



Facility Name & ID Number Meadowbrook Manor

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

**III. STATISTICAL DATA**  
**A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds** N/A

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

**B. Census-For the entire report period.**

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>62,534</u>	<u>12,151</u>	<u>8,637</u>	<u>83,322</u>	8
9	SNF/PED					9
10	ICF	<u>6,341</u>			<u>6,341</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>68,875</u>	<u>12,151</u>	<u>8,637</u>	<u>89,663</u>	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensure bed days on line 7, column 4.)** 82.43%

**D. How many bed-hold days during this year were paid by Public Aid?**  
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)**  
Day Care

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

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

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

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

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

**K. Was the facility certified for Medicare during the reporting year?**  
 YES  NO  If YES, enter number of beds certified 55 and days of care provided 8,265

Medicare Intermediary Administar Federal, Inc.

**IV. ACCOUNTING BASIS**  
 ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/01 Fiscal Year: 12/31/01

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

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	374,414	67,380	14,426	456,220		456,220	456,220			1
2	Food Purchase		382,890		382,890		382,890	(2,444)	380,446		2
3	Housekeeping	250,923	56,188		307,111		307,111		307,111		3
4	Laundry	86,537	32,670		119,207		119,207		119,207		4
5	Heat and Other Utilities			264,054	264,054		264,054	(1,922)	262,132		5
6	Maintenance	115,307	24,899	180,799	321,005		321,005	(2,311)	318,694		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	827,181	564,027	459,279	1,850,487		1,850,487	(6,677)	1,843,810		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,480	12,480		12,480		12,480		9
10	Nursing and Medical Records	3,964,496	419,966	48,337	4,432,799		4,432,799		4,432,799		10
10a	Therapy	17,832	3,331	573,030	594,193		594,193		594,193		10a
11	Activities	123,134	18,321	5,549	147,004		147,004		147,004		11
12	Social Services	98,466		3,043	101,509		101,509		101,509		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	4,203,928	441,618	642,439	5,287,985		5,287,985		5,287,985		16
	<b>C. General Administration</b>										
17	Administrative	269,806		21,685	291,491		291,491	(21,685)	269,806		17
18	Directors Fees										18
19	Professional Services			170,477	170,477		170,477	(46,568)	123,909		19
20	Dues, Fees, Subscriptions & Promotions			55,366	55,366		55,366	(3,418)	51,948		20
21	Clerical & General Office Expense:	381,473	60,082	70,911	512,466		512,466	14,167	526,633		21
22	Employee Benefits & Payroll Tax			798,205	798,205		798,205	50,373	848,578		22
23	Inservice Training & Educator										23
24	Travel and Seminar			8,724	8,724		8,724	(737)	7,987		24
25	Other Admin. Staff Transportator			3,797	3,797		3,797	220	4,017		25
26	Insurance-Prop.Liab.Malpractice			221,852	221,852		221,852	690	222,542		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	651,279	60,082	1,351,017	2,062,378		2,062,378	(6,958)	2,055,420		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,682,388	1,065,727	2,452,735	9,200,850		9,200,850	(13,635)	9,187,215		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7**	8		
30	Depreciation			112,807	112,807		112,807	375,016	487,823		30
31	Amortization of Pre-Op. & Org										31
32	Interest			162,231	162,231		162,231	969,069	1,131,300		32
33	Real Estate Taxes							241,819	241,819		33
34	Rent-Facility & Grounds			3,600,000	3,600,000		3,600,000	(3,588,975)	11,025		34
35	Rent-Equipment & Vehicles			11,707	11,707		11,707	1,134	12,841		35
36	Other (specify):*										36
37	<b>TOTAL Ownership</b>			3,886,745	3,886,745		3,886,745	(2,001,937)	1,884,808		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportatior										38
39	Ancillary Service Centers		269,696		269,696		269,696		269,696		39
40	Barber and Beauty Shops			26,523	26,523		26,523		26,523		40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			163,155	163,155		163,155		163,155		42
43	Other (specify):* <b>Nonallowable costs</b>	39,869		296,859	336,728		336,728	(336,728)			43
44	<b>TOTAL Special Cost Centers</b>	39,869	269,696	486,537	796,102		796,102	(336,728)	459,374		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,722,257	1,335,423	6,826,017	13,883,697		13,883,697	(2,352,300)	11,531,397		45

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

\*\*See schedule of adjustments attached at end of cost report

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/01

Ending: 12/31/01

**VI. ADJUSTMENT DETAIL**

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program:				3
4	Non-Patient Meals	(1,389)	2		4
5	Telephone, TV & Radio in Resident Room:				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patient:				8
9	Non-Straightline Depreciation	38,857	30		9
10	Interest and Other Investment Income	(5,364)	32		10
11	Discounts, Allowances, Rebates & Refund:				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(580)	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	(21,600)	43		18
19	Entertainment				19
20	Contributions	(9,820)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer:				22
23	Malpractice Insurance for Individual:				23
24	Bad Debt	(218,607)	43		24
25	Fund Raising, Advertising and Promotions	(20,742)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(17,577)	43		26
27	Nurse Aide Training for Non-Employee:				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(126,696)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (383,518)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,968,782)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,968,782)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (2,352,300)		37

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

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

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

OHF USE ONLY					
48		49	50	51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Butterfield Health Care, Inc.  
D/B/A Meadowbrook Manor  
Provider #0037366  
12/31/2001

