



Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274 Report Period Beginning: 1/1/06 Ending: 12/31/06

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>94</u>	Skilled (SNF)	<u>94</u>	<u>34,310</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>109</u>	Intermediate (ICF)	<u>109</u>	<u>39,785</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>203</u>	TOTALS	<u>203</u>	<u>74,095</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				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>9,959</u>	<u>4,123</u>	<u>6,063</u>	<u>20,145</u>	8
9	SNF/PED					9
10	ICF	<u>25,424</u>	<u>1,300</u>	<u>0</u>	<u>26,724</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>35,383</u>	<u>5,423</u>	<u>6,063</u>	<u>46,869</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.26%

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

None (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  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 8/25/05

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

YES  Date 8/25/05 NO

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

YES  NO  If YES, enter number

of beds certified 94 and days of care provided 5,125

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/06 Fiscal Year: 12/31/06

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 1/1/06 Ending: 12/31/06

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	238,059	23,577	14,457	276,093		276,093		276,093		1
2	Food Purchase		234,224		234,224		234,224	(1,514)	232,710		2
3	Housekeeping	139,858	29,989		169,847		169,847		169,847		3
4	Laundry	99,549	39,951		139,500		139,500	(4,751)	134,749		4
5	Heat and Other Utilities			228,209	228,209		228,209	222	228,431		5
6	Maintenance	66,338	18,445	93,735	178,518		178,518	26,484	205,002		6
7	Other (specify):* Emp Ben.-Mgmt Co.							3,370	3,370		7
8	<b>TOTAL General Services</b>	543,804	346,186	336,401	1,226,391		1,226,391	23,811	1,250,202		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	3,024,545	607,582	22,892	3,655,019		3,655,019	(20,274)	3,634,745		10
10a	Therapy	312,505	3,871	398,358	714,734		714,734	(44,092)	670,642		10a
11	Activities	85,500	9,204	2,600	97,304		97,304		97,304		11
12	Social Services	71,163		1,944	73,107		73,107	10,313	83,420		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Emp Ben.-Mgmt Co.							29,416	29,416		15
16	<b>TOTAL Health Care and Programs</b>	3,493,713	620,657	443,794	4,558,164		4,558,164	(24,637)	4,533,527		16
	<b>C. General Administration</b>										
17	Administrative	60,570		450,000	510,570		510,570	(433,785)	76,785		17
18	Directors Fees										18
19	Professional Services			232,444	232,444		232,444	(20,230)	212,214		19
20	Dues, Fees, Subscriptions & Promotions			45,090	45,090		45,090	(6,437)	38,653		20
21	Clerical & General Office Expenses	118,934	32,268	46,451	197,653		197,653	173,420	371,073		21
22	Employee Benefits & Payroll Taxes			753,306	753,306		753,306		753,306		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,562	1,562		1,562	1,295	2,857		24
25	Other Admin. Staff Transportation			462	462		462	864	1,326		25
26	Insurance-Prop.Liab.Malpractice			188,064	188,064		188,064	20,684	208,748		26
27	Other (specify):* Emp Ben.-Mgmt Co.							23,127	23,127		27
28	<b>TOTAL General Administration</b>	179,504	32,268	1,717,379	1,929,151		1,929,151	(241,062)	1,688,089		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,217,021	999,111	2,497,574	7,713,706		7,713,706	(241,888)	7,471,818		29

SEE ACCOUNTANTS' COMPILATION REPORT

\*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.

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

Facility Name &amp; ID Number

Meadowbrook Manor LaGrange

#0047274

Report Period Beginning:

1/1/06

Ending:

12/31/06

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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>D. Ownership</b>											
30	Depreciation			24,204	24,204		24,204	138,438	162,642			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			96,542	96,542		96,542	265,896	362,438			32
33	Real Estate Taxes							219,692	219,692			33
34	Rent-Facility & Grounds			1,320,000	1,320,000		1,320,000	(1,315,323)	4,677			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,440,746	1,440,746		1,440,746	(691,297)	749,449			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			659	659		659		659			38
39	Ancillary Service Centers		285,142		285,142		285,142		285,142			39
40	Barber and Beauty Shops			6,076	6,076		6,076		6,076			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			104,245	104,245		104,245		104,245			42
43	Other (specify):* <b>Nonallowable Cost</b>			115,270	115,270		115,270	(115,270)				43
44	<b>TOTAL Special Cost Centers</b>		285,142	226,250	511,392		511,392	(115,270)	396,122			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,217,021	1,284,253	4,164,570	9,665,844		9,665,844	(1,048,455)	8,617,389			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

