		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: 0047274

Facility Name: Meadowbrook Manor LaGrange

Address: 339 South 9th Avenue (Number) LaGrange (City) 60525 (Zip Code)

County: Cook

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

HFS ID Number:

Date of Initial License for Current Owners: 8/25/05

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	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 LaGrange # 0047274 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	94	Skilled (SNF)	94	34,310	1
2		Skilled Pediatric (SNF/PED)			2
3	103	Intermediate (ICF)	103	37,595	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	197	TOTALS	197	71,905	7

B. Census-For the entire report period.

	1 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	781	866	6,429	8,076	8
9	SNF/PED					9
10	ICF	29,586	6,356	23	35,965	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,367	7,222	6,452	44,041	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.25%

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 8/25/05

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 8/25/05 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 94 and days of care provided 5,460

Medicare Intermediary Wisconsin Physicians Service

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 LaGrange # 0047274 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	269,342	25,638	12,879	307,859		307,859		307,859			1
2	Food Purchase		209,826		209,826		209,826	342	210,168			2
3	Housekeeping	220,466	39,223		259,689		259,689		259,689			3
4	Laundry	78,574	(43,951)		34,623		34,623		34,623			4
5	Heat and Other Utilities			144,922	144,922		144,922	1,220	146,142			5
6	Maintenance	75,920	10,913	145,777	232,610		232,610	40,997	273,607			6
7	Other (specify):*											7
8	**TOTAL General Services**	644,302	241,649	303,578	1,189,529		1,189,529	42,559	1,232,088			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000	12,562	30,562			9
10	Nursing and Medical Records	2,852,113	251,734	21,279	3,125,126		3,125,126		3,125,126			10
10a	Therapy	530,210	4,192	5,093	539,495		539,495		539,495			10a
11	Activities	135,424	18,512	2,739	156,675		156,675		156,675			11
12	Social Services	93,310	35	1,257	94,602		94,602		94,602			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,611,057	274,473	48,368	3,933,898		3,933,898	12,562	3,946,460			16
	C. General Administration											
17	Administrative	105,412			105,412		105,412	49,431	154,843			17
18	Directors Fees											18
19	Professional Services			175,422	175,422		175,422	66,088	241,510			19
20	Dues, Fees, Subscriptions & Promotions			38,839	38,839		38,839	1,987	40,826			20
21	Clerical & General Office Expenses	177,365	33,303	58,734	269,402		269,402	237,326	506,728			21
22	Employee Benefits & Payroll Taxes			820,285	820,285		820,285		820,285			22
23	Inservice Training & Education			1,964	1,964		1,964	563	2,527			23
24	Travel and Seminar			1,409	1,409		1,409	393	1,802			24
25	Other Admin. Staff Transportation			1,147	1,147		1,147	3,870	5,017			25
26	Insurance-Prop.Liab.Malpractice			177,250	177,250		177,250	21,165	198,415			26
27	Other (specify):*							52,779	52,779			27
28	**TOTAL General Administration**	282,777	33,303	1,275,050	1,591,130		1,591,130	433,602	2,024,732			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,538,136	549,425	1,626,996	6,714,557		6,714,557	488,723	7,203,280			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 LaGrange #0047274 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			85,033	85,033		85,033	90,581	175,614			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			22,776	22,776		22,776	83,350	106,126			32
33	Real Estate Taxes							227,204	227,204			33
34	Rent-Facility & Grounds			1,320,000	1,320,000		1,320,000	(1,194,247)	125,753			34
35	Rent-Equipment & Vehicles			34,832	34,832		34,832	5,947	40,779			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,462,641	1,462,641		1,462,641	(787,165)	675,476			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			5,328	5,328		5,328		5,328			38
39	Ancillary Service Centers		267,598	90,093	357,691		357,691		357,691			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			107,858	107,858		107,858		107,858			42
43	Other (specify):* **Non-Allow Costs**			376,770	376,770		376,770	(376,770)				43
44	**TOTAL Special Cost Centers**		267,598	580,049	847,647		847,647	(376,770)	470,877			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,538,136	817,023	3,669,686	9,024,845		9,024,845	(675,212)	8,349,633			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 LaGrange # 0047274 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	(609)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,469)	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	(47,759)	30		9
10	Interest and Other Investment Income	(4)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(92)	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	(187)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(334,007)	43		24
25	Fund Raising, Advertising and Promotional	(56)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,897)	43		28
29	Other-Attach Schedule See SCH5A	(47,418)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (438,498)		$	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)	(236,714)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (236,714)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (675,212)		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 LaGrange