Schedule 5A

VI. Adjustment Detail  
Non-Allowable Expenses  
Line 29 - Other

Description	Amount	Schedule V Reference
Disallow Physicians' Fees	(400)	43
Disallow Patient Clothing	(359)	43
Disallow Trust Fees	(60)	20
Disallow Travel and Entertainment	(2,192)	43
Disallow Non-Allowable Legal	(42,499)	19
Disallow Non-Allowable Professional Fees	(6,456)	19
Disallow Travel and Seminar	(920)	24
Painting and Decorating	(2,311)	6
Disallow Non-allowable Day Care Salaries	(39,869)	43
Disallow Non-allowable Day Care Employee benefits and payroll taxes	(3,232)	22
Disallow Non-allowable Day Care Food	(1,055)	2
Disallow Non-allowable Day Care Utilities	(1,922)	5
Real Estate Tax	(1,719)	33
Disallow Non-Allowable Dues	(6,438)	20
Disallow Equipment Rental	(390)	35
Disallow Other Interest Expense	(90)	32
Miscellaneous Income Offset	(225)	21
Radiology	(10,766)	43
Laboratory	(5,793)	43
	<u>(126,696)</u>	

See Accountants' Compilation Report

Meadowbrook Manor

ID# 0037366

Report Period Beginning: 01/01/01

Ending: 12/31/01

Sch. V Line Reference

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	<b>Total</b>	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/01

Ending:

12/31/01

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,389)	0	0	0	0	0	0	0	0	0	0	(1,389)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(1,389)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,389)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	(21,685)	0	0	0	0	0	0	0	(21,685)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	1,706	681	0	0	0	0	0	0	0	2,387	19
20	Fees, Subscriptions & Promotions	0	0	60	3,019	0	0	0	0	0	0	0	3,079	20
21	Clerical & General Office Expenses	0	0	0	14,392	0	0	0	0	0	0	0	14,392	21
22	Employee Benefits & Payroll Taxes	0	0	0	53,605	0	0	0	0	0	0	0	53,605	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	183	0	0	0	0	0	0	0	183	24
25	Other Admin. Staff Transportation	0	0	0	220	0	0	0	0	0	0	0	220	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	690	0	0	0	0	0	0	0	690	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>0</b>	<b>0</b>	<b>1,766</b>	<b>51,105</b>	<b>0</b>	<b>52,871</b>	<b>28</b>						
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(1,389)</b>	<b>0</b>	<b>1,766</b>	<b>51,105</b>	<b>0</b>	<b>51,482</b>	<b>29</b>						

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/01

Ending:

12/31/01

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	38,857	0	335,575	584	0	0	0	0	0	0	0	375,016	30
31	Amortization of Pre-Op. & Org	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,364)	0	974,523	0	0	0	0	0	0	0	0	969,159	32
33	Real Estate Taxes	0	0	243,538	0	0	0	0	0	0	0	0	243,538	33
34	Rent-Facility & Grounds	0	0	(3,600,000)	11,025	0	0	0	0	0	0	0	(3,588,975)	34
35	Rent-Equipment & Vehicles	0	0	0	1,524	0	0	0	0	0	0	0	1,524	35
36	Other (specify): <sup>4</sup>	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>33,493</b>	<b>0</b>	<b>(2,046,364)</b>	<b>13,133</b>	<b>0</b>	<b>(1,999,738)</b>	<b>37</b>						
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportator	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fec	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify): <sup>4</sup>	(288,926)	0	11,577	0	0	0	0	0	0	0	0	(277,349)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(288,926)</b>	<b>0</b>	<b>11,577</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(277,349)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> <b>(sum of lines 29, 37 &amp; 44)</b>	<b>(256,822)</b>	<b>0</b>	<b>(2,033,021)</b>	<b>64,238</b>	<b>0</b>	<b>(2,225,605)</b>	<b>45</b>						

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		Butterfield Health Care II, Inc.		Seneca Building		
		d/b/a Meadowbrook Manor - Naperville	Naperville	Partnership	Des Plaines	Lessor
See Schedule 6C	See Sched 6C			J&D Partners L.P.	Bolingbrook	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	MMN Partners L.P.	Naperville	Lessor
				Butterfield Health Care Group, Inc.	St. Charles	Management Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V		3,600,000	J&D Partners L.P. (Page 6A)	100.00%	1,566,979	(2,033,021)	7
8	V							8
9	V		21,685	Butterfield Health Care Group, Inc. (Page 6B)	100.00%	85,924	64,239	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 3,621,685			\$ 1,652,903	\$ * (1,968,782)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/01

Ending: 12/31/01

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Services	\$	J&D Partners, L.P	100.00%	\$ 1,706	\$ 1,706	15
16	V	20	Fees & Subscriptions		J&D Partners, L.P	100.00%	60	60	16
17	V	30	Depreciation		J&D Partners, L.P	100.00%	335,575	335,575	17
18	V	32	Interest Expense		J&D Partners, L.P	100.00%	974,523	974,523	18
19	V	33	Real Estate Taxes		J&D Partners, L.P	100.00%	243,538	243,538	19
20	V	34	Rent	3,600,000	J&D Partners, L.P	100.00%		(3,600,000)	20
21	V	43	State Replacement Taxes		J&D Partners, L.P	100.00%	11,577	11,577	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	<b>Total</b>			\$ 3,600,000			\$ 1,566,979	\$ * (2,033,021)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Management Fees	\$ 21,685	Butterfield Health Care Group, Inc.	100.00%	\$	\$ (21,685)	15
16	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	681	681	16
17	V	20 License, Fees, & Promotions		Butterfield Health Care Group, Inc.	100.00%	3,019	3,019	17
18	V	21 General Office Expense		Butterfield Health Care Group, Inc.	100.00%	14,392	14,392	18
19	V	22 Employee Benefits & Payroll Taxes		Butterfield Health Care Group, Inc.	100.00%	53,605	53,605	19
20	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	183	183	20
21	V	25 Other Admin Staff Transportation		Butterfield Health Care Group, Inc.	100.00%	220	220	21
22	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	690	690	22
23	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	584	584	23
24	V	34 Rent-Facility & Grounds		Butterfield Health Care Group, Inc.	100.00%	11,025	11,025	24
25	V	35 Rent-Equipment		Butterfield Health Care Group, Inc.	100.00%	1,524	1,524	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		\$ 21,685			\$ 85,923	\$ * 64,238	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**Butterfield Health Care, Inc.  
D/B/A Meadowbrook Manor  
Provider #0037366  
12/31/2001**