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 Programs				3
4	Non-Patient Meals	(1,514)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(394)	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	(2,426)	20		17
18	Fines and Penalties				18
19	Entertainment	(2,344)	43		19
20	Contributions	(688)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(28,861)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(79,669)	43		24
25	Fund Raising, Advertising and Promotional	(39,321)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(5,334)	20		28
29	Other-Attach Schedule See Page 5A	(21,172)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (181,723)		\$	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)	(866,732)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (866,732)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,048,455)		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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Meadowbrook Manor LaGrange

ID# 0047274

Report Period Beginning: 1/1/06

Ending: 12/31/06

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Laundry Income	\$ (4,751)	4	1
2	Laboratory	(3,820)	43	2
3	Physician Fees	(1,742)	43	3
4	Radiology	(10,410)	43	4
5	Miscellaneous Income offset	(337)	21	5
6	Disallow Seminar	(112)	24	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
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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>	(21,172)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor LaGrange# 0047274

Report Period Beginning:

1/1/06

Ending:

12/31/06

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,514)	0	0	0	0	0	0	0	0	0	0	(1,514)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(4,751)	0	0	0	0	0	0	0	0	0	0	(4,751)	4
5	Heat and Other Utilities	0	0	0	222	0	0	0	0	0	0	0	222	5
6	Maintenance	0	0	0	26,484	0	0	0	0	0	0	0	26,484	6
7	Other (specify):*	0	0	0	3,370	0	0	0	0	0	0	0	3,370	7
8	<b>TOTAL General Services</b>	<b>(6,265)</b>	<b>0</b>	<b>0</b>	<b>30,076</b>	<b>0</b>	<b>23,811</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	(20,274)	0	0	0	0	0	0	0	(20,274)	10
10a	Therapy	0	0	0	(44,092)	0	0	0	0	0	0	0	(44,092)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	10,313	0	0	0	0	0	0	0	10,313	12
13	CNA 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	29,416	0	0	0	0	0	0	0	29,416	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(24,637)</b>	<b>0</b>	<b>(24,637)</b>	<b>16</b>						
	<b>C. General Administration</b>													
17	Administrative	0	0	0	(433,785)	0	0	0	0	0	0	0	(433,785)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(28,861)	0	3,049	5,582	0	0	0	0	0	0	0	(20,230)	19
20	Fees, Subscriptions & Promotions	(7,760)	0	200	1,123	0	0	0	0	0	0	0	(6,437)	20
21	Clerical & General Office Expenses	(337)	0	0	173,757	0	0	0	0	0	0	0	173,420	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(112)	0	0	1,407	0	0	0	0	0	0	0	1,295	24
25	Other Admin. Staff Transportation	0	0	0	864	0	0	0	0	0	0	0	864	25
26	Insurance-Prop.Liab.Malpractice	0	0	20,684	0	0	0	0	0	0	0	0	20,684	26
27	Other (specify):*	0	0	0	23,127	0	0	0	0	0	0	0	23,127	27
28	<b>TOTAL General Administration</b>	<b>(37,070)</b>	<b>0</b>	<b>23,933</b>	<b>(227,925)</b>	<b>0</b>	<b>(241,062)</b>	<b>28</b>						
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(43,335)</b>	<b>0</b>	<b>23,933</b>	<b>(222,486)</b>	<b>0</b>	<b>(241,888)</b>	<b>29</b>						

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor LaGrange# 0047274

Report Period Beginning:

1/1/06

Ending:

12/31/06

## 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	0	0	125,323	13,115	0	0	0	0	0	0	0	138,438	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	265,896	0	0	0	0	0	0	0	0	265,896	32
33	Real Estate Taxes	0	0	219,692	0	0	0	0	0	0	0	0	219,692	33
34	Rent-Facility & Grounds	0	0	(1,320,000)	4,677	0	0	0	0	0	0	0	(1,315,323)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	0	0	(709,089)	17,792	0	0	0	0	0	0	0	(691,297)	37
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	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 Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(138,388)	0	0	23,118	0	0	0	0	0	0	0	(115,270)	43
44	<b>TOTAL Special Cost Centers</b>	(138,388)	0	0	23,118	0	0	0	0	0	0	0	(115,270)	44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	(181,723)	0	(685,156)	(181,576)	0	0	0	0	0	0	0	(1,048,455)	45

**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. d/b/a	Naperville	J&D Partners, L.P.	Bolingbrook	Lessor
		Meadowbrook Manor of Naperville		MMN Partners, L.P.	Naperville	Lessor
		Butterfield Health Care, Inc. d/b/a	Bolingbrook	Butterfield Health		
See Schedule 6C	See Schedule 6c	Meadowbrook Manor		Care Group, Inc.	Bolingbrook	Management Co.
				MML Properties, LLC	LaGrange	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Seneca Building		
				Limited Ptsp.	Des Plaines	Lessor