ID# 0047274

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	(5,001)	20
To disallow Consolidated Billing Services	(4,452)	43
To disallow Marketing Expenses	(10,039)	43
To disallow X-Ray expense	(8,475)	43
To disallow Lab expense	(3,990)	43
To disallow Employee Gifts	(6,986)	43
To disallow Resident Gifts	(43)	43
To disallow Gifts	(77)	43
To Offset Miscellaneous	(1,841)	21
To disallow out of period legal fees	(6,246)	19
To disallow collections fees	(268)	19
		6
Total	**(47,418)**	

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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, LP	Bolingbrook	Lessor
		Meadowbrook Manor of Naperville		MMN Partners, LP	Naperville	Lessor
				Butterfield Health		Management Co.
		Butterfield Health Care II, Inc. d/b/a	Bolingbrook	Care Group, Inc.	Bolingbrook	
		Meadowbrook Manor of		MML Properties LLC	LaGrange	Lessor
				Seneca Building LP	Des Plaines	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines			

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%	$ 951	$ 951	1
2	V	5	Utilities		Butterfield Health Care Group, Inc.	100.00%	1,220	1,220	2
3	V	6	Maintenance		Butterfield Health Care Group, Inc.	100.00%	40,997	40,997	3
4	V	9	Medical Director		Butterfield Health Care Group, Inc.	100.00%	12,562	12,562	4
5	V	17	Administrative		Butterfield Health Care Group, Inc.	100.00%	49,431	49,431	5
6	V	19	Professional Services		Butterfield Health Care Group, Inc.	100.00%	72,602	72,602	6
7	V	20	Fees, Subscriptions & Promotions		Butterfield Health Care Group, Inc.	100.00%	6,988	6,988	7
8	V	21	Clerical & General Office		Butterfield Health Care Group, Inc.	100.00%	239,167	239,167	8
9	V	23	Inservice Training & Education		Butterfield Health Care Group, Inc.	100.00%	563	563	9
10	V	24	Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	393	393	10
11	V	25	Other Admin Staff Transportation		Butterfield Health Care Group, Inc.	100.00%	3,870	3,870	11
12	V	26	Insurance		Butterfield Health Care Group, Inc.	100.00%	386	386	12
13	V								13
14	Total			$			$ 429,130	$ * 429,130	14

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2011 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	27	Mgmt Alloc of Benefits	$	Butterfield Health Care Group, Inc.	100.00%	$ 52,779	$ 52,779	15
16	V	30	Depreciation		Butterfield Health Care Group, Inc.	100.00%	13,017	13,017	16
17	V	32	Interest Expense		Butterfield Health Care Group, Inc.	100.00%	141	141	17
18	V	34	Rent-Facility & Grounds		Butterfield Health Care Group, Inc.	100.00%	125,753	125,753	18
19	V	35	Rent-Equipment & Vehicles		Butterfield Health Care Group, Inc.	100.00%	5,947	5,947	19
20	V								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			$			$ 197,637	$ * 197,637	39

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2011 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	19	Professional Fees	$	MML Properties, LLC	100.00%	$	$	15
16	V	20	Fees & Subscriptions		MML Properties, LLC	100.00%			16
17	V	26	Insurance-Prop., Liab., Malpr.		MML Properties, LLC	100.00%	20,779	20,779	17
18	V	30	Depreciation		MML Properties, LLC	100.00%	125,323	125,323	18
19	V	32	Interest Expense		MML Properties, LLC	100.00%	82,537	82,537	19
20	V	32	Amort of Mortgage Costs		MML Properties, LLC	100.00%	676	676	20
21	V	33	Real Estate Taxes		MML Properties, LLC	100.00%	227,204	227,204	21
22	V	34	Rent	1,320,000	MML Properties, LLC	100.00%		(1,320,000)	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			$ 1,320,000			$ 456,519	$ * (863,481)	39

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

Butterfield Health Care VIII, LLC
D/B/A Meadowbrook Manor of LaGrange
Provider # 0047274
12/31/2011

Schedule 6A

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

Name	Ownership %
RBJ Investments, LP	25%
Jafari Family LLC	25%
Louis William Dimas Family Limited Partnership	15%
Vangel Family Investments LLP	25%
Christopher Vangel Descendant's GST Exempt Trusd U/A D 6/21/99	5%
Katherine Hocuk Descendant's GST Exempt Trusd U/A D 6/21/99	5%
	100.00%

