

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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: 01/01/2011 Ending: 12/31/2011

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 109,175 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

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

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

Day Care

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	270,508	1991	$ 404,280	1
2	Resident Care	21,286	1996	287,781	2
3	TOTALS	291,794		$ 692,061	3

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	235		1991	1991	$ 8,276,993	$	40	$ 206,925	$ 206,925	$ 4,172,988	4
5	10		1994	1994	31,090		40	777	777	13,986	5
6	53		1996	1996	2,505,079		40	62,627	62,627	970,719	6
7											7
8											8
	Improvement Type**										
9	1992 Improvements			1992	32,614		20	1,631	1,631	31,678	9
10	1993 Improvements			1993	2,750		20	138	138	2,553	10
11	1993 Improvements			1993	4,822		40	121	121	2,238	11
12	1994 Improvements			1994	6,432		10			6,432	12
13	1994 Improvements			1994	18,192		20	910	910	15,015	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	10,665	26
27	Remodeling Work - Day Care Area			1998	16,638		39				27
28	Remodeling - Ice Cream Parlor			1999	3,624		39	93	93	1,069	28
29	Remodeling Work - 3rd Floor Hamilton Unit			2000	16,421		39	421	421	4,842	29
30	Remodeling Work - Nurse Station (All Floors)			2000	20,103		39	515	515	5,923	30
31	Plumbing Electrical Work - Boiler Room (Basement)			2000	4,587		39	118	118	1,357	31
32	Remodeling Work - Dialysis Room			2000	7,253		39	186	186	2,139	32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	
37	Parking Lot Paving	2001	$ 48,629	$	20	$ 2,431	$ 2,431	$ 25,526	37
38	Remodeling Work	2001	13,319		39	342	342	3,590	38
39	Window Treatments	2001	45,531		39	1,166	1,166	12,244	39
40	Double Door Insulation	2001	6,860		39	176	176	1,848	40
41	Carpeting - 1st Floor	2002	33,778		20	1,688	1,688	16,037	41
42	Reconstruct Front Entrance Awning	2002	11,915		20	596	596	5,662	42
43	Window Treatments	2002	4,672		20	234	234	2,223	43
44	Ceiling Tiles	2002	2,306		20	115	115	1,093	44
45	Exterior Signs	2002	18,832		20	942	942	8,949	45
46	Ceiling Tiles	2003	2,029		10	203	203	1,522	46
47	Ceiling Tiles	2003	916		20	46	46	442	47
48	Exterior Signs	2003	12,600		20	630	630	5,355	48
49	Install 16 Horizontal Tubes in Stairwell	2003	1,600		20	80	80	680	49
50	Electric Work for Dialysis Room	2003	6,736		20	337	337	2,863	50
51	Install 9 Motors on Fire Dampers	2003	3,651		20	182	182	1,547	51
52	Plumbing for Dialysis Room	2003	10,989		10	1,099	1,099	8,242	52
53	Exterior Concrete Patchwork	2003	3,200		20	160	160	1,312	53
54	Ductwork for New Oxygen Room	2003	4,490		10	449	449	3,368	54
55	New Hot Water Storage Tank	2003	8,290		10	829	829	6,217	55
56	Installed 5 Fire Dampers	2003	7,091		10	709	709	5,318	56
57	Installed 5 Smoke Detectors	2003	2,581		10	258	258	1,935	57
58	Installation of Sprinklers in Awning	2003	9,624		10	962	962	7,215	58
59	Installed 4 Fire Dampers	2003	3,467		10	346	346	2,595	59
60	Installation of Fence around Dumpster	2003	1,658		10	166	166	1,245	60
61	Sealcoat Parking Lot	2003	5,500		10	550	550	4,125	61
62	Air Conditioner Overhaul	2004	3,769		10	377	377	2,827	62
63	Replace Water Pump	2004	1,473		10	147	147	1,103	63
64	Install 4 Doors	2004	1,348		10	134	134	1,005	64
65	Electrical Wiring to Garbage Compactor	2004	2,070		10	207	207	1,553	65
66	Install Sprinkler System - Front Canopy	2004	10,375		10	1,038	1,038	7,785	66
67	Install New Seal on Water Pump	2004	1,793		10	179	179	1,343	67
68	Install Motor on Boiler	2004	1,053		10	105	105	788	68
69	Ceiling Tiles	2004	5,620		20	281	281	2,106	69
70	TOTAL (lines 4 thru 69)		$ 11,405,897	$		$ 292,416	$ 292,416	$ 5,521,187	70