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V		1,320,000	MML Properties, LLC (Page 6A)	100.00%	634,844	(685,156)	5
6	V							6
7	V		735,217	Butterfield Health Care Group, Inc. (Page 6B)	100.00%	553,641	(181,576)	7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 2,055,217			\$ 1,188,485	\$ * (866,732)	14

\* 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	19 Professional Fees	\$	MML Properties, LLC	100.00%	\$ 3,049	\$ 3,049
16	V	20 Fees & Subscriptions		MML Properties, LLC	100.00%	200	200
17	V	26 Insurance-Prop, Liab, Malpractice		MML Properties, LLC	100.00%	20,684	20,684
18	V	30 Depreciation		MML Properties, LLC	100.00%	125,323	125,323
19	V	32 Interest Expense		MML Properties, LLC	100.00%	265,896	265,896
20	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	219,692	219,692
21	V	34 Rent	1,320,000				(1,320,000)
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,320,000			\$ 634,844	\$ * (685,156)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 222	\$	222	15
16	V	6 Maintenance Salaries		Butterfield Health Care Group, Inc.	100.00%	26,484		26,484	16
17	V	7 Employee Benefits-Gen. Svc		Butterfield Health Care Group, Inc.	100.00%	3,370		3,370	17
18	V	10 Central Supply Salaries		Butterfield Health Care Group, Inc.	100.00%	8,776		8,776	18
19	V	10 Mattress fee	29,050	Butterfield Health Care Group, Inc.	100.00%			(29,050)	19
20	V	10a Therapy Salaries	256,148	Butterfield Health Care Group, Inc.	100.00%	212,056		(44,092)	20
21	V	12 Social Service Salaries		Butterfield Health Care Group, Inc.	100.00%	10,313		10,313	21
22	V	15 Employee Benefits-Nursing		Butterfield Health Care Group, Inc.	100.00%	29,416		29,416	22
23	V	17 Administrative Salaries	450,000	Butterfield Health Care Group, Inc.	100.00%	16,215		(433,785)	23
24	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	5,582		5,582	24
25	V	20 Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	1,123		1,123	25
26	V	21 Clerical & General Office Exp.	19	Butterfield Health Care Group, Inc.	100.00%	173,776		173,757	26
27	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	1,407		1,407	27
28	V	25 Other Admin. Staff Trans.		Butterfield Health Care Group, Inc.	100.00%	864		864	28
29	V	27 Employee Benefits-Gen Adm		Butterfield Health Care Group, Inc.	100.00%	23,127		23,127	29
30	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	13,115		13,115	30
31	V	34 Rent		Butterfield Health Care Group, Inc.	100.00%	4,677		4,677	31
32	V	43 Other (Non-Allowable Expenses)		Butterfield Health Care Group, Inc.	100.00%	23,118		23,118	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 735,217			\$ 553,641	\$ *	(181,576)	39

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

Butterfield Health Care VII, LLC  
D/B/A Meadowbrook Manor of LaGrange  
Provider #0047274  
12/31/2006

Schedule 6C

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

<u>Name</u>	<u>Ownership %</u>
RBJ Investments, LP	25.00%
Jafari Family LLC	25.00%
Louis William Dimas Family Limited Partnership	15.00%
Nicholas and Dorothy Vangel	25.00%
Christopher Vangel Descendant's GST Exempt Trust U/A/D 6/21/99	5.00%
Katherine Hocuk Descendant's GST Exempt Trust U/A/D 6/21/99	5.00%
	<u>100.00%</u>

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 1/1/06 Ending: 12/31/06

## 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	Dorothy Vangel	Stockholder	Executive Director	20.00	46,500	0	0.00	N/A	\$ 0	N/A	1	
2	Christopher Vangel	Operating Spvr	Administrative	5.00	63,868	8	20.00	Salary	16,215	L.17, C.7	2	
3	Kianoosh Jafari	Stockholder	Medical Director	25.00	26,000	16	40.00	N/A	0	N/A	3	
4	Sean Dimas	Stockholder	Administrative	6.67	42,591	0	0.00	N/A	0	N/A	4	
5											5	
6											6	
7	Note 1-	Christopher Vangel received compensation from two other nursing home which were										7
8		Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor of Naperville and Butterfield Healthcare Inc. d/b/a Meadowbrook Manor										8
9	Note 2-	Dorothy Vangel received \$46,500 of Directors Fees from Seneca Nursing Home, Inc. d/b/a Lee Manor										9
10	Note 3-	Kianoosh Jafari received \$12,000 of Medical Director Fees from Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor-Naperville										10
11		and \$14,000 of Medical Director Fees from Butterfield Health Care, Inc. d/b/a Meadowbrook Manor										11
12	Note 4-	Sean Dimas received \$42,591 of salaries from Seneca Nursing Home, Inc. d/b/a Lee Manor										12
13								TOTAL	\$ 16,215		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 LaGrange