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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	201,537	8	20.00	Mgt Salaries	$ 19,678	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	92,540	2	5.00	Mgt Salaries	10,108	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	67,519	2	5.00	Mgt Salaries	16,489	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	12,921	2	5.00	Mgt Salaries	3,156	17(7)	4
5	Robert Jafari	Consultant	Administrative	25.00	210,976	2	5.00	Prof Fees	51,524	19(7)	5
6	Kianoosh Jafari	Medical Director	Administrative	25.00	51,438	10	25.00	Medical Director	12,562	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	$ 113,517		13

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2011 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	$	44,041	$ 951	1
2	3	Housekeeping	Resident Days	224,378	3	0		44,041	0	2
3	5	Utilities	Resident Days	224,378	3	6,217		44,041	1,220	3
4	6	Repairs & Maintenance	Resident Days	224,378	3	208,871	194,407	44,041	40,997	4
5	9	Medical Director	Resident Days	224,378	3	64,000		44,041	12,562	5
6	11	Activities	Resident Days	224,378	3	0		44,041	0	6
7	17	Administrative Costs	Resident Days	224,378	3	251,838	251,838	44,041	49,431	7
8	19	Professional Services	Resident Days	224,378	3	369,887		44,041	72,602	8
9	20	Dues,Fees & Subscriptions	Resident Days	224,378	3	35,601		44,041	6,988	9
10	21	Clerical & General Office exp.	Resident Days	224,378	3	1,218,498	1,114,078	44,041	239,167	10
11	23	Training & Education	Resident Days	224,378	3	2,870		44,041	563	11
12	24	Travel & Seminar	Resident Days	224,378	3	2,000		44,041	393	12
13	25	Auto Expense	Resident Days	224,378	3	19,715		44,041	3,870	13
14	26	Insurance	Resident Days	224,378	3	1,968		44,041	386	14
15	27	Employee Benefits General &Admin.	Resident Days	224,378	3	268,897		44,041	52,779	15
16	30	Depreciation	Resident Days	224,378	3	66,317		44,041	13,017	16
17	32	Interest	Resident Days	224,378	3	716		44,041	141	17
18	34	Rent Building	Resident Days	224,378	3	640,680		44,041	125,753	18
19	35	Equipment Rental	Resident Days	224,378	3	30,301		44,041	5,947	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 3,193,221	$ 1,560,323		$ 626,767	25

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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	JP Morgan Chase		X	Mortgage	$28,630.00	8/25/08	$ 3,600,000	$	8/25/10	0.0735	$ 64,211	1
2	Brickyard - HUD		X	Mortgage	$18,087.00	10/31/11	2,256,651	1,540,571		0.7000	18,326	2
3	JP Morgan Chase		X	Amortization of Loan Cost							676	3
4												4
5												5
	Working Capital											
6	JP Morgan Chase		X	Working Capital	$7,804.00	10/31/05	1,500,000	377,194	10/31/12	0.0525	17,592	6
7	JP Morgan Chase		X	Working Capital	N/A	8/25/05	1,357,500	1,107,500	8/25/11	Prime-.5		7
8	See Sch 9A				$3,030.00	3/19/09	160,395	76,810			5,184	8
9	TOTAL Facility Related				$57,551.00		$ 8,874,546	$ 3,102,075			$ 105,989	9
	B. Non-Facility Related*											
10								Offset Interest Income			(4)	10
11								Allocated from Mgmt. Co.			141	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 137	14
15	TOTALS (line 9+line14)						$ 8,874,546	$ 3,102,075			$ 106,126	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 LaGrange # 0047274 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**		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
6	Omnicare		X	Trade Payables	3,030.00	3/19/2009	160,395	76,810	320/14	5.0000	5,184	6
7												7
8												8
9	TOTAL Facility Related				$3,030.00		$ 160,395	$ 76,810			$ 5,184	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)						$ 160,395	$ 76,810			$ 5,184	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 LaGrange # 0047274 **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.**		$	344,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2010	$	281,204	2
3. Under or (over) accrual (line 2 minus line 1).		$	(62,796)	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$	290,000	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.		$	227,204	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	294,178	8
	2007	300,449	9
	2008	304,001	10
	2009	333,699	11
	2010	281,204	12

2010 Tax Bill= $281,204
Estimated increase=.03
Total= $289,604
Use: $290,000

	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 LaGrange COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0047274

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.	18-04-423-001-0000	Nursing Home	$ 281,204.00	$ 281,204.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 281,204.00	$ 281,204.00

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 LaGrange # 0047274 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 74,985 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 3

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

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

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

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

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

None

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	178,272	2005	$ 1,561,408	1
2					2
3	TOTALS	178,272		$ 1,561,408	3