**Schedule 6C**

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

Name	Ownership %
<b>Robert Jafari</b>	25
<b>Kianoosh Jafari</b>	25
<b>Decendants S Corp Trust F/B/O Sean William Dimas</b>	6.67
<b>Decendants S Corp Trust F/B/O Sasha Eva Dimas</b>	6.67
<b>Decendants S Corp Trust F/B/O Ashley Maria Dimas</b>	6.66
<b>Nicholas Vangel</b>	20
<b>Eva Dimas Estate</b>	<u>10</u>
	<u><u>100</u></u>

**See Accountants' Compilation Report**

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

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference		
						Hours	Percent	Description	Amount			
1	Robert Jafari	Stockholder	Executor Director	25.00	55,114	22	55.00	Salary	\$ 66,739	L17,C1	1	
2	Nicholas Vangel	Stockholder	Executor Director	20.00	16,603	22	55.00	Salary	20,105	L17,C1	2	
3	Christopher Vangel	Operation Spvsr	Administrative	0.00	24,168	22	55.00	Salary	29,265	L17,C1	3	
4											4	
5											5	
6											6	
7		*-Compensation received from only one other nursing home which was:										7
8		Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor - Naperville										8
9											9	
10											10	
11											11	
12											12	
13								TOTAL	\$ 116,109		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor

# 0037366 Report Period Beginning: 01/01/01

Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Butterfield Health Care Group, Inc.  
 Street Address 4N645 School Road  
 City / State / Zip Code St. Charles, IL 60175  
 Phone Number ( 630 ) 443-8238  
 Fax Number ( 630 ) 443-9379

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

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	19	Professional Services	Resident Days	163,707	2	\$ 1,243	\$ 89,663	\$ 681	1
2	20	License, Fees, & Promotion	Resident Days	163,707	2	5,513	89,663	3,019	2
3	21	General Office Expense	Resident Days	163,707	2	26,277	89,663	14,392	3
4	22	Employee Benefits & Payroll Tax	Resident Days	163,707	2	97,873	89,663	53,605	4
5	24	Travel & Seminar	Resident Days	163,707	2	335	89,663	183	5
6	25	Other Admin Staff Transportation	Resident Days	163,707	2	401	89,663	220	6
7	26	Insurance	Resident Days	163,707	2	1,260	89,663	690	7
8	30	Depreciation	Resident Days	163,707	2	1,067	89,663	584	8
9	34	Rent-Facility & Grounds	Resident Days	163,707	2	20,130	89,663	11,025	9
10	35	Rent-Equipment	Resident Days	163,707	2	2,782	89,663	1,524	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 156,881	\$	\$ 85,923	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/01

Ending:

12/31/01

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6		7	8	9	10	
		Related**					Amount of Note	Maturity Date					Interest Rate (4 Digits)
Name of Lender	YES	NO	Purpose of Loan	Monthly Payment Required	Date of Note	Original			Balance				
<b>A. Directly Facility Related</b>													
<b>Long-Term</b>													
1	American National Bank		x	Mortgage	\$126,680.00	05/06/98	\$ 13,806,841	\$ 12,290,597	02/28/08	0.0750	\$ 970,181	1	
2	American National Bank		x	Mortgage	Included in ln 1	05/06/98	1,250,625	1,250,625	02/28/08	0.0750	96,810	2	
3												3	
4												4	
5												5	
<b>Working Capital</b>													
6	Shareholder Loan	x		Working Capital	N/A	12/14/99	2,100,000	2,100,000	Demand	Prime	64,367	6	
7	GMAC		x	Equipment Financing	\$720.00	06/04/00	23,641	11,699	06/04/03	0.0850	964	7	
8												8	
9	<b>TOTAL Facility Related</b>				\$127,400.00		\$ 17,181,107	\$ 15,652,921			\$ 1,132,322	9	
<b>B. Non-Facility Related*</b>													
10											Amortization of Loan Costs	5,400	10
11											Interest Income Offset	(6,422)	11
12											Interest on State U/C Taxes	90	12
13											Nonallowable Interest Expense	(90)	13
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (1,022)	14	
15	<b>TOTALS (line 9+line14)</b>						\$ 17,181,107	\$ 15,652,921			\$ 1,131,300	15	

\* 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.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

**B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2000 report.		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	<b>253,850</b>	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.)		2000	\$	<b>244,669</b>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<b>(9,181)</b>	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<b>251,000</b>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		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. <b>TOTAL REFUND \$ _____ For 19____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<b>241,819</b>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:					
	1996	<u>215,104</u>	8	<b>FOR OHF USE ONLY</b>	
	1997	<u>217,978</u>	9	13	FROM R. E. TAX STATEMENT FOR 2000 \$
	1998	<u>214,416</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	1999	<u>241,423</u>	11	15	LESS REFUND FROM LINE 6 \$
	2000	<u>242,819</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
<b>2000 Real estate tax bill</b>	<b>242,819.00</b>				
<b>Estimated increase</b>	<b>1.0342</b>				
<b>Estimated 2001 R/E Taxes</b>	<b>251,123.00</b>				
<b>Use</b>	<b>251,000.00</b>				

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual o 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.**

SEE ACCOUNTANTS' COMPILATION REPORT

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2000 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Meadowbrook Manor COUNTY Will

FACILITY IDPH LICENSE NUMBER 0037366

CONTACT PERSON REGARDING THIS REPORT Rich Czerniak

TELEPHONE (630) 759-1112 FAX #: (630) 759-6579

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

Enter the tax index number and real estate tax assessed for 2000 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 2000.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>12-02-22-102-031-0000</u>	<u>Nursing Home</u>	\$ <u>242,818.98</u>	\$ <u>242,818.98</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>242,818.98</u>	\$ <u>242,818.98</u>

**B. Real Estate Tax Cost Allocations**

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

If YES, attach an explanation & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Meadowbrook Manor