# 0047274

Report Period Beginning:

1/1/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Butterfield Health Care Group, Inc.  
 Street Address 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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident Days	231,477	3	\$ 1,098	\$ 46,869	\$ 222	1
2	6	Maintenance Salaries	Resident Days	231,477	3	130,800	130,800	26,484	2
3	7	Employee Benefits-Gen. Svc	Resident Days	231,477	3	16,646	46,869	3,370	3
4	10	Central Supply Salaries	Resident Days	231,477	3	43,341	43,341	8,776	4
5	10a	Therapy Salaries	Gross Charges	5,434,650	3	1,326,176	1,326,176	212,056	5
6	12	Social Service Salaries	Resident Days	231,477	3	50,934	50,934	10,313	6
7	15	Employee Benefits-Nursing	Resident Days	231,477	3	145,279	46,869	29,416	7
8	17	Administrative Salaries	Resident Days	231,477	3	80,083	80,083	16,215	8
9	19	Professional Services	Resident Days	231,477	3	27,567	46,869	5,582	9
10	20	Fees & Subscriptions	Resident Days	231,477	3	5,546	46,869	1,123	10
11	21	Clerical & General Office Exp.	Resident Days	231,477	3	858,244	817,412	173,776	11
12	24	Travel & Seminar	Resident Days	231,477	3	6,948	46,869	1,407	12
13	25	Other Admin. Staff Trans.	Resident Days	231,477	3	4,268	46,869	864	13
14	27	Employee Benefits-Gen Adm	Resident Days	231,477	3	114,216	46,869	23,127	14
15	30	Depreciation	Resident Days	231,477	3	64,771	46,869	13,115	15
16	34	Rent	Resident Days	231,477	3	23,101	46,869	4,677	16
17	43	Other (Non-Allowable Expenses)	Resident Days	231,477	3	114,177	87,625	23,118	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,013,195	\$ 2,536,371	\$ 553,641	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

1/1/06

Ending:

12/31/06

## 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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	JP Morgan Chase		x	Mortgage	\$28,559.00	8/25/05	\$ 3,600,000	\$ 3,548,585	8/25/10	Libor+2.5	\$ 252,422	1								
2	JP Morgan Chase		x	Amortization of Loan Costs							13,474	2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6	Shareholder loan	x		Working Capital	N/A	10/31/05	1,357,500	1,186,505	N/A	N/A		6								
7	JP Morgan Chase		x	Working Capital	N/A	8/25/05	1,060,000	1,060,000	8/25/07	Prime-.5	96,542	7								
8	JP Morgan Chase		x	Working Capital	N/A	12/31/06	1,700,000	1,700,000	1/31/07	Prime		8								
9	TOTAL Facility Related				\$28,559.00		\$ 7,717,500	\$ 7,495,090			\$ 362,438	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$	14								
15	TOTALS (line 9+line14)						\$ 7,717,500	\$ 7,495,090			\$ 362,438	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ None                      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.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

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

**B. Real Estate Taxes**

**Important**, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2005 report.		\$	<b>369,000</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.)	2005	\$	<b>287,843</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(81,157)</b>	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>290,000</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>		\$	<b>10,849</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 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>219,692</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2001		8
	2002		9
	2003		10
	2004	<b>348,925</b>	11
	2005	<b>287,843</b>	12
<b>2005 Tax Bill</b>		<b>287843</b>	
<b>Estimated Increase</b>		<b>1</b>	
<b>Total</b>		<b>287,843</b>	
<b>Use</b>		<b>290000</b>	

<b>FOR BHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2005	\$	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.**

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

1/1/06

Ending:

12/31/06

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

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

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

None

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>178,272</u>	<u>2005</u>	<u>\$ 1,561,408</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<u>178,272</u>		<u>\$ 1,561,408</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	203	2005	1911	\$ 2,646,175	\$ 66,154	40	\$ 66,154	\$	\$ 99,231
5									
6									
7									
8									
<b>Improvement Type**</b>									
9	Install Compressor		2005	1,750	175	10	175		262
10	Elevator Overhaul		2005	4,245	424	10	424		636
11	Front Porch Carpeting		2005	2,086	209	10	209		314
12	Remodeling 1st floor-tile and paint		2005	26,770	2,677	10	2,677		3,942
13	Refurbish boiler		2005	21,650	2,165	10	2,165		3,248
14	Furnish and install boiler feed pump		2005	2,750	275	10	275		413
15	Furnish and install condensate pump		2005	2,565	256	10	256		384
16	Furnish and install extrol & relief valve		2005	1,729	173	10	173		259
17	Sign		2006	8,725	436	10	436		436
18	Remodeling 1st floor-tile, paint, draperies		2006	37,805	1,890	10	1,890		1,890
19	Remodeling 1st floor-carpet		2006	6,831	342	10	342		342
20	Fire Department standpipe connections		2006	1,443	72	10	72		72
21	Furnish and install new heating coil on MUA unit		2006	5,595	280	10	280		280
22	Repair MUA unit		2006	3,300	165	10	165		165
23	Repair water line/pipe		2006	4,800	240	10	240		240
24	Dialysis Room		2006	57,470	2,664	10	2,664		2,664
25	Replace faulty fuses		2006	3,590	180	10	180		180
26	Install Panic exit door devices		2006	8,400	420	10	420		420
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9			
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation			
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								49		
50								50		
51								51		
52								52		
53								53		
54								54		
55								55		
56								56		
57								57		
58								58		
59								59		
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)	\$	2,847,679	\$	79,197	\$	79,197	\$	115,378	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 LaGrange

# 0047274

Report Period Beginning:

1/1/06

Ending:

12/31/06

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	\$ 668,500	\$ 9,830	\$ 68,999	\$ 59,169	5-10 yrs	\$ 103,500	71
72	Current Year Purchases	22,808	1,331	1,331		5-10 yrs	1,331	72
73	Fully Depreciated Assets							73
74	Allocated from Management Co.			13,115	13,115			74
75	TOTALS	\$ 691,308	\$ 11,161	\$ 83,445	\$ 72,284		\$ 104,831	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				\$	\$	\$	\$		\$	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)	\$ 5,100,395	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 90,358	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 162,642	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 72,284	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 220,209	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	New Building Costs	\$ 199,466	92
93			93
94			94
95		\$ 199,466	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.)**

**PLEASE ENTER ONLY DATES IN CELLS W16 AND W17**

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		<u>Allocate from Mgmt Co.</u>			<u>4,677</u>			5
6								6
7	TOTAL				\$ <u>4,677</u>			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 N/A  
by the length of the lease 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: \$ \_\_\_\_\_ Description: \_\_\_\_\_  
(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			<u>N/A</u>		19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning N/A  
Ending N/A

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2007</u>	\$ _____
13.	<u>/2008</u>	\$ _____
14.	<u>/2009</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 CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**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)	
<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 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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L. 10A, C. 7	2473 hrs	\$ 80,660	546	\$ 27,275		3,019	\$ 107,935	1
2	Licensed Speech and Language Development Therapist	L. 10A, C. 7	338 hrs	11,028	22	1,085		360	12,113	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L. 10A, C. 2,3,7	3690 hrs	120,368	207	10,324	3,871	3,897	134,563	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L. 39, C. 2	# of prescrpts				285,142		285,142	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Respiratory Therapy	L. 10A, C. 1	12044	312,505	2,301	103,526		14,345	416,031	13
14	TOTAL			\$ 524,561	3,076	\$ 142,210	\$ 289,013	21,621	\$ 955,784	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning: 1/1/06

Ending:

12/31/06

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 1,440,209	\$ 1,474,698	1
2	Cash-Patient Deposits	28,462	28,462	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 197,933 )	2,570,176	2,570,176	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	79,416	88,548	6
7	Other Prepaid Expenses	29,850	29,850	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule 17A	93,710	252,710	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,241,823	\$ 4,444,444	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,561,408	13
14	Buildings, at Historical Cost		2,646,175	14
15	Leasehold Improvements, at Historical Cost	201,504	201,504	15
16	Equipment, at Historical Cost	99,617	691,308	16
17	Accumulated Depreciation (book methods)	(32,224)	(220,209)	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 (specify): Loan Costs		49,208	22
23	Other(specify): Construction in progress		199,466	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 268,897	\$ 5,128,860	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,510,720	\$ 9,573,304	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 752,646	\$ 752,646	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	36,699	36,699	28
29	Short-Term Notes Payable	3,946,505	3,946,505	29
30	Accrued Salaries Payable	155,306	155,306	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	6,618	30,540	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	See Attached Schedule 17A	2,488,883	2,124,255	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 7,386,657	\$ 7,335,951	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,548,585	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 3,548,585	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 7,386,657	\$ 10,884,536	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (2,875,937)	\$ (1,311,232)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 4,510,720	\$ 9,573,304	48

Butterfield Health Care VII, LLC  
d/b/a Meadowbrook Manor of LaGrange  
Provider #0047274  
12/31/2006