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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	203		2005	1911	$ 2,646,175	$	40	$ 66,154	$ 66,154	$ 430,001	4
5				2009	510,195		40	6,377	6,377	19,131	5
6											6
7											7
8											8
	Improvement Type**										
9	Install compressor			2005	1,750	175	10	175		1,137	9
10	Elevator overhaur			2005	4,245	424	10	424		2,756	10
11	Front porch carpeting			2005	2,086	209	10	209		1,359	11
12	Remodel 1st floor - tile & paint			2005	26,770	2,677	10	2,677		17,327	12
13	Refurbish boiler			2005	21,650	2,165	10	2,165		14,073	13
14	Furnish & install boiler feed pump			2005	2,750	275	10	275		1,788	14
15	Furnish & install condensate pump			2005	2,565	256	10	256		1,664	15
16	Furnish & install extrol & relief valve			2005	1,729	173	10	173		1,124	16
17											17
18	Sign			2006	8,725	873	10	873		4,801	18
19	Remodel 1st floor - tile, paint & draperies			2006	37,805	3,781	10	3,781		20,795	19
20	Remodel 1st floor - carpet			2006	6,831	683	10	683		3,757	20
21	Fire Department standpipe connections			2006	1,443	144	10	144		792	21
22	Furnish & install new heating coil on MUA unit			2006	5,595	560	10	560		3,080	22
23	Repair MUA			2006	3,300	330	10	330		1,815	23
24	Repair water line/pipe			2006	4,800	480	10	480		2,640	24
25	Dialysis room			2006	57,470	5,746	10	5,746		31,393	25
26	Replace faulty fuses			2006	3,590	359	10	359		1,975	26
27	Install panic exit door devices			2006	8,400	840	10	840		4,620	27
28											28
29	Electrical Repairs			2007	4,590	459	10	459		2,066	29
30	Wiremold, covers, cables & supplies for Satellite TV			2007	15,787	1,579	10	1,579		7,105	30
31	Cable & Phone Lines - Installation & Termination			2007	58,250	5,825	10	5,825		26,213	31
32	Remove, repair & replace tile & wood, repair downspouts			2007	2,569	257	10	257		1,156	32
33	Install 5 new 2 1/2 fire hose valves			2007	4,160	416	10	416		1,872	33
34	Demolition & removal of house and garage - 339 S. Ninth St.			2007	11,225	1,122	10	1,122		5,049	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2011 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	New doors, hardware, laminating & refinishing for Dementia	2008	$ 7,540	$	10	$ 754	$ 754	$ 2,639	37
38	Repair parking lot lights (ballasts, cutting asphalt, trenching								38
39	& running new wiring)	2008	4,989	498	10	498		1,745	39
40	Roof Repairs (rear emergency room entrance & front entrance)	2008	3,949	394	10	394		1,381	40
41	Wiring - Therapy room	2008	5,879		10	588	588	2,058	41
42	Chimney Cap & Tuckpointing	2008	11,993	1,199	10	1,199		4,197	42
43	Rebuilt compressor for HVAC unit	2008	19,864	1,959	10	1,986	27	6,951	43
44									44
45	R&M Reclasses								45
46	- Emergency service for steam leak on heating system-								46
47	furnished & installed new diaphram & steam trap.	2008	4,699		10	470	470	1,645	47
48	- Emergency service for no heat - furnished & installed								48
49	new fluid head & valve body.	2008	3,045		10	305	305	1,067	49
50	- Tile flooring for facility	2008	14,637		10	1,464	1,464	5,124	50
51									51
52	Concrete flooring, electrical, new tub & faucet, drywall,	2009	26,068	2,607	10	2,607		6,519	52
53	studs & reframe door for Laundry Room Remodel								53
54	Repair masonry on top of building	2009	6,241	624	10	624		1,560	54
55	Install outdoor lighting	2009	11,332	1,133	10	1,133		2,833	55
56	replace 2 shower valves & trims	2009	2,755	276	10	276		690	56
57	Fill & roll potholes, crack sealing, sealcoating & striping	2009	6,000	1,200	5	1,200		3,000	57
58	parking lot								58
59									59
60	R&M Reclasses								60
61	-Remove and replace automatic transfer switch	2009	3,695		10	370	370	925	61
62	-Replace air separator and rework piping for new style	2009	5,350		10	535	535	1,338	62
63	air separator.								63
64	-Air conditioner -repair leaks, add drier cores and refrigerant	2009	5,204		10	520	520	1,300	64
65	replace belt and pulley								65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,597,695	$ 39,698		$ 117,262	$ 77,564	$ 654,461	70