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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 11,405,897	$		$ 292,416	$ 292,416	$ 5,521,187	1
2	Install Blinds	2004	5,002		20	250	250	1,875	2
3	Exterior Lighting	2004	3,808		20	190	190	1,425	3
4	Sealing on Roof	2004	2,300		20	115	115	863	4
5	Install Drainage for Roof	2004	5,000		20	250	250	1,875	5
6	Ceramic Tile for Kitchen	2004	6,221		20	312	312	2,340	6
7	Plant 3 Trees	2004	1,125		20	56	56	420	7
8	Butterfly Garden	2004	3,423		20	171	171	1,283	8
9	Expand Phone System	2005	2,175		20	108	108	702	9
10	Replace Boiler	2005	23,894		20	1,195	1,195	7,767	10
11	Install new Compressor	2005	7,652		20	383	383	2,489	11
12	Install new Coil	2005	7,230		20	362	362	2,353	12
13	Replace fire doors	2005	3,116		20	156	156	1,014	13
14	Install carpeting in 3 offices	2005	1,608		20	80	80	520	14
15	Install wheelchair access ramp	2005	10,310		20	516	516	3,354	15
16	Sealcoat asphalt	2005	9,650		20	483	483	3,139	16
17	Furnish and install new taco pump - pavilion	2005	5,986		20	299	299	1,944	17
18	Install Blinds	2005	2,242		20	112	112	728	18
19	Exterior Lighting	2005	18,515		20	926	926	6,019	19
20	Furnish and Install new motors, belts & capacitors	2005	3,345		20	167	167	1,086	20
21	Furnish and install glycol to HVAC system	2005	10,925		20	546	546	3,549	21
22	Install patio	2005	15,232		20	762	762	4,953	22
23	Install wiring for new television	2006	37,345		20	1,867	1,867	10,269	23
24	Install new cabinets and countertops in supply room	2006	4,365		20	218	218	1,199	24
25	New flooring in dining room	2006	14,451		20	723	723	3,976	25
26	Remove and replace sidewalk section	2006	4,928		20	246	246	1,353	26
27	Replacement parts for air conditioner	2006	9,985		20	499	499	2,745	27
28	Interior signage	2006	13,720		20	686	686	3,773	28
29	Furnish and install new seals, triple duty valves	2006	7,495		20	375	375	2,062	29
30	Furnish and install new compressor	2006	14,500		20	725	725	3,987	30
31	Install new lighting in rehab room	2006	3,825		20	191	191	1,051	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 11,665,270	$		$ 305,385	$ 305,385	$ 5,601,300	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: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 11,665,270	$		$ 305,385	$ 305,385	$ 5,601,300	1
2	Tuckpointing on Building Exterior	2007	10,150		10	1,015	1,015	4,568	2
3	Granite Countertops for Lounge	2007	2,575		10	257	257	1,157	3
4	Purchase & Installation of vinyl & wood flooring	2007	47,794		10	4,779	4,779	21,506	4
5	Rebuild Fire Pump	2007	15,174		10	1,517	1,517	6,827	5
6	Purchase & Installation of cabinets	2007	23,509		10	2,351	2,351	10,579	6
7	Drywall	2007	4,200		10	420	420	1,890	7
8	Replace doors on 3rd floor service elevator & lounge	2007	11,931		10	1,193	1,193	5,369	8
9	Soffit over nurses station, install cleat base & wall cabinets	2007	21,900		10	2,190	2,190	9,855	9
10	Replace lockers in lower level locker room	2007	7,769		10	777	777	3,496	10
11	Electrical work - nurses station, 3rd floor & exterior sign	2007	10,310		10	1,031	1,031	4,640	11
12	Millwork, shop drawings & delivery	2007	4,240		10	424	424	1,908	12
13	Central A/C upgrade	2007	5,806		10	581	581	2,614	13
14									14
15	Window Treatments throughout facility	2008	46,409		10	4,641	4,641	16,243	15
16	Route 53 sign repair	2008	2,900		10	290	290	1,015	16
17	Therapy room, nutrition room, ice cream parlor, beauty shop	2008	85,060		10	8,506	8,506	29,771	17
18	& Physicians lounge renovations:								18
19	- Remove & install new cabinets, countertops, plumbing,								19
20	doors, electrical (install new outlets), replace drywall								20
21									21
22	R&M Reclass								22
23	- Repair pump #1 & #2 on air conditioning unit (furnish &	2008	6,067		10	607	607	2,124	23
24	install new seal kit, o-rings, water gauges, retainer cap,								24
25	gaskets & wood coupler)								25
26	- Plumbing repairs (schlage)	2008	5,123		10	512	512	1,792	26
27	- Repair main air conditioner (install new valve rebuilt	2008	7,736		10	774	774	2,709	27
28	kit, solenoid coil, relief valves, transducer, adaptor,								28
29	gaskets & drier cores for system # 1)								29
30	- Repair two boilers due to low pressure in system	2008	2,568		10	257	257	899	30
31	- Replace shaft coupler & head and manifold gasket on								31
32	main chiller	2008	2,944		10	294	294	1,029	32
33									33
34	TOTAL (lines 1 thru 33)		$ 11,989,435	$		$ 337,801	$ 337,801	$ 5,731,291	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: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 11,989,435	$		$ 337,801	$ 337,801	$ 5,731,291	1
2	R&M Reclass								2
3	- Building Sprinkler system repair (clear main feed	2008	4,256		10	426	426	1,491	3
4	blockage, check sprinkler heads on basement - 3rd floor,								4
5	alter pipe pitch per Life safety survey)								5
6	- Fire alarm (restor basement audio/visual, trace basement	2008	2,641		10	264	264	924	6
7	circuitry to locate disconnect, replace defective motherboard								7
8	reprogram label changes for all buildings)								8
9	- Patching work - hot pour rubberized crack sealing, seal	2008	9,500		10	950	950	3,325	9
10	coating asphalt, striping parking lot								10
11	- Seating wall on patio area, repair sidewalk leading to	2008	3,300		10	330	330	1,155	11
12	patio area.								12
13	- Vinyl flooring	2008	14,062		10	1,406	1,406	4,921	13
14									14
15									15
16	Replace resident therapy glass windows	2009	3,175		10	318	318	795	16
17	Wiring and Electiral work	2009	5,085		10	509	509	1,272	17
18	Seal Coating & Striping parking lot	2009	8,500		10	850	850	2,125	18
19									19
20	Parking lot resurfacing	2010	40,500		10	4,050	4,050	8,100	20
21	Pavillion Remodel-Electrical,plumbing,carpentry	2010	166,855		20	8,343	8,343	16,686	21
22	Buffet-Cabinets, counter	2010	54,719		20	2,736	2,736	5,472	22
23	Public Restroom-Toliet and Faucet	2010	8,242		20	412	412	824	23
24	Main Building-carpeting	2010	48,116		20	2,406	2,406	4,812	24
25	DON office, Conf room and lounge-cabinets, chair rails	2010	6,790		20	340	340	680	25
26	Bathroom updates-showers, grout,tile	2010	4,037		20	202	202	404	26
27	Patinet Rooms-doors and windows	2010	4,743		20	237	237	474	27
28	Labor	2010	159,432		20	7,972	7,972	15,944	28
29									29
30	Elevator Repairs	2011	5,720		10	286	286	286	30
31	Tinting of the Windows	2011	5,755		10	288	288	288	31
32	Corridor Remodel -Wall paper, Light Fixture, Carpet,	2011	61,676		10	3,084	3,084	3,084	32
33	Handrails, & Paint								33
34	TOTAL (lines 1 thru 33)		$ 12,606,539	$		$ 373,210	$ 373,210	$ 5,804,353	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: 01/01/2011 Ending: 12/31/2011