Schedule 17A

XV. Balance Sheet

Current Assets

Line 9 - Other Current Assets

	Operating	After Consolidation
Employee Advances	126	126
Other Deposits	43,266	43,266
Due from Medicare	50,318	50,318
Escrow Deposits		159,000
<b>Total Line 9 Other Current Assets</b>	<u>93,710</u>	<u>252,710</u>

XV. Balance Sheet

Current Liabilities

Line 36 - Other Current Liabilities

	Operating	After Consolidation
Due to Related Party	1,794,909	1,794,909
Accrued Rent	364,628	
Patient Credit Balances	132,807	132,807
Due to Prior Owner	96,509	96,509
Due to State of Illinois	100,000	100,000
Other Deposits	30	30
<b>Total Line 36 Other Current Liabilities</b>	<u>2,488,883</u>	<u>2,124,255</u>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(895,514)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(895,514)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(1,980,423)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(1,980,423)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(2,875,937)</b>	<b>24</b> *

Operating Entity Only

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	\$ 7,567,084	1
2	Discounts and Allowances for all Levels	(1,463,989)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,103,095	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	868,756	6
7	Oxygen	158,980	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,027,736	8
	<b>C. Other Operating Revenue</b>		
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	6,186	13
14	Non-Patient Meals	1,514	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	271,384	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,617	19
20	Radiology and X-Ray	10,823	20
21	Other Medical Services	254,756	21
22	Laundry	4,751	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 553,031	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Wheelchair Rental Revenue	1,222	28
28a	Miscellaneous Income/Activities Income	337	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,559	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 7,685,421	30

2

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	1,226,391	31
32	Health Care	4,558,164	32
33	General Administration	1,929,151	33
	<b>B. Capital Expense</b>		
34	Ownership	1,440,746	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	407,147	35
36	Provider Participation Fee	104,245	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,665,844	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,980,423)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,980,423)	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. This entity is a cash basis taxpayer.

\*\*\* 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.

Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

1/1/06

Ending:

12/31/06

**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	1,992	2,165	\$ 97,140	\$ 44.87	1
2	Assistant Director of Nursing	1,920	2,076	72,754	35.05	2
3	Registered Nurses	8,726	9,322	259,796	27.87	3
4	Licensed Practical Nurses	41,709	44,554	1,139,067	25.57	4
5	CNAs & Orderlies	89,854	94,555	1,121,215	11.86	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,784	8,129	99,733	12.27	8
9	Activity Director					9
10	Activity Assistants	7,756	8,245	85,500	10.37	10
11	Social Service Workers	3,496	3,723	71,163	19.11	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	22,259	23,733	238,059	10.03	15
16	Dishwashers					16
17	Maintenance Workers	3,979	4,317	66,338	15.37	17
18	Housekeepers	19,774	21,057	139,858	6.64	18
19	Laundry	6,411	7,177	99,549	13.87	19
20	Administrator	1,440	1,500	60,570	40.38	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,683	9,050	118,934	13.14	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	2,011	2,080	25,216	12.12	31
32	Other Health Care(specify)					32
33	Other(specify)	22,241	24,034	522,129	21.72	33
34	TOTAL (lines 1 - 33)	249,035	265,717	\$ 4,217,021 *	\$ 15.87	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	329	\$ 14,457	L. 1, C. 3	35
36	Medical Director	Monthly	18,000	L. 9, C. 3	36
37	Medical Records Consultant	Monthly	3,960	L. 10, C. 3	37
38	Nurse Consultant	Monthly	8,782	L. 10, C. 3	38
39	Pharmacist Consultant	Monthly	5,850	L. 10, C. 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	52	2,600	L. 11, C. 3	44
45	Social Service Consultant	36	1,944	L. 12, C. 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	417	\$ 55,593		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	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

**Butterfield Health Care VII, LLC**  
**D/B/A Meadowbrook Manor of LaGrange**  
**Provider #0047274**  
 12/31/2006

**Schedule 20A**

**XVIII. Staffing and Salary Costs**  
**Line 32-Other**

	<b># of Hrs. Actually Worked</b>	<b># of Hrs. Paid and Accrued</b>	<b>Reporting Period Total Salaries, Wages</b>	<b>Average Hourly Wage</b>
Respiratory Therapy	11,326	12,044	312,505	25.95
Rehabilitation Nurse	405	424	9,869	23.28
Nursing Administration	6,653	7,196	143,885	20.00
Central Supply	1,872	2,159	29,900	13.85
Ward Clerks	1,985	2,211	25,970	11.75
<b>Total Line 32-Other</b>	<b>22,241</b>	<b>24,034</b>	<b>522,129</b>	<b>21.72</b>