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2011 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		$ 3,597,695	$ 39,698		$ 117,262	$ 77,564	$ 654,461	1
2	Cabinets and countertops for therapy office	2010	6,117	612	10	612		918	2
3	Install drywall for new wall, rearrange/repair light fixtures	2010	2,705	270	10	270		405	3
4	in business office								4
5	Remove & rebuild rear loading dock	2010	2,650	265	10	265		398	5
6	Transfer & install reception door, 3 sets of 36" cabinets and	2010	4,974	497	10	497		746	6
7	countertops for dining room								7
8	22 - 4 tier lockers with sloped tops	2010	5,138	514	10	514		770	8
9	Lavatory faucets, shut offs & trap, tempered glass for restroom	2010	3,436	344	10	344		516	9
10	door								10
11	Fill potholes, sealcoating & striping of parking log	2010	5,100	1,020	5	1,020		1,530	11
12	Fill potholes, sealcoating & striping of parking log	2011	2,000	200	5	200		200	12
13	Bathroon & Shower Remodel - Plumbing, Tile, ceramic	2011	95,612	4,780	10	4,780		4,780	13
14	floors, & Painting								14
15	Corridor Remodel - remove wall paper, paint, handrails,	2011	46,474	2,324	10	2,324		2,324	15
16	carpet								16
17	Dinning Roon & Kichen - new vinyl floors, paint all walls	2011	36,795	1,840	10	1,840		1,840	17
18	Tile & Trim for Offices replace all the tile & trim	2011	21,653	1,083	10	1,083		1,083	18
19	Elwvator repair	2011	4,350	217	10	217		217	19
20	Install in Fire Doors	2011	3,135	157	10	157		157	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)		$ 3,837,834	$ 53,821		$ 131,385	$ 77,564	$ 670,345	34

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2011 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	$ 272,240	$ 27,762	$ 27,762	$	5-10	$ 108,375	71
72	Current Year Purchases	68,998	3,450	3,450		10 yrs	3,450	72
73	Fully Depreciated Assets	613,185				5 yrs	613,185	73
74	Alloc. From Mgmt. Co.			13,017	13,017			74
75	TOTALS	$ 954,423	$ 31,212	$ 44,229	$ 13,017		$ 725,010	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				$	$	$	$		$	76
77	N/A									77
78										78
79										79
80	TOTALS			$	$	$	$		$	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)	$ 6,353,665	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 85,033	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 175,614	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 90,581	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,395,355	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	CIP	$ 550,683	92
93			93
94			94
95		$ 550,683	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 LaGrange # 0047274 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				125,753			5
6								6
7	TOTAL				$ 125,753 **			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.	/2012	$
13.	/2013	$
14.	/2014	$

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 *

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: $ 40,779 Description: See Attached Schedule 14A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	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.

Schedule 14 A

Schedule 14A

XII. Rental Costs
Line 16 - Description

Copier	8,883
Medical Equipment	12,626
Mattress & Beds	9,691
Postage Meter	3,632
Management Co.	5,947
Total	40,779

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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?
[ ] YES
[X] NO

It is the policy of this facility to only hire certified nurses aides.

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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(1,3)	4463 hrs	$ 168,992		$	$	4,463	$ 168,992	1
2	Licensed Speech and Language Development Therapist	10A(1,3)	1951 hrs	73,758				1,951	73,758	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(1,2,3)	7208 hrs	287,460		3,933	4,192	7,208	295,585	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				207,932		207,932	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Dialysis Services	39(3)				90,093			90,093	12
13	Other (specify): Oxygen	39(2)					59,666		59,666	13
14	TOTAL			$ 530,210		$ 94,026	$ 271,790	13,622	$ 896,026	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 LaGrange # 0047274 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	$ 36,639	$ 36,639	1
2	Cash-Patient Deposits	35,827	35,827	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 335,647)	2,184,745	2,184,745	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	151,195	166,956	6
7	Other Prepaid Expenses	1,066	1,066	7
8	Accounts Receivable (owners or related parties)	1,242	1,242	8
9	Other(specify): See Sch17	2,681	35,488	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,413,395	$ 2,461,963	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,561,408	13
14	Buildings, at Historical Cost		3,156,370	14
15	Leasehold Improvements, at Historical Cost	631,122	681,464	15
16	Equipment, at Historical Cost	362,732	954,423	16
17	Accumulated Depreciation (book methods)	(338,337)	(1,395,355)	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 CPI	274,193	274,193	22
23	Other(specify): Mortgage Costs	68,220	108,112	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 997,930	$ 5,340,615	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,411,325	$ 7,802,578	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 422,348	$ 422,348	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	31,081	31,081	28
29	Short-Term Notes Payable	377,194	377,194	29
30	Accrued Salaries Payable	227,350	227,350	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		290,000	32
33	Accrued Interest Payable	2,274	2,274	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Payroll Taxes	19,550	19,550	36
37	Due to Related Parties	5,332,051	3,210,085	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 6,411,848	$ 4,579,882	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,184,310	1,184,310	39
40	Mortgage Payable		1,540,571	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Note Payable-Vendor Liability	177,353	177,353	43
44	Note Payable - Shareholders	269,480	269,480	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,631,143	$ 3,171,714	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 8,042,991	$ 7,751,596	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (4,631,666)	$ 50,982	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,411,325	$ 7,802,578	48