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 12D, Carried Forward		$ 12,606,539	$		$ 373,210	$ 373,210	$ 5,804,353	1
2	Shower Remodel - Plumbing, tile, ceramic floors,	2011	86,627		10	4,331	4,331	4,331	2
3	paint, & Fixtures								3
4	Resident Room Improvements - install new ceramic	2011	268,696		10	13,435	13,435	13,435	4
5	tile floor, crownmould, baseboards, paint								5
6	Lounge & Juice Bar Remodel - New Cabinet, flooring,	2011	43,336		10	2,167	2,167	2,167	6
7	wiring, paint, crown mould, base board								7
8	Nurse Station Remodel - flooring, paint, cabinets	2011	57,392		10	2,870	2,870	2,870	8
9	Nourishment & PAV Rooms Remodel - flooring, paint,	2011	32,886		10	1,644	1,644	1,644	9
10	cabinets, trim								10
11	Repairs to the Air Cooled Chiller	2011	124,656		10	6,233	6,233	6,233	11
12	Replace the 40 ton Rooftop unit	2011	52,640		10	2,632	2,632	2,632	12
13	Repairs to the nursing home	2011	5,473		10	274	274	274	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	Book depreciation			139,936			(139,936)		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,278,245	$ 139,936		$ 406,796	$ 266,860	$ 5,837,939	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: 01/01/2011 Ending: 12/31/2011