# 0037366 Report Period Beginning:

01/01/01 Ending:

12/31/01

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?  (a) Own the Equipment  (b) Rent equipment from a Related Organization  (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide 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  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		1996	287,781	2
3	TOTALS	270,508		\$ 692,061	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/01

Ending:

12/31/01

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

	1	2	3	4	5	6	7	8	9	
	FOR OHF USE ONLY	Year	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
	Beds*	Acquired	Constructed		Depreciation	in Years	Depreciation		Depreciation	
4	235	1991	1991	\$ 8,276,993	\$	40	\$ 206,925	\$ 206,925	\$ 2,103,738	4
5	10	1994	1994	31,090	987	40	777	(210)	6,216	5
6	53	1996	1996	2,505,079		40	62,627	62,627	344,449	6
7										7
8										8
	<b>Improvement Type**</b>									
9	1992 Improvements		1992	32,614	1,035	20	1,631	596	15,368	9
10	1993 Improvements		1993	2,750	88	20	138	50	1,173	10
11	1993 Improvements		1993	4,822	156	40	121	(35)	1,028	11
12	1994 Improvements		1994	6,432		10	643	643	4,823	12
13	1995 Improvements		1995	18,192		20	910	910	5,915	13
14	1995 Improvements		1995	12,681	403	10	1,268	865	8,242	14
15	Electric Exterior Sign		1996	7,820	200	10	782	582	4,301	15
16	New Doors		1996	1,475	38	10	147	109	808	16
17	Hot Water Tank		1996	3,847	99	10	385	286	2,117	17
18	Landscaping		1996	13,490	346	10	1,349	1,003	7,420	18
19	Repaving Parking Lot		1996	7,412	190	10	741	551	4,076	19
20	Replace Irrigation System		1996	27,077	694	10	2,708	2,014	14,894	20
21	Walk in Freezer		1996	29,923		10	2,992	2,992	16,456	21
22	Landscaping		1997	17,283	864	10	1,728	864	7,776	22
23	Outside Parking Lot Lighting		1997	2,102	54	10	210	156	945	23
24	Nurse Call Station Extension Work		1997	3,310	85	10	331	246	1,490	24
25	Remodeling Work - Windsor Hall		1997	3,500	89	40	350	261	1,575	25
26	Basement Remodeling - Street Village Décor		1998	31,614	1,622	39	790	(832)	2,765	26
27	Remodeling Work - Day Care Area		1999	16,638	426	39		(426)		27
28	Remodeling-Ice Cream Parlor		2000	3,624	93	39	93		139	28
29	Remodeling Work-3rd Floor Hamilton Unit		2000	16,421	421	39	421		632	29
30	Remodeling Work-Nurses Stations (All Floors)		2000	20,103	515	39	515		773	30
31	Plumbing/Electrical Work-Boiler Room (Basement)		2000	4,587	118	39	118		177	31
32	Remodeling Work-Dialysis Room		2000	7,253	186	39	186		279	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Parking Lot Paving	2001	\$ 48,629	\$ 1,216	20	\$ 1,216	\$	\$ 1,216	37
38	Remodeling Work	2001	13,319	170	39	170		170	38
39	Window Treatments	2001	45,531	584	39	584		584	39
40	Double Doors Installatio	2001	6,860	88	39	88		88	40
41									41
42									42
43									43
44									44
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60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,222,471	\$ 10,767		\$ 290,944	\$ 280,177	\$ 2,559,633	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*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:

01/01/01

Ending:

12/31/01

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 11,222,471	\$ 10,767		\$ 290,944	\$ 280,177	\$ 2,559,633	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
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,222,471	\$ 10,767		\$ 290,944	\$ 280,177	\$ 2,559,633	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Meadowbrook Manor

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 11,222,471	\$ 10,767		\$ 290,944	\$ 280,177	\$ 2,559,633	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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12									12
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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)		\$ 11,222,471	\$ 10,767		\$ 290,944	\$ 280,177	\$ 2,559,633	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*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:

01/01/01

Ending:

12/31/01

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 11,222,471	\$ 10,767		\$ 290,944	\$ 280,177	\$ 2,559,633	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	TOTAL (lines 1 thru 33)		\$ 11,222,471	\$ 10,767		\$ 290,944	\$ 280,177	\$ 2,559,633	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 1,927,809	\$ 56,703	\$ 168,851	\$ 112,148	5-10	\$ 1,494,783	71
72	Current Year Purchases	214,999	30,602	10,892	(19,710)	5-10	10,892	72
73	Fully Depreciated Assets	81,470					81,470	73
74	Allocated from Mgmt.Co.			584	584		818	74
75	TOTALS	\$ 2,224,278	\$ 87,305	\$ 180,327	\$ 93,022		\$ 1,587,963	75

D. Vehicle Depreciation (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	\$ 5,371	\$ 6,798	\$ 1,427	3	\$ 40,790	76
77	Resident Passenger Van	2000 Chevrolet Express	2000	29,261	9,364	9,754	390	3	14,631	77
78		Van								78
79										79
80	TOTALS			\$ 70,051	\$ 14,735	\$ 16,552	\$ 1,817		\$ 55,421	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)	\$ 14,208,861	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 112,807	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 487,823	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 375,016	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,203,017	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					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	Allocated from Management Company				11,025			6
7	TOTAL				\$ 11,025			7

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

N/A  
N/A

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 12,841 Description: Ice Machine-\$330; Offsite Storage \$3,745; Copier-\$7,635; Tent-\$1,131

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12.	<u>/2002</u>	\$ _____
13.	<u>/2003</u>	\$ _____
14.	<u>/2004</u>	\$ _____

\* 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.

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

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

<p><b>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>	<p><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>
---	--	---

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			Total
		1 Drop-outs	2 Completed	3 Contract	
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	Nurse Aide 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 aides from other facilities.