***(See instructions.)**

Meadowbrook Manor LaGrange
0047274
12/31/2011

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Employee Advances	3,137	3,137
Real Estate Tax-Escrow		32,807
	3,137	35,944

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued-Payroll Taxes	9,202	9,202
Wage Garnishments	160	160
Credit Union	191	191
	9,553	9,553

C. Current Liabilities	Operating	After Consolidation
Line 37 -Other Current Liabilities		
Due from Bolingbrook	1,640,044	1,640,044
Due from Naperville	1,303,882	1,303,882
Due from BHC Group	64,246	64,246
Due from BHC Construction	9,521	9,521
Accrued Rent	2,061,648	(60,318)
Resident Credit Balances	221,440	221,440
N/P State	95,362	95,362
Due from BHC VIII		
	5,396,143	3,274,177

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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**	$ (4,698,008)	1	
2	Restatements (describe):		2	
3	Rounding	(1)	3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (4,698,009)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	66,343	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 66,343	17	
	B. Transfers (Itemize):			
18			18	
19	Rounding		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)**	$ (4,631,666)	24	*

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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	$ 7,395,484	1
2	Discounts and Allowances for all Levels	(97,059)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,298,425	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,136,329	6
7	Oxygen	189,931	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,326,260	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	2,220	13
14	Non-Patient Meals	609	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	255,566	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,857	19
20	Radiology and X-Ray	10,675	20
21	Other Medical Services	180,127	21
22	Laundry	11,604	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 464,658	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	4	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 4	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	1,841	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,841	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,091,188	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,189,529	31
32	Health Care	3,933,898	32
33	General Administration	1,591,130	33
	B. Capital Expense		
34	Ownership	1,462,641	34
	C. Ancillary Expense		
35	Special Cost Centers	739,789	35
36	Provider Participation Fee	107,858	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,024,845	40
41	**Income before Income Taxes (line 30 minus line 40)****	66,343	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 66,343	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 LaGrange # 0047274 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	1,957	2,165	$ 82,967	$ 38.32	1
2	Assistant Director of Nursing	2,027	2,160	71,453	33.08	2
3	Registered Nurses	16,203	16,993	466,321	27.44	3
4	Licensed Practical Nurses	32,192	34,509	919,087	26.63	4
5	CNAs & Orderlies	77,940	81,077	986,122	12.16	5
6	CNA Trainees					6
7	Licensed Therapist	12,310	13,622	530,210	38.92	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,354	13,568	135,424	9.98	10
11	Social Service Workers	4,937	5,318	93,310	17.55	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers	22,844	24,097	269,342	11.18	16
17	Maintenance Workers	5,481	6,114	75,920	12.42	17
18	Housekeepers	22,623	24,308	220,466	9.07	18
19	Laundry	8,542	9,325	78,574	8.43	19
20	Administrator	1,946	2,197	105,412	47.98	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,146	11,034	177,365	16.07	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,972	2,240	27,678	12.36	31
32	Other Health Ca See Sch 20A	13,426	14,725	298,485	20.27	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	246,900	263,452	$ 4,538,136 *	$ 17.23	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	296	$ 12,879	1(3)	35
36	Medical Director	Monthly	18,000	9(3)	36
37	Medical Records Consultant	Monthly	4,608	10(3)	37
38	Nurse Consultant	220	8,800	10(3)	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	29	1,160	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	53	2,739	11(3)	44
45	Social Service Consultant	21	1,257	12(3)	45
46	Other(specify) Quality Assurance	Monthly	7,871	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	619	$ 57,314		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