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	$ 906,070	$ 112,115	$ 112,115	$	5-10	$ 617,271	71
72	Current Year Purchases	27,647	2,387	2,387		7	2,387	72
73	Fully Depreciated Assets	1,156,179					1,156,179	73
74	Alloc. From Mgmt. Co.	1,152,088					1,152,088	74
75	TOTALS	$ 3,241,984	$ 114,502	$ 114,502	$		$ 2,927,925	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 Yrs	$ 40,790	76
77	Resident Passenger Care	2000 Chevrolet Express Van	2000	29,261	193		(193)	5Yrs	29,261	77
78										78
79										79
80	TOTALS			$ 70,051	$ 193	$	$ (193)		$ 70,051	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)	$ 17,282,341	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 254,631	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 521,298	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 266,667	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 8,835,915	85	

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

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

G. Construction-in-Progress

	Description	Cost	
92	2nd Floor	$ 786,026	92
93			93
94			94
95		$ 786,026	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 & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5	Allocated from Management Company				282,846			5
6								6
7	TOTAL				$ 282,846 **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
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 *

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.	/2012	$
13.	/2013	$
14.	/2014	$

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: $ 57,541 Description: Copier-$16,721;Med Equp-$26,243;Postage-$1,200;Mgmt Co.-$13,377
(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	N/A		$	$	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 & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? [X] YES [ ] NO

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

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER CNA ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)		42,015		42,015
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 42,015	$	$ 42,015
10	SUM OF line 9, col. 1 and 2 (e)	$ 42,015			

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A(1)	11960 hrs	$ 427,605		$	$	11,960	$ 427,605	1
2	Licensed Speech and Language Development Therapist	10A(1,2)	4189 hrs	167,655				4,189	167,655	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(1)	15082 hrs	627,677			8,668	15,082	636,345	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				704,915		704,915	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Oxygen	39 (2)					77,492		77,492	12
13	Other (specify): Dialysis	39 (2)	1794	43,355	350	73,340		2,144	116,695	13
14	TOTAL			$ 1,266,292	350	$ 73,340	$ 791,075	33,375	$ 2,130,707	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.