\$

**D. NUMBER OF AIDES TRAINED**

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

- (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 aide 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 aides

- (e) The total amount of Drop-out and Completed Costs for your own aides 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 aides
- SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/01

Ending:

12/31/01

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

	Service	Schedule V Line & Column Reference	1		2		3		4		5		6		7		8	
			Units of Service	Cost	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)							
					Units	Cost	Units	Cost										
1	Licensed Occupational Therapist	L10A, C1, C3	152	hrs	\$ 3,689			4,093	\$ 265,787	\$			4,245	\$	269,476		1	
2	Licensed Speech and Language Development Therapist	L10A C1, C3	84	hrs	2,161			692	55,571				776		57,732		2	
3	Licensed Recreational Therapist			hrs													3	
4	Licensed Physical Therapist	L10A, C1,C2,C3	239	hrs	11,982			4,289	251,672		3,331		4,528		266,985		4	
5	Physician Care			visits													5	
6	Dental Care			visits													6	
7	Work Related Program			hrs													7	
8	Habilitation			hrs													8	
9	Pharmacy	L39, C2		# of prescripts							269,696				269,696		9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs													10	
11	Academic Education			hrs													11	
12	Exceptional Care Program																12	
13	Other (specify):																13	
14	TOTAL				\$ 17,832			9,074	\$ 573,030	\$	273,027		9,549	\$	863,889		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 nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor# 0037366Report Period Beginning: 01/01/01

Ending:

12/31/01

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/01

(last day of reporting year)

This report must be completed even if financial statements are attached

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 673,069	\$ 743,466	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable Patients (less allowance )	3,055,532	3,055,532	3
4	Supply Inventory (priced a )			4
5	Short-Term Investments			5
6	Prepaid Insurance	427,238	427,238	6
7	Other Prepaid Expenses	42,472	42,472	7
8	Accounts Receivable (owners or related parties)	44	44	8
9	Other(specify)			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,198,355	\$ 4,268,752	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		692,061	13
14	Buildings, at Historical Cos		10,751,084	14
15	Leasehold Improvements, at Historical Cos	385,850	471,387	15
16	Equipment, at Historical Cos	1,177,996	2,294,329	16
17	Accumulated Depreciation (book methods)	(907,460)	(4,203,017)	17
18	Deferred Charges		17,826	18
19	Organization & Pre-Operating Cost: Accumulated Amortization			19
20	Organization & Pre-Operating Cost:			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec <u>Unamortized loan cost</u> )		33,296	22
23	Other(specify)			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 656,386	\$ 10,056,966	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,854,741	\$ 14,325,718	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 502,189	\$ 502,189	26
27	Officer's Accounts Payabl			27
28	Accounts Payable-Patient Deposit			28
29	Short-Term Notes Payabl	2,100,000	2,100,000	29
30	Accrued Salaries Payabl	268,053	268,053	30
31	Accrued Taxes Payabl (excluding real estate taxes)	20,954	20,954	31
32	Accrued Real Estate Taxes(Sch.IX-B)		251,000	32
33	Accrued Interest Payabl			33
34	Deferred Compensation			34
35	Federal and State Income Taxe			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17A</u>	1,157,569	502,533	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 4,048,765	\$ 3,644,729	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	11,699	11,699	39
40	Mortgage Payable	1,250,625	13,541,222	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to State</u>	135,404	135,404	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 1,397,728	\$ 13,688,325	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,446,493	\$ 17,333,054	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (591,752)	\$ (3,007,336)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 4,854,741	\$ 14,325,718	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

Butterfield Health Care, Inc.  
d/b/a Meadowbrook Manor  
Provider #0037366  
12/31/2001

Schedule 17A

XV. Balance Sheet

Current Liabilities

Line 36 - Other Current Liabilities

	Operating	After Consolidation
Resident Credit Balances	500,766	500,766
Accrued Rent	655,036	
Miscellaneous Accruals	1,767	1,767
<b>Total Line 36 Other Current Liabilities</b>	<u>1,157,569</u>	<u>502,533</u>

See Accountants' Compilation Report

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (612,282)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (612,282)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	20,531	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 Purpose:		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)	\$ 20,531	17
<b>B. Transfers (Itemize):</b>			
18	Rounding Adjustment	(1)	18
19			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)	\$ (591,752)	24 *

Operating entity only  
\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/01

Ending: 12/31/01

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

**classifications of revenue and expense must be provided on this form, even if financial statements are attached.**

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 13,012,597	1
2	Discounts and Allowances for all Levels	(1,466,006)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,546,591	3
<b>B. Ancillary Revenue</b>			
4	Day Care	36,554	4
5	Other Care for Outpatients		5
6	Therapy	1,575,408	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,611,962	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	225	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	33,102	13
14	Non-Patient Meals	1,389	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	269,696	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	5,793	19
20	Radiology and X-Ray	12,770	20
21	Other Medical Services	405,118	21
22	Laundry	9,062	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 737,155	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	5,364	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 5,364	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28		3,156	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 3,156	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,904,228	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,850,487	31
32	Health Care	5,287,985	32
33	General Administration	2,062,378	33
<b>B. Capital Expense</b>			
34	Ownership	3,886,745	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	632,947	35
36	Provider Participation Fee	163,155	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,883,697	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	20,531	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 20,531	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.  
See Schedule 19A

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

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

**BUTTERFIELD HEALTH CARE, INC.**  
**D/B/A MEADOWBROOK MANOR**  
**PROVIDER # 0037366**  
**12/31/2001**

**Schedule 19A**

**XVII. INCOME STATEMENT**

**Reconciliation of Net Income (Loss) to Taxable Income (Loss)**

Taxable Income (Loss) per 12/31/01 Federal Tax Return	763,040
Section 481 Adjustment	(744,601)
Depreciation	13,007
Travel & Entertainment	(1,095)
Political Contributions	(8,320)
Charitable Contributions	(1,500)
Net Income (Loss)	<u>20,531</u>

**See Accountants' Compilation Report**

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/01

Ending:

12/31/01

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,783	1,888	\$ 58,152	\$ 30.80	1
2	Assistant Director of Nursing	2,859	3,095	76,600	24.75	2
3	Registered Nurses	33,681	36,626	808,120	22.06	3
4	Licensed Practical Nurses	40,997	43,343	835,374	19.27	4
5	Nurse Aides & Orderlies	144,823	154,136	1,770,380	11.49	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	475	853	17,832	20.91	7
8	Rehab/Therapy Aides	7,633	8,502	97,001	11.41	8
9	Activity Director					9
10	Activity Assistants	14,485	15,441	123,134	7.97	10
11	Social Service Workers	7,550	8,238	98,466	11.95	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	40,568	43,331	374,414	8.64	15
16	Dishwashers					16
17	Maintenance Workers	9,550	10,219	115,307	11.28	17
18	Housekeepers	33,988	36,087	250,923	6.95	18
19	Laundry	11,781	13,233	86,537	6.54	19
20	Administrator	1,898	2,240	87,012	38.84	20
21	Assistant Administrator	765	805	18,466	22.94	21
22	Other Administrative	4,245	4,545	164,328	36.16	22
23	Office Manager					23
24	Clerical	21,715	23,675	381,473	16.11	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,808	4,333	44,228	10.21	31
32	Other Health Care(specify)					32
33	Other(specify) See Sch 20A	18,460	20,493	314,510	15.35	33
34	TOTAL (lines 1 - 33)	401,064	431,083	\$ 5,722,257 *	\$ 13.27	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	361	\$ 14,426	L1, C3	35
36	Medical Director	Monthly	12,480	L9, C3	36
37	Medical Records Consultant	Monthly	4,368	L10, C3	37
38	Nurse Consultant	1,067	36,889	L10, C3	38
39	Pharmacist Consultant	Monthly	6,240	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	111	5,549	L11, C3	44
45	Social Service Consultant	62	3,043	L12, C3	45
46	Other(specify)				46
47	Quality Assurance	Monthly	840	L10, C3	47
48					48
49	TOTAL (lines 35 - 48)	1,601	\$ 83,835		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

Butterfield Health Care, Inc  
D/B/A Meadowbrook Manor  
Provider #0037366  
12/31/2001

Schedule 20A

XVIII. Staffing and Salary Costs  
Line 32-Other

	<u># of Hrs. Actually Worked</u>	<u># of Hrs. Paid and Accrued</u>	<u>Reporting Period Total Salaries, Wages</u>	<u>Average Hourly Wage</u>
Ward Clerks	167	220	2,272	10.33
Rehabilitation Nurse	3,295	3,803	63,247	16.63
Nursing Administration	9,892	10,674	175,342	16.43
Central Supply	2,374	2,589	33,780	13.05
Day Care Wages	2,732	3,207	39,869	12.43
<b>Total Line 32-Other</b>	<u>18,460</u>	<u>20,493</u>	<u>314,510</u>	<u>68.86</u>

See Accountants' Compilation Report

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/01

Ending: 12/31/01

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
			\$	Workers' Compensation Insurance	\$ 194,046	IDPH License Fee	\$ 200	
				Unemployment Compensation Insurance	47,958	Advertising: Employee Recruitment	31,563	
				FICA Taxes	431,821	Health Care Worker Background Check		
				Employee Health Insurance	156,897	(Indicate # of checks performed <u>256</u> )	2,561	
				Employee Meals		Elevator, Boiler, Equipment, Inspections	2,585	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council on Long-Term Care	10,496	
See Schedule 21A			269,806	Employee Physicals	2,382	Miscellaneous Permits & Licenses	2,105	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 269,806	Other Employee Benefits	15,474	Miscellaneous Dues & Subscriptions	862	
(List each licensed administrator separately.)						Allocated from Mgmt Company	1,576	
<b>B. Administrative - Other</b>								
Description			Amount					
Management Fees			\$ 21,685				Less: Public Relations Expense ( )	
							Non-allowable advertising ( )	
							Yellow page advertising ( )	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 21,685	TOTAL (agree to Schedule V, line 22, col.8)	\$ 848,578	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 51,948	
(Attach a copy of any management service agreement)				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
<b>C. Professional Services</b>				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount					
Health Data Systems, Inc	Computer Services		\$ 9,934				Out-of-State Travel	\$
Health Data Systems, Inc	Computer Services		5,698					
Interland	Computer Services		130				In-State Travel	
Precision Repair	Computer Services		918					
New England Financial	401k Administrator		500					
Personnel Planner	Unemployment Consultant		2,001				Seminar Expense	7,804
Qualified Pension Professional	401 K Tax Preparer		4,515	N/A			Allocated from Mgmt. Co.	183
Systematic Mgmt System	Medicare Consultant		19,412					
American Express Tax & Bus	Tax & Consulting Services		19,430				Entertainment Expense ( )	
Altschuler, Melvoin & Glasser	Accounting Services		23,318				(agree to Sch. V, line 24, col. 8)	
See Attached Schedule 21C	Legal		84,621				TOTAL	\$ 7,987
TOTAL (agree to Schedule V, line 19, column 3)			\$ 170,477	TOTAL		\$		
(If total legal fees exceed \$2500 attach copy of invoices.)								