**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		
Jon Platakis	Administrator	0	\$ 29,403	Workers' Compensation Insurance	\$ 120,753	IDPH License Fee	\$ 995		
David Shires	Administrator	0	31,167	Unemployment Compensation Insurance	111,047	Advertising: Employee Recruitment	13,220		
				FICA Taxes	319,055	Health Care Worker Background Check	3,000		
				Employee Health Insurance	149,227	(Indicate # of checks performed <u>300</u> )			
				Employee Meals		Illinois Council on Long Term Care	10,736		
				Illinois Municipal Retirement Fund (IMRF)*		Misc Dues and Subscriptions	5,292		
						Misc Licenses and inspections	3,034		
TOTAL (agree to Schedule V, line 17, col. 1)				401k Contribution	24,935	Dialysis Permit	1,053		
(List each licensed administrator separately.)			\$ 60,570	Training and Education	14,684	Allocation from MML	200		
<b>B. Administrative - Other</b>				Other Employee Benefits	13,605	Allocation from Management Co.	1,123		
Description			Amount			Less: Public Relations Expense	( )		
Management Fees (Eliminated in Column 7)			\$ 450,000			Non-allowable advertising	( 0 )		
						Yellow page advertising	( 0 )		
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 450,000	TOTAL (agree to Schedule V, line 22, col.8)		\$ 753,306	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 38,653
(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>		
C. Professional Services				Description			Amount		
Vendor/Payee	Type	Amount	Line #	Amount	Description	Amount			
		\$		\$					
See Schedule 21A		232,444	N/A						
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$			
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 232,444						
							Entertainment Expense ( )		
							(agree to Sch. V, line 24, col. 8)		
							TOTAL		\$ 2,857

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

\*\*See instructions.

Butterfield Health Care VII, LLC  
D/B/A Meadowbrook Manor of LaGrange  
Provider #0047274  
12/31/2006

Schedule 21A

Schedule 21A

XIX. SUPPORT SCHEDULE  
C. Professional Services

Vendor/Payee	Type	Amount
Seyfarth Shaw	Legal	39,032
Foley & Lardner	Legal	71,010
Ungaretti & Harris	Legal	26,869
Hamilton, Lorch & Hagnell	Legal	1,854
Gould & Ratner	Legal	14,910
Scott Krause	Legal	3,939
Altschuler, Melvoin and Glasser LLP	Accountants	5,000
American Express Tax & Business Services	Accountants	880
RSM McGladrey	Accountants	5,377
Popowcer Katten	Accountants	684
Wencel Worldwide	Website Maintenance	1,537
Rehab Management Systems	Billing Consultant	36,000
Trailblazer Health	Billing Consultant	225
Robert Arthur Land	Land Consultant	600
Paylocity	Payroll Service	3,306
TALX	Unemployment Consultant	2,685
New England Financial	Employee Benefit Plan Administrator	1,317
Health Data Systems , Inc	Computer Services	6,683
MDI Technologies	Computer Services	5,940
Ivans	Computer Services	85
Titan Electronics	Computer Services	172
Wescom Solutions	Computer Services	12,657
Mutual of Omaha	Computer Services	80
LaPetomane XV	2005 expense overaccrual	(8,398)
Total (agree to Schedule V, line 19, column 3)		232,444
Non-allowable legal expense		(26,301)
MML Properties		
Duane Morris	Legal	450
Crane & Norcross	Legal	10,849
Hamilton, Lorch & Hagnell	Legal	304
Scott Krause	Legal	947
RSM McGladrey	Accountants	1,348
Non-allowable Legal	Legal	(1,397)
Reclassify legal to real estate taxes		(10,849)
Allocation from Management Company:		
New England Financial	Employee Benefit Plan Administrator	51
Paychex	Payroll Processing	244
Paylocity	Payroll Processing	382
Klari Tedrow	Legal	506
Hamilton, Thies, Lorch and Bagnell	Legal	1,526
Ungaretti & Harris	Legal	1,012
RSM McGladrey	Accounting	410
Access Therapies	Employment fees	911
Beitler Staffing	Employment fees	540
Non-allowable Legal		(1,163)
Total (agree to Schedule V, line 19, column 8)		<u>212,214</u>

Butterfield Health Care VII, LLC  
D/B/A Meadowbrook Manor of LaGrange  
Provider #0047274  
12/31/2006