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 103,611	$ 103,611	1
2	Cash-Patient Deposits	49,792	49,792	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 381,306)	4,016,606	4,016,606	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	329,165	329,165	6
7	Other Prepaid Expenses	18,297	18,297	7
8	Accounts Receivable (owners or related parties)	677,727	677,727	8
9	Other(specify): See Sch 17C	2,625,017	2,747,275	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 7,820,215	$ 7,942,473	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		11,465,064	14
15	Leasehold Improvements, at Historical Cost	1,591,884	1,813,181	15
16	Equipment, at Historical Cost	2,166,744	3,312,035	16
17	Accumulated Depreciation (book methods)	(2,344,109)	(8,835,915)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe CIP	786,026	786,026	22
23	Other(specify): Mortgage Cost Net	43,357	1,438,150	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,243,902	$ 10,670,602	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,064,117	$ 18,613,075	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,408,666	$ 1,408,666	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	90,847	90,847	28
29	Short-Term Notes Payable	1,211,269	1,211,269	29
30	Accrued Salaries Payable	474,202	474,202	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		330,000	32
33	Accrued Interest Payable	10,289	10,289	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Sch 17C	26,305	26,305	36
37	See Sch 17C	3,439,318	3,439,318	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 6,660,896	$ 6,990,896	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		20,850,610	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Notes Payable- Shareholders	1,381,339	1,381,339	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,381,339	$ 22,231,949	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 8,042,235	$ 29,222,845	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,021,882	$ (10,609,770)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 10,064,117	$ 18,613,075	48

***(See instructions.)**

Meadowbrook Manor
0037366
12/31/2011

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Real Estate Tax-Escrow		104,000
Mortgage Insurance Escrow		18,258
Due from Naperville	703,119	703,119
Due from LaGrange	1,664,351	1,664,351
Due from BHC Group	257,547	257,547
	2,625,017	2,747,275

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Employee Advances		
Accrued-Payroll Taxes	26,305	23,605
Wage Garnishments		
	26,305	23,605

C. Current Liabilities	Operating	After Consolidation
Line 37 -Other Current Liabilities		
Accrued Rent	3,059,921	3,059,921
N/P State	378,049	378,049
Due from Naperville		
Due from Bolingbrook		
Due from BHC VIII	1,348	1,348
	3,439,318	3,439,318

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,589,611	1	
2	Restatements (describe):		2	
3	Rounding		3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,589,611	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,152,272	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	(720,000)	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)**	$ 432,272	17	
	B. Transfers (Itemize):			
18			18	
19	Rounding	(1)	19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$ (1)	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,021,882	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 17,236,966	1
2	Discounts and Allowances for all Levels	261,120	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 17,498,086	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,929,885	6
7	Oxygen	169,333	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,099,218	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	5,275	13
14	Non-Patient Meals	490	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	750,884	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	9,676	19
20	Radiology and X-Ray	34,157	20
21	Other Medical Services	219,759	21
22	Laundry	3,494	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,023,735	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	24,191	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 24,191	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc. Income	595	28
28a	Vending Income	25	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 620	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 21,645,850	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,688,250	31
32	Health Care	7,993,943	32
33	General Administration	4,628,542	33
	B. Capital Expense		
34	Ownership	3,653,318	34
	C. Ancillary Expense		
35	Special Cost Centers	1,366,370	35
36	Provider Participation Fee	163,155	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 20,493,578	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,152,272	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,152,272	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.**
Entity is a cash basis tax payer.