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

Butterfield Health Care Inc. d/b/a Meadowbrook Manor

Provider # 0037366

December 31, 2001

Schedule 21A

XIX. Support Schedule.

A. Administrative Salaries

Name	Function	Ownership Amount	Amount
Tamra McDermid	Administrator	0%	18,865
Terri Okun	Administrator	0%	17,427
Stuart Kanowitz	Administrator	0%	50,720
Robert Jafari	Executive Director	25%	66,739
Nicholas Vangel	Executive Director	20%	20,105
Christopher Vangel	Operation Supervisor	0%	29,265
Donna Beck Sprinkle	Operation Supervisor	0%	48,219
Kathryn Woods	Asst. Administrator	0%	18,466
			<u>269,806</u>

See Accountants' Compilation Report

<b>Facility Name</b>	<b>Butterfield Health Care Inc. d/b/a Meadowbrook Manor</b>
<b>PROVIDER #</b>	<b>Provider # 0037366</b>
<b>Period Ending</b>	<b>December 31, 2001</b>

**Schedule 21B**

**XIX. SUPPORT SCHEDULE**

**C. Professional Services**

Total (agree to Schedule V, line 19, column 3)	170,477
Non-allowable legal expense	(42,499.00)
Non-allowable accounting expense	(6,456.00)
Legal and Accounting expense J&D partners	1,706.00
Home Office Allocation	681.00
Total (agree to Schedule V, line 19, column 8)	<u>123,909</u>

**See Accountants' Compilation Report**

Facility Name & ID Number Meadowbrook Manor

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

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	6 Amount of Expense Amortized Per Year								
					5 FY1998	6 FY1999	7 FY2000	8 FY2001	9 FY2002	10 FY2003	11 FY2004	12 FY2005	13 FY2006
1	Painting & Decorating	6/97	\$ 2,258	3	\$ 753	\$ 753	\$ 376	\$	\$	\$	\$	\$	\$
2	Painting & Decorating	5/98	2,773	3	462	924	924	463					
3	Painting & Decorating	9/99	12,326	3		822	4,109	4,109	3,286				
4	Painting & Decorating	7/00	8,737	3			1,456	2,912	2,912	1,457			
5	Painting & Decorating	6/01	11,754	3				1,959	3,918	3,918	1,959		
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 37,848		\$ 1,215	\$ 2,499	\$ 6,865	\$ 9,443	\$ 10,116	\$ 5,375	\$ 1,959	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/01

Ending:

12/31/01

## 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 Illinois Council on Long-Term Care-\$10,496
- (3) Did the nursing home make political contributions or payments to a political 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 purchase? Yes  
What was the average life used for new equipment added during this period? 7.5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. : 58,294 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease N/A
- (9) Are you presently operating under a sublease agreement? YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions to 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
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid 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 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 the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes-See Sch 23A 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 benefit on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,389
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such program during this reporting period. : N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0%
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? 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? \_\_\_\_\_  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' COMPILATION REPORT

Butterfield Healthcare, Inc.  
d/b/a Meadowbrook Manor of Bolingbrook  
Provider #0037366  
December 31, 2001

Schedule 23A

<u>Description</u>	<u>Amount</u>	<u>Line</u>	<u>Basis for Allocation</u>
Daycare Wages	39,869	43	Actual
FICA Expense	3,050	22	Payroll
Federal U/C Tax	56	22	Payroll
State U/C Tax	126	22	Payroll
Food	1,055	2	[(Total Food/(3*Census))*Daycare census]
Gas	715	5	Sq. Ftg
Electricity	1,207	5	Sq. Ftg
<b>Total</b>	<u>46,078</u>		

See Accountants' Compilation Report

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Adjusted Total
1. Dietary	374,414	67,380	14,426	456,220	0	456,220	0	456,220
2. Food P	0	382,890	0	382,890	0	382,890	-2,444	380,446
3. Housek	250,923	56,188	0	307,111	0	307,111	0	307,111
4. Laundry	86,537	32,670	0	119,207	0	119,207	0	119,207
5. Heat ar	0	0	264,054	264,054	0	264,054	-1,922	262,132
6. Mainte	115,307	24,899	180,799	321,005	0	321,005	-2,311	318,694
7. Other (	0	0	0	0	0	0	0	0
8. Total G	827,181	564,027	459,279	1,850,487	0	1,850,487	-6,677	1,843,810
9. Medical	0	0	12,480	12,480	0	12,480	0	12,480
10. Nursin	3,964,496	419,966	48,337	4,432,799	0	4,432,799	0	4,432,799
10a. Ther	17,832	3,331	573,030	594,193	0	594,193	0	594,193
11. Activi	123,134	18,321	5,549	147,004	0	147,004	0	147,004
12. Social	98,466	0	3,043	101,509	0	101,509	0	101,509
13. Nurse	0	0	0	0	0	0	0	0
14. Progr	0	0	0	0	0	0	0	0
15. Other	0	0	0	0	0	0	0	0
16. Total I	4,203,928	441,618	642,439	5,287,985	0	5,287,985	0	5,287,985
17. Admin	269,806	0	21,685	291,491	0	291,491	-21,685	269,806
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	170,477	170,477	0	170,477	-46,568	123,909
20. Fees,	0	0	55,366	55,366	0	55,366	-3,418	51,948
21. Cleric	381,473	60,082	70,911	512,466	0	512,466	14,167	526,633
22. Empla	0	0	798,205	798,205	0	798,205	50,373	848,578
23. Inserv	0	0	0	0	0	0	0	0
24. Travel	0	0	8,724	8,724	0	8,724	-737	7,987
25. Other	0	0	3,797	3,797	0	3,797	220	4,017
26. Insura	0	0	221,852	221,852	0	221,852	690	222,542
27. Other	0	0	0	0	0	0	0	0
28. Total C	651,279	60,082	1,351,017	2,062,378	0	2,062,378	-6,958	2,055,420
29. Total C	5,682,388	1,065,727	2,452,735	9,200,850	0	9,200,850	-13,635	9,187,215
30. Depre	0	0	112,807	112,807	0	112,807	375,016	487,823
31. Amort	0	0	0	0	0	0	0	0
32. Intere	0	0	162,231	162,231	0	162,231	969,069	1,131,300
33. Real E	0	0	0	0	0	0	241,819	241,819
34. Rent -	0	0	3,600,000	3,600,000	0	3,600,000	#####	11,025
35. Rent -	0	0	11,707	11,707	0	11,707	1,134	12,841
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	3,886,745	3,886,745	0	3,886,745	#####	1,884,808
38. Medic	0	0	0	0	0	0	0	0
39. Ancill	0	269,696	0	269,696	0	269,696	0	269,696
40. Barbe	0	0	26,523	26,523	0	26,523	0	26,523
41. Coffe	0	0	0	0	0	0	0	0
42. Provid	0	0	163,155	163,155	0	163,155	0	163,155
43. Other	39,869	0	296,859	336,728	0	336,728	-336,728	0
44. Total C	39,869	269,696	486,537	796,102	0	796,102	-336,728	459,374
45. Grand	5,722,257	1,335,423	6,826,017	#####	0	#####	#####	#####