**Schedule 21B**

Month	Description	Amount	Location	Employee	Seminar Title
March-06	Alzheimers Assoc	\$90.00	Tinley Park, IL	Denise Hoelle	Activity Based Alzheimer Care
March-06	Alzheimers Assoc	\$90.00	Tinley Park, IL	Ruby Justice	Activity Based Alzheimer Care
March-06	Fred Pryor Seminars	\$79.00	Oak Lawn, IL	Dianna Strauss	Excel Basics
March-06	Fred Pryor Seminars	\$79.00	Oak Lawn, IL	Carolyn Maruna	Excel Basics
March-06	Northern Illinois Affiliare	\$100.00	Joliet, IL	Sharon Sheppler, Tangila Neal	Updated Look and Wound Care
April-06	Illinois Council on Long Term Care	\$285.00	Oak Lawn, IL	M. Conte, K. Michalski, E. Collins	The New Psychiatric MDS Section S
May-06	National Seminars Group	\$358.00	Oakbrook, IL	Leslie Barr, Kathy Searce	Management Skills
September-06	Cythia Chow & Assoc.	\$85.00	Chicago, IL	Jo Hoskins	Challenges of the New Era
October-06	Career Track	\$396.00	Oak Lawn, IL	D Strauss, C Maruna, L Bontuyan, C Lorenzini	The Outstanding Receptionist
Total - allowable travel & seminar		\$1,562.00			

**Allocation from Management Co.**

January-06	Cross Country Education	\$179.00	\$36.00	Schaumburg, IL	Kiran Tyagi	Pharmacology for Physical and Occupational Therapists
January-06	Illinois Council on LTC	\$95.00	\$19.00	Oak Lawn, IL	L. Templin	The 2006 Revised MDS System
January-06	Illinois Health Care Association	\$350.00	\$71.00	Lisle, IL	L. Templin, S. Chavez	Medicare Back to Basics
February-06	Health Professionals Institute	\$450.00	\$91.00	Lombard, IL	Judith Wolcott	Multi-Disciplinary Certificate Program in Dementia Assessment
March-06	Alzheimers Association	\$75.00	\$15.00	Joliet, IL	Judith Wolcott	Pathways Through Alzheimers
March-06	Illinois Council on LTC	\$95.00	\$20.00	Tinley Park, IL	P. Uding	The 2006 Revised MDS System
March-06	Illinois Council on LTC	\$380.00	\$78.00	Tinley Park, IL	C. Magruter, T. Sema, T. Pabello, S. Chavez	The 2006 Revised MDS System
March-06	Life Services Network	\$450.00	\$92.00	Tinley Park, IL	P. Uding, C. Magruter, T. Sema	Medicaid 2006 New Rules New Tools
May-06	Cross Country Education	\$169.00	\$34.00	Schaumburg, IL	Kiran Tyagi	Improving Leadership & Management in Rehab
June-06	Cross Country Education	\$199.00	\$40.00	Schaumburg, IL	Kiran Tyagi	Examination and Intervention of Dizziness
June-06	Cross Country Education	\$169.00	\$34.00	Chicago, IL	Kiran Tyagi	Improving MDS Skills and Performance
July-06	Cross Country Education	\$169.00	\$34.00	Chicago, IL	Kristen David	Improving MDS Skills and Performance
July-06	AHI	\$139.00	\$28.00	Chicago, IL	Judith Wolcott	Interventions for Geriatric Patients with Psychiatric Disorders
July-06	Samland Institute of Allied Health	\$250.00	\$51.00	Chicago, IL	Cathy Cohrs	Physical Rehab Assistant course
November-06	Rockhurst University	\$716.00	\$144.00	Oakbrook Terrace, IL	P. Uding, C. Magruter, T. Sema, T. Pabello, S. Chavez	Collecting Accounts Receivable
November-06	Life Services Network	\$165.00	\$33.00	Illinois	accounting staff	Currently unable to find invoice
November-06	Hillpath Seminars	\$973.00	\$197.00	Oakbrook, IL	L. Templin, Vangel, Farkas, Kostner, Johnson, Dimas, Tillman	How to Negotiate with Vendors
November-06	Fred Pryor Seminars	\$199.00	\$40.00	Joliet, IL	J. Tillaman	Excel Basics
November-06	Bank of America	\$477.00	\$97.00	Oakbrook, IL	P. Uding, L. Templin, S. Chavez	SNF PPS Update Seminar
December-06	Mitra Yarandi	\$695.00	\$141.00	Online course	Mitra Yarandi	MBS-The Clear Picture

Total Allocated from Management Company

\$1,295.00

**See Accountants' Compilation Report**

Total Travel & Seminar

\$2,857.00

**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								
													Amount of Expense Amortized Per Year							
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2003	FY2004	FY2005	FY2006
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$								
2																				
3	N/A																			
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20	<b>TOTALS</b>		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$								

SEE ACCOUNTANTS' COMPILATION REPORT

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 \$10,736
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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? \_\_\_\_\_
- (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? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 28,952 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 No NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 104,245  
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,514
- (16) Travel and Transportation
  - a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
  - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 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 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? No  
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