*** **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.**

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,992	2,203	$ 118,250	$ 53.68	1
2	Assistant Director of Nursing	4,102	4,467	185,019	41.42	2
3	Registered Nurses	33,798	36,506	1,011,599	27.71	3
4	Licensed Practical Nurses	53,004	56,332	1,354,633	24.05	4
5	CNAs & Orderlies	172,581	184,361	2,144,804	11.63	5
6	CNA Trainees	4,461	4,569	42,015	9.20	6
7	Licensed Therapist	28,269	31,231	1,222,937	39.16	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	26,948	28,738	269,628	9.38	10
11	Social Service Workers	11,788	13,007	198,753	15.28	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers	47,020	52,514	545,768	10.39	16
17	Maintenance Workers	8,388	8,948	131,676	14.72	17
18	Housekeepers	37,741	41,190	389,709	9.46	18
19	Laundry	9,007	9,898	79,946	8.08	19
20	Administrator	2,488	2,760	175,422	63.56	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,819	20,448	303,261	14.83	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	4,049	4,307	58,336	13.54	31
32	Other Health Ca See Sch 20A	39,439	43,047	753,073	17.49	32
33	Other(specify) Dialysis Wages	1,766	1,794	43,355	24.17	33
34	TOTAL (lines 1 - 33)	505,660	546,320	$ 9,028,184 *	$ 16.53	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	448	$ 19,499	1(3)	35
36	Medical Director	Monthly	24,000	9(3)	36
37	Medical Records Consultant	Monthly	4,608	10(3)	37
38	Nurse Consultant	637	25,480	10(3)	38
39	Pharmacist Consultant	Number	12,860	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	330	13,201	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,496	11(3)	44
45	Social Service Consultant	56	3,307	12(3)	45
46	Other(specify) Quality Assurance	0	0	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,519	$ 105,451		49

C. CONTRACT NURSES

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

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	5,181	5,611	83,254	14.84
Central Supply	1,942	2,086	20,162	9.67
Nursing Administration	13,638	14,771	326,336	22.09
Rehabilitation Nursing Wages	3,415	3,894	111,383	28.60
Rehabilitation Aides Wages	11,984	13,039	180,526	13.85
Resident Asst Wages	3,278	3,646	31,412	8.62
				#DIV/0!
Total	39,438	43,047	753,073	17.49

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Ralph Ricana	Administrator	0	$ 156,486
Kathy Sefcik	Administrator	0	18,936
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 175,422

B. Administrative - Other

Description	Amount
Management Fees (eliminated on Sch V, col. 7)	$ 2,237,873
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 2,237,873

C. Professional Services

Vendor/Payee	Type	Amount
FR&R Healthcare Consulting	Professional Services	$ 1,750
ADP Inc.	Payroll Services	22,673
Nancy Truschka	Professional Services	16,750
Innovative LTC Solutions	Billing Services	24,389
Richard Peelo & Associates	Accounting	6,000
Rehab Management Systems	Billing Services	40,800
Cardiac Diagnostics	Professional Services	85
Gemino Healthcare Finance	Professional Services	6,000
Unemployment Consultants	Unemployment Consultants	1,468
Life Safety	Professional Services	647
RSM McGaladrey	Accounting	24,566
See Schedule 21A		54,912
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 200,040

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 107,210
Unemployment Compensation Insurance	62,086
FICA Taxes	684,552
Employee Health Insurance	265,095
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Retirement	40,008
Employee Lab Tests	2,103
Other Employee Benefits	10,426
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,171,480

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

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 995
Advertising: Employee Recruitment	775
Health Care Worker Background Check	2,240
(Indicate # of checks performed 80)	
Patient Background Checks 261	2,610
Illinois Council Long Term Care	29,950
Less: COPE Fees	(7,419)
Misc. Dues & Subscriptions	8,619
Misc. Licenses	6,006
Alloc. Mgmt. Co.	15,717
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 59,493

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,083
Allocated from Mgmt. Co.	883
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,966

**See instructions.

Meadowbrook Manor
Provider #: 0037366
01/01/2011 to 12/31/2011 **Schedule 21A**

XIX. SUPPORT SCHEDULE
C. Professional Services

Polsinelli Shughart PC	Legal	37,078
Aspen Speciality Insurance Company	Insurance Services	10,209
Leverson & Metz S.C.	Legal	3,330
Hunt, Kaiser, Aranda, & Subach, LTD	Legal	2,125
Grabowski Law Center LLC	Collection Fees	1,888
Hamilton Thies & Lorch	Legal	235
IL LL Certificates	Professional Fees HUD	47
Total for Schedule 21A		54,912
		145,128
Total (agree to Schedule V, line 19, column 3)		200,040
Allocation from Butterfield Health Care Group		163,297
Out of period legal		(3,887)
disallow collection fees		(1,888)
Total (agree to Schedule V, line 19, column 8)		357,562