Meadowbrook Manor LaGrange
0047274
12/31/2011

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	1,534	1,662	18,642	11.22
Central Supply	2,014	2,359	33,327	14.13
Nursing Administration	3,301	3,533	135,333	38.31
Rehabilitation Nurse	1,649	1,814	46,380	25.57
Rehabilitation Aides	4,928	5,357	64,803	12.10
Total	13,426	14,725	298,485	20.27

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
David Shires	Administrator	0	$ 105,412
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 105,412

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
T1 Vivions, Inc	Profesional Services	$ 296
ADP Inc.	Payroll Services	13,124
Gemino Healthcare Finance	Profesional Services	6,000
Innovative LTC Solutions	Profesional Services	13,354
Life Safety	Profesional Services	964
Rehab Management Systems	Billing Services	40,800
Career Management Services	Profesional Services	6,000
CT Corporation	Profesional Services	106
Unemployment Consultants	Unemployment Consultant	1,468
RSM McGladrey	Accounting	23,321
See Schedule 21A		69,989
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 175,422

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 184,395
Unemployment Compensation Insurance	113,385
FICA Taxes	342,521
Employee Health Insurance	154,086
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Retirement	12,968
Employee Lab Test	5,047
Uniform Allowance	2,009
Other Employee Benefits	5,874
TOTAL (agree to Schedule V, line 22, col.8)	$ 820,285

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	1,967
Health Care Worker Background Check	1,340
(Indicate # of checks performed 134)	
Patient Background Checks	0
Illinois Council Long Term Care	20,094
Less: COPE Fees	(5,001)
Misc. Dues & Subscriptions	9,325
Misc. Licenses	5,118
Alloc. Mgmt. Co.	6,988
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 40,826

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,409
Allocated from Mgmt. Co.	393
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,802

**See instructions.

Butterfield Health Care VII, LLC
Meadowbrook Manor LaGrange
Provider #: 0047274
01/01/2011 to 12/31/2011

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Polsinelli Shughart PC	Legal	37,185
Gary L. Cole AIA ALA ESQ	Legal	1,935
Law Offices of Thomas E. Brewer	Guardianship	1,238
The Sechen Law Group PC	Legal	2,280
Grabowski Law Center LLC	Legal - Collections	268
Hamilton Thies Lorch & Hagnell	Legal	258
Weinstein & Zimmerman	Legal	5,000
Guardianship Services Associates	Guardianship	1,789
CT Corporation	Professional Services	217
IL LL Certificates	Professional Services	94
Scott & Kraus LLC	Appraisal Fee	14,205
Crane and Norcross	Real Estate Tax Appeal	5,520
Total for Schedule 21A		69,989
Total (agree to Schedule V, line 19, column 3)		175,422
Allocation from Butterfield Health Care Group	Professional Services	72,602
Less: Reclass to Insurance		
Less: Disallowed legal fees - Collections		(268)
Out of period legal		(6,246)
Total (agree to Schedule V, line 19, column 8)		241,510

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 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 LaGrange # 0047274 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- $20.094**

(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? **10yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **18,417** 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. $ **107,858**
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. $ **609**