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	673,069	743,466
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Receivable	3,055,532	3,055,532
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	427,238	427,238
7. Other Prepaid Expenses	42,472	42,472
8. Accounts Receivable-Owner/Related Party	44	44
9. Other (specify):	0	0
10. Total current assets	4,198,355	4,268,752
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	10,751,084
15. Leasehold Improvements, Historical Cost	385,850	471,387
16. Equipment, at Historical Cost	1,177,996	2,294,329
17. Accumulated Depreciation (book methods)	-907,460	-4,203,017
18. Deferred Charges	0	17,826
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):	0	33,296
23. other (specify):	0	0
24. Total Long-Term Assets	656,386	10,056,966
25. Total Assets	4,854,741	14,325,718
CURRENT LIABILITIES		
26. Accounts Payable	502,189	502,189
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	2,100,000	2,100,000
30. Accrued Salaries Payable	268,053	268,053
31. Accrued Taxes Payable	20,954	20,954
32. Accrued Real Estate Taxes	0	251,000
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	1,157,569	502,533
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	4,048,765	3,644,729
LONG TERM LIABILITES		
39. Long-Term Notes Payable	11,699	11,699
40. Mortgage Payable	1,250,625	13,541,222
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	135,404	135,404
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	1,397,728	13,688,325
46. Total Liabilities	5,446,493	17,333,054
47. Total Equity	-591,752	-3,007,336
48. Total Liabilities and Equity	4,854,741	14,325,718

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	13,012,597
2. Discounts and Allowances for all Levels	-1,466,006
Subtotal - Inpatient Care	11,546,591
4. Day Care	36,554
5. Other Care for Outpatients	0
6. Therapy	1,575,408
7. Oxygen	0
Subtotal - Ancillary Revenue	1,611,962
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	225
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	33,102
14. Non-Patient Meals	1,389
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	269,696
18. Sale of Supplies to Non-Patients	0
19. Laboratory	5,793
20. Radiology and X-Ray	12,770
21. Other Medical Services	405,118
22. Laundry	9,062
Subtotal - Other Operating Revenue	737,155
24. Contributions	0
25. Interest and Other Investments Income	5,364
Subtotal - Non-Operating Revenue	5,364
27. Other Revenue (specify):	3,156
28. Other Revenue (specify):	0
Subtotal - Other Revenue	3,156
30. Total Revenue	13,904,228
31. General Services	1,850,487
32. Health Care	5,287,985
33. General Administration	2,062,378
34. Ownership	3,886,745
35. Special Cost Centers	632,947
35. Provider Participation Fee	163,155
37. Other	0
40. Total Expenses	13,883,697
41. Income Before Income Taxes	20,531
42. Income Taxes	0
43. Net Income or Loss for the Year	20,531

Page

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10 Attachment of Real Estate Bill and fill out form

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12 P12 does not show totals, it carries to P12a, therefore P12a must always be attached

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19 The bottom right side of page under \*\*, you must write in any comments

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RECONCILIATION REPORT

Meadowbrook Manor 03:29 PM 11/07/05

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-2,352,300	equal to	-2,352,300	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	1,131,300	equal to	1,131,300	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	241,819	equal to	241,819	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	487,823	equal to	487,823	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	11,025	equal to	11,025	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	12,841	equal to	12,841	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv. - Staff Wages	17,832	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	594,193	equal to	594,193	0	O.K.	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv. - Supplies	273,027	equal to	273,027	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39.10a	2
Income Stat. General Serv.	1,850,487	equal to	1,850,487	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	5,287,985	equal to	5,287,985	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Administration	2,062,378	equal to	2,062,378	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	3,886,745	equal to	3,886,745	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	632,947	equal to	632,947	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	163,155	equal to	163,155	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	3,592,854	equal to	3,964,496	-371,642	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	17,832	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	123,134	equal to	123,134	0	O.K.	Pg20 K19+K20	A.	9-10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	98,466	equal to	98,466	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	374,414	equal to	374,414	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	115,307	equal to	115,307	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	250,923	equal to	250,923	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	86,537	equal to	86,537	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	269,806	equal to	269,806	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	381,473	equal to	381,473	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	5,722,257	equal to	5,722,257	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	14,426	< or = to	14,426	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	12,480	< or = to	12,480	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	47,497	< or = to	48,337	-840	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	5,549	< or = to	5,549	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	3,043	< or = to	3,043	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched. - Admin. Salar.	269,806	equal to	269,806	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched. - Admin. Other	21,685	equal to	21,685	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched. - Prof. Serv.	170,477	equal to	170,477	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched. - Benefit/Taxes	848,578	equal to	848,578	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched. - Sched of dues..	51,948	equal to	51,948	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched. - Sched. of trav	7,987	equal to	7,987	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particp. Fees	163,155	equal to	163,155	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	50,373	-50,373	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	8,265	equal to	8,637	-372	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-1,968,782	equal to	-3,937,565	1,968,783	FAILED	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4	B.	14	8
Total loan balance	15,652,921	equal to	15,652,921	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	251,000	equal to	251,000	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	692,061	equal to	692,061	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	11,222,471	equal to	11,222,471	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	2,294,329	equal to	2,294,329	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	4,203,017	equal to	4,203,017	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	-591,752	equal to	-591,752	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	20,531	equal to	20,531	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	17,826	equal to	17,826	0	O.K.	Pg22 F31-J31..l	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	4,854,741	equal to	4,854,741	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1