Meadowbrook Manor
Provider #: 0037366
01/01/2011 to 12/31/2011

DATE	Employee/Vendor	Position	Auto Expense				Transportation
			IPASS	Gas	Mileage	Repairs	
	Facility Truck			139.00		837.00	
	Employee Mileage				440.00		
	State of Illinois		850.00				
	Advantage Ambulance						917.00
TOTALS			**$ 850.00**	**$ 139.00**	**$ 440.00**	**$ 837.00**	**$ 917.00**

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			$		$	$	$	$	$	$	$	$	$
2													
3									N/A				
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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. **IL CLTC-$29,950**

(3) Did the nursing home make political contributions or payments to a politica
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? **7yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **93,493** 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? **N0**
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 fo
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 Departmen
during this cost report period. $ **163,155**
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 tc
the Department, in addition to the daily rate, been properly classifiec
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 fo
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. $ **N/A** Has any meal income been offset against
related costs? **Yes** Indicate the amount. $ **490**

(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 fo
residents? **No** If YES, please indicate the amount of income earned from such a
program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **Adequate records have been maintained.**
e. Are all vehicles stored at the nursing home during the night and all othe
times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? 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 ou
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of service
performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	545,768	74,862	19,499	640,129	0	640,129	-25	640,104
2. Food Purchase	0	668,100	0	668,100	0	668,100	1,649	669,749
3. Housekeeping	389,709	109,484	0	499,193	0	499,193	0	499,193
4. Laundry	79,946	108,368	0	188,314	0	188,314	0	188,314
5. Heat and Other Utilities	0	0	312,379	312,379	0	312,379	2,745	315,124
6. Maintenance	131,676	23,813	224,646	380,135	0	380,135	92,212	472,347
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,147,099	984,627	556,524	2,688,250	0	2,688,250	96,581	2,784,831
9. Medical Director	0	0	24,000	24,000	0	24,000	28,255	52,255
10. Nursing & Medical Records	5,625,714	523,497	42,948	6,192,159	0	6,192,159	0	6,192,159
10a. Therapy	1,222,937	8,668	13,201	1,244,806	0	1,244,806	0	1,244,806
11. Activities	269,628	16,744	2,496	288,868	0	288,868	0	288,868
12. Social Services	198,753	35	3,307	202,095	0	202,095	0	202,095
13. Nurse Aide Training	42,015	0	0	42,015	0	42,015	0	42,015
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	7,359,047	548,944	85,952	7,993,943	0	7,993,943	28,255	8,022,198
17. Administrative	175,422	0	2,237,873	2,413,295	0	2,413,295	-2,126,692	286,603
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	200,040	200,040	0	200,040	157,522	357,562
20. Fees, Subscriptions & Promotion	0	0	51,195	51,195	0	51,195	8,298	59,493
21. Clerical & General Office	303,261	75,768	76,247	455,276	0	455,276	537,345	992,621
22. Employee Benefits & Payroll	0	0	1,171,480	1,171,480	0	1,171,480	0	1,171,480
23. Inservice Training & Education	0	0	5,343	5,343	0	5,343	1,267	6,610
24. Travel and Seminar	0	0	1,083	1,083	0	1,083	883	1,966
25. Other Admin. Staff Trans	0	0	3,183	3,183	0	3,183	8,704	11,887
26. Insurance-Prop.Liab.Malpractice	0	0	327,647	327,647	0	327,647	124,752	452,399
27. Other (specify)*	0	0	0	0	0	0	118,712	118,712
28. Total General Adminis	478,683	75,768	4,074,091	4,628,542	0	4,628,542	-1,169,209	3,459,333
29. Total General Administrative	8,984,829	1,609,339	4,716,567	15,310,735	0	15,310,735	-1,044,373	14,266,362
30. Depreciation	0	0	254,631	254,631	0	254,631	266,667	521,298
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	91,423	91,423	0	91,423	1,056,997	1,148,420
33. Real Estate	0	0	0	0	0	0	337,526	337,526
34. Rent - Facility & Grounds	0	0	3,263,100	3,263,100	0	3,263,100	-2,980,254	282,846
35. Rent - Equipment & Vehicles	0	0	44,164	44,164	0	44,164	13,377	57,541
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	3,653,318	3,653,318	0	3,653,318	-1,305,687	2,347,631
38. Medically Necessary T	0	0	20,861	20,861	0	20,861	0	20,861
39. Ancillary Service Cent	43,355	782,407	73,340	899,102	0	899,102	0	899,102
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	163,155	163,155	0	163,155	0	163,155
43. Other (specify):*	0	0	446,407	446,407	0	446,407	-446,407	0
44. Total Special Cost Ce	43,355	782,407	703,763	1,529,525	0	1,529,525	-446,407	1,083,118
45. Grand Total	9,028,184	2,391,746	9,073,648	20,493,578	0	20,493,578	-2,796,467	17,697,111