(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	269,342	25,638	12,879	307,859	0	307,859	0	307,859
2. Food Purchase	0	209,826	0	209,826	0	209,826	342	210,168
3. Housekeeping	220,466	39,223	0	259,689	0	259,689	0	259,689
4. Laundry	78,574	-43,951	0	34,623	0	34,623	0	34,623
5. Heat and Other Utilities	0	0	144,922	144,922	0	144,922	1,220	146,142
6. Maintenance	75,920	10,913	145,777	232,610	0	232,610	40,997	273,607
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	644,302	241,649	303,578	1,189,529	0	1,189,529	42,559	1,232,088
9. Medical Director	0	0	18,000	18,000	0	18,000	12,562	30,562
10. Nursing & Medical Records	2,852,113	251,734	21,279	3,125,126	0	3,125,126	0	3,125,126
10a. Therapy	530,210	4,192	5,093	539,495	0	539,495	0	539,495
11. Activities	135,424	18,512	2,739	156,675	0	156,675	0	156,675
12. Social Services	93,310	35	1,257	94,602	0	94,602	0	94,602
13. Nurse Aide Training	0	0	0	0	0	0	0	0
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	3,611,057	274,473	48,368	3,933,898	0	3,933,898	12,562	3,946,460
17. Administrative	105,412	0	0	105,412	0	105,412	49,431	154,843
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	175,422	175,422	0	175,422	66,088	241,510
20. Fees, Subscriptions & Promotion	0	0	38,839	38,839	0	38,839	1,987	40,826
21. Clerical & General Office	177,365	33,303	58,734	269,402	0	269,402	237,326	506,728
22. Employee Benefits & Payroll	0	0	820,285	820,285	0	820,285	0	820,285
23. Inservice Training & Education	0	0	1,964	1,964	0	1,964	563	2,527
24. Travel and Seminar	0	0	1,409	1,409	0	1,409	393	1,802
25. Other Admin. Staff Trans	0	0	1,147	1,147	0	1,147	3,870	5,017
26. Insurance-Prop.Liab.Malpractice	0	0	177,250	177,250	0	177,250	21,165	198,415
27. Other (specify)*	0	0	0	0	0	0	52,779	52,779
28. Total General Adminis	282,777	33,303	1,275,050	1,591,130	0	1,591,130	433,602	2,024,732
29. Total General Administrative	4,538,136	549,425	1,626,996	6,714,557	0	6,714,557	488,723	7,203,280
30. Depreciation	0	0	85,033	85,033	0	85,033	90,581	175,614
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	22,776	22,776	0	22,776	83,350	106,126
33. Real Estate	0	0	0	0	0	0	227,204	227,204
34. Rent - Facility & Grounds	0	0	1,320,000	1,320,000	0	1,320,000	-1,194,247	125,753
35. Rent - Equipment & Vehicles	0	0	34,832	34,832	0	34,832	5,947	40,779
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,462,641	1,462,641	0	1,462,641	-787,165	675,476
38. Medically Necessary T	0	0	5,328	5,328	0	5,328	0	5,328
39. Ancillary Service Cent	0	267,598	90,093	357,691	0	357,691	0	357,691
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	107,858	107,858	0	107,858	0	107,858
43. Other (specify):*	0	0	376,770	376,770	0	376,770	-376,770	0
44. Total Special Cost Ce	0	267,598	580,049	847,647	0	847,647	-376,770	470,877
45. Grand Total	4,538,136	817,023	3,669,686	9,024,845	0	9,024,845	-675,212	8,349,633

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	36,639	36,639
2. Cash - Patient Deposits	35,827	35,827
3. Accounts & Notes Recievable	2,184,745	2,184,745
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	151,195	166,956
7. Other Prepaid Expenses	1,066	1,066
8. Accounts Receivable-Owner/Related Party	1,242	1,242
9. Other (specify):	2,681	35,488
10. Total current assets	2,413,395	2,461,963
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	1,561,408
14. Buildings, at Historical Cost	0	3,156,370
15. Leasehold Improvements, Historical Cost	631,122	681,464
16. Equipment, at Historical Cost	362,732	954,423
17. Accumulated Depreciation (book methods)	-338,337	-1,395,355
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):	274,193	274,193
23. other (specify):	68,220	108,112
24. Total Long-Term Assets	997,930	5,340,615
25. Total Assets	3,411,325	7,802,578
CURRENT LIABILITIES		
26. Accounts Payable	422,348	422,348
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	31,081	31,081
29. Short-Term Notes Payable	377,194	377,194
30. Accrued Salaries Payable	227,350	227,350
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	290,000
33. Accrued Interest Payable	2,274	2,274
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	19,550	19,550
37. Other Current Liabilities (specify):	5,332,051	3,210,085
38. Total Current Liabilities	6,411,848	4,579,882
LONG TERM LIABILITES		
39.Long-Term Notes Payable	1,184,310	1,184,310
40.Mortgage Payable	0	1,540,571
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	177,353	177,353
44.Other Long-Term Liabilities (specify):	269,480	269,480
45.Total Long-Term Liabilities	1,631,143	3,171,714
46.Total Liabilities	8,042,991	7,751,596
47.Total Equity	-4,631,666	50,982
48.Total Liabilities and Equity	3,411,325	7,802,578

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	7,395,484
2. Discounts and Allowances for all Levels	-97,059
Subtotal - Inpatient Care	7,298,425
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,136,329
7. Oxygen	189,931
Subtotal - Anciliary Revenue	1,326,260
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	2,220
14. Non-Patient Meals	609
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	255,566
18. Sale of Supplies to Non-Patients	0
19. Laboratory	3,857
20. Radiologyand X-Ray	10,675
21. Other Medical Services	180,127
22. Laundry	11,604
Subtotal - Other Operating Revenue	464,658
24. Contributions	0
25. Interest and Other Investments Income	4
Subtotal - Non-Operating Revenue	4
27. Other Revenue (specify):	1,841
28. Other Revenue (specify):	0
Subtotal - Other Revenue	1,841
30. Total Revenue	9,091,188
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	-4,300,675
42. Income Taxes	0
43. Net Income or Loss for the Year	-4,300,675