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	103,611	103,611
2. Cash - Patient Deposits	49,792	49,792
3. Accounts & Notes Recievable	4,016,606	4,016,606
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	329,165	329,165
7. Other Prepaid Expenses	18,297	18,297
8. Accounts Receivable-Owner/Related Party	677,727	677,727
9. Other (specify):	2,625,017	2,747,275
10. Total current assets	7,820,215	7,942,473
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	692,061
14. Buildings, at Historical Cost	0	11,465,064
15. Leasehold Improvements, Historical Cost	1,591,884	1,813,181
16. Equipment, at Historical Cost	2,166,744	3,312,035
17. Accumulated Depreciation (book methods)	-2,344,109	-8,835,915
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	786,026	786,026
23. other (specify):	43,357	1,438,150
24. Total Long-Term Assets	2,243,902	10,670,602
25. Total Assets	10,064,117	18,613,075
CURRENT LIABILITIES		
26. Accounts Payable	1,408,666	1,408,666
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	90,847	90,847
29. Short-Term Notes Payable	1,211,269	1,211,269
30. Accrued Salaries Payable	474,202	474,202
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	330,000
33. Accrued Interest Payable	10,289	10,289
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	26,305	26,305
37. Other Current Liabilities (specify):	3,439,318	3,439,318
38. Total Current Liabilities	6,660,896	6,990,896
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	20,850,610
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	1,381,339	1,381,339
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	1,381,339	22,231,949
46.Total Liabilities	8,042,235	29,222,845
47.Total Equity	2,021,882	-10,609,770
48.Total Liabilities and Equity	10,064,117	18,613,075

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	17,236,966
2. Discounts and Allowances for all Levels	261,120
Subtotal - Inpatient Care	17,498,086
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	2,929,885
7. Oxygen	169,333
Subtotal - Anciliary Revenue	3,099,218
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	5,275
14. Non-Patient Meals	490
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	750,884
18. Sale of Supplies to Non-Patients	0
19. Laboratory	9,676
20. Radiologyand X-Ray	34,157
21. Other Medical Services	219,759
22. Laundry	3,494
Subtotal - Other Operating Revenue	1,023,735
24. Contributions	0
25. Interest and Other Investments Income	24,191
Subtotal - Non-Operating Revenue	24,191
27. Other Revenue (specify):	595
28. Other Revenue (specify):	25
Subtotal - Other Revenue	620
30. Total Revenue	21,645,850
31. General Services	3,302,767
32. Health Care	5,744,785
33. General Administration	2,518,380
34. Ownership	502,037
35. Special Cost Centers	1,226,172
35. Provider Participation Fee	97,722
37. Other	0
40. Total Expenses	13,391,863
41. Income Before Income Taxes	8,253,987
42. Income Taxes	0
43. Net Income or Loss for the Year	8,253,987